



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 Winnipeg Convention Centre,
375 York Avenue, Winnipeg, Manitoba

TUESDAY, JUNE 4, 2013

APPEARANCES

MS. S. WALSH, Commission Counsel

MR. D. OLSON, Senior Associate Counsel

MS. K. DYCK, Associate Commission Counsel

MR. R. MASCARENHAS, Associate Commission Counsel

MR. G. MCKINNON, for Department of Family Services and Labour

MS. L. HARRIS, for General Child and Family Services Authority

MR. S. SCARCELLO, First Nations of Northern Manitoba Child and Family Services Authority, First Nations of Southern Manitoba Child and Family Services Authority, and Child and Family All Nation Coordinated Response Network

MR. H. KHAN, for Intertribal Child and Family Services

MR. D. IRELAND, for Mr. Nelson Draper Steve Sinclair and Ms. Kimberly-Ann Edwards

MR. J. FUNKE, for Assembly of Manitoba Chiefs and Southern Chiefs Organization Inc.

MR. W. HAIGHT, for Manitoba Métis Federation and Métis Child and Family Services Authority Inc.

MR. G. TRAMLEY, for Aboriginal Council of Winnipeg Inc.

INDEX

Page

WITNESSES:

WANDA PHILLIPS-BECK

Direct Examination	(Olson)	3
Cross-Examination	(Funke)	67
Re-Examination	(Olson)	78

BILLIE SCHIBLER

JUDITH MARIE MAYER

Direct Examination	(Haight)	78
Cross-Examination	(Walsh)	184
Cross-Examination	(McKinnon)	199
Cross-Examination	(Funke)	209
Re-Examination	(Walsh)	215

EXHIBITS:

132	Thesis Entitled Development of a Framework Of Improved Childbirth Care for First Nation Women in Manitoba: A First Nation Family Centred Approach	3
133	PowerPoint Presentation Entitled Maternal Child Health Program, in First Nations Communities, On-Reserve	9
134	Understanding and Improving Aboriginal and Child Health in Canada	13
135	Five-Year Evaluation Report, Released in 2012	52
136	Paper Entitled, Métis Children and Families and The Child Welfare System, an Urban Winnipeg Perspective	80
137	Document Entitled From the Past into the Future, Manitoba Métis Policy, Published by the Government of Manitoba in September of 2010	80



1 JUNE 4, 2013

2 PROCEEDINGS CONTINUED FROM MAY 31, 2013

3

4 THE COMMISSIONER: Morning.

5 MR. OLSON: Morning, Mr. Commissioner.

6 THE COMMISSIONER: Mr. Olson?

7 MR. OLSON: We're ready to proceed with our next
8 witness, Wanda Phillips-Beck.

9 I'll ask Madam Clerk to swear the witness, or
10 affirm the witness.

11 THE CLERK: Please stand for a moment. Is it
12 your preference to swear on the Bible or affirm with the
13 Bible?

14 Bible? Please take the Bible in your right hand.
15 State your full name for the court.

16 THE WITNESS: Wanda Phillips-Beck.

17 THE CLERK: And just spell us your first name.

18 THE WITNESS: W-A-N-D-A.

19 THE CLERK: And your last name please?

20 THE WITNESS: P-H-I-L-L-I-P-S, hyphen, B-E-C-K.

21

22 **WANDA PHILLIPS-BECK,** affirmed,

23 testified as follows:

24

25 THE CLERK: Thank you, you may be seated. Just

1 going to make sure your microphone's turned on.

2

3 DIRECT EXAMINATION BY MR. OLSON:

4 Q Good morning, Ms. Phillips-Beck.

5 A Good morning.

6 Q Since 2006, you've been a north (phonetic), nurse
7 program advisor in the Maternal Child Health program of the
8 Assembly of Manitoba Chiefs, the AMC; is that right?

9 A That's correct.

10 Q You're a member of the Hollow Water First Nation?

11 A Yes.

12 Q You completed your Bachelor of Nursing degree at
13 the University of Manitoba in 1991?

14 A Yes.

15 Q You returned to the University of Manitoba in
16 1997 for courses and primary care skills and in 2010, you
17 completed your Master of Science and Community Health
18 Sciences, through the Faculty of Medicine, at the
19 University of Manitoba?

20 A That's correct.

21 Q Your Masters' thesis, I have a copy of it, was
22 entitled: Development of a Framework of Improved
23 Childbirth Care for First Nations Women in Manitoba, A
24 First Nations -- sorry, A First Nation Family-Centred
25 Approach.

1 And perhaps what we could do is mark that as an
2 exhibit.

3 THE CLERK: Exhibit 132.

4 THE COMMISSIONER: And what is it? A Masters'
5 paper?

6

7 BY MR. OLSON:

8 Q This is your masters' thesis; is that right?

9 A That's my masters' thesis.

10 THE COMMISSIONER: Masters' thesis --

11 THE WITNESS: That's correct, yes.

12 THE COMMISSIONER: -- thank you.

13 THE WITNESS: Um-hum.

14

15 **EXHIBIT 132: THESIS ENTITLED**
16 **DEVELOPMENT OF A FRAMEWORK OF**
17 **IMPROVED CHILDBIRTH CARE FOR FIRST**
18 **NATION WOMEN IN MANITOBA: A FIRST**
19 **NATION FAMILY CENTRED APPROACH**

20

21 BY MR. OLSON:

22 Q Just for the benefit of the Commissioner, can you
23 just give us a brief synopsis of what the focus of the
24 Masters paper was?

25 A The focus of my thesis was the evacuation policy

1 for First Nation women that live on reserve. The
2 evacuation policy sort of stipulates that a woman who is
3 about to have a baby, at either 36 or 38 weeks, depending
4 on her level of perceived risk, leaves the community, if
5 they are in a remote region, to relocate in an urban centre
6 where they would await the delivery of their baby. So that
7 evacuation policy has been a policy that has been sort of
8 reviewed in the past, but it's been a policy where we
9 needed to do some work, in terms of working toward moving
10 birthing back home, in our communities.

11 So I looked at the experiences of 14 First Nation
12 women that were from one isolated community in Manitoba and
13 basically interviewed them and, and ascertained what their
14 experiences were that were primarily negative experiences
15 and not, you know, not experiences that were, you know,
16 normally associated with having a baby. So I looked at
17 their experiences and their thoughts about how the system
18 can improve in that area.

19 Q So that was a -- that became a particular area of
20 interest for you, in your work; is that right?

21 A Yes.

22 Q You've been a member of good standing in the
23 Manitoba College of Registered Nurses since 1999?

24 A That's correct.

25 Q Okay. You're also a member of a number of groups

1 and committees, including the Canadian Evaluation Society,
2 the Manitoba First Nations Maternal Child Health Advisory
3 Committee, the Manitoba Provincial Oversight Committee for
4 Children and Youth Mental Health, the Winnipeg Regional
5 Healthy Authority Prenatal Connection Steering Committee
6 and the Winnipeg Regional Health Authority University of
7 Manitoba Partners for Integrated Inner-City Parental Care
8 Working Group; is that right?

9 A Yes.

10 Q You're also involved in a number of ongoing
11 research projects. These include Manitoba First Nations
12 Research Team Leader and Co-Principal Investigator for
13 International Indigenous Infant Mortality Research
14 Collaboration, Research Team Member of Utilization of
15 Health, Education and Social Services by Manitoba First
16 Nations Children with FASD. And the acronym FASD stands
17 for?

18 A Fetal outcome -- Fetal Alcohol Spectrum Disorder.

19 Q Thank you. And Research Team Member, Impact of
20 Diabetes During Pregnancy and Breastfeeding on Subsequent
21 Diabetes in First Nations Mothers and Children --

22 A That's correct.

23 Q -- is that right? Now, you've prepared a, a
24 PowerPoint presentation for the benefit of the Commission,
25 which I will also mark as an exhibit. That would be known

1 as document 8 to counsel. Madam Clerk has a copy. It's
2 entitled: Maternal Child Health program in First Nations
3 Communities on Reserve.

4 THE CLERK: Exhibit 133.

5

6 **EXHIBIT 133: POWERPOINT**

7 **PRESENTATION ENTITLED MATERNAL**

8 **CHILD HEALTH PROGRAM, IN FIRST**

9 **NATIONS COMMUNITIES, ON-RESERVE**

10

11 MR. OLSON: And perhaps what we can do is put the
12 PowerPoint presentation on the monitor.

13 We'll be going through some of the slides through
14 the course of your examination.

15 THE CLERK: It's number 3?

16 MR. OLSON: It's number 8.

17

18 BY MR. OLSON:

19 Q Now, there's a great deal of information
20 contained in the presentation and we'd be here for a long
21 time if we were to go through all of it, but it, it is
22 there for the Commissioner's benefit and, of course, for
23 the benefit of anyone who would like to ask you questions
24 that I don't touch on. But what we'll do is we'll go
25 through just certain areas of particular interest to the

1 Commission and I'll ask you to comment on those in
2 particular.

3 Firstly, just with respect to slide number 2, if
4 we could pull that up on the screen.

5 It says, it's entitled: Health Council Canada
6 Report and there's a photograph of a report --

7 THE COMMISSIONER: Now, are those slides
8 numbered? You, you referred to a slide number, 2, are they
9 numbered somewhere?

10 MR. OLSON: They are, Mr. Commissioner. For some
11 reason -- if you could go up one slide please, I think
12 we're on slide --

13 THE COMMISSIONER: If not, we can refer to them
14 as the slide on page number such and such.

15 MR. OLSON: This, this should be slide number 2
16 that we're looking at here. I'm not sure why the number
17 isn't showing up.

18 THE COMMISSIONER: All right.

19 MR. OLSON: But that's, that's slide number 2.
20 It says:

21

22 "Understanding and Improving
23 Aboriginal Maternal and Child
24 Health in Canada"

25

1 MR. FUNKE: Mr. Commissioner, Mr. Commissioner,
2 if I might be able to assist, I believe that the PowerPoint
3 has been provided to Commission in a .pdf document, so that
4 the first two slides appear on page 1 of the document, the
5 third and fourth page appear on page 2 of the document. So
6 each page of the document actually contains two
7 slides.

8 THE COMMISSIONER: Oh, I see.

9 MR. FUNKE: So, and the slides should be numbered
10 at the bottom left hand corner of the slide, although this
11 slide doesn't show it, the next slide does have a page 3 at
12 the bottom of it. So --

13 THE COMMISSIONER: Thank you.

14 MR. FUNKE: -- the document, the number of the
15 page of the document appears at the bottom right hand
16 corner. But the bottom left hand corner of each slide
17 should show the slide number. So I apologize for the
18 confusion.

19 THE COMMISSIONER: Thank you.

20 MR. OLSON: So it looks like it may be that the
21 numbering got dropped off this page for some reason, but
22 this should be slide number 2, I believe. So much for
23 technology simplifying things.

24

25

1 BY MR. OLSON:

2 Q So it's, with respect to slide number 2, Health,
3 Health Council of Canada, it says:

4

5 "Understanding and Improving
6 Aboriginal Maternal and Child
7 Health in Canada"

8

9 It says:

10

11 "In January and February of
12 2011, the Health Council of Canada
13 held a series of seven
14 regional sessions across Canada
15 to learn what programs
16 and strategies are making a
17 difference in the health of
18 Aboriginal mothers and young
19 children."

20

21 The, the reference, I understand it, is to the,
22 the report, which I'm going to make an exhibit now, which
23 is known to council as document 2 --

24

THE CLERK: Exhibit 134.

25

1 **EXHIBIT 134: UNDERSTANDING AND**
2 **IMPROVING ABORIGINAL AND CHILD**
3 **HEALTH IN CANADA**

4

5 BY MR. OLSON:

6 Q And you'll notice there's a binder in front of
7 you as well, you have all of these in your binder as well
8 as on the --

9 A Um-hum.

10 Q -- on the screen.

11 A Yes.

12 Q The reference, in this slide, number 2, is to the
13 report: Understanding and Improving Aboriginal Maternal
14 and Child Health in Canada. Can you first just give a
15 little bit of background about this particular report?

16 A The reason I thought it was important to bring it
17 forward is because that our program, the Strengthening
18 Families Programs, was one of the programs and services
19 that was identified as a, as a best practice across Canada,
20 which is the program that I'm going to be speaking to you
21 today.

22 MR. OLSON: Okay. And just for the sake of the
23 Commissioner, that, the reference to the program is on
24 page, starts on page 28.

25 THE COMMISSIONER: And this is of Exhibit 133?

1 MR. OLSON: This is Exhibit 134, Mr. --

2 THE COMMISSIONER: One thirty-four.

3 MR. OLSON: -- Commissioner.

4 THE COMMISSIONER: Well, now, what's the -- what
5 -- explain to me what 133 is and what 134 is.

6 MR. OLSON: Okay. Exhibit 133 is a PowerPoint
7 slide presentation.

8 THE COMMISSIONER: Yes.

9 MR. OLSON: And it's referencing, the, the slide
10 we were looking at is referencing Exhibit 134, which is the
11 Health Council of Canada report.

12 THE COMMISSIONER: Oh, slide 34 is --

13 MR. OLSON: Slide number --

14 THE COMMISSIONER: -- Exhibit 134 is one slide;
15 is that it?

16 MR. OLSON: One thirty-four is the, is the report
17 that's referenced in one of the slides from 133.

18 THE COMMISSIONER: And which one are we going to
19 now?

20 MR. OLSON: Okay. So if you look at the report,
21 Mr. Commissioner, it's the Understanding and Improving
22 Aboriginal Maternal and Child Health in Canada.

23 THE COMMISSIONER: Page what?

24 MR. OLSON: Page -- so first of all, the report,
25 the report itself, if you just look at the cover page, it's

1 a Health Council of Canada report; do you have that?

2 THE COMMISSIONER: Yes, yes.

3 MR. OLSON: This report is identifying those
4 programs that are, are identified as, as most improving
5 maternal and child health programs. And the significance,
6 as the witness has testified, is that the program that
7 she's delivering is, has been identified, by the Health
8 Council of Canada as one of the five programs that is best
9 delivering, or best practice in delivering maternal and
10 child health.

11

12 BY MR. OLSON:

13 Q Is that right? Did I get that right?

14 A It's identified -- there were a number of areas
15 that they examined, in terms of what was considered a best
16 practice. And the Maternal and Child Health program, or
17 the Strengthening Families Program, here in Manitoba, was
18 identified in the, the way that the program structured and
19 making measurable outcomes as a best practice, yes.

20 MR. OLSON: Okay. So that's the reason for
21 including this particular report, Exhibit 134 in these
22 materials, Mr. Commissioner. And just to complete that,
23 the, the specific reference, you'll find on pages 28 and 29
24 of Exhibit 134. And you'll see in the -- you see the
25 highlighted box where it says best practices --

1 THE COMMISSIONER: Yes.

2 MR. OLSON: -- in Federal programming?

3 THE COMMISSIONER: Yes.

4 MR. OLSON: There are a number of programs
5 identified, for example, the Canadian Prenatal Nutrition
6 Program, the Aboriginal Head Start program. When you flip
7 to the next page, there's the Maternal and Child Health
8 program, which is the program this witness is, is talking
9 about today.

10

11 BY MR. OLSON:

12 Q Can you tell us when the program, in Manitoba,
13 came into an existence, came into existence?

14 A In 2005, the funding was -- a funding
15 accouchement was made by the Federal Government. In 2006,
16 the funding flowed to the regions and the programs
17 basically began at that point, in 2006.

18 Q In '06? Was it always housed within the, the
19 AMC?

20 A At that point, at the initial sort of formative
21 discussions with the program, it was a federally funded
22 program and to reside within the nutrition and diabetes
23 wellness unit at the, in the Federal Government. But with,
24 with the early discussions that took place at the national
25 level, with the Assembly of First Nations and the, and the

1 Federal First Nations and Inuit Health Branch, they, at the
2 Manitoba regions, felt that the Assembly of Manitoba Chiefs
3 and First Nations would be engaged in sort of discussions
4 on how the, the, the program had rolled out at that
5 point.

6 THE COMMISSIONER: Witness, just push that mic a
7 little away --

8 THE WITNESS: Okay.

9 THE COMMISSIONER: -- from you. It's just a --
10 too close.

11 THE CLERK: (Inaudible).

12 THE COMMISSIONER: Yes.

13 THE WITNESS: Okay.

14 THE CLERK: (Inaudible) feedback.

15 THE WITNESS: Okay. Okay. Sorry. Is that
16 better?

17 THE COMMISSIONER: Yes.

18 MR. OLSON: That's better.

19 THE WITNESS: Okay.

20 THE COMMISSIONER: Yes.

21 THE WITNESS: So initial discussions really began
22 with the Federal Government and the First Nation Inuit
23 Health Branch. But when the Assembly of Manitoba Chiefs
24 became involved in discussions on how the program had
25 rolled out, they became actively involved in the designing

1 the delivery of the program.

2

3 BY MR. OLSON:

4 Q Okay. So initially it wasn't housed within the
5 AMC then, is what I understand you to be --

6 A No.

7 Q -- saying? But it did become housed within the
8 AMC over time?

9 A Yes, it actually began quite shortly after that
10 as well.

11 Q Okay. Quite shortly?

12 A Yeah.

13 Q So sometime in 2006 then?

14 A Yes.

15 THE COMMISSIONER: What, what, what happened in
16 2006?

17 MR. OLSON: The program itself became housed
18 within AMC, within the Assembly of Manitoba Chiefs.

19 THE WITNESS: Can I just provide some
20 clarification around that?

21 MR. OLSON: Certainly.

22 THE WITNESS: The program, in the Health Council
23 Report, really speaks to the management structure of the
24 program and that you'll see on page 25.

25

1 BY MR. OLSON:

2 Q Twenty-five of --

3 A And --

4 Q -- sorry?

5 A Twenty-five of the Health Council report.

6 Q Okay. That's Exhibit -- Mr. Commissioner, 134,
7 page 25.

8 THE CLERK: (Inaudible).

9 MR. OLSON: Tab number 2.

10 THE WITNESS: So page 28 and 29 sort of reference
11 the National Maternal and Child Health Initiative.

12 MR. OLSON: Right.

13 THE WITNESS: Page 25 of this report really spoke
14 about the management structure of the Strengthening
15 Families Program in Manitoba, which was funded by the
16 Maternal Child Health Initiative, at the Federal level.

17 So with the management structure, the way it was
18 designed is that the funding and the overall administration
19 of the program remained within the Federal Government, but
20 the program and practice support is what sort of separated
21 and was transferred into the Assembly of Manitoba Chiefs.
22 So the program and practice support is what was transferred
23 to the Assembly of Manitoba Chiefs, not necessarily the
24 funding, or the, the, the administration of the program.

25

1 BY MR. OLSON:

2 Q I see. It references a co-managing structure --

3 A Correct.

4 Q -- that -- okay.

5 A Um-hum.

6 Q Thank you for that.

7 If we could turn please to slide number 5 of,
8 from Exhibit 133. That one.

9 I note that funding to support research on
10 Maternal Child Health programs comes from a fund called
11 Upstream Investments, that:

12

13 "... [supports] initiatives with
14 preventative approaches to
15 health ..."

16

17 In what way is the MH, sorry, MCH Program a
18 preventative or upstream health program?

19 A The term "upstream" really refers to the
20 preventative approach. So the way that the program works
21 with families is that we provide them with support,
22 education and mentoring prior to any kind of issues or
23 involvement with the child welfare system. So it really
24 provides them with that initial intervention, prior to the,
25 any kind of crisis, or involvement with Child and Family

1 Services. So it was really meant to be targeted
2 interventions, early on in the lifecycle of the family.

3 Q So when you say "upstream", it means --

4 A Prevention.

5 Q -- preventing involvement with child welfare?

6 A Yes.

7 MR. OLSON: Okay.

8 THE CLERK: I'm just going to say to the witness,
9 I'm losing the, the last few words of your sentence, they
10 seem to trail off.

11 THE WITNESS: Okay.

12 THE CLERK: I don't know if you're missing
13 (inaudible).

14 THE COMMISSIONER: Pardon?

15 THE CLERK: I'm missing the last few words of her
16 sentences.

17 THE WITNESS: Do you want me to repeat that?

18 THE CLERK: No, that's okay.

19 THE WITNESS: Okay.

20

21 BY MR. OLSON:

22 Q From your perspective, is it important to provide
23 those sort of upstream services to First Nations
24 communities?

25 A Absolutely. In, in my opinion, it is the only

1 approach that I feel that would work, in terms of making a
2 difference in outcomes in, in First Nation communities.
3 Not just for child welfare involvement, but in terms of
4 involvement with, with the social, you know, other social
5 programming and the justice system, or --

6 THE COMMISSIONER: You're --

7 THE WITNESS: -- and even --

8 THE COMMISSIONER: -- you're talking about
9 general health services now, as distinct from maternal
10 issues?

11 THE WITNESS: Yes, yes, but I, but the, the
12 program itself is, is comprehensive enough so that it
13 provides a lot of targeted information at the earliest
14 stage of the, of the family. So -- which would, has shown
15 in other programs, in other evaluations, that makes a huge
16 difference, in terms of involvement with child welfare
17 system, criminal justice system, the child, sort of, social
18 determinants of health. Makes a difference there as well.

19 MR. OLSON: You, you have a nice soft voice, but
20 it's, the room has a bit of an echo to it. So I think
21 there's some trouble picking up your words. I don't know
22 if it would help to either move back the microphone, or try
23 to speak up a little bit more.

24 THE WITNESS: Okay.

25 MR. OLSON: Yeah. Or maybe, maybe move the

1 microphone up a little bit. No?

2 THE CLERK: No, that causes feedback.

3 MR. OLSON: Okay. Don't do that.

4 THE CLERK: (Inaudible) enunciate (inaudible).

5 THE WITNESS: Speak louder?

6 MR. OLSON: Yeah, that, that was --

7 THE WITNESS: Okay.

8 MR. OLSON: -- that's great, if you could do
9 that.

10 THE CLERK: Yes.

11 MR. OLSON: That would be helpful.

12 THE WITNESS: Okay.

13 MR. OLSON: Okay. Sorry about that. This room
14 has a --

15 THE WITNESS: So do I need to --

16 MR. OLSON: -- has an echo.

17 THE WITNESS: -- repeat that answer?

18 MR. OLSON: I think we got -- did you get that
19 answer?

20 I think we have that answer.

21

22 BY MR. OLSON:

23 Q So what you're saying is very, it's very
24 important, in communities, to provide, to provide those
25 sort of preventative approaches, for the reasons that you,

1 you set out and that's something that the program does.
2 And you'll, you'll talk about how the program does that.
3 We'll, we'll get to that a little bit later on.

4 And from a development phase, if we can, if we go
5 to slide 10 please, the first paragraph, it says:

6
7 "One of the first decisions made
8 by the newly formed Advisory
9 Committee was that the Nurse
10 position be housed at the AMC as a
11 'demonstration' project -- to
12 ensure First Nation participation
13 in program development"

14
15 Can you explain, first of all, what's meant by a
16 "demonstration" project?

17 A In the past, whenever the Federal Government
18 rolled out programs and services, the program support
19 always remained within the Federal Government, or the
20 office of the nursing directorate, within the First Nation
21 and Inuit Health Branch. So with this initiative and
22 transferring out the nurse program advisor position, along
23 with the program support, to the Assembly of Manitoba
24 Chiefs, it was really meant to demonstrate that First
25 Nations' involvement and First Nations' participation in

1 designing and delivering a program would make a measurable
2 difference, in terms of the quality of programs at the
3 community level.

4 Q So demonstration really means demonstrating that
5 First Nations could do it and they, they have done it?

6 A Yes.

7 Q And is it still a demonstration project?

8 A Not at this point, no.

9 Q Okay. Then the second paragraph says:

10

11 "They also determined that in
12 order to make any difference in
13 Maternal Child Health outcomes, a
14 targeted approach with adequate
15 funding at the community level was
16 needed"

17

18 Can you explain what's mean (sic) by targeted
19 approach?

20 A With other similar programs, such as the Canada
21 Prenatal Nutrition Program, funding, the amount of funding
22 that was available to First Nation community was not
23 adequate to support the comprehensive prevention program at
24 the community level. And the amount of funding that was
25 available to the Manitoba region would not allow the

1 development of comprehensive programs in each First Nation
2 community. And that, and, and with that in mind, the
3 advisor committee looked at the amount of funding that was
4 available and decided that the best approach to take was to
5 fund a number of programs in First Nation communities
6 adequately, so that they can deliver a comprehensive
7 program and, and obtain some measurable outcomes after the
8 five year demonstration.

9 Q So the idea being, there's not enough funding to
10 fund every community. If we did that, it would be
11 inadequate, we just couldn't do that. So let's target
12 those communities, some sort of criteria, and fund it
13 adequately; is that --

14 A Um-hum. That's correct.

15 Q Okay. So if we go to slides 12 and 13, let's go
16 to slide 12. It says:

17

18 "The Advisory Committee recognized
19 that existing capacity was
20 important in the first projects to
21 be funded and [implemented] the
22 program quickly"

23

24 "Accordingly, the criteria the
25 community had to submit included:

1 Documentation of a successful
2 implementation of community
3 programs
4 Support through a band council
5 resolution or equivalent"

6

7 And then if we could go over to the next slide:

8

9 "Evidence of success and
10 recruitment and retention of a
11 Nurse; and
12 The presence of an infrastructure
13 and [support] program support in
14 the community"

15

16 Were those the criteria in selecting the
17 communities that would have a project?

18 A Yes.

19 Q Okay. And what was it about those criteria that
20 made it appropriate?

21 A At the beginning, the inception of the program,
22 we were only assured of a five-year commitment of funding.
23 So with that five-year commitment, we, we felt that the --
24 we needed to demonstrate that this program works and that
25 we had the capacity to be able to build a quality program.

1 And with only the five years in mind, we felt that we
2 needed to have communities that were ready to implement the
3 program and had the infrastructure and the support
4 available at the community.

5 Q I see. Based on those criteria and the funding,
6 how many communities were funded at the outset of the
7 program?

8 A In 2006, there were 11 communities that were
9 funded initially.

10 Q Eleven communities?

11 A Um-hum.

12 Q Now, has the reach of the program been expanded
13 since 2006?

14 A Yes, in 2007, an additional five communities
15 received funding, with a total of 16 communities that were
16 funded in 2007. And at this point in time, we only have
17 14.

18 Q You were hired, in 2006, as a nurse program
19 coordinator; what are your duties?

20 A I was hired as a nurse program advisor and so my
21 duties involved in assisting the communities and the
22 advisory committee in the program development and coming up
23 with a program model, design, assisting communities and
24 designing their programs at the community level, looking at
25 the training and the capacity that was required for the,

1 for the delivery of the program at the community level.
2 Overseeing the evaluation activities of the program. So
3 coordinating the training, as well as looking at what was,
4 at the time, just a concept and looking at the quality of
5 the program.

6 Q Okay. And when you talk about things being done
7 at the community level, what, what do you mean by that,
8 exactly?

9 A The, the Assembly of Manitoba Chiefs provided
10 the, the program support, but they did not provide the
11 actual resources or did not hire the individuals at the
12 community level. The communities had to sort of implement
13 their own HR practices and policies and hire the
14 individuals that were qualified to be able to deliver the
15 program at the community level. So I provided that support
16 and direction, in terms of what was required, in terms of
17 qualifications, sort of program structure. What we were,
18 we would, sort of, expect, in terms of structuring the
19 program at the community level.

