

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

*Chairperson*  
*Mr. Tom Nevakshonoff*  
*Constituency of Interlake*

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**Fortieth Legislature**

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**LEGISLATIVE ASSEMBLY OF MANITOBA**  
**THE STANDING COMMITTEE ON LEGISLATIVE AFFAIRS**

**Tuesday, December 16, 2014**

**TIME** – 2 p.m.

**LOCATION** – Winnipeg, Manitoba

**CHAIRPERSON** – Mr. Tom Nevakshonoff  
*(Interlake)*

**VICE-CHAIRPERSON** – Mr. Ted Marcelino  
*(Tyndall Park)*

**ATTENDANCE** – 11 **QUORUM** – 6

*Members of the Committee present:*

*Hon. Messrs. Allum, Chomiak, Hon. Mses.  
 Irvin-Ross, Marcelino*

*Messrs. Ewasko, Marcelino, Martin,  
 Nevakshonoff, Piwniuk, Saran, Wishart*

**APPEARING:**

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

**MATTERS UNDER CONSIDERATION:**

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

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**Mr. Vice-Chairperson:** Please come to order.

Our first item of business is the election of a Chairperson. Are there any nominations?

**Hon. Flor Marcelino (Minister of Multiculturalism and Literacy):** I respectfully nominate Tom Nevakshonoff.

**Mr. Vice-Chairperson:** Tom Nevakshonoff has been nominated.

Are there any other nominations? Hearing no other nominations, Mr. Nevakshonoff, can you please take the Chair?

**Mr. Chairperson:** Good afternoon. This meeting has been called to consider the Annual Report of the Children's Advocate for the fiscal year 'ending'–ending March 31st, 2014.

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

**Mr. Ian Wishart (Portage la Prairie):** I thought we could go an hour and then evaluate as to whether there was any remaining—any questions remaining.

**Mr. Chairperson:** Mr. Wishart has said. Is that agreeable to the committee? *[Agreed]*

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

**Hon. Kerri Irvin-Ross (Minister of Family Services):** I just want to put on the record the great work that the Children's Advocate for—the Office of the Children's Advocate has been doing to support children across this province and the recommendations that they have made to support children's rights and ensure that there are opportunities for all children in this great province.

So I'm glad to be joined today by Darlene MacDonald, who is the Children's Advocate, and Corey La Berge, who is the assistant Children's Advocate—or Deputy Children's Advocate.

**Mr. Chairperson:** I thank the honourable minister.

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

**Mr. Wishart:** I appreciate the minister's opening remarks as well. Certainly, like to thank Darlene MacDonald for attending today. I understand notice was a little shaky, so we'll—special considerations for that.

But I'd also like to thank her office and herself and her staff for the excellent work that they have done in the past year. It's never an easy job, and I think we all recognize that and certainly appreciate the work that was done. I know it's ongoing; it's almost like a never-ending project, it seems, and also I'd—in their work in identifying areas of concern and some of the research projects they have initiated. And I know I'll be asking a few questions about those as we go on this afternoon. So thank you very much for your time and effort.

**Mr. Chairperson:** I thank the honourable member.

Does the Children's Advocate wish to make an opening statement?

**Ms. Darlene MacDonald (Children's Advocate):** Yes, I do—

**Mr. Chairperson:** Ms. MacDonald.

**Ms. MacDonald:** I'd also like to introduce my team behind me: Patsy–Patty Sansregret, Kirstin Magnusson, Joanne Lysak, Ainsley Krone and Corey La Berge, the Deputy Children's Advocate.

Good afternoon. I'd like to thank the Standing Committee on Legislative Affairs for the audience today. I'm here to address any comments or questions you may have regarding my annual report, and I'd like to begin with just some of the highlights of the content from the report.

As you know, our office is empowered to review, investigate and provide recommendations on matters relating to the welfare and interests of children and youth who are receiving or entitled to receive child-welfare or adoption services. During the year of this tabled report we received 2,155 requests for advocacy services. We also review services after the death of any young person where the young person or their family was involved with child-welfare services in the year preceding the death. This special investigation review identifies ways that publicly funded programs and services that were involved may be improved to enhance the safety and well-being of children.

Of the 166 child deaths in Manitoba during the year of this report, eight were children who were not residents of our province. Of the 158 cases remaining, 58 were cases that met the criteria for review. And each year we choose a theme for our annual report. This year marked the 25th anniversary of the United Nations Convention on the Rights of the Child, so we thought this would be a fitting theme for our report.

Over my tenure as Children's Advocate, our annual report has become increasingly robust. This reflects the growing role of the OCA in ensuring that our province is doing that—all it can to protect vulnerable children and youth. The public is much more aware of our office, and we are particularly gratified by the fact that requests coming from our office from children and youth themselves have doubled over the past three years.

We have also become increasingly engaged with community partners to carry out much needed research in the areas addressing youth with complex needs, issues relating to Aboriginal girls, alternatives to litigation for resolving child protection matters,

safe sleep practices as they relate to child deaths, and as well as further research on the area of youth suicide.

The increased awareness of our office along with our successful advocacy in the majority of cases that come to us have led requests for service that go well beyond our mandate. Many of the cases we see involve more than one public service, and in order to provide services to vulnerable children and youth we must push the limitations of our mandate.

For these reasons, one of the key recommendations in our report is for the creation of a separate, independent and expanded legislation to govern the OCA. This would provide a stronger, more effective voice for children and youth rights in our provinces and would fall in line with legislation across other provinces.

Our report also makes recommendations regarding access to mental health and wellness services. Many of you are aware that many children and youth are forced to leave their home communities to receive treatment and support for mental health concerns. This Province has initiated the expansion of services in the north health region and our office is urging completion of the Northern Youth Crisis Service facility.

The need for specialized specific services for children and youth who have experienced sexual exploitation is also something that we've highlighted in our report this year. Our office has long known that incidents of sexual exploitation among youth involved in child welfare is very high, yet we don't see any mandatory training for front-line workers that would allow them to better identify sexual exploitation and to address it more effectively. The young people affected also require specialized, often gender-specific treatment that can address health and personal safety.

I'd like to end by noting a couple of positive developments that have benefited children and youth. We have seen initial improvements in the area of risk assessments since the adoption of structured decision-making tools by child-welfare agencies. We continue to see a greater number of youth approaching 18 who've been given extensions of care, and over the past few years we are thrilled to see Manitoba's learning institutions make post-secondary education more accessible to youth from care by waiving tuition fees.

So thank you very much for your attention. I do—I have brought some written material that could be handed out—and I'm especially proud, in your little packages you're going to see children's rights in our pens. So thank you.

\* (14:10)

**Mr. Chairperson:** Thank you, Ms. MacDonald.

That concludes opening statements. The floor is now open for questions.

**Mr. Wishart:** Thank you, Ms. MacDonald, for your comments, and I'm going to follow up on a number of your initiatives that you have identified in your remarks, in particular your research work. You talked initially about the barriers for Aboriginal girls in the system. I guess I'd like to be updated on where that particular research project is at and conclusion—when the conclusion is expected and what you have perhaps found so far, if there's anything to share.

**Ms. MacDonald:** It's in its very early stages. Most of the writing is just beginning in this month of December. What we're hoping to do, we are consulting with a number of people and we are looking at resources that are necessary for Aboriginal children in the child-welfare system and we are hoping that the public would, once our report is done, begin to see some of the similarities and the necessary resources for these children.

**Mr. Wishart:** I appreciate the comments. So it'll be more about the resource availability than any systemic approach to change in policy or change in initiatives. That's what you had in mind?

**Ms. MacDonald:** I think we're hoping to point out commonalities and I think that would lead to systemic issues as well.

