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

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

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Transcript of Proceedings
Public Inquiry Hearing,
held at the Winnipeg Convention Centre,
375 York Avenue, Winnipeg, Manitoba

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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.

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JUNE 4, 2013

PROCEEDINGS CONTINUED FROM MAY 31, 2013

THE COMMISSIONER: Morning.

MR. OLSON: Morning, Mr. Commissioner.

THE COMMISSIONER: Mr. Olson?

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

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

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

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

THE WITNESS: Wanda Phillips-Beck.

THE CLERK: And just spell us your first name.

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

THE CLERK: And your last name please?

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

WANDA PHILLIPS-BECK, affirmed,
testified as follows:

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

going to make sure your microphone's turned on.

DIRECT EXAMINATION BY MR. OLSON:

Q Good morning, Ms. Phillips-Beck.

A Good morning.

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

A That's correct.

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

A Yes.

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

A Yes.

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

A That's correct.

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

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

THE CLERK: Exhibit 132.

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

BY MR. OLSON:

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

A That's my masters' thesis.

THE COMMISSIONER: Masters' thesis --

THE WITNESS: That's correct, yes.

THE COMMISSIONER: -- thank you.

THE WITNESS: Um-hum.

EXHIBIT 132: THESIS ENTITLED DEVELOPMENT OF A FRAMEWORK OF IMPROVED CHILDBIRTH CARE FOR FIRST NATION WOMEN IN MANITOBA: A FIRST NATION FAMILY CENTRED APPROACH

BY MR. OLSON:

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

A The focus of my thesis was the evacuation policy

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

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

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

A Yes.

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

A That's correct.

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

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

A Yes.

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

A Fetal outcome -- Fetal Alcohol Spectrum Disorder.

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

A That's correct.

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

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

THE CLERK: Exhibit 133.

EXHIBIT 133: POWERPOINT PRESENTATION ENTITLED MATERNAL CHILD HEALTH PROGRAM, IN FIRST NATIONS COMMUNITIES, ON-RESERVE

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

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

THE CLERK: It's number 3?

MR. OLSON: It's number 8.

BY MR. OLSON:

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

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

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

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

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

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

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

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

THE COMMISSIONER: All right.

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

> "Understanding and Improving Aboriginal Maternal and Child Health in Canada"

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

THE COMMISSIONER: Oh, I see.

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

THE COMMISSIONER: Thank you.

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

THE COMMISSIONER: Thank you.

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

BY MR. OLSON:

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

> "Understanding and Improving Aboriginal Maternal and Child Health in Canada"

It says:

> "In January and February of 2011, the Health Council of Canada held a series of seven regional sessions across Canada to learn what programs and strategies are making a difference in the health of Aboriginal mothers and young children."

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

THE CLERK: Exhibit 134.

EXHIBIT 134: UNDERSTANDING AND IMPROVING ABORIGINAL AND CHILD HEALTH IN CANADA

BY MR. OLSON:

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

A Um-hum.

Q -- on the screen.

A Yes.

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

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

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

THE COMMISSIONER: And this is of Exhibit 133?

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

THE COMMISSIONER: One thirty-four.

MR. OLSON: -- Commissioner.

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

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

THE COMMISSIONER: Yes.

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

THE COMMISSIONER: Oh, slide 34 is --

MR. OLSON: Slide number --

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

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

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

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

THE COMMISSIONER: Page what?

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

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

THE COMMISSIONER: Yes, yes.

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

BY MR. OLSON:

Q Is that right? Did I get that right?

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

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

THE COMMISSIONER: Yes.

MR. OLSON: -- in Federal programming?

THE COMMISSIONER: Yes.

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

BY MR. OLSON:

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

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

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

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

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

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

THE WITNESS: Okay.

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

THE CLERK: (Inaudible).

THE COMMISSIONER: Yes.

THE WITNESS: Okay.

THE CLERK: (Inaudible) feedback.

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

THE COMMISSIONER: Yes.

MR. OLSON: That's better.

THE WITNESS: Okay.

THE COMMISSIONER: Yes.

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

the delivery of the program.

BY MR. OLSON:

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

A No.

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

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

Q Okay. Quite shortly?

A Yeah.

Q So sometime in 2006 then?

A Yes.

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

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

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

MR. OLSON: Certainly.

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

BY MR. OLSON:

Q Twenty-five of --

A And --

Q -- sorry?

A Twenty-five of the Health Council report.

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

THE CLERK: (Inaudible).

MR. OLSON: Tab number 2.

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

MR. OLSON: Right.

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

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

BY MR. OLSON:

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

A Correct.

Q -- that -- okay.

A Um-hum.

Q Thank you for that.

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

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

> "... [supports] initiatives with preventative approaches to health ..."

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

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

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

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

A Prevention.

Q -- preventing involvement with child welfare?

A Yes.

MR. OLSON: Okay.

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

THE WITNESS: Okay.

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

THE COMMISSIONER: Pardon?

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

THE WITNESS: Do you want me to repeat that?

THE CLERK: No, that's okay.

THE WITNESS: Okay.

BY MR. OLSON:

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

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

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

THE COMMISSIONER: You're --

THE WITNESS: -- and even --

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

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

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

THE WITNESS: Okay.

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

microphone up a little bit. No?

THE CLERK: No, that causes feedback.

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

THE CLERK: (Inaudible) enunciate (inaudible).

THE WITNESS: Speak louder?

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

THE WITNESS: Okay.

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

THE CLERK: Yes.

MR. OLSON: That would be helpful.

THE WITNESS: Okay.

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

THE WITNESS: So do I need to --

MR. OLSON: -- has an echo.

THE WITNESS: -- repeat that answer?

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

I think we have that answer.

BY MR. OLSON:

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

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

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

> "One of the first decisions made by the newly formed Advisory Committee was that the Nurse position be housed at the AMC as a 'demonstration' project -- to ensure First Nation participation in program development"

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

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

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

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

A Yes.

Q And is it still a demonstration project?

A Not at this point, no.

Q Okay. Then the second paragraph says:

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

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

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

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

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

A Um-hum. That's correct.

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

> "The Advisory Committee recognized that existing capacity was important in the first projects to be funded and [implemented] the program quickly"
>
> "Accordingly, the criteria the community had to submit included:

> Documentation of a successful implementation of community programs
> Support through a band council resolution or equivalent"

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

> "Evidence of success and recruitment and retention of a Nurse; and
> The presence of an infrastructure and [support] program support in the community"

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

A Yes.

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

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

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

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

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

Q Eleven communities?

A Um-hum.

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

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

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

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

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

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

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

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

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

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

Q Is that still the case today?

A Yes.

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

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

What does that mean?

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

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

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

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

A That's correct.

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

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

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

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

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

A Yes.

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

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

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

Q Are the services themselves voluntary?

A Yes.

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

about the program's objectives:

> "- [Empowering] Families
> - [Promoting] the physical, emotional, mental and spiritual well being of women children and families
> - [Promoting trust] and supportive relationships between parent/child, care provider/family, and resource to resource
> - [Increasing] communities (sic) capacity to support families"

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

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

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

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

> "... in home support by specially trained visiting staff"

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

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

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

Q Okay.

A So four times a year.

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

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

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

Q Okay. (B):

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

Can you talk a little bit about what that involves?

A Well --

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

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

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

Q And of course those support, supports have to be

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

A Yes.

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

A Ideally, yes.

Q Go down to health promotion and education.

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

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

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

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

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

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

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

A Yes.

Q Is that the sort of --

A Um-hum.

Q -- thing you're --

A Ideally --

Q -- talking about?

A -- yes.
Q Ideally? Ideally?
A Ideally.
Q You know it doesn't always work that way, but that's the --
A Um-hum.
Q -- that's the idea?
A Um-hum.
Q Okay. The home visiting program itself, in practice, how has that been working out?
A The home visiting --
Q Right.
A -- in practice? We have undergone a more or less a process evaluation that ended in 2005. Right now, our focus for the evaluation is looking at the outcomes. So we would expect, after delivering the program for five or six years, that we are making a difference, in terms of positive lifestyle changes and we have a, a data sort of collection tool, where we are looking at and tracking some of the, the outcomes, in terms of families. And we feel -- and it, it will be demonstrated through evaluation activity in the next couple years that there are a number of positive changes that are taking place in families. Families are, are reaching their goals. They're going back to school. They're coming off of social assistance. For a

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

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

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

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

A Yes.

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

A Fourteen, um-hum.

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

A No.

Q Is it offered on any First Nations?

A No.

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

THE COMMISSIONER: With, with what?

BY MR. OLSON:

Q Little difficulty, because of their similarity in

the curriculum; is that right?

A That's correct.

Q Okay.

A Yeah.

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

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

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

MR. OLSON: Right.

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

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

THE WITNESS: The Growing Great Kids curriculum

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

BY MR. OLSON:

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

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

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

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

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

Q Right, right.

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

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

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

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

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

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

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

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

Q Okay.

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

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

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

BY MR. OLSON:

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

A Yes.

Q And what happens in those cases?

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

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

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

MR. OLSON: Could we put slide 31 onto the

monitor?

THE CLERK: (Inaudible).

MR. OLSON: Okay.

BY MR. OLSON:

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

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

Q Yes.

A Okay.

