



COMMISSION OF INQUIRY INTO THE CIRCUMSTANCES
SURROUNDING THE DEATH OF PHOENIX SINCLAIR

The Honourable Edward (Ted) Hughes, Q.C.,
Commissioner

Transcript of Proceedings
Public Inquiry Hearing,
held at the Victoria/Albert Room, lower level
Delta Winnipeg Hotel,
350 St. Mary Avenue, Winnipeg, Manitoba

TUESDAY, APRIL 30, 2013

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1 APRIL 30, 2013

2 PROCEEDINGS CONTINUED FROM APRIL 29, 2013

3

4 THE COMMISSIONER: Morning.

5 COUNSEL: Morning.

6 THE COMMISSIONER: Mr. Cochrane.

7 MR. COCHRANE: Good morning, Mr. Commissioner.

8 For the record, Harold Cochrane, counsel to southern
9 authority, northern authority and ANCR.

10 Maybe just before we begin, just to let you know,
11 we're now at the point where we will be providing evidence
12 through our witnesses for the next two days.

13 THE COMMISSIONER: Yes.

14 MR. COCHRANE: We have, we have two witnesses
15 scheduled to come before you. The first one, of course, is
16 Elsie Flette. She's in the witness, witness seat right
17 now. Second witness will be Sandie Stoker from ANCR.

18 THE COMMISSIONER: And what do you contemplate, a
19 day, a day each or ...

20 MR. COCHRANE: The evidence of Ms. Flette, if I
21 can, if I can characterize it this way, will be more high
22 level review of the CFS system and changes. I would
23 anticipate her evidence to be for most of the morning. Of
24 course depending on the timing for cross-examination, she
25 should be done, I would say, early afternoon.

1 THE COMMISSIONER: Right.

2 MR. COCHRANE: Depending on the time, it's our
3 proposal we move on to our second witness and get her on as
4 quick as we can.

5 THE COMMISSIONER: Yes.

6 MR. COCHRANE: Yeah.

7 THE COMMISSIONER: That will work.

8 MR. COCHRANE: Thank you. And I guess I will --
9 I should also confirm that we will be leading the evidence
10 of Ms. Flette and Ms. Stoker.

11 THE COMMISSIONER: Right.

12 THE CLERK: Please stand for a moment. Is it
13 your choice to swear on the Bible or affirm without the
14 Bible?

15 THE WITNESS: Swear.

16 THE CLERK: All right. Just take the Bible in
17 your right hand. State your full name to the court,
18 please.

19 THE WITNESS: Elsie Flette.

20 THE CLERK: And spell me your first name?

21 THE WITNESS: E-L-S-I-E.

22 THE CLERK: And your last name, please.

23 THE WITNESS: F-L-E-T-T-E.

24 THE CLERK: Thank you.

25

1 **ELSIE FLETTE**, sworn, testified as
2 follows:

3

4 THE CLERK: Thank you. You may be seated.

5 MR. COCHRANE: Mr. Commissioner, just before we
6 get going, one housekeeping matter, I guess I could call
7 it. Have you received the binder?

8 THE COMMISSIONER: Yes, it's here. I haven't
9 looked at it, but it's here.

10 MR. COCHRANE: Okay. And ...

11 THE CLERK: I'm just getting a little bit of
12 feedback. You're, you're not a numbler, so just move it.

13 MR. COCHRANE: Okay. Okay, so you have the
14 binder. Madame Clerk, I'm -- this, if I refer to the tabs,
15 the documents will come up? Okay, thank you. Yeah. Yeah.

16 This is the binder, then. We'll move -- we'll
17 have this marked as an exhibit, Mr. Commissioner.

18 THE COMMISSIONER: Yeah. The whole tab?

19 MR. COCHRANE: The, the entire binder with the
20 tabs, yes.

21 THE COMMISSIONER: All right. And that will be
22 -- that's satisfactory, Commission counsel?

23 MS. WALSH: Yes.

24 MR. COCHRANE: And that will be exhibit what?

25 THE CLERK: Exhibit 48, Mr. Commissioner.

1 THE COMMISSIONER: Exhibit 48.

2 THE CLERK: Give me a second to mark it, counsel.

3

4 **EXHIBIT 48: BINDER OF DOCUMENTS**

5

6 MR. COCHRANE: Just, just to be certain, Mr.
7 Commissioner, the binder you have there in front of you
8 should consist of tabs "A" through "M".

9 THE COMMISSIONER: "A" to "M"?

10 MR. COCHRANE: Yes.

11 THE COMMISSIONER: No, these are all numbered
12 tabs.

13 MR. COCHRANE: Numbered tabs.

14 THE COMMISSIONER: Do you want to come look at
15 it?

16 MR. COCHRANE: Sure.

17 MS. WALSH: So maybe 1 to 13.

18 THE CLERK: Yeah, I have 1 to 13.

19 THE COMMISSIONER: Maybe that's not the right ...

20 MS. WALSH: He's got the exhibits.

21 THE CLERK: Oh.

22 MR. COCHRANE: Yes. We have a new copy here.

23 THE CLERK: I have one here, too. It's got --
24 (inaudible) binder there?

1 THE COMMISSIONER: I don't think so. Those have
2 been there, those are exhibits, yes.

3 UNIDENTIFIED PERSON: Harold, use the copy for
4 him.

5 MR. COCHRANE: Okay.

6 THE CLERK: What?

7 UNIDENTIFIED PERSON: I've got an extra copy.

8 MR. COCHRANE: Yes, (Inaudible) I do produce a
9 copy to you.

10 THE COMMISSIONER: Okay. What is this, then?
11 Maybe that's not your exhibit at all.

12 MR. COCHRANE: Doesn't appear to be.

13 THE COMMISSIONER: Okay. Take that away, then.

14 THE CLERK: Yeah. Take (inaudible) 48.

15 MS. WALSH: Those are the exhibits, right?
16 Aren't those the exhibits?

17 THE COMMISSIONER: Thank you.

18 MS. WALSH: Diane, aren't those the exhibits?

19 THE CLERK: They're the exhibits, all of them.

20 MS. WALSH: The -- yeah.

21 THE CLERK: These are all the exhibits.

22 THE COMMISSIONER: Oh, that's what that is.

23 MS. WALSH: Yeah. So you'll need to have them.

24 THE COMMISSIONER: Okay. Then what are those?

25 THE CLERK: Those are from the witness yesterday,

1 I believe.

2 MS. WALSH: You can probably take those away.

3 THE COMMISSIONER: All right. I now do, I now do
4 have "A" to "M".

5 MR. COCHRANE: Perfect. Okay. So hopefully
6 things will go a bit smoother going forward but glad we got
7 that sorted out.

8 THE COMMISSIONER: That's good.

9 MR. COCHRANE: Okay. So yeah, the binder you
10 have there in front of you should be "A" through "M".

11 THE COMMISSIONER: Yes.

12 MR. COCHRANE: That is the, that's Exhibit 48.

13 THE COMMISSIONER: Yes. Okay. Okay.

14

15 DIRECT EXAMINATION BY MR. COCHRANE:

16 Q Ms. Flette, I want to just start by asking a few
17 questions about your, your education, work experience, just
18 more or less to introduce yourself to the Commissioner.

19 And I understand to start, you are the CEO of the
20 southern authority?

21 A That's correct.

22 Q And southern authority is, is known as the
23 Southern First Nations Network of Care, but I'll be
24 referring to it today as the southern authority, okay.

25 I understand you are a band member of

1 Keeseekoowenin First Nation?

2 A That's correct.

3 Q And that two of your children are also band
4 members of that particular First Nation?

5 A Right.

6 Q And where is Keeseekoowenin?

7 A It's right by Elphinstone, Manitoba, close to
8 Riding Mountain National Park.

9 Q And is that, would that be commonly known as the
10 west, western region?

11 A Yes.

12 Q Or west region tribal council is the tribal
13 council that's --

14 A Yes, that's correct.

15 Q -- in an area? Okay.

16 Terms of your educational background, I
17 understand you received ...

18 You have a bachelor of social worker from --

19 THE COMMISSIONER: Just a minute. The sheriff
20 has a message.

21 MR. COCHRANE: Can't hear? Okay.

22 UNIDENTIFIED PERSON: Yeah. Back row.

23 THE COMMISSIONER: Is the microphone not working?

24 THE CLERK: I, I moved it back because I was
25 getting feedback, but now the back row says they can't hear

1 so we'll go halfway. We'll try that.

2 THE COMMISSIONER: Can you just answer your last
3 question. Where do you presently live?

4 THE WITNESS: I live in Winnipeg.

5 THE COMMISSIONER: Does that come through? Yeah,
6 they're nodding. So I think we're all right.

7 THE WITNESS: Okay.

8 MR. COCHRANE: Okay.

9

10 BY MR. COCHRANE:

11 Q Terms of your education, Ms. Flette, I understand
12 you have a bachelor of social work?

13 A That's correct.

14 Q And you received that from the University of
15 Manitoba?

16 A That's correct.

17 Q Do you recall the year that that ...

18 A 1974.

19 Q '74. And you also have a masters of social work,
20 I understand?

21 A That's correct.

22 Q And where and when did you receive that degree?

23 A Also from the U. of M. and that would have been
24 in '95.

25 Q Terms of your, your work history in the area of

1 social work, I understand you were the executive director
2 at West Region Child and Family Services?

3 A That's correct.

4 Q And how long were you in that position?

5 A Almost 20, a couple of months short of 20 years.

6 Q Okay. And West Region CFS services which
7 communities?

8 A It's a First Nations CFS agency and it covers
9 nine First Nations, four that are south of the park and
10 five that are north of the park.

11 Q Okay. So you were there for 20 years, and I
12 understand that for approximately the last 10 years you
13 have been in your current position, which is the CEO of the
14 southern authority?

15 A Yes, I started there in May of '03.

16 Q Okay. So, my math is right, that's about 30
17 years you've spent working in child welfare?

18 A Well, before I went to west region I was, I spent
19 about six, eight years doing front line social work and
20 also in child welfare. Seven of those were at Roseau River
21 First Nation.

22 Q Okay. So that's about 38 years, then. My math
23 was off.

24 And, majority of those 38 years in child welfare
25 have been dedicated, I suppose is the right word, to First

1 Nation children, aboriginal children?

2 A Yes. The only kind of exception there was I
3 spent two years at what is now the Behavioural Health
4 Foundation getting their youth program organized and
5 licensed.

6 Q Okay. And in your 38 years in the aboriginal
7 child welfare, I think it's fair to say you've witnessed a
8 lot of change, some good, some bad, I suppose, and in the
9 child welfare system?

10 A Yes, that's correct.

11 Q Okay. And I'd like to talk to you about some of
12 those changes today.

13 So to start, Mr. Commissioner, I'd like Ms.
14 Flette to talk about the AJI-CWI. I don't propose that she
15 get into detail about this because I do know that there was
16 some prior evidence tendered at the inquiry with respect to
17 that. So we won't get into detail.

18 But maybe just to begin, can you, just broadly
19 speaking, tell the Commissioner what the AJI-CWI was and
20 is?

21 A It was a response to the recommendations in the
22 Aboriginal Justice Inquiry report and specifically the
23 chapter dealing with the child welfare recommendations.
24 When that report was finished, there wasn't a lot of
25 movement until about 1999 and early 2000 when the

1 government appointed two people to, to take a look at those
2 recommendations and decide how to proceed with implementing
3 them. And their recommendation was that child welfare be
4 fast-tracked, and so that led to the start of the AJI child
5 welfare initiative to really look at how we could implement
6 the recommendations contained in the AJI report.

7 Q Okay. And again, broadly speaking, can you tell
8 the Commissioner what, what the objectives were of AJI-CWI?

9 A Well, I think broadly the objectives were to give
10 First Nations and Métis people control over their child
11 welfare services and to have a -- to recognize the over-
12 representation of First Nations and Métis children in the
13 system and to provide for more culturally appropriate and,
14 hopefully, more effective ways of working with those
15 families and those children.

16 Q Okay. You mentioned over-representation. That
17 is an important point that I, I want to get to later in
18 your testimony. But I understand you did have significant
19 involvement in the AJI-CWI process. Can you tell us about
20 that?

21 A Well, once the MOUs, memorandums of
22 understanding, and protocol agreement was signed, and that
23 was signed with the four partners, and the four partners in
24 the AJI-CWI initiative were AMC for the south, MKO for the
25 northern First Nations, the Province of Manitoba and the

1 Manitoba Métis Federation. So those documents were signed
2 at the political level for support for the initiative. And
3 then subsequently there were a number of structures set up
4 to kind of govern the process. One of them was what we
5 called an implementation committee. Then there was a joint
6 management committee that the implementation committee
7 reported to. And then there was what was called the
8 executive council that is now probably better known as the
9 leadership council. It was set up as the leadership and
10 political body to approve and sign off on the
11 recommendations and the changes. So when I started, I was
12 asked to participate as the rep for the southern First
13 Nations on the implementation committee and then was also
14 co-chairing that committee with a rep from the province,
15 and I was also asked to be the rep on the joint management
16 committee. So it was the link between implementation and
17 the joint management.

18 So when the implementation committee, they didn't
19 make decisions per se but they did give recommendations to
20 the joint management group, and if that group accepted
21 them, they went up to the leadership or executive council
22 for approval.

23 Q What was the, again, what was the timeframe for
24 AJI? When did it start? When did it complete?

25 A Well, the first MOU was signed in 2000 and they

1 were all kind of signed at different periods. The Métis
2 was the first one, and then believe it was the south and
3 then the north that came on in that order. And those were
4 done by summer of 2000. They were all signed. And then we
5 began almost immediately with the meetings and the
6 different working groups. And that continued, included,
7 then, the transfer of cases and resources. And the largest
8 piece in terms of transfer resources and cases would have
9 been completed around June of '05 when we completed
10 Winnipeg. Winnipeg was the last area that we did. Now
11 there are still, you know, a couple of projects that have
12 not yet been completed. One is the review of legislation
13 and the other one is what we call the group two resources,
14 which is looking at residential care and how that can be
15 perhaps restructured. Those are not started or completed
16 at this point.

17 Q Okay. And just so I'm clear, then, so the
18 transfers in Winnipeg didn't happen until June 2005?

19 A Yes. They, they would have, the work would have
20 certainly started before then but it would be towards the
21 end of May and the month of June that the bulk of those
22 were done. There were a few more that were done a little
23 later, for example, Animikii's cases, but the bulk of them
24 would have been in June of '05.

25 THE COMMISSIONER: And that was the transfer of

1 the active files?

2 THE WITNESS: Yes. The active files, the
3 workers, the secondments and the funding and resources for
4 Winnipeg.

5 We started, the first region started right after
6 the legislation was proclaimed in November. That was the
7 Interlake. And then we went around --

8 THE COMMISSIONER: November of what year?

9 THE WITNESS: '03.

10 THE COMMISSIONER: '03.

11 THE WITNESS: And then we went around the
12 province region by region to do those transfers, so there's
13 different timeframes. We left Winnipeg to the end because
14 it was by far the largest region and we wanted -- we
15 started with the smallest because we wanted to see if we
16 could work out most of the kinks or the glitches in the
17 process.

18

19 BY MR. COCHRANE:

20 Q Terms specifically, then, of the southern
21 authority, I understand that through the AJI-CWI process
22 there was four authorities created, one of which was the
23 southern authority?

24 A That's correct.

25 Q And can you tell the Commissioner what other

1 authorities were created?

2 A There were, there's four authorities all
3 together. They were all created at the same time and they
4 were created through legislation, the CFS Authorities Act.
5 So there's the southern authority, there's the northern
6 authority that covers the northern First Nations, there is
7 the Métis authority that covers Métis families and children
8 and then there is the general authority that covers
9 everybody else.

10 Q This is, I know this is an overly broad question
11 and I, I, I do want to, to keep it on the broader level,
12 but in terms of has AJI-CWI improved the system, child
13 welfare system, what's your view on, on that?

14 A Well, my view is, yes, it has improved. It has
15 features in it that I think will continue to improve the
16 system. I think the fact that you have four authorities,
17 for example, now responsible for what agencies do and to
18 monitor those agencies and to provide quality assurance
19 services for those agencies.

20 Prior to the four authorities, all that work and
21 all the roles that the authorities now play were centred in
22 the child protection branch with the director of child
23 welfare. And so that was an almost impossible task. There
24 were some, at the time, probably 21 or 22 agencies covering
25 the province. The First Nations agencies, prior to the

1 Authorities Act, had jurisdiction only on reserve and so
2 there was -- although the province was responsible and we
3 use provincial legislation there was kind of a hands-off
4 attitude, I would say, because the funding for those
5 services came from the federal government, not the
6 province. So the fact that you -- we now have those
7 agencies working underneath separate authorities, it's a
8 much more manageable task.

9 For example, the southern authority has 10
10 agencies under it which, you know, sometimes is daunting
11 but it's certainly, I think, much better for service than
12 21 or 22.

13 The other one is, I think, that's an improvement
14 is in the effort to better serve families and children and
15 provide services that will engage the community,
16 particularly the First Nation community and will encourage
17 families to work with the workers by making things more
18 culturally appropriate and, and services more culturally
19 competent. I think that the authority structure certainly
20 is a really good step in that direction.

21 Most of our staff in our southern authority,
22 amongst the agencies, it's about 83, 84 percent aboriginal
23 staffing, which is considerably more than, for example,
24 what was in Winnipeg or with the non-aboriginal agencies
25 beforehand. And although there are challenges and it is a

1 relatively new structure, having started in '03, I think we
2 are seeing some gains in that as we develop those workers
3 in that system. I think it speaks to an improved system
4 overall.

5 Think also the fact that one of the key features
6 in this new system is what we call the authority
7 determination protocol or the ADP. With the, with the
8 Authorities Act it's also the first time where we've
9 actually given clients and families a choice of who
10 provides their service. So with the First Nations and the
11 Métis agency having jurisdiction both on and off reserve
12 now, a family would complete an ADP and then make a choice
13 as to which authority they would like their services
14 provided.

15 Now, most of the families are choosing their
16 culturally appropriate authority, which we had hoped would
17 be the case and which is the case, so I think it does speak
18 to a comfort level and perhaps less of a feeling of
19 coercion. So where before you had services provided based
20 on where you lived, if you lived in Winnipeg, for example,
21 it was Winnipeg Child and Family, if you lived in Dauphin
22 it was Parkland Child and Family, services are now provided
23 based on who you are and who you've chosen.

24 Q You mentioned one of the changes was, I think
25 you, think you called province-wide jurisdiction.

1 A Yes.

2 Q So just so it's clear, then, to the Commissioner,
3 one result of AJI-CWI is that agencies, First Nation
4 agencies, now have jurisdiction, if I can use that word,
5 over children throughout the province?

6 A Yes. In, in November of '03, when the
7 Authorities Act was proclaimed, for example in the south,
8 and I believe that was true for the north and the Métis
9 as well, we expanded the mandates of our agencies. So
10 prior to that they had been in regulation restricted to the
11 First Nation areas that they serve. So '03, early '04
12 those mandates were expanded. We did a review of the
13 agencies to ensure they had the capacity to deliver
14 services off reserve and then we expanded their mandate
15 so they are able to provide services anywhere in the
16 province.

17 That was a pretty big thing because we had so
18 many children. Like in Winnipeg alone, for the south, we
19 transferred just a little over 1,000 children just from
20 Winnipeg to the southern First Nations alone. So that was
21 quite important, I believe, achievement and an ability now
22 to provide better services and better continuity of
23 services.

24 Q So talking then about the specific role of the
25 southern authority, I'd like to get into that a bit and

1 have you tell the Commissioner a bit more about the
2 authority's functions, powers, duties and so forth under,
3 under the new system. So can you describe, then, some of
4 the key functions of the authority, powers of the
5 authority?

6 A Well, first of all, the, the powers and duties
7 that were given to the authorities, and those are spelt out
8 in the Authorities Act, so they are statutory duties,
9 pretty much all of them, with the exception perhaps of the
10 work we do around the ADP were, were -- existed prior to
11 AJI but were centred --

12 THE COMMISSIONER: ADP stands for what?

13 THE WITNESS: The authority determination
14 protocol. That's the choice document that people
15 complete.

16 THE COMMISSIONER: Oh, the choice document.

17 THE WITNESS: Yes. With the exception of that,
18 most of the work that we do was housed with the Child
19 Protection Branch prior to AJI. So our main roles right
20 now would be ensuring that monitoring the agencies,
21 ensuring that they're providing service. We're responsible
22 to make sure that there is a service delivery system for
23 the south throughout the province, whether it's directly by
24 having offices and agencies in a certain site or signing
25 agreements.

1 For example, with the south, we don't provide, we
2 don't have a service presence up in the north but we have
3 an agreement with the northern authority and one of their
4 agencies there.

5 We're responsible to provide quality assurance
6 reviews and oversight of agencies. We are responsible for
7 determining or developing culturally appropriate standards
8 if we choose, which compliment or are consistent with the
9 provincial foundational standards.

10 We are responsible to monitor how agencies
11 implement the workplace qualification standard.

12 We're responsible to fund agencies on the
13 provincial funding. In our case, in the south, the federal
14 funding goes directly to the agency. The agreement is
15 between the feds and the agency. The provincial funding
16 comes through our office but we are responsible for all of
17 the services provided, regardless of who's funding those
18 services.

19 We're responsible to ensure that there are
20 resources for the placement of children that have to come
21 into care and we're responsible to ensure that their
22 maintenance is taken care of. We do, and I believe all the
23 authorities are currently in that position, have not
24 transferred the responsibility for maintenance. The
25 province still delivers that on our behalf.

1 THE COMMISSIONER: What does the province
2 deliver?

3 THE WITNESS: The maintenance, the payment for
4 children in care, so foster home payments, group home
5 payments.

6 THE COMMISSIONER: Just the writing of the
7 cheques?

8 THE WITNESS: Well, they get the bills, they
9 review the bills, they write the cheques. Yes, we don't
10 see those and we're not too involved unless a problem
11 surfaces and we might assist in --

12 THE COMMISSIONER: But they're not involved in
13 providing the service to the families?

14 THE WITNESS: No. That's done through the
15 agencies, yeah.

16

17 BY MR. COCHRANE:

18 Q One of the -- you mentioned a lot of the broader
19 objectives, powers of the authorities. I want to get into
20 those in a bit more detail for the Commissioner. One, of
21 course, is monitoring of the agencies. Understand that the
22 authority has, mentioned earlier, 10, 10 agencies?

23 A Yes.

24 MR. COCHRANE: And Mr. Commissioner, these, this
25 information, if you wanted to refer to it, is in tab "A" --

1 THE COMMISSIONER: Yes.

2 MR. COCHRANE: -- which is the annual report --

3 THE COMMISSIONER: Yes.

4 MR. COCHRANE: -- of the southern authority.

5 So --

6 THE COMMISSIONER: Just, the witness -- tell me
7 this, she's pointed out that 83 or 84 percent of the
8 authority's staff are aboriginal or Métis people. How, how
9 -- what's the size of the staff?

10 MR. COCHRANE: We'll refer you to the page on
11 that, Mr. Commissioner, and you'll see it but --

12 THE COMMISSIONER: I'm just interested to know --

13 THE WITNESS: Well --

14 MR. COCHRANE: Yeah, you want to ...

15 THE WITNESS: I think at the authority we have
16 between 35 and 40 staff at the authority level.

17 THE COMMISSIONER: Yes.

18 THE WITNESS: Some of those are term or contract
19 positions but that has been our staff complement for the
20 last number of years. And within the agencies, through the
21 funding model, I believe there is around 650, 660 positions
22 with the exception of ANCR, which is an additional hundred
23 and seventy, I think, around there.

24 THE COMMISSIONER: And your authority's office is
25 in Winnipeg?

1 THE WITNESS: Yes. We have an office in Winnipeg
2 and we have an office on the Long Plain First Nation.

3 THE COMMISSIONER: On which First Nation?

4 THE WITNESS: Long Plain.

5 THE COMMISSIONER: Lock Point?

6 THE WITNESS: Long Plain.

7 THE COMMISSIONER: Oh, yes.

8 THE WITNESS: Yeah.

9 THE COMMISSIONER: Yeah, that's helpful.

10

11 BY MR. COCHRANE:

12 Q In terms of -- you mentioned agency staff and the
13 number, do you have any sense what percentage of agency
14 staff are also aboriginal --

15 A Yes.

16 Q -- heritage?

17 A I'll just refer. It's in the annual report
18 on ...

19 MR. COCHRANE: This is at tab "A", Mr.
20 Commissioner.

21 THE COMMISSIONER: Yes.

22 THE WITNESS: There's a chart in there. Just
23 find it for you. It's on page 33. There's a table there.
24 Typically we would separate ANCR out. ANCR is a little bit
25 different from our other agencies because ANCR provides the

1 joint intake services in the City of Winnipeg on behalf of
2 all four authorities.