**Mr. Wishart:** I thank the—thank you for your comments, Ms. MacDonald. Timelines, then, did I miss that? *[interjection]*

**Mr. Chairperson:** Ms. MacDonald.

**Ms. MacDonald:** Sorry. Hopefully, in early fall.

**Mr. Wishart:** Thank you for that. One of your other research initiatives was really alternatives to the extensive legal process that goes on in some—some, not all—CFS cases. Some of them are quite involved in a number of trips to the court and the whole process. Can you expand a little bit on what you're looking at in that area as well?

**Ms. MacDonald:** At this point in time we've finished a literature review and working alongside Dr. Milward to look at alternatives that would better enhance outcomes for children. What we're looking at is information on mediation, on group—family conferencing and also sharing circles and having much more family involvement with the youth and families.

**Mr. Wishart:** Thank you for those comments. So it's a little more along the line of restorative justice, if I might borrow an example from the justice system, than any other alternatives. And you've talked about mediation, talking about a voluntary process there or a mandatory process, or what are we looking at here?

**Ms. MacDonald:** I think we would like to partner in different projects when the results are made available and I'd like to see mandatory because I think it would end up resolving issues much quicker than the normal process that people are going through.

**Mr. Wishart:** Thank you very much for your comments, and I would certainly be supportive of pursuing that direction. The court timelines generate some real disadvantages for the children in getting into a permanent state and so certainly anything in this area would, I would hope and I hope you would agree with this, would speed up the process substantially.

**Ms. MacDonald:** Yes, I would agree with that.

**Mr. Wishart:** One of your other initiatives was around safe sleep for infants. Could you update us on that program and when—timelines you expect on that one.

**Ms. MacDonald:** In your package you will note as one of our recent material on safe sleep that we have already distributed, and it is to give care providers information with regards to trying to prevent children's death and a number of safety issues like sleeping alone, your baby needs to sleep on—in her own space and on her back, a number of things like warm temperatures and swaddling of the child, et cetera, et cetera. So we have handed these out.

**Mr. Wishart:** I will certainly review that material. That continues to be a cause for disaster and a lot of grief in some families, so anything that we can do to avoid it. It's often—well, just happens—seems to happen and there's little explanation in many families. So any information in regards to that would be very useful.

I did want to ask a few questions around quality assurance programs that you have initiated—really, two-pronged—one is the extent of which these programs have been put in place and what type of results you are finding from your quality assurance programs.

**Ms. MacDonald:** Our quality assurance is an internal program, and because I had no other new resources I had to take existing staff, so it's been in effect for approximately a year, and we did get ready with that because of the Phoenix Sinclair inquiry. Some of the things we have been doing is tracking our recommendations from our child death reports. You're probably aware that the Ombudsman's office actually tracks those recommendations, and, although we work very closely together, we didn't have a system in place to be able to readily access our recommendations to see how many times we've actually made one recommendation.

The other thing that we've done with our quality assurance is put a tracking tool of our travel across province because we weren't readily able to tell you, you know, maybe more the issues of the communities we haven't visited, and so we want to be reflective about that. Of course, we're in many, many communities, but we also want to identify where we're not going. So that was one—that was another thing with our quality assurance as well.

Oh, and of course we're doing our own internal review on our special investigation team. It's been in existence since 2008, which brings us into a five or six year, and we wanted to, you know, see our goals, see what we're meeting. We've had a number of focus groups with external stakeholders and we expect that review to be out the end of December.

**Mr. Wishart:** Well, thank you for your comments, and certainly look forward to that report on how things are working in the system in terms of quality assurance, and we do follow with some interest the Ombudsman's report on how things are enacted and know that there's a process ahead of us there.

One of the other comments that seems to get returned all the time here, it comes up all the time, is training issues for Child and Family Services workers, and, in particular, related to sexual exploitation and how to deal with risks around that. And I wondered if you'd like to make some comments on gaps you see in that area that have an impact on the children, and how they might be best addressed in your opinion.

**Ms. MacDonald:** We've made a recommendation to the minister that there should be mandatory training with respect to sexual exploitation. It is part of the core competency training package for social workers but it is not mandatory, and we're feeling because it is such a big issue in child welfare that it has to be mandatory, so we've made that recommendation.

**Mr. Wishart:** Are you aware, then, of any movement in implementing that recommendation?

**Ms. MacDonald:** No, I am not.

**Mr. Wishart:** You also talked about the need for some specialized services in regards to rural and urban issues, having the services available in different areas. I wondered if you'd comment on the nature of those services that you're looking to see expanded and whether or not you see any movement or improvement in that area, because that's a recommendation that's been around a while.

\* (14:20)

**Ms. MacDonald:** Yes, we've made recommendations with regards to the northern communities. The expansion I think I mentioned in my opening remarks of that, but we are concerned when we're dealing with the northern communities. They do need to rely on fly-in therapists, and there can be times that a therapist doesn't get into a community for a couple of months due to weather, et cetera, et cetera. So it is very concerning, and I think Winnipeg is rich, still probably doesn't have enough resources, but I think when we look at the communities, the rural communities, we do need to be concentrating work there as well.

**Mr. Wishart:** Thank you for your comments. We do hear occasionally of instances where children are moved out of rural or semi-rural areas into bigger centres to have access to these services, and, I guess, many people are expressing concern about whether or not these children are in fact maybe more at risk from being moved than they would be trying to get these services into the community. And now I know it's unfair to ask for an opinion as to which is the right or the wrong way, but do we see any improvement in terms of getting services into rural areas whether they be northern ones or otherwise?

**Ms. MacDonald:** I think we certainly would like to see improvement in that area because we all know that children need their family supports, as well, or the community supports. If they don't have family supports, then it's very difficult to take them outside of the community, put them into Winnipeg, and

they're a lot more likely to end up involved in very difficult situations with the—without the support of the community or families.

**Mr. Wishart:** Thank you for your comments. I certainly think most Manitobans are coming to appreciate that this is a risky process to do, as you suggested, to move them around and put them in—away from their family supports or the community supports, and I became aware at one of the—one of our legislative training sessions that some US states are using remote, basically, computer-driven sessions to advise, particularly on mental health and issues in that area. Do you have any familiarity with that, and what is your—really, what is your opinion on that approach?

**Ms. MacDonald:** I am familiar with telehealth and different training sessions that happen along that line. Also, with regards to social work training for workers, that does happen as well.

**Mr. Wishart:** Thank you for those comments. You've never run into any where there are actually one-on-ones between a psychologist, psychiatrist and the child themselves?

**Ms. MacDonald:** I can't recall.

**Mr. Wishart:** I know that they had indicated it was relatively new but they were also indicating that they felt that there was a fairly good result from that as something that could be pursued here in Manitoba.

And, while we're talking about mental health issues, whether that be urban or rural, I think we all agree that resources are pretty limited in that area, certainly based on the need. What opportunities of—to expand mental health services, whether they be through Child and Family Services or through local health, do you see developing, and what shortfalls?

**Ms. MacDonald:** I'm aware of work being done through the crisis stabilization unit and also the initiation of a—or future mental health treatment option for youth. I think that is coming out of the Marymount program. I believe that there's been a recent announcement on that. I am not aware of any long term. One of the things I find that our office is good at pushing, though, is bringing partners to the table together and looking at the needs of the child.

**Mr. Wishart:** When you were referring to some that are in process, I think you touched on this earlier, the Northern Youth Crisis Service. What is the status of it in terms of completion and implementation?

**Ms. MacDonald:** I would defer that to the minister.

**Ms. Irvin-Ross:** So I can inform the committee that the project has been approved and that a tender will be happening very, very shortly.

**Mr. Wishart:** Just to expand on that, if it's possible, the nature of the tender, are we just calling for service or is there a facility needed to support this?

**Ms. Irvin-Ross:** I am assuming that this is for construction of a new facility as well as looking—I'm not sure if the service provider has been confirmed, but I know that there is an interim crisis stabilization unit that is occurring now.

**Mr. Wishart:** Related to this, it's still—location is in Thompson, Manitoba?

**Ms. Irvin-Ross:** That's correct; it will be housed in Thompson.

**Mr. Wishart:** Thank you very much for the response on that. I think we're all looking forward to getting that in place as soon as possible.