Q Yes.

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

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

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

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

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

those are all standardized.

Q Okay.

A So everybody's using the same --

Q Same tools --

A -- forms.

Q -- and forms?

A Yeah.

Q Okay.

A Tools and forms.

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

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

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

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

Q Okay.

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

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

A It was --

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

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

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

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

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

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

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

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

training.

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

THE CLERK: Exhibit 135.

THE COMMISSIONER: This is Exhibit 135 coming now?

MR. OLSON: That's right.

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

MR. OLSON: Yeah.

THE COMMISSIONER: -- report?

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

EXHIBIT 135: FIVE-YEAR EVALUATION REPORT, RELEASED IN 2012

BY MR. OLSON:

Q Is that right?

A That's correct.

Q And --

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

MR. OLSON: That's right.

THE COMMISSIONER: All right.

BY MR. OLSON:

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

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

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

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

MR. OLSON: That's right.

THE COMMISSIONER: And, and slide what?

MR. OLSON: Forty-six.

THE COMMISSIONER: Forty-six.

BY MR. OLSON:

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

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

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

The program, in other words.

> "... community members say that the [program] is important and a valuable health promotion, education and intervention program that should receive ongoing support to stay in the communities. Families are noticing [the program] programming effects on reducing interpersonal violence, building trust in families and communities, health

> education, lifestyle changes, and improvements to maternal and child health and development. The development of trust between community members and health programs is essential to community wellness"

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

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

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

A Yes.

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

positive outcomes? So:

"- Families working towards goals they set for themselves.
- Increased commitment to family life.
- Greater awareness of needs of family and children.
- Children meeting and exceeding developmental milestones."

Can you scroll up, or down, sorry.

"- Increased parental competence/ability to care for children.
- Positive lifestyle changes.
- Obtaining employment
- Going back to school
- Greater family satisfaction"

Scroll down. I think that was it.

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

A That's correct.

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

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

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

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

THE COMMISSIONER: Okay.

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

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

(BRIEF RECESS)

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

THE COMMISSIONER: Sure.

All right, Mr. Olson?

BY MR. OLSON:

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

THE COMMISSIONER: What -- come into what?

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

THE COMMISSIONER: Oh, the program's attention?

MR. OLSON: Attention, that's right.

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

MR. OLSON: Yeah, yeah --

THE WITNESS: Yeah?

MR. OLSON: -- you sound good.

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

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

MR. OLSON: I see.

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

the community as well.

BY MR. OLSON:

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

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

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

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

Q Okay. Versus 90 percent for --

A That's correct.

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

what you can attribute the successes to?

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

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

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

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

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

A That's correct.

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

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

Q Absolutely.

A -- element to the --

Q Yeah.

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

Q Thank you.

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

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

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

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

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

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

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

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

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

A Absolutely.

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

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

Q Any, any -- either would be fine.

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

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

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

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

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

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

Q Sorry, you --

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

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

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

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

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

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

Q Okay.

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

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

A Yes.

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

THE COMMISSIONER: Thank you, Mr. Olson.

Mr. Funke?

MR. FUNKE: Thank you, Mr. Commissioner.

CROSS-EXAMINATION BY MR. FUNKE:

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

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

A Yes.

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

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

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

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

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

A Yes.

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

A Correct.

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

non-voluntary services is going to be made?

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

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

A That's correct.

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

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

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

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

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

A Yes.

Q Okay.

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

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

A That's correct.

Q Yeah. As I understand it, there are other

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

A Um-hum.

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

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

Q And just so I understand your testimony, are you

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

A Yes.

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

A That's correct, um-hum.

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

A That is correct.

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

A That's correct.

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

A That's correct.

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

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

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

THE COMMISSIONER: From, from where?

THE WITNESS: From, from Health Canada.

THE COMMISSIONER: Health Canada?

THE WITNESS: Yes.

THE COMMISSIONER: Is it the total funding?

THE WITNESS: Yes.

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

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

THE WITNESS: I can't answer that.

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

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

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

THE WITNESS: To Manitoba.

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

THE WITNESS: That's correct.

THE COMMISSIONER: I understand.

MR. FUNKE: Thank you, Mr. Commissioner.

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

Would appear not, Mr. Olson.

MR. OLSON: Just have a couple of questions.

THE COMMISSIONER: All right.

RE-EXAMINATION BY MR. OLSON:

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

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

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

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

A That's correct.

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

A Yes, I understand so.

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

A Primarily, yes.

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

A I'm sorry?

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

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

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

questions.

THE COMMISSIONER: Thank you.

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

THE WITNESS: Thank you.

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

(WITNESS EXCUSED)

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

MR. OLSON: It does.

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

MR. OLSON: Two o'clock.

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

MR. OLSON: Thank you very much.

(LUNCHEON RECESS)

THE CLERK: Please sit down.

THE COMMISSIONER: All right. Mr. Haight?

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

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

BILLIE SCHIBLER, previously having promised to tell the truth while holding the Eagle Feather, testified as follows:

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

MS. MAYER: Swear on the Bible.

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

MS. MAYER: Judith Marie Mayer.

THE CLERK: And spell us your first name please.
THE WITNESS: J-U-D-I-T-H.
THE CLERK: And your middle name?
THE WITNESS: Marie, M-A-R-I-E.
THE CLERK: And your last name?
THE WITNESS: Mayer, M-A-Y-E-R.
THE CLERK: Thank you.

JUDITH MARIE MAYER, sworn,
testified as follows:

THE CLERK: Thank you, you may be seated.
MR. HAIGHT: Mr. Commissioner, before I begin the evidence, there are two documents which I will be relying upon and referring to during the course of the evidence. The first is a paper entitled: Métis Children and Families and the Child Welfare System, an Urban Winnipeg Perspective. I believe that might be document production number 75, but I'm unsure of the exhibit number. But if that could be the next exhibit please.
THE COMMISSIONER: It will likely be Exhibit 136, I think.
MR. HAIGHT: One thirty-six?
THE CLERK: Exhibit 136.
THE COMMISSIONER: Yes.

MR. HAIGHT: Thank you.

EXHIBIT 136: PAPER ENTITLED, MÉTIS CHILDREN AND FAMILIES AND THE CHILD WELFARE SYSTEM, AN URBAN WINNIPEG PERSPECTIVE

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

THE COMMISSIONER: One thirty-seven.

MR. HAIGHT: Thank you.

THE CLERK: Exhibit 137.

EXHIBIT 137: DOCUMENT ENTITLED FROM THE PAST INTO THE FUTURE, MANITOBA MÉTIS POLICY, PUBLISHED BY THE GOVERNMENT OF MANITOBA IN SEPTEMBER OF 2010

THE COMMISSIONER: Thank you.

THE CLERK: Exhibits 136 and 137.

THE COMMISSIONER: Correct.

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

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

THE CLERK: This was 136?

MR. HAIGHT: That was 136, correct.

THE CLERK: Okay.

THE COMMISSIONER: And that's 137.

THE CLERK: This is 137.

THE COMMISSIONER: Sorry, Mr. Haight.

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

THE CLERK: Thank you.

THE COMMISSIONER: Thank you.

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

DIRECT EXAMINATION BY MR. HAIGHT:

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

MS. MAYER: Yes.

MR. HAIGHT: And you are the minister of the

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

MS. MAYER: Yes.

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

MS. MAYER: Yes.

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

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

MS. MAYER: That's true, yes.

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

MS. MAYER: Yes.

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

MS. MAYER: Yes.

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

MS. MAYER: Yes.

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

MS. MAYER: Yes.

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

MS. MAYER: Correct.

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

MS. MAYER: Yes.

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

MS. MAYER: Yes.

MR. HAIGHT: So you attend board meetings?

MS. MAYER: Yes.

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

MS. MAYER: True, yes.

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

MS. MAYER: Okay.

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

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

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

the Authority and the Manitoba Métis Federation?

MS. MAYER: Yes.

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

MS. MAYER: Yes.

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

MS. MAYER: Yes.

THE COMMISSIONER: Thank you.

BY MR. HAIGHT:

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

MS. MAYER: No.

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

MS. MAYER: Yes.

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

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

MS. SCHIBLER: Correct.

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

MS. SCHIBLER: Yes.

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

MS. SCHIBLER: I believe so.

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

MS. SCHIBLER: That's correct.

MR. HAIGHT: You are also an MMF member?

MS. SCHIBLER: That's correct.

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

MS. SCHIBLER: Yes.

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

MS. SCHIBLER: Yes, that is.

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

MS. SCHIBLER: That's correct.

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

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

MS. SCHIBLER: That's correct.

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

MS. SCHIBLER: That's correct.

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

MS. SCHIBLER: Yes.

MR. HAIGHT: And can you explain that please?

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

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

THE COMMISSIONER: Just before you do that --

MR. HAIGHT: Yes?

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

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

THE COMMISSIONER: On behalf of the Federation?

MR. HAIGHT: The, the Federation, correct.

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

MR. HAIGHT: Right.

THE COMMISSIONER: -- reports to Ms. Mayer?

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

THE COMMISSIONER: I see.

MR. HAIGHT: Yes.

THE COMMISSIONER: All right.

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

Yes?

MS. MAYER: Yes.

