

Fourth Session – Forty-First Legislature
of the
Legislative Assembly of Manitoba
Standing Committee
on
Legislative Affairs

Chairperson
Mrs. Sarah Guillemard
Constituency of Fort Richmond

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MANITOBA LEGISLATIVE ASSEMBLY
Forty-First Legislature

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LEGISLATIVE ASSEMBLY OF MANITOBA
THE STANDING COMMITTEE ON LEGISLATIVE AFFAIRS
Wednesday, January 16, 2019

TIME – 1 p.m.

LOCATION – Winnipeg, Manitoba

**CHAIRPERSON – Mrs. Sarah Guillemard
(Fort Richmond)**

**VICE-CHAIRPERSON – Mr. Andrew Micklefield
(Rossmere)**

ATTENDANCE – 11 QUORUM – 6

Members of the Committee present:

Hon. Mmes. Cox, Stefanson

*Mr. Allum, Mrs. Guillemard, Messrs. Johnston,
Lamont, Micklefield, Ms. Morley-Lecomte,
Messrs. Reyes, Swan, Wiebe*

APPEARING:

*Ms. Daphne Penrose, Advocate for Children
and Youth*

MATTERS UNDER CONSIDERATION:

*Annual Report of the Children's Advocate for the
fiscal year ending March 31, 2017*

*Annual Report of the Manitoba Advocate for
Children and Youth for the fiscal year ending
March 31, 2018*

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Madam Chairperson: Good afternoon. Will the Standing Committee on Legislative Affairs please come to order.

Our first item of business is the election of a Vice-Chairperson.

Are there any nominations?

Hon. Cathy Cox (Minister of Sport, Culture and Heritage): I would like to appoint Andrew Micklefield, the MLA for Rossmere.

An Honourable Member: Well, you can't appoint him.

Mrs. Cox: Okay, then I–

An Honourable Member: You can nominate him.

Mrs. Cox: –nominate him. Okay. I will do that.

Madam Chairperson: Mr. Micklefield has been nominated.

Are there any other nominations?

Hearing no other nominations, Mr. Micklefield is elected Vice-Chairperson.

This meeting has been called to consider the following reports: the Annual Report of the Children's Advocate for the fiscal year ending March 31st, 2017; the Annual Report of the Manitoba Advocate for Children and Youth for the fiscal year ending March 31st, 2018.

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

Mr. Andrew Swan (Minto): I would recommend we sit until 3 o'clock. If needed, we revisit at that time.

Madam Chairperson: It is recommended we sit until 3 o'clock. Is this the will of the committee? *[interjection]* And revisit if necessary? Is this agreed? *[Agreed]*

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

Mr. Swan: Yes. In keeping with usual practice, I would ask that we proceed globally.

Madam Chairperson: Is this agreed by the committee? *[Agreed]*

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

Hon. Heather Stefanson (Minister of Families): I do, yes.

And I'd just like to begin by acknowledging that the Manitoba Advocate for Children and Youth 2017-18 Annual Report is the first fiscal report since The Advocate for Children and Youth Act came into force on March 15th, 2018. And as an independent officer of the Legislative Assembly, the Advocate for Children and Youth reports directly to the House and has the authority to make recommendations concerning provincially funded services provided to Manitoba's most vulnerable children and youth.

On behalf of our Manitoba government, I'd like to thank Ms. Daphne Penrose for joining today's standing committee meeting to discuss the highlights of MACY's 2017-18 annual report.

In addition to overseeing the daily running of the independent advocacy office and the responsibilities of the expanded mandate, Ms. Penrose has been preparing for the addition of other reviewable services following proclamation of the remaining sections of the act. It is clear that MACY's staff have worked very hard to prepare for proclamation of the new act and MACY's expanded mandate.

Notably, I'd like to commend MACY for their efforts to have a presence around the province, which is distinctly demonstrated by the travel by staff throughout Manitoba. I would also like to applaud the efforts to establish an office in Thompson to better serve children living in northern and remote communities. And I look forward to learning more about MACY's plans for this northern office.

As you may recall, prior to introduction of the new act, the advocate's mandate was limited to advocating on behalf of children receiving adoption or child and family services. Child-death investigations would only take place when a child was connected with those services. The new expanded advocacy mandate enables the advocate to support children and young adults who are connected with a much broader continuum of public services.

MACY now has the ability to advocate on behalf of children and youth connected with the justice, mental health, addictions, disabilities and education sectors.

The new act also implements 13 recommendations by the commissioner—by Commissioner Hughes—following the Phoenix Sinclair inquiry.

Additionally, I will be working with my colleagues, the Minister of Justice (Mr. Cullen) and the Minister of Health, Seniors and Active Living (Mr. Friesen), to proclaim the sections of the act that will allow the advocate to review and investigate serious injuries and deaths of children in receipt of justice, mental health and addictions services. We are pleased that proclamation of these remaining sections of the act will take place in the very near future.

In my view, the advocate's expanded mandate, accompanied by much stronger public reporting powers, will help to support our shared vision of an

integrated, multidisciplinary approach to supporting our most vulnerable children and youth.

The development of Thrival Kits to promote mental well-being for children in schools is a great example of how inter-sectoral co-operation and collaboration can truly benefit children.

This clearly demonstrates MACY's commitment to working with other sectors, in this case, education and mental health, to promote child well-being and resiliency. As you know, this is an exciting time of transition under the new legislation.

Today is an opportunity to ask questions of the advocate on MACY's new and expanded role. It is also a great time to learn more about the work that MACY has done to expand the presence of MACY throughout Manitoba and particularly in northern communities.

I would like to thank the staff of the Manitoba Advocate for Children and Youth office for their continued dedication and commitment to ensuring better outcomes for Manitoba's most vulnerable children and young adults.

We have already seen how the new power to publish special reports, such as the one recently released on the tragic death of a young woman named Angel, can help to pave the way for positive and meaningful changes.

We take the advocate's findings and recommendations very seriously in terms of identifying programmatic and systemic improvements. As a demonstration of this commitment, we have established a new interdepartmental deputy minister's committee, which has been created to be responsive to the advocate's expanded mandate and to provide co-ordinated responses to MACY recommendations.

* (13:10)

Our government is proud of the work that we are doing and we will continue our efforts to realize positive change for children and youth in our province, and I look forward to our continued work and ongoing collaboration with Ms. Penrose and MACY staff in the upcoming year. And I'll now ask Ms. Penrose to introduce herself and her colleagues.

Thank you for the opportunity to put a few words on the record, Madam Chair.

Madam Chairperson: Before I recognize Ms. Penrose, we want to thank the minister for

her opening statement and ask the official opposition if they have an opening statement.

Mr. Swan: Yes, Madam Chair, I do.

I want to thank everyone, first of all, to the minister for being here and for her opening statements but, of also, of course, her advocate, Daphne Penrose, and her colleagues who are with us this afternoon.

The changes the Advocate for Children and Youth underwent in the final months of the 2017-18 year, which have been some time in process and some time coming, we believe will only serve to improve the lives of Manitoba's children and youth, and I think it's everybody's hope that more youth will be heard, more youth will be helped and that more lives will be saved and improved and changed as a result.

We know the work of the advocate is critical to ensuring our public services that serve children and youth, are continually strengthened and improved and, as noted in the reports and every time I hear the advocate speak we know that ensuring appropriate supports for children is absolutely essential. Mental health and wellness addictions services but also a host of other services are so important to making things as good as they can be for Manitoba children, some of whom, obviously, have more challenges than others.

We are concerned that this government doesn't share the same sentiment. I think that the minister herself recognized the depth of some of the issues facing children. These are issues which don't just fall on the minister's portfolio. We all understand that. They also include Justice, Education, Indigenous Affairs, Health and a host of other portfolios.

That's why, when this government came to power, they had the ability to have a Healthy Child Committee of Cabinet, which had been sitting for many years and allowing cross-departmental collaboration on the very issues that we're going to spend the afternoon talking about.

In fact, that law is still on the books and there's still supposed to be a Healthy Child Committee of Cabinet, but as the minister, when we had different roles some time ago, acknowledged, that committee has never been summoned by the government.

Now, the government has not yet produced a mental health and addictions plan for Manitoba's children and youth and it's no surprise that we'll be having a conversation about the advocate's views on

what that should look like. The government did receive the VIRGO report last year, at least some—a couple of versions of the VIRGO report, but we won't get into that this afternoon, but nothing's been forthcoming and every day that goes by without moving ahead on this is, unfortunately, failing Manitobans, children, parents, grandparents, community members but, again, especially children and youth.

So I hope we can use today's discussions to identify areas of public services that are failing to meet the current needs of our children and youth and what steps are needed to improve these services.

The minister did refer to the two special reports which have come out. I know this is a new development and one that I think is going to be very, very helpful for focusing attention on things that require maybe a different and better way of doing things and I say that in a non-partisan way.

I think it is also going to be very helpful, much as the office like the Auditor General has. I know the advocate has been very clear about saying there will be follow-up on recommendations and it's my hope that this committee will be a regular way that we can see how the advice of the advocate is being carried out in the hopes of getting better results for children.

So, with that in mind, I do look forward to the advocate introducing her staff and having a good afternoon of questions today.

Madam Chairperson: We thank the member.

Does the Advocate for Children and Youth wish to make an opening statement?