Terms of placement for youth with complex needs, that's a challenge for everyone, and I'm sure that you're seeing some results from that in terms of children that come to your attention because their needs are not being met. What—sorry, hard to be fair in this question—but, you know, what additional services do you think have come to your attention in the last year or so? What additional services would be required to meet some of these complex needs?

**Ms. MacDonald:** I think basically what we need is wraparound services for children. You know, my concern is that we—and more—most importantly is the safety of the child is paramount, but after that I feel there should be wraparound services so that we can look at long-term planning for the child, whether that long-term planning is to be returning home to their family or, if it is to stay in care, what is the case plan and what's the sense of permanency for the child. I do think we are lacking on long-term placements for complex-needs children.

**Mr. Wishart:** Thank you for your response on that.

It comes to my attention, actually, fairly recently that even in the south—and I know this is a special problem in more remote communities—that children aren't always getting access to the services. And the example given recently was a child that needs to go to the School for the Deaf and yet has been moved to a rural community where he doesn't have access to that. What alternatives other than moving him are there, or are there any?

**Ms. MacDonald:** Without knowing the case specifics, I'm not sure I can really comment, except that, you know, it would've been good to put resources into—I don't know if this child is in care or in the family, but would be good to be able to put—

**An Honourable Member:** The child is in care.

**Ms. MacDonald:** In care, one would hope that there would be resources added to the foster family to help transport into Winnipeg or to keep them connected to a school.

**Mr. Wishart:** Thank you for that response, and I know it's never fair to ask specific questions, but this one just came to my attention recently and I was very concerned that they were moved away from access in this case, and just don't follow the line of logic here at all.

Terms of placement resources, there's been a lot of attention lately on the number of children in hotels, and number varies, as we know, quite a bit, with some short-term highs this last year from March through to July that were quite alarming; the number now seems to be more reasonable again. I guess I'm looking for any thoughts you might have as to why we seem to go through cycles when it comes to the use of hotels. This occurred back a few years ago as well, and wondering if you have any recommendations as to dealing with this so that it doesn't just keep coming back again.

**Ms. MacDonald:** I think when you see attention to the number of kids in hotels or attention to detail, somebody overseeing that, I think that's when you see the number of hotel uses drop. I think when somebody's holding the agencies and authorities accountable to, as I said before, have planning for their children, that placing children in hotels is not advisable, and also if there, you know, is a lack of planning on the case for the child, then they can languish a little bit in hotels.

\* (14:30)

So, to me, the—when you're putting attention on, you know, why the child's in the hotel and what is the plan for the child, I think you'll see that movement. And I think a couple of years ago when you did see movement, there was an oversight to that as well and more pressure on agencies to make sure that there's a plan in place for their child.

**Ms. Irvin-Ross:** I'd just like to put some current information on the record for the committee. The number of children in hotels, we monitor it

frequently, and I can tell you that placement in a hotel is the placement of last resort. Yesterday we had one child in the hotel. Children end up in hotels for a number of reasons. Sometimes it's because of a crisis of a placement breakdown and it just needs to be an immediate safe place. Sometimes it's because of the composition of the family. It's our goal to keep families safe but also to keep large families together. So sometimes we have to—it takes us a little while to find the right placement.

Since the—well, for a number of years we've been working on reducing the number of children in care and this spring we really began to focus on it and worked with all of the authorities, the CEOs, and came up with a comprehensive plan, which I think you saw the announcement that happened recently where we talked about 71 new emergency foster-home beds. We talked about a new residential-care facility for vulnerable children. We talked about 200 more permanent and trained staff and in that complement also adding supervision.

We are constantly working with the authorities and with the agencies on recruitment of foster parents. I think that that is a paramount—and that is the key of our solution. So it's the attraction and retention of foster parents is key. But as you've heard me speak on a number of occasions that really our focus has to be on prevention and providing families with that support in the grassroots so that they have the skills and abilities to better support their children in their communities because that's where we know that's where they want to be. But, as I want to just reiterate, that it's safety is our No. 1 priority for children. So, if there's a child in need, we will certainly take the action. I have confidence in the agencies that are on the front lines to take the action and provide support to that child but also to the family.

**Mr. Wishart:** Thank both Darlene and the minister for response to that, and just related to that, how is the reporting of number of children in hotels actually done, through the authorities to your office or through agencies and then through authorities? How is that number tracked?

**Ms. Irvin-Ross:** We have the emergency placement program, which is a—there's a desk and a number of people that work on that, and they're the individuals that track it.

**Mr. Wishart:** So, just to clarify that, the authorities would report to this emergency committee, or who reports to that?

**Ms. Irvin-Ross:** The emergency placement program is now centralized within the Department of Family Services, so, when there needs to be a placement, agencies are calling the placement desk and having a conversation about where's the best placement, so they are tracking it themselves.

**Mr. Wishart:** Just to wrap that up, is that a 24-7 service?

**Ms. Irvin-Ross:** Yes, it is.

**Mr. Wishart:** Moving on from that, I guess, in terms of some of your advocacy services and you made reference earlier, Ms. MacDonald, to the wraparound nature of some of these complex cases and you mentioned health, what other areas do you think would be necessary to be part of a good wraparound service to give the family the supports that they would need so that we would be intervening less often?

**Ms. MacDonald:** I think I was referring to—in my opening statements about we often see children involved with the justice system, with mental health, with education, and we tend to try and bring those partners to the table and, again, we can only do that, though, if the child is involved with the child-welfare system.

**Mr. Wishart:** So, just following up with that, the justice system, do you interact very much with many of the individuals active in the justice system, particularly the youth side of things?

**Ms. MacDonald:** Yes, we do. We have a lot of involvement with justice, and recently the Deputy Children's Advocate and myself went to Agassiz, and they would certainly like to see our office much more involved and partnering with them, and, as I said, we can only do so if the child happens to be involved in the child-welfare system. They do have a number of children that are turning 18 and aging out and there's no follow-up for them. We can intervene and help out when the child is involved with the child-welfare system but not when the child is not, although we have tried to come up with different resources recently in a number of cases.

**Mr. Wishart:** Thank you for that, the answer, and certainly appreciate you coming out to Agassiz. That's an area—it's in my constituency so I'm certainly very familiar with what goes on there and do hear very often from individuals that work there. And some of the concerns that they often express is that—the limit of resources particularly, not only the Justice resources but the mental-health resources in

particular are cause for concern there as well, and I'm sure you had some of the same discussion with the staff there.

But just following up on your aging-out-of-care issue, you are involved in monitoring some people that have aged out of care should they come to your attention, and we still seem to sort of have a—though we have a process, it seems a little uncertain. I guess I'm wondering if there needs to be something—in your opinion—if there needs to be something more defined as to aging-out-of-care process and how that should be structured and monitored.

**Ms. MacDonald:** Yes, we've made a recommendation that there should be standards across the authorities for children that are aging out of care because it seems to be very individual at this point in time—agency by agency, authority by authority. So there's no consistency, although we are seeing a number of additional children that at least have had extensions of care, and that's really good. We tend to get involved at the very last moment when we get a phone call that a child is turning 18 next week, and we intervene at that point in time.

**Mr. Wishart:** Thank you for that answer.

Before I follow up on that one, I did want to return briefly to the placements in hotels in particular, and the minister has certainly indicated the process that's in place. In your opinion, it's—really seems to be the amount of oversight that is—has put on this that seems to have the most direct connection to the number in hotels. Would you suggest, then, that we need more oversight in this area or that we have the right amount, or where are we at?

**Ms. MacDonald:** I think by oversight I meant with pressure on the agency's authorities for planning for children; certainly, the addition of the extra support workers that the Province is looking at bringing on. I think that's really important and that children would have caregivers that are consistent as opposed to purchased service. I think that's really important as well.