20 Q Okay. From the planning stages an evaluation
21 component was built into the program and developed with the
22 assistance of Dr. Eni, of the University of Manitoba. How
23 was a evaluation plan developed?

24 A The evaluation plan was developed in
25 collaboration with the initial advisory committee that was

1 formed in 2006, prior to the funding rolling out into the
2 communities. So the advisory committee was involved in the
3 selection and as well as setting out the criteria for the
4 community programs. So they were involved, in terms of
5 looking at how we were going to evaluate the program. And
6 their perspective was that the evaluation of the program
7 was not going to be anything that was done externally by a,
8 sort of, a, an academic institution that really had no
9 direct relationship with the program. So what they called
10 it, at that time, for a lack of a better name, was a
11 developmental evaluation. So they felt that the university
12 needed to be directly involved in the development of the
13 program and remain with the program for its duration.

14 Q Is that still the case today?

15 A Yes.

16 Q We could put slide number 18 on the monitor
17 please.

18 It says the MCH program, in Manitoba, uses a
19 Manitoba First Nations cultural framework that is strength-
20 based and inclusive of the entire family.

21 What does that mean?

22 A Okay. The initial evaluation planning workshop,
23 we, we had a number of tools that were available to us from
24 the Federal government, at the national level and one of
25 those being a, a framework for the designing, the delivery

1 of the program. So the advisory body, at that time, and
2 the communities that were funded, the program employees
3 that were employed by the programs at that time, were
4 involved in looking at the national framework and some
5 discussions on how we were going to, to still deliver the
6 program so that it met the criteria at the national level,
7 but we also wanted it to be a program that was rooted in
8 First Nations culture, belief systems and histories.

9 So with that, we designed a program framework
10 that looked very much like a tree. So the roots of the
11 tree were really rooted in First Nations culture and belief
12 systems and values and had a program of services, as well
13 as an evaluation that grew with the tree. So, and with the
14 cultural, I guess, aspects being the strengths of the
15 community, so that the programs were delivered, the
16 fundamental structures remained the same without -- through
17 each and every community, but the communities had the
18 flexibility to build on the strengths that were unique to
19 that particular community.

20 Q Okay. If we could put up slide number 20. I
21 think this is the, this is -- oh, actually 19 -- is that,
22 that's the -- that's what you're talking about when you
23 talk about the tree --

24 A That's correct.

25 Q -- the model? And so this is consistent with the

1 national standards and the, the First Nations values and,
2 and approach; is that right?

3 A The national, the national framework really
4 spelled out a couple of criteria that it would be a program
5 that was a home visiting, that had a home visiting model to
6 it. And that we had, that part of that criteria would be
7 linking the program participants to available supports and
8 making referrals to available supports, with, and with a --
9 external to the community.

10 With the Manitoba model, we looked at a different
11 approach, which was inclusive of the entire family, not
12 just the maternal and child dyad. But we felt that the
13 family was important to, to, to design the program, so that
14 it met the needs of the entire family and not just making a
15 difference in maternal and child health outcomes. So with
16 that, we created our own vision for the program. We
17 created our own objectives that were clearly aligned with
18 our own, or First Nations philosophies.

19 Q Okay. Now, these are all things that occur
20 before there's involvement with the child welfare system --

21 A Yes.

22 Q -- right? Okay. So what, at what point do you
23 see that these, these types of capacity building things
24 happening, or current? Or what, what, at what point do
25 they occur?

1 A Well, when we are working with families, we have
2 a process to, to reach out to families, which is our
3 screening process. So the screening process is really
4 meant to be a universal process. From that screening, we
5 identify families that potentially could benefit from the
6 support of the program. And from those that are identified
7 as sort of screened in for a -- well, better words, are,
8 are further assessed by a nurse and who completes a, a
9 comprehensive family assessment that looks at a number of
10 different areas and one of them being involvement, previous
11 involvement or history of their involvement, as a child,
12 with the child welfare system. So it, it does, it is a,
13 sort of a, a risk assessment, as well as looking at
14 strengths of the family.

15 So identifying their, their needs, in terms of
16 the risks and their strengths, we work with the family and,
17 and they work one-to-one with a home visitor and the home
18 visitor has an educational curriculum that really is rooted
19 in, in, in solid science, in terms of child development,
20 parenting, bonding, attachment, all those elements that
21 would build a strong family. So our fundamental goal is to
22 strengthen the family.

23 Q Are the services themselves voluntary?

24 A Yes.

25 Q Okay. If we got to slide number 24, it talks

1 about the program's objectives:

2

3 "- [Empowering] Families

4 - [Promoting] the physical,
5 emotional, mental and spiritual
6 well being of women children and
7 families

8 - [Promoting trust] and supportive
9 relationships between
10 parent/child, care
11 provider/family, and resource to
12 resource

13 - [Increasing] communities (sic)
14 capacity to support families"

15

16 How does this strengthening program,
17 Strengthening Families Program seek to achieve this, these
18 objectives?

19 A I think the, the program seeks to obtain these
20 objectives by providing families with, with the information
21 and education around building a relationship with the
22 child, building stronger relationships within the families,
23 providing them with information that was potentially lost
24 due to historical factors, in terms of the transmission of
25 parenting knowledge, in terms of nurturing our children.

1 So it really provides them with comprehensive information
2 about how we can rebuild our families and sort of, and
3 start from there. And we feel that we have made an
4 incredible difference in the families that we work with, in
5 terms of making, making some, some really positive
6 lifestyle changes in, in families.

7 Q Okay. Just in terms of practically how it works,
8 if we got to slide 27, there are -- and you've talked a
9 little bit about it so far, there, there are five elements
10 and you've talked a bit about the home visitation program
11 and that's:

12 "... in home support by specially
13 trained visiting staff"

14

15 How, just how does that work on a practical
16 basis? What, what happens? Home visitors visit a family
17 that you've screened in on -- how frequently would they
18 visit a family?

19 A It depends on the level of need, but primarily
20 most families will enter at level 1. And level 1 families
21 are visited on a weekly basis, or at best, at a, on a
22 weekly basis. They transition through the levels based on
23 their goals that -- achieving certain goals that they set
24 out for themselves. So they work with the home visitors
25 in, in setting some goals for the family, for themselves.

1 And as they move towards achieving those goals, then they
2 progress through the various levels. So level 1 is one
3 visit a week. Level 2 is a visit every other week. Level
4 3 is once a month and level 4 would be on a quarterly
5 basis.

6 Q Okay.

7 A So four times a year.

8 Q And when you talk about goals, can you just give,
9 give us an example of some of the types of goals that might
10 be identified or, or discussed? Just, just as an example,
11 so we get an idea of what you mean?

12 A Some of the goals can be quite complex and some
13 of the goals can be very simple as I'll, I'll get up in the
14 morning, each and every morning, and get my child ready for
15 school. Some of them, some families are just at that
16 level, where they need to set some goals around just having
17 a daily schedule and a daily routine.

18 Other goals we have seen are families working
19 towards obtaining their grade 12 education. So they may
20 set a goal to go back to school in the fall. Some may set
21 a goal around, around obtaining employment, or working
22 towards getting off social assistance and entering the
23 workforce.

24 Q Okay. (B):

25

1 "Connecting families ... to ...
2 support and services ..."

3

4 Can you talk a little bit about what that
5 involves?

6 A Well --

7 Q This is -- is this something, as well, that the
8 home visitation program does? The, the worker would --
9 helps connect the family with, with family? Helps, helps
10 connect the family to support services?

11 A Absolutely. The home visitors are trained to
12 deliver an educational curriculum and they are generally
13 home visitors that are residents of that community. We
14 recognize that they are not professionals in every aspect
15 and they're not expected to, to have an answer to every
16 question, or to every issue. So we do training with the
17 home visitors, to be able to, for them to recognize that,
18 their limitations and be also aware of other resources and
19 available supports in the community.

20 So one of the roles is if they are encountering a
21 family that has sort of an issue that is beyond their
22 capacity to deal with, that they are working with their
23 supervisor, nurse supervisor, to be able to link that
24 family with available supports in the community as well.

25 Q And of course those support, supports have to be

1 available in that community to make the link as, as well?

2 A Yes.

3 Q Okay. And that was one of the criteria, in terms
4 of having, selecting the program to be available in the
5 community, that there be supports in the community?

6 A Ideally, yes.

7 Q Go down to health promotion and education.

8 You spoke a little bit about that; was there
9 anything else you wanted to add, in terms of what's
10 involved?

11 A Although we have the home visiting program that's
12 very targeted to families that are identified through a
13 screening and assessment process, we also have the nurse
14 supervisors who are more generalists and, and more or less
15 come from the public health system. They can work with
16 other programs and supports in the community to deliver
17 education and health promotion activities, at a much
18 broader level, to the community. So that the, not only is
19 the information reaching the families on a, a one-to-one
20 basis, but the nurse supervisors can be involved at a much
21 more sort of a community-wide level in delivering health
22 promotion activities.

23 One example could be delivering an educational
24 program around boat safety, around this time of the year.
25 Another example could be doing an educational session and

1 providing support to the community, in terms of traffic
2 safety and the use of car restraints and car seats and that
3 sort of thing.

4 Q And case management for families with complex
5 needs; can you elaborate on that?

6 A With the families that we work with, the home
7 visiting families, sometimes we'll identify a family with,
8 with more complex challenges, or in some cases, children
9 that have special needs, which would require more of a
10 system of support for that family. So, in that case, the
11 nurse supervisor can act as the case manager for that
12 particular family and provide the case management support
13 and coordinate the team meetings for that particular
14 family.

15 Q So, when you're talking about case manage,
16 that -- management, is that where the resources involved in
17 that family's life are all brought together to determine
18 what the family needs and where the, the family's going, in
19 terms of a case plan?

20 A Yes.

21 Q Is that the sort of --

22 A Um-hum.

23 Q -- thing you're --

24 A Ideally --

25 Q -- talking about?

1 A -- yes.

2 Q Ideally? Ideally?

3 A Ideally.

4 Q You know it doesn't always work that way, but
5 that's the --

6 A Um-hum.

7 Q -- that's the idea?

8 A Um-hum.

9 Q Okay. The home visiting program itself, in
10 practice, how has that been working out?

11 A The home visiting --

12 Q Right.

13 A -- in practice? We have undergone a more or less
14 a process evaluation that ended in 2005. Right now, our
15 focus for the evaluation is looking at the outcomes. So we
16 would expect, after delivering the program for five or six
17 years, that we are making a difference, in terms of
18 positive lifestyle changes and we have a, a data sort of
19 collection tool, where we are looking at and tracking some
20 of the, the outcomes, in terms of families. And we feel --
21 and it, it will be demonstrated through evaluation activity
22 in the next couple years that there are a number of
23 positive changes that are taking place in families.
24 Families are, are reaching their goals. They're going back
25 to school. They're coming off of social assistance. For a

1 family, number of families that have had Child and Family
2 Services involvement, they've worked towards their goals
3 in, in reuniting their children within the families. So we
4 are seeing a number of positive changes at the community
5 level.

6 Q Okay. You, you mentioned that the program's
7 designed to be consistent with national standards. It also
8 sounds similar to the Province's family, Families First
9 program; is there, is there, is there a reason for that
10 similarity?

11 A Yes, in the very beginning, when we were looking
12 at the design and delivery of the program, there were
13 discussions with the communities, in terms of the program
14 model. And the decision, at that time, is that we would
15 deliver a similar enough program to the Families First
16 program, so that we potentially could transfer families
17 between the two systems. And so at the core element, the,
18 the, the structure of the programs are the same. We use
19 the same educational curriculum, which is the Growing Great
20 Kids education curriculum. So potentially families that
21 are leaving our community can leave one of our communities
22 and enter a regional health authority, one of the
23 communities in a neighbouring community and obtain and pick
24 up where they left off, in terms of the educational
25 curriculum.

1 Q I see. So the Manitoba -- the, sorry, the
2 Maternal Child Health program is only delivered on certain
3 First Nations?

4 A Yes.

5 Q Those that were selected that, that, I think you
6 said there were now 14?

7 A Fourteen, um-hum.

8 Q And what -- the Families First program is not
9 offered on all First Nations, is it?

10 A No.

11 Q Is it offered on any First Nations?

12 A No.

13 Q Okay. What we know though is that many
14 aboriginal families move from a First Nation community to
15 an urban centre like Winnipeg and the idea is a First
16 Nation family could transfer -- who, who was part of the,
17 of the Maternal Child Health program, that they could
18 transfer to Winnipeg and be, fall under Winnipeg Regional
19 Health Authority, for example, and become part of the
20 Families First program without little, with little
21 difficulty, in terms of the --

22 THE COMMISSIONER: With, with what?

23

24 BY MR. OLSON:

25 Q Little difficulty, because of their similarity in

1 the curriculum; is that right?

2 A That's correct.

3 Q Okay.

4 A Yeah.

5 THE COMMISSIONER: Well, is the same program get
6 delivered in, in, in, in, in, in, in Winnipeg?

7 THE WITNESS: The Strengthening Families Program
8 is delivered on reserve. We use the same educational
9 curriculum and we use the same approach of leveling
10 families and transferring families through those various
11 levels. So that model remains the same.

12 So should a family leave a First Nation
13 community, they would follow our policies, in terms of our
14 transfer policies, into the, say for instance, the Winnipeg
15 Regional Health Authority. So we'd provide a referral to
16 that individual public health unit and then the public
17 health unit would pick that family up and they would
18 potentially be able to visit that family --

19 MR. OLSON: Right.

20 THE WITNESS: -- because they are using the same
21 educational curriculum.

22 THE COMMISSIONER: Can they deliver the kind of
23 culturally appropriate services that were delivered back on
24 the reserve?

25 THE WITNESS: The Growing Great Kids curriculum

1 is designed to be culturally competent, they call it. It
2 is that you work with that family to identify their own
3 unique strengths and their, their, their cultural beliefs
4 and strengths. To the extent that it is done on reserve,
5 I, I can't answer.

6

7 BY MR. OLSON:

8 Q Okay. Is there a formal link now between the
9 program you're delivering and the Families First program,
10 that you're aware of?

11 A We have a transfer policy with our program. So
12 we have, fill out a, a transfer form and, and it asks for
13 certain information on the family and the family does
14 consent to share this information. So that form is sent to
15 the public health unit, within the Regional Health
16 Authorities and it's picked up from, from that end. So
17 there is a formal transfer or discharge summary that goes
18 to the, the, the neighbouring Regional Health Authority,
19 yes.

20 Q Okay. Now, your Masters thesis focused on the
21 issue of aboriginal women leaving the community to give
22 birth, which is something that, that happens frequently,
23 because there's a lack of, you know, birthing centres on
24 reserve. That's -- is that an issue with the program, the
25 service delivery of, of the program on reserve, where women

1 are having to leave reserve who are part of the program and
2 transferring?

3 A In terms of the birthing experience, are you
4 asking for that?

5 Q Right, right.

6 A Yeah, there's, there's a bit of a, a gap in
7 services, when it comes to women that leave the community
8 to give birth. And that issue was identified by the
9 Maternal and Child Health task force that was formed in
10 2008 and that issue has been addressed, to some extent,
11 within the Regional Health Authority, through the formation
12 of the Prenatal Connections program. So the Prenatal
13 Connections program, within the Winnipeg Regional Authority
14 was meant to bridge that gap. So when the women leave
15 home, to the Winnipeg Regional Health Authority, or the two
16 hospitals, or the, and, and the birthing centre,
17 theoretically, here in the Winnipeg Regional Health
18 Authority, they can be connected the public health system
19 here and the Winnipeg Regional Health Authority, through
20 the Prenatal Connections program.

21 At this point, the services are offered to women
22 that are from the Nunavut region and reside at the Kivalliq
23 boarding home. So basically, it is still in pilot stages
24 and our hope and, and I, and I am involved with Prenatal
25 Connections program and on the steering committee, our hope

1 is to be able to expand that services to other women that
2 are leaving First Nation communities.

3 Q Okay. Now, I know you said that the program is
4 meant to target families that have a risk of becoming
5 involved with child welfare; what happens when those
6 families actually do become -- families that are part of
7 the program, do become involved with child welfare?

8 A Should they become involved in the child, Child
9 and Family Services system, our, our goal is to work with
10 Child and Family Services to come up with a, a plan to
11 support that family, to continue to support them, and
12 the -- theoretically, would come up with a, sort of, a, a
13 plan that would work for that family. So they're quite
14 individualized.

15 If the children should be removed for some reason
16 and the children were taken away and they would revert to
17 what we call a curriculum that we call Growing Great
18 Families. So the focus in -- for that period of time,
19 would be on strengthening and the, the family and having
20 the, the family think about what they want, in terms of
21 their family, setting goals for, that need to be achieved
22 for them to be able to have their children returned.

23 But we do have, again, a limitation, in terms of
24 resources. So we do have criteria, in terms of how long we
25 work with these families. So generally, it is 90, 90 days

1 and we work with the family, with the Growing Great
2 Families curriculum, or, or in a, or on an identified need
3 of that family and within those 90 days. So if there are
4 no sort of plans to return the children and the family does
5 not appear to be working towards those, those goals of
6 having the children reunited, then we do have to work on
7 discharge planning for that family.

8 Q Okay.

9 A And a referral would be made, at that point, to
10 the Child and Family Services of that particular community.

11 THE CLERK: I didn't hear the last few words.

12 THE WITNESS: Okay. If, if there was no sort of
13 progress in working toward those goals that are identified
14 and there were no plans for reunification, then a referral
15 would be made, at those 90 days, to the Child and Family
16 Services organization within that community.

17

18 BY MR. OLSON:

19 Q Is it ever necessary -- or, when, when a family's
20 been identified as a, as a family that needs some supports,
21 prior to intervention by the child welfare system, it
22 becomes necessary to refer that family to the child welfare
23 system, because of issues identified while working with
24 the, while working with the family?

25 A Yes.

1 Q And what happens in those cases?

2 A In the cases where the home visitors or the
3 supervisors, or the, the, the program, as a, a unit,
4 decides that this family may be putting the child at risk,
5 the, the, the circumstances around that risk is discussed
6 with the family and they are made aware that the referral
7 will have to be made to the Child and Family Services
8 organization. A lot of times, it may, it -- or a number of
9 cases, it has actually resulted in some positive changes
10 being made, where there was an actual plan put in place to
11 be able to support that family more intensively by calling
12 in other resources from the community. But we remained
13 involved.

14 In other cases, there, there, the children may
15 have been removed and the -- but always with, with the,
16 working with the family and, and making them aware that,
17 that this referral was being made and the children have
18 been removed.

19 In one particular case, the children were
20 removed. The family, the family home visitor remained
21 involved with the family. They worked towards their goals
22 and the children were reunited within those 90 days. But
23 other resources were involved as well, at the community
24 level.

25 MR. OLSON: Could we put slide 31 onto the

1 monitor?

2 THE CLERK: (Inaudible).

3 MR. OLSON: Okay.

4

5 BY MR. OLSON:

6 Q I just want to ask you about some of the key
7 accomplishments of the Strengthening Families Program since
8 it began. And this, you can refer, if you like, to slide
9 31 and a few slides after that which discuss some of the
10 key accomplishments.

11 A I'm sorry, you wanted me to speak to them?

12 Q Yes.

13 A Okay.

14 Q Yes.

15 A I think the, the, the first funded 11
16 communities, we were able to demonstrate that this, this
17 program model that we had designed was a program model that
18 would work in First Nation communities. And when more
19 funding became available, in 2007, there were additional
20 fund, communities that were funded.

21 In terms of the quality assurance plan, we had
22 developed a quality assurance plan early on in 2007, but it
23 had a lot of elements that were, that required a huge
24 investment in, in additional resources. So quality
25 assurance plan really was something that sort of evolved

1 through the years. So it began with a plan, but the plan
2 itself evolved. And what that really looks like today is a
3 comprehensive peer support program of support, where we
4 have developed a mechanism to support communities to reach
5 and to try to achieve our program standards. And we have
6 one dedicated nurse that works directly with communities in
7 looking at all sort of elements of the program delivery and
8 works toward, works with a, the community at setting goals,
9 to be able to achieve program standards, in working towards
10 program excellence. So that we're very proud of, that we
11 have developed this comprehensive program of support.

12 The quality assurance plan, we really set out
13 some short and medium, and long term goals and with, where
14 we're at right now, in terms of the, the peer support
15 program, which is the quality assurance program, we have
16 three trained individuals that are trained to deliver the,
17 the peer support program. So that is myself and we have a
18 peer resources specialist, who, whose job responsibilities
19 is a hundred percent of the time to deliver the peer
20 support program. And we also have our administrative
21 support for the program that is trained to deliver the
22 quality assurance peer support model of support.

23 So part of the short term goals was to develop
24 program standards and standardization of the documentation
25 tools and forms that are used at the program level. So

1 those are all standardized.

2 Q Okay.

3 A So everybody's using the same --

4 Q Same tools --

5 A -- forms.

6 Q -- and forms?

7 A Yeah.

8 Q Okay.

9 A Tools and forms.

10 Q Could we put the next slide on the screen
11 please?

12 A So part of the medium term goals was to develop a
13 comprehensive data collection system, not only to support
14 community documentation, but to have a way of collecting
15 information so that we, as peer support specialists are
16 able to, to assess where programs were at, in terms of
17 meeting our program standards. So the information system
18 that we've called the Strengthening Families information
19 management system, is a documentation tool, at the
20 community level, but it also has certain fields and
21 elements that provide us, peer support quality assurance
22 specialists, with information on where they're at, in terms
23 of meeting standards.

24 It also has, has certain fields and elements that
25 feed into our evaluation processes. So we have participant

1 satisfaction surveys. We have -- we count the numbers of
2 screens and certain elements on the screens and, and it
3 provides the evaluation team with information on, on terms
4 of sort of elements that may be interested in, in terms of
5 the evaluation.

6 Q Okay.

7 A And sort of our longer term goal was to develop a
8 stronger link with our communities, as well as with our
9 provincial partners.

10 Q Okay. If we could put slide 33 on the screen,
11 talks about a joint training initiative with Healthy Child
12 Manitoba; how did that joint training initiative come
13 about?

14 A It was --

15 Q And we'll be hearing, we'll be hearing more from
16 Healthy Child Manitoba later on in, during the inquiry
17 process.

18 A It really just began with a discussion with the
19 provincial coordinator, at that time, in 2007, the, the
20 discussions took place about how we could support, or how
21 we could work together in terms of supporting all families
22 in Manitoba. And recognizing that we have programs, the
23 Strengthening Families is available on reserve and the
24 Families First program is off-reserve. So we work together
25 to sort out those elements that we can collaborate on, in

1 terms of making the program, so that we are similar enough,
2 as well as how we can work on those elements that would
3 ease the transition of families between programs. And
4 later on, we work towards developing a joint training
5 initiative that really evolved from all those discussions
6 about how we can support each other. So at this point in
7 time, we had a four-way collaboration that has resulted now
8 in a single window for training for both programs. So we
9 have Healthy Child who provides the coordination of our
10 first level of training, which is integrated strategies
11 training. They allow and they invite our participants, or
12 our program staff to take part in that training. So that
13 is provided free of charge. So they have seats that are
14 available to our community participants and so they slip
15 into that training.

16 The second level of training, which is the tier 2
17 training, or the actual home visiting curriculum training,
18 the, the -- it, it involved a number of years of planning
19 because we needed to actually develop our capacity to be
20 able to deliver our own training here in our region,
21 because it is owned, a training that is owned by the
22 American Growing Great Kids Inc. company. So it involved
23 funding from First Nation Inuit Health, to provide training
24 to two provincial trainers. And the two provincial
25 trainers come from the Regional Health Authorities, one

1 from the Winnipeg Regional Health Authority, one from the
2 Interlake Regional Health Authority. So that itself was a
3 two-year process to get them trained and accredited.

4 And we also were involved, in terms of the
5 Assembly of Manitoba Chiefs by, by flowing the money
6 through to the, the Great Kids Inc. and coordinating some
7 of the, the provincial trainers' training.

8 So, if that was, like, in a nutshell, a summary
9 of three years of work and dialogue with our provincial
10 partners and now we have a curriculum training initiative
11 where we have two coordinators, or two trainers, sorry, one
12 from Winnipeg Regional Health Authority, one from Interlake
13 Health Authority. We jointly alternate the training
14 between the Assembly of Manitoba Chiefs and the various
15 Regional Health Authorities, so it can alternate between
16 Winnipeg Regional Health Authority, Interlake, Brandon. So
17 the, the, the training itself will alternate and that
18 hosting Regional Health Authority will coordinate that
19 training.

20 And, and when we host it, it is usually held
21 within the city of Winnipeg, or a neighbouring nearby
22 community. So both our participants, or our program staff,
23 and Families First staff train together in one training
24 initiative, both for integrated strategies and our level
25 two training, which is the curriculum training, tier 1

1 training.

2 Q Okay. Thank you. I want to ask you next,
3 there's a, there's a five-year evaluation document, which
4 will be the next exhibit, which is document number 1, which
5 will be Exhibit number 135, I believe?

6 THE CLERK: Exhibit 135.

7 THE COMMISSIONER: This is Exhibit 135 coming
8 now?

9 MR. OLSON: That's right.

10 THE COMMISSIONER: And this is a five-year
11 evaluation program --

12 MR. OLSON: Yeah.

13 THE COMMISSIONER: -- report?

14 MR. OLSON: Yeah. Five-year evaluation report,
15 released in 2012.

16

17 **EXHIBIT 135: FIVE-YEAR EVALUATION**

18 **REPORT, RELEASED IN 2012**

19

20 BY MR. OLSON:

21 Q Is that right?

22 A That's correct.

23 Q And --

24 THE COMMISSIONER: And running from 206 (sic) to
25 2010?

1 MR. OLSON: That's right.

2 THE COMMISSIONER: All right.

3

4 BY MR. OLSON:

5 Q Now, what is, what, what do you understand this
6 to be an evaluation of? What, what did the report
7 evaluate?

8 A I'm sorry. The, the five-year evaluation report
9 really looked at the process of developing the program, the
10 structures, different elements of program delivery. It
11 didn't necessarily look at the outcomes at that point,
12 although there was some surveys that were done and, and
13 looking at various areas, in terms of parenting, empowering
14 families, decision making, community involvement and so on
15 and so forth. So but primarily it was looking at more or
16 less the, the development of the program and the program
17 structure.

18 MR. OLSON: Okay. On the monitor still is
19 Exhibit 133. If we could pull up slide number forty, 46,
20 sorry.

21 THE COMMISSIONER: We're, we're going back to 133
22 now?

23 MR. OLSON: That's right.

24 THE COMMISSIONER: And, and slide what?

25 MR. OLSON: Forty-six.

1 THE COMMISSIONER: Forty-six.

2

3 BY MR. OLSON:

4 Q In your slides, you deal with the report, you
5 cite a number of references to this report, so I'm going to
6 take you through some of those slides now.