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

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

THE COMMISSIONER: One --

MR. HAIGHT: One thirty-six.

THE COMMISSIONER: -- one thirty-six.

MR. HAIGHT: One thirty-six, yeah.

THE COMMISSIONER: Page what?

MR. HAIGHT: Page 28, sir.

THE COMMISSIONER: Yes, I have it.

BY MR. HAIGHT:

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

MS. SCHIBLER: That's correct.

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

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

MR. HAIGHT: Okay.

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

MR. HAIGHT: Okay. Thank you for that

clarification.

BY MR. HAIGHT:

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

MS. SCHIBLER: Yes.

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

MS. SCHIBLER: Yes.

MR. HAIGHT: And 59 are non-aboriginal?

MS. SCHIBLER: Yes.

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

MS. SCHIBLER: Yes.

MR. HAIGHT: -- Michif Agency?

MS. SCHIBLER: That's correct.

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

MS. SCHIBLER: Yes.

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

MS. SCHIBLER: Yes.

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

thousand sixty children in care, it has 858?

MS. SCHIBLER: Yes.

MR. HAIGHT: Whereas the Michif Agency has 202?

MS. SCHIBLER: Yes.

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

MS. SCHIBLER: That's correct.

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

MS. SCHIBLER: That's correct.

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

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

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

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

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

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

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

> "This submission will tell the story of what matters for Métis children and families in addressing the Inquiry's objectives, providing the historical perspective to the contemporary quality of life gaps that affect Métis peoples' relationship with the child welfare system in Winnipeg."

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

> "Through a better understanding of

the challenges facing the Métis community, an analysis of the significant difficulties facing the devolution of Métis child and family services will be presented."

Next, over the next page:

"The submission will provide a purposeful statement of reconciliation which concludes with a series of recommendations that provide considerable scope for mending the structural deficiencies that currently impede the delivery of culturally relevant programs and services to Métis children and families. The recommended structural changes are based on the distinct circumstances and experiences of Métis people in Winnipeg engaging existing policy lines agreed to in the province."

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

THE COMMISSIONER: No.

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

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

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

> "Both Anglican and Catholic missionaries saw Aboriginal way of life as uncivilized and sought to impose European culture, religion, education and industry to the Red River."

> "[The] Missionaries sought to

> remove Métis and First Nations children from their homes and place them in an environment where discipline, obedience, Christianity and academics replaced Métis and First Nations traditions and culture."

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

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

> "High on the federal government's agenda was the construction of a transcontinental railway which would promote settlement and commercial agriculture in the prairies, which would in turn provide a protected market for monopoly capital based in the East. But in order to carry out this ambitious economic policy successfully, the contentious land

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

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

> "The Manitoba Act provided that 1.4 million acres was to be appropriated, selected, divided and granted to the children of the Métis heads of families 'for the benefit of the families of the half-breed residents'."

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

> "The Act also ensured the protection of land tenure

developed in Red River prior to the transfer of Rupert's Land.

Métis residents on river lots were required to obtain clear (British) title, a process that necessitated land settlement and improvement. In Canada's view, large tracts of prime land should neither be left to subsistence agriculture nor allowed to lay fallow.

During this period the Red River Métis were forced to disperse westward. The state-sponsored influx of immigrants onto the land and the building of the railway through Winnipeg, the numerous revisions of the [Manitoba] Act, and the development of sophisticated real estate markets, conspired against the Métis. The first two decades of the new province were dotted by government sponsored lawlessness, dishonesty, fraud and outright swindle when it came to land

acquisitions."

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

> "The control and commodification of land by the federal government was crucial. It would turn Manitoba and the prairies into a major market for eastern capital. Given that land was so important to the foundations of the political economy of the Métis, what occurred in Manitoba throughout the decades of the 1870's and [1880's] led to the dispersal of the Red River Métis, severely impacting on of their way of life."

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

policies on education for the Métis.

> "There was constant debate between governments and churches about Métis education and the admittance of Métis students to residential schools. Policy seemed to change whenever the government or church could benefit from a change. First Nations children were [were] entitled to an education because of treaty grant money and treaty settlement agreements; however Métis children were not. Despite this, Métis children were often accepted by church authorities into residential schools with little resistance from government authorities. It is estimated that in Manitoba 15.69 [excuse me] percent of residential school students were Métis."
>
> "Métis Survivors of the Residential School system share

many of the same intergenerational impacts [of] those of First Nations survivors. Long-term impacts include the loss of parenting skills, the inability to express feelings, and the effects of loss of language, culture and self-esteem. The loss of parenting skills has affects on future generations by negatively impacting protective factors against substance abuse. The risk for substance abuse and trauma exposure increases when children are subjected to non-nurturing and ineffective parental disciplinary practices, lack of parental support, absence of family rituals, alcohol-related violence, parental psychiatric problems such as depression, sibling alcohol use and stressful life events such as verbal, physical and sexual abuse."

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

MS. MAYER: Excuse me --

MR. HAIGHT: Yes?

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

MR. HAIGHT: Absolutely.

MS. MAYER: -- from a personal perspective?

MR. HAIGHT: Yes.

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

MR. HAIGHT: Um-hum.

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

BY MR. HAIGHT:

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

MS. MAYER: Yes.

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

MS. MAYER: Yes.

MR. HAIGHT: Yes.

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

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

BY MR. HAIGHT:

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

community?

MS. MAYER: The acceptance of being --

MR. HAIGHT: The, the --

MS. MAYER: -- a half-breed?

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

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

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

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

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

MR. HAIGHT: Please.

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

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

MR. HAIGHT: Um-hum.

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

MR. HAIGHT: Okay.

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

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

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

MS. SCHIBLER: Absolutely.

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

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

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

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

MR. HAIGHT: Um-hum.

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

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

> "A lasting legacy of the Residential School system, and of colonialism, is Aboriginal traditional [harrod (phonetic) (sic)] and culture was stolen from generations of Métis people. Language, culture, dignity, self-respect were taken along with the children. Respect for parents and Elders, as well as respect for education and the church were also [strolen (phonetic)] stolen during the residential school era."

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

> "As residential schools became discredited in the late nineteen fifties and early sixties, the child welfare system became the new agent of assimilation and colonization. The 'Sixties Scoop' refers to ... Adopt Indian-Métis campaign initiated by the Federal government and implemented by a number of provincial and territorial governments. Aboriginal culture was not well understood and because of cultural conflicts, racism, or economic motives, the strengths of many Aboriginal families were

overlooked."

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

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

"Closed adoptions required that adoptive parents were given limited information making successful search and reunions with birth families highly unlikely."

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

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

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

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

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

MR. HAIGHT: Continuing on, sir:

"In 1980 ..."

THE COMMISSIONER: What page you at now?

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

THE COMMISSIONER: Right.

MR. HAIGHT:

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

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

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

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

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

> agencies full autonomy to work creatively with Métis children and families through culturally appropriate services that help build capacity and strengthen Métis families and communities, thus providing a better outcome for children. This process has only been partially implemented."

BY MR. HAIGHT:

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

MS. SCHIBLER: Yes.

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

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

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

MS. SCHIBLER: I would say mostly it would be

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

BY MR. HAIGHT:

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

MS. SCHIBLER: Absolutely.

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

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

MS. SCHIBLER: Yes, it does.

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

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

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

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

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

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

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

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

MR. HAIGHT: Okay.

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

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

MS. SCHIBLER: Yes.

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

MS. SCHIBLER: Thank you.

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

Reading from the introduction, it says:

"Creating the Manitoba Métis

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

"In 1999, the Government of Manitoba established the Aboriginal Justice Implementation Commission ... to advise it on methods to implement the AJI recommendations. In 2001, the AJIC recommended that the Government of Manitoba develop and adopt a comprehensive Métis Policy with the full participation of the Manitoba Metis Federation."

"The Government of Manitoba and the Manitoba Metis Federation formally agreed to work together to prepare the Métis Policy in 2008. Both agreed that the goals of the policy would be to strengthen the capacity of the Métis people in Manitoba to

> address current and emerging economic and social issues and achieve greater self-reliance and socio-economic well-being."

So, certainly a lofty goal.

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

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

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

that:

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

And then, Explaining the Principle says:

> "The Métis are also a well-defined part of Manitoba's population who are culturally distinct from First Nations and Inuit peoples. Although the situation has been improving, statistics show that Métis education, employment, income, housing, and health status, among others continue to lag behind the population as a whole."

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

moment, Sir.

> "Approaches that support Métis decision-making and are attuned to the Métis community for whom they are designed can improve this situation."

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

Second principle is the Partnership Principle:

> "The Manitoba Metis Federation is a political representative of Métis people in Manitoba and represents in Manitoba the Métis who collectively refer to themselves as the Métis Nation. The Manitoba Metis Federation provides advice to the provincial government in priority setting, policy and program development to

> make sure that Métis interests are properly reflected in programs and services that affect Métis.
>
> The renewed relationship between the Government of Manitoba and the Manitoba Metis Federation will be ongoing, based on mutual respect, reciprocity, understanding, responsibility, sharing and transparency."

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

> "An integrated and coordinated approach to Métis issues [which] will promote greater consistency and help ensure equity of access and the effectiveness and efficiency of resources available to the Manitoba Metis Federation and the Government of Manitoba."