Ms. Daphne Penrose (Advocate for Children and Youth): Good afternoon. I'd like to thank the Standing Committee on Legislative Affairs for this audience today. I'm pleased to be here to discuss the contents of the two annual reports of my office and I will be updating the committee members on some of the big changes that have transpired at my office over the last 18 months and what these changes have meant for services and supports we provide to children, youth and young adults in Manitoba.

I would like to introduce members of the committee to my two deputy advocates who are here with me today: Ainsley Krone, who is the—who is responsible for research, youth outreach, quality assurance and child-death investigations; and Sherry Gott, who is the deputy advocate who is responsible for advocacy services and indigenous relations.

This has been a banner year for my office and an important year for advocacy in our province as we rolled out our first phase of The Advocate for Children and Youth Act, which came into force last March.

As the members of this committee are aware, the act has expanded and strengthened our mandate into the areas of child and family services, disabilities, mental health, addictions, education, youth justice, victim supports, including domestic violence and sexual exploitation.

More children, youth and young adults are calling us to help them navigate these public systems, and when phase 2 and 3 of our act are brought into force, my staff are ready to respond to the full scope of what the legislation is designed to do.

The annual reports that are before the committee today represent the bridge between the past and the present. Since the new mandate under which my office now operates comes into force at the end of this fiscal—came into force at the end of this fiscal year, the two reports under consideration today represent a time and a mandate that came before.

Previous to now, my mandate was embedded in The Child and Family Services Act, and our scope focused exclusively on child and family services and adoption.

I'm happy to discuss information about these two reports under consideration and, in addition, I will be providing the committee with an updated information from the current year about the growth and changes that my office has experienced.

In the 2017-2018 fiscal year, my advocacy services team responded to 2,926 requests for services, which is an equivalent of 21 per cent increase over the last three years. I am pleased that, once again, our data reflects that 50 per cent of the cases open for ongoing advocacy services were originated by children and youth themselves.

One of the factors that has a positive impact on children and youth reaching out to us themselves is that we work hard to be an office and a team that is welcoming and accessible for children.

One way we do this is by dedicating resources to travel so that we can meet young people in their home communities. Since children and youth are less mobile than adults, we feel strongly that where a child lives should never be a barrier for them to accessing our supports and services, and so my staff

travel throughout the province to support young people.

And when we travel, we build good relationships with communities and focus on outreach and public education throughout the province.

Last year, we made 99 trips outside of Winnipeg, which included travel to each region of Manitoba, from the town of Sprague in the south to Fox Lake Cree Nation in the North. My advocacy services—from my advocacy services program, I include a summary in each annual report about the top concerns in the service request my office receives.

In our most recent report, the chart found—which is found on page 15—this year we saw about 75 per cent of the reported concerns related to case management and quality of care for children who are in care of CFS, as well as concerns about the rights of children.

My team's advocacy for children, youth and young adults and their families also involves child-death investigations. Last year, there was 187 deaths of children and youth in Manitoba, 70 of which fell in scope for review by my office.

A key figure from last year that I'd like to highlight for the committee is that Manitoba lost 20 youth to suicide; however, only 11 of those suicides fell within scope of review of my office. My investigative scope is currently limited until the phase 2 of the child and family services—of The Advocate for Children and Youth Act comes into force.

A key change under the new mandate, of course, has been my ability to—of the office to release public reports of child-death investigations. As the members of this committee will know, I released my first public child-death report in October of 2018 and my second in December of 2018.

Of all of the changes that our new mandate provides, our ability to provide this level of public education and public information is what we strongly believe will be a game changer for families and for public systems in our province.

There are many objectives and goals in releasing a child-death report. Primarily, the goal of my report is to tell the story of the child. We do this for—through a child-centred lens.

We review files, we travel to communities, we interview service providers, we interview family members, and we interview friends and piece together the child's life and service history.

We then analyze the whole picture through the eyes of the child as we attempt to answer the following questions: What were the family's needs? What services did they receive? Did the services they received match the needs they had? What public services should have been provided? Are there other children or youth experiencing similar challenges? And can our public systems be improved to meet the best interests of children, youth and their families more effectively?

*(13:20)

When a decision is made to move a child-death review to a full investigation, it is typically because, in our initial assessment review stages, we have identified significant concerns where changes to policies, procedures, standards or legislation could make a difference for other children and youth and could prevent child deaths for other young people.

I acknowledge and am sensitive to the fact that it is not an easy thing to be reviewed publicly. It can be a difficult for service providers to have a review body like the Manitoba Advocate for Children and Youth to gain full access to their files and property and to be subject to interviews in the wake of the death and injury of a child.

We are pleased that service providers and public understand that we owe it to the children and the youth of this province to be committed to the continuous quality improvement of our public structure–infrastructure. We owe it to families to always seek to better–to be better, to be more efficient and more responsive to children and youth's evolving needs, and we owe it to all citizens in Manitoba to be accountable and transparent in the way public systems are designed and delivered in Manitoba. These are the key values of the work of my office.

In the coming weeks, I will be releasing the Tina Fontaine investigation, which is another key opportunity for my office to help the public understand the service infrastructure in our province and what changes are needed to improve outcomes for all young people.

There are a number of other updates that I'd like to mention. At long last, after many years in negotiations and planning and work, the Manitoba Ombudsman and I are set to open our shared northern office in Thompson. I was informed last week that the final piece we've been waiting for, which is the front door, will arrive at the end of January, and so the

Ombudsman and I will soon be announcing a grand opening date for the storefront office. Minor detail.

I'm also establishing an elders council for the office because ensuring cultural knowledge and cultural safety are essential to my office, since the majority of children, youth and young adults who request our assistance or whose deaths we investigate are indigenous. The elders council will be a group of six elders and knowledge keepers who can provide guidance and advice to me in my role as an advocate. The council will reflect the diversity of First Nations and Metis people across Manitoba and will be a balance in male and female knowledge keepers and elders.

In addition, I have hired a knowledge keeper who provides guidance as well as spiritual and cultural support to the staff and clients who attend the office. Our knowledge 'keep'–keeper, Cheryl Alexander, also hosts teaching for my staff on a regular basis, which ensures their work with Manitoba families is enhanced. Our knowledge keeper also offers supports to parents and families who have lost their children and who are participating with our office in the child-death reviews.

Another council we have begun to establish is our Youth Ambassador Advisory Squad. As part of the additional resources I received for the increased scope of the mandate, one area I prioritized was the increased youth engagement work that our office does. We are building a 10- to 12-person council of youth who will help guide the practice of our office. We have already recruited four youth, who meet weekly and are helping our co-ordinators build the infrastructure for the program. Eventually this will support a team of youth who will provide advice to our office and will also be ambassadors for children's rights within their own home community and across the province of Manitoba.

There are a number of key things coming up on the horizon, which includes a public–which includes public report releases in the coming weeks and months, including our first systemic research report completed under our new legislation. This first research project examines the use of segregation and pepper spray in youth custody facilities. And I encourage members of this committee to watch for that release and ensure you take the time to read it when it becomes available. This is a research project that reflects the voices of youth who are currently in custody and examines current practices against the backdrop of Canada's international commitments to human rights.

Other themes that we've been focusing on and analyzing include sexual exploitation, mental health and addictions, as well as the Province's plans and strategy for children and youth in each of these areas.

We have asked the government for updates and look forward to hearing in the near future about the implementation plans for these critical areas where Manitoba families are desperate for support.

Internally, I also have a number of projects under way. For example, as this committee is aware, the responsibility for monitoring the implementation of recommendations made by my office was transferred from the Ombudsman to the advocate with the new act.

My quality assurance team has been working diligently to transfer the open recommendations to our office, and we have met with service providers and leaders in each of the service areas where follow-up will be occurring as we move forward.

Madam Chairperson: Order.

The time for the opening statement from the child's advocate has expired.

Mr. Swan: Madam Chair, could I move for leave from this committee to allow the advocate to finish her comments?

Madam Chairperson: Is there—the will of—what is the will of the committee? *[Agreed]*

Ms. Penrose: We have created systems and processes for the tracking of these recommendations, and I am taking a public education to this work as well.

I will be building an area on our website which will contain updates on all recommendations and the progresses within the system on implementing the recommendations made by my office.

I intend to update this information every six months to make these—and make these updates available to the general public, because not only do our systems need to be delivering effective services and efficient services, as public servants, we need to ensure that we can demonstrate that this work is done openly and transparently.

In order to properly analyze this information, as part of being able to manage the additional workload and increased numbers of files that move between our—between the service domains, my Quality Assurance unit and the Legislative Assembly IT team has built a broader and stronger database to manage our cases and the data we collect.

This essential infrastructure is the backbone to our ability to manage the large workload, including our ability to analyze systemic trends. This technical and technological structure is also how we are getting ready to bring in serious injury reporting, which is a piece of the—my new legislation that is pending and still not yet rolled out.

I do want to provide this committee with information about the two outstanding pieces of legislation for which we continue to await rollout. When the legislation came into force last March, two pieces were held back.

The first piece, which is referred to as phase 2, is the expansion of the reviewable areas in our child-death investigations. In simple terms, what is considered in scope for review and investigation by my office is when a child, youth or young adult has had child and family services within the last 12 months that preceded the date of their death. That is the mechanism that brings child death into scope.