7 Up on the screen is quote from the report. This
8 is slide 46. It says:

9

10 "Whether or not families are
11 participating in SF-MCH ..."

12

13 The program, in other words.

14

15 "... community members say that
16 the [program] is important and a
17 valuable health promotion,
18 education and intervention program
19 that should receive ongoing
20 support to stay in the
21 communities. Families are
22 noticing [the program] programming
23 effects on reducing interpersonal
24 violence, building trust in
25 families and communities, health

1 education, lifestyle changes, and
2 improvements to maternal and child
3 health and development. The
4 development of trust between
5 community members and health
6 programs is essential to community
7 wellness"

8
9 So that's one of the quote, quotes from the
10 evaluation; is that something that the report has found,
11 that, that interpersonal violence has been reduced from the
12 programming, program?

13 A Yes, we, we actually -- or the evaluators used a
14 number of methods to obtain the information and, and, and
15 one of them being a survey that looked at the perceived
16 sort of these areas. But they also interviewed staff
17 members and program participants and, and, and assessed
18 these various elements and this as the perceived result at
19 that time.

20 Q Okay. Also, in the quote, it has building trust
21 between community and, and institutions is another outcome
22 of the program. So that's something else that was
23 observed?

24 A Yes.

25 Q And on slides 47 and 48, you list some other

1 positive outcomes? So:

2

3 "- Families working towards goals
4 they set for themselves.

5 - Increased commitment to family
6 life.

7 - Greater awareness of needs of
8 family and children.

9 - Children meeting and exceeding
10 developmental milestones."

11

12 Can you scroll up, or down, sorry.

13

14 "- Increased parental competence/ability to
15 care for children.

16 - Positive lifestyle changes.

17 - Obtaining employment

18 - Going back to school

19 - Greater family satisfaction"

20

21 Scroll down. I think that was it.

22 So those are all things that were noted in the
23 report, in terms of positive changes?

24 A That's correct.

25 MR. OLSON: I wonder, Mr. Commissioner, if this

1 might be a good time to take the mid-morning break?

2 THE COMMISSIONER: Yes, if that's what you
3 suggest. You're, you're leaving time for other
4 questioning, are you?

5 MR. OLSON: Yeah, I'm nearly done. I understand
6 Mr. Funke has something he must attend to now and it, it,
7 it would be a good time for the break.

8 THE COMMISSIONER: Okay.

9 MR. FUNKE: If possible, I'd appreciate that, Mr.
10 Commissioner.

11 THE COMMISSIONER: Yes, that's fine. We'll take
12 a mid-morning 15 minute break now.

13

14 (BRIEF RECESS)

15

16 MR. FUNKE: Thank you, very much, Mr.
17 Commissioner, I appreciate that.

18 THE COMMISSIONER: Sure.

19 All right, Mr. Olson?

20

21 BY MR. OLSON:

22 Q Just going back to something you said earlier
23 about the families that come into the program, you talked
24 about the screening process; how did the families actually
25 come to the program's attention?

1 THE COMMISSIONER: What -- come into what?

2 MR. OLSON: The screening -- how did, how did the
3 families actually get to the program's attention.

4 THE COMMISSIONER: Oh, the program's attention?

5 MR. OLSON: Attention, that's right.

6 THE WITNESS: We have a, a number of different
7 avenues. Am I clear?

8 MR. OLSON: Yeah, yeah --

9 THE WITNESS: Yeah?

10 MR. OLSON: -- you sound good.

11 THE WITNESS: We have a, we have, in some
12 communities, we have a relationship with the public health
13 unit and they will provide the program with names and
14 referrals to prenatal women that are presently pregnant in
15 the community.

16 We also have outreach activities that take place
17 in the community. We may have a community event where we
18 will have a booth and some information shared on the
19 program and we may get some program participants that way.

20 MR. OLSON: I see.

21 THE WITNESS: Communities are referring their
22 families to the program, if they feel, if, if, if there's
23 another resource or program in the community that feel that
24 they could benefit our, for our program, so we'll get a
25 number of referrals from, from different resources within

1 the community as well.

2

3 BY MR. OLSON:

4 Q When that screening process is completed, what
5 percentage of families actually get screened in?

6 A We are in the process of just analyzing our
7 results now, but for the years 2009/2010, when we looked at
8 our data, there were about 90 percent of the women that we
9 screened were found to have a number of risk factors that
10 would make them eligible to move on sort of the, the, the
11 in-depth assessment. So quite a number of them, which is a
12 bit different from other programs.

13 Q Okay. Do you know how that compares to, for
14 example, the Family, Families First program offered in
15 other parts of Manitoba?

16 A I can't really speak to the, the number of
17 positive screens that the Families First program would
18 receive. But in other evaluated programs, the percentage
19 usually will range around 30 to 40 percent of those screens
20 being positive.

21 Q Okay. Versus 90 percent for --

22 A That's correct.

23 Q -- your program? Okay. We covered some of the
24 successes that the program has had; can you -- do you have
25 any idea as to what, why there's been such success and to

1 what you can attribute the successes to?

2 A I think that we can attribute the, the successes
3 primarily to the, the, the, the relationship that develops
4 with the home visitor and the intensive support and
5 trusting relationship that's built with particular home
6 visitor and program within the community.

7 So the information that is obtained through the
8 home visitor is trusted information. So there is some time
9 involved and invested in developing that initial
10 relationship. So once that relationship is established,
11 the information that is given by the home visitor comes
12 from a trusted source.

13 So information, for instance, around
14 breastfeeding, I just visited one community and I do --
15 part of the peer support is shadowing the home visitors.
16 And so I go on a home visitor -- I go with a home visitor
17 on a home visit. And one of the program participants
18 basically told me she was breastfeeding, entirely, a
19 hundred percent, because of that home visitor, because she
20 had decided that she was not going to breastfeed this
21 child. And with the work that the home visitor did, in
22 terms of providing her with information and, and, and, and
23 perhaps a little bit of her own, sharing a little bit of
24 her own experience, the, the mother had actually changed
25 her mind and was breastfeeding, quite successfully, her

1 baby, who was now a month old. So those are just, that is
2 just one example of, of, of, of the type of information
3 that the home visitor could be sharing with the family,
4 where they'll make a decision based on that information
5 that's being shared.

6 Q So it's building that connection and relationship
7 in the --

8 A That's correct.

9 Q -- community? Okay. What are some of the
10 barriers or challenges facing the program?

11 A Can I just answer you -- can I, can I add one
12 more --

13 Q Absolutely.

14 A -- element to the --

15 Q Yeah.

16 A -- previous answer? I -- it's not just about the
17 trusting relationship. I think it's, it's about, as well
18 as having someone there and having someone to talk to and
19 having someone that cares, that cares about how your family
20 is doing and basically opening up the doors and
21 opportunities to other supports in the community. So it's
22 not just about that relationship with that home visitor,
23 but it's also about building relationships with other
24 available supports and linking them up to other services
25 that could be available in that community.

1 Q Thank you.

2 A Yes, I'm sorry. Some of the challenges?

3 Q Some of the challenges or barriers that the
4 program faces?

5 A I think our biggest challenge now is, is having
6 an awareness that we are providing a valuable service and
7 not having the capacity or the resources to deliver this
8 program in all 63 First Nation communities. That is our
9 biggest challenge. We would have hoped, after the 2010
10 evaluation and renewal of the program, that we would have
11 expanded to other First Nation communities, but that really
12 didn't happen. So our biggest challenge is knowing that a
13 lot of families and a lot of communities can benefit from
14 this program, but they're just not able to obtain that
15 service in their community.

16 THE COMMISSIONER: And, and what, what reasons do
17 you attribute to not being able to deliver the service in
18 their community?

19 THE WITNESS: I, I -- the primary reason is,
20 really boils down to available funding. The Maternal Child
21 Health program here in Manitoba has an operating budget of
22 less than four million on a yearly basis. We can only fund
23 a limited amount of programs, based on that funding amount.
24 So if we were to deliver that amount of resources
25 universally, to all 64 communities, we would have just a

1 fraction of the program we are delivering now in each
2 community. So in order to, to maintain program integrity,
3 and based on the program model that we've developed, it's
4 not possible to deliver this program in every community.

5 Q So where would you like to see the program go
6 then?

7 A I would like to see it delivered in every First
8 Nation community in Manitoba and across Canada as well.

9 Q And the barrier to having that done, you're,
10 you're saying is funding primarily?

11 A Absolutely.

12 Q Okay. Are there any other comments you'd like to
13 make with respect to the program? Were there any other
14 comments you wanted to make with respect to the program?

15 A For the successes or challenges, or? I don't --

16 Q Any, any -- either would be fine.

17 A I think, and I, I don't know if I highlighted
18 this point, one of the, I guess, elements that were
19 successful in this program, as well as the level of
20 involvement that First Nations had in designing and
21 delivering and supporting the communities, with the program
22 structure the way it evolved and the program support
23 residing within the Assembly of Manitoba Chiefs, and having
24 access to a system of, of lobbying and a system of support
25 through the, the, the Assembly of Manitoba Chiefs, we're

1 able to advocate for health promotion activities that reach
2 beyond the 14 communities. So we've delivered health
3 promotion activities that are targeted, for instance, at
4 sudden infant death syndrome, to all 64 communities. And
5 we used our, our chiefs' task force and spokespeople with,
6 within the Assembly of Manitoba Chiefs to be able to launch
7 that information, to support that information in their, in
8 their respective communities. So having that forum and
9 that link and that access to the support that is available
10 through the Assembly of Manitoba Chiefs, I think, has been
11 one of the, the key elements in why this program has been
12 successful in our communities as well.

13 Q Okay. Thank you. Just one more question. You
14 said earlier that sometimes, when working with families,
15 before they're involved with Child and Family Services, it
16 becomes apparent that there's a need to report the family
17 to CFS because there's some concern, concern about the
18 safety of child or children in the family. When you do
19 that, you, you said you continue to work with the family if
20 possible. How is it that you're able to do that, to
21 maintain that relationship?

22 A Often the questions, in regard to the safety of
23 the children, or whether the referral would be made will go
24 to the supervisor that works within that community and,
25 and, and in some cases, come to me. So we have, like, a

1 discussion where we, we further assess some of the elements
2 that are involved and if there is a definite risk to the
3 child, or the safety of the family, or any member of the
4 family, the advise is to, is to actually make that link
5 immediately to Child and Family Services.

6 If there is some circumstances that maybe, okay,
7 maybe we're concerned, maybe there is some, some
8 disciplinary practices that are, you know, that we need to
9 maybe, to, to sort of provide them with information on how,
10 you know, we -- there are alternatives to certain forms of
11 discipline. If it's something like that, that doesn't pose
12 a real safety (sic) to the child, we may come up with an
13 alternate plan and bring another resources on, in, in terms
14 of supporting that family, and supporting that family. And
15 sorry -- I lost my train of thought.

16 Q Sorry, you --

17 A Okay. Yeah, we may, we may come up with a plan
18 for that family to continue to support them, work with that
19 family, bring them in on the, on, on, on the, on the plan
20 and, and providing we are assured that there is no real
21 safety (sic), we may continue with that plan in supporting
22 that family. And we put them in a, in a level that we call
23 special services, so that we're in visiting them more than
24 once a week. We may do two visits that week, we may do
25 three visits that week. So they will revert to a level

1 where we call them special services and they'll get that
2 intensive support until we see some progress and toward,
3 towards meeting those goals.

4 In some cases, like I say, the, the, the
5 apprehensions have been averted, just working with them
6 intensively.

7 Q But in those cases where, where it becomes
8 apparent that you, you will have to make that referral to
9 CFS, are you able to maintain that relationship with the
10 clients in certain cases?

11 A I think it's the way the, the referral is made.
12 All decisions, or referrals are made with the family. And,
13 and, and it's -- and the approach that the -- we take, as a
14 program, we have an approach that's different. We're
15 trained in how to ask questions and, and to deliver
16 sometimes difficult information, so that the, the family is
17 threatened by the information that we're departing (sic).
18 And we call that approach the, a strength-based approach.
19 So we work with the family and we outline all their
20 strengths. So this is, this is where you're doing really,
21 really well. You know, we, we see these strengths within
22 your family. For instance, we could see that you're really
23 motivated, but you're struggling here. And then we, we
24 proceed to give them the information, okay, but this is an
25 area where we have an opportunity to make some, some

1 improvements. So what do you feel is the blessed, best
2 plan of support for you? So we involve them in the, in
3 the, in the planning and the setting goals for themselves.
4 If they are able to tell us, I've reached my point of I
5 can't cope anymore, then they become involved at that point
6 with the decision to contact Child and Family Services and
7 they may go into a voluntarily, voluntary placement while
8 they obtain the help that they're able to get.

9 Q Okay.

10 A But all this is done, again, with sort of a case
11 management setting.

12 Q I see. So they're aware, in, in all cases, that
13 you're contacting CFS and the involvement is, is with their
14 knowledge?

15 A Yes.

16 MR. OLSON: Okay. Thank you, those are my
17 questions for this witness.

18 THE COMMISSIONER: Thank you, Mr. Olson.

19 Mr. Funke?

20 MR. FUNKE: Thank you, Mr. Commissioner.

21

22 CROSS-EXAMINATION BY MR. FUNKE:

23 Q Ms. Phillips, just following up on that last
24 topic that you were discussing with Mr. Olson, I understand
25 that what you're describing is a situation where there's an

1 identified need with a family that may result in a
2 voluntary placement with the agency; is that correct?

3 A Yes.

4 Q And I think what Mr. Olson was getting at were,
5 as well, that there may be circumstances where your
6 program, or nurses, or other workers in the community, that
7 are operating under your umbrella program may receive
8 information that leads them to believe that the children
9 may be in need of protection and that non-voluntary
10 referral may be needed to the agency.

11 I think Mr. Olson was also trying to get at is,
12 is your, is your program able to continue working with
13 those families when there's a referral for non-voluntary
14 services and are you able to maintain that type of
15 positive, trusting relationship that you described earlier
16 in your testimony?

17 A Absolutely. Because I think the difference here
18 is that there was a prior relationship. If one of our
19 families have run into a situation where there's a, a
20 crisis in the family, they've, already have established a
21 relationship with this home visiting family because, like,
22 our philosophy, again, was to work with them, either in the
23 prenatal period, or early, while the child is still within
24 the, the first three months of their life. So that's when
25 we primarily start working with families.

1 And so there's an established relationship, you
2 know? They, they trust the home visitor and, and if
3 there's a situation where they, they do run into trouble,
4 and the child or the children have to be removed, then I
5 think the, the, the way we approach the situation, that
6 prior relationship, and again, the, the, the home visitor
7 relationship is with the home visitor and most of the
8 connecting of a referral, and that sort of link to Child
9 and Family Services, will take place through the nurse
10 supervisor. So that the home visitor, at that point, will
11 take a step back and remain that support to the family,
12 while the supervisor will then step in and provide that
13 case management and the referral to, will take place
14 through her, to the Child and Family Services.

15 Q And do I understand as well that the worker, or
16 the nurse, will communicate to the family the fact that
17 that non-voluntary referral to the agency is going to be
18 made?

19 A Yes.

20 Q And, and you earlier described a, a communication
21 style which you said was strength-based?

22 A Correct.

23 Q And is focused on the family strengths; and is
24 that the same communication method employed when advising
25 the family of the fact that a referral to the agency for

1 non-voluntary services is going to be made?

2 A Yes. Because our philosophy is that every family
3 does have strengths.

4 Q Okay. Now, I understand, as well, that you
5 wanted to expand on your comments you made earlier, about
6 the joint training initiative with the province; is that
7 correct?

8 A That's correct.

9 Q Perhaps you could just provide us some further
10 information about how that operates and, and the frequency
11 of the program and who is, who participates in it and who
12 is available to?

13 A Okay. The joint training initiative, again,
14 explain the process and how long it took to develop that
15 relationship, but at this point in time, we have one
16 training initiative and we have participants from the
17 Families First program, which is available off reserve and
18 participants from the Strengthening Families, which is the,
19 the program that's available on reserve. They all come to
20 one training initiative. So they're -- it's combined
21 training effort.

22 And we have coordinating, we alternate
23 coordinating with the Assembly of Manitoba Chiefs and
24 through Healthy Child Manitoba, with the Regional Health
25 Authorities. So I just wanted to make it clear that

1 training, you come to one spot and you get training,
2 whether you are in, delivering the program on-reserve or
3 off-reserve.

4 Q And that's the only training that's provided, is
5 through that joint training initiative with the province;
6 is that correct?

7 A Yes.

8 Q Okay.

9 A At this point, there's integrated strategies
10 training that we offer on a quarterly basis and they
11 provide four spots to our program. And we also follow that
12 training with two curriculum training events, or tier 1
13 training events. And those would alternate coordination
14 between the Assembly of Manitoba Chiefs and the Regional
15 Health Authorities, yes.

16 Q Now, one of the other things that you had talked
17 about earlier in your evidence was the prospective gaps in
18 service. And you had indicated that with respect to
19 mothers who have to leave the community for birthing, you
20 said that it was identified by the Maternal Child task
21 force of 2008, that there was a gap in that service and
22 that that's subsequently been addressed by the prenatal
23 Connections program; is that correct/

24 A That's correct.

25 Q Yeah. As I understand it, there are other

1 circumstances however, where gaps and service may arise,
2 particularly where families relocate from their First
3 Nations community to an urban setting, such as Winnipeg,
4 and then the services that were previously provided,
5 through the Strengthening Families Program are then
6 referred to Families First. And as I understand it, that
7 frequently there is a waiting list for those families who
8 transfer from their First Nations community to Winnipeg, to
9 get on to that family first program --

10 A Um-hum.

11 Q -- and that during the time that they're on that
12 waiting list, they're not receiving services; is that
13 correct?

14 A Potentially, yes, yes, because the -- you can
15 appreciate the, the, the need, for instance, in the, in the
16 city of Winnipeg and the home visitors have only a limited
17 capacity to, to take on additional families into their
18 caseload. So once they've reached that maximum, any, any
19 other family could potentially go on a waiting list. So a
20 referral that comes in from, from a First Nation community,
21 for instance, they may have to go on that waiting list.
22 But every effort, at least within the Winnipeg Regional
23 Health Authorities, is, is made to take that family on in
24 their caseloads.

25 Q And just so I understand your testimony, are you

1 suggesting that, with the Families First program, they have
2 a similar home visitor program?

3 A Yes.

4 Q And so the gap in services you're talking about,
5 whatever the frequency of that home visiting schedule was,
6 with respect to your program on reserve, maintaining that
7 becomes problematic if there's a waiting list for that
8 family to get onto the Families First program in the urban
9 community?

10 A That's correct, um-hum.

11 Q I understand, as well, that out of the 63 First
12 Nations communities in Manitoba right now, 49 do not
13 receive services through your program; is that correct?

14 A That is correct.

15 Q Those 49 communities also do not receive that
16 programming through Families First; is that correct?

17 A That's correct.

18 Q So those families and those communities are
19 receiving no like services; is that correct?

20 A That's correct.

21 MR. FUNKE: Thank you, Mr. Commissioner, those
22 are my questions.

23 THE COMMISSIONER: Just review again for me what
24 the funding is for, for the provision, or the delivery of
25 those services to the other 14 First Nations?

1 THE WITNESS: I can't speak to the exact amount,
2 but it is slightly less than four million dollars on a
3 yearly basis.

4 THE COMMISSIONER: From, from where?

5 THE WITNESS: From, from Health Canada.

6 THE COMMISSIONER: Health Canada?

7 THE WITNESS: Yes.

8 THE COMMISSIONER: Is it the total funding?

9 THE WITNESS: Yes.

10 MR. FUNKE: Because the program is offered only
11 on reserve, Mr. Commissioner, the funding is, is solely
12 sourced through First Nations Inuit Health Branch.

13 THE COMMISSIONER: Yeah, I understand that, but
14 are -- why is it the, they're prepared to fund 14 and not
15 the other communities?

16 THE WITNESS: I can't answer that.

17 THE COMMISSIONER: Well, have they drawn the line
18 at 14?

19 THE WITNESS: In Manitoba, yes, we did have to
20 draw the line at 14, because that's all the, the, the
21 funding we have available for to fund, adequately fund the
22 programs, yes.

23 THE COMMISSIONER: In other words, out of the
24 amount that Health Canada makes available --

25 THE WITNESS: To Manitoba.

1 THE COMMISSIONER: -- once you've provided the
2 service to the 14, you're, you've exhausted the available
3 funds?

4 THE WITNESS: That's correct.

5 THE COMMISSIONER: I understand.

6 MR. FUNKE: Thank you, Mr. Commissioner.

7 THE COMMISSIONER: All right. Are there any
8 other questions?

9 Would appear not, Mr. Olson.

10 MR. OLSON: Just have a couple of questions.

11 THE COMMISSIONER: All right.

12

13 RE-EXAMINATION BY MR. OLSON:

14 Q Just in terms of the home visitor connecting
15 families with resources on reserve, are -- in your
16 experience, are there sufficient resources to make those
17 connections? For example, if the home visitor identifies
18 addictions as being one of the issues that need to be
19 addressed, are there sufficient addictions resources to
20 refer the family to on reserve, if that's the kind of thing
21 I'm getting?

22 A In some, in some cases, the available resources,
23 or potential resources, are, are sort of non-existent.
24 That they, they are, could be available off reserve. And
25 in terms of addiction services though, the, the counselling

1 services may be available, but the actual treatment
2 services may not be available on reserve. So that would
3 involve linking to outside resources.

4 Q Those resources might be in other communities, or
5 in Winnipeg?

6 A That's correct.

7 Q Okay. And sometimes there's wait lists to get
8 those resources as well?

9 A Yes, I understand so.

10 Q In terms of funding for those resources, is that
11 also provided -- when they're on reserve, is that also
12 provided through Federal Government?

13 A Primarily, yes.

14 Q Is that from, part of the four million, or is it
15 from other sources?

16 A I'm sorry?

17 Q Is it part of the four million you identified
18 before, the approximately four million, or does it come
19 from other resources?

20 A No, those are -- the links to other supports and
21 services in the community, the other supports and services
22 are, are, are, are, are -- can be funded by other
23 government departments, such as the Department of
24 Aboriginal and Northern Affairs.

25 MR. OLSON: Okay. Thank you, those are my

1 questions.

2 THE COMMISSIONER: Thank you.

3 Well, then, witness, we're completed and
4 thank you very much for your appearance here and it's
5 an interesting program and I, I certainly take note of
6 it.

7 THE WITNESS: Thank you.

8 THE COMMISSIONER: Thank you. You, you can
9 leave.

10

11 (WITNESS EXCUSED)

12

13 THE COMMISSIONER: Well, that completes the
14 morning, I guess, does it?

15 MR. OLSON: It does.

16 THE COMMISSIONER: And, and our next witness is
17 at two o'clock?

18 MR. OLSON: Two o'clock.

19 THE COMMISSIONER: All right. We'll stand
20 adjourned until that time. Thank you.

21 MR. OLSON: Thank you very much.

22

23 (LUNCHEON RECESS)

24

25 THE CLERK: Please sit down.

1 THE COMMISSIONER: All right. Mr. Haight?

2 MR. HAIGHT: Thank you, Mr. Commissioner. For
3 the record, Bill Haight, appearing on behalf of the
4 Manitoba Métis Federation and the Metis Child and Family
5 Services Authority. Seated at the witness table, as you
6 know, is Ms. Billie Schibler, CEO of the Metis Child and
7 Family Services Authority and Ms. Judy Mayer, who is
8 Minister for the MMF, responsible for the Metis Child and
9 Family Services Authority and they are prepared to give
10 their evidence.

11 THE CLERK: Ms. Schibler, you're already under
12 oath.

13

14 **BILLIE SCHIBLER**, previously having
15 promised to tell the truth while
16 holding the Eagle Feather,
17 testified as follows:

18

19 And Ms. Mayer, could you just stand for a moment?
20 Is it your choice to swear on the Bible, or affirm without
21 the Bible?

22 MS. MAYER: Swear on the Bible.

23 THE CLERK: Okay. Just take the Bible in your
24 right hand then. State your full name to the court.

25 MS. MAYER: Judith Marie Mayer.

1 THE CLERK: And spell us your first name please.

2 THE WITNESS: J-U-D-I-T-H.

3 THE CLERK: And your middle name?

4 THE WITNESS: Marie, M-A-R-I-E.

5 THE CLERK: And your last name?

6 THE WITNESS: Mayer, M-A-Y-E-R.

7 THE CLERK: Thank you.

8

9 **JUDITH MARIE MAYER,** sworn,

10 testified as follows:

11

12 THE CLERK: Thank you, you may be seated.

13 MR. HAIGHT: Mr. Commissioner, before I begin the
14 evidence, there are two documents which I will be relying
15 upon and referring to during the course of the evidence.
16 The first is a paper entitled: Métis Children and Families
17 and the Child Welfare System, an Urban Winnipeg
18 Perspective. I believe that might be document production
19 number 75, but I'm unsure of the exhibit number. But if
20 that could be the next exhibit please.

21 THE COMMISSIONER: It will likely be Exhibit 136,
22 I think.

23 MR. HAIGHT: One thirty-six?

24 THE CLERK: Exhibit 136.

25 THE COMMISSIONER: Yes.

1 MR. HAIGHT: Thank you.

2

3 **EXHIBIT 136: PAPER ENTITLED,**
4 **MÉTIS CHILDREN AND FAMILIES AND**
5 **THE CHILD WELFARE SYSTEM, AN URBAN**
6 **WINNIPEG PERSPECTIVE**

7

8 MR. HAIGHT: And the second document I have and
9 I'll hand them up both at the same time to the clerk, is a
10 document entitled: From the Past Into the Future, Manitoba
11 Métis Policy, published by the Government of Manitoba in
12 September of 2010. If that could be Exhibit 137 please.

13 THE COMMISSIONER: One thirty-seven.

14 MR. HAIGHT: Thank you.

15 THE CLERK: Exhibit 137.

16

17 **EXHIBIT 137: DOCUMENT ENTITLED**
18 **FROM THE PAST INTO THE FUTURE,**
19 **MANITOBA MÉTIS POLICY, PUBLISHED**
20 **BY THE GOVERNMENT OF MANITOBA IN**
21 **SEPTEMBER OF 2010**

22

23 THE COMMISSIONER: Thank you.

24 THE CLERK: Exhibits 136 and 137.

25 THE COMMISSIONER: Correct.

1 MR. HAIGHT: Those exhibits, sir, were --

2 THE COMMISSIONER: I think you've got them marked
3 backwards. I -- we can easily change the numbers, but I
4 think that was 136.

5 THE CLERK: This was 136?

6 MR. HAIGHT: That was 136, correct.

7 THE CLERK: Okay.

8 THE COMMISSIONER: And that's 137.

9 THE CLERK: This is 137.

10 THE COMMISSIONER: Sorry, Mr. Haight.

11 MR. HAIGHT: No, not a problem at all, sir.

12 THE CLERK: Thank you.

13 THE COMMISSIONER: Thank you.

14 MR. HAIGHT: As I was just saying, sir, those
15 documents were passed on to Commission counsel a number of
16 weeks ago and as I understand it, have been forwarded to
17 all council.