3

4 BY MR. COCHRANE:

5 Q 33. Page 33.

6 A Page 33, yes, of the annual report.

7 THE COMMISSIONER: I have it.

8 THE WITNESS: It's under Human Resources.

9 MR. COCHRANE: Okay.

10 THE WITNESS: So you can see the -- and this was
11 from our March 31st, 2012 report. We have, at the network
12 itself, 89 percent of our staff were aboriginal, and at
13 agencies, 81 percent were aboriginal.

14 ANCR is a little bit different. They have 37
15 percent aboriginal status. ANCR would have a slightly
16 different objective, although most of their work is still
17 involving aboriginal families and we've had targets that
18 we're trying to achieve there to increase the number of
19 aboriginal staff that are there.

20 MR. COCHRANE: Okay. Mr. Commissioner, if you
21 wanted to see the, the 10 agencies that are mandated by the
22 south, these are the agencies that the authority is
23 responsible for overseeing.

24 THE COMMISSIONER: Yes.

25 MR. COCHRANE: Those are at tab "A" on page 2 of

1 that tab. And you'll notice that one of those agencies is
2 ANCR. Be at tab "A", second page of that tab.

3 THE COMMISSIONER: That's probably it.

4 THE WITNESS: Yeah. Right there.

5 THE COMMISSIONER: That's it, yes.

6 THE WITNESS: Right there.

7 THE COMMISSIONER: Yes. And ANCR is listed
8 there, is it?

9 THE WITNESS: Yes.

10 THE COMMISSIONER: All (inaudible).

11 MR. COCHRANE: Yes.

12 THE WITNESS: Um-hum.

13 THE COMMISSIONER: Yes, I see. Yeah, yeah, yeah.

14 Third one.

15

16 BY MR. COCHRANE:

17 Q So, Ms. Flette, those, then, are the agencies
18 that the authority is responsible for overseeing and
19 monitoring?

20 A Yes.

21 Q And if I understand correctly, if any one of
22 those agencies -- first off, that you mentioned are subject
23 to quality assurance reviews, which we'll talk about in a
24 bit, but in terms of monitoring, if, if one of those
25 agencies is not, as an example, following provincial

1 standards or -- what, what recourse, if any, does the
2 authority have, and how does the authority then ensure
3 compliance or how does it monitor? Kind of a loaded
4 question but ...

5 A Well, there's a number of ways in which we
6 monitor agencies, and we have a, a quality assurance team
7 at the authority. We have set an ambitious target of
8 trying to do a quality assurance review of every agency
9 every four years. We're not quite meeting that but we're
10 maybe getting closer to doing that.

11 Resource issues are, are one of the complicating
12 factors because it is a lot of work and requires a lot of
13 resources to complete such a quality assurance review.

14 In addition, we would do Section 4 reviews and
15 those are sometimes specific to a child death, let's say,
16 and we do a case review. But we've also done operational
17 reviews under Section 4 of the Act. For example, we did a
18 review, a Section 4 operational review of Southeast Child
19 and Family in response to a recommendation from an inquest.
20 We did a operational review of Peguis Child and Family and
21 recently, as well, we've done an operational review of
22 Sagkeeng Child and Family. So that would be another
23 mechanism.

24 We do -- recently, with the new funding model,
25 agencies have been given a position in this core funding

1 for quality assurance manager, so they have just, in the
2 last year, hired those people and we have been working with
3 them to develop annual work plans, which would include
4 things that the authority wants to see done as well as
5 quality assurance priorities that the agency might have.

6 So for example, we have asked agencies twice a
7 year, we want them to produce a report on their foster home
8 licences and their place of safety with respect to whether
9 standards are being followed and whether those licences are
10 up to date. We've also asked for them to do a review of,
11 once a year, of the work first qualification standard and
12 how well they're adhering to it. I believe there's about
13 three or four areas that we've identified. And then in
14 addition, agencies have also identified some of their own
15 practices. So that allows us to do, on an ongoing basis,
16 file audits, program reviews involving those agencies and
17 put a QA person right at the agency that has kind of, that
18 is an objective of their job as well.

19 We've also done individual program reviews. We
20 just completed, for example, what we call the DR readiness
21 review for differential response. We've gone to each
22 agency and looked at do they have the capacity to deliver
23 services under a differential response model. We'd
24 identified a number of areas that agencies have to be ready
25 for and we assessed and evaluated them on that basis. So

1 that would be another mechanism that we would use.

2 In the last -- probably four or five years ago
3 now we did a review of all of the special needs committees
4 at each agency to look at how they were operating, were the
5 agencies using those committees properly, were special
6 rates properly approved, were they realistic. So there's a
7 whole number of areas that you can, you know, look at to
8 monitor an agency.

9 Q Okay.

10 A In terms of what do we do, well, I guess our
11 first sort of course of action is always to try and work
12 with the agency. When we do a quality assurance review we
13 have a framework that we use. We'll sit down with the
14 agency ahead of time, go through the framework to make sure
15 that they understand it and also give them an opportunity
16 to add things if there are things they would like us to
17 look at. We will typically involve the board of the agency
18 and the leadership of the communities in reviewing the
19 framework and then in -- once we're done in looking at the
20 drafts and assisting with the recommendations.

21 We used that model in the Sagkeeng review, in the
22 Southeast review and in the Peguis review and it worked,
23 you know, quite well.

24 We monitor, then we develop work plans with the
25 agencies when the recommendations are out and monitor their

1 progress and get status updates. We have not had, really,
2 any difficulty with an agency refusing or not complying.
3 Sometimes, you know, some agencies are maybe slower in
4 getting the work done.

5 Another mechanism that we have used is we meet
6 with our agencies on a monthly basis for two days every
7 month and we provide this reports. For example, we'll
8 circulate the face-to-face contact reports at every meeting
9 and it gives every agency an overview of how everybody is
10 doing. And we found that quite effective because no one
11 wants to look bad, so someone is not so current, you know,
12 it kind of motivates them and the next month you'll see,
13 you know, a good improvement there. So kind of the peer
14 pressure method, I guess.

15 But for the most part, I think that our -- we
16 want to work from a place where we are working with our
17 agencies. They share the same objectives that we have
18 about wanting good services for First Nations families and
19 children, wanting kids to have good outcomes, and so we
20 kind of start from that assumption, that everybody does
21 want the same thing at the end of the day, and try and work
22 with people in a cooperative way.

23 We find the more we involve them at the outset
24 the less compliance issues we have. If they've been
25 involved in designing the review and know what's going to

1 happen it's, it's less likely that we're going to have
2 issues of compliance later on, so that would be more how we
3 would --

4 Q Say (inaudible). Okay.

5 A -- go at it, um-hum.

6 Q Okay. I just want --

7 THE COMMISSIONER: Are all, are all of the
8 agencies headed up or has, has a CEO a trained social
9 worker?

10 THE WITNESS: Let me just go through them now.
11 Animikii, Anishinaabe (inaudible). With I think one
12 exception where there is just a new CEO who is not a
13 trained social worker, the others are all formally trained
14 as social workers or now have twenty some years experience
15 as the ED.

16 THE COMMISSIONER: Okay, thank you.

17

18 BY MR. COCHRANE:

19 Q I want to back up just, just for a moment. You
20 talked about the southern authority being created and being
21 mandated provincially, and you've also talked a little bit
22 about the role you have, the southern authority has, with
23 the federal government who's one of the funders. Can you,
24 can you talk a little bit about the, the dynamic there
25 between what we call provincial kids and federal kids, that

1 is on, on-reserve kids and off-reserve kids, talk a little
2 bit about that in the context of the southern authority?

3 A Okay. The decision about whether a child will be
4 federally funded or provincially funded is made at the time
5 the child enters care, and it's on the basis of whether one
6 parent is living on, on reserve. If they are, it becomes a
7 federally funded case, regardless of where the child might
8 be at the time, but the child then becomes federally funded
9 and would remain federally funded until or unless they exit
10 care. And then if they come back into care, the parent is
11 now off reserve, they might become provincially-funded at
12 that time.

13 We don't see a lot of change in terms of who the
14 funder is so it would say two things, perhaps, that if the
15 parents are already living on reserve they don't move and
16 the kids go home. And if they enter care again, the parent
17 is still in the same location.

18 With families, now with the, having the on and
19 off reserve jurisdiction, that has become, you know, a
20 bigger piece for us, I guess, so that's done on the basis
21 of where they live. So if a family lives on reserve,
22 there's no kids in care but the family is getting services,
23 those costs are federal, federally funded. If they're off
24 reserve, they're provincially funded, and we allow a, kind
25 of a 90-day transition.

1 Q Right.

2 A So if a family moves off reserve into the city,
3 there's kind of a 90-day period to switch the funding over
4 from federal to provincial.

5 Q Right. And, and we'll talk a bit later about the
6 new funding model which you have a lot of information on, I
7 understand.

8 So, the point is, though, that the southern
9 authority, as are the agencies, are responsible for
10 provincial kids and federal kids --

11 A Yes.

12 Q -- in the Province of Manitoba?

13 A They, they all fall under the CFS Act, the
14 services agencies provide.

15 Q Yeah.

16 A So we are responsible for all of those services.
17 We've tried to -- and I think, you know, with some success,
18 build good working relationships with the people at AMC or
19 formerly INAC, both in the region here and at headquarters.
20 For example, when we've been doing our quality assurance
21 review we have signed an agreement with headquarters AMC
22 that they will do the financial review, which includes both
23 federal and provincial funding. The agreement is signed by
24 ourselves and the feds and the province and so they come in
25 and do that piece so there's a good sharing of information.

1 We also have a, in the province, what we call a
2 regional advisory committee which includes reps from the
3 province, from AMC, from the agencies and the north and
4 south authority. That looks at CFS issues. Currently,
5 we're really focused on the renewal of the funding model
6 and what changes can be made but that's another forum in
7 which we can work closely with both the federal and
8 provincial governments around the services to kids and
9 families.

10 THE COMMISSIONER: But for federal funding the,
11 the determinate is the residency of one parent on reserve?

12 THE WITNESS: For the child, yes.

13 THE COMMISSIONER: For, for the child, yes.
14 Yeah.

15 THE WITNESS: That's correct.

16

17 BY MR. COCHRANE:

18 Q And is there a significance, then, if, if the
19 family, at the time of apprehension, is resident on
20 reserve, what are the implications, then, if that family
21 moves, say to the City of Winnipeg or vice versa?

22 A Nothing unless the child has been returned back
23 home. If the child remains in care, the child remains
24 federally funded.

25 Q On the issue of quality assurance, I want to go

1 back to that point again because I think that is one of
2 the, the big changes.

3 You talked about standardized quality assurance
4 reviews now, you've talked about a schedule of reviews
5 every four years, that each agency ideally will be subject
6 to review, and regular reviews that are happening now in
7 oversight of the agencies. Prior to AJI-CWI, what was the,
8 what was the frequency of, of those type of reviews of the
9 agencies?

10 A Well, it's, it's hard for me to say across the
11 board what they would have been, and I'm not sure if there
12 was a different level at some agencies than at others. I
13 know from my experience at west region, in the 20 years I
14 was there, we had -- when there was a child death we did
15 have the CME, under Fatalities Inquiries Act, do the
16 review, but for the most part I don't recall a program or
17 quality assurance review being done there by the province
18 in the time I was there, which is almost 20 years, except
19 for one occasion when we were, we had entered into a pilot
20 project on the block funding of child maintenance, and so
21 we wanted the province to come in after about, think we
22 were in our third year of that, to do a review of our case
23 files, particularly the children in care, because we wanted
24 to have evidence that the block funding of evidence wasn't
25 jeopardizing or short-changing the kids on the services

1 that they needed, so we specifically asked the province to
2 come in and do that review, which they did and, and it was,
3 you know, a good process for us. But there, there did not
4 appear to be a lot of emphasis. Now, I, I do know that
5 some of the southern agencies did have, for example, a
6 review done of their abuse program and, in one case, their
7 foster home program. So I believe that, you know, there
8 was some of that going on but I would say not anywhere near
9 to the extent that we're now focusing on QA.

10 Q I understand that in the area of quality
11 assurance there was, there has been some changes to CFSIS?

12 A Yes.

13 Q Are you able to talk about that for the
14 Commissioner?

15 A Well, very high level. When, when I was working
16 at west region we were not using CFSIS for a whole number
17 of reasons. Our work there was confined to on reserve. We
18 didn't have, we didn't experience, in our communities, sort
19 of a transient -- there were families that moved back and
20 forth but it wasn't as critical for us to have that
21 information because people knew the families and we had the
22 information. However, with AJI and now having what we call
23 concurrent jurisdiction as opposed to geographic
24 jurisdiction, it has become, in my opinion, much more
25 critical that there is a centralized source of information.

1 And we see it particularly, let's say, with an agency like
2 ANCR.

3 If a family moves into the city and there is
4 nothing on CFSIS, the agency has not used CFSIS or not kept
5 it updated and the family is, comes to ANCR's attention,
6 let's say, after hours in the city, ANCR will go to CFSIS
7 to see what they know about that family, what the risk
8 might be. And if there is nothing there, they will, they
9 will likely start with that family as if they're a new case
10 to the system where, in fact, and we've seen examples of
11 this, that once ANCR opens a case, you know, in a week or
12 so we find out that, in fact, this family has had extensive
13 involvement and had ANCR known that the first time they
14 came in contact with them, their response likely would have
15 been quite different. So I think CFSIS has become much
16 more a critical tool for child safety and for good services
17 to families.

18 In the, in the years since '03, and with the
19 southern agencies we provided them with a directive
20 probably around '05 or '06 that we expected them to use
21 CFSIS. Now, we have connectivity issues, particularly in
22 the rural and on-reserve areas, with people being able to
23 effectively use CFSIS, and we have a connectivity project
24 that I could explain later that is trying to address that.
25 But our agencies have moved to use CFSIS more.

1 There have been a number of changes made to
2 CFSIS. For example, there is now a window in CFSIS where,
3 when a worker does a face-to-face contact with a child, the
4 worker can go and enter that. That allows the authority
5 staff, for example, we can go at any time and pull up those
6 reports and see exactly what the status of the face-to-face
7 visits are, so it allows for good monitoring and quality
8 assurance.

9 There are many reports now in CFSIS that the
10 agency itself can pull. In '03/'04, in most cases, if we
11 wanted a report we had to phone the Child Protection
12 Branch, and then they would prepare the report and we would
13 get it, we'd have to wait within sort of a 24-hour
14 timeframe to get the report. Now we can run many of those
15 reports ourselves. So that that's an excellent change.
16 It's good for us at the authority but it's also a very good
17 tool for supervisors to use. It does, of course, assume
18 that people are keeping that data current, entering their
19 information on CFSIS. It has become more user-friendly;
20 however, it is still an old platform and there are some
21 limitations, serious limitations, I think, and I think the
22 province is currently looking at moving towards a new
23 information system but I don't know where that is at or
24 where approvals are at with respect to that.

25 MR. COCHRANE: Mr. Commissioner, I had intended,

1 and I think I'm not going to do it, but I had intended to
2 go through the framework for quality assurance reviews.
3 But rather than doing that, perhaps I'll just point, it's
4 at tab "C" of, of the exhibit.

5 THE COMMISSIONER: Well, we've got the time, it
6 would appear, so you put in whatever you like, Mr.
7 Cochrane. I can tell you this has been very helpful, what
8 this witness has said so far.

9 MR. COCHRANE: Okay. Maybe I'll just, rather
10 than going through in detail, then, that particular tab,
11 I'll ask Ms. Flette this:

12

13 BY MR. COCHRANE:

14 Q When, when the authority -- I'm looking at --
15 yes, it is the document on, on the screen right now.

16 So when the authority goes in and does a quality
17 assurance review of an agency, broadly speaking, and that's
18 the document you have up there on the screen, can you tell
19 us the areas that are reviewed and the areas that are
20 looked at within that agency?

21 A Okay. I think in the document they're
22 highlighted. So the first one, review area one, is
23 governance. So we look at all -- those are pieces related
24 to the governance of the agency, the functioning of the
25 board, the governance documents, like by-laws, insurance,

1 et cetera, conflict of interest policy, funding agreements.
2 We identify in the framework, you know, what we're going to
3 look at, how we're going to do it, whether it's interviews
4 or document review, and what we would consider indicators
5 of readiness. Then the second area, you can scroll the
6 document -- what tab -- okay. Sorry.

7 The second area is service delivery. So there we
8 look at all the different service programs. That includes
9 services to families, children in care services, anything
10 to do with file recording documentation, use of CFSIS and
11 so on.

12 The third area we look at is ...

13 Q It's page 7.

14 A Is practice standards. So that's where we would
15 look at the standards, the, the foundational standards and
16 we look at how the agency is complying with them. We do
17 that largely through the file review but we also will do
18 contact with families in that area.

19 The fourth area we look at is agency
20 administration. So there we look at clerical support, how
21 staff and management are provided with assistance, admin
22 assistance.

23 Client confidentiality, that's the area where we
24 would look at caseload and work distribution in an agency.
25 Records management, legal services, how they're provided,

1 and office systems and procedures.

2 Q Page 11.

3 A So the fifth area, then, is human resources. And
4 there we look at the whole area around personnel management
5 and what standards are being applied. We look at the
6 recruitment, hiring discipline and termination. We look at
7 their HR policy, personnel file, payroll records, how staff
8 grievances have been handled, how well staff are informed
9 about them, whether they have conflict of interest
10 guidelines, whether they have harassment, bullying policies
11 and so on.

12 Q Page 12. Actually, can you go back to page --
13 right there.

14 A Yeah. So then we look at communication. There
15 we look at how, what processes agencies have in place for
16 conflict resolution, not just internally but also with
17 clients and communities. What kind of community
18 consultation, community education and awareness they do;
19 how they do their annual reporting; if they have an
20 external communication policy and if they have a written or
21 well-known complaint process.

22 Q And at page 13?

23 A There we look at infrastructure. So we look at,
24 those are done largely by site visits and we'll look at the
25 location, the office facility, the furniture, the phone

1 system that they're using there.

2 MR. COCHRANE: So Mr. Commissioner, that, in
3 very, very broad terms, gives you a picture of the type of
4 quality assurance that the authority does of its agencies.

5

6 BY MR. COCHRANE:

7 Q And just maybe to close that, I understand that
8 at the southern authority you have a unit that actually is
9 tasked with quality assurance?

10 A Yes, we do. We have a quality assurance that we
11 call the unit vision keepers. They have a manager, a
12 director, and then there's an admin support and another
13 staff person. And in addition, that unit is responsible
14 for the recommendations that come from SIRs, or child
15 special investigations, so they will track and follow up on
16 those.

17 And when we actually do a review we will contract
18 people. For example, right now AMC has been doing our
19 finance reviews but we might contact someone to do the HR
20 review, for example, or very -- other areas of the review
21 itself.

22 Q And then finally, I understand from the reviews
23 there is a, there's a report that's prepared. Report has a
24 number of recommendations that would come from the
25 authority, and those are made to the agency for

1 improvements and such. How are those reports followed up
2 on and monitored and implemented?

3 A Well, we have a document, and I believe there's
4 an exhibit of that in the binder somewhere. When, when --
5 first of all, when we do the, the recommendations in the
6 draft we will involve the agency and the board, so we want
7 to make sure that the recommendations we're making are
8 realistic, that they're doable and that they have support,
9 as well as give agencies an opportunity, if we've missed
10 something that we could -- that they'd like to see that we
11 can add to the recommendations. Then once the report is
12 released, we will set up a, a tracking document that
13 includes the recommendation, what the agency's plan is to
14 address that, who the leads are, what the timelines are,
15 and then it includes a status update. And we will sit with
16 the agency, through the vision keepers team. They will
17 meet with the agency on a fairly regular basis, probably at
18 least quarterly, sometimes more frequently, depending on
19 what the recommendation is.

20 Q And then finally, the last thing I wanted to talk
21 about on quality assurance was when, when you do a, such a
22 review of an agency, you've already mentioned you engage
23 the agency, its executive director and staff. I also
24 understand, though, that you do engage to an extent the
25 chief and council, if there is a chief and council

1 connected to that agency; is that, is that correct?

2 A Yes. When you -- for example, if you look at the
3 review that was done on Southeast CFS, we had a number of
4 meetings with the chiefs at southeast and when we went
5 through our draft report we gave them a chance to comment.
6 They commented in writing. Where we could agree with them,
7 we made some changes; where we did not, the report actually
8 prints what they actually put in writing to show that there
9 was a difference of opinion.

10 We did the same process on the Sagkeeng review,
11 the operational piece of it. That involved the chief and
12 council and the agency board, and we used the same process
13 with the Peguis review as well.

14 So we found those quite helpful. It does make it
15 a little bit easier for the agency and helps to mitigate
16 the politics a little bit if sometimes some of those
17 recommendations are tough recommendations.

18 MR. COCHRANE: Um-hum.

19 THE COMMISSIONER: Is there always a chief and
20 council associated with each agency?

21 THE WITNESS: The only one that does not is
22 Animikii and ANCR. They have a board but they don't, in
23 Manitoba, have a, a First Nation. Animikii's caseload is
24 primarily First Nations families and kids from Ontario
25 because there's quite a number of them in the city, and

1 they have relationships with the agencies in Ontario but
2 not the same process with chief in council.

3 For all of our other agencies, there is at least
4 one chief and council if it's a single band agency, or
5 there might be more chiefs if it's a multi-community
6 agency.

7 THE COMMISSIONER: Well, then does the chief and
8 council form the board of the agency to --

9 THE WITNESS: No.

10 THE COMMISSIONER: No.

11 THE WITNESS: The only place where they are, the
12 chiefs are on the board is at west region.

13 THE COMMISSIONER: I see.

14

15 BY MR. COCHRANE:

16 Q Ms. Flette, I'd like to turn now to the area of
17 funding, okay. And, understand that there is a new funding
18 model that's recently come into place?

19 A Yes.

20 Q And when did that model become effective?

21 A It became effective October of 2010 and that was
22 considered -- we're using a five-year timeframe which is, I
23 guess, more driven by the feds because they have a five-
24 year authority for that funding model. And so at the end
25 of the five years we would -- they would have to go back

1 for renewed authority, but it also provides us with perhaps
2 a window of making some changes or improvements.

3 Q Okay.

4 A So 10/11, although it was half a year, is
5 considered year one, and we are now in year four.

6 Q Year four. Okay. Before we get into the new
7 model, can you summarize, again in broad terms, if I could
8 call it, the old model?

9 A Very broad terms, because there really wasn't a
10 model.

11 Q Yeah.

12 A I guess federally we had what was called
13 directive 20-1. It was a treasury board directive for how
14 INAC at the time or AMC now would fund First Nations CFS
15 and it was restricted or limited to the on reserve. ANC
16 funding still is limited to on reserve; it's based on the
17 kids who live in those communities.

18 That model rule highlighted a number -- or laid
19 out, I guess, a number of areas for how an agency would be
20 funded. So you would get some money for each of the First
21 Nations. You would get, you would get some money when you
22 first signed up as sort of a start-up. It was a hundred
23 and, somewhere around a hundred and fifty thousand, I
24 believe, regardless of how big or small you were. You
25 would get money based on child population, and that was

1 actually the main driver of that directive, so heavily
2 weighted on child poverty, if child pov went up where you
3 had lots of kids, it really benefitted you on the funding
4 line.

5 The feds did have some requirements. In order
6 for you to become an agency on your own you had to have
7 been laid out in that directive a catchment of at least a
8 thousand children on reserve. That got a little bit
9 relaxed later to 800 but the levels of funding were a
10 little bit less if you had less than a thousand kids. And
11 of course, from a service perspective and economies of
12 scale, sometimes there's some challenges, you know, if
13 you're too small.

14 Provincially, the, there really was no funding
15 model. Now, the provincial funding didn't really affect
16 the First Nation agencies all that much until the AJI
17 transfer happened and then we took on the off-reserve
18 cases.

19 What we found in doing the transfer work and
20 going region by region, that it was, you know, kind of a
21 dog's breakfast. Like, every region was differently
22 funded, and the rule at the table at each region was, we
23 can only transfer what's there. So in some regions you
24 would get, you know, fairly rich transfer. Like there were
25 regions, especially smaller ones, where the ratio of worker

1 to cases was, you know, maybe one to ten, one to eleven,
2 and so it got transferred for every ten or eleven cases.
3 The First Nation agency would actually get a full-time
4 equivalent staff.

5 In other areas like Winnipeg CFS, based on the
6 ADP process there, the, the funding was more about
7 somewhere around one to twenty-three, so you needed twenty-
8 three cases to actually have a worker transfer over.