Once the child death is in scope, we examine the services provided by all relevant service domains, but previous CFS involvement continues to be the only way for a death to come into scope for our review. What phase 2 will do is expand the scope to include involvement with Justice—mental health and addictions also being triggers to bring a child death into scope.

We are ready for phase 2 to come into force and we are hoping this happens soon, because as I mentioned earlier in my remarks, there are deaths occurring in this province which fall out of the current scope where we are losing important opportunities to examine issues and improve safety and services for all young people.

The remainder of the legislation that is not yet rolled out is with respect to serious injuries of children. This area of the legislation, as the government and I would agree, will require the development of regulations so reporting expectations can be communicated clearly and consistently from service systems.

I have asked the government for timelines on when we can expect this change to come into effect, and I've also asked that my office be included in the process of developing those regulations to ensure they are feasible.

As we are already being notified in some cases in serious injuries and because we have an important vantage point from conducting hundreds of investigations stemming from fatal injuries and other

circumstances, my team has important information which will be vital to the development of the regulations governing serious injury reporting.

We also know that this piece of legislation will likely be the most significant and demanding piece of work that—workload that we have, and to make sure we get the process right and we build the resources appropriately is incredibly important.

We know that the rollout of phase 3 with serious injuries will require additional resourcing and we are ready for those discussions. More importantly, we are ready for this work to happen, so that we can create a hub of centralized data collection about the injuries that children and youth are sustaining in our province.

Our role is one of building bridges between service providers and families, and between the government and the public. We are positioned to be able to listen carefully to the stories of children and to thoughtfully analyze the information so that we can provide data and recommendations to policy-makers on what is happening in the lives of Manitoba families.

On a personal note, I am honoured to serve all Manitoba children as their advocate, and I am committed to using my time in this office to advance and amplify the voices and opinions of young people, and to do so even when I'm—even when what I'm saying is very difficult and sometimes politically unpopular.

There is tough work ahead for all of us if we truly want to see the lives of children in Manitoba improve. I see the independence of my office as a critical aspect of my being able to do the job I've been appointed to do, and I continue to promote and help the public understand the importance of independence and the role it plays in our society.

* (13:30)

I invite each of you here today to reach out to my office if you want to know more about what we're seeing or areas of concern we have when we work with youth. My office is committed to continuing to collaborate with all stakeholders to ensure that our youngest citizens have an equal voice in how we build our province today and in our collective future.

Thank you very much for your time and attention.

Madam Chairperson: Thank you, Ms. Penrose.

Does the second opposition critic wish to make an opening statement?

Mr. Dougald Lamont (Leader of the Second Opposition): Yes, please. I just want to thank you very much for your work, and I know you've been very passionate and committed to what you've been doing, as well as being outspoken.

So—and I've sometimes said this is one of the most important issues facing our province because of the number of children in care. We have over 10,000 children in care and it matters not just for them, but also for this future of our province.

So I just want to thank you for your diligence and your commitment, your hard work and the hard work of all the people who work with you.

And also, thank you very much for—I saw that the report is translated into multiple indigenous languages, so thank you very much for that.

Madam Chairperson: We thank the member.

The floor is now open for questions.

Mr. Swan: Thanks to the advocate for her very informative presentation.

I'm going to give the advocate a little chance to go beyond what she talked about, and I wonder if the advocate can describe the transition to the new mandate. You've told us a little bit about the different areas you're taking on. This is your chance to tell the committee a little bit more about how that process worked and what other advice did you receive and how did you and your staff prepare for the additional responsibilities that you've now been provided with.

Ms. Penrose: Thank you for the question.

So we did a tremendous amount of work over the last 18 months to begin to prepare for the work under the new mandate. We pulled together working groups with respect to each of the areas in which the mandate expanded, and we met with senior government officials as well as service providers and NGOs to talk about the legislation, the policies, the appeal processes, the service provisions, issues—areas of issues in each of those respective domains, and began to be very learned about what all of those policies and legislation and regulations look like and put ourselves into a position to be able to advocate for children and families with respect to those areas.

Also, what we have been doing—and we continue to do and will continue to ramp up as we have the staff in place now—is to begin to do public education, which is also a requirement under the legislation around children's rights, as well as the advocate act—the new

act and our role and the role of the independent office. And what we're seeing as we're in the community more is a higher level of education that families and children can access somebody when they feel they need help or have questions around navigating through systems.

We have, as I said, embarked on changes in our database and software that we're using to collect and analyze data. We have been completing child-death reports for 11 years, and—or this will be our 11th year, and the number of recommendations and the trends, the themes, those are valuable pieces of information around what it is that we've been—in the province we've been doing well and what it is that we really need to see some improvement on.

As well, it allows us to understand what recommendations we've made before and what recommendations we continue to see occurring again and again and how do we address that, and then allows us to then look at what's happening today in the reports that we're completing and comparing it against recommendations that have been previously made and the work that was or was not done in those recommendations. That is some of what we've been doing, but not all.

Mr. Swan: If we could just sort of put on the record just to describe, then—you talk about phase 1, phase 2 and phase 3. Can you just put on the record exactly what you see happening in each of those three phases?

Ms. Penrose: Yes, so, phase 2 really is, for us, just the rollout of the remainder of the reviewable services such as justice, addictions and mental health so that we can—for families who do not have involvement with CFS, so that deaths that occur within a year of receiving those services—those children and their services will be examined too.

For example, right now—last year, the nine children who passed away and ended their life through suicide, there is no investigation or service investigation happening for those families to try to determine what lessons that we can learn. And with the new legislation coming in, that will no longer happen. We will be looking at those cases.

And with respect to serious injury, certainly I can investigate serious injury right now. That portion of the legislation has rolled out. What has not rolled out is the reporting to the advocate the serious injuries as they're defined in the legislation, which is life-threatening, any permanent injury that results in hospitalization or

permanent disability and sexual assault—serious sexual assault.

So those pieces and the reporting of those pieces to centralize—to a centralized location, and looking at trends and analyzing those and possibly investigating those has not happened yet. And that is—for the provinces who have brought those pieces of legislation in, that is the heaviest and most workload—highest workload pieces of the legislation that they have brought in.

Mr. Swan: So just to follow up on that, is phase 2 the rollout of the remaining expansion of reviewable services, and phase 3 is then adding serious injury? Is that correct? *[interjection]*

Madam Chairperson: Ms. Penrose.

Ms. Penrose: Sorry, I'm going to get that yet.

That's how we have, sort of, defined the pieces of work. However, how they—how the government chooses to roll those out is something I would defer over to the minister for sure.

Mr. Swan: That's fair.

And phase 1 is the piece which has already come into force, and that includes the extra reports that we've seen, the wider scope of what the advocate can do—and you're nodding, so I'll suggest that's probably the case.

How many new positions did you add to your office in 2017-18, when you were preparing for the changes that were to come? *[interjection]*

Madam Chairperson: Ms. Penrose.

Ms. Penrose: Jeez. I'm going to get it yet. Really.

There was a total of 11.

Mr. Swan: And then, if I can take that forward, how many staff were added to your office for the 2018-2019 fiscal year?

Ms. Penrose: So there was, sort of, a bridge that happened. That's the total number for the entire legislation rollout. So it was four in the year before, six as soon as the new year—as soon as the new fiscal year came, and then one transferred over with the work of the recommendations coming.

Mr. Swan: And has the government consulted with you on the potential date, then, for what your office would consider phase 2 and phase 3? Do you yet know

when that's going to happen, like in the next fiscal year, or is that still up in the air?

Ms. Penrose: I haven't received direct consultation yet, no.

Mr. Swan: And I know it's very difficult to predict. You've already talked about some of the additional calls for service your office has received. I believe you said calls are up about 21 per cent in the last year.

Are you able to predict, when phase 2 and phase 3 come into effect, how many more calls for service do you expect? How much—how many more investigations do you expect your office is going to have to conduct?

Ms. Penrose: So really, the number of calls that we anticipate is going to be based on public education that we do with respect to advocacy.

Certainly, with respect to child-death pieces, what I would say is, for sure, off the top, we would be investigating the youth who had ended their life through suicide, not just because—whether or not they had received services within one year, but looking at those through special reporting, and whether or not they were and should have received services within one year, and what was happening for them that they felt like their only option was to end their life.

Mr. Swan: I think we can all appreciate that the wider you're able to spread the message of what the advocate's office does, that the more children you're going to reach, the more families you're going to reach.

Of course, if people are out in the field doing education, it means they're not in the office on Portage Avenue or in the North, as we'll get to, investigating reports and following up those things.

* (13:40)

Are you constrained right now, based on the amount of work your office has, from taking some of those steps to be able to be out in the community doing education, doing the sort of promotion to let more Manitobans know what your office can now do?

Ms. Penrose: Currently, with the legislation that we have right now, we are resourced sufficiently the way that we are trying to educate. Certainly, with the addition of the youth ambassador squad coming in, they will be doing a lot of the children's rights workshops with kids in communities, along with some of the mentor host organizations that are supporting those kids as well.

Each time we go to the community for an advocacy case and/or a child-death investigation, we are using those opportunities to do education. We have started to formally look at our disability area, too, because that is one of the areas where we have begun to see that a lot of folks in that area are very mobilized and advocating for services that they feel they're entitled to and struggling with some of that, and certainly doing a very structured education strategy in there to provide access to advocacy services in that community is going to be important over this coming year.