18

19 DIRECT EXAMINATION BY MR. HAIGHT:

20 MR. HAIGHT: So let me begin with you, Ms. Mayer
21 and, and I'll, for ease of reference, refer to you as Judy,
22 if you don't mind. And you are a member of the Manitoba
23 Métis Federation?

24 MS. MAYER: Yes.

25 MR. HAIGHT: And you are the minister of the

1 Manitoba Métis Federation, responsible for Manitoba Metis
2 Child and Family Services Authority?

3 MS. MAYER: Yes.

4 MR. HAIGHT: And you have been, held that
5 position for the last 10 years?

6 MS. MAYER: Yes.

7 MR. HAIGHT: And for ease of reference, I'm going
8 to refer to the Metis Child and Family Services Authority
9 as the Authority and I'll just refer to MMF as MMF.

10 Now, the MMF, as I understand it, is, is
11 structured very similar to our provincial government, in
12 that it assigns certain portfolios, or areas of
13 responsibility, to certain individuals; correct?

14 MS. MAYER: That's true, yes.

15 MR. HAIGHT: And the area of responsibility that
16 you have been carrying out, on behalf of the MMF, as an
17 elected official to the MMF, is responsibility for the
18 Authority?

19 MS. MAYER: Yes.

20 MR. HAIGHT: And you are also a, an elected
21 representative, holding the position of vice-president of
22 The Pas region for the MMF?

23 MS. MAYER: Yes.

24 MR. HAIGHT: And you've held that position for 13
25 years?

1 MS. MAYER: Yes.

2 MR. HAIGHT: And, and the MMF breaks down the
3 province of Manitoba into seven regions, I understand?

4 MS. MAYER: Yes.

5 MR. HAIGHT: And The Pas being one of those
6 regions?

7 MS. MAYER: Correct.

8 MR. HAIGHT: And 24 communities that are serviced
9 in, in The Pas region, within The Pas region?

10 MS. MAYER: Yes.

11 MR. HAIGHT: Now, as minister responsible for the
12 Authority, I understand that you are an ex officio member
13 of the board of the Authority?

14 MS. MAYER: Yes.

15 MR. HAIGHT: So you attend board meetings?

16 MS. MAYER: Yes.

17 MR. HAIGHT: But you are not entitled to vote?

18 MS. MAYER: True, yes.

19 MR. HAIGHT: And you just have to speak up just a
20 little louder --

21 MS. MAYER: Okay.

22 MR. HAIGHT: -- Ms. Mayer, so --

23 MS. MAYER: I, I can move it closer.

24 MR. HAIGHT: -- yeah, there we go. And one of
25 your duties is, is to act as a liaison between the board of

1 the Authority and the Manitoba Métis Federation?

2 MS. MAYER: Yes.

3 MR. HAIGHT: And but you are not involved in the
4 day-to-day activities of the Authority?

5 MS. MAYER: Yes.

6 THE COMMISSIONER: But it's on the Authority
7 board that you sit ex officio, is it?

8 MS. MAYER: Yes.

9 THE COMMISSIONER: Thank you.

10

11 BY MR. HAIGHT:

12 MR. HAIGHT: The board, as you know, also has two
13 agencies underneath it, which, which deliver this, the
14 services. You are not a member of the board of the
15 agencies?

16 MS. MAYER: No.

17 MR. HAIGHT: And then while you are minister
18 responsible for that portfolio for the MMF, you have no
19 child welfare background or training?

20 MS. MAYER: Yes.

21 MR. HAIGHT: Ms. Schibler, I will be brief in
22 your background, because, by my count, this is your third
23 appearance before the inquiry.

24 This time, you are attending in capacity as the
25 CEO of the, of the Authority; correct?

1 MS. SCHIBLER: Correct.

2 MR. HAIGHT: And you were the former Children's
3 Advocate and you gave evidence in that capacity before this
4 inquiry?

5 MS. SCHIBLER: Yes.

6 MR. HAIGHT: And you have what would be fair to
7 say a, a fairly extensive experience in child welfare
8 issues?

9 MS. SCHIBLER: I believe so.

10 MR. HAIGHT: Yes. And however, you have been the
11 CEO of the Métis Authority for only a short period of time?

12 MS. SCHIBLER: That's correct.

13 MR. HAIGHT: You are also an MMF member?

14 MS. SCHIBLER: That's correct.

15 MR. HAIGHT: And a founding member of the
16 Kookums' Elder Council?

17 MS. SCHIBLER: Yes.

18 MR. HAIGHT: The Authority is operated by an
19 independent board of directors; is that a fair statement?

20 MS. SCHIBLER: Yes, that is.

21 MR. HAIGHT: And when I say independent, it means
22 that they are independent from the MMF. The MMF can't tell
23 the board what to do, so to speak?

24 MS. SCHIBLER: That's correct.

25 MR. HAIGHT: And so, while Ms. Mayer, who sits to

1 your left, is a person that you report to and she reports
2 to the MMF, and they will obviously tell you about how they
3 feel about things, and there's got to be that sort of
4 communication, the board operates independently?

5 MS. SCHIBLER: That's correct.

6 MR. HAIGHT: It is responsible to administer and
7 manage the delivery of child welfare services for Métis and
8 Inuit people in the province of Manitoba?

9 MS. SCHIBLER: That's correct.

10 MR. HAIGHT: But, as I understand it, the
11 Authority, through its agencies, delivers services to more
12 than just Métis and Inuit children and families?

13 MS. SCHIBLER: Yes.

14 MR. HAIGHT: And can you explain that please?

15 MS. SCHIBLER: There is a process that every
16 family that comes into contact with the child welfare
17 system in Manitoba has an ability to determine which
18 authority they want to be serviced by. And so, as a
19 result, we will often have families come forward that are
20 not Métis in their culture, but they are choosing our Métis
21 authority to, to be the service authority for them.

22 MR. HAIGHT: Okay. And, and just on that vein,
23 I'm going to give you some numbers.

24 THE COMMISSIONER: Just before you do that --

25 MR. HAIGHT: Yes?

1 THE COMMISSIONER: -- just, Ms. Schibler reports
2 to Ms. Mayer in, in what capacity held by Ms. Mayer?

3 MR. HAIGHT: Ms. Mayer is, is referred to as the
4 Minister Responsible for the Metis Child and Family
5 Services Authority.

6 THE COMMISSIONER: On behalf of the Federation?

7 MR. HAIGHT: The, the Federation, correct.

8 THE COMMISSIONER: And so, Ms. Schibler, as, as
9 CEO of the Authority --

10 MR. HAIGHT: Right.

11 THE COMMISSIONER: -- reports to Ms. Mayer?

12 MR. HAIGHT: Correct. Who acts as a liaison to
13 the Federation.

14 THE COMMISSIONER: I see.

15 MR. HAIGHT: Yes.

16 THE COMMISSIONER: All right.

17 MS. SCHIBLER: Maybe if I could just clarify as
18 well, I think I can speak on behalf of Ms. Mayer, that her
19 portfolio is as the Minister of Family Services. So not
20 just the Family Services Authority.

21 Yes?

22 MS. MAYER: Yes.

23 MR. HAIGHT: Thank you. And just on the, on the
24 subject of, of numbers and Métis children versus non-Métis
25 children, that in the care of the two agencies operated by

1 the Authority and for ease of reference, sir, I, I don't
2 think we need to go there, but for ease of reference are
3 contained on page 28 of Exhibit 137, or 136, the first
4 exhibit.

5 THE COMMISSIONER: One --

6 MR. HAIGHT: One thirty-six.

7 THE COMMISSIONER: -- one thirty-six.

8 MR. HAIGHT: One thirty-six, yeah.

9 THE COMMISSIONER: Page what?

10 MR. HAIGHT: Page 28, sir.

11 THE COMMISSIONER: Yes, I have it.

12

13 BY MR. HAIGHT:

14 MR. HAIGHT: The Métis Authority, through its two
15 agencies, and we'll talk about the agencies in a moment, as
16 of May 1 of, of this year, was currently, at that point in
17 time, had 1,060 children in care?

18 MS. SCHIBLER: That's correct.

19 MR. HAIGHT: And I'm reading from the second
20 paragraph on that page, sir --

21 THE COMMISSIONER: Yes, I have it. I, I read
22 this, I've read Exhibit 36 --

23 MR. HAIGHT: Okay.

24 THE COMMISSIONER: -- not -- 136, not 137.

25 MR. HAIGHT: Okay. Thank you for that

1 clarification.

2

3 BY MR. HAIGHT:

4 MR. HAIGHT: And 799 of those children are Métis?

5 MS. SCHIBLER: Yes.

6 MR. HAIGHT: Two hundred and two are First
7 Nation?

8 MS. SCHIBLER: Yes.

9 MR. HAIGHT: And 59 are non-aboriginal?

10 MS. SCHIBLER: Yes.

11 MR. HAIGHT: And the, the two agencies that
12 operate underneath the authority are known as the Métis
13 Child, Family and Community Service Agency and the --

14 MS. SCHIBLER: Yes.

15 MR. HAIGHT: -- Michif Agency?

16 MS. SCHIBLER: That's correct.

17 MR. HAIGHT: Michif Child and Family Service
18 Agency. The Métis agency services Winnipeg, Interlake,
19 Eastern, Western and the Central regions of the, of the
20 MMF?

21 MS. SCHIBLER: Yes.

22 MR. HAIGHT: And the Michif Agency services The
23 Pas, Thompson and the Parkland regions?

24 MS. SCHIBLER: Yes.

25 MR. HAIGHT: And the Métis Agency has, of the

1 thousand sixty children in care, it has 858?

2 MS. SCHIBLER: Yes.

3 MR. HAIGHT: Whereas the Michif Agency has 202?

4 MS. SCHIBLER: Yes.

5 MR. HAIGHT: Yes. And while the Authority keeps
6 a record of children in care in its agencies, as we will
7 see, throughout the course of, of the evidence that's to be
8 given here today, the Authority and its agencies provide
9 much more than custodial services?

10 MS. SCHIBLER: That's correct.

11 MR. HAIGHT: And, and in fact, I believe their
12 emphasis has been on something other than custodial
13 services in the past while?

14 MS. SCHIBLER: That's correct.

15 MR. HAIGHT: And can you just -- while we're
16 going to talk about it in a little bit, can you just give
17 a, a brief description of those sort of services?

18 MS. SCHIBLER: Certainly. Those services are
19 designed to help build capacity in families and in our
20 children and our youth, strengthening families and
21 connecting them to community and working in a way that not
22 only strengthens them, but provides prevention services to
23 them.

24 MR. HAIGHT: Okay. At this point in time, sir,
25 I, I am going to reference certain portions of the paper

1 and I am going to go through the paper in some detail.
2 And, and while both Ms. Mayer and, and Ms. Schibler are
3 qualified to comment on a great deal which is in the paper,
4 Ms. Schibler was in the working group that helped prepare
5 the paper, there is a portion at the beginning, the
6 historical portion, which I feel it might not be fair to
7 either of them to have to try to go through and so my
8 recommendation for the most effective and efficient way is
9 to, is for me to just emphasize a few portions. I
10 certainly don't intend to go through it in any great
11 detail, but there are a few portions that I think I would
12 like to hear, have the Commission heard (sic), even though
13 I know, sir, that you have read it in its entirety, but
14 for the purposes of the record, I think it's important.
15 Because I can, I can tell you that it's the position of the
16 MMF that in order to have a true understanding of the issue
17 of why Métis families are disproportionately represented by
18 -- or, appear before child and welfare services, as
19 compared with other non-aboriginal families, that in order
20 to have a full understanding of that, you have to take a
21 look at Métis history and culture.

22 THE COMMISSIONER: Yeah, my having read it has
23 got nothing to do with what goes on the record. So you
24 feel free put on the record as you wish.

25 MR. HAIGHT: Thank you, sir. I should begin by

1 saying that the historical synopsis that you see in that
2 paper is a selective synopsis. Of course, it's by no means
3 a, a complete Métis history. It concentrates on the
4 historical events which have relevance to this inquiry's
5 objective. And I'll begin by referencing the introduction
6 and page 1 and because that sort of sets the tone for some
7 of the historical information that I'm, I'm going to read
8 into the record. And the last paragraph, on page 1, says:

9

10 "This submission will tell the
11 story of what matters for Métis
12 children and families in
13 addressing the Inquiry's
14 objectives, providing the
15 historical perspective to the
16 contemporary quality of life gaps
17 that affect Métis peoples'
18 relationship with the child
19 welfare system in Winnipeg."

20

21 And should emphasize that the paper is, addresses
22 Winnipeg issues, but that statement can apply to Manitoba
23 broadly.

24

25 "Through a better understanding of

1 the challenges facing the Métis
2 community, an analysis of the
3 significant difficulties facing
4 the devolution of Métis child and
5 family services will be
6 presented."

7

8 Next, over the next page:

9

10 "The submission will provide a
11 purposeful statement of
12 reconciliation which concludes
13 with a series of recommendations
14 that provide considerable scope
15 for mending the structural
16 deficiencies that currently impede
17 the delivery of culturally
18 relevant programs and services to
19 Métis children and families. The
20 recommended structural changes are
21 based on the distinct
22 circumstances and experiences of
23 Métis people in Winnipeg engaging
24 existing policy lines agreed to in
25 the province."

1

2 So with that brief introduction, I'll ask you to
3 turn to page 3 and I'm just going to summarize certain
4 paragraphs. I don't intend, sir, to reference specifically
5 where they're located, unless you would like me to?

6 THE COMMISSIONER: No.

7 MR. HAIGHT: But I'm just going to set out these
8 historical facts.

9 Beginning under the heading of formal education,
10 the beginning of formal education in the Red River:

11

12 "In the early 1820's Protestant
13 and Roman Catholic missionaries
14 arrived at the Red River
15 settlement and began to develop a
16 school system."

17

18 "Both Anglican and Catholic
19 missionaries saw Aboriginal way of
20 life as uncivilized and sought to
21 impose European culture, religion,
22 education and industry to the Red
23 River."

24

25 "[The] Missionaries sought to

1 remove Métis and First Nations
2 children from their homes and
3 place them in an environment where
4 discipline, obedience,
5 Christianity and academics
6 replaced Métis and First Nations
7 traditions and culture."

8

9 So what we see right from the beginning of
10 European influence in the Red River is what we saw with
11 residential schools and what we saw with the Sixties Scoop.

12 Continuing on, under the heading of: The Birth
13 of Manitoba: Class, Dispossession and Marginalization:

14

15 "High on the federal government's
16 agenda was the construction of a
17 transcontinental railway which
18 would promote settlement and
19 commercial agriculture in the
20 prairies, which would in turn
21 provide a protected market for
22 monopoly capital based in the
23 East. But in order to carry out
24 this ambitious economic policy
25 successfully, the contentious land

1 question needed to be resolved.
2 The arrival of land survey crews
3 in 1869 sparked the Red River
4 Resistance in the same year and
5 forced Ottawa to negotiate with
6 the Métis."

7
8 Then, of course, as we all know and particularly
9 today with the recent decision of the Supreme Court, which
10 gave some of us a bit further education in the Manitoba
11 Act:

12
13 "The Manitoba Act provided that
14 1.4 million acres was to be
15 appropriated, selected, divided
16 and granted to the children of the
17 Métis heads of families 'for the
18 benefit of the families of the
19 half-breed residents'."

20
21 And that, of course, was one of the resolutions
22 arrived at in response to the Red River resistance.

23
24 "The Act also ensured the
25 protection of land tenure

1 developed in Red River prior to
2 the transfer of Rupert's Land.
3 Métis residents on river lots were
4 required to obtain clear (British)
5 title, a process that necessitated
6 land settlement and improvement.
7 In Canada's view, large tracts of
8 prime land should neither be left
9 to subsistence agriculture nor
10 allowed to lay fallow.
11 During this period the Red River
12 Métis were forced to disperse
13 westward. The state-sponsored
14 influx of immigrants onto the land
15 and the building of the railway
16 through Winnipeg, the numerous
17 revisions of the [Manitoba] Act,
18 and the development of
19 sophisticated real estate markets,
20 conspired against the Métis.
21 The first two decades of the
22 new province were dotted by
23 government sponsored lawlessness,
24 dishonesty, fraud and outright
25 swindle when it came to land

1 acquisitions."

2

3 And while that may seem like a strong comment to
4 make, sir, you will see that throughout this paper, it is
5 meticulously footnoted and sources are indicated. So:

6

7 "The control and commodification
8 of land by the federal government
9 was crucial. It would turn
10 Manitoba and the prairies into a
11 major market for eastern capital.
12 Given that land was so important
13 to the foundations of the
14 political economy of the Métis,
15 what occurred in Manitoba
16 throughout the decades of the
17 1870's and [1880's] led to the
18 dispersal of the Red River Métis,
19 severely impacting on of their way
20 of life."

21

22 We then jump to the residential school era and
23 what happened to the Métis during that time is that many of
24 them were slipping through the crap, cracks of Federal,
25 Provincial and local bureaucracies and there were few

1 policies on education for the Métis.

2

3 "There was constant debate between
4 governments and churches about
5 Métis education and the admittance
6 of Métis students to residential
7 schools. Policy seemed to change
8 whenever the government or church
9 could benefit from a change.
10 First Nations children were [were]
11 entitled to an education because
12 of treaty grant money and treaty
13 settlement agreements; however
14 Métis children were not. Despite
15 this, Métis children were often
16 accepted by church authorities
17 into residential schools with
18 little resistance from government
19 authorities. It is estimated that
20 in Manitoba 15.69 [excuse me]
21 percent of residential school
22 students were Métis."

23

24 "Métis Survivors of the
25 Residential School system share

1 many of the same intergenerational
2 impacts [of] those of First
3 Nations survivors. Long-term
4 impacts include the loss of
5 parenting skills, the inability to
6 express feelings, and the effects
7 of loss of language, culture and
8 self-esteem. The loss of
9 parenting skills has affects on
10 future generations by negatively
11 impacting protective factors
12 against substance abuse. The risk
13 for substance abuse and trauma
14 exposure increases when children
15 are subjected to non-nurturing and
16 ineffective parental disciplinary
17 practices, lack of parental
18 support, absence of family
19 rituals, alcohol-related violence,
20 parental psychiatric problems such
21 as depression, sibling alcohol use
22 and stressful life events such as
23 verbal, physical and sexual
24 abuse."

25

1 And that essentially sums up the residential
2 school, the, the lasting impact of residential schools on
3 First Nation and Métis people.

4 MS. MAYER: Excuse me --

5 MR. HAIGHT: Yes?

6 MS. MAYER: -- would I be able to add something
7 to that --

8 MR. HAIGHT: Absolutely.

9 MS. MAYER: -- from a personal perspective?

10 MR. HAIGHT: Yes.

11 MS. MAYER: My grandmother was a product of a
12 residential school.

13 MR. HAIGHT: Um-hum.

14 MS. MAYER: And -- but she wasn't an alcoholic,
15 or things like that. She -- the -- her take on it was a
16 different way. She was over, she literally smothered you
17 with love. She was, she overcompensated that way. But one
18 thing she did do, she told her children, all her boys,
19 that they were to marry white women and all her girls, that
20 they were to marry white men. She did not want them
21 marrying anybody that was a half-breed, or, or a, or an
22 Indian. And I know that one of my uncles did marry a half-
23 breed and she was very, very upset with him over that whole
24 issue.

25

1 BY MR. HAIGHT:

2 MR. HAIGHT: And, and that term, "half-breed"
3 was, is a term that was quite frequently used by your
4 grandmother?

5 MS. MAYER: Yes.

6 MR. HAIGHT: And was it a term used quite
7 frequently by all people of her generation, from what I
8 understand, that, that lived in your area?

9 MS. MAYER: Yes.

10 MR. HAIGHT: Yes.

11 THE COMMISSIONER: Did she state her reason for,
12 for holding that position?

13 MS. MAYER: She just didn't want her kids to, or
14 her grandchildren to be brought up in the racism that she
15 was brought up in, because at that time, they were living
16 in a community in northern Manitoba where there was one
17 white side and in the side were the half-breeds and the
18 Indians, that was called Moccasin Flats. So that's where
19 that came from.

20

21 BY MR. HAIGHT:

22 MR. HAIGHT: And, and can you tell about the
23 experience of, of being Métis at that time, or in, in your
24 parents' generation and the acceptance, or lack thereof,
25 from both the non-aboriginal community and the aboriginal

1 community?

2 MS. MAYER: The acceptance of being --

3 MR. HAIGHT: The, the --

4 MS. MAYER: -- a half-breed?

5 MR. HAIGHT: -- the lack of acceptance, excuse
6 me.

7 MS. MAYER: Well, no, if you, if you could pass
8 yourself off as being non-aboriginal, that's what you would
9 do. I mean, the people that suffered the most were the
10 ones that actually looked aboriginal.

11 MR. HAIGHT: Okay. And what was the reaction of
12 First Nations community towards Métis people?

13 MS. MAYER: Well, according to them, we were
14 white. We weren't aboriginal.

15 MS. SCHIBLER: I, if I can just add to that?

16 MR. HAIGHT: Please.

17 MS. SCHIBLER: I think that's a really important
18 part, because, you know, again, when we talk about the
19 importance of culture and that importance of positive self-
20 identity for our Métis people and again, going back to the
21 era where we were known as half-breeds, it was that whole
22 piece of non-acceptance. You didn't know where you fit,
23 because you were very evidently not a Caucasian, so you
24 didn't fit into that main stream part of society. But for
25 the First Nation people, you weren't seen to be part of

1 that because you didn't have band membership, you didn't
2 come from the rez (phonetic) and, and so you weren't really
3 looked at as being an Indian person. And you were quite
4 often referred to as, like, a, a cement Indian, like, a
5 city Indian, which wasn't said in kind words.

6 MR. HAIGHT: Um-hum.

7 MS. SCHIBLER: So it was, it was very much a
8 place of not knowing who you were, or where you fit. So
9 further to what Ms. Mayer is saying, I know in my family,
10 if you could pass as being a white person, you did so.

11 MR. HAIGHT: Okay.

12 MS. SCHIBLER: And I think I spoke, in one of my
13 previous testimonies, that to be asked what your culture
14 was, you were always fearful of having to self-identify,
15 because you didn't know where you fit. And I think that's
16 a really important piece, because when you're talking about
17 family's ability to feel good about themselves, that
18 doesn't exist. When you're told not to marry amongst your
19 own, because you know that it's going to be a life of
20 hardship that you don't want your grandchildren to feel the
21 same types of racism and unacceptance (phonetic) (sic) as
22 you have felt growing up. For my family, my grandmother
23 was part of a Catholic school when she was growing up. She
24 only had a grade 3 education, so she wasn't very literate.
25 She was very religious in her Catholic faith and was right

1 until she passed. But she never wanted to acknowledge
2 anything in our life that had to do with her Indian
3 culture. It was never spoken about and that was the way it
4 was meant to be.

5 MR. HAIGHT: So your experience was similar to
6 Ms. Mayer's, in terms of Métis people wanting to try to
7 hide their identity?

8 MS. SCHIBLER: Absolutely.

9 MR. HAIGHT: And what can either of you tell the
10 inquiry about whether there's been any change to that
11 mindset?

12 MS. MAYER: I think, over the past 10 years,
13 there's been a, a renewed pride in being Métis. The
14 Manitoba Métis Federation has gone to great lengths to
15 renew that, especially among our youth. And it's believe
16 in yourself, believe in Métis, that's our, our logo and
17 we're really focusing a lot of our initiatives, to regain
18 that youth pride.

19 MR. HAIGHT: You, you would -- you see that as
20 well, do you, Ms. Schibler?

21 MS. SCHIBLER: I, I think just the fact that we
22 have a nation that we can claim to be a part of, just the
23 fact that we can identify ourselves as Métis people now,
24 rather than people call us half-breeds --

25 MR. HAIGHT: Um-hum.

1 MS. SCHIBLER: -- is something that is, that
2 delivers pride. And I know, for my children, who are also
3 card-carrying Métis members, they're very proud of their
4 Métis culture.

5 MR. HAIGHT: Okay. Continuing on, back to the
6 paper, and please, just do exactly as, as, as you just did,
7 if there's anything that I'm saying or reading, that you
8 want to jump in on, then please do. But the next point I
9 was going to read is right exactly on point with, with what
10 the two of you have said. It says:

11

12 "A lasting legacy of the
13 Residential School system, and of
14 colonialism, is Aboriginal
15 traditional [harrod (phonetic)
16 (sic)] and culture was stolen from
17 generations of Métis people.
18 Language, culture, dignity, self-
19 respect were taken along with the
20 children. Respect for parents and
21 Elders, as well as respect for
22 education and the church were also
23 [stolen (phonetic)] stolen during
24 the residential school era."

25

1 Then moving from the, the residential schools,
2 into the child welfare system, and I can tell you,
3 sir, I've spoken with Commission counsel, well aware
4 that this inquiry has heard a great deal about devolution
5 and you know that there's a portion in the paper dealing
6 with devolution. I do not intend to deal with that at
7 all. But I will just read briefly about the Sixties
8 Scoop.

9

10 "As residential schools became
11 discredited in the late nineteen
12 fifties and early sixties, the
13 child welfare system became the
14 new agent of assimilation and
15 colonization. The 'Sixties Scoop'
16 refers to ... Adopt Indian-Métis
17 campaign initiated by the Federal
18 government and implemented by a
19 number of provincial and
20 territorial governments.
21 Aboriginal culture was not well
22 understood and because of cultural
23 conflicts, racism, or economic
24 motives, the strengths of many
25 Aboriginal families were

1 overlooked."

2

3 "It is estimated that between the
4 nineteen sixties through ...
5 1980's, about 20,000 Aboriginal
6 children were taken from their
7 homes and fostered [by adopted or
8 white families]."

9

10 And we -- I don't have the breakdown, sir, of, of
11 how that 20,000 breaks down, as between First Nation and
12 Métis. But:

13

14 "Closed adoptions required that
15 adoptive parents were given
16 limited information making
17 successful search and reunions
18 with birth families highly
19 unlikely."

20

21 And I, I believe, Ms. Schibler, that you have
22 your own personal experience in that regard?

23

24 MS. SCHIBLER: Yes, that's correct. My brother
25 was adopted out at the onset of the Sixties Scoop. We
found each other when we were in our mid-thirties, but it

1 was very, very difficult for him because he did not know
2 his identity and he did not know his culture. When we,
3 when we were able to reconcile as a family and his adoptive
4 family, at that point in time, were very supportive of his
5 reunion with his birth family, but they, themselves, had
6 been given very limited information, in regards to his
7 culture. Knowing who he is, as an aboriginal person, he
8 attempted to become, you know, a card-carrying member of
9 the, of, of the Métis community as well. And of course,
10 because he was born in Manitoba, he was sent to Manitoba,
11 to, to find his information.