**Mr. Wishart:** Okay, Mr. Chair, going back to the aging-out-of-care situation, we've heard concerns expressed by a number of the poverty groups for instance, in the city that they do see a lot of people that have aged out of care not been picked up by any other program. They don't see them initially. They see them a year or a year and a half later, after which things often have gone badly.

And you mentioned that there needs to be a consistent approach from the various agencies, and that's absolutely fair. Many children may or may not want to participate in that, it's my understanding voluntary at that point in time. What type of structure would you like to see in place, and you know that needs are different: some, it'll be education-related; others, it's just support. I wondered if you'd make some further comments on that, because we do see quite a gap there.

**Ms. MacDonald:** I think a number of people have suggested that children should have the opportunity, or young youths should have the opportunity of coming back into care, much like our own kids at 18 have probably—I think about 50 per cent of them have left home, according to Stats Canada, but then return again saying they couldn't make it on their own. And those are children who have supports, let alone children who have grown up in care and have decided, no, I just want to get out of care, but realized the real world is very difficult. And oftentimes we see it's once they've hit that reality of not having their foster home or their group home that they need additional resources, and that's not open to them.

\* (14:40)

So it would be nice to be able to have that opportunity, whether it's through community supports. But, again, certainly, young youths need a wraparound service that look not only at education but also at helping them find apartments and also, yes, just all wraparound services for job-related as well.

**Ms. Irvin-Ross:** I just wanted to put on the record, and Ms. MacDonald has attended it with me, the aging-out ceremony or the birthday party in which we have—to celebrate young people that have turned 18 years old, and I've attended, I think, on two occasions. And I'm always in awe around the young people that are—have been a part of our child-welfare system and their goals and their dreams and their hopes and, most importantly, their abilities to achieve those. The last one that I was at, was, I think it was in October, and there were five people that were introduced. The first young woman was going to be a doctor. The second person wanted to be a social worker. A young man wanted to be a plumber or an electrician. Another young man was moving out on his own, and he was extremely proud of it. And the other individual had a job already and was already in the workforce.

I know that that's not the full scope of the people that we support within our system, but I think we need to really acknowledge those young people who have been a part of our system, and with the support of the social workers, with the advocate's office as well as with their foster parents and sometimes even their family of origin, the success that they've experienced.

**Mr. Wishart:** Thank the minister and Ms. MacDonald for those answers. Just following up a little bit more on that, then, so you're suggesting that they could actually go out of care and perhaps come back into care voluntarily, based on their experience with CFS and their ability to function in the community because, as you've rightly pointed out, the average household, it certainly doesn't happen as frequently as it did, and I think that's a response to high cost of housing and on that whole complex of things out there, job opportunities. To achieve that, are you suggesting, then, that—something that would be almost a client-based approach would be a good initiative in this area?

**Ms. MacDonald:** I just think providing youths with the opportunity to get the help that they need would be really important, and I agree with the minister that, particularly with the universities offering—and Red River offering—tuition, that has really helped. But I, you know, I do think that there are children that are out there and do require extra support, and whether that's done effectively by coming back into child welfare, I think that is probably the only option at this point in time, but it would be really nice to see community-based organizations being able to offer this to children as well.

**Ms. Irvin-Ross:** I just wanted to inform the committee that we have taken the recommendation about the standards of children aging out of care very seriously and we are working with our partners to develop those standards and they'll be implemented in the spring.

So I, you know, I'm a parent too. I know that my sons, if I would have said to them at 18, okay, you're out of here, that they wouldn't have survived very well. And so I think it's imperative that our system, when we have children that are in care in the long term, that we start working to that transition as we do as parents in our own homes with our children about, what do you want to be when you grow up, and providing them with the life skills that they need.

I know that there is inconsistencies in the system, but I also know that there are a number of

foster parents that, you know, early on, as their children are turning—becoming adolescents or having those conversations about, you know, what do you want to do when you grow up and how are we going to support you with that plan, and the social workers are also a part of that solution. And I agree that these standards will help ensure that there is consistency across the province, no matter what agency or authority the child is in.

**Mr. Wishart:** Thank the minister and Ms. MacDonald for those responses. I think we're all parents here, I suspect, and haven't checked, but certainly we all realize that children don't come with manuals. They're all—not all consistent, and certainly there are needs for some that in terms of extra supports and extra opportunities and try-again type approaches where others certainly thrive very well. And so we need to look at methods that work through the CFS system as well as work in the general community.

Really are we talking about something different in terms of an initiative here rather than, you know, extension of CFS care, or are we talking about something more in alliance with training opportunities and in terms of family support through income assistance and things like that? Is that be a better approach or should this be—continue to be part of the CFS system? Are the kids that come up through CFS unique and require the extra supports?

**Ms. MacDonald:** Yes, I believe that they are unique and do require additional support, and I look back at the Hughes inquiry who made the recommendation that children be extended into care until age 25, or have the opportunity, right?

**Mr. Wishart:** I do appreciate your opinion on that because it's certainly something that I think a number of people have been looking at.

I wanted to touch on a couple of other things in your report, agencies' progress in particular in implementing the standard decision-making processes that has been a recommendation for a while, and I know that there's initiatives regarding that. Just wondered how you feel progress has been going on that, and how much more work remains to be done.

**Ms. MacDonald:** We're very pleased to see a number of our files that—where agencies are using structured decision making. My understanding is a directive has been sent out stating all agencies have to use some form of structured decision making, and

we do see a number of agencies using signs of safety, and so it has been very, I think, helpful, and we are seeing more and more files that have this on them.

**Mr. Wishart:** Certainly appreciate that.

And do you feel—where are we at in terms of the process? Are we halfway there or nearly there or how much more progress remains to be made?

**Ms. MacDonald:** I think it's beginning, and certainly people are making every effort to use it, but I think I'd have to defer to the minister. I would only see those cases where, you know, either we have a child death or have complaints, so I wouldn't know the average or what percentage they're using it on.

**Mr. Wishart:** I appreciate that you probably wouldn't see a random sample of cases, and so that's certainly fair.

One of the top concerns, I guess, that seems to come into your agency is the lack or the nature of the case plans being incomplete, and that gives me a lot of concern because that is very critical in the whole process through CFS and through the path forward for that—for the children, and incomplete or not-done case plans, in my mind, put the ability to achieve a goal or a proper goal for that child very much at risk. And I just wondered if you could care to indicate how much more work needs to be done on case plans? Are we seeing most of them completed or are we still seeing an awful lot that need a lot of work?

**Ms. MacDonald:** Again, we are complaint based, so what we would see are some of the problematic cases. We are seeing lots of case planning but we don't see complete histories on cases, which is causing some concern or a breakdown in the case plan where the family isn't sure what's expected of them.

**Mr. Wishart:** And I certainly recognize you would not see, again, a random sample, you see an isolated group. And I guess—I mean, it is one of the biggest areas of complaint that you would get to see. Do you feel that there's a connection between the case plan completion and the frequency that you see those particular cases? Is it a cause and effect thing?

\* (14:50)

**Ms. MacDonald:** I'm not sure how to answer that question.

**Mr. Wishart:** Do you see a linkage between the incomplete case file and the problem with—that come

forward with the child? Do you see any specific linkage there?

**Ms. MacDonald:** Yes, I would see a problem with that.

**Mr. Wishart:** Thank you very much for that.

In terms of quality of care, that's another area where you get a lot of complaints. Is that—I mean, that's hard to measure, and, certainly, is it related to any specific area? Is it foster parent training? Is it social worker training? Is it, you know, specific to extra services? Quality of care is fairly general. Can you give us some insight into what areas there might need improvement?

**Ms. MacDonald:** It's, again, hard to answer that generally because, of course, we are complaint-based. Some of the quality of care we would have is foster parents not receiving the proper funding for—the proper funding in having—maybe because a child has been transferred from one foster home to another so hasn't received the per diem that they were expecting to perceive and—receive and that we do intervene on their behalf.