However, what I will say is with the anticipated number of serious injuries, as I said in the opening remarks, other provinces that have brought that workload in are averaging between 150 to 200 serious injuries a month and that most certainly will push our workload beyond what we have right now, and that's why I have asked to participate in some of the work that's going on with respect to the development of regulations and how that reporting is going to happen.

Mr. Swan: You said that provinces—based on the experience of other provinces, you're expecting there could be 100 to 200 serious injuries being reported every month in Manitoba?

Ms. Penrose: Based on what we're seeing in other provinces, that's what they're seeing, and based on our child-serving population that access supports we are anticipating a high number for sure. I can't say exactly how many, but certainly are anticipating a high number.

Mr. Swan: And is the definition of what a serious injury is, is that now, in your view, cast in stone in the legislation, or is that still something that needs to be included in regulation, and has your office been consulted on that part?

Ms. Penrose: So the definition of what serious injury is is defined in legislation currently.

Mr. Swan: Are you satisfied with the definition?

Ms. Penrose: I would say that before I could answer that question I would like to be receiving the serious injury reports and then look at the data and be able to provide an informed response to that.

If we are missing an area in serious injuries I would like to be able to put a data-informed piece to that, as opposed to an anecdotal answer right now. I think that would be the most responsible way to look at that. But right now that's a very broad definition for a serious injury and especially given the fact that the

legislation allows the advocate to complete a special report under any area of the legislation, so certainly that gives me a lot of opportunity to review areas within the designated service and reviewable services that I can conduct a report on without needing to only be defined in serious injury.

Mr. Swan: So, just in a general way, I mean now that you do have the ability to issue special reports—and you've already issued a few that have been very, very helpful and very informative—in your view, and for your staff's view, what is the best way, then, to work with the government to try and get them to follow the recommendations?

The government doesn't have to follow your recommendations. As the advocate, you are going to continue to use your voice and your influence and repeated reports if they don't do that. In a perfect world, how would you see that process happening with the government of the day?

Ms. Penrose: Yes. And so what I will say is that right now we are certainly in a learning phase with the current government and service providers and stakeholders at the table.

We have, I believe, begun a process that I think is going to be very positive. We are—you know, with the deputy minister's committee that has been pulled together and their attendance in reviewing the draft reports and the attention that is being given certainly is encouraging.

And their participation in the development of the recommendations—it's important that the recommendations we make address the issues in the report that are feasible as well.

So, you know, it is a learning process, and certainly, you know, we are—we continue to do that. And I think the process that we're on right now is a really good beginning, and I hope to—I really hope to see that come forward.

But what I will say is where we're really going to begin to look at that is in the other piece of my legislation where it is my responsibility to monitor the compliance with the implementation of recommendations and the accountability that my office will have in making sure that I'm publicly talking about addressing the recommendations, and if not the recommendations specifically, most certainly the underpinnings that are causing the issues for children.

Mr. Swan: Well, I thank the advocate for that answer. And in my opening comments, I mentioned the role of the Auditor General, who has a role that you are now in some way taking on, not just to issue a report, but to actually be actively involved in following up that report and pushing the government if they don't follow the recommendations that you've made.

I think you were—you're very gentle in talking about the learning process. I know that as opposition members, we were very disappointed when the Health Minister took issue with your report and your press release and accused you of finger pointing. And he said, well, I won't be finger pointing like the advocate is doing. I think it's probably fair to say that you don't agree with the comment. Is that part of the learning process that you're talking about today?

Ms. Penrose: A good question. You know, I—yes, it is. And, really, at the end of the day my role is to identify concerns that I see with children and youth and their access to services, and most certainly whether those statements are made or not doesn't change the fact that I feel very, very strongly about the fact that children in our province need mental health and addiction services.

And they don't need to—what they need is action, and they need it now, and they need treatment, and they need services now. And we have children who are at 'emminent' risk of death and dying who cannot access treatment, so.

Mr. Swan: Well, that's a good segue. This next answer may take us well past 3 o'clock.

I guess with that statement—I mean, your—one of your main concerns is that mental illness and addictions support services, right now, they aren't adequately available for youth in Manitoba. That is not something that's appeared in the last year. We know that this has been a challenge.

Now, in your—an advocate—as the advocate, you've been in this role now for some time. Why don't—this is your opportunity to tell us what are the next steps, then, on improving the way that we deal with mental health and addictions support for young people.

Point of Order

Madam Chairperson: Mr. Micklefield, on a point of order.

Mr. Andrew Micklefield (Rossmere): On a point of order, the scope of this committee, as I understand it, is to discuss the annual reports, which are about events that happened in the years referenced in the reports. It

seems that the member's question is speculative about future activities more than the scope of the reports in question.

If the question is rooted in the report, then fair enough. If it is expanding the report, fair enough. But I'm not sure that this meets the criteria of relevance for the purpose of this committee.

Madam Chairperson: So I will say that that is not necessarily a point of order, but I will give Mr. Swan an opportunity to maybe rephrase his question pertaining to the report that we are considering.

* * *

Mr. Swan: Sure, and, of course, when I read through the annual report for twenty-six seventeen and the annual report for 2017-2018, there are a number of statements that the advocate makes about the need for improved mental health and addictions support for children in Manitoba. I'm wondering if the advocate can comment on some of those issues.

*(13:50)

Ms. Penrose: Yes, for sure. And so one of the things that continues to drive the work is our advocacy work and our child-death work where we find that children who have significant addictions issues and mental health issues are unable to access those services, and what I will say is that oftentimes what we have found and is very much part of the work that we have done and will continue to do is that we see those kids end up in child welfare and/or Justice and because they can't get the early intervention preventions and/or treatment they require before Child and Family Services needs to come in and intervene in the family's life.

And, oftentimes, when families feel that they are unable to parent safely and/or somebody identifies that because of their addiction issue and/or because kids or their kids who are 12, 13, 10, 15 years old all around are addicted to opiates and other drugs, they are feeling like they have no option but to put their children in care, and that system becomes the default, but that system and Justice is not mental health providers nor are they addiction specialists, and in order for those kids to get the treatment and the help that they need at their point and where they're at in their lives, we need a continuum of care for kids with respect to mental health and addictions.

We have kids who are beginning to experiment with drugs that need certain types of interventions from the Province and from services that are not the same as our kids who are taking 15 to 20 points of meth a day

and at 'emminent' risk of death or dying. They need a different type of intervention and we have kids who are non-contemplative right now about their ceasing use, and they need a different type of addictions treatment.

And when you look at where the kids are at and what they need, the service spectrum, the continuum of services that are required are quite evident, and so the same with mental health. When children have a plan to end their life and they are feeling that that's their only option, we need to make sure there's other options available for them and that those other options are there when they need them and in a manner that they need them.

And so I will continue to talk about the increased need for mental health and addiction services and the fact that, again, the time for discussion of strategies and future tasks and action is past and these kids need action today.

And I am encouraged that there are some adult programs that are being developed, but I will say again our youth and our children are important, vital parts of this province, and they too need services and I hope to hear that in the coming plans that are going to be rolled out.

Mr. Swan: I thank you for that answer. I know—again, we could probably go on past the appointed hour just on that question.

At the start of your comments, you said that many youth are unable to access those services. Is that because of geography? Is it because the children or the parents may not have knowledge of resources as they're simply not available? What can you tell us about the reasons why it appears that young Manitobans aren't able to access those services?

Ms. Penrose: So what we're seeing in the kids is that there aren't services that are taking kids who are heavily, heavily addicted to drugs like methamphetamines. There is a very short detox facility that can be accessed with a warrant; otherwise, there doesn't seem to be any long-term treatment facilities for kids with that kind of addiction issue in the province, and that's concerning because we currently are working very hard with the different departments to try to piece together things for kids so that we can—services for kids or safety for kids so that kids can have some place to be and stay and detox from these drugs that are overpowering them.

Mr. Swan: When you talk about the detox for young people, is the advocate talking about the youth

stabilization act and that—the seven-day time period, is that what's meant?

Ms. Penrose: Yes.

Mr. Swan: So, as you have a group of MLAs listening to your every word, do you think that law should be reviewed to see whether young people, if they appear to be out of control, if they appear to be a danger to hurt themselves or others, do you think that we should be revealing whether a longer period of time should be required for youth who need it?

Ms. Penrose: So I will draw your attention to the report that I just did. Not only do I think that I've already made a recommendation on it and I have made a recommendation with respect to further recommendations that I feel will begin to address the needs of kids who have serious and severe addictions.

Mr. Swan: I thank the advocate for that.

I think many Manitobans are now being aware of the impact of some of the addictions issues and the opioid issues, as well as methamphetamine. In your experience from working with children, how young are some children becoming addicted to a drug like methamphetamine?

Ms. Penrose: The range is unique. Every child is so unique in their trauma and their reason for beginning or escalating in their drug use, and so there is no one age that we see. I mean, commonly, what we see is around 13, but we have seen addicts as young as 11 and 12.

Mr. Swan: You also talked a little bit about youth being in a non-contemplative state. I—from my days as Justice minister, I know what that means, but can you maybe explain to members of the committee a little bit more, what does it—what does that mean if somebody's non-contemplative, and what levers and what ability does the system, so to speak, have to try to change the mindset of a child so that they may seek help?