12 I have my lineage, my, my genealogy done and of
13 course, it's his, because we have the same mother and same
14 father, but because he could not be issued a birth
15 certificate indicating his original birth name, he couldn't
16 be linked to my genealogy. So he contacted the, the
17 government, he contacted the Child and Family Services
18 system here in Manitoba, post-adoption registry and with a,
19 a signed consent from both his mom, his birth mom, our
20 birth mom, and his adoptive mom, saying yes, we agree to
21 him having access to his adoption records so that he can
22 complete his genealogy and become part of his, his heritage
23 and his culture, he was told that he couldn't access any of
24 his adoption records, that those were closed files, that
25 they were sealed files. And so I know that he's only one

1 example of many examples of our Métis children who are now
2 adults, who have been lost during the Sixties Scoop, some
3 of them down into the States. My brother was adopted into
4 another province. Some were taken overseas. And unless
5 they have been given that information from their adoptive
6 families, they will never know the heritage that they are a
7 part of. But when they come here, to reclaim their culture
8 and be able to connect with who they are and who their
9 families and communities are, even as adults, because my
10 brother's in his, you know, late fifties, he is not able
11 to, to access that information.

12 MR. HAIGHT: Continuing on, sir:

13

14 "In 1980 ..."

15

16 THE COMMISSIONER: What page you at now?

17

18 MR. HAIGHT: I am at the bottom of page 9.

19 THE COMMISSIONER: Right.

20 MR. HAIGHT:

21

22 "... Métis and First Nations
23 leaders campaigned heavily against
24 the practice of adopting
25 Aboriginal children out to

1 families not living in the local
2 community, particularly out of the
3 province and country. In
4 response, the government of
5 Manitoba prohibited all out-of-
6 province adoptions and appointed
7 Judge Edwin Kimelman to chair the
8 Review Committee on Indian and
9 Métis Adoptions and Placements."

10

11 "The Kimelman Report, stated that
12 a 'cultural genocide' had been
13 taking place and recommended
14 changes to Manitoba's child
15 welfare legislation that would
16 facilitate cultural and linguistic
17 [change] into the child's
18 development."

19

20 Then flipping through the devolution portion of,
21 of the paper, although I will just read from the very last
22 paragraph of that section, where it says:

23

24 "The intent of devolution was to
25 allow the Métis Authority and

1 agencies full autonomy to work
2 creatively with Métis children and
3 families through culturally
4 appropriate services that help
5 build capacity and strengthen
6 Métis families and communities,
7 thus providing a better outcome
8 for children. This process has
9 only been partially implemented."

10

11 BY MR. HAIGHT:

12 MR. HAIGHT: And I know that you're going to talk
13 about that in a little bit of detail later, Ms. Schibler,
14 but is that been your experience, now that you are dealing
15 with all of the duties of CEO of the Métis Authority?

16 MS. SCHIBLER: Yes.

17 MR. HAIGHT: There has not been full
18 implementation of devolution?

19 MS. SCHIBLER: Not from how we've interpreted the
20 intent of, of the devolution process. We see that there
21 are still parts that are lacking. There are still gaps in
22 that.

23 THE COMMISSIONER: Are you going to tell us what
24 they are?

25 MS. SCHIBLER: I would say mostly it would be

1 the, the ability, as authorities, to be able to determine
2 our own programs, without having to meet the criteria laid
3 out before us from mainstream government that determines
4 our funding and our support for those programs. So I'll
5 speak to this further in, in upcoming questions, but I, I
6 know that one of the areas particularly that we are talking
7 about is those programs that I said are unique to the
8 services that we're attempting to provide are culturally
9 appropriate services.

10

11 BY MR. HAIGHT:

12 MR. HAIGHT: And, and those are culturally
13 appropriate and preventative services?

14 MS. SCHIBLER: Absolutely.

15 MR. HAIGHT: And, and I know we are going to deal
16 with this in some detail, but perhaps, in light of the fact
17 that the Commissioner has expressed interest at this point,
18 we can jump into it a little bit.

19 The -- what you've just said really speaks to the
20 current funding model, doesn't it?

21 MS. SCHIBLER: Yes, it does.

22 MR. HAIGHT: And, and can you tell us a little
23 bit about that and how it affects the Authority?

24 MS. SCHIBLER: Well, a lot of the funding that,
25 that, that we receive for agencies is really based on

1 services to children in care and there isn't as much
2 available for us to be able to provide those preventative
3 services, those support services, as we feel is necessary.
4 The dollars to be able to develop services, based on what
5 we, as, as a Métis nation have determined is in the best
6 interest of our families and our communities by what they
7 tell us and by what we know. And so we're very, very
8 limited in that ability. I mean, the current funding does
9 not support the development of those Métis relevant
10 prevention, reunification, preservation, type of programs.

11 MR. HAIGHT: And this inquiry has heard evidence
12 from others that have talked about preventative services
13 and the need to fund those preventative services and that
14 while, and that that takes time, that these preventative
15 services need to be funded over a period of time and, and,
16 and if that occurs, then rewards will be seen. And what,
17 what, what's your view on that?

18 MS. SCHIBLER: Most certainly, that's an area
19 that we have been trying to emphasize, particularly in our
20 meetings with government, because there's, of course,
21 requirement for there to be a demonstration of, of success,
22 measurable outcomes of success, in order for those to be
23 programs that, I suppose, would warrant funding from
24 government's perspective. You know, and our argument to
25 that is that just as we can see, with the history of our

1 Métis people, insofar as the social setbacks that they have
2 faced and some of the development that has occurred under
3 the Métis government, to try and establish that sense of
4 pride, that positive self-identity, the promotion of
5 education and the education programs that they've put into
6 place to try to support our Métis young people, those
7 things are only beginning to bear fruit. Those things are
8 only beginning to have an impact.

9 When we develop these programs through child
10 welfare, for culturally relevant child welfare services, we
11 know that that, that investment into how well a youth is
12 supported as they're leaving the child welfare system, how
13 well a family is supported that may prevent these children
14 from coming into care right here, right now, those impacts
15 may not be seen for another generation, but they will have
16 a positive outcome. Unfortunately, that doesn't usually
17 cut it for, for asking for funding, because the, the
18 measurable outcomes have to be provided and a lot of times,
19 these, this funding is given under maybe a two-year pilot
20 project, or you have to vie for that funding year after
21 year, where we're saying this should be part of the funding
22 model, this should be the emphasis in the dollars that are
23 flowing. Yes, we have a protection mandate. We understand
24 that and we follow through with that. But there are other
25 ways for us to service families and if we want to be able

1 to strengthen those families and preserve the integrity of
2 those families, we need to be able to have these important
3 programs to go side by side with them.

4 MR. HAIGHT: Okay.

5 MS. SCHIBLER: And it's not a one size fits all.

6 MR. HAIGHT: And, and when we turn to the portion
7 of the paper that deals with the authority, we'll talk in a
8 bit more detail about those programs that have been put in
9 place and that are in jeopardy.

10 MS. SCHIBLER: Yes.

11 MR. HAIGHT: But for now, thank you for that
12 general overview.

13 MS. SCHIBLER: Thank you.

14 MR. HAIGHT: Turning, then, Mr. Commissioner, to
15 the Manitoba Métis Policy, Exhibit 137. That policy was
16 enacted by the Manitoba government in 2010 and I'm just
17 going to read highlights of this policy because it is quite
18 an interesting and, and I think forward-looking policy.
19 But as we'll see, the difficulty has been in the
20 fulfillment of the promises, but nevertheless I think is a
21 bold step forward, and certainly Ms. Mayer will comment on
22 that in a moment, as well.

23 Reading from the introduction, it says:

24

25 "Creating the Manitoba Métis

1 Policy is based on the findings of
2 the Aboriginal Justice Inquiry ...
3 which was commissioned to examine
4 the relationship between the
5 Aboriginal peoples of Manitoba and
6 the justice system. ..."

7 "In 1999, the Government of
8 Manitoba established the
9 Aboriginal Justice Implementation
10 Commission ... to advise it on
11 methods to implement the AJI
12 recommendations. In 2001, the
13 AJIC recommended that the
14 Government of Manitoba develop and
15 adopt a comprehensive Métis Policy
16 with the full participation of the
17 Manitoba Metis Federation."

18 "The Government of Manitoba and
19 the Manitoba Metis Federation
20 formally agreed to work together
21 to prepare the Métis Policy in
22 2008. Both agreed that the goals
23 of the policy would be to
24 strengthen the capacity of the
25 Métis people in Manitoba to

1 address current and emerging
2 economic and social issues and
3 achieve greater self-reliance and
4 socio-economic well-being."

5

6 So, certainly a lofty goal.

7

8 "This highly participatory process
9 contributed significantly to a
10 greater understanding of Métis
11 people's priorities and how to
12 address them. The Métis Policy
13 was shaped by this feedback."

14

15 And, and then turning from the introduction, what
16 you will see, Sir, is a statement of five policies and --
17 or principles, excuse me, followed by four policy
18 statements, all of which, all which those are policy
19 framework which has four policy elements that compliment
20 each other and are designed to be integrated. Sir, and I
21 don't intend to spend a lot of time other than to highlight
22 what those principles are and particularly the policy
23 framework.

24

25 So the Métis Policy is governed by five
principles, the first is the Recognition Principle,

1 that:

2

3 "... Métis are a distinct
4 Aboriginal people in Manitoba with
5 a unique history, culture and
6 aspirations to be protected and
7 nurtured while respecting diverse
8 Métis needs and the common values
9 shared by all [Métis]."

10

11 And then, Explaining the Principle says:

12

13 "The Métis are also a well-defined
14 part of Manitoba's population who
15 are culturally distinct from First
16 Nations and Inuit peoples.

17 Although the situation has been
18 improving, statistics show that
19 Métis education, employment,
20 income, housing, and health
21 status, among others continue to
22 lag behind the population as a
23 whole."

24

25 And we'll give you some specifics of that in a

1 moment, Sir.

2

3 "Approaches that support Métis
4 decision-making and are attuned to
5 the Métis community for whom they
6 are designed can improve this
7 situation."

8

9 So an acknowledgement by the Manitoba government
10 that there, that there is adverse situations faced by the
11 Métis people and an acknowledgement that policy that's
12 attuned to the Métis community can assist, can improve that
13 situation.

14 Second principle is the Partnership Principle:

15

16 "The Manitoba Metis Federation is
17 a political representative of
18 Métis people in Manitoba and
19 represents in Manitoba the Métis
20 who collectively refer to
21 themselves as the Métis Nation.

22 The Manitoba Metis Federation
23 provides advice to the provincial
24 government in priority setting,
25 policy and program development to

1 make sure that Métis interests are
2 properly reflected in programs and
3 services that affect Métis.

4 The renewed relationship between
5 the Government of Manitoba and
6 the Manitoba Metis Federation
7 will be ongoing, based on
8 mutual respect, reciprocity,
9 understanding, responsibility,
10 sharing and transparency."

11

12 The next principle is the Comprehensive
13 Principle, which speaks to:

14

15 "An integrated and coordinated
16 approach to Métis issues [which]
17 will promote greater consistency
18 and help ensure equity of access
19 and the effectiveness and
20 efficiency of resources available
21 to the Manitoba Metis Federation
22 and the Government of Manitoba."

23

24 Fourthly, the Capacity Principle:

25

1 "The [MMF] and [the] Government of
2 Manitoba will have the resources
3 to meaningfully participate in
4 their renewed relationship within
5 the overall priorities of, and
6 resources available to the
7 Government of Manitoba."

8

9 A reasonable principle to have, obviously.

10

11 "The Manitoba Metis Federation and
12 the Government of Manitoba are
13 accountable to their respective
14 constituencies and to each
15 other."

16

17 Which is the Accountability Principle.

18 And then comes the policy framework. And what it
19 does is it follows the -- and:

20

21 "... outlines the key elements
22 identified for the Government of
23 Manitoba to close the gap in
24 quality of life outcomes and
25 promote excellence for Métis

1 people."

2

3 That's the first sentence under the heading Métis
4 Policy Framework. And it shows how it is made up of four
5 complementary elements designed to be an integrated whole
6 enhancing Métis people's participation, better
7 understanding and a distinctions-based approach. And
8 that's the policy that I want to talk about and will refer
9 you to, Sir. And it's at page 11 of, of this policy.

10 Under the heading Distinctions-Based Approach it
11 says:

12

13 "A distinctions-based approach
14 expands the role of the Métis
15 people in Government of Manitoba
16 decision-making and problem-
17 solving processes, the
18 implementation of policy and
19 programming, and in the delivery
20 of services. The reason for it
21 are to:

22 1) Advance equal opportunity for
23 Métis people to participate and
24 realize equal results or
25 outcomes in what society has to

- 1 offer;
- 2 2) [to] Create more effective and
3 efficient public policy and
4 programs; and
- 5 3) [to] Value and affirm Métis
6 culture."

7

8 And again it says:

9

10 "The Métis are a diverse people
11 and respecting these differences
12 in a Métis-specific approach is
13 not a clear-cut exercise. A long-
14 term commitment to deal with the
15 distinct nature of [the] Métis
16 culture, with full regard [to]
17 both ... diversity of Métis people
18 and the common values that hold
19 our society together will be
20 necessary."

21

22 And that last comment of the long term commitment
23 is something that I'll ask Commissioner to keep in mind
24 having regard to the last comment made by Ms. Schibler and,
25 and the diverse programs that are offered by -- and you

1 will hear they were offered by the Métis authority.

2 Now, Ms. Mayer, you are familiar, of course, with
3 the Manitoba Métis Policy?

4 MS. MAYER: Yes.

5 MR. HAIGHT: What was the reaction of the MMF
6 when this policy was announced in 2010?

7 MS. MAYER: We were very excited --

8 MR. HAIGHT: Yes.

9 MS. MAYER: -- about this policy and we are now
10 patiently waiting for it to be implemented.

11 MR. HAIGHT: So you've seen the words, you have
12 yet to see any action?

13 MS. MAYER: Yes.

14 MR. HAIGHT: Okay. That, Sir, completes the
15 historical synopsis and I'd now like to move to more
16 current statistics relating to the social conditions
17 impacting Métis children and families today.

18 Ms. Mayer --

19 THE COMMISSIONER: Are you going back to 136?

20 MR. HAIGHT: Yes, Sir, I am. I'm going back to
21 136, page 16.

22 THE COMMISSIONER: Thank you.

23 MR. HAIGHT: And I can tell you that I will be
24 spending a fair bit of time not so much in this chapter but
25 as in -- on appendix "A", which is attached at the very end

1 of the paper.

2 THE COMMISSIONER: Yes.

3 MR. HAIGHT: Which has the statistics that
4 respectively summarize the body of what you see in this
5 second chapter.

6 THE COMMISSIONER: All right.

7

8 BY MR. HAIGHT:

9 MR. HAIGHT: Ms. Mayer, there was a census
10 conducted for the year 2011. It's the national census that
11 was just released a few weeks ago, about a month ago,
12 national household survey, that indicated that nearly
13 80,000 people in Manitoba identified as Métis accounting
14 for about 6.7 percent of the province's total population.

15 What is the MMF's position regarding this number?

16 MS. MAYER: We believe that number is higher.

17 MR. HAIGHT: So you believe there is more than
18 80,000?

19 MS. MAYER: Yes.

20 MR. HAIGHT: Okay. And, and the reason that you
21 believe so?

22 MS. MAYER: Because the, the way the census was
23 conducted, it was a voluntary census.

24 MR. HAIGHT: Um-hum.

25 MS. MAYER: So we don't believe that that's an

1 accurate number.

2 MR. HAIGHT: Okay. Where do the majority of
3 Métis people live in the Province of Manitoba?

4 MS. MAYER: In the City of Winnipeg.

5 MR. HAIGHT: And then reading from the paper
6 again, it says that:

7

8 "Winnipeg is unique as the
9 birthplace of the Métis Nation and
10 home to the largest Métis urban
11 population in Canada."

12

13 and then again referring to the Stats Canada survey:

14

15 "In 2011, more than 46,000 Métis
16 resided in Winnipeg, accounting
17 for about 6.5 percent of the
18 city's population. Métis people
19 account for about 60 percent of
20 the Aboriginal population of
21 Winnipeg, and [the] First Nations
22 peoples account for about 38
23 percent."

24

25 What does the MMF say about those figures? Are

1 they -- do they accept those figures?

2 MS. MAYER: Yes, they do.

3 MR. HAIGHT: Okay. We have heard in this inquiry
4 of relocation of aboriginal peoples and mobility of
5 aboriginal peoples moving, particularly moving to the City
6 of Winnipeg. Is the MMF aware of that phenomenon occurring
7 with Métis people as well?

8 MS. MAYER: Yes.

9 MR. HAIGHT: And, and --

10 THE COMMISSIONER: Moving, moving from where to
11 the City of Winnipeg?

12 MS. MAYER: From outside communities.

13 THE COMMISSIONER: In, in the province?

14 MS. MAYER: In the province, yes.

15

16 BY MR. HAIGHT:

17 MR. HAIGHT: And when Métis people move from
18 outside communities to the City of Winnipeg, where do they
19 largely end up?

20 MS. MAYER: The majority end up in the North End.

21 MR. HAIGHT: Okay. And then moving, sir, then to
22 appendix "A" and Ms. Mayer, if you would, please, on the
23 copy of Exhibit 136 that you have in front of you, flip to
24 that last page.

25 Before going through the numbers, you'll see,

1 Sir, the reference to a large majority of the statistics
2 that occur on this page, to a study called Profile of Métis
3 Health Status and Healthcare Utilization in Manitoba: A
4 Population-Based Study, that was released in 2007.

5 Ms. Mayer, I understand you're familiar with that
6 study?

7 MS. MAYER: Yes.

8 MR. HAIGHT: And that study at the MMF is
9 referred to as?

10 MS. MAYER: The Métis atlas.

11 MR. HAIGHT: And, and what can you tell this
12 Commission about that study and its uniqueness?

13 THE COMMISSIONER: Just -- where's reference to
14 the study in ...

15 MR. HAIGHT: Sir, you'll see it right at the
16 bottom, sir, in very fine print. You'll see throughout the
17 statistics the reference number one.

18 THE COMMISSIONER: Yes.

19 MR. HAIGHT: And the majority of statistics are
20 referenced by the footnote number one. And the footnote
21 number one at the bottom is, in fact, that study. Martens,
22 Bartlett, Burland --

23 THE COMMISSIONER: Oh, okay.

24 MR. HAIGHT: -- Burchill, Romphf and, and that's
25 the study we're referring to.

1 THE COMMISSIONER: And what did the study
2 address? A profile of Métis Health Status and Healthcare
3 Utilization in Manitoba: A Population-Based Study.

4 MR. HAIGHT: Yes.

5 THE COMMISSIONER: That's it?

6 MR. HAIGHT: Yes, right.

7 THE COMMISSIONER: Okay.

8 MR. HAIGHT: And Ms. Mayer was just to tell you a
9 little bit --

10 THE COMMISSIONER: Okay.

11 MR. HAIGHT: -- is just about to tell you a
12 little bit about how that study was conducted.

13 THE COMMISSIONER: And it was from that study
14 that most of these figures were drawn?

15 MR. HAIGHT: Correct.

16 THE COMMISSIONER: All right.

17 MS. MAYER: Okay. The study was done with, in
18 partnership with the University of Manitoba, with our
19 Health and Wellness department, under the direction of
20 Dr. Judy Bartlett. What they did was they took our MMF
21 membership cards and they matched them with the Manitoba
22 Health numbers.

23

24 BY MR. HAIGHT:

25 MR. HAIGHT: Records?

1 MS. MAYER: Yeah, records. And that's how they
2 tracked how the Métis were moving through the health
3 system.

4 MR. HAIGHT: And as I understand it, it is, was
5 the first of its kind in terms of a health analysis that
6 was particular only to the Métis?

7 MS. MAYER: Yes.

8 MR. HAIGHT: And you will see, Sir, at the top
9 there's a heading for, it makes a distinction for both
10 Winnipeg and Manitoba.

11 THE COMMISSIONER: Yes.

12 MR. HAIGHT: And Winnipeg is divided into Métis
13 and then all other residents.

14 THE COMMISSIONER: Yes.

15 MR. HAIGHT: I will be confining my comments to
16 Winnipeg in light of the scope of phase three.

17

18 BY MR. HAIGHT:

19 MR. HAIGHT: But, Ms. Mayer, can you tell me the
20 category All Other Residents, whether that includes
21 aboriginal people as well?

22 MS. MAYER: Yes.

23 MR. HAIGHT: Okay. So there was no distinction
24 made in the study between the other group, namely the all
25 other residents, it was just all other residents as

1 compared with the Métis?

2 MS. MAYER: Yes.

3 MR. HAIGHT: You will see there, at the top,
4 under the heading of Family, population under the age of
5 16, that, that nearly 24 percent -- or nearly 25 percent, a
6 quarter of the Métis population of Winnipeg, is under the
7 age of 16.

8 MS. MAYER: Yes, it's very high.

9 MR. HAIGHT: Yes, as compared with 17.2 percent
10 for all other residents. Is this, is this a phenomenon
11 that's well known to the MMF of --

12 MS. MAYER: Yes.

13 MR. HAIGHT: -- of the youngness of the Métis
14 population?

15 MS. MAYER: Yes.

16 MR. HAIGHT: Population under the age of 26, so
17 increasing the age a little bit, you have 40 percent of the
18 Métis population versus 30 percent of all other residents.

19 MS. MAYER: Yes.

20 MR. HAIGHT: And in Teen Pregnancy Rate, skipping
21 down one category, still in the, in the heading of Family.
22 There's females aged 15 to 19 and for every thousand Métis
23 young women between the ages of 15 and 19 of the City of
24 Winnipeg, 81 have, have become pregnant?

25 MS. MAYER: Yes.

1 MR. HAIGHT: As compared to 43 out of a thousand
2 for all other residents?

3 MS. MAYER: Yes.

4 MR. HAIGHT: And what can you tell me about that
5 phenomenon?

6 MS. MAYER: Well, we know that we have a very
7 high youth population and we also know that we have a high
8 teen pregnancy population. And I think if you look at what
9 we've been trying to do over the last 10 years within the
10 Manitoba Metis Federation is we've been trying to really
11 focus on youth.

12 MR. HAIGHT: And, and is there anything in
13 particular about Métis community and culture that deals
14 with this teen pregnancy situation?

15 MS. MAYER: Well, traditionally what would happen
16 is you would have all your family supports there, like you
17 would have your grandparents or, or extended family
18 supporting the teen along with the child. And what we find
19 now is because they, they've relocated and they're, they're
20 in the North End and a lot of them are maybe living with a
21 parent or with family, they don't have the support that
22 they would have had if they would have been back in their
23 communities.

24 MR. HAIGHT: I see. So the traditional ways that
25 you see in the communities outside the city have not

1 necessarily been transplanted or just housing, the
2 situation doesn't make it possible? Do you know what it
3 is?

4 MS. MAYER: I would say it's a combination. And
5 we, we know that there's a reason that our people migrate
6 to the North End. I mean, there's -- obviously there's,
7 there's aboriginal people living there, so it's a comfort.
8 Housing is cheaper. There's more social housing in the
9 North End for, for our people. So I would say it's a
10 combination of many things.

11 MR. HAIGHT: Then skipping down to the bottom of
12 the Family category: Children in the Care of Child and
13 Family Services, the 5.5 percent of the Métis population in
14 Winnipeg is in, have children in the care of Child and
15 Family Services versus 3.2 percent for all other residents.
16 Is it known to the Manitoba Metis Federation of the high
17 prevalence of, of exposure of Métis children to the child
18 welfare system?

19 MS. MAYER: Yes.

20 MR. HAIGHT: Yeah. In fact, that's, as I
21 understand it, one of the reasons that the MMF's got
22 standing to speak to this inquiry.

23 MS. MAYER: Yes.

24 MR. HAIGHT: Before continuing on with those
25 statistics, because we're going to be getting into health,

1 education, employment and housing, Sir, which you have
2 heard throughout the course of this phase of the inquiry
3 are strong indicators of, of poverty. Those, those topics
4 are, are analyzed very closely in order to, to determine
5 root causes of poverty, and I'm just going to just refer
6 you to page 19 of Exhibit 136, under the heading Socio-
7 Economic Indicators of Poverty. And at the second
8 paragraph of that paper -- of that, of that page, excuse
9 me:

10

11 "A recent examination of the state
12 of Winnipeg's inner-city poverty
13 using 2006 Census data showed that
14 poverty among Métis people in
15 Winnipeg is double the rate of the
16 non-Aboriginal population."

17

18 Is that something, Ms. Mayer, that is known to
19 the MMF?

20 MS. MAYER: Yes.

21 MR. HAIGHT:

22

23 "With regard to children, it was
24 found that Métis children under
25 the age of six residing in

1 Winnipeg made 65 percent of the
2 Aboriginal poverty rate, compared
3 to 23 percent for non-Aboriginal
4 children in the same age group.
5 Overall, Métis children residing
6 in Winnipeg were found to be
7 almost three times more likely to
8 be poor than non-Aboriginal
9 children."

10

11 Those are compelling statistics, Sir, but what's
12 also quite interesting about it is that the source cited
13 for that is, in fact, one of the witnesses in the phase
14 three of this inquiry, Ms. Shauna MacKinnon, Tracking
15 Poverty in Winnipeg's Inner City, 1996 to 2006.

16 And Commission counsel might even be able to tell
17 me whether, if in fact that was one of the exhibits that
18 was tendered with Ms. MacKinnon's evidence. I can't recall
19 myself and it's not absolutely necessary to know. But
20 perhaps at a break you might be able to, to let me know.

21 Returning, then, to, to Appendix "A", Ms. Mayer,
22 and the first heading under the, the heading of Health,
23 first sub-heading, excuse me, under the heading of Health,
24 Premature Mortality Rate per a thousand. And just for your
25 information, Sir, the Métis atlas indicated that premature

1 is defined as between the ages of zero and 74. So if you,
2 if you die before the age of 74, that's considered, by
3 today's standards, to be premature. And I also understand
4 it's an internationally-accepted indicator of, of poverty.

5 You see that 4.2 Métis per a thousand people died
6 prematurely as compared to 3.3 of all other residents in
7 Winnipeg. And I understand, Ms. Mayer, that you have your
8 own perspective on this based upon the Métis community that
9 you live in and your review when you first saw the Métis
10 atlas?

11 MS. MAYER: Yes. In, in our region, in The Pas
12 region, our, our life expectancy is 68. And I know I was
13 quite taken back by that because I was just counting off
14 how many years I had to go to get to 68 before I could
15 expect to die.

16 MR. HAIGHT: Excuse me. Sorry, that wasn't that
17 funny.

18 The -- and, and the reason that you were able to
19 see the mortality rate in your region is because the Métis
20 atlas, this study that we have been referring to, is, in
21 fact, broken down between regions, isn't it?

22 MS. MAYER: Yes, it is.

23 MR. HAIGHT: Yes. And then, without getting into
24 it in a great deal of detail, Sir, because you can read it,
25 but I will just put it on the record, that what you see is

1 a prevalence -- or Prevalence, excuse me, of Cumulative
2 Mental Illness. In Métis it's 32.7 percent in Winnipeg
3 versus 27.5 for all other residents. A Prevalence of
4 Depression of 25.5 versus 21.7 for all other residents in
5 the City of Winnipeg. Prevalence of Substance Abuse is
6 quite a jarring jump from 8.1 percent to the -- is what the
7 Métis number is versus only 4.8 percent for all other
8 residents, almost double the substance abuse rate for all
9 other residents. And then we have the Suicide and Suicide
10 Attempt Prevalence of .10 percent for the Métis versus .6
11 percent for all other residents.