**Mr. Wishart:** Thank you for that response.

In terms of mental health services, we talked about that a little earlier. We—I think we'd all agree that probably a little bit more available inside the city of Winnipeg, and we talked about some possible examples in terms of rural areas.

Do you think it's achievable to get the mental health services, other, you know, other than really remote communities, achievable to get them into rural areas a little bit more than we have? You talked about Agassiz, for instance, and I know that they have psychologists there, and I believe it's only one day a week that they're getting them now. It's certainly a lot less than it was, and I believe Justice is responsible for providing that service.

Just wanted some comments from you. It seems as though mental health services in general are hard to come by, and in particular in rural areas we seem to find it very difficult to find them.

**Ms. MacDonald:** Yes, I think it's an overarching concern, and I think unless mental health is at the table with everybody else, it just seems to be sometimes off to the side with, you know, voluntary services, and of course it's much more—not much more necessary, but it is necessary for them to be at the table with Justice and with child welfare and to look at maybe the limited resources that they have

and how we are going to be able to use those more effectively, and particularly in the rural areas we do see problems.

**Mr. Wishart:** I appreciate those comments. I know it's a challenge to find the resources and how best to use them and maximize them. It certainly is something I think we all support.

And related to this to some degree, and you're doing some work on barriers for young girls, suicide rates, in particular, are a little alarming, with Manitoba being, when it comes to youth suicide, very high. We're about 31 per cent of the total suicide child—or teenage suicides in Canada, which is alarming given our population, and I'm sure you would see all of those particular files because there's a death involved.

In terms of supports related to children at youth at risk in the suicide area, what additional supports would you like to see available across the province, and can you put anything around the size of that need?

**Ms. MacDonald:** I think we are hoping that the report that we will have coming out on suicide will allow us to look at the factors a little bit more closely. It is alarming for us. We do see more girls, and in this particular population that we're looking at, there are 36 females and 14 males, so we are looking at factors and we're hoping that we will be able to educate on safety factors and what needs to be done.

This year we were able to, I wouldn't use the word partner, but certainly meet with the RCMP, and he had indicated to us it's his very young staff that are going in first to encounter these suicides. And, if we could work together to look at risk factors so that we could study and, hopefully, have the population more aware of that, that would be helpful. So that's what we're hoping for.

**Mr. Wishart:** I appreciate those comments and recommendations. I think that that's certainly a move in the right direction. And part of that additional training for the social workers that are in contact with these children, you talked about mandatory or additional training for those that are at risk for sexual exploitation. I think that this would be a parallel to that. Would additional training, you think, be a good approach to that as well?

**Ms. Irvin-Ross:** Sorry, do you want me to answer or did you ask Darlene?

**Mr. Chairperson:** I thought you wanted the floor there.

**Ms. Irvin-Ross:** I'll answer after Ms. McCloud–Ms. MacDonald.

**Ms. MacDonald:** Training is always important. There is mandatory assist training in the prevention of suicide for social workers at this point as well.

**Ms. Irvin-Ross:** My apologies.

So, Mr. Chair, in 2009 I had the privilege of announcing a youth suicide prevention strategy called Manitoba's Reclaiming Hope, and that really was a interdepartmental community initiative that was happening with Healthy Living at the time and community agencies. So since 2009 we've trained 50 people to become instructors for mental-health first aid. These 50 people have trained 525 people who work primarily with children in northern and First Nations communities, and beyond that we know that trauma and suicide are extremely closely linked and we have had–Klinic's Teen Talk North program has been delivering workshops. They've delivered 380 workshops to thousands of youth outside of Winnipeg again in northern and First Nations communities around mental health, substance abuse, communication, body image and sexuality, and we've also trained a hundred youth. So peer leadership is really important as well. So they are part of our solution.

So that's an example of some of the initiatives that we have. We also have—we know that when there's one suicide in a community that there's the risk for other suicides. So we have a suicide prevention education awareness and knowledge. We call it SPEAK, and where that is also providing first-hand information to people in communities when there is an issue in providing counselling to the needed folks.

**Mr. Wayne Ewasko (Lac du Bonnet):** I thank Ms. MacDonald for coming today and providing us some of the answers.

Just going back in—on to the sexual exploitation of children and youth and talking about the training for CFS workers, is this a new recommendation that you've just come up with for 2013-2014?

**Ms. MacDonald:** No, I don't believe so. I think it was last year's recommendation. My robust team doesn't seem to know there, but—

**Mr. Ewasko:** I guess my question to the minister is has the minister had this conversation with the

Education and Advanced Learning Minister on developing a—not developing, making the training mandatory for CFS workers?

**Ms. Irvin-Ross:** I think that that conversation would happen with the Minister of Family Services because the training would happen within—through the department and through the authorities and the agencies. So we have sexually exploited youth training that happens across the province. It happens in the North. It happens in Winnipeg. We have experiential people who are delivering that program. I'm just trying to get the number of people that we have trained. Ms. MacDonald is correct that it isn't mandatory right now. It is a standard. We do require people to take it. It is our goal to continue to have as many people as possible trained.

\* (15:00)

It's a—there are special outcomes that you need to look for when you're dealing with the children that's been sexually exploited or at risk of being sexually exploited. We need to make sure that the service providers that they're meeting are able to identify those risk factors and provide them with the necessary support and protection.

**Mr. Chairperson:** Order, please.

As previously discussed, we agreed to consider this for one hour. We've now reached that point. Chair seeks advice from the committee.

**Mr. Wishart:** I believe we could continue on for a period of time. I don't think it would take another hour, however. At the value of the Chair in terms of when questions are exhausted.

**Mr. Chairperson:** So you're suggesting discuss for another hour and revisit at that point again?

**Mr. Wishart:** Actually suggesting it'll probably take less than an hour. It's just a few more questions.

**Mr. Chairperson:** Okay, we will give another hour's time limit then, and if we fit it in that period of time, all the better.

On that note, Mr. Ewasko.

**Mr. Ewasko:** Thank you, Mr. Chair, and thank you, Madam Minister.

So I guess part of my question was that, yes, I do understand that CFS is under Family Services, but has the minister taken it upon herself to have that conversation with the Education and Advanced Learning Minister to see that some of this training is

maybe going on at post-secondary institutions and not necessarily being optional but make it mandatory?

**Ms. Irvin-Ross:** That isn't a conversation that I've had to date, but I'll certainly have that conversation with the minister about what's happening within the faculty of social work. That's really—you know, in Manitoba, that's the University of Manitoba's responsibility, but we can certainly have those conversations. I just want this committee to know that there is training that is available to front-line workers, and we are looking now at expanding that training.

**Mr. Ewasko:** I guess this is more of a comment as opposed to a question, but I would think that this is—since this isn't a new recommendation, that those conversations would've been happening already, and with the government trying to maybe break down some of those silos within the departments, start communicating and showing that this is a very important topic—issue amongst our youth in this province, and I would think that we would do everything in our power to have those communications or those conversations within Cabinet to make sure that some of this training is going on and moving forward.

So is there going to be a timeline? Is this one of the recommendations or the possible standards that the minister is going to be celebrating and announcing in the spring, as she said that there's going to be something coming up in the springtime?

**Ms. Irvin-Ross:** I'd just like to put on the record one of—well, our sexually exploited youth strategy called Tracia's Trust, which is acknowledged across this country but also internationally about the work that we do. So we have very specific goals when we talk about Tracia's Trust that includes prevention and intervention, legislation, co-ordination, community mobilization and research and evaluation. So we have been taking this extremely seriously as we've worked with all of our community partners. We have programs called little sisters, At Our Relatives' Place. We have our training program. We've had community advertising that talks about Stop Sex with Kids, and Neighbourhood Solutions. We've had experiential worker training program. We have outreach. We've increased the penalties in the CFS act. We have increased tracking and reporting of abusers. So that was phase 1.