Ms. Penrose: Yes, that's—so non-contemplative means that a child is not contemplating quitting, that they are fully entrenched in drug use and addictions, and they are in what we call a haze of their addiction where they can't really see and think in a safe way for themselves. And so we often see kids not contemplating whether or not they're quitting.

And so this is where we speak to the continuum of care and that these kids are out using and, you know, the clean needle exchanges and harm-reduction policies and procedures, because they are using and, you know, how do we get them clean needles as

opposed to them going into the back lane and grabbing a needle that is infected with HIV or hepatitis or some other blood-borne disease, and then—and they use that needle to inject themselves?

And while I realize it's not comfortable, that is their reality and that is happening for kids. And we have a responsibility to not condone the behaviour, but every time we have a point of contact with a child, to continue to encourage the child and to help them realize that they need more, they can be better, they are valued and to be able to see so that they can see their worth as well, and that there is a way out of the trauma. And most kids will—are using drugs because of their trauma.

Mr. Swan: I'll ask one more question then I'll let Mr. Lamont in because I believe he has some questions as well.

I figure you're coming to a very, very difficult area that you're discussing, and I'd actually asked you to expand a little bit more than what do you believe are the best practices at helping children who are out of control because of their addictions, keeping in mind many of them may have lived trauma that's made life very difficult for them. What do you think should be happening, then, to provide the best landing place for these kids?

* (14:00)

Ms. Penrose: So I've sort of begun to talk about that in the report that I put out with respect to Angel, and I'll continue that discussion in the report that we talk about with Tina Fontaine and those resources.

And, you know, when it comes 'toom' a continuum of care, there is no one-size-fits-all solution for kids. Some kids—and, as you know, some adults—will be able to find sobriety or healing in an AA group; some don't find it there. Some find it in their culture, some find it in their church, some find it when they hit bottom and some people don't find that bottom. There is no one way to help everybody, and that's why we have to be open to making sure that there's a continuum of resources available.

But I do want to talk about the fact that we have some kids—and I've mentioned it twice here today—who are at 'emminent' risk of death and dying.

And those kids do not have the capacity to make safe choices for themselves because, oftentimes, they are under significant pressure by the person who's sexually exploiting them and/or the people that they're buying drugs from by way of money. And they are

being exploited in ways that they don't deserve to be exploited in and, as such, can't make or are unable to make safe choices. And we need to be able to give those kids or help those kids achieve safety by putting them in a safe, secure location. And safe, secure location does not need to look like a prison or a locked hospital. There are many other ways that that can look. It can be geographic, it can be staff secure, it can be a lot of things.

But what I will tell you is, in the face of every single parent I've looked at who has lost a child, they will say to you, 'unequivocally', if I could just have one more chance. And if I could have just got them sober so they could see. If I could have just—and I think it's incumbent upon us to continue to advocate for that continuum because our children are—they're not just our future, they're our here and now. And they really—these kids, when they come into the office, they will come in and they will say, if you don't stop me, I can't stop me. I can't—I don't have the power to stop me.

And so the power of some of these drugs is profound, and I'm not able to understand that the way they understand that, but they certainly will help me understand that. And I see it when they come in and they're high and they don't want to do it again. But they do.

Mr. Lamont: Just to follow up on that, can you just explain what some of the obstacles are right now for children in care being able to access mental health care or being able to access addictions treatment?

I mean, say that—you say that it needs to be done right now, and—but can you tell me what the—what are the challenges—what is not there that—so, if you have—if you have a kid who needs addictions or mental health treatment and they're looking for it, what do they face right now?

Ms. Penrose: So part of what we're seeing with respect to addictions is that there just isn't a service for certain types of kids who have certain types of addictions, and if the kids are non-voluntary, they—a parent doesn't have the capacity to put them into custody except for through warrant into youth—'stabilize'—the youth stabilization unit. But that is only, again, for five days.

And so, you know, there is—when a child is 14 years old, a parent who knows that they need to protect their child and save their child—and/or a CFS worker—needs the ability to place the child somewhere safe and somewhere that is ready to accept that child and provide services to that child by way of their addiction and their mental health.

By way of kids who are struggling with mental health and the barriers, you know, Thrival Kits was one of the things that was mentioned here today, and the Thrival Kits really from our office was part of phase 1 and 2 of our suicide reports that we had done and the lessons that we learned.

There was 50 children who were—50 children who had passed away or ended their life through suicide that we analyzed. And we analyzed those against 100 other children with very similar risk factors. And we learned a tremendous amount from that. And out of that came the Thrival Kits.

And the Thrival Kits are tangible tasks and mindfulness tasks and well-being tasks that are taught to kids who are in early years in school, and they are learning wellness activities and things that are helping them decrease their anxiety.

And we have heard first-hand from the kids how their lives are changing with these prevention tools that they are having. And I mean, now we've expanded those Thrival Kits—and they're reaching approximately 2,500 kids across 10 school divisions now—and we're seeing some changes, and that's the lessons that we're learning, and how do we get out there early.

But with respect to the kids that we have that are struggling with mental health and accessing those services, whether you're a child in care or you're a child at home, those services should be equal. But the access to those services just isn't there, and the wait-lists are longer, if you—if you're—if there's even a service in your community or region.

And oftentimes kids are taken to the hospital and they're sent home saying, you know, it's behavioural and—but suicide can be a behaviour that ends up in the death of a child. And so those things have to be treated very seriously, as they are and—I hope—and that there needs to be somebody there that is providing help and follow-up—kids.

Madam Chairperson: Mr. Lamont, on a follow-up.

Mr. Lamont: Yes, thank you, because I wanted to ask—I've heard examples of—there are AFM programs where there are spaces, but part of it is that without intending to, they may—are—effectively discriminate against kids in care because the condition for entering treatment is that it has to be voluntary, so if a kid is in a haze, they won't be able to do it.

The parent has to be involved, but if they're in CFS, it's the Province who's the caregiver, and if there's anything—if they have any involvement with a

court or if they have any other involvement with custody issues, they're effectively excluded.

Is that one of the barriers, in terms of being able to access care, for kids in care, just that there are policies that, sort of, expect—set a high bar for people who are seeking treatment?

Ms. Penrose: Yes, so part of—we did take a look at AFM in our first report that we did because there were some concerns with respect to the policies and procedures that—or the perceived policies and procedures that were governing the service there. And certainly, we weighed in on that a little bit in that report—or quite a bit actually—and engaged with AFM in some of those 'arrier'—areas and barriers.

And certainly, we see that even in addictions treatment in some of the residential facilities. If they don't do this and this, then this, and stop smoking, and stop—like, when you have an addict and they're coming in and saying, okay, I'm ready to stop methamphetamine, climb that hill first, and let's deal with the smoking later.

Nobody is saying that it's all right and it's good, but it's a measure of, you know, being able to help the kid with—where they are in their needs, and doing everything you can to get them to a point where they are on the road to wellness.

And certainly, those barriers are things that, really, you can start to see where kids leave, because it's not really meeting their needs. It's not about them.

Madam Chairperson: Mr. Lamont, on a extra follow-up.

Mr. Lamont: Final supplemental.

If you could just talk a bit about one of the—mentioned it before, it's one of the very serious issues—of the question of sexual exploitation of children in care.

I spoke to someone who said they thought this was the—one of the most serious issues we could possibly deal with as a province, in part because you have people who are predators, essentially, who know that children in care are vulnerable and then are plying them with drugs or other things, but—and it's been an ongoing problem.

It was suggested to me that there needs to be action at the federal level, that we would have to amend the Criminal Code, which is something we have proposed to the federal government.

But—if you could talk a bit about what the challenges are around that, because, I mean, it's—to say the least, I mean it was—the report was horrifying. But you can explain what the challenges around that are, of actually dealing with these predators and why we can't—what—the challenges you faced. Or what do you think the governments could be doing better in order to deal with that?

* (14:10)

Ms. Penrose: So addictions and sexual exploitation often are two issues that occur simultaneously. And it isn't just kids in care; it is young, vulnerable kids across the province and, most predominantly, indigenous children that we're seeing. And the sex trade is changing. And, you know, a long—not a long time ago, but not too many years ago, it was a visible sex trade, and now it's not.

Eighty per cent of the sex trade that we see right now is invisible and online. And then the remaining 20 per cent is, you know, in crack shacks and gang houses. And so we don't see as much street-level exploitation as we did at one time and so it's harder to detect. It's harder to find out and do prevention work in that area, and, also, it is very lucrative for people who are exploiting girls. And it is not something that is heavily, heavily policed and, as such, is easier to exploit girls and make money from girls than it is to even sell drugs for some folks.

So it—and it isn't a one-system or a one-department response, and so it's a Justice response; it's a mental health response; it's an addiction response. It is a community response. Because the people who are buying sex from kids are from all walks of life.

And public education strategies need to occur and people need to come to understand that sex with kids is absolutely not okay and cannot be accepted. And so you start there and then you begin to move forward in the treatment of those kids.

And, you know, in the case that you've seen with Angel, you know, oftentimes it's seen as okay in our community. I mean, in that report there was a police officer who saw a man on top of this little girl sexually assaulting her, and she's the one that got hauled off to jail.