Fourthly, the Capacity Principle:

> "The [MMF] and [the] Government of Manitoba will have the resources to meaningfully participate in their renewed relationship within the overall priorities of, and resources available to the Government of Manitoba."

A reasonable principle to have, obviously.

> "The Manitoba Metis Federation and the Government of Manitoba are accountable to their respective constituencies and to each other."

Which is the Accountability Principle.

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

> "... outlines the key elements identified for the Government of Manitoba to close the gap in quality of life outcomes and promote excellence for Métis

people."

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

Under the heading Distinctions-Based Approach it says:

> "A distinctions-based approach expands the role of the Métis people in Government of Manitoba decision-making and problem-solving processes, the implementation of policy and programming, and in the delivery of services. The reason for it are to:
>
> 1) Advance equal opportunity for Métis people to participate and realize equal results or outcomes in what society has to

offer;

2) [to] Create more effective and efficient public policy and programs; and

3) [to] Value and affirm Métis culture."

And again it says:

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

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

will hear they were offered by the Métis authority.

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

MS. MAYER: Yes.

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

MS. MAYER: We were very excited --

MR. HAIGHT: Yes.

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

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

MS. MAYER: Yes.

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

Ms. Mayer --

THE COMMISSIONER: Are you going back to 136?

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

THE COMMISSIONER: Thank you.

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

of the paper.

THE COMMISSIONER: Yes.

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

THE COMMISSIONER: All right.

BY MR. HAIGHT:

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

What is the MMF's position regarding this number?

MS. MAYER: We believe that number is higher.

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

MS. MAYER: Yes.

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

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

MR. HAIGHT: Um-hum.

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

accurate number.

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

MS. MAYER: In the City of Winnipeg.

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

> "Winnipeg is unique as the birthplace of the Métis Nation and home to the largest Métis urban population in Canada."

and then again referring to the Stats Canada survey:

> "In 2011, more than 46,000 Métis resided in Winnipeg, accounting for about 6.5 percent of the city's population. Métis people account for about 60 percent of the Aboriginal population of Winnipeg, and [the] First Nations peoples account for about 38 percent."

What does the MMF say about those figures? Are

they -- do they accept those figures?

MS. MAYER: Yes, they do.

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

MS. MAYER: Yes.

MR. HAIGHT: And, and --

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

MS. MAYER: From outside communities.

THE COMMISSIONER: In, in the province?

MS. MAYER: In the province, yes.

BY MR. HAIGHT:

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

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

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

Before going through the numbers, you'll see,

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

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

MS. MAYER: Yes.

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

MS. MAYER: The Métis atlas.

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

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

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

THE COMMISSIONER: Yes.

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

THE COMMISSIONER: Oh, okay.

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

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

MR. HAIGHT: Yes.

THE COMMISSIONER: That's it?

MR. HAIGHT: Yes, right.

THE COMMISSIONER: Okay.

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

THE COMMISSIONER: Okay.

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

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

MR. HAIGHT: Correct.

THE COMMISSIONER: All right.

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

BY MR. HAIGHT:

MR. HAIGHT: Records?

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

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

MS. MAYER: Yes.

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

THE COMMISSIONER: Yes.

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

THE COMMISSIONER: Yes.

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

BY MR. HAIGHT:

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

MS. MAYER: Yes.

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

compared with the Métis?

MS. MAYER: Yes.

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

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

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

MS. MAYER: Yes.

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

MS. MAYER: Yes.

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

MS. MAYER: Yes.

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

MS. MAYER: Yes.

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

MS. MAYER: Yes.

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

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

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

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

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

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

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

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

MS. MAYER: Yes.

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

MS. MAYER: Yes.

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

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

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

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

MS. MAYER: Yes.

MR. HAIGHT:

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

> Winnipeg made 65 percent of the Aboriginal poverty rate, compared to 23 percent for non-Aboriginal children in the same age group. Overall, Métis children residing in Winnipeg were found to be almost three times more likely to be poor than non-Aboriginal children."

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

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

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

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

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

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

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

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

MS. MAYER: Yes, it is.

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

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

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

MR. HAIGHT: That's correct, Sir.

MS. MAYER: Yes.

THE COMMISSIONER: Right.

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

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

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

BY MR. HAIGHT:

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

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

MS. MAYER: No.

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

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

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

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

MR. HAIGHT: Yeah.

MS. MAYER: Very low.

MR. HAIGHT: Okay.

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

MR. HAIGHT: Um-hum.

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

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

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

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

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

MR. HAIGHT: Yes.

THE COMMISSIONER: If there is.

MR. HAIGHT: Yes.

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

MR. HAIGHT: Yes.

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

MR. HAIGHT: Thank you, sir.

(BRIEF RECESS)

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

THE COMMISSIONER: Yes.

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

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

MR. HAIGHT: Thank you very much, Sir.

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

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

THE COMMISSIONER: Right. Oh, yes.

BY MR. HAIGHT:

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

agency provided services to Phoenix Sinclair or her family?

MS. SCHIBLER: No, they did not.

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

MS. SCHIBLER: Not to my knowledge, no.

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

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

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

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

MS. SCHIBLER: That's correct, yes.

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

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

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

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

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

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

MS. SCHIBLER: Absolutely.

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

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

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

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

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

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

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

And I know I indicated in our conversations that,

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

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

MS. SCHIBLER: What is the --

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

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

MR. HAIGHT: Okay.

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

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

MS. SCHIBLER: Generally, there is.

MR. HAIGHT: Yes.

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

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

MS. SCHIBLER: That's correct.

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

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

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

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

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

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

MS. SCHIBLER: That's correct.

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

MS. SCHIBLER: That's correct.

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

MS. SCHIBLER: Yes.

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

MS. SCHIBLER: Yes, that's correct.

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

MS. SCHIBLER: Yes, it is.

MR. HAIGHT: The ROADS Program?

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

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

MS. SCHIBLER: That's correct.

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

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

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

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

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

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

MS. SCHIBLER: Yes, that's correct.

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

MS. SCHIBLER: That's correct.

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

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

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

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

MR. HAIGHT: So --

MS. SCHIBLER: -- forged before them.

MR. HAIGHT: Yeah. Street cred.

MS. SCHIBLER: Exactly.

MR. HAIGHT: Right. The Métis Spirit Program?

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

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

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

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

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

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

MR. HAIGHT: Life Long Connections Program?

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

really important part of it.

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

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

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

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

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

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

MR. HAIGHT: I'm sorry.

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

MR. HAIGHT: Yeah.

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

MR. HAIGHT: Yes, please tell us.

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

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

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

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

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

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

> "Recognizing the importance of family well-being and the importance of building capacity within the family, Metis Child, Family and Community Services Agencies approach to family centred service delivery is community based and designed to assist families build on their inherent strengths."

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

MS. SCHIBLER: That's correct.

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

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

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

MR. HAIGHT: Okay.

MS. SCHIBLER: But it is still their goal.

MR. HAIGHT: Okay.

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

MR. HAIGHT: Okay.

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

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

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

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

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

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

MR. HAIGHT: Sorry.

MS. SCHIBLER: I'm sorry.

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

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

MR. HAIGHT: I didn't anticipate that question until I'm sitting --

MS. SCHIBLER: -- has left.

MR. HAIGHT: -- listening to your answer. I was looking around to see if Karla was here as well, but she's not, so ...

MS. SCHIBLER: No. I'm sorry. I know that we have people waiting to get in that program.

MR. HAIGHT: Yes.

MS. SCHIBLER: And I had thought that it was somewhere between four and half a dozen, but it -- I know that we have a waiting list of families that are waiting to get in there.

MR. HAIGHT: Okay. Parent Support and Education

Program?

MS. SCHIBLER: Yes. And this is where support workers will, will go into the families' homes again and, and help educate and mentor the parents and help them to develop their, their skills and, and help them to develop a positive attachment and engagement with their, with their children, so it's just that hands-on mentoring type of program.

MR. HAIGHT: So it's like the Home Builders Program that you referred to earlier in the States?

MS. SCHIBLER: No, because this one isn't a live-in program --

MR. HAIGHT: Oh, okay.

MS. SCHIBLER: -- this is one where the mentors actually go into the home at scheduled time and it becomes an education process --

MR. HAIGHT: Okay.

MS. SCHIBLER: Where they're there on specific tasks, teaching them about, teaching these parents how to know and understand the needs of their children and how to engage with their children in a healthy way.

MR. HAIGHT: Okay. And Respite?

MS. SCHIBLER: The respite is, is offered to families to assist them to have their little bit of time to be able to go out and attend to appointments or to attend

programs, and so it provides that additional care for their children in, in order to allow these parents that time to attend to these matters.

MR. HAIGHT: Um-hum.

MS. SCHIBLER: And for the Supported Family Time, again, this is one where the parents come out and they will engage with their, their children in different kinds of activities. They'll learn how to play with their children, they'll learn how to read to them and, and there's crafts available that they can work on with the children and, and, and they have snack time and just doing a good healthy activity with their child. And, and that's provided for them.

MR. HAIGHT: Okay. So that brings us, then, to the topic that we spoke a little bit about at the commencement of your evidence, Ms. Schibler, namely funding. Because as I understand it, a good deal of these programs are in jeopardy and as a result of the current model?