9 There was all kinds of different arrangements
10 around how people were paying, like for example, facility
11 costs. In some areas, the agency had built a building and
12 there had been agreements and arrangements made around who
13 would pay for what that weren't consistent across the
14 province. So there was just a whole variety of ways. And
15 what happened, when we did the transfer, we actually
16 tracked, like every area, what went to the agency by area.

17 So with the funding model, it does standardize
18 the funding; it makes it more, well we hope anyway, it
19 makes it more fair and equitable across the province.
20 Doesn't matter which region you're in that funding model
21 applies. We're curious, you know, whether, whether that
22 will actually be enforced, that this is what you get under
23 the model and that's it.

24 I think one of the things we expressed concern
25 about at the table, and not just the south but everybody,

1 you know, was the practice of going and making deals: like
2 someone had a project or was building a building and wanted
3 special arrangements made, and they would go meet with the
4 province or the minister and those kind of arrangements
5 were set up which, you know, we're not really opposed to
6 them, but in our opinion they should be transparent and
7 everybody should know that you can do that and how you do
8 it so it's equally available to everybody. So we're
9 curious, as the model rolls out, how that is going to play
10 out, and I think as we near the five-year mark, and we're
11 now starting to collect some of that information.

12 With our agencies in the south, you know, there
13 were requirements around being able to get your new dollars
14 or what was called the enhanced funding. You had to have a
15 five-year business plan, you had to have an agreement and a
16 plan to put all your cases on CFSIS, you had to have a
17 plan, if you owed the province money for the children's
18 special allowance, you had to have a plan to pay that back
19 and you had to be staying current on your payments to them.
20 So there were a number of conditions that got put in. That
21 resulted in the money actually flowing to agencies, you
22 know, often quite late.

23 We had one agency that just in the last probably
24 January and February of this year, finally got their
25 provincial money and they still don't have their federal

1 money, so there was this delay in money moving, and as a
2 result we haven't been able to quite assess, you know, the
3 model overall the way we would like.

4 There are agencies that did get their money in a
5 more or less timely manner and so we did see, you know,
6 some move to hiring, for example, family enhancement
7 workers, development of family enhancement programs that
8 has occurred, but it is still, you know, early on, in our
9 opinion of, of that new model.

10 Q Okay. Now, just backing up a bit, I understand
11 there was a, quite a detailed process that led to the
12 implementation of the new model. Can you talk briefly
13 about that process?

14 A We had federally, we had -- concerns had been
15 raised about directive 20-1 for quite a while. I think
16 that that directive came into effect around '91/'92 and
17 then in, in the late '90s there was finally an agreement
18 from the feds and it involved only the feds because it was
19 their funding model, to do a review of that directive, and
20 so there was what we call the national policy review
21 committee or NPR for short. That was established. That
22 included representatives from every region across the
23 country. So I was the Manitoba rep on that committee. We
24 had, I would say, at least three or four years of meetings
25 on a fairly regularly basis. We commissioned -- or through

1 that process we commissioned a number of research work to
2 be done, including the Wonday (phonetic) report.

3 We, we looked at legislation across the province,
4 the provinces. Each First Nation in Canada is, is required
5 by the feds to work under provincial legislation and they
6 can be quite different so it's very difficult to even
7 compare numbers. Like when we looked, for example, at, you
8 know, how are kids in care funded, well, you have some
9 regions where they don't provide services after the age of
10 16. You have other regions where they don't count kids in
11 kinship care placements. So it's very difficult to try and
12 get a good comparison about what we're actually looking at
13 when we're looking at some of those costs.

14 We did have a group that, you know, bravely tried
15 to go out and do that but came up with the similar
16 challenges. However, there was a report produced in, I
17 think it was released in the year 2000. I don't know if it
18 has a fancy name but it's the NPR report, and had about 22
19 or 23 recommendations in it.

20 We had not seen any changes to the, the directive
21 20-1 since it started in '92/'93 so really we were, by the
22 year 2000/2001 still all funded on those old dollar values.

23 So then there was -- and I'm just trying to think
24 of the timeframes now, there wasn't a lot of action on the
25 recommendations until probably around '04/'05, and I'm not

1 sure if I have those quite right. Independent of what was
2 going on in the province, the feds did agree and it was
3 this current government that decided to use a different
4 approach. Up until then we had been told it had to be a
5 national funding model and then all of a sudden that
6 changed where they were prepared to entertain a region-by-
7 region model. And so they started -- Alberta was the first
8 region that went into a new arrangement with their federal
9 funding and they call it the enhanced prevention focused
10 approach, EPFA.

11 In Manitoba -- so, so we began some work through
12 what I mentioned earlier, this regional advisory committee.
13 We formed a working group at that table, although at that
14 time it was focused on the federal dollars on the directive
15 and how to change that, that piece.

16 At the provincial level, as part of the AJI
17 report and, and our, the initiative for child welfare, one
18 of the projects was a new funding model or a new funding
19 approach and so it gave us an opportunity to combine those
20 two pieces. So we formed a joint working group with people
21 from the province, people from the feds, the two
22 authorities and agency reps to really try and work out a
23 funding model for Manitoba. And because we now were not
24 having to be concerned necessarily about the national
25 picture, although we knew that the feds were looking for

1 certain common elements, I guess, in how we funded, but we
2 were able then to, to have a working group that looked at a
3 model, that costed it out, and that came back with
4 recommendations for what should go into a new funding
5 model.

6 That went -- those recommendations were then
7 provided to the province and the feds because they had to
8 go to their respective treasury boards. We're not privy to
9 the documents that went there. We do know that there were
10 things that had been recommended that are not funded.
11 There are some things that are funded in one model and not
12 the other. We're hoping we can address them now with the
13 five-year window but, you know, we're also aware of the
14 fiscal restraints of both governments at this point in
15 time.

16 When that, when that model was then approved or
17 okayed by the treasury boards, the federal government in
18 particular wanted a resolution from leadership, so -- and I
19 believe that was consistent in each province. So we got a
20 resolution from AMC that indicated their support for the
21 model. That would have been -- I think that was signed in
22 July of 2011 -- or sorry, 2010, and then in October of 2010
23 the model came into effect.

24 Q Terms of -- if I could get the clerk to go to tab
25 "E".

1 THE COMMISSIONER: "D"?

2 MR. COCHRANE: "E".

3 THE COMMISSIONER: Yeah.

4

5 BY MR. COCHRANE:

6 Q You recognize this document, Ms. Flette?

7 A Yes.

8 Q Who, who authored this document?

9 A I did.

10 Q You did? Okay. And can you -- this, as I
11 understand, describes the new funding model. So if the
12 Commissioner wanted to see it in paper, this tab here, this
13 document here is the outline, and it's at tab "E".

14 THE COMMISSIONER: Tab "B"?

15 MR. COCHRANE: "E".

16 THE WITNESS: "E".

17 MR. COCHRANE: "E".

18 THE COMMISSIONER: "D". I've got --

19 MR. COCHRANE: "E" as in --

20 THE COMMISSIONER: Yeah, Don.

21 MR. COCHRANE: "E" as in elephant.

22 THE COMMISSIONER: I've got it.

23 MR. COCHRANE: "E".

24 THE COMMISSIONER: I've got it.

25

1 BY MR. COCHRANE:

2 Q So Ms. Flette, there's a lot of information in,
3 in this, at this particular tab so I don't intend to go
4 through it in detail, but it does provide a very good
5 description of the new funding model. And you've already
6 hit on a number of the, the key points. And the second
7 bullet, talks about three lines to agency funding. Can
8 you, can you talk a little bit about that. I'm referring
9 to core service delivery and maintenance of children in
10 care.

11 A Yeah. Well, with the new model there are --
12 previously agency funding was basically in two categories
13 broadly called operations and the other one called
14 maintenance. So with the new funding model, it has created
15 now a category called core funding, another one called
16 service delivery, and under that is both protection. And
17 protection includes children in care as well as families
18 receiving protective services where the children may
19 still be at home but might be at risk, and, and also
20 the family enhancement or prevention services in cases.
21 And then the third area is the maintenance of children in
22 care, so that is kids who have been removed from their
23 homes and are in out-of-home care and are being funded that
24 way.

25 Q Okay.

1 A So the agency funding is now in those three
2 lines. Both the feds and the province fund in those three
3 lines.

4 Q Okay. And in terms of the federal model, I'm
5 looking at the third page of that tab. There's a few
6 bullets there that describe the funding model.

7 A Um-hum.

8 Q Sorry, the federal model.

9 A Yes.

10 Q Right there. Can you talk, talk about that,
11 please.

12 A Okay. And maybe just before I get into that,
13 there are, like the core line is an important piece as well
14 with that because the core is actually an agreement between
15 the feds and the province so they share the costs of the
16 core. There are five key positions in an agency's core
17 funding. That would include the ED, the CFO, the quality
18 assurance manager, the HR manager and the child abuse
19 coordinator. Those dollars -- and then there are some
20 admin supports in there. In the core line there is an
21 agreement to fund those 60/40, so the province pays 60
22 percent and the feds pay 40 percent.

23 The 60/40 split was based on overall in the
24 province where, where the cases were funded. So when we
25 looked at all the cases, 60 percent were provincial, 40

1 percent were federal. You'll see differences among
2 agencies. Some agencies are closer to 50/50 or may have
3 slightly ore federal cases but on average in the province
4 it's a 60/40, or was at the time, a 60/40 split.

5 I believe our split in the south last year was,
6 it would be in our annual report, but I believe it was
7 around 32 percent federal and 68 percent provincial. So it
8 kind of changes each year but --

9 Q Okay.

10 A So both models use that. And then the federal
11 model, one of the -- there are some differences here. The
12 federal model uses an assumption model to determine their
13 number of cases, so what they'll do is look at your child
14 population on reserve and then they assume that seven
15 percent of the children, of the child population is in care
16 of the agency. So regardless of what your actual numbers
17 are, they make an assumption and then that becomes the case
18 count that they use to fund your positions.

19 Q Okay.

20 A So although both models fund those positions, one
21 worker for 25 cases, in the federal model it's not an
22 actual case count, it's done on the assumption that seven
23 percent.

24 We have, in the south right now, three agencies
25 that are above the seven percent. One in particular that

1 is at 14 percent. And so what the, this model does for
2 them is half their cases are unfunded.

3 THE COMMISSIONER: What is the seven percent?

4 THE WITNESS: They, they'll take your child
5 population on reserve and they'll take seven percent of
6 that and say that's your children in care count.

7 THE COMMISSIONER: Under, under the federal
8 formula?

9 THE WITNESS: Yes. Yes.

10

11 BY MR. COCHRANE:

12 Q So Ms. Flette, then, if -- in that case where you
13 have -- it seems to me that the model, percentage, seven
14 percent model -- obviously there's some shortfall; this one
15 particular agency you're talking about, there's half of
16 their children are not -- they're not funded for that
17 particular --

18 A Yes.

19 Q -- for those children. What happens in that
20 case?

21 A Good question. I think that's one of the things
22 that we, we're trying to address in our discussions right
23 now for, you know, after year five.

24 Agencies who are, you know, who, who will, let's
25 say, have five percent in care, their numbers, but they're

1 getting funded at seven percent, you know, you could argue
2 they're over-funded but there is no way to adjust the
3 funding amongst agencies. It's seven percent and then the
4 feds sign a funding agreement with you based on that. So
5 if you have actually only five percent of your kids who
6 live on reserve in care you can benefit because you'll have
7 extra money for other services, whereas an agency that has
8 14 percent of its kids in care, that's under-funded, has no
9 way of getting some of that money back.

10 Q Right.

11 A Now, we have, in the first three years of the
12 model, the feds have been willing to do what we've called
13 an anomaly adjustment for that agency, and that has really
14 helped. But it is, it's an annual adjustment and you do
15 not know whether you're going to get it at year end. It
16 all depends on if the region has money in the region at
17 year end. So you can operate all year hoping or assuming
18 you'll get it and then you may not get it.

19 Q Right.

20 A The agency that we're, we're speaking about is
21 Southeast Child and Family, and they were not notified
22 till mid-March of this year that they were actually getting
23 that anomaly adjustment for '12/'13. You know, had there
24 been a problem and the region ran out of money and they
25 didn't get it, they'd have really been in a difficult

1 position. So it isn't -- it is a short-term solution and
2 it does show the willingness of the feds to try and
3 accommodate that.

4 Q Um-hum.

5 A But it's not really a good way to move forward.
6 We should have a better way of looking at that. We've been
7 talking about some options around, you know, a baseline of
8 funding or -- it, it -- there are challenges because the
9 funding agreements are directly between the agency and AMC
10 for an ability of the region to move that around, which
11 creates some issues.

12 The same if true with family cases. They use an
13 -- the feds use an assumption model so they will take your
14 child population, so again, it's driven by that. That's
15 the biggest factor for the federal formula. They assume
16 that there are three children per family. So then that
17 will determine how many families you have on reserve, and
18 then they'll take 20 percent of that number. So if you
19 have a hundred families living on reserve, they'll take 20
20 percent and say, that's your -- that's the number of
21 families that need service and that becomes your family
22 case count. So again, a similar -- and it presents similar
23 challenges. For example, southeast actually has 40 percent
24 of their families seeking service. They're getting funded
25 for 20.

1 So what that means to the agency as well is that
2 any money that they might be getting under the enhanced
3 provision for family enhancement workers or prevention
4 programs, they have to use that money for protection
5 services because these children are in care and these
6 families are at risk and they have to serve them, so they
7 -- it limits their ability which, you know, very
8 unfortunate, because one could argue that that's an agency
9 that could really benefit from preventive services and
10 they're restricted because of that assumption model.

11 THE COMMISSIONER: Mr. Cochrane, at a time you
12 think convenient we'll take our mid-morning break, but you,
13 you can indicate when that time is.

14 MR. COCHRANE: Mr. Commissioner, I think now
15 would be the time.

16 THE COMMISSIONER: All right. We'll take a 15-
17 minute break now.

18

19 (BRIEF RECESS)

20

21 THE COMMISSIONER: All right, Mr. Cochrane.

22 MR. COCHRANE: Thank you, Mr. Commissioner.
23 Prior to the break we were just talking about the federal
24 model, federal component of new funding agreement, and Ms.
25 Flette was talking about the two streams, family cases and,

1 of course, the protection cases and the assumptions, seven
2 percent assumption and the 20 percent assumption.

3

4 BY MR. COCHRANE:

5 Q Ms. Flette, before we move on to the provincial
6 stream of that, provincial part of that, can you offer some
7 insight into, into how those numbers, those assumptions,
8 like the seven percent, how was that determined by, by the
9 federal government, on what basis?

10 A The seven percent was actually based on kids in
11 care. When, when we first came to the table, they were
12 actually promoting a six percent, but when we looked at the
13 numbers in Manitoba they agreed to adjust Manitoba's to
14 seven percent. I don't know, I don't think they've used
15 seven percent in the other provinces. I believe, I believe
16 in Alberta and Saskatchewan they're using six percent but
17 it was actually based on kids in care.

18 With the families and the 20 percent, no idea.
19 And when we asked them how they arrived at the 20 percent,
20 they can't answer. They say they don't know, that just,
21 that's what they pulled out.

22 Q Just a random number they pulled out from
23 somewhere?

24 A To the best of our knowledge.

25 Q Okay.

1 THE COMMISSIONER: I would suspect that they
2 would be able to say that there's some basis for it, they
3 just didn't tell you what it was. They must have a reason
4 for it, I'm going to give them credit for that. But, you
5 just don't know what it is?

6 THE WITNESS: No. And they, they say they don't
7 know; but yes, it might be that they do know but haven't
8 said anything.

9 THE COMMISSIONER: Well, I, I can't believe a
10 responsible government that's making payments would not
11 know the reason it was doing what it's doing.

12 MR. FUNKE: Mr. Commissioner. Funke, for the
13 monitor.

14 THE COMMISSIONER: Yes.

15 MR. FUNKE: I apologize for rising, but in
16 response to your comment about assumptions that you're
17 suggesting ought to be made for the benefit of the federal
18 government, this is exactly the evidence I was attempting
19 to adduce yesterday through Dr. Blackstock. As a result, I
20 would caution the Commission against making any such
21 assumptions where you have not allowed us to call that
22 evidence. And if that is an area that the Commission would
23 like examined, I'm certainly prepared to have Dr.
24 Blackstock return.

25 THE COMMISSIONER: Carry on, Mr. Cochrane.

1 MR. COCHRANE: Thank you.

2

3 BY MR. COCHRANE:

4 Q Turning now, then, to the provincial model,
5 provincial part of the new funding model. And Mr.
6 Commissioner, this is on, it's up on the screen there right
7 now and there's a few bullets there to talk about the
8 provincial model, so I'll ask Ms. Flette to tell us about
9 how the provincial funds are provided.

10 THE COMMISSIONER: Now, is this at a tab -- oh,
11 it's on the same page.

12 MR. COCHRANE: It's, it's on the same page, yes.

13 THE COMMISSIONER: Yeah.

14 THE WITNESS: The provincial model is, is based
15 on actual case counts and there is an agreement that they
16 will adjust the funding based on the case counts on an
17 annual basis. And we have established criteria now that we
18 are using to determine what cases can count for funding.
19 For example, a case has to show activity. There has to be
20 a file recording on a case, a family file that's 90 days or
21 less old, and if there isn't, the case would not get
22 funded. So it, it is a way to establish it. It's also
23 going to have the effect of agencies making sure there's
24 documentation and file recordings on those files.

25 We've also got an agreement from the, from the

1 provincial government that at least for right now they will
2 not decrease the funding below the year one, so if cases go
3 down and, in particular, of the case numbers that they put
4 in for family enhancement cases, because at the time the
5 model came in there weren't any family enhancement cases,
6 they were still called protection cases, so as agencies are
7 ramping up their, their family enhancement programs we
8 expect to see those case numbers growing, but most agencies
9 are still below the number that was put in, the year one
10 funding, and the province has agreed and continues to pay
11 it using those numbers as a baseline right now.

12 In those models they are using a similar, you
13 know, one, one worker for every 25 protection cases, one
14 supervisor for every six workers and so on, so the whole
15 staffing component is really all driven off your case
16 counts.

17 In the federal model, they fund foster care
18 workers, so for every 30 children in care you get a worker
19 that will do foster home type of work, like recruitment,
20 training, licensing, et cetera. That is -- that has not
21 been included in the provincial model. It was put forward
22 by the working groups, didn't get in this time. And I know
23 the province continues to seek to see if we can get that
24 funded.

25 We have seen, in the last three years, that the

1 province has adjusted the model. They've adjusted it also
2 on the salary line, like for the first two years when we
3 went into the model, the collective agreement in place with
4 MGU didn't haven't increases and then, when the increase
5 went in last year, I think it was 2.75, they adjusted for
6 that. So those adjustments are being made to the best of
7 our knowledge on that, that model. So it is more actual
8 case count driven than the federal model. The federal
9 model, it doesn't give agencies the advantage of over-
10 funding except for the baseline information that might be
11 there for an agency.

12

13 BY MR. COCHRANE:

14 Q Right. In terms of funding levels, what has the
15 impact of the new funding model been on agencies that are
16 mandated by the southern authority?

17 MR. COCHRANE: And, and Mr. Commissioner, just
18 for ease of reference -- and I don't know what page this
19 is, bear with me one second. Still on tab "E" and it's
20 page 5 of that tab. Oh it's 38913. You'll notice there's
21 two graphs there, Mr. Commissioner, graph 18 and graph 19.

22 THE COMMISSIONER: Yes.

23 MR. COCHRANE: That is the area where Ms. Flette
24 will now be testifying.

25

1 BY MR. COCHRANE:

2 Q So do you see those, Ms. Flette?

3 A Yes.

4 Q Those graphs?

5 A Um-hum.

6 Q You, with respect to graph 18, which is up on the
7 monitor right now, can you -- these are the numbers that
8 resulted in new funding model?

9 A Yes.

10 Q Okay. And can I ask you, then, just to, to lead
11 us through that chart?

12 A Um-hum. So graph 18 looks at collectively for
13 the southern authority, and these are only southern
14 authority numbers in both of these graphs, so what we've
15 done here, the first column is federal. It's a bit hard to
16 read, I think, on, on the screen here, but it's the federal
17 funding. The middle column is the provincial one and then
18 the third column is the total.

19 So what we've done is shown what -- collectively
20 what comes to the southern authority agencies under the
21 funding model and we've shown it for the feds, so it's
22 thirty million eight hundred and seventy-six thousand six
23 six four, and then we've shown it for the provincial, which
24 is twenty-nine million. So it's a total of sixty million
25 dollars in money that's coming as a result of the funding

1 model.

2 Then we're showing --

3 THE COMMISSIONER: That's an annual amount, is
4 it?

5 THE WITNESS: Yes. Yes, it is.

6 Then we're showing what agencies were getting
7 before the funding model came into place so federally they
8 were getting seventeen point seven million, provincially
9 they were getting twenty-two point four million, so a total
10 of forty million. So the increase is the difference
11 between those two. So federally there's an increase of
12 thirty million dollars or 74 percent. Provincially there's
13 an increase of six point seven million or 30 percent. And
14 overall, it's a 49 percent increase although that, that
15 number is not really that meaningful, I guess, because you
16 do have the federal/provincial split, but if you want to
17 look at it overall average.

18 So for the south, the increase between the
19 federal and provincial models is nineteen point eight
20 million dollars.

21 Then, now again, when we're talking average
22 increase, the other thing to remember is that there are,
23 the increases between agencies can be quite different so
24 these are just taking total numbers, so that's why we've --
25 in graph 19 we've actually used those same four lines but

1 did it agency by agency, so you can see what each agency is
2 getting under the model. And you'll notice also that ANCR
3 is not in there. ANCR is the joint intake agency and it is
4 not, at this point, on a funding model so it's not been
5 included here.

6 So you can see what each agency is now getting
7 under the model, what they were getting in the pre-model
8 funding, what their increase is and then what the average
9 increase per agency is.

10 So for example, you can look at ICFS, which is,
11 which is realizing a hundred and twelve percent increase in
12 funding and then west region, which is seeing a 21 percent
13 increase. So you can see quite a spread between agencies
14 in terms of what the model gives them and compared to what
15 they were getting before.

16 Overall, I would say it has mostly benefitted our
17 smaller agencies and particularly where those agencies got
18 a lot of, or a good number of cases off the transfer table
19 in the city because it wouldn't have really recognized all
20 their executive core needs and things, which the model now
21 does.

22

23 BY MR. COCHRANE:

24 Q I understand that as -- that there are, there are
25 conditions, if I could use that word, of the new funding

1 model, things that the agency must do to receive the
2 funding and the increases that you've talked about. And
3 I'm wondering if, very briefly, if you can talk about that
4 for the benefit of the Commissioner.

5 A Okay. Well, one of the big requirements that
6 both the feds and the province and the southern authority
7 have is the completion of a five-year business plan or what
8 we're now calling strategic service plan. Each agency has
9 to prepare one. They have to be approved. And then money
10 can be released. I have -- in the binder there are
11 templates, the southern authority prepared templates for
12 its agencies to use so that we are collecting similar
13 information and are now able to, you know, compare data
14 within an agency --

15 Q Yeah.

16 A -- and amongst agencies as well.

17 MR. COCHRANE: And Mr. Commissioner, I won't go
18 in through it in detail, but the, the, the tabs that you
19 case refer to, if you want to later, is tabs "F" to "J"
20 which talk about the, the templates.

21

22 BY MR. COCHRANE:

23 Q Sorry, Ms. Flette.

24 A That's good. So the, the template collects data
25 in, in five main areas, you know, through their

1 spreadsheets, I guess. One is case data. In the year one
2 we actually had agencies go back five years so we had a
3 five-year view, and now every year they add onto that. We
4 collect detailed human resource data including all their
5 positions, inventories, salaries paid, et cetera. We
6 collect information on their inventory, and that can be
7 anything from cars to their own foster homes, group homes,
8 things like that, that they have, buildings, facilities and
9 so on. We collect data on their community profiles and we
10 collect data on the finances. So those are the five
11 spreadsheets.

12 And then in addition, they complete a narrative
13 which outlines their goals, their objectives. We are
14 getting them to identify outcomes and outcome measures as
15 well as target dates for achieving those measures in that
16 narrative as well.

17 Q Okay. And have all agencies mandated by the
18 southern authority created and completed business plans?

19 A Yes.

20 Q Five-year business plans?

21 A Yes. They -- the first year was really
22 challenging. For most agencies it was probably the first
23 time they did an exercise and, and, you know, it is -- it
24 was the most difficult piece because they had to go back
25 five years to get information. Now they can just add the

1 current year in so it's a little bit easier. We spent
2 many, many hours with them. But the second year went
3 better and they're now doing their third set, which is due
4 in May.