Ms. Janice Morley-Lecomte (Seine River): Thank you, Ms. Penrose.

Given the autonomy that you have and the ability to issue the public reports that you do, do you believe

there is sufficient accountability measures in place to check your work?

Ms. Penrose: Yes, so, we have a great deal of measures in place to check our work. We do a lot of fact-checking; we do a lot of research; we do a lot of literature reviews. We interview folks. We do a lot of qualitative interviewing. So that also feeds into the report.

We also hold a domain meeting. We invite CFS agencies and authorities because they—in CFS matters—hold the bulk of the information. So we do invite them to the table to do what we call a fact-checking meeting. So if there's any concerns with any of the facts, if they feel there's pieces of information that are missing that should be added, we give opportunity for that to occur. And, also, we send the draft report to the government, and if there's any facts that are identified or anything like that, we certainly have or/and engage in those conversations. And if there is databased information that appears to say that we need to look further into this information or that information, we do that.

We also do a lot of cross-checking for things, like, if there's criminal cases, we'll order transcripts or audios of transcripts and stuff like that to do some fact-checking. We have files and we do reviews, but we cannot always get to the exact thing of what happens in a child's life because not—government services aren't involved in every aspect of their life.

So we take what we can learn from the family as well, and they provide a lot of the information in the reports about what they've experienced and what they've gone through. So we do a lot of that.

And sometimes we get differing stories from a worker than from a family, and we'll identify that in a story, too, when, you know, we talk about here's what the file says; this is what the parent's version of that is or thoughts of that is, and so we do that. We do it that way.

Madam Chairperson: Ms. Morley-Lecomte, with a follow-up.

Ms. Morley-Lecomte: Thank you for that answer.

And I know children's safety is the utmost importance, and when you're investigating, the disclosure of personal information should be kept confidential, but there is a leniency, a given, unless—so when would there be an exception to when that information is not kept personal and it's given to public disclosure?

Ms. Penrose: Yes, so that is a part of the job that is—we give heavy consideration to when we're doing the public reports.

We do meet with the families, and where they are willing, we'll go over the report with them, every word. And we will ask them: is there something in here you feel absolutely you cannot tolerate, or if you think that something is going to pose safety to you or to your children, and/or the analysis from our end about anonymizing situations so that other children or siblings wouldn't be negatively impacted?

But what I will say is that, you know, even in the case of Angel, we did meet with Mom, and Mom gave us permission to use Angel's name. And there is a heavy weight and I did have a heavy discussion with Mom about what was in the report. There was a decline to read the report, which I respect fully and—but I did tell her about some of the stuff that was in the report, for sure, and her decision was this is about saving other kids and weighing that out.

But by way of personal health information, we protect that as much as we can. And in the first report we used the spirit name of the child, at the parents' request. They wanted the child's name used, but because YCJA information was in the report, we couldn't, so we asked them to provide a name, and this is where we arrived. And so we do that.

But always, always, our first concern is safety of remaining siblings in the family. So if we do have a report where that is compromised then we will not be releasing it publicly, and/or anonymize it to the point where it won't be recognized.

Mr. Swan: With that report—and we do appreciate the need to balance trying to tell the story with the privacy that the child and families are entitled to—you had commented in that report, that none of the members of the provincial Cabinet had been prepared to meet with you, despite the invitation.

I wonder if you'd comment on that and if that's something you'd like to see change in the future.

Ms. Penrose: So can you provide context around—

Madam Chairperson: Mr. Swan.

Mr. Swan: I actually don't have that report in front of me as we're—as we've got the two, but I'm recalling in the report on Angel, there was a comment that there'd been an invitation given to sit down with the members of Cabinet to talk about the issues that were at play and nobody from Cabinet had been prepared to meet with you.

Madam Chairperson: I will give Ms. Penrose the opportunity to answer the question, but I do want to remind members to focus on the reports that we are considering today.

Mr. Swan: I agree that would normally be the case. It does come out of something that Ms. Morley-Lecomte had asked in her question. That's why I was following this up.

Ms. Penrose: So I don't recall saying that members—in specific, with respect to Angel, the deputy ministers who were involved in this report did come to the table and talked about the recommendations with us. There was quite a bit of work that went into the analysis and findings of these recommendations as well as the development of the recommendations.

By way of the ministers themselves and this report, we didn't meet with any of the ministers.

Mr. Swan: Okay, thanks. I didn't mean to spring that on you, it just came from a question.

* (14:20)

On the issue of sexual exploitation, unfortunately I know the number and their details, but probably helpful for the members of the committee, in your experience as the children's advocate, what is the average age that a child becomes—who's involved—becomes sexually exploited?

Ms. Penrose: The average age that the system becomes aware of the sexual exploitation is around 15, but the exploitation actually begins to happen much earlier than 15, as you see in the case of Angel, who is indicative of some of the higher risk victims that we have in the province. That sexual exploitation started—she was presenting with seven of the 15 indicators as early as, you know, eight, nine years old when she was presenting with serious signs of exploitation.

Madam Chairperson: Mr. Swan, on a follow-up.

Mr. Swan: Thank you for that. And, of course, we know how difficult so many of the issues are. And if it's a child who's had, you know, severe childhood trauma who may have any number of issues.

You've highlighted the difficulty in finding the right intervention. What are the best practices in dealing with the child who you discover has been exploited in this way? Let's assume they do have, obviously, some mental health issues from the trauma they've survived, and possibly addictions issues.

What are the best practices, in your view, to try to rehabilitate a child who's gone through this?

Ms. Penrose: Yes, and I talked a lot about sexual exploitation and addictions and often—most often when a child is addicted, they become sexually exploited because of the need to access money to purchase drugs and be able to have some place to stay.

And, as we know, for kids who are vulnerable, oftentimes they are exploited and nothing is free for them when they're trying to navigate a place to live and food to eat and drugs. So they often end up in those situations where they feel pressured for their safety or their family's safety to continue in the exploitation.

And so when kids are heavily entrenched in sexual exploitation, the interventions, you know, need to be stronger than when a child is transitioning into and/or beginning to show signs that they are being exploited or moving down that path.

So the interventions for each child in each of those areas is different, but most certainly for kids who are entrenched and heavily addicted, safe, secure areas are one of the ways that definitely will help them, not just to protect them from the drugs, but to protect them from the people that are requiring them to be out working.

And so when you see kids, our most highest risk kids, in those situations, that is definitely one of the options that protects them the most. Trained foster parents in sexual exploitation; the continued engagement of StreetReach in that process. StreetReach is a critical piece. I can tell you that I have managed a CFS agency and when you are a social worker carrying a generic caseload, you don't understand the entire sexual exploitation population in Winnipeg and you're not searching for your missing kids on a daily basis, nor do you know who is perpetrating kids or what that looks like.

But folks from StreetReach, they do that every day all day, and the original intent of that program certainly was that combination between the police and social work to provide the most effective intervention.

And being able to have that supported by foster homes with foster parents who have significant education and training in sexual exploitation and what that looks like and communication workers who are specifically trained and that combination of workers being able to work with StreetReach in a collaborative way in planning for their kids and plans when kids go missing—those are the most effective ways to assist kids. And relationships and the constant caring of kids to let them know that they are valuable and people are looking for them and people care.

Mr. Scott Johnston (St. James): First and foremost, I'd like to thank the child advocate for her presentation today. I'm very pleased to hear that—in your comments that you're very pleased with the progress that you've experienced in working with our government. And certainly, we're all advocates of you being—doing a successful job.

Coming from a background with some education, I'm very interested in your views and comments of this huge resource that you have in regards to school divisions with departments to continue to advocate on behalf of children and to fulfil their needs. The school divisions are definitely the first line of defence when it comes to identifying issues and situations that are critical to children.

And I note your—I believe—is it pronounced 'thurvival' kits?

Floor Comment: Thrival.

Mr. Johnston: Thrival. Thrival Kits. So—I was a school trustee, but I wasn't that great at spelling and English.

Those kits, you indicate in your report, are something that you feel are very productive and very positive. So I'm curious in—that's one component of how you deal with school divisions and how you utilize school divisions.

Can you comment a little bit on this particular initiative as well as other areas that you believe are beneficial from dealing—that school divisions can offer you? And secondly, what else would you like to see them offer? What can our department of Education perhaps do that may be beneficial to your department?

Ms. Penrose: So we've had a really successful venture with the Thrival Kits. And thrival is a combination of surviving and thriving. And so hence we end up with Thrival Kits.

And so, really, this was developed with the Canadian Mental Health Association and MACY office and with significant input from teachers who have been very forthcoming and willing to put these programs into their classrooms. And so that has been a really, really positive experience. And we have not been out in the community, certainly, promoting Thrival Kits at all, and—but what's happening with the Thrival Kits is teachers are seeing kids from the year before come into their classroom and they're noting differences in the kids. And we're also seeing teachers talking to other teachers about the Thrival Kits. And so they're wanting, also, to bring the Thrival Kits in.

And so this has started us talking about other areas that a Thrival Kit or well-being or mindfulness activities could absolutely play a role in some of the things that are happening. And so we will be approaching other domains in specific areas where we think we might be able to work with the kids and—in those domains, to build them.