MS. SCHIBLER: That's correct.

MR. HAIGHT: And could you perhaps provide a little bit more specifics in, on that?

MS. SCHIBLER: Well, again, those are those support and those prevention programs that, you know, particularly if they haven't, if they don't have children

in care, particularly if there is no way to bill back under child maintenance parts of the funding model that we don't have access to the dollars needed for supporting and, and providing through these programs. And it's, you know, it's those pro-active programs that we know and understand are essential. They're essential programs through our understanding of culturally relevant effective child welfare services.

MR. HAIGHT: And let me just ask you about effective. You have, and I appreciate that you are, will be relying upon people that you are just now beginning to work with and lead as their CEO, but what information have you been provided regarding the effectiveness of some of these programs that you've just laid out for the inquiry?

MS. SCHIBLER: Well, I know that for us, I mean certainly one of the areas that we really need to be able to demonstrate back to government at this current time, because it's the only way we can seem to access the, the funding, is to be able to demonstrate the outcomes.

MR. HAIGHT: Um-hum.

MS. SCHIBLER: And as I explained earlier, that that's sometimes a challenge, because how can you explain in a, in a small gap of time the positive outcomes that you know may not be evident for maybe the next ten years, the next five years? Unfortunately, that's not the way the

funding works. And so the outcomes in our mind is, yes, being able to prevent children from coming into care but it's bigger than that. It's bigger than that. It's being able to build a healthier population of children and families that have been in contact with the child welfare service. It's about strengthening them in a way that the health outcomes, the education outcomes, poverty outcomes aren't what we're seeing and hearing about today but where we are able to, to be a vibrant healthy Métis community. And that takes the investment of today in order to be able to see, in later days.

MR. HAIGHT: And you, you mentioned that that's not how the funding works. How does the funding work?

MS. SCHIBLER: Well, currently the amount of dollars that are allocated for prevention services are very limited and the majority of the money that's available is usually based on the numbers of children that you have in care. And so for a lot of these types of specialized services you have to try and find a way to be able to fund it.

And while, you know, the positive, the positive piece to that is that we have had some engagement with government as of late trying to emphasize the importance of our programs, and I believe that there's a willingness to listen to that, my hope is that that will see and achieve

some very consistent and ongoing support and one that recognizes that in the true spirit of devolution, in the intent of the AJI-CWI, that we are the ones that should be determining the effectiveness on our families and what our families need. We are the ones that should be determining how that funding should be distributed to our agencies and that we shouldn't have to, we shouldn't have to beg for those dollars, we shouldn't have to worry from year to year whether or not those dollars will be available or whether those program dollars will be scratched or try to find ways to slide in on other areas of our funding to be able to make these programs a reality. These programs are essential to our Métis services.

MR. HAIGHT: Mr. Commissioner, I have -- or not I have, but at the paper, page 36, there is a, a description of, of some of the programs that are at risk of being terminated as a result of the current funding model. I won't go into those, and you've heard a thorough description of the services that are --

THE COMMISSIONER: They're all included in those that have been discussed?

MR. HAIGHT: Yes.

MS. SCHIBLER: Yes.

MR. HAIGHT: They are. I am about to turn to the issue of recommendations, Sir, but there is one small issue

that is a very important issue to the MMF and therefore to the authority because it, again, impacts upon funding, that I do want to just discuss briefly and, and ask one brief question about with Ms. Mayer, and that appears at the portion of the paper entitled Reconciliation with the Métis.

BY MR. HAIGHT:

MR. HAIGHT: And I'm going to read, again, just two small portions, one from the bottom of page 39 under the heading Jurisdiction over Métis and then, again, on the same -- under the same heading, at the bottom of page 40.

So it says, under Jurisdiction Over Métis:

> "Constitutional and legal issues regarding Crown responsibility for Aboriginal peoples have been deeply debated in Canada for over half a century, leaving some Aboriginal peoples in jurisdictional limbo. Despite the inclusion of Métis rights bearing Aboriginal peoples in the Constitution Act, 1982, the federal government's current

> policy is that its responsibility extends only to status First Nation people and Inuit, while provincial governments have a general responsibility for Aboriginal peoples living off reserve."

Turning over to page 40, at the bottom of page 40, this, the provincial perspective is, is:

> "The provinces generally maintain that the federal government has full jurisdiction for all Aboriginal peoples while maintaining education as a provincial authority. This has left the Métis Nation in a policy vacuum between the federal and provincial governments and resulting in Métis concerns not been addressed effectively by either level of government."

And the question I have for you, Ms. Mayer, is,

is what I just read to the Commissioner, is that consistent with the MMF's dealings with both the provincial and federal government?

MS. MAYER: Yes, it is.

MR. HAIGHT: Thank you.

THE COMMISSIONER: I understand what you say the feds are saying at the bottom of page 39.

MR. HAIGHT: Yes.

THE COMMISSIONER: You say, at the bottom of page 40:

> "The provinces generally maintain that the federal government has full jurisdiction for all Aboriginal peoples while maintaining education as a provincial authority."

That is, all aboriginal peoples both on and off reserve?

MR. HAIGHT: Yes.

THE COMMISSIONER: And what, what reaction do they get when they maintain that position?

MR. HAIGHT: Well, they certainly don't get a warm welcome from the, either the federal government or the

Métis. The problem is that the Métis are just caught in the middle.

THE COMMISSIONER: Well, does, does the province have a, a legal basis for that argument?

MR. HAIGHT: I'm not certain, Sir, because I've not been involved in those direct discussions.

THE COMMISSIONER: Okay.

MR. HAIGHT: Yeah. Can't, can't help you there, I'm sorry.

THE COMMISSIONER: I get the, the opposites, if you like, in the two paragraphs you read.

MR. HAIGHT: Sorry?

THE COMMISSIONER: I, I get the, the opposites, the --

MR. HAIGHT: Um-hum. Yes.

THE COMMISSIONER: -- the position of the feds on the one hand --

MR. HAIGHT: Yes.

THE COMMISSIONER: -- and the position of the province the other, which do not coincide.

MR. HAIGHT: They don't. And the Métis --

THE COMMISSIONER: I've heard, heard the feds before many times.

MR. HAIGHT: Yes. And, and the difficulty is that the Métis don't fall into either of those categories

on, on either side, so ...

THE COMMISSIONER: But they, the feds rely on their power to, to legislate as laid out in Section 91, I guess.

MR. HAIGHT: Yes.

THE COMMISSIONER: But I'm interested in, in that statement made by the province that they maintain that, but I'd be interested to know the basis on which they maintain it. If, if they have a basis in law for it I'd be most interested to know what it is.

MR. HAIGHT: Well, I, I -- there is an individual in the audience who has been involved in some of those negotiations and that policy and I, once I finish with the recommendations I may just ask him a brief question about that and see if he can shed any light on that for you.

THE COMMISSIONER: Okay.

BY MR. HAIGHT:

MR. HAIGHT: Turning, then, Ms. Mayer and Ms. Schibler, to the recommendations that appear at page 43, pages 43 through 45 of the paper, and there are six recommendations, the two -- the first two primarily come from Manitoba Métis Federation.

Ms. Mayer, if you don't mind, would you read into the record those first two recommendations that appear at

page 43?

MS. MAYER: The first one is:

> "The full implementation of the Manitoba Métis Policy that ensures the policy principles and framework elements are applied comprehensively, and a renewed relationship in the province reflects the distinct needs and circumstances of the Métis."

MR. HAIGHT: That recommendation, Ms. Mayer, goes to your statement that you said earlier, that the MMF was very pleased when the Manitoba Métis Policy was announced but, and I'm going to paraphrase and I'm hoping it's accurate, but has not been completely pleased with the implementation of that policy?

MS. MAYER: That's correct.

MR. HAIGHT: So they're asking that, put your words into actions?

MS. MAYER: Yes.

MR. HAIGHT: The, the second recommendation?

MS. MAYER: The second recommendation is:

> "The development and implementation of a Métis-specific knowledge base to provide for an evidence-based approach to the socio-economic programming needs of the Métis."

MR. HAIGHT: And, and that again, as I understand it, is, is consistent with the Manitoba Métis Policy as well?

MS. MAYER: Yes.

MR. HAIGHT: And a bit of detail is provided in that, in the paragraph above that, that refers to:

> "... a knowledge network to accumulate evidence-based research on what works to overcome Métis disadvantage."

Which is again, essentially, then, words just pulled directly from the Manitoba Métis Policy, right?

MS. MAYER: Correct.

MR. HAIGHT: Turning over to page 44, Ms. Schibler, the next recommendations are particularly relevant to the authority so if I can ask you to read those

into the record, please.

MS. SCHIBLER: Certainly:

> "A distinctions-based approach (see Métis Policy framework element) is applied to services provided to Métis children and families."

MR. HAIGHT: And the programs that you have been speaking about this afternoon are, of course, all distinction-based approaches, aren't they?

MS. SCHIBLER: Yes. I mean, if you are looking at the Manitoba Métis Policy you can see that it's intended to give Métis people a voice in decision-making and in promoting and preserving our distinct culture that, you know, that preservation and promotion of the culture is really about valuing and affirming Métis culture and within our Métis nation.