12 THE COMMISSIONER: And all, all those figures
13 under the All Other Residents column includes not only non-
14 aboriginal people but it includes First Nations people?

15 MR. HAIGHT: That's correct, Sir.

16 MS. MAYER: Yes.

17 THE COMMISSIONER: Right.

18 MR. HAIGHT: And if, if the Commission wanted, I
19 could, I could provide a copy of the atlas, of this study,
20 but it's about that thick.

21 THE COMMISSIONER: No, I don't think we're in
22 need of that.

23 MR. HAIGHT: I didn't think you would, but, but
24 in any event I thought I would offer.

25

1 BY MR. HAIGHT:

2 MR. HAIGHT: Education. Secondary School
3 Completion, 63.2 percent of Métis children finished
4 secondary school six years after grade nine, which is a
5 lower number than the 79.6 percent for all other residents.
6 The Grade 12 Pass Rates is 46.2 percent for the Métis in
7 the City of Winnipeg versus the much higher rate of 64.2
8 percent for all other residents. And retention Rates from
9 Kindergarten to Grade 8, that is, students who have been
10 held back a grade, is much higher for Métis at 3.7 percent
11 in the City of Winnipeg versus 1.9 for all other residents.

12 And then the final statistics that I will read
13 into the record are the employment insurance statistics
14 under the heading of Employment. Families in the City of
15 Winnipeg, Métis families, 32 percent have received
16 employment insurance in some way or another versus 16.8
17 percent for all other residents, 24.3 of adults between 18
18 and 19 have received it versus 12.7 for all other
19 residents. So, and because these statistics are not
20 available in Winnipeg for housing, I won't spend any time
21 on it. But, but the numbers that you have just heard me
22 read into the record, the ones that you haven't commented
23 on, Ms. Mayer, would it be fair to say that you're not
24 surprised by those numbers?

25 MS. MAYER: No.

1 MR. HAIGHT: No. And that they are consistent
2 with your experience as a Métis and a minister for the MMF?

3 MS. MAYER: Yes. As, regarding the educational
4 numbers, I know in my region, because we offer a bursary
5 to, through our region to the high schools, we have seven
6 of them, we get to see the grad lists and so I know how
7 many of our Métis are actually grad-ing out of grade 12.

8 MR. HAIGHT: And, and so that number in
9 comparison to all other residents is, is what?

10 MS. MAYER: It's, it's now.

11 MR. HAIGHT: Yeah.

12 MS. MAYER: Very low.

13 MR. HAIGHT: Okay.

14 MS. MAYER: But we also know that a lot of our
15 Métis people go back to school later on.

16 MR. HAIGHT: Um-hum.

17 MS. MAYER: Like in their late twenties and
18 thirties they go back to adult education and receive their
19 diploma that way.

20 MR. HAIGHT: Okay. Okay. Thank you. I will now
21 move, Mr. Commissioner, to the portion of the paper that
22 deals with the authority and will direct my questions
23 toward Ms. Schibler. That appears at page 28.

24 THE COMMISSIONER: Right. Now, is this a good
25 time for a break or do you want to --

1 MR. HAIGHT: Actually, you know what, we're doing
2 well in terms of timing, Sir, and I think this probably is
3 a very good time to take a short break. I expect that the
4 balance will be no more than, than one hour.

5 THE COMMISSIONER: And then if, if that would
6 leave from 4:30 to 5:00 for cross-examination.

7 MR. HAIGHT: Yes.

8 THE COMMISSIONER: If there is.

9 MR. HAIGHT: Yes.

10 THE COMMISSIONER: Whatever there is. There
11 hasn't been a lot but we need at least to leave that. All
12 right.

13 MR. HAIGHT: Yes.

14 THE COMMISSIONER: We'll take our 15-minute break
15 now, then.

16 MR. HAIGHT: Thank you, sir.

17

18 (BRIEF RECESS)

19

20 MR. HAIGHT: Mr. Commissioner, you've already
21 heard some background information about the authority and
22 its numbers and that's where I'm going to recommence is
23 with, as I said just before the break, Manitoba Child and
24 Family Services Authority --

25 THE COMMISSIONER: Yes.

1 MR. HAIGHT: -- portion of the paper, and I'm
2 going to begin by asking Ms. Schibler to first describe
3 some of the programs implemented by the Métis and Michif
4 agencies as a result of the recommendations made in the
5 reports prepared subsequent to the death of Phoenix
6 Sinclair. Now, I appreciate that that really is, is a
7 phase two issue for this inquiry; I understand that,
8 sir, but I expressed to Commission counsel that was my
9 intention --

10 THE COMMISSIONER: Oh, I don't think that will be
11 a problem.

12 MR. HAIGHT: Thank you very much, Sir.

13 THE COMMISSIONER: I know you deal with it in the
14 paper. At what page?

15 MR. HAIGHT: It's commencing at page 29.

16 THE COMMISSIONER: Right. Oh, yes.

17

18 BY MR. HAIGHT:

19 MR. HAIGHT: Before we, we talk about those
20 services and the fact that they were implemented, Ms.
21 Schibler, as a result of the recommendations made
22 subsequent to Phoenix Sinclair's tragic life and death, and
23 I know that you were the author of some of those
24 recommendations, just for the purposes of the record, we
25 can clarify that neither the Métis agency or the Michif

1 agency provided services to Phoenix Sinclair or her family?

2 MS. SCHIBLER: No, they did not.

3 MR. HAIGHT: And in fact, they did not provide
4 any services to the foster parents of Phoenix Sinclair
5 regarding Phoenix?

6 MS. SCHIBLER: Not to my knowledge, no.

7 MR. HAIGHT: Okay. So then going through the
8 paper, there is an indication, at page 29, that a number of
9 services were adopted by -- or implemented, excuse me, by
10 the authority and its agencies as a result of the
11 recommendations. And the first heading is Culturally
12 Sensitive Service Delivery. Perhaps you can tell us a
13 little bit about what the Métis authority and its agencies
14 did relating to culturally sensitive service delivery?

15 MS. SCHIBLER: Well, the authority -- and, and
16 please understand that this preceded my, my time as the CEO
17 there, but I was aware of this as my role as the children's
18 advocate and since, of course, coming to the authority, but
19 the recommendations was a basis for the development of many
20 of the programs that we currently deliver and it wasn't
21 just based on the recommendations, though, it was also
22 based on some of the research that was spoken of earlier
23 with Minister Judy Mayer as well, and, and also knowing the
24 history of our Métis people. So this is -- these are
25 programs that have been developed that are, are culturally-

1 based and are relevant to, to the preservation of our
2 families but also the building of capacity of our Métis
3 families in a way that is, is sensitive to them and in a
4 way that promotes their culture. And so this is what we
5 have established through our agencies by what we know that
6 our families and our children are, are needing.

7 MR. HAIGHT: And I understand that two
8 culturally-sensitive programs emerged for youth and
9 families which are, are known as the Circle of Life Program
10 and the Mothers and Kookums Program. Can --

11 MS. SCHIBLER: That's correct, yes.

12 MR. HAIGHT: Can, can you tell us a little bit
13 about both of those programs?

14 MS. SCHIBLER: The Circle of Life Program is a,
15 is a program that's, that's delivered through our Metis
16 Child, Family and Community Services and it is a strength-
17 based approach used when working with youth. It's an
18 individualized services. It helps youth to find their way
19 through some of the challenges that they would be facing in
20 their day-to-day struggles, and that could be around
21 addictions or peer pressure or some of the challenges they
22 may face around cultural identity or grief or bullying, and
23 it helps their assigned workers that help guide them and
24 support them and encourage them. The youth are given
25 opportunities to build health relationships with the staff

1 so that they can understand these challenges and their
2 feelings and worries that they are constantly facing. It
3 supports the youth in building self-esteem and a positive
4 self-image and to feel better about who they are as, as
5 Métis youth.

6 MR. HAIGHT: Are, are families engaged in the
7 process as well?

8 MS. SCHIBLER: Yes, they are. The engaging with
9 families and expanding the child's knowledge or the youth's
10 knowledge and understanding about their culture and their
11 history is a key component to the program.

12 MR. HAIGHT: So Métis culture and history is, is
13 taught in the process of this program?

14 MS. SCHIBLER: Absolutely.

15 MR. HAIGHT: And, and that program, would it be
16 described as, as a preventative program?

17 MS. SCHIBLER: Absolutely. A support and a
18 prevention program.

19 MR. HAIGHT: Okay. And the Mothers and Kookums?

20 MS. SCHIBLER: And the Mothers and Kookums
21 program again is, is a program that is again a strength-
22 based approach and it where the young mothers and the
23 grandmothers gather together and they do that, you know,
24 very supportive and non-judgmental way, and they learn and
25 practice the tools for life changes. So a lot of these

1 moms might be struggling in their role as being parents and
2 carry a lot of those historical, you know, issues forward
3 into their parenting, and so the kookums, the grandmothers
4 are there to help guide them. They help them to be able to
5 create, create positive family time with their children.
6 They help them to set routines, manage anger, do budgeting,
7 do crafts. They teach them around their cooking, and
8 overall skills for, for what they would need for their
9 parenting role.

10 MR. HAIGHT: And when you gave evidence on behalf
11 of the Kookum Elders Council, you referred to other kookum
12 groups that have grown out as a result of the initiation of
13 your council. Is this, in fact, one of the -- an example
14 of that?

15 MS. SCHIBLER: No, it isn't one of the, the
16 examples of it but it is an example of what we would
17 promote from our grandmother's council around taking the
18 experience and the knowledge that the grandmothers have and
19 putting that to use in the mentoring of those young ones
20 that are coming up as parents and need that additional
21 support. So I think it's a really, really good use of
22 those natural resources, because, as was mentioned by
23 Minister Mayer earlier, that's the way that it was done
24 with our families.

25 And I know I indicated in our conversations that,

1 you know, my grandmother was a teen mom, my mother was a
2 teen mom, and for our family it was about, you know,
3 everyone helping to take on that role and responsibility of
4 mentoring and providing the necessary life teachings and
5 skills to those, to those young moms so that they could be
6 successful in their role as parents.

7 MR. HAIGHT: Okay. Youth-centred, centred
8 service delivery. There were programs developed, two
9 programs distinct to youth-centred services. Not to use a
10 line from Cousin Vinny but I can't help myself, what is a
11 "yute" (phonetic)?

12 MS. SCHIBLER: What is the --

13 MR. HAIGHT: How do you define "youth"? What age
14 group are we talking about here?

15 MS. SCHIBLER: I, I think when we're talking
16 about youth we're primarily, in our services, talking about
17 those ones that are 13 to 18.

18 MR. HAIGHT: Okay.

19 MS. SCHIBLER: But because we're extending
20 services beyond the age of majority now, those still are
21 encompassed as, as youth. It depends on what setting
22 you're in, because for many, when they define youth they're
23 talking about young people up to the age of 29. Some are
24 even -- programs that are available to youth will service
25 up to the age of 35. So it all depends on ...

1 MR. HAIGHT: But in the child welfare world there
2 is a cut-off at 18, I understand?

3 MS. SCHIBLER: Generally, there is.

4 MR. HAIGHT: Yes.

5 MS. SCHIBLER: Except for the ones that are
6 extended in, in care.

7 MR. HAIGHT: Right. And that is something that
8 the Métis authority has considered in developing some of
9 its programs, is it not?

10 MS. SCHIBLER: That's correct.

11 MR. HAIGHT: Yes. And the two youth-centred
12 services that were developed by the Métis authority are the
13 S.A.S.H. Outreach Program and the ROADS Program. Could you
14 tell the inquiry a little bit about those two programs?

15 MS. SCHIBLER: Well, the, the S.A.S.H. Program is
16 an outreach program. And you know, and the beauty about
17 the S.A.S.H. Program is that it really does take the
18 culture, the Métis culture and that Métis sash and what it
19 represents about, you know, embracing someone into their,
20 their family, their community, and knowing that family is
21 beyond the nuclear family and, and saying you're part of a
22 nation so therefore you become part of our family. And,
23 and it recognizes that a lot of our youth that are facing
24 some of the significant challenges are seen to be at risk
25 and some of them at higher risk than others, and those are

1 from behaviours or choices or just, you know, life, life
2 situations.

3 And so there's three phrases to this, to this
4 program, and the work that has been done is the worker and
5 the youth work together on an individual basis and the
6 first phase is around safety, and it's looking at assessing
7 levels of risk and developing safety plans that respond to
8 those critical situations that a young person might be
9 facing. The second phase is around stabilization and so it
10 looks at trying to access resources for that person, for
11 that youth, developing an action plan to reduce risk. And
12 then the third phase is around prevention and that's
13 designed to support the youth and maintain some really good
14 strategies with that young person and their care-givers to
15 be able to enhance their connections and their
16 relationships and reduce their at-risk behaviour.

17 The, the other really important aspect of the
18 S.A.S.H. Program is that it does partner with other
19 agencies and organizations such as Street Reach, Child Find
20 Manitoba and Sexually Exploited Youth Coalition, so it
21 really is more targeted to those higher-risk youth.

22 MR. HAIGHT: Okay. So it sounds to me like a
23 program that can be utilized both for youths that have been
24 placed in a foster home and those that have not?

25 MS. SCHIBLER: That's correct.

1 MR. HAIGHT: So it, in terms of the stages of a
2 progression of a child through the child welfare system, it
3 can be used both at the preventative, at the outset, the
4 preventative end, but it also can be used to try to avoid
5 recurrences in the future?

6 MS. SCHIBLER: That's correct.

7 MR. HAIGHT: And I see here that the Sash workers
8 use a team approach to identify at-risk behaviours within
9 the signs of safety model.

10 MS. SCHIBLER: Yes.

11 MR. HAIGHT: And the signs of safety model is a
12 model that has been utilized by the authority and its
13 agencies?

14 MS. SCHIBLER: Yes, that's correct.

15 MR. HAIGHT: And that is, as I understand it,
16 just a form of the differential response model?

17 MS. SCHIBLER: Yes, it is.

18 MR. HAIGHT: The ROADS Program?

19 MS. SCHIBLER: The ROADS Program is a four-base
20 program for youth and it's around preparing them for
21 employment. And so it includes volunteer, work experience
22 and casual and, and part-time or full-time employment, and
23 it's for the youth who are 16 years of age and over and are
24 in the care of Metis Child and Family and Community
25 Services.

1 MR. HAIGHT: And that program, I understand, has
2 successfully found full-time employment for, it says here,
3 37 youth?

4 MS. SCHIBLER: That's correct.

5 MR. HAIGHT: Well, I shouldn't -- perhaps I'm
6 paraphrasing incorrectly. It says:

7

8 "Since the launch of ROADS 37
9 youth have used the program."

10

11 MS. SCHIBLER: Have used the program, that's
12 right.

13 MR. HAIGHT: Okay. So I can't -- we can't say
14 that they've found full-time employment as a result?

15 MS. SCHIBLER: No, but that would be our goal.

16 MR. HAIGHT: Yes. Then, Youth Transitioning Out
17 of Care Service Delivery. Some programs have been
18 developed around that phase of the child welfare system,
19 transitioning to adulthood and, and outside of the system,
20 and I understand four programs have been developed to
21 assist youth with this transition?

22 MS. SCHIBLER: Yes, that's correct.

23 MR. HAIGHT: And they are the Skills for Life
24 Program, the Métis Spirit Program, the Life Long
25 Connections Program and then the RAILS Program?

1 MS. SCHIBLER: That's correct.

2 MR. HAIGHT: Can you tell the Commissioner a
3 little bit about each of those programs?

4 MS. SCHIBLER: Certainly. The skills for Life
5 Program works with youth to help them develop the skills to
6 become interdependent. It works with them in the areas of
7 education and resources, training opportunities,
8 employment, budgeting and just building healthy
9 relationships. And the worker assists them by supporting
10 them, advocating for them and helping encourage them to
11 make choices that are positive and healthy for their, their
12 wellbeing. And it also encourages youth to recognize that
13 they're not alone, that they are part of that Métis
14 culture, that they are part of that family. And, and it
15 helps them to develop their own skills for problem-solving
16 because these are the skills that they're going to need as
17 they leave the system, as they go out and venture on their
18 own. The support program is offered in collaboration with
19 the Métis Spirit Program so this is a really good piece of
20 it because it is, it does draw in that mentorship.

21 So the -- I'll speak about the Métis Spirit
22 Program in a moment, but the Métis Spirit Program is really
23 about those who have gone on and graduated as, you know, as
24 you can say, from the child welfare system. And so
25 therefore, those youth who have turned age of majority,

1 some of which have moved on from the child welfare system,
2 some of which have remained in extended care, but they,
3 they are used as mentors to the young ones that are going
4 through the skills for life program. So it sort of links
5 them together, which is really, really effective in helping
6 the young people that are entering into that program know
7 and understand the realities of what it's like when you do
8 get out there on your own, rather than them hearing it just
9 specifically from adults and, and workers in the system.
10 They're hearing it from, from their peers, from other youth
11 who have --

12 MR. HAIGHT: So --

13 MS. SCHIBLER: -- forged before them.

14 MR. HAIGHT: Yeah. Street cred.

15 MS. SCHIBLER: Exactly.

16 MR. HAIGHT: Right. The Métis Spirit Program?

17 MS. SCHIBLER: The Métis Spirit Program is very
18 unique. This is one where we struggle around this because
19 of funding issues, of course, because this service is not
20 one where we say we can't deliver service to young people
21 even though they are no longer attached to our child
22 welfare system. A lot of these young -- these youth who
23 are in the Métis Spirit Program have since left the child
24 welfare system and they may have gone off -- and I think I
25 spoke about this in my earlier testimony, about how, if

1 they haven't got those supports or if they think they're
2 ready to venture out on their own and they leave the
3 supports of the child welfare system, they can -- they go
4 out and then they encounter real life situations and they
5 know that there are struggles out there that they face, but
6 because some of them aren't connected to family of origin,
7 they will come back to the agency and they will come back
8 through this program, and this program will support them
9 and advocate for them and help them to find the resources
10 that they need so that they don't have to fall through the
11 cracks. So it's one of those things where, again, where
12 youth is defined beyond the age of majority because they
13 still are our youth and they still do need our supports,
14 even though they're no longer attached to the child welfare
15 system.

16 MR. HAIGHT: And what can you tell me about the
17 demand for that program?

18 MS. SCHIBLER: Well, that -- we have a huge
19 waiting list to, to have services, which is something I
20 don't think any youth should have. They should not have to
21 face a wait list. Their crisis and their need is here,
22 it's immediate, and it's, it's, it's those situations that
23 they're facing that we would deem high risk for the youth
24 who are still in our care. So a lot of times they're
25 facing difficulties around employment or housing, they're

1 facing poverty, they're facing gang recruitment or
2 exploitation and they're at risk. And so they need those
3 continued supports or they need to know that there's
4 somebody there that they can reach out to who can respond
5 to them.

6 So we only have currently one worker that is
7 there servicing that program and she links to these youth;
8 but again, it's one of those ones where there's a demand
9 for it and we need more resources.

10 MR. HAIGHT: Life Long Connections Program?

11 MS. SCHIBLER: The Life Long Connections Program
12 is a beautiful unique program that we have again offered
13 through our Metis Child, Family and Community Services
14 Agency, and it's, it's, you know, statement is that every
15 child deserves to belong to a family and to know their
16 culture. And so one of the things that happens when a,
17 when a child comes into the care of our, our agency,
18 particularly if they've been in care in the child welfare
19 system for a while, is that the Life Long Connections
20 worker helps them find their communities, find their
21 extended family and, and reunites children in care, again,
22 with those extended family or those significant others, so
23 that they can expand that whole circle of support in that,
24 in that child or that youth's life and make sure that
25 they've got those life long connections. So that's a

1 really important part of it.

2 And I know that recently we've talked about, you
3 know, ensuring and emphasizing that as those youth are, are
4 getting closer to reaching age of majority, that we, we
5 really emphasize the need for them to be connected to the
6 Manitoba Métis Federation so that they, again, can draw on
7 the resources and the supports through MMF and know that
8 they are connected to something that's larger.

9 MR. HAIGHT: And then finally under this heading
10 of services, the RAILS, Rosedale Adolescent independent --
11 Interdependent Living Services Program.

12 MS. SCHIBLER: Yes, our RAILS program, it does,
13 again, strengthen those life skills towards
14 interdependence. It is, it's facilitated under a trained
15 support staff and mentors and elders and other
16 professionals. It's a program that is strength and
17 relationship based, and youth are supported daily to learn
18 and practice the skills that they have been learning. It's
19 -- since its opening, 36 youth have been assisted to live
20 on their own through the RAILS program. It is a residence.
21 More than 70 percent of those youth who can -- who have
22 been through that program continue to remain in contact
23 with the RAILS staff. So they will come and visit, they'll
24 drop in or they'll call on to the staff at this program if
25 they encounter problems around food or, you know, limited

1 resources or housing issues. So again, that's one of those
2 ones to build and strengthen on our youth.

3 MR. HAIGHT: Okay. Then moving on to the next
4 heading, which is Family Centred Service Delivery.

5 MS. SCHIBLER: Can I just -- I'm sorry --

6 MR. HAIGHT: I'm sorry.

7 MS. SCHIBLER: -- before we move ahead, can I
8 just speak to --

9 MR. HAIGHT: Yeah.

10 MS. SCHIBLER: -- because although it's not a
11 program it is a practice that I think is really, really
12 important because it's one that's unique to, has been
13 unique to the Métis authority agencies and it's one that,
14 as a children's advocate, I had done an honourable mention
15 to Métis authority back in the day because I was so
16 impressed with the fact that they did this, and it is the
17 Honouring Our Youth Celebration.

18 MR. HAIGHT: Yes, please tell us.

19 MS. SCHIBLER: And a few times during the year,
20 as children in care are reaching age of majority, there is
21 a celebration that takes place and the agency has a
22 beautiful dinner at one of the local venues and the youth
23 come out, and there's entertainment and we have dignitaries
24 from, you know, mainstream government and our Métis
25 government; Minister Mayer always attends, as well. And

1 what happens there is that that youth is recognized and,
2 that they're turning into an adult; and someone speaks on
3 their behalf in regards to the accomplishments that they
4 have seen, the struggles that they've overcome. So it
5 could be a foster parent that's doing a tribute to them or
6 it could be their worker or it could be a peer. And it's
7 usually MC'd by an alumni youth and there is beautiful
8 Métis entertainment. But it's a celebration of that youth
9 and they are adorned with a Métis sash and, and they are
10 told again that they are part of a large family and that no
11 matter where life takes them and wherever they go, that
12 they know that they always belong and that this is their
13 culture and this is something that we all celebrate with
14 them together. So we honour and we acknowledge those youth
15 who are turning 18. And many of them still stay in care,
16 you know, past age of majority but that's our celebration
17 of them.

18 MR. HAIGHT: And would the success of that
19 celebration have any connection to the fact that you have
20 alumni coming back assisting with your other programs?

21 MS. SCHIBLER: Well, exactly. And I think, I
22 mean if, if you -- I invite anybody, if you ever get an
23 opportunity to come and experience one of these, these
24 celebrations firsthand, it's very touching because you, you
25 know, you hear the story of these youth and the struggles

1 that they have overcome and just the amazing
2 accomplishments and the things that they are going on to do
3 in their life. And it's just, it's such a beautiful
4 ceremony.

5 MR. HAIGHT: Then moving now to Family Centred
6 Service Delivery, it says, at the top of page 34:

7
8 "Recognizing the importance of
9 family well-being and the
10 importance of building capacity
11 within the family, Metis Child,
12 Family and Community Services
13 Agencies approach to family
14 centred service delivery is
15 community based and designed to
16 assist families build on their
17 inherent strengths."

18
19 And then it speaks of three programs that have
20 been developed. And I note that it relates to the Métis
21 agency and not Michif.

22 MS. SCHIBLER: That's correct.

23 MR. HAIGHT: Okay. And those three programs and
24 the Family Mentor Program, the Living In Family Enhancement
25 Program, the Parent Support and Education Program, Respite

1 and Supported Family Time. I'm wondering if you can just
2 give us a brief description about each of those programs?

3 MS. SCHIBLER: Yes. And I, I just want to
4 mention about Michif because it only just received its, its
5 mandate a few years ago so a lot of the programs that have
6 been developed and implemented through Métis agency have
7 not yet been developed in Michif.

8 MR. HAIGHT: Okay.

9 MS. SCHIBLER: But it is still their goal.

10 MR. HAIGHT: Okay.

11 MS. SCHIBLER: And the resources to be able to do
12 some of these things are a little bit more limited when
13 you're talking about the communities where services are
14 delivered, so it makes it a little more challenging for
15 them. So, but we're saying even for things like the, the
16 Honouring Our Youth Celebration, you might only have one
17 youth that you're honouring in that quarter of the year but
18 you can still have a dinner for one youth. So those are
19 things that we're, we're trying to develop with them.

20 MR. HAIGHT: Okay.

21 MS. SCHIBLER: As far as the Family Centred
22 Service Delivery, our family mentor program is upper to low
23 risk families and a lot of times those are trained
24 volunteers who mentor those families and help strengthen
25 them in their ability and their capacity to be able to

1 provide care for their children, and, and so they develop
2 relationships with these families and they do provide that
3 mentoring.

4 The L.I.F.E. Program is one that we really,
5 really emphasize a lot because I think this is one that was
6 established based on what we know was successful back many
7 years ago in the United States. They had a home called the
8 Home Builders Program, and what it was, was where somebody
9 actually moved in with the families and helped them to be
10 able to develop their skills and mentored them and taught
11 them many of those necessary skills to be able to provide a
12 safe environment and a healthy environment for their
13 children. Well, we've kind of altered it somewhat, and
14 what we have is children that are in the care of the agency
15 placed in a foster home, and these foster parents are
16 specialized and trained foster parents who not only provide
17 the day-to-day care and safety environment for the child
18 but the birth families actually move into the foster home
19 as well. And so the role of the foster parent becomes to
20 spend that time assisting the birth families to know how to
21 meet the needs of this child, how to develop that healthy
22 family time, how to be able to provide nutritional meals,
23 how to make healthy choices, and know and understand the
24 developmental needs of their children. So it's, it's an
25 intensive hands-on program that's offered to these

1 families, you know, 24/7. They all live in the same family
2 environment together and so you've got these very
3 specialized foster parents who do that and deliver that.

4 MR. HAIGHT: Um-hum. How many foster homes do
5 you have like that?

6 MS. SCHIBLER: I'd like to say ... I don't know.

7 MR. HAIGHT: Sorry.

8 MS. SCHIBLER: I'm sorry.

9 MR. HAIGHT: And, and I'm sorry, too, for putting
10 you on the spot.

11 MS. SCHIBLER: And, and my assistant who knows --

12 MR. HAIGHT: I didn't anticipate that question
13 until I'm sitting --

14 MS. SCHIBLER: -- has left.

15 MR. HAIGHT: -- listening to your answer. I was
16 looking around to see if Karla was here as well, but she's
17 not, so ...

18 MS. SCHIBLER: No. I'm sorry. I know that we
19 have people waiting to get in that program.

20 MR. HAIGHT: Yes.

21 MS. SCHIBLER: And I had thought that it was
22 somewhere between four and half a dozen, but it -- I know
23 that we have a waiting list of families that are waiting to
24 get in there.