5 Q Right.

6 A So that seems to be going a lot smoother as well.

7 And we also find that agencies are using the data
8 as well as where we've asked for it and they haven't, in
9 the past, collected, they've now started collecting it,
10 which is also quite helpful.

11 Q Okay. And so business plans are updated
12 annually, then?

13 A Yes, they --

14 Q Okay.

15 A -- need to be revised annually.

16 Q Annually. And in your view has the use of
17 business plans improved the delivery of child welfare
18 services by the southern agencies?

19 A I would say yes, and I believe agencies, despite
20 the complaining and the moaning and groaning, would agree
21 with that. I, I think it's always really important when,
22 when plan -- when agencies plan, they know how to plan.
23 Plus I think the exercise of now defining what your
24 outcomes are and really looking at did we achieve that and
25 how do we measure that, and agencies are starting to do

1 that by looking at their numbers, I think that's really
2 important for, you know, your planning, determining what
3 programs, looking at, you know, the programs you're already
4 doing, are they effective or not or should we be changing
5 them.

6 As well, by having to do revisions, it does force
7 them to go back and do progress reports so they can see for
8 themselves what's been done and what's not been done. So
9 it is moving them to kind of evidence-based practice, which
10 I believe is good.

11 Q It's good. Okay. The second prerequisite or
12 condition, I guess I'm calling them, is, is the use of
13 CFSIS as a condition of the new funding model, and I'm
14 wondering if that is, that's something you could talk about
15 as well for the Commissioner.

16 A That was a requirement from the province, and the
17 feds followed suit and sent letters out saying that they
18 are also expecting that. In the south, our review
19 committee, which included reps from the authority and the
20 province and AMC would look for that in the plan and make
21 sure there was a plan that saw the agency moving to that.
22 And we, we also monitor that on an ongoing basis to look at
23 the improvements and when we do QA's on cases on CFSIS are
24 they improving and so on.

25 We haven't had a problem with our agencies really

1 doing it. A few were a bit reluctant. We, we started in
2 probably, at the end of, at the end of '10/'11 we got some
3 money from the federal government to assist with our
4 connectivity project, which is an ambitious project that
5 looks at making every site that we have, giving the agency
6 capacity for high speed by creating a V, what's called a
7 VLAN. It also then gives the agency the ability to use
8 internet phones. At the same time it gives them -- we move
9 to virtualizing their servers, which kind of puts all their
10 data in one place rather than multiple servers all over the
11 place. It will, it gives them the ability to
12 teleconference, as well. We started with the VLAN because
13 that was the piece that had to be there for all those other
14 things to work.

15 We have 60 sites in the south between our 10
16 agencies. ANCR is not part of this initiative because they
17 are, they are on the government server, but between our
18 other nine agencies there's 60 sites that we have to do.
19 And right now believe about 48 or 49 are done so that
20 leaves us with about 11, 11 or 12 to complete. So we're
21 thinking this year, now with some of those ones that are
22 left, the challenge there is more around hydro towers and
23 where we can hang the radios, like their technical
24 problems, but all of the agencies do have now capacity, at
25 least in those sites where we've been able to put the VLAN

1 in.

2 They have moved to internet phones and we have
3 virtualized four agencies, I believe, and two are almost
4 done. One is started and two still have to be started.

5 Q Okay.

6 THE COMMISSIONER: Where are those 60 sites
7 located?

8 THE WITNESS: They're throughout southern
9 Manitoba. They would be on all the 36 First Nations, the
10 southern ones, as well as where those agencies have off-
11 reserve offices, and for us that's primarily in Brandon, in
12 Portage, Ashern, Winnipeg, so amongst the nine they all
13 have multiple sites there.

14

15 BY MR. COCHRANE:

16 Q The Commission heard evidence early on from ICFS
17 of what connectivity issues, problems that they have in
18 Fisher River. Is there -- can you talk specifically about
19 ICFS and, and where that agency is at with respect to
20 mandatory use of CFSIS?

21 A Getting there. Their Winnipeg -- they have two
22 -- well, they have four sites because they cover three
23 First Nations and then they have a Winnipeg site. Their
24 Winnipeg site's done. Dakota Tipi is done. At Fisher
25 River, that was not, not put on hold but delayed because

1 the agency was doing renovations to their site. So we were
2 waiting for those to be done. I believe, if it's not done
3 they're in the process of completing it there.

4 We have seen that agency, you know, really
5 improve. We've seen increased numbers on CFSIS so we
6 believe they're using it. They've been, you know, very
7 good in coming to all the training that's done and
8 participating in that, so it should, when this is all said
9 and done, really improve their ability to use CFSIS there.
10 But that, that has been an issue for them there without
11 high speed.

12 Q Right.

13 A What happens on CFSIS, if you don't have high
14 speed, you use a dial-up, and it knocks you out all the
15 time. So you can be halfway through entering all your data
16 and then you get knocked off and you have to start all over
17 again; so it's very, not good use of time and very
18 frustrating, difficult to use.

19 Q Okay. One last question on the issue, mandatory
20 use of CFSIS. Will, will the mandatory use of CFSIS
21 improve child welfare practice in Manitoba?

22 A Well, in my opinion, without a doubt. I think
23 CFSIS, it's, you know, I won't go out and say it's the best
24 tool, it's not. It's not the most user-friendly tool, but
25 it is right now the only tool we do have. It does, to some

1 extent, track children. It does provide a place for
2 agencies to enter their information to have easy access to
3 it. It is a way that, let's say, intake agencies, if they
4 get a case after hours, can easily go in and see what's
5 been done, see what the risk is. It assists agencies in
6 doing risk assessments because they can look at what's
7 happened in that family in the past. So an agency is not,
8 you know, operating in the dark when it comes to families
9 and kids.

10 And with the, you know, turnover in workers and
11 families move, it becomes really important that there is a
12 single source of information that's easily accessible for
13 agencies and staff. So I think as not only we improve
14 agencies' use of them but, you know, really looking forward
15 to a much improved information system in the province, I, I
16 think that's a critical piece and I would really like to
17 see the province move on that. I think that that would be
18 really good for service delivery and case management.

19 Q The third condition, I guess, or prerequisite
20 that I've been using is, is the creation of mandatory
21 positions in agencies. You've already talked about a
22 quality assurance coordinator in each agency, but I
23 understand there are other positions that must be created
24 at an agency as a condition of the funding.

25 A That, that is the, that's applicable in the core

1 funding area and there are five key positions there that an
2 agency must have. One of them is the executive director
3 which, you know, people had. The other one is your chief
4 financial officer, whatever you're calling that position,
5 and people had those. And then the other three that are
6 probably more recent, the abuse coordinator. Now, some
7 agencies already had that but some did not. So that is
8 another mandatory one. The HR manager and the quality
9 assurance manager. And the requirement of that core
10 funding is that those positions must be seen in the core.
11 They must be there. There must be people carrying out
12 those functions. You don't have the ability in the core
13 with, particularly with those positions, to really move the
14 money around a lot. You do have much more flexibility in
15 the service delivery area but as an agency you have to pay
16 attention to workload issues. So if you're taking what
17 should be a case-carrying worker and moving them, you know,
18 somewhere else, like those cases still need to be served
19 and you could run into workload issues. So, but between
20 managing that, you do have a little bit more flexibility in
21 what you call the positions and where, where you move them.

22 It's also the issue, like on the provincial side
23 where the foster care services and workers did not get
24 funded the same way they did in the federal model and yet,
25 like, foster care and licensing and recruiting and training

1 foster parents and supporting them is, is a big function of
2 an agency and it's really important for children's
3 wellbeing and permanency and safety to have that done well,
4 and yet that is unfunded for agencies. So, and agencies
5 don't have a choice about, oh well, I'm just not going to
6 do it. They have to do it. So what it means is you're
7 pulling off social workers who would be in that case-
8 carrying count.

9 Q Um-hum.

10 A And if I have, if I have a hundred cases and that
11 would give me four workers, but if I have to pull one of
12 them off to do foster care, then I have 25 cases that I'm
13 now already distributing so it knocks those workload pieces
14 out. So that's, that's one thing, too. I know the
15 province is working to try and address that. That would be
16 really an important piece to look at and I think really
17 improve foster care and foster home licensing.

18 Q Ms. Flette, you've given a lot of information
19 about the new funding model and I'm interested, then, to
20 hear your overall assessment of the funding model. Has it,
21 has it, has it been a good thing to occur here in Manitoba
22 for child welfare? So what, what's your overall assessment
23 of the new funding model?

24 A Well, it's certainly a big improvement from what
25 we had, and you can see just by looking at the, those

1 graphs we looked at, 18 and 19, the increases that it has
2 brought in. Like every agency has seen an increase. There
3 are, there are -- it funds for the first time recognizes
4 family enhancement and prevention, and I would say that
5 many agencies, and particularly the First Nation agencies
6 on reserve, have been doing prevention for quite some time
7 but it's never been funded or recognized and there's never
8 been workers specifically for family enhancement workers.
9 So I think that's a very significant piece. It provides
10 agencies with, you know, money to purchase or partner up,
11 which is a very important piece as well as --

12 THE COMMISSIONER: Money to what?

13 THE WITNESS: To partner up.

14 THE COMMISSIONER: Oh, partner up.

15 THE WITNESS: So you know, if I'm looking for,
16 you know, parenting courses or wanting to send a family to,
17 you know, maybe therapy, although that's maybe more
18 treatment, but I could negotiate with someone like Ma Mawi
19 or somebody and say, you know, can you -- I want to
20 purchase "X" number of spots in a parenting program, so
21 that because they do that and they do it well, so the
22 agency can purchase that rather than trying to create all
23 those things. So we hope down the road that we are going
24 to see an increase in partnerships.

25 I think that some of the improvements that we're

1 looking at is on the current model we want to revisit, on
2 the federal side, the assumption model. We want them to
3 revisit the core. We believe there's core positions that
4 should be in there.

5 The model also in the core funding really kind of
6 assumes that it's urban based, so for example, it gives you
7 one reception position, but almost all of our agencies
8 have, you know, four, five, six sites. And you have an
9 office there and you need a reception, it doesn't recognize
10 that. So we want some of those pieces built into that core
11 funding.

12 The other thing that, that is not in the model on
13 the provincial side is, of course, the foster care workers.
14 We also want both governments to look at the issue of the
15 lack of capital money. There is nothing, and I know
16 capital is a whole other thing when it comes to government
17 funding, but particularly on reserve and, and in the rural
18 communities, it's a major challenge. If you have no money
19 to build or buy or -- an office, you know, it's not like
20 there's a stock of buildings that you can go and negotiate
21 a lease on. So it, it becomes a real challenge for not
22 only setting up office spaces but also if you're running
23 any kind of therapeutic group homes or foster homes, et
24 cetera, as to how you manage to do that. So we want them
25 to take a look at that as a real service issue and how we

1 can look at resourcing those pieces.

2

3 BY MR. COCHRANE:

4 Q Moving then from the funding model. So I have
5 some questions for you with respect to differential
6 response, and the Commission has heard evidence of that.

7 MR. COCHRANE: And Mr. Commissioner, just for
8 ease of reference, tab, tab "A", which is the annual
9 report.

10 THE COMMISSIONER: Yes.

11 MR. COCHRANE: Page 20 of that report, there is
12 a, one or two paragraphs there dealing with differential
13 response.

14 THE COMMISSIONER: Yes, I have it.

15 MR. COCHRANE: It is on the screen there as well,
16 Ms. Flette.

17 THE WITNESS: Um-hum.

18

19 BY MR. COCHRANE:

20 Q So just very quickly, can you describe
21 differential response?

22 A Well, our definition of differential response,
23 and I know the word is used slightly differently in other,
24 you know, in some places, but we see differential response
25 as service model, and so it's a new way of doing child

1 welfare work that allows an agency to respond to families
2 differently. And within, within that you would have your
3 protection stream of service and now your family
4 enhancement or prevention stream. So at the outset, how
5 you do intake becomes important because it's at intake
6 where decisions are made based on risk assessment and what
7 we're calling a structured decision-making tool that is now
8 being implemented. That tool includes an immediate safety
9 assessment, it includes a risk assessment, which is a
10 predictor of future harm, and it includes a strict based
11 strength and needs assessment of the family and a strength
12 and needs assessment of the children, and it includes a
13 case plan. Those all have to be there as part of the tool
14 and then a decision is made whether that family is served
15 through a protective stream or a family enhancement stream.

16 There's criteria in place now around what cannot
17 be family enhancement. So if a matter is before the
18 courts, the children have been apprehended, if children are
19 already in care, if there's an active abuse investigation,
20 those cases must go to the protection stream but the agency
21 can use a family enhancement approach in working with the
22 family. So we would see the DR being the service model,
23 and under that, changes in both how protection and family
24 enhancement work is done.

25 Q And this is a very broad question, I realize it,

1 but has differential response been implemented now with
2 southern authorities?

3 A Well, we're close to where we would say we have
4 full roll-out. The last probably three, four years, three
5 years maybe since the money started flowing, and the money
6 was for transition -- well, I guess it's more than that
7 now, maybe five years -- was really for transition work to
8 prepare agencies for agencies to get ready to do this.
9 Agencies -- we gave them money to hire DR coordinators. We
10 created a working group, we developed work plans, we
11 identified the areas of work that needed to be done at each
12 agency in order to carry our services under a DR model.

13 We did a number of pilot projects. I believe we
14 did five of them. Those were also evaluated and those
15 were, you know, projects that looked specifically at
16 different elements of an FE approach, and I believe they're
17 in where we looked at the description of the funding model,
18 just back of there, there's a listing of those projects in
19 the binder.

20 Q Um-hum.

21 A So those gave us some lessons around, you know,
22 things that we thought could be good and things that maybe,
23 you know, we would have to refine a little bit more.

24 We've done a lot of training on the structured
25 decision-making tool. We do use the tool that is put out

1 by the research, children's research centre. For the
2 safety assessment, we are using the safety assessment that
3 is currently in the intake module but we are working with
4 the research centre on adapting their safety assessment
5 because it's more thorough and we believe better.

6 All that we have -- we have trained, oh, I can't
7 even -- I would say probably in the area of 500 or so
8 staff. We've had numerous training sessions on, on the SDM
9 or structured decision-making. That has included training
10 the front line workers how to use it. We've, we've done
11 training of trainers so that each agency has now capacity
12 to train new staff. We've done training specifically for
13 supervisors so they know how to supervise a case and do a
14 case reading. And we've also done training for managers
15 that, that shows them how to pull reports that they might
16 need and so on.

17 CFSIS has put in the ability for these tools to
18 sit on CFSIS, so we've taught workers how to attach them to
19 CFSIS so they're readily available.

20 We created a website that's a staff-only kind of
21 website but it's got numerous resource materials, our
22 policies, guidelines, et cetera, around a DR
23 implementation.

24 We are in the process of looking at the case
25 management standards and creating southern authority

1 specific standards that would enhance the provincial
2 standards.

3 We spent quite a bit of time and on a community-
4 by-community basis there were efforts made by the agencies
5 around community education and awareness and we produced
6 posters and pamphlets and things like that, that could be
7 easily distributed there.

8 We have worked with agencies to identify
9 potential partners, and in some agencies we've seen some
10 good progress and actually sitting down and entering into
11 partnership, formal partnership agreements on certain
12 program areas.

13 And, we completed a DR video that we use in the
14 communities called the Changing Face of CFS. That also
15 gives people in the communities an idea of what DR is and
16 what kind of services they could expect or demand from
17 their agency as part of the roll-out.

18 Coupled with all this is the training on CFSIS,
19 and we have trained hundreds of staff, I would say both in
20 our office -- we now have a training centre attached to our
21 office in the city and we have a computer lab in there so
22 that's really enhanced our ability to do this kind of
23 training.

24 We've had really good response from staff. And
25 once they take the training they, you know, the response

1 we're hearing is very positive. We've not seen resistance
2 from the agencies about using it.

3 Q Terms of -- I just want to make sure I'm clear on
4 the timing of, of differential response's implementation.

5 When, when -- for southern -- sorry, for the
6 agencies that are mandated by the southern authority, when
7 did the implementation of DR start?

8 A In stages. I think July 1st was, think it was
9 July was the date that we gave everybody where they had to
10 be applying all the tools from the structured decision-
11 making tools to all new intakes as well as to all of their
12 FE cases, and so we would expect now that every new case
13 coming in through intake, whether it's at the community
14 level or through ANCR, that they're applying those tools.

15 We do -- our QA unit does go into CFSIS on a very
16 regular basis and pull out that information. We have a
17 template that's developed that breaks down the elements of
18 the tool so we can tell how many safety assessments were
19 done or not done, how many new cases there were, how many
20 future harm assessments were done, how many strength and
21 needs, which cases have a case plan, which don't. And we
22 provide that information again to agency at our monthly
23 meetings and so they see what each agency has or hasn't
24 done. So that's been a really good tool. And we've seen
25 those numbers like really improve.

1 We do the criteria funding. We look at cases,
2 whether they have a case plan and some of the elements that
3 we require there, and we're almost at a hundred percent
4 compliance on, on almost all the categories. The one that
5 there's still a bit of challenge is that 90-day file
6 recording, but we've seen big improvements on that over the
7 last few months as well.

8 Q One, one last question under the area of
9 differential response. In your view, how will differential
10 response improve the delivery of child welfare services in
11 Manitoba?

12 A Well, I believe it's very important that we have
13 different ways of responding to families, because not all
14 families who come to child welfare need to be treated in
15 the same way, and I think that in the past, when we have
16 only had kind of that protective, which is an investigative
17 approach to use, that oftentimes you are providing, giving
18 families either an abuse or a neglect investigation when
19 you can work with them a little bit differently based on a
20 strength and needs. It is, of course, tied to the risk
21 assessment. If you have a high risk situation you wouldn't
22 do that the same way, but it does allow you to have
23 differing responses, which is what the differential
24 response is. It gives you kind of the okay to do it but
25 also now the funding to do it, and I think that can only be

1 good for families.

2 Being put through a child investigation, whether
3 it's protection or abuse, is pretty traumatic for a family
4 and, you know, when you -- not saying that cases of abuse
5 would be dealt with differently but we have cases like, you
6 know, that often end up being inappropriate discipline that
7 have been given the child abuse investigation when really
8 that's a pretty invasive kind of response to a situation
9 where you could work with a family that's cooperative and
10 willing to work around different ways of discipline and
11 different ways of parenting. So I think the ability to
12 have that, it's, it's one more tool, it's one more
13 approach, and I think that's always good for child welfare.

14 MR. COCHRANE: Okay. Mr. Commissioner, that was
15 a very high level review of differential response. Ms.
16 Stoker from ANCR will be drilling down into that a bit more
17 when she testifies so that's as far as I intended to go
18 with Ms. Flette.

19

20 BY MR. COCHRANE:

21 Q Just one quick question: I understand that the,
22 talking about the ANCR service model review, that was a
23 joint review, I understand, by the southern authority and
24 the province?

25 A Yes. There was an agreement. When, when we did

1 -- ANCR was mandated in '07 -- trying to think back now.
2 One of the conditions that we put on the mandate -- and the
3 mandate review was done by the, by the southern authority
4 as the mandating authority, was that within two years there
5 should be a review of the service model. One of the things
6 we found, because ANCR was really transitioning from the
7 former JIRU or the joint intake, which was under Winnipeg.
8 And one of the things we found when we were doing the
9 review, that much of the process and the service models
10 that were being used and the terms and how things were done
11 were still really based on the Winnipeg model, and we
12 wanted ANCR to change that because they were now responding
13 to four authorities and to some twenty some agencies and
14 not just one agency with one A.D. and, you know, a set of
15 supervisors. So really, they had to change the focus of
16 how they did their work and we wanted them to be able to
17 respond appropriately to each authority even though that
18 might mean some differences in that response. So we had
19 said in two years we want to review the service model and
20 see what changes we've made and see if there's
21 recommendations for more changes. So that's really what
22 our review was about, and it really focused on the service
23 pieces.

24 Now, we also, at the time, were having quite a
25 number of issues at ANCR because it was quite challenging

1 moving from a large intake agency run under Winnipeg. We
2 had to deal with a lot of issues around seconded workers.
3 When, when ANCR started, with very few exceptions, almost
4 everybody was seconded from Winnipeg to work there so there
5 was issues of, not commitment but, you know, getting their
6 own workforce, developing those pieces. There were some
7 labour relations issues. We had initially an ED that
8 caused some problems.

9 Q Um-hum.

10 A So we, we also, at the same time, did a kind of
11 an HR review. We did a big staff survey, we did an HR
12 review. We had legacy both come in to do that and offer
13 some recommendations so we could also, at the same time,
14 really try and get a hold of those, those pieces. And I
15 think Ms. Stoker can speak more to that because there were
16 some, lots of activities undertaken specifically around
17 that whole staff engagement, labour relations, that didn't
18 take long to settle down, and I think in the last number of
19 years they've had a very good relationship with the union
20 and many of those issues are just like gone. So, but they
21 were kind of done hand in hand with the service review,
22 that the, the model review that we did.

23 MR. COCHRANE: Okay. Mr. Commissioner, Ms.
24 Stoker will again get into that in a lot more detail.

25

1 BY MR. COCHRANE:

2 Q Going back to when you first began your testimony
3 this morning you talked about being at West Region CFS, and
4 I think you were there for about 20 years as the executive
5 director. And I understand that there was a, a pilot
6 project on block funding that was initiated during that
7 time?

8 A Um-hum.

9 Q And can you, can you talk a little bit about that
10 pilot project?

11 A Yeah.

12 THE COMMISSIONER: When was it?

13 THE WITNESS: We started that, the, we started
14 the pilot itself, the block funding, in '92/'93. And prior
15 to that, for about two years before that we had been
16 collecting our data and information to kind of assess
17 whether a block funding would make -- would be a good
18 project to do. We had discussions with the feds. And all
19 of our maintenance money at the time was, was coming from
20 the feds so -- I shouldn't say "all", there was some
21 provincial, but the block funding was with federal money.

22 What, what that envisioned -- and one of the
23 reasons we wanted to do that is because in our opinion at
24 the time, probably more so than restrictions by standards
25 or even legislation which, which we found was, you know,

1 was really quite accommodating or flexible, it has, of
2 course, issues in the fact that it's provincial legislation
3 and some of those pieces that were problematic, but
4 generally, I would say our biggest constraint around
5 offering community-based culturally relevant appropriate
6 services were the funding rules. And we looked at
7 maintenance, for example, which is, which is pretty
8 regulated, you know, it's intended money for kids in care
9 and only for kids in care and only in out-of-home care.
10 You cannot pay parents out of that money and, you know,
11 there's all kinds of rules around it. And then we looked
12 at some of the, you know, the dollars we were spending and
13 some of the things that just did not make sense.

14 For example, we could have a single mom who was,
15 you know, raising four kids, very stressed out, whose kids
16 would come into care because she just couldn't cope with it
17 anymore. But we, we were very limited in what we could
18 give that single mom in terms of respite or daycare or
19 support services in the home. However, once we removed
20 those kids we could give the foster parents all of that at
21 big cost. We could send the kids to camp, we could send
22 them to hockey, we could pay for their daycare, we could
23 put a support worker in the home, we could pay the foster
24 parent a fee for service. And we'd look (inaudible) that,
25 you know, sometimes this is pretty crazy. Like, if we had

1 just a piece of that money to give to the mom, she could
2 have done it. Like, now we've got these kids in care,
3 because there were risk factors but our way of addressing
4 them just seemed to be not making sense. So that was kind
5 of our argument with trying to get into different rules
6 around maintenance.

7 And we did have the feds agree to the pilot. It
8 ended up being like a 10-year pilot, and it was called a
9 pilot because they had no authority to do it as a normal
10 way of funding. They were able to get authority to run it
11 as a pilot. And basically, what it did was give us our,
12 our maintenance money in one lump sum. We agreed to cap
13 our maintenance dollars because maintenance, if you spend
14 more than you get, they will reconcile it. So we agreed
15 that we would, we felt we could live within the amount and
16 we would work hard to do that, so that was kind of the
17 trade-off for the feds, I guess, because they wanted some
18 predictability of how much they were having to spend. And
19 then the deal for us putting a cap on it was that anything
20 that we were actually able to save we would actually be
21 able to keep and redirect and reinvest into preventive
22 programs.