MR. HAIGHT: And, and on the issue of culture there are two recommendations relating to culturally relevant programming. They both appear at, on page 44.

MS. SCHIBLER: Yes. The first one is:

> "Ensure that the child and family

services agencies under the Metis Child and Family Services Authority have the capacity to develop and deliver comprehensive support and prevention services to Métis children and families in accordance with the Act."

MR. HAIGHT: Yes.

MS. SCHIBLER: And that:

"The Metis Child and Family Services Authority must have the resources to ensure support for promoting, strengthening and preserving Métis culture and heritage."

MR. HAIGHT: And then the -

THE COMMISSIONER: Wait a minute, wait a minute now. You're dealing with the resources to support under that, the second on you just read out --

MS. SCHIBLER: Yes.

THE COMMISSIONER: -- which I assume is financial resources.

MS. SCHIBLER: Yes.

THE COMMISSIONER: Now, in the one above you say, ensure that the Child and Family Services agencies have the capacity. Does that relate to financial support, too, when you say "ensure" or is there something more there?

MS. MAYER: Well, if you look at the legislation and you look at Section 19 of the Child and Family Services Authorities Act.

THE COMMISSIONER: Yes.

MS. SCHIBLER: Under the duties of an authority, it says specifically, ensure that culturally appropriate standards for services, practices and procedures are developed, and so in doing so as an authority, you know, we support the development of those culturally relevant, those culturally specific programs, the ones that I referred to earlier. The only difficulty with that, though, is that there is no place in legislation that says that we will be ensured the ability to deliver them. We can develop them but if we don't have the resources to deliver them, then it's almost a contradiction.

THE COMMISSIONER: I follow you.

BY MR. HAIGHT:

MR. HAIGHT: And then the last recommendation relates to the completion of the full implementation of the

devolution Child and Family Services, and it echoes what you said a few moments ago regarding devolution of funding.

MS. SCHIBLER: That's correct.

> "The funding model for Métis child and family services must evolve to a direct transfer of financial resources from the Manitoba Government to the Metis Child and Family Services Authority over the next three years."

And of course, the question would be, why over the next three years? And we say, well, the next three years would be as long as we want to see it go. We would certainly appreciate that happening within the next three years. My understanding was, is that there was to be a second phase of this current funding model in which, at which time I understood that the responsibility of the, of the funding and two agencies was to transfer towards the authorities and give them that type of autonomy to be able to make those kinds of decisions around service delivery within their own agencies. And I haven't -- that's the part that we haven't seen fulfilled.

THE COMMISSIONER: And if you -- if it came the

way you would like to see it, that would make what change from the way it is today?

MS. SCHIBLER: That would mean that we wouldn't have to worry about whether or not those types of services that we've deemed as being essential Métis services, we wouldn't have to worry about them being scratched in our, our budget submissions. We wouldn't have to worry about trying to find ways to be able to manipulate the current funding model to allow us ...

THE COMMISSIONER: But does it relate to the amount of dollars that you'd be getting?

MS. SCHIBLER: Well, the amount of dollars right now, certainly it reflects on that because those dollars that we receive right now aren't, aren't the dollars that we would require to be able to deliver those programs.

THE COMMISSIONER: Well, are you asking for more than, than the ability to self-determine how you spend those dollars?

MS. SCHIBLER: We're asking for the ability to be able to determine how we can move those dollars back and forth within our services and to be able to do so in a way that supports the services.

THE COMMISSIONER: But not to be able to, be able to demand the number of dollars that you'd like to have; in other words, the government still has control of, of what

they pay, but you'd like to get it so that you could decide how to distribute it. Do I have it right?

MS. SCHIBLER: For the most part, yes. But I know that the current funding that is being allotted to the authorities now comes in dollar amounts that are reflective around the number of children that you have in the care of your agency.

THE COMMISSIONER: Yes.

MS. SCHIBLER: I think it has to take a different shift and I, I think that we could be talking about -- obviously, we're going to have to talk about the dollars that it's going to take to support those children in our care, that's not going to change until we have less children in care, but we're going to need to have those dollars that support the prevention services.

THE COMMISSIONER: I --

MS. SCHIBLER: If ...

THE COMMISSIONER: That's consistent what you've said all afternoon, yeah.

MS. SCHIBLER: Yes.

THE COMMISSIONER: Yeah. I understand.

MS. SCHIBLER: Thank you.

MR. HAIGHT: Mr. Commissioner, that completes my questions in chief. I don't know whether you wish me to make that inquiry regarding the question regarding the

provincial position.

THE COMMISSIONER: Well, if you've got someone here that's studied that, I'd be interested to hear them briefly.

MR. HAIGHT: Okay.

THE COMMISSIONER: But let's just see first if there are other questions.

MR. HAIGHT: Sure.

THE COMMISSIONER: Ms. Walsh.

MS. WALSH: Thank you, Mr. Commissioner.

CROSS-EXAMINATION BY MS. WALSH:

MS. WALSH: Just starting with following up on the, the issue of funding, first of all, do you know what the ratio is of the funding that you receive for maintenance, which I understand would be children in care, as compared to prevention programs?

MS. SCHIBLER: I don't know the exact ratio, no, I don't. But I do know that, that it's, the prevention dollars are a lot less than what it is that we are requiring to be able to deliver our services.

MS. WALSH: Okay. And ultimately, I guess that one would expect the prevention funding would be more than maintenance because that would be an indicator that the prevention services are working?

MS. SCHIBLER: That would be the ideal.

MS. WALSH: In terms of -- just following up on some questions that the Commissioner asked you, you're saying that the current funding model doesn't provide the Métis authority and its agencies with enough money to deliver prevention programs as you've outlined today?

MS. SCHIBLER: The ones that I've identified, the ones that we feel are essential services to the Métis population that we service, yes.

MS. WALSH: Now, are you asking for a different model of funding in the sense that you would prefer, for instance, to have block funding as opposed to determining funding based on the numbers of protection versus prevention files?

MS. SCHIBLER: I think that we always need to be aware of the fact that, you know, those numbers are going to fluctuate and so we understand the need to be able to, to have those numbers drive whatever it is that we have to deliver in our mandated services, but I think being able to control how those, how those dollars are delivered in the services or through the services is a big piece for us right now. Being able to say that, you know, if we want to be able to run these specific programs we should be able to provide the, the dollars towards those programs and we shouldn't try and find other ways of trying to come up with

those dollars. We shouldn't try to be finding little loopholes in the funding model in order to be able to supplement those programs.

MS. WALSH: See, but that's what I'm having trouble understanding, and I'm sure it's a failing on my part, but I know you talked, you used the term "manipulate the funding", but is there anything that prevents the authority from using the funds, other than the amount, from using the funds, directing it where, the funds where they want it to go, where they want them to go?

MS. SCHIBLER: Apparently, yes.

MS. WALSH: And what is that?

MS. SCHIBLER: If they don't fit into the categories in the funding model. I guess I, I can only refer to an example of some of the programs that we were running and we were billing it to a specific area within our funding because that was the only area that we had that money available to us. It didn't fit the criteria and so it was challenged back by government that we couldn't be using those dollars towards those programs.

MS. WALSH: So, for instance, the model is based on ratios of, say, twenty to one for prevention. When you get that money, nothing says, well, in fact you can only use this money for prevention. My understanding, in fact, from hearing other agencies, is that they're using

sometimes that prevention money for protection services.

MS. SCHIBLER: Are you talking about that reversed?

MS. WALSH: No. That they're not doing prevention because they're using all the money that they get for protection.

MS. SCHIBLER: Protection services. Exactly.

MS. WALSH: So, so it's not that the money is earmarked in that sense, that is, you may not -- that is, even though the money is calculated based on so much for prevention, so many cases for prevention or ratio, so many for protection, the money can be used however you want, there just may not be enough to use it for prevention because protection will take a priority.

MS. SCHIBLER: The protection is the -- exactly. It's going to be what's eating up your, your dollars.

MS. WALSH: So are --

MS. SCHIBLER: But there is also certain criteria which you can bill back on certain parts of the funding. So if you're trying to take dollars from child maintenance and you're trying to put them into programs that are used as support or prevention services, if you don't have children attached to them that you can build back on, then you're not supposed to be using those dollars over there.

MS. WALSH: Okay. So that's the difference

between maintenance money and the money that was for the two streams?

MS. SCHIBLER: Right.

MS. WALSH: You can't, you can't take the money from maintenance if you don't -- and, and use it for anything other than children in care?

MS. SCHIBLER: That's correct.

MS. WALSH: Okay. Which is why I asked about the ratio between that funding and, and the other funding.

So what about block funding; it worked very well for west region. We've heard evidence that the hesitation is it requires good leadership, it requires someone to feel confident that they can develop or, or can stay within the budget. What are your views on, on the use of block funding?

MS. SCHIBLER: I haven't had experience with block funding myself so I really, I can't speak to it. It might be the, it might be the solution to this. I really can't say.

MS. WALSH: Okay. But you want, you want enough money to be able to direct it wherever you see fit?

MS. SCHIBLER: I want -- and I want the ability, really, I want the ability to be able to use those dollars in the way that we define service needs, not --

MS. WALSH: Right.

MS. SCHIBLER: -- in the way that government has defined our service needs.