We're also working with indigenous schools to create the Thrival Bundles, which is going to be specific for indigenous communities. And we will work with each indigenous community to create a Thrival Bundle specific for their community schools.

By way of other work that we are doing in education, we continue to advocate with respect to IEPs and also to continue to advocate for school entry for kids who are not residing with their guardians. That has been an area where we have had lots of families come to us expressing concern because they were unable to get their kids into school because they're not living with their guardian.

We have had a very good response from many, many schools and have been able to access education for those kids when we advocate to get them into schools. So we have had quite positive responses from schools and school divisions in the department.

* (14:30)

And we also—although our mandate is IEPs, what I also will say is that we have had good response from the department in other areas outside of the scope of mandate that we're advocating for and have actually been encouraged to continue to do that.

Mr. Swan: We're on a pretty heavy topic, obviously, of what to do and how to help children that you're able to rescue and remove from sexual exploitation.

You talked about a number of really solid things: having a safe, secure place for those children to go, having specially trained foster homes because of all the challenges that those children have, as well as specialized workers.

What can you tell the committee about the availability of those services right now in Manitoba?

Ms. Penrose: So I think that currently, right now, there are some services that are available with respect to sexual exploitation, not enough for the demand, for sure. Increased training for foster parents for specialized homes who have sexually exploited kids and supports is important, understanding the need for those supports.

These kids, they run away a lot, and making sure the supports are in place when they return, making sure the supports are able to go and look for those kids and those kinds of things is critical. This is not—these kids have special, very special, needs, and the system needs to respond to those special needs.

There is some, for sure, foster homes that are really good at looking after sexually exploited kids, but dealing with our highest risk victims and our most entrenched children with our worst—that have some of the worst addictions or some really bad addictions, those kids, they need intensive, intensive support, highly skilled, highly supportive foster homes.

Mr. Swan: Thank you, and of course, I agree with that assessment.

You talked a little bit about the difficulty of bringing together all the different areas that children in need of assistance deal with: Justice, Health, Education, CFS.

I know we had piloted a program called Thunderwing, working in the William Whyte neighbourhood, to try to go upstream a little bit and have different agencies and different contacts that children might be in touch with, be involved earlier on, to try to find issues going on in the home or other situations to try and get out in front of it.

Is the Thunderwing project, is that something you're familiar with and are able to comment on the usefulness of expanding those programs?

Ms. Penrose: I don't have a lot of knowledge on the Thunderwing program but certainly would be interested in looking at that, for sure.

Mr. Swan: One of the things that came up through your opening statement, some of the questions, is the amount of data that your office actually has, trying to find trends, trying to find connections in the amount of information you get when a child dies or other circumstances.

Has any government department ever asked you for that data or asked you to provide that information outside of the reports that you offer?

Ms. Penrose: No, not in my experience.

Madam Chairperson: Mr. Swan—Ms. Penrose?

Ms. Penrose: My apologies. Yes, they have, actually. We provided some data for—some voice of the children information for legislative review, and also they—we were allowed to present, but not databased information. I offered that and sent it in addition too.

Mr. Swan: All right, and obviously, in some ways—and your reports are meant to move the government and to make change. But I take it you would agree that it can be very helpful if the government was interested in taking more of the data, more of the information you already have, perhaps so that we don't have to have as many special reports that come out. Is that fair?
[interjection]

Madam Chairperson: Ms. Penrose.

Ms. Penrose: Sorry. I think we have a lot of information that is tremendously useful. You know, I wasn't—I was outspoken around the fact that we weren't met with or included in the VIRGO report, and many of the recommendations and much of the findings that were in there are also findings that we also had in the child-death reviews. And so we would have most certainly been willing to share that.

And with a little a bit of context to that, too, is that, you know, it's important that we continuously remember that, you know, these reports are about, sorry, about the learning lessons that come from the kids who pass away and honouring their voice and their spirit, and making sure that we are acknowledging that.

And, you know, prior to the implementation of this most recent legislation, the child-death reports and the circumstances under which the child died were not shared inside government because of the legislation. And so now they are, and so we are in a different time. But was what shared were the recommendations.

So hopefully now that the circumstances are, and the life history is there, and the findings, the analysis is there attached to the recommendations, there will be more movement on, you know, changes for children in the area of mental health and addictions.

Mr. Swan: Yes, you said that your office was not consulted in the preparation of the VIRGO report. Has government asked you to provide your comments on the report, now that it's been issued, in terms of improving addictions and mental health services?

Ms. Penrose: No.

Ms. Morley-Lecomte: I just want to ask about the Thompson office with it opening at the end of January. What do you foresee the change or shift in the demand in Winnipeg and there, and the clientele that will be using that office?

Ms. Penrose: Yes, so previously what has happened is we will go up to Thompson and we'll sort of have a

blitz intake situation where somebody will go up there and they'll bring back, like, 24 or 25 intakes at one time. And then we service those intakes. And then we'll go up again and we'll do that.

And so part of the strategy when we're going up there is to begin to educate kids and families in Thompson that we are present.

So, today, our youth ambassador co-ordinator went up with our spiritual adviser and they are up there meeting with all of the different youth-serving agencies to talk about the opening of the office and begin to take about the advocacy avenues that will be available to them even more so when the office opens.

They'll be talking to a youth who has been, who is interested and has been starting to participate on the youth advisory squad so that they—that child will be the, hopefully, will be the representative from the Thompson office.

And we will have presence in a very, very highly visible area in Thompson where kids do access. So once we start doing public education we anticipate even more advocacy issues coming from there. And we will often, we will be serving the communities that are outside of Thompson, and we will be going there more often than we are now, for sure, and have a presence there so that they also understand that they are valuable and important and kids there have rights just as much as kids down here do. And teaching them what those rights are, and that kind of thing is all part of the plan that we have for the Thompson office.

Mr. Lamont: Just wanted to ask some questions about, on page 15 it says the top CFS-related concerns, and 44 per cent is case planning, 22 per cent is quality of care. And under case planning there are a lot of lacks, lack of case planning, but one is the lack of service standards.

But then, under quality of case, there are things like—which applies to children in care only—lack of clothing, lack of health care, lack of food, inappropriate discipline acts. Could you talk a bit about—start with the lack of service standards, or does lack of service standards just explain a whole bunch of these other things, the fact that you're talking about the quality of care and that there's a lack of clothing, a lack of health care or a lack of food.

* (14:40)

Ms. Penrose: Yes—[interjection]

Madam Chairperson: Mr. Lamont, I need to acknowledge you before you speak.

So Mr. Lamont, if you want to finish your question, go ahead.

Mr. Lamont: Oh, yes. Well, for the sake of being acknowledged, yes.

And if you can just explain what the 44 per cent and the 22 per cent mean, where that comes from and who's expressing that concern.

Ms. Penrose: So I'm going to start a little bit with the numbers. The 44 per cent constitute people who are calling with respect to case planning, case management, who are—who do not have children in care. And the service standards are Child and Family Services standards, and the issues with respect to not—concerns that we have that those standards are not been—not being followed.

I will tell you that I spent quite a bit of time, in both of these reports that I have released, on standards, CFS standards. And there has been engaged discussions about, you know, modernizing those standards, training of those standards, quality assurance of those standards and the importance of assessing case planning, case—service provision and evaluation.

Those are the cornerstones of what happens in CFS services, whether a child is in care or not in care. And case planning and service provision are—you know, can be at a family level, and care plans are for children who are in care. And most certainly, those four phases of service happen for both of those: families and children.

And so 22 per cent of the calls that we got involved children in care, where these issues were identified as the reason they called and what we advocated for and addressed.

Mr. Swan: We know, and it's—I mean, obviously it's a tragedy in the province of Manitoba, that indigenous youth continue to comprise a great majority of the number of children being brought into care and children in the CFS system. We know that for some time there's been calls to change the way things work, in some cases, by having greater kinship care, more customary care.

Can you comment on some of the principles you think are very important to remember in moving down the road to try to come up with what, I guess, we could call more traditional ways of looking after children whose parents have issues?

Ms. Penrose: Yes, and one of the things that I had the great privilege of being part of was—in my time in the

field—was being able to begin to see, in one of the agencies that I was working with, was casework done in a very different way.

And you know, engagement of families as experts and being able to look at family networks and using a different service model or practice model when engaging with families. And being able to, you know, call a family to a meeting and talk about what you're worried about, with respect to child protection concerns in their family, and talking about who's in their family and who's in their network.

And, you know, even with parents who are struggling with addictions, and having the conversation with them about, you know, tell me who in your family, you know, loves you, loves your kids, and if you're unable to stay sober, who else would you like to look after your family? And begin to bring them into the network and creating networks for families to support, so that when issues are dealt with and CFS backs out of the family, they still have their personal, and sometimes professional, support networks around them.

And having workers understand how to use their tools, that their tools don't make decisions for them; they are guidelines that help them to make sure that they're addressing risk and/or safety factors that might be present.

And really, the philosophy under which we approach child welfare and families is critical. And you know, right now, the legislation speaks to acts—what constitutes child abuse and when a child is in need of protection and when a child is not in need of protection—but it certainly doesn't spell out specifically how services are defined.

And the CFS standards do that to a minimum standard, and then the authorities are to create culturally appropriate standards for their agencies to follow in the provision of services.