25 MR. HAIGHT: Okay. Parent Support and Education

1 Program?

2 MS. SCHIBLER: Yes. And this is where support
3 workers will, will go into the families' homes again and,
4 and help educate and mentor the parents and help them to
5 develop their, their skills and, and help them to develop a
6 positive attachment and engagement with their, with their
7 children, so it's just that hands-on mentoring type of
8 program.

9 MR. HAIGHT: So it's like the Home Builders
10 Program that you referred to earlier in the States?

11 MS. SCHIBLER: No, because this one isn't a live-
12 in program --

13 MR. HAIGHT: Oh, okay.

14 MS. SCHIBLER: -- this is one where the mentors
15 actually go into the home at scheduled time and it becomes
16 an education process --

17 MR. HAIGHT: Okay.

18 MS. SCHIBLER: Where they're there on specific
19 tasks, teaching them about, teaching these parents how to
20 know and understand the needs of their children and how to
21 engage with their children in a healthy way.

22 MR. HAIGHT: Okay. And Respite?

23 MS. SCHIBLER: The respite is, is offered to
24 families to assist them to have their little bit of time to
25 be able to go out and attend to appointments or to attend

1 programs, and so it provides that additional care for their
2 children in, in order to allow these parents that time to
3 attend to these matters.

4 MR. HAIGHT: Um-hum.

5 MS. SCHIBLER: And for the Supported Family Time,
6 again, this is one where the parents come out and they will
7 engage with their, their children in different kinds of
8 activities. They'll learn how to play with their children,
9 they'll learn how to read to them and, and there's crafts
10 available that they can work on with the children and, and,
11 and they have snack time and just doing a good healthy
12 activity with their child. And, and that's provided for
13 them.

14 MR. HAIGHT: Okay. So that brings us, then, to
15 the topic that we spoke a little bit about at the
16 commencement of your evidence, Ms. Schibler, namely
17 funding. Because as I understand it, a good deal of these
18 programs are in jeopardy and as a result of the current
19 model?

20 MS. SCHIBLER: That's correct.

21 MR. HAIGHT: And could you perhaps provide a
22 little bit more specifics in, on that?

23 MS. SCHIBLER: Well, again, those are those
24 support and those prevention programs that, you know,
25 particularly if they haven't, if they don't have children

1 in care, particularly if there is no way to bill back under
2 child maintenance parts of the funding model that we don't
3 have access to the dollars needed for supporting and, and
4 providing through these programs. And it's, you know, it's
5 those pro-active programs that we know and understand are
6 essential. They're essential programs through our
7 understanding of culturally relevant effective child
8 welfare services.

9 MR. HAIGHT: And let me just ask you about
10 effective. You have, and I appreciate that you are, will
11 be relying upon people that you are just now beginning to
12 work with and lead as their CEO, but what information have
13 you been provided regarding the effectiveness of some of
14 these programs that you've just laid out for the inquiry?

15 MS. SCHIBLER: Well, I know that for us, I mean
16 certainly one of the areas that we really need to be able
17 to demonstrate back to government at this current time,
18 because it's the only way we can seem to access the, the
19 funding, is to be able to demonstrate the outcomes.

20 MR. HAIGHT: Um-hum.

21 MS. SCHIBLER: And as I explained earlier, that
22 that's sometimes a challenge, because how can you explain
23 in a, in a small gap of time the positive outcomes that you
24 know may not be evident for maybe the next ten years, the
25 next five years? Unfortunately, that's not the way the

1 funding works. And so the outcomes in our mind is, yes,
2 being able to prevent children from coming into care but
3 it's bigger than that. It's bigger than that. It's being
4 able to build a healthier population of children and
5 families that have been in contact with the child welfare
6 service. It's about strengthening them in a way that the
7 health outcomes, the education outcomes, poverty outcomes
8 aren't what we're seeing and hearing about today but where
9 we are able to, to be a vibrant healthy Métis community.
10 And that takes the investment of today in order to be able
11 to see, in later days.

12 MR. HAIGHT: And you, you mentioned that that's
13 not how the funding works. How does the funding work?

14 MS. SCHIBLER: Well, currently the amount of
15 dollars that are allocated for prevention services are very
16 limited and the majority of the money that's available is
17 usually based on the numbers of children that you have in
18 care. And so for a lot of these types of specialized
19 services you have to try and find a way to be able to fund
20 it.

21 And while, you know, the positive, the positive
22 piece to that is that we have had some engagement with
23 government as of late trying to emphasize the importance of
24 our programs, and I believe that there's a willingness to
25 listen to that, my hope is that that will see and achieve

1 some very consistent and ongoing support and one that
2 recognizes that in the true spirit of devolution, in the
3 intent of the AJI-CWI, that we are the ones that should be
4 determining the effectiveness on our families and what our
5 families need. We are the ones that should be determining
6 how that funding should be distributed to our agencies and
7 that we shouldn't have to, we shouldn't have to beg for
8 those dollars, we shouldn't have to worry from year to year
9 whether or not those dollars will be available or whether
10 those program dollars will be scratched or try to find ways
11 to slide in on other areas of our funding to be able to
12 make these programs a reality. These programs are
13 essential to our Métis services.

14 MR. HAIGHT: Mr. Commissioner, I have -- or not I
15 have, but at the paper, page 36, there is a, a description
16 of, of some of the programs that are at risk of being
17 terminated as a result of the current funding model. I
18 won't go into those, and you've heard a thorough
19 description of the services that are --

20 THE COMMISSIONER: They're all included in those
21 that have been discussed?

22 MR. HAIGHT: Yes.

23 MS. SCHIBLER: Yes.

24 MR. HAIGHT: They are. I am about to turn to the
25 issue of recommendations, Sir, but there is one small issue

1 that is a very important issue to the MMF and therefore to
2 the authority because it, again, impacts upon funding, that
3 I do want to just discuss briefly and, and ask one brief
4 question about with Ms. Mayer, and that appears at the
5 portion of the paper entitled Reconciliation with the
6 Métis.

7

8 BY MR. HAIGHT:

9 MR. HAIGHT: And I'm going to read, again, just
10 two small portions, one from the bottom of page 39 under
11 the heading Jurisdiction over Métis and then, again, on the
12 same -- under the same heading, at the bottom of page 40.

13 So it says, under Jurisdiction Over Métis:

14

15 "Constitutional and legal issues
16 regarding Crown responsibility for
17 Aboriginal peoples have been
18 deeply debated in Canada for over
19 half a century, leaving some
20 Aboriginal peoples in
21 jurisdictional limbo. Despite the
22 inclusion of Métis rights bearing
23 Aboriginal peoples in the
24 Constitution Act, 1982, the
25 federal government's current

1 policy is that its responsibility
2 extends only to status First
3 Nation people and Inuit, while
4 provincial governments have a
5 general responsibility for
6 Aboriginal peoples living off
7 reserve."

8
9 Turning over to page 40, at the bottom of page
10 40, this, the provincial perspective is, is:

11
12 "The provinces generally maintain
13 that the federal government has
14 full jurisdiction for all
15 Aboriginal peoples while
16 maintaining education as a
17 provincial authority. This has
18 left the Métis Nation in a policy
19 vacuum between the federal and
20 provincial governments and
21 resulting in Métis concerns not
22 been addressed effectively by
23 either level of government."

24
25 And the question I have for you, Ms. Mayer, is,

1 is what I just read to the Commissioner, is that consistent
2 with the MMF's dealings with both the provincial and
3 federal government?

4 MS. MAYER: Yes, it is.

5 MR. HAIGHT: Thank you.

6 THE COMMISSIONER: I understand what you say the
7 feds are saying at the bottom of page 39.

8 MR. HAIGHT: Yes.

9 THE COMMISSIONER: You say, at the bottom of page
10 40:

11

12 "The provinces generally maintain
13 that the federal government has
14 full jurisdiction for all
15 Aboriginal peoples while
16 maintaining education as a
17 provincial authority."

18

19 That is, all aboriginal peoples both on and off
20 reserve?

21 MR. HAIGHT: Yes.

22 THE COMMISSIONER: And what, what reaction do
23 they get when they maintain that position?

24 MR. HAIGHT: Well, they certainly don't get a
25 warm welcome from the, either the federal government or the

1 Métis. The problem is that the Métis are just caught in
2 the middle.

3 THE COMMISSIONER: Well, does, does the province
4 have a, a legal basis for that argument?

5 MR. HAIGHT: I'm not certain, Sir, because I've
6 not been involved in those direct discussions.

7 THE COMMISSIONER: Okay.

8 MR. HAIGHT: Yeah. Can't, can't help you there,
9 I'm sorry.

10 THE COMMISSIONER: I get the, the opposites, if
11 you like, in the two paragraphs you read.

12 MR. HAIGHT: Sorry?

13 THE COMMISSIONER: I, I get the, the opposites,
14 the --

15 MR. HAIGHT: Um-hum. Yes.

16 THE COMMISSIONER: -- the position of the feds on
17 the one hand --

18 MR. HAIGHT: Yes.

19 THE COMMISSIONER: -- and the position of the
20 province the other, which do not coincide.

21 MR. HAIGHT: They don't. And the Métis --

22 THE COMMISSIONER: I've heard, heard the feds
23 before many times.

24 MR. HAIGHT: Yes. And, and the difficulty is
25 that the Métis don't fall into either of those categories

1 on, on either side, so ...

2 THE COMMISSIONER: But they, the feds rely on
3 their power to, to legislate as laid out in Section 91, I
4 guess.

5 MR. HAIGHT: Yes.

6 THE COMMISSIONER: But I'm interested in, in that
7 statement made by the province that they maintain that, but
8 I'd be interested to know the basis on which they maintain
9 it. If, if they have a basis in law for it I'd be most
10 interested to know what it is.

11 MR. HAIGHT: Well, I, I -- there is an individual
12 in the audience who has been involved in some of those
13 negotiations and that policy and I, once I finish with the
14 recommendations I may just ask him a brief question about
15 that and see if he can shed any light on that for you.

16 THE COMMISSIONER: Okay.

17

18 BY MR. HAIGHT:

19 MR. HAIGHT: Turning, then, Ms. Mayer and Ms.
20 Schibler, to the recommendations that appear at page 43,
21 pages 43 through 45 of the paper, and there are six
22 recommendations, the two -- the first two primarily come
23 from Manitoba Métis Federation.

24 Ms. Mayer, if you don't mind, would you read into
25 the record those first two recommendations that appear at

1 page 43?

2 MS. MAYER: The first one is:

3

4 "The full implementation of the
5 Manitoba Métis Policy that ensures
6 the policy principles and
7 framework elements are applied
8 comprehensively, and a renewed
9 relationship in the province
10 reflects the distinct needs and
11 circumstances of the Métis."

12

13 MR. HAIGHT: That recommendation, Ms. Mayer, goes
14 to your statement that you said earlier, that the MMF was
15 very pleased when the Manitoba Métis Policy was announced
16 but, and I'm going to paraphrase and I'm hoping it's
17 accurate, but has not been completely pleased with the
18 implementation of that policy?

19 MS. MAYER: That's correct.

20 MR. HAIGHT: So they're asking that, put your
21 words into actions?

22 MS. MAYER: Yes.

23 MR. HAIGHT: The, the second recommendation?

24 MS. MAYER: The second recommendation is:

25

1 "The development and
2 implementation of a Métis-specific
3 knowledge base to provide for an
4 evidence-based approach to the
5 socio-economic programming needs
6 of the Métis."

7
8 MR. HAIGHT: And, and that again, as I understand
9 it, is, is consistent with the Manitoba Métis Policy as
10 well?

11 MS. MAYER: Yes.

12 MR. HAIGHT: And a bit of detail is provided in
13 that, in the paragraph above that, that refers to:

14
15 "... a knowledge network to
16 accumulate evidence-based research
17 on what works to overcome Métis
18 disadvantage."

19
20 Which is again, essentially, then, words just pulled
21 directly from the Manitoba Métis Policy, right?

22 MS. MAYER: Correct.

23 MR. HAIGHT: Turning over to page 44, Ms.
24 Schibler, the next recommendations are particularly
25 relevant to the authority so if I can ask you to read those

1 into the record, please.

2 MS. SCHIBLER: Certainly:

3

4 "A distinctions-based approach
5 (see Métis Policy framework
6 element) is applied to services
7 provided to Métis children and
8 families."

9

10 MR. HAIGHT: And the programs that you have been
11 speaking about this afternoon are, of course, all
12 distinction-based approaches, aren't they?

13 MS. SCHIBLER: Yes. I mean, if you are looking
14 at the Manitoba Métis Policy you can see that it's intended
15 to give Métis people a voice in decision-making and in
16 promoting and preserving our distinct culture that, you
17 know, that preservation and promotion of the culture is
18 really about valuing and affirming Métis culture and within
19 our Métis nation.

20 MR. HAIGHT: And, and on the issue of culture
21 there are two recommendations relating to culturally
22 relevant programming. They both appear at, on page 44.

23 MS. SCHIBLER: Yes. The first one is:

24

25 "Ensure that the child and family

1 services agencies under the Metis
2 Child and Family Services
3 Authority have the capacity to
4 develop and deliver comprehensive
5 support and prevention services to
6 Métis children and families in
7 accordance with the Act."

8

9 MR. HAIGHT: Yes.

10 MS. SCHIBLER: And that:

11

12 "The Metis Child and Family
13 Services Authority must have the
14 resources to ensure support for
15 promoting, strengthening and
16 preserving Métis culture and
17 heritage."

18

19 MR. HAIGHT: And then the -

20 THE COMMISSIONER: Wait a minute, wait a minute
21 now. You're dealing with the resources to support under
22 that, the second on you just read out --

23 MS. SCHIBLER: Yes.

24 THE COMMISSIONER: -- which I assume is financial
25 resources.

1 MS. SCHIBLER: Yes.

2 THE COMMISSIONER: Now, in the one above you say,
3 ensure that the Child and Family Services agencies have the
4 capacity. Does that relate to financial support, too, when
5 you say "ensure" or is there something more there?

6 MS. MAYER: Well, if you look at the legislation
7 and you look at Section 19 of the Child and Family Services
8 Authorities Act.

9 THE COMMISSIONER: Yes.

10 MS. SCHIBLER: Under the duties of an authority,
11 it says specifically, ensure that culturally appropriate
12 standards for services, practices and procedures are
13 developed, and so in doing so as an authority, you know, we
14 support the development of those culturally relevant, those
15 culturally specific programs, the ones that I referred to
16 earlier. The only difficulty with that, though, is that
17 there is no place in legislation that says that we will be
18 ensured the ability to deliver them. We can develop them
19 but if we don't have the resources to deliver them, then
20 it's almost a contradiction.

21 THE COMMISSIONER: I follow you.

22

23 BY MR. HAIGHT:

24 MR. HAIGHT: And then the last recommendation
25 relates to the completion of the full implementation of the

1 devolution Child and Family Services, and it echoes what
2 you said a few moments ago regarding devolution of funding.

3 MS. SCHIBLER: That's correct.

4

5 "The funding model for Métis child
6 and family services must evolve to
7 a direct transfer of financial
8 resources from the Manitoba
9 Government to the Metis Child and
10 Family Services Authority over the
11 next three years."

12

13 And of course, the question would be, why over
14 the next three years? And we say, well, the next three
15 years would be as long as we want to see it go. We would
16 certainly appreciate that happening within the next three
17 years. My understanding was, is that there was to be a
18 second phase of this current funding model in which, at
19 which time I understood that the responsibility of the, of
20 the funding and two agencies was to transfer towards the
21 authorities and give them that type of autonomy to be able
22 to make those kinds of decisions around service delivery
23 within their own agencies. And I haven't -- that's the
24 part that we haven't seen fulfilled.

25 THE COMMISSIONER: And if you -- if it came the

1 way you would like to see it, that would make what change
2 from the way it is today?

3 MS. SCHIBLER: That would mean that we wouldn't
4 have to worry about whether or not those types of services
5 that we've deemed as being essential Métis services, we
6 wouldn't have to worry about them being scratched in our,
7 our budget submissions. We wouldn't have to worry about
8 trying to find ways to be able to manipulate the current
9 funding model to allow us ...

10 THE COMMISSIONER: But does it relate to the
11 amount of dollars that you'd be getting?

12 MS. SCHIBLER: Well, the amount of dollars right
13 now, certainly it reflects on that because those dollars
14 that we receive right now aren't, aren't the dollars that
15 we would require to be able to deliver those programs.

16 THE COMMISSIONER: Well, are you asking for more
17 than, than the ability to self-determine how you spend
18 those dollars?

19 MS. SCHIBLER: We're asking for the ability to be
20 able to determine how we can move those dollars back and
21 forth within our services and to be able to do so in a way
22 that supports the services.

23 THE COMMISSIONER: But not to be able to, be able
24 to demand the number of dollars that you'd like to have; in
25 other words, the government still has control of, of what

1 they pay, but you'd like to get it so that you could decide
2 how to distribute it. Do I have it right?

3 MS. SCHIBLER: For the most part, yes. But I
4 know that the current funding that is being allotted to the
5 authorities now comes in dollar amounts that are reflective
6 around the number of children that you have in the care of
7 your agency.

8 THE COMMISSIONER: Yes.

9 MS. SCHIBLER: I think it has to take a different
10 shift and I, I think that we could be talking about --
11 obviously, we're going to have to talk about the dollars
12 that it's going to take to support those children in our
13 care, that's not going to change until we have less
14 children in care, but we're going to need to have those
15 dollars that support the prevention services.

16 THE COMMISSIONER: I --

17 MS. SCHIBLER: If ...

18 THE COMMISSIONER: That's consistent what you've
19 said all afternoon, yeah.

20 MS. SCHIBLER: Yes.

21 THE COMMISSIONER: Yeah. I understand.

22 MS. SCHIBLER: Thank you.

23 MR. HAIGHT: Mr. Commissioner, that completes my
24 questions in chief. I don't know whether you wish me to
25 make that inquiry regarding the question regarding the

1 provincial position.

2 THE COMMISSIONER: Well, if you've got someone
3 here that's studied that, I'd be interested to hear them
4 briefly.

5 MR. HAIGHT: Okay.

6 THE COMMISSIONER: But let's just see first if
7 there are other questions.

8 MR. HAIGHT: Sure.

9 THE COMMISSIONER: Ms. Walsh.

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

11

12 CROSS-EXAMINATION BY MS. WALSH:

13 MS. WALSH: Just starting with following up on
14 the, the issue of funding, first of all, do you know what
15 the ratio is of the funding that you receive for
16 maintenance, which I understand would be children in care,
17 as compared to prevention programs?

18 MS. SCHIBLER: I don't know the exact ratio, no,
19 I don't. But I do know that, that it's, the prevention
20 dollars are a lot less than what it is that we are
21 requiring to be able to deliver our services.

22 MS. WALSH: Okay. And ultimately, I guess that
23 one would expect the prevention funding would be more than
24 maintenance because that would be an indicator that the
25 prevention services are working?

1 MS. SCHIBLER: That would be the ideal.

2 MS. WALSH: In terms of -- just following up on
3 some questions that the Commissioner asked you, you're
4 saying that the current funding model doesn't provide the
5 Métis authority and its agencies with enough money to
6 deliver prevention programs as you've outlined today?

7 MS. SCHIBLER: The ones that I've identified, the
8 ones that we feel are essential services to the Métis
9 population that we service, yes.

10 MS. WALSH: Now, are you asking for a different
11 model of funding in the sense that you would prefer, for
12 instance, to have block funding as opposed to determining
13 funding based on the numbers of protection versus
14 prevention files?

15 MS. SCHIBLER: I think that we always need to be
16 aware of the fact that, you know, those numbers are going
17 to fluctuate and so we understand the need to be able to,
18 to have those numbers drive whatever it is that we have to
19 deliver in our mandated services, but I think being able to
20 control how those, how those dollars are delivered in the
21 services or through the services is a big piece for us
22 right now. Being able to say that, you know, if we want to
23 be able to run these specific programs we should be able to
24 provide the, the dollars towards those programs and we
25 shouldn't try and find other ways of trying to come up with

1 those dollars. We shouldn't try to be finding little
2 loopholes in the funding model in order to be able to
3 supplement those programs.

4 MS. WALSH: See, but that's what I'm having
5 trouble understanding, and I'm sure it's a failing on my
6 part, but I know you talked, you used the term "manipulate
7 the funding", but is there anything that prevents the
8 authority from using the funds, other than the amount, from
9 using the funds, directing it where, the funds where they
10 want it to go, where they want them to go?

11 MS. SCHIBLER: Apparently, yes.

12 MS. WALSH: And what is that?

13 MS. SCHIBLER: If they don't fit into the
14 categories in the funding model. I guess I, I can only
15 refer to an example of some of the programs that we were
16 running and we were billing it to a specific area within
17 our funding because that was the only area that we had that
18 money available to us. It didn't fit the criteria and so
19 it was challenged back by government that we couldn't be
20 using those dollars towards those programs.

21 MS. WALSH: So, for instance, the model is based
22 on ratios of, say, twenty to one for prevention. When you
23 get that money, nothing says, well, in fact you can only
24 use this money for prevention. My understanding, in fact,
25 from hearing other agencies, is that they're using

1 sometimes that prevention money for protection services.

2 MS. SCHIBLER: Are you talking about that
3 reversed?

4 MS. WALSH: No. That they're not doing
5 prevention because they're using all the money that they
6 get for protection.

7 MS. SCHIBLER: Protection services. Exactly.

8 MS. WALSH: So, so it's not that the money is
9 earmarked in that sense, that is, you may not -- that is,
10 even though the money is calculated based on so much for
11 prevention, so many cases for prevention or ratio, so many
12 for protection, the money can be used however you want,
13 there just may not be enough to use it for prevention
14 because protection will take a priority.

15 MS. SCHIBLER: The protection is the -- exactly.
16 It's going to be what's eating up your, your dollars.

17 MS. WALSH: So are --

18 MS. SCHIBLER: But there is also certain criteria
19 which you can bill back on certain parts of the funding.
20 So if you're trying to take dollars from child maintenance
21 and you're trying to put them into programs that are used
22 as support or prevention services, if you don't have
23 children attached to them that you can build back on, then
24 you're not supposed to be using those dollars over there.

25 MS. WALSH: Okay. So that's the difference

1 between maintenance money and the money that was for the
2 two streams?

3 MS. SCHIBLER: Right.

4 MS. WALSH: You can't, you can't take the money
5 from maintenance if you don't -- and, and use it for
6 anything other than children in care?

7 MS. SCHIBLER: That's correct.

8 MS. WALSH: Okay. Which is why I asked about the
9 ratio between that funding and, and the other funding.

10 So what about block funding; it worked very well
11 for west region. We've heard evidence that the hesitation
12 is it requires good leadership, it requires someone to feel
13 confident that they can develop or, or can stay within the
14 budget. What are your views on, on the use of block
15 funding?

16 MS. SCHIBLER: I haven't had experience with
17 block funding myself so I really, I can't speak to it. It
18 might be the, it might be the solution to this. I really
19 can't say.

20 MS. WALSH: Okay. But you want, you want enough
21 money to be able to direct it wherever you see fit?

22 MS. SCHIBLER: I want -- and I want the ability,
23 really, I want the ability to be able to use those dollars
24 in the way that we define service needs, not --

25 MS. WALSH: Right.

1 MS. SCHIBLER: -- in the way that government has
2 defined our service needs.

3 MS. WALSH: Okay. So I think you, I think you've
4 just agreed with what I said.

5 MS. SCHIBLER: Probably.

6 MS. WALSH: Yes. Okay. Now, in terms of the
7 recommendations, going back to page 43, the first two, the
8 full -- and either one of you can -- I know, Ms. Mayer, you
9 spoke to this, but either one of you can answer it:

10

11 "The full implementation of the
12 Manitoba Métis Policy that ensures
13 the policy principles and
14 framework elements are applied
15 comprehensively, and a renewed
16 relationship in the province
17 reflects the distinct needs and
18 circumstances of the Métis."

19

20 And the second one:

21

22 "The development and
23 implementation of a Métis-specific
24 knowledge base to provide for an
25 evidence-based approach to the

1 socio-economic programming needs
2 of the Métis."

3

4 How do those recommendations, given what this
5 Commission is, is mandated to do, how do those
6 recommendations speak to better protecting Manitoba
7 children?

8 MS. SCHIBLER: I mean, this is more Minister
9 Mayer's background but I would speak to the fact that in
10 this area we have, we have leadership council that exists
11 and that leadership council is made up of the minister of,
12 of family services and the First Nation leaders and our
13 Métis leader, so it's the governments that come together
14 and they sit and they meet for our, our belief in the full
15 implementation of the Manitoba Métis Policy. Understanding
16 and ensuring that those, that the principles and the
17 framework are applied would mean that there would be shared
18 responsibility in the decision-making that happens at those
19 leadership council tables. It wouldn't just be about
20 bringing together information and hashing over strategies
21 as to what makes sense and then walking away awaiting the
22 decision that's made from mainstream government. It would
23 be a shared, a collective decision-making process that
24 really does ensure that any of those decisions that are
25 made at the higher levels of government take into account

1 our Manitoba Métis Policy.

2 Do you want to add to that?

3 MS. WALSH: Did you want to add to that?

4 MS. MAYER: No.

5 MS. WALSH: And --

6 MR. HAIGHT: I'm wondering if I can assist --

7 MS. WALSH: Sure.

8 MR. HAIGHT: -- on that one. And the -- in my
9 respectful view the, dealing firstly with the
10 development/implementation of a Métis-specific knowledge
11 base to provide for an evidence-based approach, it would
12 assist the child welfare system and the children of
13 Manitoba but not exclusively. That broad of a
14 recommendation would affect social policy developed by the
15 Métis. And so what the Métis Policy speaks about is the
16 distinction of the Métis people and the requirement for
17 more knowledge and study. So to develop a knowledge base
18 that's Métis-specific will only help Métis social
19 programming, which of course helps Métis children.

20 THE COMMISSIONER: You'll be advancing, advancing
21 that in your closing submission, I'm sure.

22 MR. HAIGHT: Would that be a better way to do it,
23 Sir?

24 THE COMMISSIONER: I think it might.

25 MR. HAIGHT: I'd be happy to do it then, if you

1 like.

2 MS. WALSH: Either that, or to have your
3 witnesses at the very least adopt the statement that you've
4 put into evidence.

5 MR. HAIGHT: What I will do is --

6 THE COMMISSIONER: If it's going to be evidence.

7 MS. WALSH: If it's going to be evidence.

8 MR. HAIGHT: Is, is I will ask if you adopt that,
9 witnesses.

10 MS. MAYER: Absolutely.

11 MS. SCHIBLER: Yes.

12 MR. HAIGHT: Thank you. And then maybe --

13 THE COMMISSIONER: You've got the support of your
14 client.

15 MR. HAIGHT: I, I do, Sir. And then maybe what I
16 will do is I will accept your suggestion and sit down and
17 make my argument at the appropriate time.