MS. WALSH: Okay. So I think you, I think you've just agreed with what I said.

MS. SCHIBLER: Probably.

MS. WALSH: Yes. Okay. Now, in terms of the recommendations, going back to page 43, the first two, the full -- and either one of you can -- I know, Ms. Mayer, you spoke to this, but either one of you can answer it:

> "The full implementation of the Manitoba Métis Policy that ensures the policy principles and framework elements are applied comprehensively, and a renewed relationship in the province reflects the distinct needs and circumstances of the Métis."

And the second one:

> "The development and implementation of a Métis-specific knowledge base to provide for an evidence-based approach to the

socio-economic programming needs of the Métis."

How do those recommendations, given what this Commission is, is mandated to do, how do those recommendations speak to better protecting Manitoba children?

MS. SCHIBLER: I mean, this is more Minister Mayer's background but I would speak to the fact that in this area we have, we have leadership council that exists and that leadership council is made up of the minister of, of family services and the First Nation leaders and our Métis leader, so it's the governments that come together and they sit and they meet for our, our belief in the full implementation of the Manitoba Métis Policy. Understanding and ensuring that those, that the principles and the framework are applied would mean that there would be shared responsibility in the decision-making that happens at those leadership council tables. It wouldn't just be about bringing together information and hashing over strategies as to what makes sense and then walking away awaiting the decision that's made from mainstream government. It would be a shared, a collective decision-making process that really does ensure that any of those decisions that are made at the higher levels of government take into account

our Manitoba Métis Policy.

Do you want to add to that?

MS. WALSH: Did you want to add to that?

MS. MAYER: No.

MS. WALSH: And --

MR. HAIGHT: I'm wondering if I can assist --

MS. WALSH: Sure.

MR. HAIGHT: -- on that one. And the -- in my respectful view the, dealing firstly with the development/implementation of a Métis-specific knowledge base to provide for an evidence-based approach, it would assist the child welfare system and the children of Manitoba but not exclusively. That broad of a recommendation would affect social policy developed by the Métis. And so what the Métis Policy speaks about is the distinction of the Métis people and the requirement for more knowledge and study. So to develop a knowledge base that's Métis-specific will only help Métis social programming, which of course helps Métis children.

THE COMMISSIONER: You'll be advancing, advancing that in your closing submission, I'm sure.

MR. HAIGHT: Would that be a better way to do it, Sir?

THE COMMISSIONER: I think it might.

MR. HAIGHT: I'd be happy to do it then, if you

like.

MS. WALSH: Either that, or to have your witnesses at the very least adopt the statement that you've put into evidence.

MR. HAIGHT: What I will do is --

THE COMMISSIONER: If it's going to be evidence.

MS. WALSH: If it's going to be evidence.

MR. HAIGHT: Is, is I will ask if you adopt that, witnesses.

MS. MAYER: Absolutely.

MS. SCHIBLER: Yes.

MR. HAIGHT: Thank you. And then maybe --

THE COMMISSIONER: You've got the support of your client.

MR. HAIGHT: I, I do, Sir. And then maybe what I will do is I will accept your suggestion and sit down and make my argument at the appropriate time.

THE COMMISSIONER: Fair enough.

MR. HAIGHT: Thank you.

MS. WALSH: Thank you.

BY MS. WALSH:

MS. WALSH: Where in the provincial government, given the jurisdiction issues that we heard you testify about, where in the provincial government do you see, like

in any of the departments, do you see the Métis people represented? Are they represented in the department of -- I'm not sure of the actual titles, they're Department of Aboriginal Affairs?

MS. SCHIBLER: Well, we, we have got a Métis MLA in --

MS. WALSH: But an official department. Is there a department in the provincial government that recognizes the Métis people?

MS. MAYER: No, there isn't.

MS. WALSH: Okay. And is that something that is important?

MS. MAYER: I would think so, yes.

THE COMMISSIONER: Well, is there, is there an individual department of, of aboriginal affairs here in this province?

MS. MAYER: Yes, there is.

BY MS. WALSH:

MS. WALSH: I ask because I think, and I could be wrong and we'll, we'll determine this over the next couple of days, but the Healthy Child cabinet of Manitoba has representatives from a number of departments, ministers from a number of departments, and I think the Department of Aboriginal Affairs is there, and so really what my question

is getting at is, is the Métis population represented by that representation?

MS. SCHIBLER: I think what ends up happening through those departments is that when you are there with an aboriginal portfolio you tend to deliver that in a broader context and try and make it all inclusive, and I understand that. What happens, though, is that you don't, you don't promote the distinction of the Métis culture and the distinct, the distinction of the Métis heritage, and I think that's, that's where we're going with a lot of this, is that there isn't --

THE COMMISSIONER: But I would, I would think the minister of aboriginal affairs, he or she would agree that they're minister for, for Métis affairs in Manitoba, too, would they not?

MS. SCHIBLER: And Inuit affairs, absolutely.

THE COMMISSIONER: And Inuit affairs, yes.

MS. SCHIBLER: And I think that if things are brought to their attention with respect to any of those cultures, they would make effort to represent that in the best way possible. But I don't see that reflected necessarily in the day-to-day decisions of recognizing the uniqueness of the Métis culture and, and separating it from the, from the overall aboriginal picture.

MS. WALSH: Thank you.

MS. SCHIBLER: And it's not meant to be a criticism, it just is.

MS. WALSH: No, of course. I'm just trying to understand where things stand today from your perspective.

MS. SCHIBLER: Right.

BY MS. WALSH:

MS. WALSH: In terms of some of the programs that you described today, the Family Mentor Program, how do families receive that service? How are they -- how is it determined that a family will receive that service?

MS. SCHIBLER: That would be a family that would come to the attention of the child welfare system but where there is just the necessity of having support provided to that family rather than intrusive services. It could also be a family that approaches the child welfare system self-identifying that they're, they're having some difficulty and they just require some additional support to, to strengthen their ability to be able to parent.

MS. WALSH: Is there any outreach done by the agency to families or to youth who have not specifically come to the attention of the agency by way of prevention, offering prevention supports?

MS. SCHIBLER: Not specifically going directly to the families. There would be those community type of

events that may be held where, where families in the community are welcome to attend and they can link up to our services that are open to servicing the community. But as far as being able to actually do the outreach to those families that haven't -- that have stayed below the radar, we simply wouldn't have the resources to be able to do that. We'd love to be able to do that and we'd love to be able to have a service centre that could be there within the Métis population to say, you know, this is what we can offer you, this is what we do offer, and it doesn't have to be intrusive and it can just be about providing that additional support. Because I think I mentioned in one of my previous testimonies that, you know, as parents nobody has all the answers. As families, every family struggles to some degree or another and really, your success as a family and your success as parents is almost always based on the amount of support or education or mentoring that you've received so it really would be about that, being able to provide that, being a beacon to those families out there.

MS. WALSH: I don't know if you were here when Nico Trocmè testified but he, he showed us a chart that deals with prevention services and shows, showed prevention and early intervention services at a point in time, at one end, before a family has any contact with the child welfare

system, and then the prevention services that are offered after contact has occurred which are aimed at preventing recurrence. So I would gather that the majority if not all of the services that your agencies are offering are being offered once contact has been made?

MS. SCHIBLER: That's correct.

MS. WALSH: And is there any collaboration between your agencies and the community-based organizations with respect to the early intervention programs?

MS. SCHIBLER: Insofar as the ones that are being offered, we sit at the table with government services as, as a vested party. But insofar as any of the community services that are being done at a grass roots level, is that --

MS. WALSH: Yes.

MS. SCHIBLER: -- what you're referring to?

MS. WALSH: Yes.

MS. SCHIBLER: Under MMF, under the Manitoba Métis Federation, they have some grass roots services that we are currently trying to link with because we know that those services are valuable. One of the services that they offer, which is prior to families coming to our attention, or can be as a result of being under our, our services, is to young fathers and helping those fathers know and understand their role within their family and strengthening

them as their goal as care-givers. So that in itself is a valuable program for us. It's not one that we have the resources to be able to provide but it's going to be a natural link for us to be able to be with MMF on that.

MS. WALSH: And the final area I want to cover relates to the over-representation or a high prevalence, as the evidence was, of Métis children in CFS care. What is your understanding of the reason for that?

MS. SCHIBLER: I think that much of what we spoke about today. I think just the social barriers, the limited education, the poor housing, the poverty issues, the families that have come in from some of the rural communities to try and find a way of life here and have struggled and have needed those additional supports. Our teen pregnancies, being involved with them and, and finding that they don't have those natural supports around them, for many of them. So it's having to re-establish that and develop that all over again.

MS. WALSH: We've heard repeatedly throughout this inquiry that factors, socio-economic factors or social factors which lead families into vulnerability and in reliance on the child welfare system include poverty, homelessness, substance abuse, that there's an over-representation of aboriginal children, you're saying Métis

children, who fall into those vulnerable categories. So one more, one more question is, why is that the case? Why is there an over-representation of Métis families, for instance, experiencing poverty, substance abuse, homelessness, lower education?