23 And in the first year -- and when we looked at
24 where our maintenance money was going, our, our two big
25 expenditures were, one was group homes, and they were for

1 therapeutic reasons, I guess. There were no group homes in
2 the communities, so when the kids went they were mostly in
3 the city even though their parents were on reserve. And
4 the other big area was in treatment services. And so
5 again, if you had a kid who, a kid who needed to see a
6 therapist, we were, for the most part, having to send those
7 folks and the kids to Winnipeg. And even if we were able
8 to get medical services at the time or Health Canada to pay
9 for the actual cost of the treatment session, there was a
10 big cost of child welfare because we had to send the kid
11 the day before, we had to pay the hotel room, we had to
12 send support workers along with the kids to stay overnight
13 and so paying the mileage, the meals, all those other costs
14 that were added on, and we found, you know, that was
15 another big expense item for us. So we said in the first
16 -- as we start this, that's what we're going to try. We're
17 going to try and develop a group of therapeutic foster
18 homes so we can pull those kids out of group homes and have
19 those resources, hopefully aboriginal foster parents, at
20 the very least closer to the communities and closer to
21 where the kids live. And secondly, we were going to try
22 and develop an in-house treatment support team that could
23 provide some of those services.

24 So in the first, probably the first two years,
25 because it does take a while, I guess, to ramp up your

1 program, but once we had a set of foster homes, for
2 example, we were able to reduce our group homes to almost
3 zero placements. And in, in the first two years, I think,
4 there -- we had a saving of about \$800,000 just in that
5 line alone that we could now reinvest.

6 There was -- we worked with the communities.
7 Each of the community had a local family services
8 committee, so we worked with them a lot and said we wanted
9 them to design their preventive programs. We identified
10 core programs that we said every community has to have, and
11 then within that you can also add on programs, so for
12 example, parenting programs. Now, they could choose from a
13 number of different curriculum for parenting but they had
14 to offer a parenting program. But within that they could
15 kind of target their areas of need. They had to develop a
16 plan and a budget and then we funded the committee. So
17 they became responsible for managing those monies. And we
18 ran some prevention programs centrally, as well.

19 So the treatment team, for example, was managed
20 at a regional level not at a community level, but we had
21 those treatment workers in each community. So it got the
22 community much more engaged. I mean, our thinking behind
23 that was, you know, if we're always removing kids and child
24 welfare is done by the so-called experts or we mystify it,
25 like we have to get the community to not just accept

1 responsibility but feel responsible and feel like they can
2 change the lives and the outcomes for their kids and so
3 really, engaging them was a really key piece for us.

4 We did an evaluation of the block funding because
5 we were interested in carrying it on, so I think we did
6 that in '95 or '96. We had Brad McKenzie from the, he's
7 Professor Dr. McKenzie, he came in and did that, the first
8 one. We did another one down the road. But what we found,
9 for example, when we started the block funding we had 10
10 percent of our child population in the communities in care,
11 and within year three we were down to between five and six
12 percent of the child pop being in care, which is a
13 significant drop, and that's in spite of increasing
14 population in the communities.

15 We also had a whole array of preventive programs
16 going in each community. Some communities, you know, had a
17 lot more capacity and were able to just pick up and really
18 go with it, others struggled a little bit more. But we had
19 preventive programs in each of the communities. It gave
20 the workers that were doing protection work, you know, when
21 they were doing their case plan, some actual real resources
22 in their community. Because we now had money we could
23 leverage a partnership, so in quite a few communities we
24 sat down with, for example, the school and the health
25 people and we agreed on a program and we all put money on

1 the table to pay for that program so it really facilitated
2 the building of partnerships and working relationships in
3 the communities as well.

4

5 BY MR. COCHRANE:

6 Q I understand that the, the pilot project, if we
7 could call it that, received an award, received some
8 recognition?

9 A Yeah. We got, for those of you who are in my age
10 range and you remember Peter Drucker, he had a foundation
11 and he gave awards for different things, and one year, it
12 was maybe in '95 or '96, west region won the award for
13 innovation for its pilot project.

14 MR. COCHRANE: Mr. Commissioner, given the, the
15 time, I've got one more area I want to talk about with Ms.
16 Flette and that just deals with the -- she just touched on
17 it, and that is the statistics of aboriginal children in
18 child welfare. That's the last area I want to cover with
19 Ms. Flette. But given the time, I'm thinking it may be
20 best to break for lunch, come back, finish off on that area
21 and then move on through to cross-examination.

22 THE COMMISSIONER: So what will you be, another
23 half hour kind of thing?

24 MR. COCHRANE: Yeah, about a half hour.

25 THE COMMISSIONER: Well, that should leave

1 reasonable amount of time for cross-examination for the
2 rest of the day if that's needed. If not, we'll start your
3 other witness?

4 MR. COCHRANE: Yes.

5 THE COMMISSIONER: Fair enough. All right.
6 We'll adjourn now till two o'clock.

7 MR. COCHRANE: Thank you.

8

9 (LUNCHEON RECESS)

10

11 THE COMMISSIONER: All right, Mr. Cochrane.

12 MR. COCHRANE: Thank you.

13 THE COMMISSIONER: Oh, Ms. Walsh?

14 MS. WALSH: You've still got some questions?

15 MR. COCHRANE: Oh.

16 THE COMMISSIONER: Oh, yes.

17 MR. COCHRANE: Yeah.

18 MS. WALSH: I'm sorry. That's what I completely
19 forgot.

20 THE COMMISSIONER: I think we agreed --

21 MS. WALSH: We're not done.

22 THE COMMISSIONER: I think we agreed he had half
23 an hour yet.

24 MS. WALSH: We did. I apologize.

25 MR. COCHRANE: That's no, no problem.

1 Mr. Commissioner, there's a few, just before I
2 go, move on with questioning, a few preliminary matters I
3 just want to make absolutely certain of. In your, in your
4 binder is there a summary of the, of Ms. Flette's evidence?

5 THE COMMISSIONER: Would that be in the very
6 front?

7 MR. COCHRANE: It should be right in the very
8 front.

9 THE COMMISSIONER: There's an index of the tabs
10 and her CV.

11 MR. COCHRANE: The title would be Southern
12 Authority Evidence, Witness Summary, Elsie Flette.

13 THE COMMISSIONER: (Inaudible) this all CV.

14 MR. COCHRANE: Should be 14 pages.

15 THE COMMISSIONER: There's 14 pages. That's the
16 CV, isn't it?

17 MR. COCHRANE: Okay. So that, that would be,
18 then, the summary, which --

19 THE COMMISSIONER: Oh, that's the summary?

20 MR. COCHRANE: Yes.

21 THE COMMISSIONER: Oh, yeah. It is the summary.
22 I'm sorry. I saw work history --

23 MR. COCHRANE: Okay.

24 THE COMMISSIONER: -- and I thought that was all
25 the CV. No, I have it, yes.

1 MR. COCHRANE: Okay. So it is, it is part of
2 that exhibit. What I was proposing, and I'll leave it to
3 you, but this is a fairly detailed summary of, of -- or it
4 is a detailed summary of Ms. Flette's evidence.

5 THE COMMISSIONER: Of what she said to -- okay.

6 MR. COCHRANE: Yeah. I've skipped through some
7 of it, so I didn't get into the detail.

8 THE COMMISSIONER: Well, I'm glad you told me
9 that because I'll, I'll read it.

10 MR. COCHRANE: Yes. And I'm wondering, then,
11 should, should, should we mark this as a separate exhibit,
12 the summary, or are you satisfied with it being just under
13 the tab in that, in that exhibit?

14 THE COMMISSIONER: What do you suggest,
15 Commission counsel?

16 MS. WALSH: I don't know if it's on the stick or
17 in any way otherwise entered into evidence so maybe we
18 should mark it as an exhibit.

19 THE COMMISSIONER: In that it's not under a tab,
20 maybe we should.

21 MS. WALSH: Yeah.

22 MR. COCHRANE: Yeah.

23 MS. WALSH: Yeah. And that way we could keep
24 track of it.

25 THE COMMISSIONER: Yes. All right. That will be

1 Exhibit 49, I think, the Southern Authority Evidence,
2 Witness Summary of Elsie Flette.

3 MR. COCHRANE: Did you want this?

4 THE CLERK: I'll mark the -- actually (inaudible)
5 mark that.

6 MR. COCHRANE: Sure.

7 THE CLERK: Exhibit 49.

8

9 **EXHIBIT 49: SOUTHERN AUTHORITY**
10 **EVIDENCE, WITNESS SUMMARY OF ELSIE**
11 **FLETTE**

12

13 THE COMMISSIONER: Yeah. Well, I'm glad you drew
14 that to my attention. It will make it much easier for me
15 to, to discern everything she said today by reading that.

16 MR. COCHRANE: Yeah, and I've -- for the most --
17 it is set out there in good detail.

18 THE CLERK: (Inaudible) mark, I'll mark
19 (inaudible).

20 THE COMMISSIONER: It's right there.

21 THE CLERK: Yeah. (Inaudible) mark it.

22 THE COMMISSIONER: Probably take it out of the
23 book.

24 THE CLERK: You know, even if I just, I'll just
25 (inaudible).

1 THE COMMISSIONER: You can put it up here for
2 now, yeah. Eventually it should come out as a separate
3 exhibit.

4 THE CLERK: Thank you. I'll just ...

5 THE COMMISSIONER: You can go across the top.
6 That's okay.

7 THE CLERK: (Inaudible) no?

8 THE COMMISSIONER: That's -- yeah.

9 THE CLERK: Okay. There.

10 THE COMMISSIONER: Fine. Fine.

11 MR. COCHRANE: And the other preliminary matter,
12 Mr. Commissioner, is I neglected to -- when Ms. Flette was
13 testifying about the West Region CFS pilot project of block
14 funding --

15 THE COMMISSIONER: Yes.

16 MR. COCHRANE: -- she mentioned that there was a,
17 a review done of that project or that pilot project. And I
18 actually have a copy of the evaluation which was completed.
19 I only have one copy and I haven't given my friends copies
20 of the report but I can certainly undertake to provide them
21 copies. And I was thinking that this may be -- I know
22 you've got a ton of material to read, but if you're
23 interested in looking at this pilot project further, this
24 would provide you with some very good background and
25 findings of, of that particular project.

1 THE COMMISSIONER: I'll take the advice of
2 Commission counsel about that.

3 MS. WALSH: I know that, that we are calling Brad
4 McKenzie, who Ms. Flette referred to, who's done an
5 analysis of the block funding project. I'm not sure if
6 this very document is being put in through him but I don't
7 have a problem with the document. We -- it hasn't been
8 provided, disclosed in advance. I don't know that anybody
9 would have a problem with it, though. It is going to be --
10 the west region project is going to be the subject of
11 further evidence in phase three when Mr. McKenzie,
12 Professor McKenzie, comes to testify.

13 THE COMMISSIONER: Well, maybe we should have it,
14 then. Why don't you circulate a copy to all your
15 colleagues after today.

16 MR. COCHRANE: Sure. I will.

17 MS. WALSH: And us.

18 MR. COCHRANE: And, and just for the record, it
19 is the report dated July 1994 completed by Brad McKenzie.

20 THE COMMISSIONER: Oh, by him. Well, I would
21 assume he'll get to it, then. Wouldn't you think?

22 MS. WALSH: I'm, I'm not sure that that's one of
23 the many documents that we've reviewed with him --

24 THE COMMISSIONER: I see.

25 MS. WALSH: -- in fact, yeah.

1 THE COMMISSIONER: Well, then, if it's going to
2 be circulated does it need to be marked as an exhibit?

3 MS. WALSH: I don't think it does at this point.
4 I mean if -- well, if it's being entered into -- if Mr.
5 Cochrane wants you to be looking at it, then yes it should
6 be.

7 THE COMMISSIONER: I guess so.

8 MS. WALSH: If he wants it now. It doesn't hurt.
9 And then if we want to refer Professor McKenzie to it, then
10 we'll know what exhibit number it is.

11 THE COMMISSIONER: And McKenzie is the author of
12 it, is he?

13 MR. COCHRANE: Yes.

14 THE COMMISSIONER: Yeah, all right. We'll mark
15 that --

16 MS. WALSH: So, might as well.

17 THE COMMISSIONER: -- as Exhibit 50.

18 MR. COCHRANE: And I will get copies --

19 THE COMMISSIONER: All right.

20 MR. COCHRANE: -- Mr. Commissioner.

21 THE COMMISSIONER: Exhibit 50.

22

23 **EXHIBIT 50: REPORT ENTITLED**
24 **EVALUATION OF BLOCK FUNDING PILOT**
25 **PROJECT, BY DR. BRAD MCKENZIE**

1 MR. COCHRANE: Okay. Thank you, Mr.
2 Commissioner.

3 THE COMMISSIONER: Yes.

4 MR. COCHRANE: Moving on, then, on the issue of
5 over-representation of First Nation children, aboriginal
6 children, that's the next area I wanted to get in with,
7 into with Ms. Flette. I understand this, there has been
8 some evidence on this. So I wanted to get information
9 before you certainly from the southern authority's
10 perspective.

11 I guess to start, Mr. Commissioner --

12 THE COMMISSIONER: Yeah.

13 MR. COCHRANE: -- I'm going to start at tab "A".

14 THE COMMISSIONER: Yes.

15 MR. COCHRANE: And begin on page 47. Top of 47.
16 Okay. And I just -- for the record, this tab again is from
17 the 2011/2012 annual report of the southern authority.

18 THE COMMISSIONER: I have it.

19 MR. COCHRANE: Okay.

20

21 BY MR. COCHRANE:

22 Q And Ms. Flette, you see that on the screen there?

23 A Yes, I do.

24 Q Yes. Okay. Now, your annual report states that
25 as of March 31st, 2012 there were 9,730 children/youth in

1 care in Manitoba.

2 A Yes.

3 Q And I would like you to, if you can run through
4 this chart and explain the findings or the statistics from
5 the southern perspective to the Commissioner, please.

6 A All right. The 9,730 represents all of the
7 children in care in Manitoba. And in the way the province
8 counts the figures, in March 31st of '12 that also included
9 all of the youth that were under an extension of care. So
10 they're 18 plus, technically not youth in care but they're
11 still counted under the youth in care numbers. I believe
12 the province, this year, is separating those out so that
13 will be a good, a better way to track the data, but they do
14 include those.

15 So when we look at the south, we had 4,322 kids
16 and children and youth under an extension in care on March
17 31st, '12, and that represents 44 percent of all the kids
18 in care in the province. I've also, for comparison, given
19 you the numbers for the other authorities there and we've
20 provided like a four-year review so for '09, '10, '11, '12,
21 so you can see where there's been an increase or a decrease
22 in, in those numbers.

23 THE COMMISSIONER: Did you say that was 40
24 percent?

25 THE WITNESS: We have 44 percent, yes.

1 THE COMMISSIONER: Forty-four?

2 THE WITNESS: Yes. And we've pretty
3 consistently, since the Winnipeg transfer table's been
4 between 44 or 45 percent of all the kids in care have been
5 with the southern agencies.

6 Last year we saw an increase of 2.95 percent
7 overall for children in care for the south and below that
8 we are comparing previous years. And these numbers are now
9 specific to the south and they include both federal and
10 provincially funded kids, so that's in the table just
11 underneath the one we were just looking at.

12

13 BY MR. COCHRANE:

14 Q Ms. Flette, before you get into that --

15 A Um-hum.

16 Q -- table, I just want to then be -- yeah, the
17 table that's on the screen now, so as of March 31, 2012
18 there were, for the south, 4,322 --

19 A Yes.

20 Q -- children? And then for the north, which,
21 which, Mr. Commissioner, does have standing, northern
22 authority, that's the second column, there were 2,664
23 children in care. As you could see there, it's broken down
24 there by each of the four authorities.

25 Okay. Now, sorry, Ms. Flette, you were on the

1 chart below?

2 A Yeah. So in the chart below we're just showing
3 the numbers going back to '08 year by year, and that is
4 just for the southern agencies and our numbers there. And
5 so again, it shows you what the growth has been and from
6 March of '11 to March of '12 there was an increase of 2.9
7 percent overall.

8 Q Okay.

9 A And these numbers include federal and
10 provincially-funded cases.

11 Q And if we were to go on to the next chart on the
12 next page, Madame Clerk, page, page 48, this chart gives
13 you that breakdown of the federal and provincial kids; is
14 that correct?

15 A Yes. So as I said earlier, 32 percent, last
16 year, of our kids in care on March 31st were federally
17 funded and the year before that it was 31 percent. So it's
18 always, it's typically been around the 31 to 34, 35
19 percent. It can vary from year to year. The way we track
20 or count the kids in care, it's a point-in-time number so
21 it is always the number on March 31st, and that number, you
22 know, can change or vary as well during the course of the
23 year.

24 When, when we separate the kids in care, and we
25 usually do an exercise that looks at, you know, overall

1 growth but also then looking only at the federal kids and
2 only at the provincially funded children, so if we separate
3 them out that way we saw a five percent increase in
4 federally funded youth and that compared to a two percent
5 increase in provincially funded youth. Now, I just want to
6 emphasize again that that also includes the extensions of
7 care that, that are done. And on March 31st, I think we
8 had about a hundred and -- out of that number, about a
9 hundred and -- let me just find it here.

10 Q It's a hundred and nine. That's on page --

11 A Yeah.

12 Q -- 52.

13 A So a hundred and nine would have been kids that
14 were under an extension.

15 Q Okay.

16 A And those are numbers that, you know, we're happy
17 to see grow because they are showing evidence about better
18 aging out programs and transition planning for kids, but
19 they do show in the total numbers.

20 Q And, sorry, just so I'm clear, then, the number
21 you like to see growing is the extension of care numbers?

22 A Yes.

23 Q Yes.

24 A Yeah.

25 Q Okay.

1 A And you can see, then, if you're -- you know,
2 when we look at the Indian Affairs or AMC numbers and we
3 look at the south's picture, federally funded kids make up
4 about seven percent of our on-reserve child population. So
5 globally, the assumption is correct but because we have
6 agencies under and over, it creates a problem for the
7 agency.

8 Q Right. The chart on the top of page 49, Madame
9 Clerk.

10 This chart here, Ms. Flette, talks about, it's
11 titled Aboriginal Status of Children, Youth in Care. What
12 is that chart telling us?

13 A Well, one of the things with -- you know, we're
14 set up so -- and our assumptions in how we set it up are
15 that families are going to choose their culturally
16 appropriate authority and so we're interested to see is
17 that, in fact, the case and are we, in fact, providing
18 service to First Nations kids, and so we do track the
19 status of the kids. And you can see here, and this is a
20 pretty typical picture every year, 82 percent of the kids
21 that we had in care had status and another 17 percent were
22 First Nation but non-status, so that makes up like 99
23 percent of the kids that we work with. So we are --
24 although there are some, because families can choose, we
25 are predominantly working with our First Nations kids.

1 Q And just for clarity, when you use the term
2 "status", what are you referring to in that chart?

3 A Well, they would have like status or treaty.

4 Q Okay. And Madame Clerk, on page 51.

5 Ms. Flette you talked about extension of care and
6 the chart that -- can you go up, please. Right there.
7 That chart on the screen, extensions of care, what is that
8 chart telling us?

9 A Well, it tells us by agency how many extensions
10 we did in the year. And so just above that chart there's a
11 number there that says, we approved extensions for 352
12 youth during '11/'12, of youth that reached the age of
13 majority. Now, at any given point in time you wouldn't
14 have 352 youth under an extension because some of them
15 would reach the age of 21, some would decide not to go
16 further with their extension. There could be reasons why
17 they end. And we would -- at the end of this year, like we
18 had the hundred and nine. Typically we would, I think we'd
19 typically be in between maybe a hundred, hundred and
20 twenty, hundred and twenty-five on March 31st.

21 Q Okay. And again, just so everyone's clear, when
22 we refer to extensions of care, what are we referring to?

23 A Well, under the legislation an agency can extend
24 the care of a youth. We can extend them up until the time
25 that the youth reaches the age of 21 and it's intended to

1 support and assist youth as they're aging out. There's an
2 agreement signed. The youth has to be willing to
3 cooperate; there's no point in doing it if they don't want
4 to participate. They're not in care. The agency is not
5 their guardian, but the agency is, through those
6 agreements, able to provide resources, financial and
7 otherwise, for those, for those youth. It would also
8 include youth that are waiting to get into the adult
9 services piece. Those youth qualified by virtue of some
10 developmental challenges and so on but it would also
11 include youth who reach 18, are doing really well, are in
12 school and we really want to support them and make sure
13 they have a good start.

14 Q Okay. And Madame Clerk, if I can go back to page
15 47, please. Right there. No. There.

16 So this is the chart again you referred to
17 earlier. It gives a breakdown of the 9,730 children/youth
18 in care in Manitoba.

19 A Um-hum.

20 Q And I notice that each year from '09, at least on
21 this chart, from '09 to 2012, the numbers are increasing,
22 for the most part, every year. So I wanted to talk to you
23 about that. You, of course, have been involved in child
24 welfare for 35 years, and wanted to ask you, why is there
25 an over-representation of First Nation aboriginal youth in

1 child welfare?

2 A Well, I think I've seen that all the years I've
3 been in child welfare. First, most of those aboriginal
4 youth were served by non-aboriginal agencies. In the early
5 '80s when the First Nations agencies came on, on-stream,
6 they were serving the kids on reserve. Non, non-aboriginal
7 agencies were still providing service to other children
8 living off the reserve. I think in the early years of my
9 practice we saw, I don't know at the year end what those
10 numbers would be but we did see considerable numbers of
11 kids being adopted out or placed for adoption placements.
12 That has pretty much stopped in Manitoba for a number of
13 years now.

14 I think when you look at, you know, particularly
15 the First Nations, First Nations families and communities
16 have really been under an assault for a long time with
17 colonization, residential school, et cetera, and we know
18 from the research that there are many generational effects
19 of those kinds of experiences. Add to that or as a result
20 of that or in addition to that, aboriginal First Nations
21 families are over-represented in the poverty sector. Many
22 of them are poor. So you have the issues that go with
23 poverty associated with that, which can lead to
24 maltreatment, neglect, abuse of children.

25 I think that also the child welfare system has

1 not been the best at knowing how to respond and address
2 that, and in many ways we see, you know, some of those
3 problems becoming more complex with the gang involvement of
4 our young people, the drug involvement, the addiction
5 issues.

6 Without having good resources and good means of
7 responding to that, it becomes a, maybe not a simple
8 solution but it becomes a solution, because you're
9 concerned and you're trying to ensure that the kids are
10 safe, to remove the kids and place them into care and then
11 try and work with the kids and the families.

12 We also know that we're not that successful in
13 reuniting families once the kids have been in care. It's a
14 very traumatic experience for the children, for the
15 parents, and especially, you know, the longer they're in
16 care the less likely it is that they're going to go back.

17 Now, I think we've seen some what hopefully will
18 give us some better outcomes down the road with the more
19 emphasis by the First Nations agency to place the children
20 with either extended family or kin or at least in their
21 communities or in their cultural groups. There's a lot
22 more, I believe, attention being paid by the First Nations
23 agencies, when they design programs, that they're
24 culturally appropriate, that they fit.

25 I think there's more recognition by the First

1 Nations agency that in addition to the safety issues, it is
2 -- the whole, the whole issue for these children to know
3 who they are, the identity issues, to feel confident in who
4 they are, to understand where they come from are, are
5 really important elements for good outcomes for kids that I
6 believe the First Nations agencies are more and more trying
7 to direct their attention and their programming to. So we
8 haven't really seen a reduction in the numbers.
9 Unfortunately we're still at, you know, 85 percent. It's
10 been that high for quite some time.

11 I think, too, that, you know, there really needs
12 to be attention paid to move away from the idea that child
13 welfare can keep kids safe. It, it has to be a community,
14 it has to be a partnership. If we can work with families
15 when the kids are small, before issues are, become too
16 complex or too severe, if there's good supports for
17 families such as, you know, early childhood education,
18 good, good daycare, those resources that make a difference
19 for families, for moms, for single moms, that would support
20 families, and those are right now outside, really of the
21 child welfare field. Like you -- we don't have a lot of
22 money to pay for those.

23 There are other systems. Education is a big
24 system. Most kids go to school so better partnerships
25 between education and child welfare. That's not a good

1 partnership right now. I mean, there are examples of some
2 good work being done but I would say that's an area that
3 we really should be looking at and paying more attention
4 to.

5 THE COMMISSIONER: And that's what area?

6 THE WITNESS: Education and child welfare.

7

8 BY MR. COCHRANE:

9 Q I don't see it in the, in the charts here, but is
10 there any -- what are the main reasons why children come
11 into care? You've, you've mentioned gangs, you mentioned
12 poverty. Do we find reoccurring themes about, about, you
13 know, the more, the more common issues that lead to
14 children coming into care?