We have continued to—that work in phase 2, changing and implementing more legislation,

engaging law enforcement, also working with child and youth and family and community empowerment. And as we've done that, we have a provincial strategy, and there are 12 groups that are working across the province in their individual communities, working on prevention and intervention for their youth, that I think they need to be acknowledged for their work.

And I'll just—we have now some specific legislation that we've passed in April of 2009. We have mandatory reporting that the CFS act was amended to include child pornography in the definition of child abuse and makes it mandatory to report.

So we—that's our beginning. We have more work to do; we acknowledge that. We will continue to work with our community partners to make those investments to ensure that we are protecting most—the most vulnerable children in our society.

**Mr. Ewasko:** Thank you, Madam Minister, for the statement.

In regards to increasing standards, you had mentioned some of the recommendation to bring consistency to some standards in regards to whether it's writing case plans or path plans for the clients as they move forward. Do you have any specific recommendations on how you could—how the department could tighten those case plans up a little bit?

I notice on page 26 of the report that your dual mandate cases—under education—you've got almost 20 per cent as far as the dual mandate. Yet some of the present legislated mandates, I guess, basically limit, I think, your services to a degree. So do you have any recommendations that could expand that mandate without, you know, necessarily biting off more than you can chew, so to speak, and also directing it specifically at those case plans? What are some standards that could be put in place?

Because, as I'm listening to the minister's statement earlier on, some of those communications within Education partners or those other ministers within Cabinet are maybe potentially not necessarily happening, so I'm wondering if you have some straightforward recommendations on how we could tighten that up.

**Ms. MacDonald:** I'm not sure I would have that at my fingertips today. However, we do—as you say, we push our mandate. You see that we're involved with a number of dual mandates, yes, and we

continue to do that. Even though we can't make recommendations, we have been doing things like writing letters indicating that we do have issues and problems with that, and the minister would be aware of that.

And I think with regards to standards, again, it's the tracking of recommendations so that we can see the themes that are developing and bring that to the minister's attention to work with the authorities around implementing certain standards. *[interjection]* I'm just going to say that there are standards, you know, case-planning standards, and it should be prioritized as well. They're already in place; they just may not be being followed.

**Mr. Ewasko:** Okay, thank you, Ms. MacDonald, for the answer.

Some of those case files for the planning that goes on, that's in conjunction with justice officials, education partners, Family Services, of course, adult services as they, you know, sort of need to sort of plan for the future type of thing. Is there—what does this look like in regards to the mandates in other jurisdictions across the country? How do we fare with, let's say, our partners to the west or our friends to the west in regards to those mandates?

**Ms. MacDonald:** Most of the other provinces' mandates would include justice and health and education. We're one of the very few lagging behind in that.

**Ms. Irvin-Ross:** I would just like for—inform the committee that one of the recommendations through the Hughes inquiry was to expand the mandate and also look at stand-alone legislation. That recommendation is sitting with the implementation planning team and we expect to hear their results early in the new year.

**Mr. Ewasko:** Just refresh my memory, what year was the Hughes inquiry finalized or the report done?

**Ms. Irvin-Ross:** It was 2014.

**Mr. Wishart:** Taking off on that, I know that one of the recommendations or I suspect that one of the recommendations from the minister, of course, has been to increase the scope of your mandate. Did you have any particular model in mind? I know that there's a number of options out there in terms of other provincial mandates that would fit the need here in Manitoba.

\* (15:10)

**Ms. MacDonald:** I know the Hughes inquiry has looked specifically at BC. My preference would be a made-in-Manitoba solution given our uniqueness, and there are lots of good things happening in every province. I would prefer to see some things pulled, and we have gathered a lot of information and sent it to the implementation committee for their perusal to talk about the good things that we see happening in other provinces.

**Mr. Wishart:** And I thank you for your comment. I know the Hughes inquiry certainly did make reference to the BC situation, and I appreciate that a made-in-Manitoba solution is probably ideal.

And you have been consulting with the committee that is responsible for the recommendations and the implementation of the Hughes 'require' report. You've met with them, have you?

**Ms. MacDonald:** Yes, I've met with them on three occasions.

**Mr. Wishart:** And I—it's my understanding that we'll see those recommendations in January sometime or early in the new year.

**Ms. Irvin-Ross:** The end of January.

**Mr. Wishart:** Thank you very much for that response, Madam Minister.

Is one of the areas that they'll be looking at, in terms of changes to the mandate, also an extension of the term limits? Because I believe we have the shortest term for your position of any province in Canada. Is that one of the recommendations also included?

**Ms. MacDonald:** Yes, that's correct. We have the shortest term of any independent officer in Manitoba and as well as across the provinces and territories.

**Mr. Wishart:** Thank you for that response. And I certainly hope that that's looked at very favourably, because I think it would be a good idea.

Just a couple of other areas I would like to explore. One of the areas that we've had a careful look at recently is the whole issue of the inquests and when they're generated and when they're not.

And I understand from the chief medical officer's office that there's a committee that he consults with on his decision-making process of which you have a representative and I believe the department also has a representative. Can you enlighten us any further as to how the

decision-making process is done on whether an inquest is moved forward with or not?

**Ms. MacDonald:** It's up to the Office of the Chief Medical Examiner to determine if he will make that decision. He sometimes asks the committee for their input, but it solely rests with him to call the inquest.

**Mr. Wishart:** And I certainly agree with that and he certainly shared that with us. He said one of his criteria was would there—would the public benefit from any information that might come forward in an inquest.

I can't help but think of the case of Matias de Antonio where we should have seen some response in terms of changes in practice. Has there been, to your knowledge, any changes in practice because of that case?

**Ms. MacDonald:** I'm not sure at this point in time. I know that there were recommendations and we are near completion our report where there will be recommendations as well.

**Mr. Wishart:** I appreciate that. I know getting into individual cases is always difficult to do, but there are certainly a number of other children out there and I think the public would want to know that there has been changes in practices.

In terms of follow-up on these, I know that the Ombudsman's office has a mandate to do that. Do you have any other way of determining how quickly some of these are implemented in terms of changes of practice?

**Ms. MacDonald:** As you say, it is the Ombudsman who follows the progress and the—yes, the state of the implementation. We are in some regards being copied on those, but, no, it is with the Ombudsman's office at this point.

**Mr. Wishart:** Thank you very much for that.

And one of the other areas I was wanting to follow up on, we did see some action on behalf of the department regarding northern Child and Family Services, in particular around their record keeping, and we know from other recommendations that record keeping has been and continues to be an area of concern. Was this one of the areas that you had some input in terms of a recommendation specific to a northern authority or was that completely independent of your office?

**Ms. MacDonald:** I would say it was completely independent, however, we did have some input and

when we have seen some concerns we do forward those to the minister's office.

**Mr. Wishart:** Thank you very much. So any concerns you had regarding probably any authority and record keeping you have forward those to minister's office, and I would assume that it was the minister's decision that took action on changing the leadership, I guess would be the fair comment, in the northern authority? We did see something like this a few years ago on the southern authority, as well, and though some of the staff positions have changed, to my knowledge we have not yet seen a board reconstituted in the southern authority. Is that consistent with your understand of their actions as well?

**Ms. MacDonald:** Yes, that's my understanding. I understand that they expect a board to be appointed relatively soon with regards to the southern authority.

**Mr. Wishart:** I appreciate that and that's—we're hearing that as well. That's been, to my recollection, about a three-year, a three-and-a-half-year timeline from when the problems were initiated until we would return to what might be a normal operating situation. Do you think that that is adequate time and that you'll—the concerns that were expressed then and are expressed again now when it comes to the northern authority, that would be an adequate time for a response?

**Ms. MacDonald:** I'm not sure how to respond to that.

**Mr. Wishart:** I know that's probably a very difficult question because every one of these authorities is quite unique unto itself. It just seems to us on the outside that it's taking quite a while when—once a problem is identified until we get the problem rectified and until we get back to what might be a normal operating procedure.