18 THE COMMISSIONER: Fair enough.

19 MR. HAIGHT: Thank you.

20 MS. WALSH: Thank you.

21

22 BY MS. WALSH:

23 MS. WALSH: Where in the provincial government,
24 given the jurisdiction issues that we heard you testify
25 about, where in the provincial government do you see, like

1 in any of the departments, do you see the Métis people
2 represented? Are they represented in the department of --
3 I'm not sure of the actual titles, they're Department of
4 Aboriginal Affairs?

5 MS. SCHIBLER: Well, we, we have got a Métis MLA
6 in --

7 MS. WALSH: But an official department. Is there
8 a department in the provincial government that recognizes
9 the Métis people?

10 MS. MAYER: No, there isn't.

11 MS. WALSH: Okay. And is that something that is
12 important?

13 MS. MAYER: I would think so, yes.

14 THE COMMISSIONER: Well, is there, is there an
15 individual department of, of aboriginal affairs here in
16 this province?

17 MS. MAYER: Yes, there is.

18

19 BY MS. WALSH:

20 MS. WALSH: I ask because I think, and I could be
21 wrong and we'll, we'll determine this over the next couple
22 of days, but the Healthy Child cabinet of Manitoba has
23 representatives from a number of departments, ministers
24 from a number of departments, and I think the Department of
25 Aboriginal Affairs is there, and so really what my question

1 is getting at is, is the Métis population represented by
2 that representation?

3 MS. SCHIBLER: I think what ends up happening
4 through those departments is that when you are there with
5 an aboriginal portfolio you tend to deliver that in a
6 broader context and try and make it all inclusive, and I
7 understand that. What happens, though, is that you don't,
8 you don't promote the distinction of the Métis culture and
9 the distinct, the distinction of the Métis heritage, and I
10 think that's, that's where we're going with a lot of this,
11 is that there isn't --

12 THE COMMISSIONER: But I would, I would think the
13 minister of aboriginal affairs, he or she would agree that
14 they're minister for, for Métis affairs in Manitoba, too,
15 would they not?

16 MS. SCHIBLER: And Inuit affairs, absolutely.

17 THE COMMISSIONER: And Inuit affairs, yes.

18 MS. SCHIBLER: And I think that if things are
19 brought to their attention with respect to any of those
20 cultures, they would make effort to represent that in the
21 best way possible. But I don't see that reflected
22 necessarily in the day-to-day decisions of recognizing the
23 uniqueness of the Métis culture and, and separating it from
24 the, from the overall aboriginal picture.

25 MS. WALSH: Thank you.

1 MS. SCHIBLER: And it's not meant to be a
2 criticism, it just is.

3 MS. WALSH: No, of course. I'm just trying to
4 understand where things stand today from your perspective.

5 MS. SCHIBLER: Right.

6

7 BY MS. WALSH:

8 MS. WALSH: In terms of some of the programs that
9 you described today, the Family Mentor Program, how do
10 families receive that service? How are they -- how is it
11 determined that a family will receive that service?

12 MS. SCHIBLER: That would be a family that would
13 come to the attention of the child welfare system but where
14 there is just the necessity of having support provided to
15 that family rather than intrusive services. It could also
16 be a family that approaches the child welfare system self-
17 identifying that they're, they're having some difficulty
18 and they just require some additional support to, to
19 strengthen their ability to be able to parent.

20 MS. WALSH: Is there any outreach done by the
21 agency to families or to youth who have not specifically
22 come to the attention of the agency by way of prevention,
23 offering prevention supports?

24 MS. SCHIBLER: Not specifically going directly to
25 the families. There would be those community type of

1 events that may be held where, where families in the
2 community are welcome to attend and they can link up to our
3 services that are open to servicing the community. But as
4 far as being able to actually do the outreach to those
5 families that haven't -- that have stayed below the radar,
6 we simply wouldn't have the resources to be able to do
7 that. We'd love to be able to do that and we'd love to be
8 able to have a service centre that could be there within
9 the Métis population to say, you know, this is what we can
10 offer you, this is what we do offer, and it doesn't have to
11 be intrusive and it can just be about providing that
12 additional support. Because I think I mentioned in one of
13 my previous testimonies that, you know, as parents nobody
14 has all the answers. As families, every family struggles
15 to some degree or another and really, your success as a
16 family and your success as parents is almost always based
17 on the amount of support or education or mentoring that
18 you've received so it really would be about that, being
19 able to provide that, being a beacon to those families out
20 there.

21 MS. WALSH: I don't know if you were here when
22 Nico Trocmè testified but he, he showed us a chart that
23 deals with prevention services and shows, showed prevention
24 and early intervention services at a point in time, at one
25 end, before a family has any contact with the child welfare

1 system, and then the prevention services that are offered
2 after contact has occurred which are aimed at preventing
3 recurrence. So I would gather that the majority if not all
4 of the services that your agencies are offering are being
5 offered once contact has been made?

6 MS. SCHIBLER: That's correct.

7 MS. WALSH: And is there any collaboration
8 between your agencies and the community-based organizations
9 with respect to the early intervention programs?

10 MS. SCHIBLER: Insofar as the ones that are being
11 offered, we sit at the table with government services as,
12 as a vested party. But insofar as any of the community
13 services that are being done at a grass roots level, is
14 that --

15 MS. WALSH: Yes.

16 MS. SCHIBLER: -- what you're referring to?

17 MS. WALSH: Yes.

18 MS. SCHIBLER: Under MMF, under the Manitoba
19 Métis Federation, they have some grass roots services that
20 we are currently trying to link with because we know that
21 those services are valuable. One of the services that they
22 offer, which is prior to families coming to our attention,
23 or can be as a result of being under our, our services, is
24 to young fathers and helping those fathers know and
25 understand their role within their family and strengthening

1 them as their goal as care-givers. So that in itself is a
2 valuable program for us. It's not one that we have the
3 resources to be able to provide but it's going to be a
4 natural link for us to be able to be with MMF on
5 that.

6 MS. WALSH: And the final area I want to cover
7 relates to the over-representation or a high prevalence, as
8 the evidence was, of Métis children in CFS care. What is
9 your understanding of the reason for that?

10 MS. SCHIBLER: I think that much of what we spoke
11 about today. I think just the social barriers, the limited
12 education, the poor housing, the poverty issues, the
13 families that have come in from some of the rural
14 communities to try and find a way of life here and have
15 struggled and have needed those additional supports. Our
16 teen pregnancies, being involved with them and, and finding
17 that they don't have those natural supports around them,
18 for many of them. So it's having to re-establish that and
19 develop that all over again.

20 MS. WALSH: We've heard repeatedly throughout
21 this inquiry that factors, socio-economic factors or social
22 factors which lead families into vulnerability and in
23 reliance on the child welfare system include poverty,
24 homelessness, substance abuse, that there's an over-
25 representation of aboriginal children, you're saying Métis

1 children, who fall into those vulnerable categories. So
2 one more, one more question is, why is that the case? Why
3 is there an over-representation of Métis families, for
4 instance, experiencing poverty, substance abuse,
5 homelessness, lower education?

6 MS. SCHIBLER: Well, I think that a large portion
7 of it has to do with I think what we've consistently heard
8 around our populations where there is that loss of culture,
9 where there is that loss of identity. Again, things that
10 have happened through the residential school and the day
11 schools. That's why our emphasis in our programs is so
12 much about re-establishing that pride in that culture.
13 That's why that whole piece around Métis pride is so
14 important because it's about helping people to know that we
15 can become each other's natural resource in support and,
16 and feel a lot of pride when people can step out and come
17 to the services that are being offered in a way where
18 they're not afraid of the services, where they see it as a
19 support rather than just a huge intrusion in their life. I
20 think that we will see a lot of that addressed, but I think
21 that's what it is. I believe that it's an over-
22 representation of, of people who have struggled with all of
23 these pieces of history and have to now re-establish
24 themselves.

25 MS. WALSH: And this is, I gather, then what's

1 reflected on page 9 of the, of Exhibit 136 where you talk
2 about:

3

4 "The forced removal of children
5 and youth from their Aboriginal
6 communities has been linked with
7 social problems ..."

8

9 And you outline them. Would that be fair?

10 MS. SCHIBLER: Yes.

11 MS. WALSH: And then you go on, in the next
12 paragraph, to say:

13

14 "A lasting impact is Aboriginal
15 children continue to make up a
16 disproportional amount of children
17 in care because etiological
18 factors have still not been
19 adequately addressed."

20

21 MS. SCHIBLER: That's correct.

22 MS. WALSH: Okay. And that is also, I think,
23 what you and the Kookum Council spoke to in terms of
24 explaining an over-representation of aboriginal families
25 living in poverty and experiencing other social problems

1 because of the loss of identity. That's the link or a
2 link?

3 MS. SCHIBLER: That's correct.

4 MS. WALSH: Okay. Thank you. Those are my
5 questions.

6 MS. SCHIBLER: Thank you.

7 THE COMMISSIONER: Thank you, Ms. Walsh.

8 Mr. McKinnon.

9 Before you get started, and just looking at the
10 time, Mr. Haight, re your offer of, of another witness, on
11 thinking that over, I'm interested in that subject but I
12 think it's a matter that you, after we adjourn, you should
13 confer with Commission counsel, and if she sees some value
14 in making that person available, I think it, on reflection,
15 I don't think I should be, to all counsel, it should be
16 dealt with in that manner.

17 MR. HAIGHT: Very well.

18 THE COMMISSIONER: So we will. And that may just
19 give people like Mr. McKinnon a little more time than they
20 might have thought that they had. So that's why I indicate
21 that now. But having said that, Mr. McKinnon, I'm not
22 going to limit you in time. I want you to have the
23 opportunity to ask all the questions you want.

24 MR. MCKINNON: Thank you, Mr. Commissioner.

25

J.M. MAYER - CR-EX. (MCKINNON)

B. SCHIBLER - CR-EX. (MCKINNON)

1 CROSS-EXAMINATION BY MR. MCKINNON:

2 MR. MCKINNON: For the record, it's Gordon
3 McKinnon, and I represent the department and Winnipeg CFS.

4 I might direct my questions to Ms. Schibler, and
5 Ms. Mayer, if you want to add anything, please feel free.

6 MS. MAYER: Okay.

7 MR. MCKINNON: But the issues I'm talking about
8 may be more relevant to the testimony that came from Ms.
9 Schibler. And I'm only going to explore a couple of areas,
10 Ms. Schibler, and one of them arises out of a question that
11 was asked by the Commissioner where he was asking you
12 whether the amount of dollars was enough. And, and my note
13 of your comment was that the current funding comes from
14 dollars that are related to children in care, and I just
15 wanted to explore that a little bit just to make sure we
16 understood each other and understood what the current
17 situation is with respect to funding.

18 Now, my understanding of the current funding
19 arrangements that would apply to all the agencies in, in
20 Manitoba, whether they're Métis or whether they're First
21 Nations or whether they're general authority, is that under
22 the funding model there's two categories in terms of
23 calculating funds for, for staffing. One is protection
24 cases, and that's the one to twenty-five ratio? You're
25 nodding. Is that correct? That's consistent with your

J.M. MAYER - CR-EX. (MCKINNON)

B. SCHIBLER - CR-EX. (MCKINNON)

1 understanding?

2 MS. SCHIBLER: I understand that.

3 MR. MCKINNON: And in protection, there are two
4 categories. There are children in care. Those would be
5 considered protection cases, and then there's open
6 protection files where the children are at home but either
7 receiving services or being investigated. Those two
8 categories are generally what's referred to as protection
9 files, correct?

10 MS. SCHIBLER: I'm not an expert on the funding
11 model but, okay, I'll agree with you.

12 MR. MCKINNON: Okay. And, and my understanding
13 is that so that you're correct when you say that the
14 funding is tied to the number of children in care but it's
15 not limited to children in care. It also includes
16 protection files, for the reasons I just described. Would
17 you agree with that?

18 MS. SCHIBLER: Yes, it does.

19 MR. MCKINNON: And it also includes prevention
20 files, that is, files that have been identified for the
21 prevention stream, and in that case they're funded at a
22 more generous rate of, of one worker for every twenty open
23 prevention files; is that your understanding as well?

24 MS. SCHIBLER: I am not certain about those
25 figures, but okay.

J.M. MAYER - CR-EX. (MCKINNON)

B. SCHIBLER - CR-EX. (MCKINNON)

1 MR. MCKINNON: Okay. And certainly we've heard
2 evidence from others about the funding model and I don't
3 want to examine you on the funding model if you're not
4 comfortable with it, but merely, I think we can agree on
5 this, that under the current funding model it is not
6 limited to funding in relation to children in care. Is
7 that something we can agree upon?

8 MS. SCHIBLER: Yes, it something we can agree on,
9 although I do need to just add that there is areas of the
10 services that are being provided through the agencies, and
11 I'm sure this is consistent with my colleagues from the
12 other authorities as well, where the, where the ratio is
13 not being, where the ratio of service delivery is not
14 reflected in the current funding model. So let's say, for
15 instance, foster home support workers and knowing that they
16 may be carrying 43 foster homes that they are trying to
17 deliver services to.

18 MR. MCKINNON: And I guess the point being that
19 there are, there are some services being offered that
20 aren't directly contemplated in the funding model and
21 we've, we've heard about that as well?

22 MS. SCHIBLER: Yes.

23 MR. MCKINNON: And that's the point you're making
24 now?

25 MS. SCHIBLER: Yes.

J.M. MAYER - CR-EX. (MCKINNON)

B. SCHIBLER - CR-EX. (MCKINNON)

1 MR. MCKINNON: The other point that I wanted to
2 again address to you, Ms. Schibler, and we, if I could get
3 Madam Clerk, Exhibit 71 brought up on the screen. And if
4 you could scroll down to near the bottom. Are you able to
5 see those numbers, Ms. Schibler?

6 MS. SCHIBLER: Yes.

7 MR. MCKINNON: And there was some discussion, and
8 this, Mr. Commissioner, may in part relate to the issue
9 that was raised by Mr. Haight regarding federal/provincial
10 responsibility.

11 My understanding, Ms. Schibler and Ms. Mayer, is
12 that whatever the case may be with respect to other areas
13 of government, there is no dispute that when it comes to
14 child and family services, 100 percent of the funding to
15 the Métis authority and to Métis agencies comes from the
16 Province of Manitoba. Are you able to confirm that to the
17 Commissioner?

18 MS. SCHIBLER: That is correct, although we do
19 have a program that is funded through the Manitoba Métis
20 Federation. But yes, that's correct.

21 MR. MCKINNON: And, and I wasn't attempting to
22 exclude what we'll call private funders like the Métis
23 Federation or perhaps charitable organizations. But with
24 respect to, to funding from government, the government of
25 Manitoba has accepted 100 percent responsibility for the

J.M. MAYER - CR-EX. (MCKINNON)

B. SCHIBLER - CR-EX. (MCKINNON)

1 funding of the Métis authority and the funding of the Métis
2 agencies?

3 MS. SCHIBLER: That's correct.

4 MR. MCKINNON: And the numbers that are reflected
5 at the bottom of this page, the very last cell or box on
6 this page, is the funding that has been provided to the
7 Métis authority over the last three years. Now, I know you
8 have not been there, Ms. Schibler, for that entire period
9 of time, but my understanding is that prior to the
10 introduction of the new funding model, the total dollars
11 available to the Métis authority and the Métis agencies was
12 that nine million dollar figure, nine million five hundred
13 and fifty-five thousand dollars, and that the current
14 funding under the funding model is almost double that
15 amount, at eighteen million seven hundred and seventy-seven
16 thousand dollars. Are you able to confirm those numbers to
17 the Commissioner?

18 MS. SCHIBLER: No, I can't. I haven't been there
19 for even a year yet so I don't know this. But I would
20 suggest that they're probably accurate, but I would also
21 suggest that they are reflective of the fact that our
22 numbers of, of families that we service has taken a very
23 large increase. I believe that our, our services, our
24 service numbers are increasing at a, a more rapid rate than
25 the other authorities are.

J.M. MAYER - CR-EX. (MCKINNON)

B. SCHIBLER - CR-EX. (MCKINNON)

1 MR. MCKINNON: And my understanding is that these
2 numbers do not include maintenance funding. These would be
3 the funding for core services, for the operation of the
4 authority itself and for the operation and salaries that
5 are paid to the, to the workers who work in the agencies.
6 Is, is that, is that what you're referring to when you're
7 talking about increasing in numbers?

8 MS. SCHIBLER: No. I'm talking about the
9 increase of family service cases --

10 MR. MCKINNON: Yes. And the --

11 MS. SCHIBLER: -- and children in care.

12 MR. MCKINNON: And, and under the new funding
13 formula, if there is an increase in cases there is an
14 increase in funding because of the ratio between the cases
15 and the number of workers that are authorized under the
16 funding formula. You're nodding yes.

17 MS. SCHIBLER: That's my understanding.

18 MR. MCKINNON: Yes. And if we look at the first
19 two years under the Exhibit 71, it shows 2010, 2011 prior
20 to the funding model and then 2011, 2012 based on funding
21 model. So we can see that the introduction of the funding
22 model itself over that one year resulted in an increase of
23 close to five million dollars. Were you aware of that?

24 MS. SCHIBLER: I was of the understanding that
25 there had been an increase with the funding model.

J.M. MAYER - CR-EX. (MCKINNON)

B. SCHIBLER - CR-EX. (MCKINNON)

1 MR. MCKINNON: Okay. And, and if we look at the
2 subsequent years, the increase is less significant. That
3 would -- and my understanding of the subsequent years, the
4 increase is related to the increase in the volume of cases.
5 Would that make sense to you as well?

6 MS. SCHIBLER: As well as the development of, of
7 the second agency.

8 MR. MCKINNON: Correct.

9 MS. SCHIBLER: Yes.

10 MR. MCKINNON: And that would be demonstrated --
11 and again, just because that's not clear on the record,
12 maybe we'll just take a moment and talk about that. Prior
13 to 2011, if I understand it, there was only one Métis
14 agency in all of Manitoba with the Métis Child and Family
15 Services agency.

16 MS. SCHIBLER: And Community Services Agency,
17 yes.

18 MR. MCKINNON: Right. And commencing in -- and I
19 think I'm right in this, that it's 2011, there was a second
20 agency called the Michif Agency?

21 MS. SCHIBLER: That's correct.

22 MR. MCKINNON: And that in itself resulted in an
23 increase in staffing because you had to have core staffing
24 for a new agency?

25 MS. SCHIBLER: Yes.

J.M. MAYER - CR-EX. (MCKINNON)

B. SCHIBLER - CR-EX. (MCKINNON)

1 MR. MCKINNON: You needed a second executive
2 director and a second director of human resources and
3 someone else, as well, for example, for quality assurance.
4 All of the core costs of the agency were -- came into
5 existence with the creation of that second agency?

6 MS. SCHIBLER: That's correct.

7 MR. MCKINNON: So subject to that correct, and I
8 appreciate that correction, that's an important
9 distinction, but there are more people now delivering
10 services to the Métis people with the introduction of the
11 second agency. You've got a second --

12 MS. SCHIBLER: Yes, the --

13 MR. MCKINNON: -- core staff?

14 MS. SCHIBLER: The answer to that would be yes.
15 What was the missing component under Metis Child, Family
16 and Community Services prior to, pardon me, the development
17 of the second agency was that it was much more difficult
18 for us to be able to provide services for our more
19 remote communities and our northern communities, so thus
20 the establishment of Michif, which is located in The
21 Pas.

22 MR. MCKINNON: And I think we can agree that was
23 a good thing, to develop that second agency?

24 MS. SCHIBLER: Hope so, yes.

25 MR. MCKINNON: And we -- can we agree that the

J.M. MAYER - CR-EX. (MCKINNON)

B. SCHIBLER - CR-EX. (MCKINNON)

1 introduction of the funding model was a good thing in the
2 sense that it provided additional resources, not just to
3 your agencies but to, I think, every agency in Manitoba?
4 Can we agree on that?

5 MS. SCHIBLER: I, I would absolutely agree that,
6 that the introduction to the funding model was a good thing
7 and that, that is not what I was implying earlier, that the
8 funding model was not a good thing. What I was suggesting
9 was that it wasn't working the way that it was intended to
10 or the way that we would expect it to for the full
11 implementation of devolution.

12 MR. MCKINNON: And I think I've heard you loud
13 and clear on that.

14 MS. SCHIBLER: Okay.

15 MR. MCKINNON: The third thing I was going to
16 suggest to you, though, is that the introduction of the
17 funding model has had two benefits in terms of both
18 the initial increase and then the subsequent increases
19 because it's case-sensitive. We can agree that's a good
20 thing?

21 MS. SCHIBLER: Yes, it's a good thing for the
22 case sensitivity.

23 MR. MCKINNON: Thank you. Those are my
24 questions, Mr. Commissioner.

25 THE COMMISSIONER: Thank you, Mr. McKinnon.

J.M. MAYER - CR-EX. (MCKINNON)

B. SCHIBLER - CR-EX. (MCKINNON)

1 THE WITNESS: But if I can just add to the other
2 piece, and I know that you heard me on it but I need to, I
3 feel I need to emphasize it, and that is that you're
4 talking about this case sensitivity of the funding
5 model, and I agree that it exists, but it doesn't, it
6 still doesn't support the other types of programs we're
7 trying to deliver where they're not able to be attached
8 directly to a case. That was the point that I was trying
9 to make.

10 MR. MCKINNON: I understand that.

11 MS. SCHIBLER: Okay.

12 MR. MCKINNON: I just didn't want the
13 Commissioner to think that there had been a reduction in
14 funding to the Métis authority or the Métis agencies as a
15 result of this funding model.

16 Thank you, Mr. Commissioner.

17 THE COMMISSIONER: Thank you.

18 MS. SCHIBLER: Thank you.

19 THE COMMISSIONER: Mr. Funke.

20 MR. FUNKE: Thank you, Mr. Commissioner.

21 There's only one area I'd like to ask the panel
22 questions on, and I promise to be brief.

23 Madam Clerk, if you could please bring up
24 exhibit, I believe it's number 136. It was previously
25 known to counsel as document number 75.

1 THE CLERK: (Inaudible).

2 MR. FUNKE: It's just 75, not 75A. Thank you.
3 If we could turn to Appendix "A", the last page of the
4 document. Thank you very much.

5

6 CROSS-EXAMINATION BY MR. FUNKE:

7 MR. FUNKE: Under the, under the heading of
8 Health on Schedule "A", Mr. Haight took both of the
9 witnesses through the statistics that are set out on that
10 document and after that, Mr. Commissioner asked both of the
11 witnesses a question with respect to the composition of all
12 other residents in Manitoba. And I don't know if this is a
13 question that, Ms. Mayer, you wish to respond to or, Ms.
14 Schibler, you wish to respond to, but the question was
15 whether that included First Nations residents of the
16 province in addition to other non-aboriginal residents, and
17 the response was that that was correct.

18 MS. SCHIBLER: Yes.

19 MR. FUNKE: And what I want to ask the panel now
20 is whether it's your understanding that those numbers are
21 reflective of those same health concerns with respect to
22 First Nations individuals. So what I'm suggesting to you
23 is that figures of, for example, cumulative mental illness
24 27.5 for all other residents in Winnipeg, you're not
25 suggesting that that number is reflective of the incidence

1 of cumulative mental illness in First Nations residents in
2 Winnipeg; is that correct?

3 MS. SCHIBLER: I didn't do the research myself
4 and, but what I -- this is something that we did have a
5 discussion about, and I would, I would have surmised from
6 this that when you're looking at those percentages and
7 you're looking at the overall population, that the lower
8 amounts of mental health issues among certain populations
9 would be offset by the higher numbers of mental health
10 issues by other segments of the population which comes to
11 your percentages.

12 MR. FUNKE: Certainly. So in other words,
13 that is a, an aggregate score of the balance of the
14 population of Manitoba and those aggregate numbers are not
15 reflective of any subset that may be included in that
16 aggregate?

17 MS. MAYER: Correct.

18 MS. SCHIBLER: That's correct.

19 MS. MAYER: Yes.

20 MR. FUNKE: So the incidence of mental illness,
21 depression, substance abuse or, or suicide within any given
22 sub-group of that aggregate may be more or less than the
23 provincial average; is that correct?

24 MS. SCHIBLER: I would suggest yes.

25 MR. FUNKE: And you're not suggesting that the

1 Métis numbers that are reflected in this table are either
2 greater or lesser than First Nations residents either in
3 the province -- or, sorry, in the City of Winnipeg or
4 outside the City of Winnipeg, your statistics don't
5 indicate anything about the First Nations experience; is
6 that correct?

7 MS. SCHIBLER: That's correct.

8 MS. MAYER: That's correct.

9 MR. FUNKE: Very good. Those are my only
10 questions. Thank you, Mr. Commissioner.

11 THE COMMISSIONER: All right. Anybody else? It
12 would appear not.

13 Mr. Haight?

14 MR. HAIGHT: No, no questions.

15 THE COMMISSIONER: I think he -- Mr. Haight, then
16 you. Isn't that right, Ms. Walsh? Mr. Haight and then any
17 questions you have?

18 MR. HAIGHT: That's my understanding, yes. Yes,
19 that's my understanding, Mr. Commissioner.

20 THE COMMISSIONER: Yes.

21 MR. HAIGHT: And I have no questions by way of
22 re-examination.

23 THE COMMISSIONER: Thank you. Ms. Walsh?

24 MS. WALSH: Thank you. I just have one question.

25

1 RE-EXAMINATION BY MS. WALSH:

2 MS. WALSH: And I'm paraphrasing, but Ms.
3 Schibler, I heard you say that the funding model is not
4 working as you would expect it under the full
5 implementation of devolution. You said --

6 MS. SCHIBLER: That's correct.

7 MS. WALSH: So, and is that because, is that --
8 does that simply mean that you don't have the resources to
9 do what you want to do? Is that what that means?

10 MS. SCHIBLER: It means that we don't have as
11 much of the latitude to be able to determine how the
12 funding can be used in the way that we feel that we need
13 to.

14 MS. WALSH: And is that because of, for instance,
15 the fact that you don't have money that's provided for
16 programs that aren't attached to individual cases, for
17 example?

18 MS. SCHIBLER: That's correct.

19 MS. WALSH: Okay. Thank you.

20 MS. SCHIBLER: Thank you.

21 MS. WALSH: Those are my questions, Mr.
22 Commissioner. And I think that probably completes our day.

23 THE COMMISSIONER: Thank you.

24 MS. WALSH: Unless you have questions.

25 THE COMMISSIONER: All right, witnesses, thank

1 you very much, and I guess Ms. Schibler, this is the third
2 and last time.

3 MS. SCHIBLER: Thank you.

4 THE COMMISSIONER: So it's ...

5 MS. SCHIBLER: It's been a pleasure and an
6 honour.

7 THE COMMISSIONER: Thank you very much for the
8 contribution you've both have made --

9 MS. MAYER: Thank you.

10 THE COMMISSIONER: -- to us today.

11 MS. SCHIBLER: Thank you.

12

13 (WITNESSES EXCUSED)

14

15 THE COMMISSIONER: All right. I guess we rise
16 till 9:30 tomorrow morning.

17 MS. WALSH: Thank you.

18 THE COMMISSIONER: Thank you very much. We'll
19 see you then.

20 MR. HAIGHT: Good afternoon, Sir.

21

22 (PROCEEDINGS ADJOURNED TO JUNE 5, 2013)