15 A In, as part of the business plan process for our
16 agencies, we asked, in the first business plan, for
17 agencies to go back five years and look at their numbers
18 and look at their data and tell us what they thought were
19 the top four reasons in that year or those years why
20 children were coming into care. Consistently among all our
21 agencies they have identified domestic violence which seems
22 to have crept from, like, the third reason to near the top
23 reason of why children are being removed, housing,
24 addictions and poverty. Now there's other reasons such as
25 gang involvement. Many of the reasons, of course, are

1 intertwined. You know, if you're, if you're poor and, you
2 know, you're suffering from addictions, there's, there's
3 certainly a connection between those things. There's a
4 connection between poverty and housing and so on, so it's
5 not like they're -- you can isolate them all.

6 Q Um-hum.

7 A But if we look at our agencies, that would be
8 what they're telling us is driving the kids coming into
9 care. And the reasons or the issues in the family are such
10 that, at least at the time, they cannot just resolve or
11 mitigate the risk to the kids by putting in extra supports
12 in the home.

13 Q You mentioned top four, based on southern
14 agencies: domestic violence, poverty, housing and
15 addictions, I believe.

16 A Um-hum.

17 Q I'm interested in that housing, in the housing
18 reason. What -- can you explain that a bit more?

19 A Well, both on and off reserve, in the communities
20 housing is not readily available for every family, so it's
21 not uncommon to have two or three family units in a house,
22 which in itself causes stressors. And when there's --
23 well, even using AMC's numbers of three per family, and we
24 see many families with more children than that living in a
25 house, the stress is on a family and the stress on those

1 families being able to care well for their children I think
2 is, becomes a factor. We have -- we remove kids sometimes
3 because of housing, because a family has no place to live,
4 so, you know, no one likes to do that and you try to work
5 with the family to see what they can find for a house or a
6 home to live in, which again, on reserve, is not that easy.
7 You know, you can be on a waiting list. In our community
8 profiles, some of the waiting lists in some of the
9 communities are four, five years long till you get your own
10 house as a family unit, so there's some real challenges
11 there.

12 If you're a family who wants to take in relatives
13 that might have to be removed from their mom and dad but
14 you're willing to care for them but you have no space in
15 your house so those kids end up coming into care and/or
16 being placed with perhaps strangers or perhaps outside of
17 the community.

18 And we also know, and I think there's quite a bit
19 of research on there -- out there on this, but, you know,
20 the different a good environment makes to you and to your
21 mental health and your wellbeing to kids being able to
22 study and do homework and, you know, it's hard to come home
23 from school when there's 12 kids in the house and there's
24 no space and trying to sit down and find a quiet place to
25 do homework. And those types of issues that are -- really

1 impact on families, so we don't have good, we don't have
2 good solutions right now in child welfare about what to do
3 with that.

4 We certainly, once we remove the children now, we
5 don't call it housing when we pay foster parents a
6 maintenance fee and special rates and that, but you know,
7 we certainly do support them if they have to get an
8 additional bedroom or get more space, so there is a housing
9 cost that we pay. When we place kids in group homes, we're
10 paying the mortgage of somebody's group home. So it's not
11 like the dollars that we're paying are, don't include
12 housing. That would be an extra burden. It would, in my
13 opinion, in the long run be much more cost-effect for those
14 families, where we can do it, to support them and get them
15 good housing and help them maintain their family and their
16 kids than putting those kids in care and sometimes for a
17 very long time.

18 Q Um-hum. The other, one of the other big reasons
19 you mentioned was addictions. This one I understand from,
20 from our discussions and mine with, my discussions with
21 other people, that this is one we've seen come to the
22 forefront more recently. And are you able to talk about
23 the problem of addictions and, and, and to what extent
24 you're seeing it in the child welfare system and its
25 impacts?

1 A Well, I've seen a shift over the last, I'd say,
2 perhaps 10 years where not that alcohol isn't anymore the
3 choice for people, but I think we've seen a shift to where
4 those addictions are, are less alcohol and more
5 prescription drugs, more meth, more some of the really out-
6 there drugs that really cause people to act in very bizarre
7 ways. They're difficult to deal with. You can't -- it's
8 difficult to mitigate the risk if a parent is really
9 engaged in those behaviours.

10 When you have parents who are willing to go in
11 for treatment, whether it's alcohol or, you know, drugs,
12 there, there is a shortage of resources so there's very
13 often waiting spaces, waiting times. And it can be
14 sometimes a year, two years before someone's in a treatment
15 centre. Or even if it's six months and the immediate
16 willingness or cooperativeness to go for treatment is gone
17 so then you're kind of starting over, and in the meantime,
18 if someone's still using you have -- you know, you end up
19 putting those children in care in the meantime. So
20 certainly taking a look at what are those support services,
21 now I'm not advocating that child welfare run addiction
22 services but there isn't a really good network out there
23 for child welfare.

24 I think the other thing is we see some, you know,
25 differences -- our family in child welfare, for the most

1 part it's not a voluntary service. Like people are not
2 happy when you show up at their door and they're not
3 necessarily wanting to work with you. And many programs
4 require that the person has to really want to be there
5 before they'll admit them. And, and we're saying, well,
6 you know, could we not look at a slightly different
7 approach with our families that would facilitate getting
8 them in and getting them treatment? I think also we're not
9 that good yet at -- better but not that good yet at really
10 knowing how to treat addictions in youth and how to treat
11 addictions in, in women.

12 THE COMMISSIONER: Do you know what that
13 different approach would be?

14 THE WITNESS: Well, I think for women we really
15 need to turn our thoughts to the idea of their children:
16 can we do treatment centres, treatment programs where they
17 have an ability to bring their children, where they have
18 more ability to interact with their kids. For youth, I
19 think it's, it's, if we're using the traditional -- and I
20 don't mean traditional in a cultural sense but, you know,
21 12-step programs or things like that, I don't think they
22 resonate with youth that well and it's difficult for youth
23 sometimes to see them through. We see kids trying two,
24 three times. Now, they don't always have children but they
25 are causing stresses on their family and they become young

1 parents at an early age if they're drinking and using as
2 well.

3

4 BY MR. COCHRANE:

5 Q In terms of domestic violence, which is also one
6 of the big reasons children come into care, can you tell
7 the Commissioner what, what you're seeing with respect to
8 domestic violence?

9 A Well, I think, I think we're certainly more aware
10 and there's been more research done in the last number of
11 years about the effects of domestic violence on children.
12 I think for many years and maybe to some extent we still
13 do, we tend to think, well, they're not beating up on the
14 kids. It sometimes will, will get to that point where they
15 are, but the impact of them, of children seeing that kind
16 of violence between their parents is very detrimental to a
17 child, the risk that it puts the child in as well. And
18 often what we're -- what we see in child welfare is
19 domestic violence is very often tied in with addictions and
20 alcohol and drug use.

21 Q You've mentioned four pretty serious social
22 issues, domestic violence, poverty, housing, addictions,
23 that you're dealing with and for the most part are
24 contributing to the, the almost 10,000 children/youth in
25 care in Manitoba. And you made a comment earlier that I

1 just want to come back to, and that is that child welfare
2 cannot -- I believe your words, child welfare cannot do it
3 alone. And I'd like you to talk a little bit more, if you
4 can, please, about that comment.

5 A Well, I'm, I'm personally a firm believer that a
6 community has to come around its children and, and
7 particularly even more so when we have vulnerable children
8 and vulnerable families. And to somehow be able to, to sit
9 back and think, well, that's child welfare's job, they
10 should protect the kids, they should know when a kid is
11 going to be hurt, they should be there and ready, and not
12 also look at all our other systems that we have in our
13 society that could play a role and that should play a role
14 and that we should be working much better with. I think
15 child welfare, in the years I've been in it, is not, has
16 not been that good in building partnerships, probably for a
17 number of reasons. We deal with a, primarily perhaps, with
18 a clientele that is, say, difficult but has, has their own
19 unique needs. Many of the families we work with -- and it
20 is perhaps a trait of poverty -- are isolated. They don't
21 know readily how to reach out for resources. And if you
22 say to a mom, well, you know, go register your kids for
23 swimming, they often don't know where to start. So the
24 types of support they need are quite different. To then
25 expect child welfare to be the ones that end up doing all

1 of that when there are other resources that should be
2 engaged, we pay public money for some of those other
3 resources. We should be coming together much better around
4 these children and particularly these vulnerable kids that
5 are at risk in finding ways to protect them and to support
6 their families.

7 I think we still have a, a punitive view, you
8 know, where we, we will all agree about kids need this and
9 kids need that, but when kids are at home and they need
10 supports, those supports have to be given to their parents,
11 you know. You have to give, if you going to assist with
12 housing, that rent money has to go to the parents or be
13 paid on their behalf. And we still are pretty punitive
14 about that and, you know, if you're poor it's somehow your
15 own fault and you should do this and you should do that and
16 you should look after your kids, and if you can't, don't
17 have them. I mean, you hear those things repeated and I
18 think there is a belief like that out there, and we have to
19 change that thinking. And if we're going to support kids,
20 we have to support families. They don't grow up in
21 isolation. They're part of families, they're part of
22 communities.

23 MR. COCHRANE: Mr. Commissioner, I have just a
24 few more points to cover then I'm finished.

25

1 BY MR. COCHRANE:

2 Q Ms. Flette, you're aware that the, the death of
3 Phoenix Sinclair has resulted in a number of reviews that
4 have taken place.

5 A Yeah.

6 Q And you know, about, about 295 recommendations or
7 so were, came out of those various reviews. I have a
8 question for you regarding those. I'm not going to get
9 into detail of those, Mr. Commissioner, but as, as the CEO
10 of the southern authority, are you satisfied that, that
11 those recommendations are being implemented or that they're
12 on their way towards being implemented?

13 A We've had a role at the standing committee table,
14 and the standing committee is composed of the four CEOs of
15 the four authorities as well as the director of Child and
16 Family Services, and we were given a role when the changes
17 for children initiative was first announced, and that was
18 the initiative responding to those reviews. Government put
19 new money on the table and we were tasked with monitoring
20 the implementation of those recommendations and
21 facilitating them.

22 There were quite a number of recommendations that
23 really didn't have much to do with the facts of Phoenix's
24 case per se but there were, we identified quite a number
25 that were, you know, quite related to what we saw happening

1 with the Sinclair case.

2 I know that we have put in a lot of effort. Many
3 of those recommendations are complete. Many more are in
4 progress. There is a few, but I think that number is
5 small, of how many are still pending. That means they
6 haven't started yet. So yes, it's not always going perhaps
7 as quick as we'd like. Some of the issues are also very,
8 very complex, you know. When you have recommendations
9 around intersectoral efforts and partnership then we have
10 an intersectoral committee that brings together many
11 players and it, I mean, it's quite challenging to find a
12 way to work together that will not only meet everybody's
13 objective, and even if we're all sharing the same objective
14 we have different funding rules and funding requirements
15 and finding some way to get around that and improve things
16 for kids. But I think there is effort and good effort
17 being made and I think there's been some good progress.

18 Q You've talked earlier, Ms. Flette, about changes
19 that have been made to the system so I wanted to ask you
20 this, I guess more, more in a broad sense, but how has the,
21 how has the child welfare system changed given the, the big
22 lessons we've learned from the facts of Phoenix Sinclair
23 and what happened to her and her family?

24 A There, there's probably some key things to, to
25 look at. One is there's, there's now certainly much

1 attention paid to the face-to-face contacts, and although
2 there was an expectation and perhaps good practice would,
3 would teach you to see, see kids, but with the additional
4 emphasis and the time paid to actually monitor that and the
5 ability to track those in CFSIS, I think that's a big
6 improvement. It's improved things and I think it's also
7 really verified, you know, the importance of what we learnt
8 in Phoenix's case, that these children need to be seen,
9 they need to be seen in a timely manner.

10 I think also with the move to the differential
11 response model, but as part of that the introduction of
12 structured decision-making tools, where it's no longer just
13 I think this or my gut says this or, you know, I'm not sure
14 but I think I'll do this. Instead we have a set of tools
15 that ask the question: Is the child safe right now?
16 What's the risk that this child will be harmed in the
17 future? What's the strength and needs of the family?
18 What's the strength and needs of the child? And then
19 designing a case plan that incorporates those, and those
20 are templates and documents that agent -- that workers must
21 follow through.

22 They also have to be re-assessed every 90 days
23 and you have to see the family when you're doing them, so
24 there are now things built into the case management process
25 that can be monitored, that can be tracked on CFSIS. We

1 run QA reports that give us those numbers that make it much
2 more likely that those are going to happen.

3 We have a funding model that counts cases where
4 we are saying to agencies, your cases have to have these
5 criteria, if they don't meet those criteria, you will not
6 be funded. So if an agency is not doing their case
7 documentation, for example, on a family file, that file may
8 not get funded.

9 And it doesn't, it doesn't take much, like on the
10 provincial model, with you need 25 cases for one worker.
11 So, you know, if your agency has 1500 cases and you miss
12 25, you might not think that's a lot but that's a whole
13 worker, and at some point that's going to be a supervisor
14 and a middle manager. So there are some financial
15 implications to the system now that I think have put a
16 heightened awareness not just on the social workers but on
17 the CFOs and on the EDs that you need to pay attention to
18 these things.

19 Q Okay. And just, just so I'm clear on this, the
20 formal assessments that you're talking about, now that's
21 for every child that comes or is referred to child welfare?

22 A Well, it would start with every family or every
23 intake. If the intake --

24 Q Every intake.

25 A -- is a single child, yes, but if it's a family

1 it would be refer to them --

2 Q So --

3 A -- and those tools typically are done on the
4 family.

5 Q I see. Okay. So that's a big change, then,
6 obviously --

7 A Um-hum.

8 Q -- from back --

9 A Yeah.

10 Q -- in 2005. Ms. Flette, my last question to you
11 is on recommendations. Given your, your position that you
12 currently hold and your, your 35 years of, of service in
13 child welfare, what recommendations, if any, would you make
14 to the Commissioner to further improve the system of child
15 welfare in Manitoba?

16 A Well, I'm not going to say these in any order of
17 priority, so one, one that I think is really important is
18 we know that child welfare is a system that is, uses case
19 management as, as the way it works with families and
20 children and we know that, you know, contact with those
21 families and those kids and building a relationship with
22 those families is really important for good case work. So
23 then it makes it important who works in child welfare, like
24 who are the workers, who are the supervisors and how well
25 trained are they. And I think that if we could do better

1 at the formal training that social workers get, and I'm not
2 necessarily saying they all have to have a BSW, but if we
3 look at whatever formal training -- and I believe most
4 agencies do try to hire to the BSW.

5 I, I think that the child welfare system that is
6 there to do a certain task is spending a lot of time and a
7 lot of effort on training its workforce and in my opinion
8 we should be able to rely on that workforce being trained
9 when they come out of, when they come out of the faculty of
10 social worker. They should be able to step into a CFS work
11 and know the basics, in my opinion. They should know how
12 to do a safety and a risk assessment, they should know the
13 fundamentals of working with CFSIS or whatever the
14 information system is that we're using. Instead, we're
15 having to do considerable training. And I'm not talking
16 about on-the-job training or orientation that you would do
17 with a new employee as a matter of HR practice, but the
18 fact that we spend so much time, and if you look at our
19 training calendars, and not just the south but all of the
20 authorities, training staff in, in things that I believe
21 that we could work better with the university and the
22 academic environment out there to have a better way that
23 when we're hiring a person from there, they're able to come
24 in and do CFS work and do it appropriately at the time. I
25 think that would take a big burden off a CFS agency, which

1 right now, you know, is a quasi educational institution in
2 many ways.

3 THE COMMISSIONER: You said not necessarily
4 having a BSW. Is there some lesser degree or form of
5 training that equips young people to come into the social
6 welfare work short of having a BSW?

7 THE WITNESS: I believe that we can look at
8 diplomas that do that.

9 THE COMMISSIONER: Is there a diploma course
10 now --

11 THE WITNESS: Yes, there is.

12 THE COMMISSIONER: -- program now?

13 THE WITNESS: Yes. There --

14 THE COMMISSIONER: Where?

15 THE WITNESS: --- there's been one at the
16 aboriginal focus programs.

17 THE COMMISSIONER: Offered where?

18 THE WITNESS: At the University of Manitoba.
19 We've also developed with the aboriginal focus programs
20 what we call an entry level certificate so it equips
21 workers to come in and do basic CFS work but the provision
22 that they can't make case decisions on their own, they need
23 a more experienced supervisor or worker with them.

24 THE COMMISSIONER: And that's with what
25 qualification?

1 THE WITNESS: It's an entry level CFS
2 certificate. And I think we could build around some of
3 those things.

4 We, we have a challenge in the First Nations, and
5 not just First Nations but people who work outside of the
6 city in the rural areas, in finding folks, and so we have
7 to look for ways of training that will meet our needs
8 without insisting on a BSW and then not having anybody to
9 fill those positions.

10 THE COMMISSIONER: But you're, you're saying that
11 today, your assessment is that whether it's a BSW or
12 whether it's a diploma or whether it's a certificate, they
13 haven't been trained to get, to get to work on the job that
14 needs to be done?

15 THE WITNESS: Yes. I think the certificate is an
16 exception because that one focuses specifically on entry
17 level skills, but it does limit, for us anyway, it limits
18 how much decision-making we give to those workers right off
19 the top.

20 THE COMMISSIONER: There's --

21 THE WITNESS: We expect them to be mentored --

22 THE COMMISSIONER: There's restraints on them?

23 THE WITNESS: Yes.

24 THE COMMISSIONER: And they're, they're better
25 equipped for the day-to-day --

1 THE WITNESS: Many of the tasks, yes.

2 THE COMMISSIONER: -- tasks.

3 THE WITNESS: Yeah.

4

5 BY MR. COCHRANE:

6 Q Is there, is there anything else, Ms. Flette?

7 A I think the other area that, that is really
8 important is the relationship between child welfare and
9 education. We have quite a bit of research out there that
10 speaks to children if they can keep up with their
11 educational levels, if they do well in school, their
12 outcomes, even if they're in care, are much improved. So I
13 think looking at ways to improve that -- and not just their
14 school performance but, you know, they're in, they're in
15 school every day so there's lots of opportunity there to
16 work with those kids and work with their families and
17 support them, and work towards better outcomes for them.
18 And again, you know, not necessarily to fault the education
19 system, because child welfare is equally at fault in not
20 having a really good way of working with the education
21 system and really coming around those kids.

22 We have, you know, lots of examples of some of
23 the difficulties we have in getting our kids into the
24 school in the first place, notwithstanding that the law
25 requires that the schools educate them. They're high needs

1 kids and, you know, we get schools resisting that a lot.
2 So some way in looking at how can we improve that, how can
3 we deliver that better and work more hand in hand with the
4 education system, it's a much more, I think, less
5 stigmatizing way, you know, if the kid's in school and all
6 the kids are there, than the child welfare worker coming
7 in. So, and I think those are important considerations
8 when we're designing programs as, as to how we do it and
9 how well they'll participate.

10 I think housing is another one, if we could
11 figure out how to support families. And I, I think we
12 could probably figure it out but I think there's some
13 challenges in how we actually fund that and do that piece.
14 But if we could somehow figure out and come around families
15 with some suggestions or options for improving their
16 housing situation, their living conditions, that would be
17 huge for a lot of families. You know, even putting a
18 washer and dryer in the place and having a fridge there,
19 you know, and clean house, like those are things that I
20 think are really important that many of our families don't
21 have. You know, they're living in, in high risk areas, in
22 crime areas, they're afraid to go out, they're afraid to
23 have their kids go out, and none of that's healthy for
24 kids. So I, I think -- and again, that is not -- child
25 welfare can't do that. We can't build houses, but we do

1 have resources. And like I said, we -- when those kids
2 come into care, we're paying those resources.

3 THE COMMISSIONER: You know that a number of your
4 kids are living in homes where there is not a washer and a
5 dryer and a fridge?

6 THE WITNESS: Oh, yeah.

7 THE COMMISSIONER: Yeah.

8 THE WITNESS: Many homes. They're --

9 THE COMMISSIONER: Many homes.

10 THE WITNESS: They're having to cab it to the
11 local laundromat with bags of laundry and four kids in tow,
12 um-hum.

13 THE COMMISSIONER: And that's common?

14 THE WITNESS: Um-hum.

15 THE COMMISSIONER: On and off reserve?

16 THE WITNESS: Yes, I would say. I think off --
17 on reserve you don't have -- it's a bigger challenge to get
18 to the laundromat because you don't have the same access to
19 taxis and buses, but I, I think it's a common problem
20 there, too.

21 And then if you have -- although in our
22 communities, think for the most part they all have running
23 water in them, so we don't have that challenge there
24 but ...

25 MR. COCHRANE: Okay, Ms. Flette, that is, unless

1 there's anything else you wanted to, to add to the
2 Commissioner, that's the end of my questions.

3 THE WITNESS: Okay. Thank you.

4 THE COMMISSIONER: Ms. Walsh.

5 MS. WALSH: Thank you, Mr. Commissioner.

6

7 CROSS-EXAMINATION BY MS. WALSH:

8 Q Ms. Flette, can you see me all right over your
9 monitor or do you want to move a little bit?

10 A I can move over. (Inaudible) gracefully.

11 Q Thank you. I wanted to start with your comments
12 that community has to come around its children because, of
13 course, that's where the inquiry is going in its third
14 phase.

15 A Yeah.

16 Q We are going to be hearing from people who are
17 involved with housing, poverty issues, addictions. In
18 fact, I think you said that you worked for the Behavioural
19 Health Foundation, and we're going to be hearing from the
20 executive director --

21 A Yeah.

22 Q -- of that foundation, which does have a family
23 support program.

24 A Yes.

25 Q So we'll be hearing about that, early child

1 educators, experts in, in those areas. So I'm, you know,
2 glad to hear that, that you think that those are things
3 that need to be explored and I'm pleased to tell you that
4 we are exploring at least some of them.

5 Is it fair to say, too, that differential
6 response on the part of the child welfare system relies on
7 the existence of a strong system of other resources,
8 whether they are government funded or non-government
9 funded?

10 A Yes. I think when we look at other models of
11 differential response that are out there and in our own
12 discussions, you know, the notion of partnership and being
13 able to partner up with others is really keen to having a
14 good system out there and having a whole variety of
15 programs and different ways of working with families that
16 are perhaps less threatening or less stigmatizing than the
17 child welfare agency itself. And we, we can support those
18 programs in many ways, but yes, I think that's a really
19 important step for a good differential response model and a
20 really important thing for kids and families.

21 Q Something else that you said just a moment ago,
22 talking about what kind of training you think is necessary
23 for recruitment of, of staff for agencies, and you said
24 that it doesn't necessarily have to be a BSW and that
25 having something other than a BSW might, in fact, be better

1 for recruitment. Why is that?

2 A Well, it takes, you know, three or four years to
3 get a BSW. It's not as easily accessible across the
4 province to everybody. We have a model -- we have used
5 what we call the cohort model with the faculty of social
6 worker, so we have had many examples. And the first one we
7 did was up in the Dauphin area, that west region got up
8 there, and it was quite a fight for the faculty, by the
9 way, to get them off campus, but it's now a model that they
10 use quite wildly -- wide, widely, and that actually sets a
11 classroom up in a, in an off-campus area. It is still
12 geared primarily to people who are already working in the
13 field but it's not limited to those folks so it makes it a
14 little bit more accessible for people. But even, you know,
15 like when we did the one in Dauphin we had people coming
16 there from let's say Skownan and Pine Creek, so that was
17 still, you know, a two-hour travel every day. So it, it --
18 while there's some barriers there, but it does bring it a
19 little bit closer than expecting those folks to move to the
20 city for four years or three years and to get that BSW.

21 I think also when we look, you know, we kind of
22 look at the health model, that not everybody's a doctor and
23 a BN, you know, there's different levels of responsibility
24 and there's different tasks that they can do and there's
25 different ways you can mentor them so that some of that

1 work is getting done, that families are getting the service
2 they need. So I think if we look at some of those models,
3 that would be a good thing for child welfare, too.

4 We're often quite challenged to fill positions
5 and find staff, and particularly when you're looking for
6 aboriginal social workers or helpers, they're very in
7 demand. So it's, it's, I think, really important that we
8 have good training. It's good to see that more and more
9 aboriginal students are in the faculty.

10 And our, our programs like the entry level
11 certificate, when we set that up with the university, we
12 set it up in a way that's laddered so people take a year of
13 the certificate but they earn credits towards their degree
14 so they can go on then to either a diploma and then to a
15 degree. So it does give them a career path, as well, for
16 those who are interested, but in the meantime they can be a
17 resource and be on staff and assist the agency.

18 Q The dean talked about an access program, which
19 would support students who wanted to obtain their BSW but
20 needed a little bit more support. Is that a program that
21 you're familiar with?