So there is quite a bit of room right now to be able to identify doing services differently and being able to provide services to families in a meaningful, proactive and 'interventive' way. And, really, apprehensions and placement in agency care is the last resort. And all other areas and/or family members and/or community members and/or who they believe are their family should be consulted about placement before a child is placed in a stranger or agency placement.

Mr. Micklefield: On page 37, 38 and 39 of the 2016-17 annual report, and on pages 20 and 21 of the 2017-18 report, there's information regarding the

deaths of children. I note there are—there were nine suicides, five reviewable in 2016-17, and in the following year, 20 suicides—it looks like 11 of those were reviewable there.

There's some data on death by age and some other information in those sections as well, but I'm wondering if there's any data available on the gender of those who passed away by suicide and if there's any data available on the age of those who were lost by suicide, or is it just one category of child under 18.

Ms. Penrose: Okay, I don't have those with me right now, but I can most certainly get them because we do get all child death notifications for all under the age of now 21, so we can provide those to you for the last year or two if you're interested.

Mr. Swan: Just to return to all the huge issues of trying to get better outcomes for indigenous children. Of course you report to us as legislators. You deal with the authorities which are sort of creatures of the provincial government. I presume you also deal with the First Nations to try to gain information, to try to have discussions, to try to provide information.

How has your relationship with the various First Nations in Manitoba developed, and do you think there's still more that could be done to perhaps help them to understand your role and perhaps to have them more prepared to share information and share their advice on how we can improve things?

Ms. Penrose: Yes, so we have spent a significant amount of time engaging with First Nations government structures, and over the last many, many years have worked collaboratively with indigenous agencies, both on the advocacy side and SIR side.

I certainly would say that with respect to achieving information and being able to mobilize advocacy across agencies, it really is specific to certain agencies and not indigenous and non-indigenous. But some agencies are better able or quicker at providing information and others aren't, and that's for a myriad of reasons that don't have anything to do with indigenous or non-indigenous. Sometimes it's resources; sometimes it's services provided in a satellite office and the file's located somewhere else.

* (14:50)

So there's a myriad of reasons why sometimes the information access is different than others. But with respect to working with the agencies, it is case by case. And we advocate the same across the different agencies, and most definitely have sometimes cases

that are extremely complex regardless of the type of agency, and are more difficult to advocate through, and then others where, you know, we call a worker and we have a concern and they are, I didn't know that was a concern—and they're on it and they're changing things for kids.

And so, you know, it definitely is really determined on the case and the worker, and the agency isn't really divided between indigenous, non-indigenous. But we continue to do education in communities. We continue to meet with indigenous agencies. Certainly, we meet with those agencies when we are conducting child-death investigations.

Prior to the release of the child-death reports, I meet with the government—the indigenous government structure that is responsible for that area. I do go through the report with them. I talk to them about the issues that we saw in the report to give them an opportunity to also weigh in, and I will continue to do that.

And we also are always respectful of chief and council, and we also go through the report with them, as well, because it is their community; it is their children. So we will offer an opportunity, as we did with Angel's and certainly Star's report. We did meet with chief and council on Angel's report and went through it, discussed it and had really valuable conversations about it.

Mr. Swan: Yes, of course, with children living in First Nations, of course, they're Manitobans and they come into the child welfare system. Of course, the Province is involved.

We know, as well, that the federal government has a responsibility. I'm sure like—I mean, I'm sure you've been following the case that Cindy Blackstock took to the Canadian Human Rights Tribunal to try to get the federal government to step up and provide more support for indigenous children living in First Nations.

Of course, you can only really give advice to the government, but is—with this form, is there any advice or any direction that you would want to give the federal government on providing resources for indigenous children in Manitoba?

Ms. Penrose: Yes, and that's a really good question. And we have—all of the advocates across Canada make up what is called the Canadian council of children and youth advocates. And we, as a committee, have—as a council have put forward a letter to the federal government asking for a commissioner at the federal level to do the same thing that we do in our provinces.

And I have spoken and continue to speak to indigenous governments about what I feel are the inequities of this legislation in that for kids who are receiving federal services, they don't—those services don't fall within the Manitoba Advocate for Children and Youth legislation, and, as such, they aren't entitled to the same advocacy access that their peers in the province have. And so, for the federal government and for those kids, that certainly—it proves to be difficult.

In addition to that, one of the shortcomings that has also occurred as a result of not having a federal commissioner or the opportunity to have an MOU with the federal government is that when we are reviewing the services of children who receive provincial services on community, such as in a—the report for—that I've completed before, that federal information was not provided even though it was requested around mental health services. So they declined to provide that information to us, and it was a critical piece of information in the lives of these kids.

So our hope was that, you know, we want to figure out what we can do to improve. And our hope was that that information would be available, and it was not.

Mr. Swan: I think we can work together to try and encourage the federal government to come to the table to help your work.

But when you present, for example, the statistics of child deaths or, in future, when you provide serious injury information, that does include every child in Manitoba? Or currently, does it exclude some children who may be living in a First Nation?

Ms. Penrose: No, it includes all children in Manitoba.

Mr. Swan: Your point, though, is that some children though just can't access some provincial resources, but also can't access some of the resources that your office might be able to provide.

Have I got that right or is there a better way to say that?

Ms. Penrose: So if a child is living on a First Nations community and they are having difficulty accessing any provincially provided or provincially funded service that falls within designated services, that falls in scope for us. If they are trying to access disability services and those services are only federally provided, that's out of scope for us.

That does not mean that we will not try to advocate anyway; it just means that we don't have the scope for it and we can't require documentation or information from those areas.

Same with a school. If it's a community-based school, we can't require information or history.

We have had quite a bit of co-operation with Education with respect to kids that we've been doing child-death reviews on, but—and certainly there's a lot of provincially funded—or, provincial staff that provide services on communities that are federally funded, and those fall in scope as well. But there are some that are not, so.

Mr. Swan: Thank you for that. I know it is difficult for all of us to grasp, and I hope our federal government will do better.

I'm led to understand that Manitoba Families will now no longer include in their count of children in care children who may be in care with an agency that doesn't use the CFIS database. I'm wondering if you're aware of that and if you can comment on that.

Ms. Penrose: So I'm not aware of agencies that don't use CFIS. I have understood that CFIS compliance is much, much improved—much more improved than it was before. And I can't speak to the fact that kids aren't on CFIS and therefore aren't being counted.

What I can say is that I am learning that this year, the counts in the annual report are reflective of CFIS and so.

Mr. Lamont: Can I just ask you to talk a bit or explain about some of the challenges faced with children aging out of care and the transitions? I know that's also mentioned in some of the top CFS-related concerns.

If you could just explain—I know that there have been changes with aging out or—but can you just explain what some of the challenges are? The specific challenges facing kids who are aging out of care?

Ms. Penrose: Yes, so some of the challenges that have come to our attention are with respect to kids who are approaching age of majority without plans and/or without resources properly in place.

And then some of the other challenges are when agencies are terminating services to kids because they're non-compliant with their plans after they turn 18 and are on supports beyond termination of guardianship, as well as the other one which is—as we know, when teenagers are around 18 years old and their desire for independence and freedom—and sometimes they can present as not as pleased with their worker as they could be.

And they say, you know, I'm out of here; I don't want to be in CFS anymore, and then all of a sudden they're not in CFS, and they go, oh, just a minute, I may not have made the best decision for myself; I think I need support because this is who's been looking after me for the last 18 years, and I need some help again.

And the opportunity for them to come back is not currently present.

Madam Chairperson: Before I recognize the next member, we are approaching 3 o'clock, and we had mentioned that we would revisit our end-of-committee time.

What is the will of the committee?

Mr. Swan: If I could ask one more question, I think we're prepared to finish the afternoon.

Madam Chairperson: Okay. Is this the will of the committee? Agreed? *[Agreed]*

Mr. Swan: Thank you, Ms. Penrose, for coming down and providing us with a lot of very useful and very helpful information. These issues that you deal with and you advocate for are not easy at all. They cut across many departments. They cut across many communities.

I just want to get back to the question I asked at the end and your comment at the end that the count in the last CFS report was reflective of the numbers of children in the CFIS database. I just want to confirm it wasn't that way previously, and there may be children that are in care that are not being counted because they're not in the CFIS database.

Is that right?

Mr. Penrose: So what I can tell you is I don't have any knowledge of kids who, like, currently in my position, of kids who are identified as being in care but not on CFIS. I don't have any tangible knowledge or databased information about and/or coming across kids that aren't identified as CICs in CFIS currently. So I can't really speak to that right now.

Madam Chairperson: Okay, what is the will of the committee? Oh, we—seeing—no further questions?

Annual Report of the Children's Advocate for the fiscal year ending March 31st, 2017—pass.

Shall the Annual Report of the Manitoba advocate for the children and youth for the fiscal year ending March 31st, 2018, pass?

An Honourable Member: No.

Madam Chairperson: I hear a no. Mr. Swan—oh, I hear a no. The report is not passed.

Now, this concludes the business we have before us.

Before we rise it would be appreciated if members would leave behind any unused copies of the report that did not pass so it may be collected and reused at the next meeting.

The hour being 3:02 p.m., what is the will of committee?

Some Honourable Members: Rise.

Madam Chairperson: Committee rise.

COMMITTEE ROSE AT: 3:02 p.m.

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