Now, I don't think I'll ask you to comment on that because it's unfair really to ask you that particular question. But we do, I think, see quite a bit of concern around the issue of record keeping, and it still seems to be a very high priority. And so, in terms of your recommendations that you made this year, is the issue of moving forward on record keeping still one of the higher priority recommendations?

**Ms. MacDonald:** Yes, it is.

**Mr. Wishart:** And we've talked at great lengths in the past about different types of systems to aid in that record keeping, do you think that the current system that's out there—CFSIS, I believe it is—is adequate for the record-keeping process or do we need something different?

**Ms. MacDonald:** My understanding is that the Province is working on something different and, no, with the connectivity problems in the North, and they are having some difficulties with CFSIS.

**Ms. Irvin-Ross:** I just wanted to inform the committee that there has been issues with the record keeping as far as CFSIS and we have provided supports to the northern authority based on the connectivity. We have data input people that are working here in Winnipeg that are putting the information into CFSIS. We still have a lot of work to do on that and we are at the scoping phase of the Cúram project, which was another recommendation from the Hughes inquiry which we had previously started working on as well.

**Mr. Ewasko:** I guess this question is to the honourable minister. The age of the students who are in care when they start—when the caseworkers have to start developing these long-range plans, what is that age and is there specific checklists or standards that have to be followed when they're writing up these care plans and pathways into the future, into adulthood?

\* (15:20)

**Ms. Irvin-Ross:** Every child that is in our care is unique and an individual, so it's really hard to say that there's one age that we need to start beginning the planning, depending on their history, their medical needs, if that's an issue for them, or their abilities.

So we have standards that we're working on that will be implemented in the spring. It is happening, though, across the system—not consistently, but there are efforts being made that support youth to transition and to develop that plan. So it's ongoing; it's independent; it's happening at the foster parent level; it's happening at the agency level with the social workers. I know that there's a mentorship program that the Manitoba Foster Family Network is developing, and that also is going to have a calendar and some planning tools attached to it that will help support foster families and, ultimately, help support the transition for the children that are in care into adulthood.

**Mr. Ewasko:** Thanks, thank you, Madam Minister. So our numbers have been rising in regards to the numbers of children in care, and now we're coming up with standards that you're going to release in the springtime in regards to writing up these transition pathways or plans. It's—that's actually frustrating to hear as an educator that many people have put in many hours and good work into helping the youth in this province, not only throughout their education portion of their lives, but also their home lives, and it's interesting to hear that we are just coming up with some standards on what caseworkers should or should not be doing for this coming springtime.

I guess—part of my question, I guess, then I'll turn it over to Ms. MacDonald, is, what are some of the—as you've said, you have seen some case plans that were not necessarily completed, so is there a timeline that you've seen that caseworkers could potentially jump in maybe a little bit sooner, or is there a timeline that you sort of see working with many of the student—or many of the youth who have been at risk that could have possibly helped? And, as the minister had mentioned, she's attended a few of the aging out, the graduating ceremonies of successes, so, yes, I don't think we have to recreate the wheel, so just a comment.

**Ms. Irvin-Ross:** I would just like to put on the record that, yes, the standards will be implemented in the spring, but it is practice that is happening across the province to support children transitioning into adulthood that that is ongoing. It has been since the beginning of the system, and I think that it needs to be made very clear that we have workers in the front line that are doing incredible work, ensuring that children are protected and that children that are in our care are getting the services and supports that they need to transition into adulthood. These standards being implemented will create a consistency across the province, and that's what we're looking for.

**Mr. Ewasko:** So thank you, Mr. Chair, but I've actually asked Ms. MacDonald for a comment on the plans and the age categories.

**Ms. MacDonald:** Again, what we see are the major complaints that come through the front door. There are standards in place where a child's case plan should be looked at at age 15 to be transitioning out of care, but what our office has seen is an inconsistency across all agencies. And that's the standard that we call for, a more consistent approach instead of case by case or agency by agency.

**Mr. Ewasko:** Thank you, Ms. MacDonald, for that answer or statement.

So, as you take a look at other jurisdictions that have increased or widened their mandate, you see that if you had a little more say in regards to justice and education, being able to partner with those agencies, you could see some interventions potentially happen a lot sooner and be able to voice sort of—you know, be at the table and voice your concerns or credits, I should say, to each individual case.

I know that the—Mr. Wishart had mentioned earlier about the reporting of child deaths. I understand that you would have to report through the minister. Is that, as well, something that happens in other jurisdictions, or is—are those reporting avenues specifically with the child's advocate office, let's say—well, let's stick to the west again, but we could go east—either way?

**Ms. MacDonald:** In most jurisdictions, it rests with the advocate to decide on public reporting. And their—most reports, though, are at least tabled with the Speaker before they're made public. And there is something that's called administrative fairness where the minister would have a copy of the report ahead of time, but it would be at the discretion of the Children's Advocate or the representative.

**Ms. Irvin-Ross:** I just wanted to inform the committee that we do—we are in the process of establishing legislation on public disclosure, and we have been working with the office of the Children's Advocate to finalize that creation of that legislation.

**Hon. Jon Gerrard (River Heights):** Yes, Ms. MacDonald, one of the things that I notice is in your package is a draft press release, I believe, from the Canadian Council of Child & Youth Advocates urging the federal government to reduce the number of Aboriginal children in care. And, first of all, I think everybody knows we've got a lot of kids in care—more than 10,000 in the latest report. I would ask you whether you would agree that we have too many children in care.

**Ms. MacDonald:** Of course, one child in care is one too many.

**Mr. Gerrard:** So what would your top five priorities for action be, then, in—to reduce the number of children in care?

**Ms. MacDonald:** I don't take children—or our office does not take children in care. It would be working

with the partners to see what support systems could be offered throughout communities to maybe be able to maintain children in their home communities—I think a number of priorities like that.

**Mr. Gerrard:** Yes, I mean, you're in a position—you're an advocate, and so the question would be what—and you make recommendations—what recommendations—what would be your top five recommendations for action at whatever level in order to reduce the number of children in care?

**Ms. MacDonald:** Working together with partners, working together with the Aboriginal leadership, looking at safe homes being developed in communities, looking at more supports to parents, looking at a process of reunification to parents.

You know, there are a number of children, though, that are in care because of medical—or medical issues where parents need to continue their involvement and need additional help.

But it's a partnership; we all have to work together to reduce the number of children in care.

**Mr. Gerrard:** You mentioned that there's a number of children with medical issues who are in care, and is it not possible to provide the supports to the family so the child can remain in the family instead of having to come into care in order to receive the medical care?

**Ms. MacDonald:** We see a number of cases where families have been able to take care of their children for a number of years. Then it becomes way too difficult and they need more intervention. I don't think that should be through the child-welfare system at all, but they do need the support.

And, you know, there are very tragic situations where parents come and just say they are unable to look after their children and need placements outside the home.

\* (15:30)

**Mr. Gerrard:** Yes, I—the—I was talking actually at a Christmas reception with somebody who was involved with Child and Family Services, and they were making the point that, too often, in order to provide the services they have to take a child into care, and I think this was partly medical services. But I think what you're saying is that in many circumstances the funding and the support should be available so that children—the child doesn't necessarily have to come into care. Is that what you're saying?

**Ms. MacDonald:** What I'm saying is there were situations like having to sign voluntary placements agreements to place children at St. Amant, and that no longer has to happen. So I think that's a real step forward. And, yes, if I was a parent with a medical, fragile child, I would not want to have to go to child welfare to have to place my child in care if supports were available to me to help support that child in my home.

**Mr. Gerrard:** If there were an example of a community in Manitoba which had drastically reduced the number of children in care from 300 down to 80, would you think that might be a community that one should look at and perhaps see if there's a model there that could be working?