22 A Well, I'm not so familiar with it in the, in the
23 social work area. I know they have access programs for
24 engineering and, and law and thing. The cohorts do that to
25 some extent. I mean, we really partner up with the

1 university when we run a cohort, and we, when I was at west
2 region, actually, you know, had a person full-time doing
3 tutoring support and support, and the students were in a
4 classroom but we organized study classes for them. And
5 some of the folks had not been in a academic setting for a
6 long time so going back at a university level was quite
7 challenging. We wanted to make sure they didn't drop out,
8 that they could maintain that. So those kind of supports,
9 which is also what access does, would be helpful.

10 We found the faculty pretty good in terms of
11 accepting students, so looking at qualifications and
12 working with the students to find a way to make them
13 eligible to get into the program, so that's, that's really
14 good.

15 Q When you talked this morning about quality
16 assurance that's done by the authority, one of the things
17 you said was monitored was the, were the qualifications of
18 staff at the agencies, and my question is what, what
19 qualifications do the 10 agencies under the southern
20 authority require to be social workers?

21 A Well, there is --

22 Q Child welfare workers.

23 A Yes, more child welfare workers. The, the
24 standard that's out there is actually a foundational,
25 foundational provincial standard that all agencies, not

1 just the south, have to meet, but that standard is for
2 entry level mandated workers, so it lays out either your
3 formal training or the equivalencies that you need. And if
4 you don't quite have those equivalencies, what kind of
5 supports the agency has to build around you in order for
6 you to function as the worker until you meet those
7 qualifications.

8 So for example, in the south we have, we have our
9 own standard but it's modeled on the foundational standard.
10 It has two groups. One is what we call the direct service
11 worker one and direct service worker two, and you want to
12 be a direct service worker two, and to be that you need
13 your BSW and experience or a related post-secondary degree
14 and increased experience.

15 If you're a DLW -- a DSW one you can do some work
16 but the agency has to have a mentorship plan and they have
17 to have a training plan and you have a set period of time
18 in which to complete that to move to the DSW two level.

19 Q Okay. Now, it was the standing committee that
20 was charged with responding to the recommendations that
21 were set out in the six reports that are listed in the
22 Order in Council that established this inquiry. Am I right
23 in understanding that?

24 A Yes, I believe that's primarily true. Initially
25 we had two co-chairs as well, and then when they left it

1 became the standing committee's role.

2 Q And you're a member of that committee?

3 A Yes.

4 Q Along with the other CEOs of the authorities and
5 director child protection?

6 A Yes, that's correct.

7 Q Who is now Ms. Loepky?

8 A Well, she -- there's an acting ADM and director
9 of child welfare while Ms. Loepky is involved with the
10 inquiry.

11 Q Okay. Thank you. Did you read all six of the
12 reports that are listed in the Order in Council?

13 A Yes, I believe I have.

14 Q Specifically, you looked at the reports that were
15 directly related to the services delivered to Phoenix and
16 her family, the Section 4 report --

17 A Yes.

18 Q -- and the Section 10 report?

19 A Yes.

20 Q Did you also read the internal review that was
21 prepared by Rhonda Warren?

22 A Yes, I did. I, I didn't read that till later on,
23 but I've read it.

24 Q The recommendations that are listed in her report
25 were incorporated into the Section 4 report?

1 A For the most part, yeah.

2 Q Yeah. Okay. As a result of reading these, the
3 fact-specific reports, what did you understand needed to be
4 done by way of improvements to the delivery of the child
5 welfare system in cases similar to Phoenix and her family?

6 A Well, I think the whole area of contact and
7 seeing kids, the area of standards, the area of case
8 documentation and the area of risk assessment and good case
9 planning were very key ones.

10 Q What, if anything, then, has been done by your
11 authority to address those very items?

12 A Well, with the standards, we offer standards
13 training twice a year through our training centre. Every
14 six months we are working towards making it an authority
15 standard that you have to have a worker take standards
16 training within six months of starting work.

17 In addition to what we do, though, we've also
18 trained agency folks, and so many agencies now run their
19 own standards training as well so there's a much greater
20 emphasis on everybody having the training, having the
21 manual with the standards, being able to know how to go
22 online and get the standards on the website, how to follow
23 them and work with them and understand what they are and
24 how they have to use them, so there's been a lot more
25 emphasis and attention on that.

1 When we review a case or a program or a
2 complaint, we will speak about the standard; if the
3 standard wasn't complied with, where they were short and
4 why. So there is a much, I think, greater awareness on, on
5 the part of staff out there and staff are working in the
6 field about the need to be looking at those standards and
7 following them.

8 With the face-to-face contact, I think I've
9 already spoken about some of the things that we do to
10 monitor that and the reports that we produce and supply to
11 agencies and review with agencies frequently.

12 Q Can I just stop you --

13 A Um-hum.

14 Q -- there for a minute.

15 A Sure.

16 Q Will you keep your train of thought if I stop
17 you?

18 A Yeah.

19 Q I have some questions about the face-to-face.

20 A Okay.

21 Q What does face-to-face contact mean?

22 A It means that the social worker has to go and see
23 the child physically face to face.

24 Q Does it mean anything beyond physically seeing
25 the child?

1 A I think that the social worker needs to have a
2 part of that visit with, with just the child and the social
3 worker. I think the social worker needs to learn how to
4 ask some questions to ascertain that this child is okay and
5 safe. If the social worker, with younger children, non-
6 verbal children, I think the social worker also may need to
7 make a call as to what they should be looking for when they
8 look at the child, if the child is exhibiting symptoms of
9 perhaps abuse or mistreatment. Now, these are children in
10 care already.

11 Q Okay.

12 A So it isn't just, you know, I've seen the kid,
13 they look fine. I think sometimes you have to go further
14 than that to really make sure that these children are fine
15 and are safe.

16 Q So contact would require some assessment beyond
17 just --

18 A Yes.

19 Q -- looking at the child?

20 A Yeah.

21 Q Now, you said these are children in care already.
22 So this is, this face-to-face requirement is with respect
23 to children who are in care?

24 A Well, there's a requirement for both. And the,
25 the children in care are the ones we can track easiest

1 right now because they're actually recorded on CFSIS. But
2 we have a lot of children living in families who are
3 getting protection services and we are expecting workers to
4 see those children. We do not have a good way to track
5 that. CFSIS won't track it.

6 When we did a big review in '06 of all the
7 children, which included the children living in families
8 that were getting service from the system but were not in
9 care, mean for us that was about over 4,000 kids. And
10 there is no good quick way, other than going to the case
11 file and looking to see where and when did the worker see
12 this, this child.

13 We developed quite a series of spreadsheets at
14 that time to be able to track that information but it would
15 become quickly very inefficient, and I know we had flagged
16 that for CFSIS, that they really need to figure out a way
17 for us to be able to enter that information very quickly,
18 be able to see at a quick glance whether these children are
19 -- have been seen or not.

20 You could argue that some of those kids, you
21 know, could be more this than sometimes children in care
22 because they're left in families where there is an element
23 of risk, there's been a professional decision made or
24 judgment made to leave them there, provide services, but
25 you would really want to make sure that those kids continue

1 to stay safe.

2 Q Well, that, that was my thinking, is that
3 presumably children who are in care are at a lower risk
4 than children who might be the subject of protection
5 services but aren't in care.

6 A Well, one, one likes to presume that but I think,
7 you know, often children in care -- it's true in many
8 cases, yes, they are safer, but we know that abuse happens
9 in foster homes and we know that there is many kids in care
10 who live on the street who are addicted, so I think there's
11 safety concerns for those children, even if they're in care
12 doesn't mean they're necessarily safe.

13 Q Okay.

14 A But I think both groups of kids need, need that
15 type of oversight and I think we need a system that can
16 allow us to do that much more efficiently than what we
17 currently have.

18 Q Because, of course, throughout the time that
19 Phoenix received services, she was only in care for limited
20 periods --

21 A Yes.

22 Q -- of time.

23 A Yes.

24 Q So if we're talking about keeping track of a
25 child like Phoenix, we're looking at a means of tracking a

1 child who is not in care?

2 A Yes. And if you're tracking one child, that's
3 one thing, but like, we've, we would have to track about
4 4,000 of them.

5 Q So are you saying that right now the system
6 doesn't do that well?

7 A Um-hum. Because the children in care have their
8 own file on CFSIS so you can enter, you know, that and you
9 can run that data, but families are a family file and so
10 you would have the care, the primary caregiver and then
11 whatever children would be listed, and CFSIS does not have
12 the capacity right now to actually be able to record for
13 each of those kids when were they seen and who saw them and
14 are they being seen, you know, frequently enough based on
15 the standard.

16 Q Is that something you would like the system --

17 A Oh, yeah.

18 Q -- to be able to do?

19 A Now, I don't know where they're at. I know that
20 it's been flagged for the province and we've been told
21 they're trying to figure out how to do it. I think, and
22 I'm not a CFSIS techie or anything, but I think one of the
23 challenges we have with CFSIS is that it is an old platform
24 and it really does need to be upgraded in some --

25 Q Right.

1 A -- way, shape or form, so we can more efficiently
2 do those things.

3 Q Aside from the electronic tracking, though,
4 wouldn't good case management keep track of a child about
5 whom there is a protection file?

6 A Well, definitely good case management is
7 important. I'm, I'm talking now more from an oversight.
8 Certainly the role of supervisor is important if you're
9 sitting with the worker, but if you're supervising six
10 workers and they all have, let's say, 30 cases, that's a
11 hundred and eighty cases just for the one supervisor and
12 you would want some quick way of running reports so you can
13 see at a glance, you know, which kids were seen and which
14 ones weren't. Right now it would actually involve some
15 kind of manual report form the worker or going through the
16 file and looking to -- looking for that information.

17 Q And as, as the system stands right now, ensuring
18 compliance with a child being seen on a regular basis is up
19 to the supervisor, then, of an individual worker?

20 A Well, the supervisor would certainly be the first
21 one in line to ensure that. They, they play a very key
22 role in, in overseeing what a worker does and being a
23 checkpoint for things being done and whether they're done
24 or not done, so they do play very key roles. And then if
25 there's middle managers, that could be another level of

1 oversight.

2 But again, if you have a way electronically --
3 like I can go onto CFSIS and run a report on face-to-face
4 for all of our agencies and it doesn't take long to do it
5 for kids in care.

6 Q Right.

7 A And we should have the same capacity for all the
8 kids that we serve.

9 Q Okay. Thank you. Has the southern authority
10 done anything other than implementing or being part of the
11 implementation of the recommendations that were listed in
12 those six reports to respond to the findings in the reports
13 that were specific to Phoenix Sinclair?

14 A Could you give me an example?

15 Q Well, I don't know. There, I mean there were,
16 there were a great number of recommendations. Not all of
17 the recommendations, the 295 recommendations, were
18 specifically aimed at Phoenix and, and her situation, but
19 having looked at those specific reports and being involved
20 with the implementation, are you aware of something that
21 the southern authority has done beyond what was recommended
22 in those three fact-specific reports?

23 A Well, if I speak more in terms of themes, like
24 for example, the whole issue of case documentation and file
25 recording, you know, we've certainly worked with agencies

1 around that. We have looked at developing some templates
2 that everybody is using. We have done training on case
3 documentation, how to do it, when to do it. We've done
4 lots of training on the structured decision-making tools.
5 So when you go to a file, whether it's on CFSIS or the
6 manual file you can see that, you'd be able to see the risk
7 assessment, you'd be able to see the case plan and how that
8 ties into what the risk assessment and the strength and
9 needs assessment found. So improving that case
10 documentation, improving the, the visits with families, the
11 contact with families.

12 We've looked at the issue of places of safety,
13 which was a feature in or (inaudible) of that. We have, we
14 are in the process of drafting a, a standard around that
15 which our position is, and I believe most of our agencies
16 already practice that, is that you would not do a place of
17 safety or a private, sorry, a private arrangement where
18 there are, are, are safety risks for those children and/or
19 where there's protection concerns. If the agency is going
20 to be involved, they either -- they need a legal basis on
21 which to place the kids and tell people they can't access
22 them or have contact with them as opposed to leaving that
23 in the hands of the caregiver that's looking after them.

24 Q So that's a standard that's in the process of --

25 A Yes.

1 Q -- being drafted?

2 A Yeah.

3 Q And up until now one has not existed?

4 A Well, there is a, there is a place of safety, a
5 place of safety standard but there has not been one really
6 around private arrangements.

7 And private arrangements, in our environment, are
8 done both for immediate crisis things, which is more what
9 you would likely see after-hours on intake, but our
10 agencies also look at using private arrangements for long-
11 term placements. And so many of them have now moved
12 already to saying, you have to have guardianship of the
13 child if you're going to make this a long-term arrangement.

14 Q What's the holdup in getting that implemented?

15 A Well, I think it's just drafting it in the
16 consultation process which we've been involved with, so I,
17 I'm not sure there's really a holdup. We were doing an
18 assessment of what agencies are doing, how many of those
19 arrangements do we have.

20 Many of the private arrangements, you know, I
21 would say probably more of them happen in the city through
22 ANCR on after-hours. In our communities we're more likely
23 to see the longer term placements with family if, if it, if
24 the family is having trouble and a grandma is willing to
25 take the children and the agency does a private

1 arrangement. But I think agencies are already saying, if
2 this is going to be long term and there continue to be
3 concerns with parents having contact or access, you have to
4 go for guardianship of those children or the agency has to
5 remain involved.

6 Q Short of the standard being implemented -- now,
7 you, the southern authority, could implement your own
8 standard, right; you don't have to wait for the other
9 authorities?

10 A That's right, yeah.

11 Q So short of it being implemented, has the
12 southern authority sent out a directive to its agencies
13 saying that private placements should be in the context of
14 a formal guardianship?

15 A We haven't issued a directive like that, no.

16 Q There's possibly an example of what you're asking
17 me to give you an example of. Has the southern authority
18 done anything to specifically address ensuring the safety
19 and wellbeing of a child who is five and under who we know
20 has a certain vulnerability because they are small and not
21 in the community? Has any thought been given to addressing
22 those specific vulnerabilities?

23 A I think we've certainly had discussions around,
24 in, in our communities, for example, when a family moves
25 in, would people know that. There seems to be an, you

1 know, an assumption that everybody knows what happens in
2 families in these communities, which we know from child
3 welfare practice is not true. It, it might be in many
4 cases but it's not always the case.

5 We've looked at what are the other systems that
6 could be brought to bear to ensure that every child is
7 safe. With the kids who are in care or involved in a case
8 with CFS it's maybe a little bit easier to see that, but
9 there's any number of kids where child welfare would not
10 have any involvement, so who are the other systems that
11 could ensure that these children are safe and looking at
12 things like the daycare or early childhood or the schools,
13 for example --

14 Q Right.

15 A -- as being partners in that, in that effort.

16 Q And for instance, where a child has been
17 identified as attending a school, making sure that the
18 worker keeps contact with that school if it's like a
19 nursery program or something?

20 A Well, if the child is in care or if there are, if
21 it's a case that the worker is managing, yes, they could.
22 But I think it's, the other consideration we have is
23 stigmatizing the child or showing up at the school. And
24 schools are not always happy to see that; and are there
25 other ways to manage that or do those pieces? I think

1 we're also concerned about intrusiveness for families. So,
2 are there good ways of doing that, where we have a check on
3 kids, specially vulnerable kids, but that don't ... the
4 word is ... but that respects, I guess, the, the rights of
5 family to raise their children and doesn't have child
6 welfare knocking on the door all the time or --

7 Q Sure.

8 A -- someone to say, are your kids safe or ...

9 Q Well, is that something that, that your authority
10 is looking at? I mean, how do you balance needing to
11 protect a vulnerable child with, respecting the privacy
12 rights of the family? Mean, you've talked about the
13 importance of collaborating between the systems but if, if
14 the child welfare system is afraid to talk to the other
15 systems -- and I understand the privacy concerns but if, if
16 they're afraid to talk to the other systems, then how does
17 that collaboration look?

18 A Well, I wouldn't characterize it as afraid to
19 talk to the systems. I think there's been lots of good
20 discussions we've had with those other systems around how
21 can we do this and what's the best way to do this in a way
22 that does respect families but also will make sure that
23 these children are safe.

24 Q So that is something that, that you have your
25 workers look at, discuss?

1 A Well, we have a big, we have a discussion going
2 on about that right now within our agencies. We've looked
3 at the kids in care. We have workers being very aware of
4 when those kids were seen. We have them going into their
5 protection families much more frequently to make sure every
6 child is there, that they've seen every child. We've not
7 yet -- we don't yet have a good process to make sure that
8 all the kids that we don't know about are safe. I'm not
9 sure how you would do it in a smaller community, perhaps,
10 you know, more easily because you know who they are, you
11 can identify house by house who's living there and where
12 those children are. It's a bigger challenge in the city.

13 Q An example of a report that was specific to
14 Phoenix Sinclair is the Section 10 report, and I'm going to
15 walk through the recommendations in that report because
16 there are only six of them.

17 A Okay.

18 Q That's Commission disclosure --

19 THE COMMISSIONER: Do you want to do that before
20 the break or ...

21 MS. WALSH: We could, we could have the break
22 now.

23 THE COMMISSIONER: Yeah. Well, we're obviously
24 running a bit behind so I think we should plan to be
25 sitting till five o'clock today, assuming we're not through

1 this witness. If we're, if we're -- we'll keep going till
2 five o'clock if this witness remains on the stand. We
3 won't start another witness today, but whether we complete
4 this one or not depends how long counsel want to question.

5 MS. WALSH: Yes.

6 THE COMMISSIONER: But we sill sit. And when we
7 adjourn for 15 minutes, let's make it 15 minutes and be
8 back here. Okay.

9 MS. WALSH: Thank you.

10 THE WITNESS: Okay.

11 THE COMMISSIONER: Okay.

12

13 (BRIEF RECESS)

14

15 THE COMMISSIONER: All right, Ms. Walsh.

16 MS. WALSH: So I'm going to walk the witness
17 through the Section 10 report, which is Commission
18 disclosure 2.

19 THE COMMISSIONER: Yes.

20 MS. WALSH: If we can pull up page 176 of our
21 disclosure, please. And Mr. Commissioner, that's page 60
22 of the original report.

23 THE COMMISSIONER: 60?

24 MS. WALSH: Yes. That's where the
25 recommendations start.

1 THE COMMISSIONER: Oh, I see. Yes.

2

3 BY MS. WALSH:

4 Q I recognize that this first recommendation and
5 many of them are addressed specifically at the Child
6 Protection Branch but when we're talking about standards,
7 obviously the southern authority has an obligation to
8 provide standards to be followed by its agencies; would
9 that be fair?

10 A Yes.

11 Q The first recommendation, then, essentially is
12 that a program standard be developed:

13

14 "... to address the use of private
15 arrangements."

16

17 And I think that's something that, that you and I
18 have just talked about as something that's in the works?

19 A Yes, it is for us. Just also, you know, add to
20 that, that we would not typically have been privy to this,
21 the Section 10 review until later on. They're not
22 typically distributed to the system. So because Phoenix
23 would not have been a case with one of our agencies at this
24 time, the, the recommendations would not have come to our
25 attention till later.

1 Q Well, these reports that were listed in the order
2 in council, they all came out in around the fall of 2006,
3 after the discovery of Phoenix's death, which was in March
4 of '06.

5 A Yeah.

6 Q When did the standing committee start meeting to
7 respond to them?

8 A Well, we started responding to the
9 recommendations first with the external review
10 recommendations, and these were added on later. So we
11 would not typically have gotten a copy of the CME or the
12 Section 10 report. That, that's still the case. If, if
13 there's a death in an agency that even -- like now it's an
14 SIR but the system itself is not privy to every SIR if it's
15 not your case.

16 Q Sure. But now we're talking about the 295
17 recommendations that we've heard came out of the six
18 reports that ultimately were responded to by what's being
19 called Changes for Children.

20 A Um-hum.

21 Q Is that right?

22 A Um-hum. Yes, that's right.

23 Q And that's something that standing committee has
24 been involved with in terms of implementing those
25 recommendations?

1 A That's correct.

2 Q And as a member of the standing committee, at
3 what point were you shown all six of those reports?

4 A Well, I'm not sure what point in time it was. I
5 know that we first got the external reviews and all of
6 those recommendations before the additional ones that were
7 included in the Section 10 and in the Section 4 and in the
8 internal review were shared. They were added to the list
9 but they were not recommendations that we would have had
10 first or up front to deal with. So I'm just making the
11 point that when these types of recommendations are made and
12 they're made to the branch or they're system
13 recommendations, that we need a better way to immediately
14 communicate that to everybody.

15 Q Okay. And I appreciate hearing that. As a, as a
16 general comment, you're saying that when special
17 investigative reports are prepared, they're not shared with
18 the entire system?

19 A Yes.

20 Q And is that something you think should be
21 happening?

22 A Well, there is a group now that has, or is
23 developing a protocol or close to signing it off, that is
24 looking exactly a way of how we make sure that system-wide
25 recommendations that are included in the SIR are shared

1 with everybody and there's a response from everybody.

2 Q While we're talking about this, is there any kind
3 of protocol that the southern authority has pursuant to
4 which, when, when an agency in the southern authority has
5 been the subject of an SIR, that agency and the workers who
6 were involved with services delivered sits down and reviews
7 the SIR and its findings?

8 A Well, there's actually, the process with the
9 current child advocate has changed a little bit so she is
10 now already involving agencies and the authority in looking
11 at the draft report and the draft recommendations and being
12 able to participate in crafting those recommendations or,
13 if there's been wrong information in the report, correcting
14 it. So there's already involvement before the report
15 becomes final. And then, yes, we sit down with the agency.
16 We expect the agency to develop a plan for us as to how
17 they're going to address the recommendations and then we
18 will meet with them around their plan and subsequent
19 meetings on follow-up and where they're at with
20 implementing it.

21 Q What about the workers who were involved in
22 delivering services to the child who's the subject of the
23 review?

24 A Yes. For the most part, those workers and the
25 supervisors are included in that.

1 Q You say "for the most part", when are they not
2 included?

3 A I'm not sure right now because they are included
4 right from the beginning. So I'm saying "for the most
5 part" because I think that that's what happens --

6 Q Okay.

7 A -- but I can't say with certainty that in every
8 case that would be. But I think we all support that
9 practice and the need for everybody to see those
10 recommendations and see what's recommended.

11 Q Coming back to the specific reports that this
12 inquiry has to consider, when did you, as a member of the
13 standing committee, see the Section 4 and the Section 10
14 report?

15 A When was the Section 4 report completed? I --

16 Q September '06.

17 A -- don't have it here, so ... September of '06?

18 Q Yes, I think so.

19 A So I believe we would have seen that one either
20 in the late fall of that year or early '07.

21 Q And what about the report from the office of the
22 chief medical examiner?

23 A I understand don't recall when, when I actually
24 got a copy of that. It would have been after the, after we
25 got the Section 4. We got that one earlier because, at

1 that point, ANCR had been -- ANCR was not involved, but
2 because the case had been at the intake agency, so we were
3 given a copy of the report. But I believe the CME one came
4 after we saw that one, and the internal review was quite
5 late, actually, before we saw that one.

6 Q Was it something that you thought was important
7 to do, to review the Section 4 and the Section 10 reports?

8 A Yes, I believe it's important. I believe there's
9 often things in there that speak to the system and this
10 recommendation is a good example of that, that go beyond
11 just the one agency and are recommending system change. So
12 yes, I think it's important.

13 I personally would like to see a way of sharing
14 recommendations in all of the SIRs, not identifying perhaps
15 with all the authorities, so that there's learning or if
16 there's things in there and we see similar practices, that
17 we can take a look at changing them.

18 Q Okay. Uniquely, I understand the recommendations
19 from the Section 4 report were put on a website so they
20 were made a matter of public record, as well?

21 A Yes, they were. Yes.

22 Q Coming to the second recommendation:

23

24 "The Chief Medical Examiner
25 recommends that the general

1 authority ensure that the program
2 standards for investigation of
3 allegations of mistreatment of
4 children are followed by agencies
5 under its jurisdiction,
6 specifically the requirement to
7 ensure that children involved are
8 safe be fulfilled by ensuring that
9 a child about whom a report of
10 suspected abuse or neglect is made
11 is seen by the investigating
12 worker(s)."

13

14 So this is ensuring that program standards are
15 followed with respect to seeing a child who is the subject
16 of a child protection investigation. What, if anything, is
17 the southern authority doing with respect to ensuring that,
18 that such a child is seen?

19 A Well, I think our, our work in that area has been
20 around the standards training and then, when we review the
21 cases, ensuring that that happens and we do file reviews.
22 We look to see, were these children seen, were they seen
23 during the time of the investigation, were they seen again
24 before the file was closed off, is there evidence on the
25 file that those children are safe?

1 Q Is there anything specific that you're requiring
2 supervisors to do in connection with ensuring that, that
3 children are seen?

4 A Well, I would say we expect supervisors and we
5 expect agency management to ensure that their supervisors
6 are trained in and following the standards, and we look for
7 that when we do reviews.

8 Q Okay. The third recommendation starts at the
9 bottom of page 177:

10

11 "... ensure [that] provincial
12 training ... includes or
13 references literature emphasizing
14 that the care or condition of one
15 child ... [should] not be taken as
16 proxy for the care or condition of
17 any other child in the same
18 family. [and]

19 This point should be extended to
20 eliminate the use of household
21 cleanliness and order as a proxy
22 for good parenting and the absence
23 of abuse."

24

25 Do the agencies who fall within your authority

1 receive this training? So, ensuring that, that one child
2 not be taken as a proxy for another or that cleanliness not
3 be taken as a proxy for good parenting?

4 A Well, I think when we train in the standards that
5 -- I don't know if we talk so much about a proxy, but
6 certainly that you have to see every child and it's not,
7 well, it's not uncommon in families sometimes for one child
8 to be the victim and other children not, so by seeing one
9 you can't assume that they're all safe, you have to see
10 each child. You can have clean homes and on the surface
11 things look good, that doesn't mean the kids aren't being
12 hurt. You still need to see them; the standard still
13 requires it, and that's what we emphasize in the training.

14 Q So is that -- how is that emphasized in the
15 training? Is it set out just as you've articulated it
16 somewhere?

17 A Well, it's in -- there is a standard around when
18 kids need to be seen and there's emphasis on each child
19 being seen, who needs to see them, and that you can't see
20 one child and have them speak for five others in the
21 family. So I, I think there's quite a bit of discussion
22 around that.

23 Q The fourth recommendation, to:

24

25 "... ensure the ... standards ...

1 include a warning or reminder ...
2 that one child may be the target
3 of abuse or neglect in a family
4 that appears to be functioning
5 adequately."

6

7 Has the southern authority developed such a
8 standard to be followed by its agencies?

9 A Well, I think again the standard of seeing a
10 child as well as the child abuse standards make that clear
11 that, you know, you can have one child only be the victim
12 of abuse or neglect, and even if the family looks good, you
13 know, that isn't an assessment that those children are
14 safe. You need to go beyond that.

15 Q And when we're talking about standards that
16 ensure that, that a child be seen or that one child not be
17 taken as a proxy for another's wellbeing, does that apply
18 to services delivered by family service workers, standards
19 that, that apply to services delivered by family service
20 workers?

21 A I would say yes.

22 Q What about to services delivered at CRU and
23 intake? Because ANCR right now falls under your authority.

24 A Yes, they do. Well, certainly ANCR would be
25 working with the standard around seeing the children. They

1 would also be working with the standard around child abuse
2 investigations. And I believe that ANCR's practice is that
3 they see every child when they get involved and then again
4 as they're doing the investigation.

5 Q Has the southern authority developed any new
6 standards as the result of the discovery of Phoenix's death
7 and the fact-specific reports that were prepared?

8 A We are -- we have not yet developed any that have
9 been finalized and approved. We are working on the
10 standard around private arrangements.

11 Q Right.

12 A And we're also working on a standard for work
13 first qualifications for supervisors and agency managers
14 and EDs.

15 Q And what is that?

16 A Executive directors.

17 Q The standard?

18 A Yes. For the work first qualifications for those
19 staff.

20 Q Okay. All right. Thank you.

21 The fifth recommendation, at the bottom of page
22 178 recommends:

23

24 "... that the general authority in
25 conjunction with [the agency]

1 ensure that full names are
2 obtained for persons associated
3 with protection cases upon the
4 branch becoming aware of the
5 involvement of a new individual in
6 a case. [And] ... further
7 recommends that criminal risk
8 assessments of new family members
9 or associates be requested in
10 cases involving families with a
11 history of child protection ..."

12

13 So what, if anything is, is the southern
14 authority doing to ensure that this is done?

15 A Well, I think to the extent possible, one would
16 certainly expect workers to be getting full information
17 when they're opening a file and/or completing an
18 assessment. It is the case, though, that not everybody is
19 always disclosing their full name or the correct name and
20 so -- or they have different names that they use, maybe
21 from past either marriages or relationships or aliases. Or
22 it's not uncommon to find names in CFSIS where they're
23 known as, known as, known as. CFSIS is reasonably good at
24 being able to search like names but if you have a different
25 first name that you're entering from the name that the

1 person is using or has been entered into CFSIS you may miss
2 it.

3 Q That, that's why, I would think, this
4 recommendation says that there should be, the authorities
5 should be ensuring that full names are obtained for persons
6 who are associated with protection cases.

7 So is there already in existence, was there
8 already in existence a standard or have you developed a new
9 standard to address that concern, to ensure that full names
10 are obtained?

11 A Well, I'm not certain how a standard would ensure
12 that. I mean, agencies, and in the standards and in the
13 case management practices, and when agencies and workers
14 open a file they're expected to get complete information.
15 We would not always know right away if a name isn't correct
16 or if they've given a wrong name, so ... but certainly the
17 expectation that they do that is there and I believe people
18 understand that.

19 Q Is that something new that, that's been developed
20 since the discovery of Phoenix's death, that expectation
21 to, to obtain full names of people associated with
22 protection --

23 A I don't believe --

24 Q -- cases?

25 A -- that that's a new expectation.

1 Q And the authority hasn't done anything new, in
2 terms of developing a new policy or, or standard in that
3 regard?

4 A We have not. I, I'm, I guess I'm feeling I'm not
5 sure what, what would need to be developed. I understand
6 what happened in this case but I also know that people are
7 trying to do that and they are attempting to get full
8 information. I'm not sure anybody's questioning that
9 piece. Whether it's always done or not, you know, is maybe
10 another challenge, but ...

11 Q Has the authority had any discussions with
12 workers about, you know, steps that could be taken, ways to
13 obtain full names?

14 MS. WALSH: What's the source of that?

15

16 (ALARM ADVISORY NOTIFICATION)

17

18 THE COMMISSIONER: Carry on.

19 MS. WALSH: Thank you. We're remaining calm.

20 THE WITNESS: (Inaudible).

21 MS. WALSH: Annoyed perhaps. Certainly makes me
22 want to move quickly through my questions.

23

24 BY MS. WALSH:

25 Q Let's talk about differential response --

1 A Okay.

2 Q -- if you're able to focus through.

3 THE COMMISSIONER: Well, do you want to adjourn
4 till this is over or ...

5 MS. WALSH: Well, I'm all right to carry on, I'm
6 just ...

7 THE COMMISSIONER: Well, I don't think we're any
8 of us are in any danger so --

9 MS. WALSH: I think so.

10 THE COMMISSIONER: We -- Sheriff, you'll keep
11 your eye on it, will you?

12 A SHERIFF OFFICER: Well, it's just (inaudible)
13 it's not a big deal, it's going to go off right away.

14 THE COMMISSIONER: Thank you.

15 A SHERIFF OFFICER: (Inaudible).

16 MS. WALSH: All right.

17 THE WITNESS: Right.

18 THE COMMISSIONER: All right, carry on, Ms.
19 Walsh.

20 MS. WALSH: Thank you.

21

22 BY MS. WALSH:

23 Q Ms. Flette, when was it first determined that
24 deferential response would be implemented in Manitoba?

25 A I think there'd been quite a bit of discussion,

1 and certainly with the First Nations agency, right from
2 when we first started those agencies in the early '80s
3 right in the first master agreement that was signed with
4 the province and the feds and the First Nations leadership.
5 There was a lot of talk about preventive services, there
6 was a lot of talk about prevention being the front end of
7 the service. That we wanted to work to support families.
8 And over the years in the First Nations CFS, maybe some
9 agencies with more success than others, but prevention has
10 always been an important component and one that I think
11 everybody has tried to implement notwithstanding the
12 challenge that it wasn't funded it wasn't sort of
13 officially recognized in the legislation.

14 There was certainly, in the legislation, lots of
15 language about supporting families and et cetera, so
16 wasn't, you know, that anybody felt they had to do
17 something that wasn't known.

18 I think the formal discussion about implementing
19 a differential response model, I believe that came with the
20 external reviews or shortly before, right around the same
21 time, and the first money we got to actually look at
22 transitioning and building a system that would do pilot
23 projects, et cetera, came through the money from Changes
24 for Children.

25 Q When you refer to the external review, I'm

1 assuming you mean Strengthen the Commitment, the review --

2 A Yeah.

3 Q -- that came out of the Ombudsman's office?

4 A Yes, primarily that one.

5 Q In delivering differential response, I think
6 you've already told me that it's essential that there be in
7 existence good community resources to, to stream, to, to
8 send that stream of clients to; is that fair?

9 A Yes. It's not that all the, it's not that all
10 those cases would be streamed to community resources. For
11 the most part, the way we're, the way differential response
12 would work is that there -- those families remain with some
13 element of risk from low, you know, to medium perhaps, but
14 you would definitely want to engage the community partners
15 to become part of the services that are offered or to be
16 the main providers of that service with the case worker
17 taking perhaps a lesser role but managing the case itself,
18 yes.

19 Q Then another important part of differential
20 response would be that the agency would have to have some
21 person who coordinates and make sure that when the, the
22 family goes to the collateral service provider they're, in
23 fact, getting what they need?

24 A Well, each -- we see each of those cases actually
25 having a case worker assigned to it, so the coordination

1 would happen initially at the intake stage when the
2 assessments are done and a decision is made whether the
3 case is streamed to family enhancement or protection, but
4 there would be a case manager assigned to the case and it
5 would be their responsibility, yes, to make sure that the
6 family is going and accessing and doing okay with those
7 services.

8 Q And that the services are available?

9 A Yes.

10 Q Okay. In terms of the, the assessment of risk
11 that goes along with, with differential response, is, is
12 the assessment of risk for differential response, does it
13 mean that someone is assessed at a low risk? What does,
14 what does a low risk mean if someone's assessed at low
15 risk? Low risk of what, I guess is my question.

16 A Okay. There's two pieces, then, to that. One is
17 the safety assessment, which is the immediate is the child
18 safe right now, and if you say no, you have to intervene or
19 remove the child or take action. If you're saying yes, the
20 risk assessment itself is looking at the probability of
21 future harm. So you ask -- you get a -- you ask the
22 question of the family, a series of questions of the family
23 that looks at some of their history, and then the form, the
24 way it works, will then give you, at the end of the form, a
25 rating for that family. So low risk would mean that the

1 probability of future harm to these kids is low, a medium
2 risk is a bit higher and then there's the high risk which
3 says that there's a good chance that these children will
4 remain at risk or that future harm will come to these
5 children.

6 Q So you're talking about a risk of safety. What
7 about measuring risk of ongoing long-term wellbeing, risks
8 associated with, with that?

9 A I'm not sure it's just the risk of safety. The
10 safety is the first one and it's a separate assessment
11 that's done that looks -- it's the immediate, is the child
12 safe. The probability of future harm does look at more
13 the, you know, over time is this child going to remain
14 safe; if the child is safe today, are there things, factors
15 in this family that make the probability of future harm
16 greater or lesser in other cases?

17 Q But you're talking about harm and I'm, I'm
18 wondering, is there anything in the risk assessment and the
19 subsequent differential response that addresses long-term
20 wellbeing of a child?

21 A Well, we would see that in the outcomes for those
22 children and it would be the accompanying document that
23 gets done with the, the risk and the safety assessment
24 which is the strength and needs of the family and of the
25 child. So it looks at the strengths of the family and the

1 needs of the family and of the children in that family. So
2 in that document you would spell out what your case plan is
3 going to do and what good outcomes would be for the child
4 and how you're going to measure those.

5 Q And is differential response intended to respond
6 to long-term wellbeing of a child?

7 A Well, ultimately yes. I think all the services
8 we do, we, you know, our, one of our objectives is good
9 outcomes for children and good outcomes being long term
10 good outcomes from them.

11 Q We just, we hear a lot about, about protection
12 and, and physical safety but when you look at the
13 principles in the, the Child and Family Services Act,
14 they're much broader in terms of, of a child's wellbeing
15 and the need to protect that. So I'm wondering whether
16 differential response addresses that aspect of protecting
17 children?

18 A Well, I would say for child welfare our first
19 emphasis is on safety and risk, and then with a good case
20 plan we are working with families that are, that have some
21 element of risk there. And so when we're looking at good
22 outcomes for kids, that is part of the planning we would do
23 with a family to say, you know, what is this risk, what
24 would be a good outcome for this child and how do I get
25 there.

1 Q So what, what would differential response look
2 like? Can you give us an example and could you, for
3 instance, use the facts of Phoenix's life to, to give us an
4 example as to what differential response would look like?

5 A Well, I'm not sure I have your question right,
6 but so if we, if we were looking at Phoenix's case and
7 let's say there had been an immediate risk -- or a safety
8 assessment and then a risk assessment done and then
9 strengths and needs had been done, I haven't read those
10 case files but from my knowledge of the case that likely
11 would have been a medium to high risk case. So it would
12 have right away called for a judgment on the part of the
13 worker and the supervisor as to whether that case would go
14 to protection or family enhancement. And both of those are
15 part of a differential response model. All it says is you
16 can have two ways of responding to a family.

17 The agency then could have, regardless of what
18 stream, made a decision that they would use a family
19 enhancement approach, for example, and particularly when,
20 from what I understand when Phoenix was smaller and, and
21 she and her bio mom and dad were still parenting together,
22 there might have been opportunities to use a family
23 enhancement response with that family that would have
24 looked at building and supports, looking at what are the
25 strengths of these two parents, what are the needs of these

1 two parents given their history and how do we best respond
2 to that in a case plan. It would have also called for
3 every 90 days a re-assessment to be done using those same
4 forms, so I believe that that would have picked up that
5 there were problems that at some point ...

6

7

(ALARM ADVISORY NOTIFICATION)

8

9 THE WITNESS: The, the structured decision-making
10 tool also requires that re-assessments be done every 90
11 days so there would have been another opportunity to review
12 risk, review safety, see what has changed in the family so
13 as the bio parents split up, as other children came into
14 the family, as it, you know, became clear, I believe it
15 would have been picked up that Phoenix was not where they
16 said she was, that all of those would have been red flags
17 that would have been picked up through that process.

18

19 BY MS. WALSH:

20 Q And is, is what you're describing something
21 different than what was in place in terms of case
22 management when Phoenix was receiving services?

23 A Well, I don't think there was -- you know, I'm
24 not so familiar with what was at Winnipeg but I don't
25 believe there were structure tools and a structured

1 approach to it. There was an expectation and there was a
2 standard around safety assessment/risk assessment, but what
3 we have now, at least what we're using in the south, is
4 very clear tools that have been developed and that
5 structure the thinking of the worker in the decision. And
6 while professional judgment plays into it, it is based on
7 some pretty clear and structured information and evidence.

8 Q Okay. So risk assessment has changed by virtue
9 of the use of the structured decision-making tool. What
10 about, then, the response; you say that a family
11 enhancement approach can be used. Is that something
12 different than what was available to workers when Phoenix
13 was receiving services?

14 A Well, I think a family, what we call family
15 enhancement now could have been done. It was perhaps
16 funded differently or called different, but agencies did
17 have money for family support services that they could
18 access when kids were still at home. It wasn't anywhere
19 near as rich a budget as you would have and agencies had to
20 be pretty careful with that, but there were ways to do it.
21 They certainly could have set up partnerships with
22 community groups as well and found some ways to monitor
23 that, at least to the point where the risk within that
24 family was still manageable or at a medium or low level.

25 Q The funding model talks about funding for

1 protection services and funding for family enhancement
2 services or family enhancement workers.

3 A Yes, it breaks it into the two.

4 Q So are those going to be additional workers, new
5 workers who are being recruited into the family to perform
6 family enhancement?

7 A Well, the funding model, because it's driven by
8 case counts, although those counts are arrived at a little
9 bit differently between the two governments, but let's say
10 on the provincial model, where it is more directly lined up
11 with actual cases, you get one work, one worker for every
12 25 cases if it's a protection case, so that's if it's a
13 protection family or children in care you have 25 files one
14 worker. It's slightly richer funded on the family
15 enhancement side, it's on a one to 20 count. Because those
16 services are timelined they're intended to be more intense
17 work with the family with the hope that those families can
18 then move off the child welfare list. So --

19 Q But are those new workers who are going to
20 perform those services? Are -- is the system going to have
21 to hire new workers or are there existing workers who are
22 going to do it?

23 A Well, if the -- the agency would, in the funding
24 model, get a complement of workers. So they may have to
25 hire if they don't have that many workers. In most cases,

1 for our agencies, they're hiring extra workers.

2 Q Which leads to my next question: Is recruitment
3 going to be a problem to staff those family enhancement
4 positions?

5 A Recruitment's been an issue for us in child
6 welfare for quite some time. I think it will be easier to
7 staff family enhancement positions because it's nicer work,
8 so to speak, and we do see long-term protection workers
9 choosing to move over to the family enhancement side. But
10 yes, I think recruitment and, in particular, in the rural
11 and on-reserve areas, recruitment has been a challenge and
12 we, you know, have tried to implement or have looked at
13 implementing a variety of strategies, including training,
14 to address that.

15 Q Could some of the family enhancement stream be
16 staffed by someone who is not a child welfare BSW, for
17 instance, not a -- is this an opportunity where there might
18 be a different qualification?

19 A Yes, I think that's true of the protection work
20 as well, but I think what you want there is skilled workers
21 who could --

22 Q Sure.

23 A -- make, do good assessments, who understand what
24 risk is, who know how to engage families and who know how
25 to work with them, both in a preventive sense but also if

1 things escalate, because things can change in a family,
2 that they would know what to do, that there's some comfort
3 in, in their capability.

4 Q In terms of funding, you identified that where
5 the, the assumptions have been under-estimated, so you've
6 got communities where there's children who are not, in
7 fact, funded for the services that need to be delivered, it
8 may be that the agency has to dip into the family
9 enhancement money to fund the protection work. Did I
10 understand you correctly?

11 A That's on the federal side where they, they, they
12 use the assumption model. So where you have agencies where
13 their case counts exceed that, yes, that, that may happen.
14 Now, if your case count is 10 percent instead of seven
15 percent you can likely manage that, but when it's, when
16 your case count is 14 percent of the child pop that you're
17 getting funded is, if it's seven percent, you have a group
18 of kids in care that you have to assign workers to and so
19 you're going to have to draw from your child -- from your
20 family enhancement line for that.

21 Q The graph that you showed us, which showed that
22 funding had been increased over --

23 A Yes.

24 Q I guess my question is, has it been sufficiently
25 increased and, and in particular, for example, we've seen

1 that the numbers of children in care have also increased.
2 You've now got these new services, family enhancement
3 services, so just because there's an increase in funding
4 does that mean it's sufficient to meet the needs of the
5 system?

6 A Well, never sufficient. I think on the
7 provincial side there is, there will be adjustments and
8 they have been making adjustments if your kids-in-care
9 increase or your, you have more cases going to family
10 enhancement, because you are still getting the one to 20,
11 one to 25. So if I have 25 new kids in care, that would
12 mean an extra worker for me. Where it doesn't adjust the
13 same way is on the federal side where that assumption model
14 is in play and, like I said, we're trying to get it changed
15 in our next five-year go-around.

16 There's other pieces in there. The prevention
17 services, particularly the program pieces, are funded
18 through a service purchase amount and there's a set amount
19 in both the federal side and the provincial side that
20 agencies can use. And I would say over time -- right now
21 it's not too much of a funding pressure, but I would say
22 those dollars are not enough, and as agencies ramp up the
23 programs they're going to be feeling some funding pressures
24 there.

25 I know from my experience at west region, because

1 we developed a, a whole range of preventive programs, there
2 is a, there is an operational cost to those programs.
3 Like, you can't run a program without staff, and when
4 you're staffing up someone has to do payroll and someone
5 has to do admin. That's not always factored into the
6 preventive dollars that you get but it then becomes a
7 burden on the agency and I don't think that's properly
8 recognized in the formula yet, and hopefully we can get it
9 changed the second -- the next go-around as right now,
10 because the money flowed late and agencies got, you know,
11 quite a bulk of cash and they're needing to ramp up some of
12 these programs, they're probably okay from a pressure
13 point, but over time as those become more developed, I
14 think they could see some difficulties there if we don't
15 address that.

16 Q You said that the statistics of the number of
17 children in care as of, for instance, March 31, 2012,
18 that's a number at a point in time?

19 A Yes.

20 Q Measured at a point in time?

21 A March 31st, yeah.

22 Q So in fact, that number doesn't give you the
23 count of the actual number of children who spent some time
24 in care over the year?

25 A No. But we can, we can get that number from

1 agency billings, when they bill child maintenance numbers.
2 Like, they would have a record of all the kids that were in
3 care so we would be able to see how the point-in-time
4 number compares to all the kids they serve. But all of the
5 agencies would have served quite a few more kids than show
6 up in those March 31st numbers.

7 Q In terms of quality assurance, how do you -- or
8 perhaps it's under the head "goal", which was one of the
9 things that, setting goals was one of the things that the
10 auditor general, in her report, said authorities have to be
11 looking at developing a strategic, plan, setting goals, how
12 does the southern authority, if it does, measure whether
13 it's doing a good job for children and families?

14 A Well, we would measure it at two points or two
15 areas. One would be the work agencies are doing, because
16 that is the front line work out there with kids and
17 families, so we would be interested in how well they're
18 achieving their outcomes. And then we would be seeing --
19 we would probably use similar outcomes. I mean, right now
20 we are, we're looking at child safety and child permanence
21 and child wellbeing. Our measure of that would depend more
22 on how the agencies are performing. So for us, though, our
23 focus is on supporting those agencies, making sure that the
24 staff are qualified, that the funding that's in place is
25 adequate, that the standards are there, that the training

1 is done. It's those sort of foundational pieces that are
2 fundamental to the system.

3 Q Is there any other way that the authority
4 measures whether or not it's doing a good job of protecting
5 children?

6 A Well, we would certainly, along with the
7 agencies, be looking at the numbers of kids in care. We
8 would be looking at how many substantiated abuse complaints
9 are there, have they gone down, are they going up. We
10 would look at how many kids have been returned home and not
11 entered back into care, because those are all important
12 things in looking at child outcomes and how well parents
13 are doing in caring for their kids.

14 Q I know the numbers of children in care are
15 reported publicly. Are any of these other items that
16 you're following reported publicly?

17 A I think they will be. As I said earlier, we've
18 just started with the business plan process in articulating
19 those outcomes and in developing and looking at the
20 measures that we're going to use, and the data we're
21 collecting will, in fact, help us see how well we're
22 achieving those.

23 MS. WALSH: Believe I may be done. Thank you.

24 THE WITNESS: Okay.

25 MS. WALSH: Those are my questions.

1 THE COMMISSIONER: Thank you, Ms. Walsh.

2 All right, we're going to sit for another half
3 hour or so, so Mr. Gindin, are you next?

4 MR. GINDIN: I'm not certain, Mr. Commissioner,
5 if I'm, if I'm next but I do know that there's at least
6 three or four counsel who have significant amount of
7 questioning. I'm not sure if there's much point in --

8 THE COMMISSIONER: Starting.

9 MR. GINDIN: -- starting for half an hour or so.
10 Sometimes when you can consider your, what you want to do
11 it gets shorter. Might be beneficial to wait. Just a
12 suggestion. Not sure, not sure if you heard me.

13 THE COMMISSIONER: I did. Well, if -- I'm
14 concerned how we're going to get through this on our
15 timetable. Ms. Walsh?

16 MS. WALSH: I just wonder if there's anyone who
17 thinks they could do --

18 THE COMMISSIONER: Is there anyone --

19 MS. WALSH: -- their questions within --

20 THE COMMISSIONER: -- who's, who's not going to
21 be -- who's going to be less than half an hour that would
22 -- or no more than half an hour would go today?

23 MS. WALSH: This is when people don't make eye
24 contact.

25 THE COMMISSIONER: Well, I've heard you, Mr.

1 Gindin. In the hope that they'll get their examinations
2 shortened up overnight, I'll grant your request.

3 MR. GINDIN: Thank you.

4 THE COMMISSIONER: And we'll rise until 9:30 in
5 the morning.

6 MS. WALSH: Thank you.

7 THE COMMISSIONER: You'll have to come back,
8 Witness.

9 THE WITNESS: Yes, I know.

10 THE COMMISSIONER: That's fine. You go ahead.
11 I'm going to get my papers arranged here.

12 THE WITNESS: Okay. All right.

13

14 (PROCEEDINGS ADJOURNED TO MAY 1, 2013)