**Ms. MacDonald:** I would think that anything that helps reduce the number of kids in care should be looked at.

**Mr. Gerrard:** The—I have been to, more than one occasion this year, to Nelson House where they have, in fact, over the last number of years, reduced the number of children in care in that community from several years ago, about 300, down to about 80 now. And, overall, because they're responsible not only for children in their own community but for children in Winnipeg, they have reduced the total number of children for whom they are responsible from about 420 down to about 340, which is about a 20 per cent drop in one year, this last year.

I mean, if that was just a one-year phenomenon, you know, it would be something else, but it looks like it's a significant pattern. And I would suggest that you might, as the Children's Advocate be—make a commitment to go up and visit and see what they're doing and learn and see if there's something there that could be built upon.

**Ms. MacDonald:** We've been in a number of communities, and we always look to partner and to try and support healthy communities wherever we can.

**Mr. Gerrard:** I would recommend that the—that you as the Children's Advocate should go and have a look. It's one of the—when you look at all in the recent Child and Family Services report, you look at all the agencies, this one stands out as having a 20 per cent reduction, and it's, in my view very much worthy of having a look at and visiting from your perspective and having a look at what they do. And, because I think it could be something which you as the Children's Advocate could not only learn

from but expand upon and be able to, if it's working, if you judge that, you could potentially be—use that as a model in some of the discussions that you're having.

Let me move on to a second issue. Suicides is one of your priorities, and I notice that there were 11 new suicides in 2013-2014. And I notice that all 11 of these were reviewable deaths, and I presume that that means that all 'level'—11 of them at some point had some involvement with Child and Family Services. Is that correct?

**Ms. MacDonald:** That would be correct.

**Mr. Gerrard:** Yes, it certainly stands out that we have in what, about 4 per cent of kids in care, and those 4 per cent have all the suicides in the whole province this last year. And, clearly, I mean, there may be a whole variety of reasons for that, but it would seem to me that that link between Child and Family Services and care—and it may be that these are traumatized kids. It may be that there's all sorts of things going on, but I understand that there will be a report coming out in the new year in terms of risk factors or reasons for suicide. Have—will this report look at the links between Child and Family Services and suicides?

**Ms. MacDonald:** It would look at a variety of links, and it was two of the 11 children were actually in care, and also, unfortunately, as awful as it is, it's not surprising that children would be in care, or come in contact with Child and Family Services because they are struggling.

**Mr. Gerrard:** Yes, two in care, but all 11 would have had some involvement with Child and Family Services, yes, okay.

The—one of the things which you have been pretty strong on is access to mental health and wellness services, and I think that's, again, one of your priorities. In the report on Youth in Care with Complex Needs, that report says, and I quote: "In Manitoba, there are insufficient supports for children and youth who have been traumatized by adverse childhood experiences." And I would ask you: What's the current status of such supports at the moment around the province?

**Ms. MacDonald:** We will be updating our new complex needs report, and we would be saying that there's not been much progress made on that.

**Mr. Gerrard:** This counselling and the psychologists' support for children would seem to me

to be pretty critical if we're going to address not only the current children who are in care but the future, and I think that one of the points that was made in that report, one of the studies that was quoted was that if, in fact, you can address the trauma that children have, either because of mistreatment or being taken out of their homes, or for whatever it is, that with appropriate and sufficient counselling and help, then you have a better likelihood that those children, when they grow up, will not repeat the cycle and have children who end up, well, in Child and Family Services for whatever reasons. Maybe you would comment on that.

**Ms. MacDonald:** You're absolutely right. Any wraparound services that we can have and the earlier identification of these adverse childhood effects is very important to having this child grow up healthy and the supports that they need.

**Mr. Gerrard:** Yes, another area where you have focused on is on sexual exploitation of youth, and in—I look back several years ago in the 2008-2009 Children's Advocate Report, and I quote—the—basically said, and I quote, "there were major voids in the system regarding sexually exploited youth and children."

Now this, as you've said, is a priority area. Can you tell us what the situation is now? Are there still major voids, or are we—have we made some progress?

**Ms. MacDonald:** I think we discussed that at length, I guess, prior to you being at committee, and am I to repeat it?

**Mr. Gerrard:** Maybe—I don't need a long summary. Maybe you could just give me a very brief overview statement.

**Ms. MacDonald:** Obviously, it's one of our major focuses, and we have talked and—with the minister and made recommendations on mandatory training for social workers and also child-care workers, and our—we hope to have our study out looking at Aboriginal girls and looking at similar situations that they face and resources that would be important. So, yes, it's very much a priority of our office.

**Mr. Gerrard:** Now, I know there's been some discussion about follow-up on recommendations that have come from the Children's Advocate, but what I'm going to ask you is about the recommendations coming from the Phoenix Sinclair report because they are important and, of course, some of those pertain to your office. But will your

office, the Children's Advocate, be tracking the recommendations from the Phoenix Sinclair report to see if they are implemented because, of course, they're very critical to the future of children in Manitoba?

\* (15:40)

**Ms. MacDonald:** Well, currently, it's the Ombudsman's office that actually tracks the recommendations. We would be hoping, with the implementation of the committee's report that's coming out the end of January, that one of the recommendations would be to turn over that reporting to our office, but we currently have a tracking database so that we can look at the recommendations ourselves. But we are currently not in position to track those—or to talk about the progress of those; that is up to the Ombudsman, although we work very closely with him.

**Mr. Gerrard:** Just for clarity, if you were to take over that responsibility fully for children, where would you see the dividing line? In other words, clearly, there would need to be some separation in terms of what's the Ombudsman's responsibility for tracking recommendations which didn't deal with children, but then the Children's Advocate would have the responsibility for tracking recommendations related to children. But there are some areas, certainly, where there's going to be overlap. Where's the—how do you separate the two, and how do you make sure that all recommendations are tracked, either by one office or the other?

**Ms. MacDonald:** I think we'd have to look at that in some detail—some detail. I do believe that our office should be vested with looking at the recommendations, particularly from the Phoenix Sinclair report, because I'm not sure anybody has been vested with that at this point in time.

**Mr. Wishart:** I just have one or two more questions.

The Adoption Act is—also falls within your responsibility, and, of course, we now have a new one, which, I believe, is enacted the start of the year, if I remember correctly. Let's assume for the moment; I think it is. If there are any appeals, I mean, the decisions on access to the records are managed by a—I can't remember what the term was, registrar or director—by the adoptions—under The Adoptions Act—if there is any disagreement on that, are you the agency that that would be appealed to? It's unclear.

**Mr. Chairperson:** Honourable Minister.

**Ms. Irvin-Ross:** Sorry, I was calling the page.

**Mr. Chairperson:** Sorry. Ms. MacDonald.

**Ms. MacDonald:** No, we would not.

**Mr. Wishart:** We'll seek some clarification on that in the future.

Your role, in terms of The Adoption Act, then would just to be—ensure that it was actually functioning as was legislated then.

**Ms. MacDonald:** That's correct, and people bring, I would say, complaints to our office or look for advocacy or help with regards to certain situations. I can think of one off the top of my head where a foster mom wanted some help from our office in advocating to adopt the child in her care. Another young mom wanted to place her child privately for adoption, and we wanted to help her along that path. So we worked with the agency on that.

**Mr. Wishart:** Okay, thank you very much for that comment, and that's it. I believe we are done with questions.

**Mr. Chairperson:** Is the House ready for the question?

**Some Honourable Members:** Question.

**Mr. Chairperson:** Shall the Annual Report of the Children's Advocate for the fiscal year ending March 31, 2014, pass?

**Some Honourable Members:** Pass.

**An Honourable Member:** No.

**Mr. Chairperson:** I hear a no; the report is not passed.

I request all members to leave their copies on the table.

The hour being 3:44, what is the will of the committee?

**An Honourable Member:** Committee rise.

**Mr. Chairperson:** Committee rise.

**COMMITTEE ROSE AT: 3:44 p.m.**

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