MS. SCHIBLER: Well, I think that a large portion of it has to do with I think what we've consistently heard around our populations where there is that loss of culture, where there is that loss of identity. Again, things that have happened through the residential school and the day schools. That's why our emphasis in our programs is so much about re-establishing that pride in that culture. That's why that whole piece around Métis pride is so important because it's about helping people to know that we can become each other's natural resource in support and, and feel a lot of pride when people can step out and come to the services that are being offered in a way where they're not afraid of the services, where they see it as a support rather than just a huge intrusion in their life. I think that we will see a lot of that addressed, but I think that's what it is. I believe that it's an over-representation of, of people who have struggled with all of these pieces of history and have to now re-establish themselves.

MS. WALSH: And this is, I gather, then what's

reflected on page 9 of the, of Exhibit 136 where you talk about:

> "The forced removal of children and youth from their Aboriginal communities has been linked with social problems ..."

And you outline them. Would that be fair?

MS. SCHIBLER: Yes.

MS. WALSH: And then you go on, in the next paragraph, to say:

> "A lasting impact is Aboriginal children continue to make up a disproportional amount of children in care because etiological factors have still not been adequately addressed."

MS. SCHIBLER: That's correct.

MS. WALSH: Okay. And that is also, I think, what you and the Kookum Council spoke to in terms of explaining an over-representation of aboriginal families living in poverty and experiencing other social problems

because of the loss of identity. That's the link or a link?

MS. SCHIBLER: That's correct.

MS. WALSH: Okay. Thank you. Those are my questions.

MS. SCHIBLER: Thank you.

THE COMMISSIONER: Thank you, Ms. Walsh.

Mr. McKinnon.

Before you get started, and just looking at the time, Mr. Haight, re your offer of, of another witness, on thinking that over, I'm interested in that subject but I think it's a matter that you, after we adjourn, you should confer with Commission counsel, and if she sees some value in making that person available, I think it, on reflection, I don't think I should be, to all counsel, it should be dealt with in that manner.

MR. HAIGHT: Very well.

THE COMMISSIONER: So we will. And that may just give people like Mr. McKinnon a little more time than they might have thought that they had. So that's why I indicate that now. But having said that, Mr. McKinnon, I'm not going to limit you in time. I want you to have the opportunity to ask all the questions you want.

MR. MCKINNON: Thank you, Mr. Commissioner.

CROSS-EXAMINATION BY MR. MCKINNON:

MR. MCKINNON: For the record, it's Gordon McKinnon, and I represent the department and Winnipeg CFS.

I might direct my questions to Ms. Schibler, and Ms. Mayer, if you want to add anything, please feel free.

MS. MAYER: Okay.

MR. MCKINNON: But the issues I'm talking about may be more relevant to the testimony that came from Ms. Schibler. And I'm only going to explore a couple of areas, Ms. Schibler, and one of them arises out of a question that was asked by the Commissioner where he was asking you whether the amount of dollars was enough. And, and my note of your comment was that the current funding comes from dollars that are related to children in care, and I just wanted to explore that a little bit just to make sure we understood each other and understood what the current situation is with respect to funding.

Now, my understanding of the current funding arrangements that would apply to all the agencies in, in Manitoba, whether they're Métis or whether they're First Nations or whether they're general authority, is that under the funding model there's two categories in terms of calculating funds for, for staffing. One is protection cases, and that's the one to twenty-five ratio? You're nodding. Is that correct? That's consistent with your

understanding?

MS. SCHIBLER: I understand that.

MR. MCKINNON: And in protection, there are two categories. There are children in care. Those would be considered protection cases, and then there's open protection files where the children are at home but either receiving services or being investigated. Those two categories are generally what's referred to as protection files, correct?

MS. SCHIBLER: I'm not an expert on the funding model but, okay, I'll agree with you.

MR. MCKINNON: Okay. And, and my understanding is that so that you're correct when you say that the funding is tied to the number of children in care but it's not limited to children in care. It also includes protection files, for the reasons I just described. Would you agree with that?

MS. SCHIBLER: Yes, it does.

MR. MCKINNON: And it also includes prevention files, that is, files that have been identified for the prevention stream, and in that case they're funded at a more generous rate of, of one worker for every twenty open prevention files; is that your understanding as well?

MS. SCHIBLER: I am not certain about those figures, but okay.

MR. MCKINNON: Okay. And certainly we've heard evidence from others about the funding model and I don't want to examine you on the funding model if you're not comfortable with it, but merely, I think we can agree on this, that under the current funding model it is not limited to funding in relation to children in care. Is that something we can agree upon?

MS. SCHIBLER: Yes, it something we can agree on, although I do need to just add that there is areas of the services that are being provided through the agencies, and I'm sure this is consistent with my colleagues from the other authorities as well, where the, where the ratio is not being, where the ratio of service delivery is not reflected in the current funding model. So let's say, for instance, foster home support workers and knowing that they may be carrying 43 foster homes that they are trying to deliver services to.

MR. MCKINNON: And I guess the point being that there are, there are some services being offered that aren't directly contemplated in the funding model and we've, we've heard about that as well?

MS. SCHIBLER: Yes.

MR. MCKINNON: And that's the point you're making now?

MS. SCHIBLER: Yes.

MR. MCKINNON: The other point that I wanted to again address to you, Ms. Schibler, and we, if I could get Madam Clerk, Exhibit 71 brought up on the screen. And if you could scroll down to near the bottom. Are you able to see those numbers, Ms. Schibler?

MS. SCHIBLER: Yes.

MR. MCKINNON: And there was some discussion, and this, Mr. Commissioner, may in part relate to the issue that was raised by Mr. Haight regarding federal/provincial responsibility.

My understanding, Ms. Schibler and Ms. Mayer, is that whatever the case may be with respect to other areas of government, there is no dispute that when it comes to child and family services, 100 percent of the funding to the Métis authority and to Métis agencies comes from the Province of Manitoba. Are you able to confirm that to the Commissioner?

MS. SCHIBLER: That is correct, although we do have a program that is funded through the Manitoba Métis Federation. But yes, that's correct.

MR. MCKINNON: And, and I wasn't attempting to exclude what we'll call private funders like the Métis Federation or perhaps charitable organizations. But with respect to, to funding from government, the government of Manitoba has accepted 100 percent responsibility for the

funding of the Métis authority and the funding of the Métis agencies?

MS. SCHIBLER: That's correct.

MR. MCKINNON: And the numbers that are reflected at the bottom of this page, the very last cell or box on this page, is the funding that has been provided to the Métis authority over the last three years. Now, I know you have not been there, Ms. Schibler, for that entire period of time, but my understanding is that prior to the introduction of the new funding model, the total dollars available to the Métis authority and the Métis agencies was that nine million dollar figure, nine million five hundred and fifty-five thousand dollars, and that the current funding under the funding model is almost double that amount, at eighteen million seven hundred and seventy-seven thousand dollars. Are you able to confirm those numbers to the Commissioner?

MS. SCHIBLER: No, I can't. I haven't been there for even a year yet so I don't know this. But I would suggest that they're probably accurate, but I would also suggest that they are reflective of the fact that our numbers of, of families that we service has taken a very large increase. I believe that our, our services, our service numbers are increasing at a, a more rapid rate than the other authorities are.

MR. MCKINNON: And my understanding is that these numbers do not include maintenance funding. These would be the funding for core services, for the operation of the authority itself and for the operation and salaries that are paid to the, to the workers who work in the agencies. Is, is that, is that what you're referring to when you're talking about increasing in numbers?

MS. SCHIBLER: No. I'm talking about the increase of family service cases --

MR. MCKINNON: Yes. And the --

MS. SCHIBLER: -- and children in care.

MR. MCKINNON: And, and under the new funding formula, if there is an increase in cases there is an increase in funding because of the ratio between the cases and the number of workers that are authorized under the funding formula. You're nodding yes.

MS. SCHIBLER: That's my understanding.

MR. MCKINNON: Yes. And if we look at the first two years under the Exhibit 71, it shows 2010, 2011 prior to the funding model and then 2011, 2012 based on funding model. So we can see that the introduction of the funding model itself over that one year resulted in an increase of close to five million dollars. Were you aware of that?

MS. SCHIBLER: I was of the understanding that there had been an increase with the funding model.

MR. MCKINNON: Okay. And, and if we look at the subsequent years, the increase is less significant. That would -- and my understanding of the subsequent years, the increase is related to the increase in the volume of cases. Would that make sense to you as well?

MS. SCHIBLER: As well as the development of, of the second agency.

MR. MCKINNON: Correct.

MS. SCHIBLER: Yes.

MR. MCKINNON: And that would be demonstrated -- and again, just because that's not clear on the record, maybe we'll just take a moment and talk about that. Prior to 2011, if I understand it, there was only one Métis agency in all of Manitoba with the Métis Child and Family Services agency.

MS. SCHIBLER: And Community Services Agency, yes.

MR. MCKINNON: Right. And commencing in -- and I think I'm right in this, that it's 2011, there was a second agency called the Michif Agency?

MS. SCHIBLER: That's correct.

MR. MCKINNON: And that in itself resulted in an increase in staffing because you had to have core staffing for a new agency?

MS. SCHIBLER: Yes.

MR. MCKINNON: You needed a second executive director and a second director of human resources and someone else, as well, for example, for quality assurance. All of the core costs of the agency were -- came into existence with the creation of that second agency?

MS. SCHIBLER: That's correct.

MR. MCKINNON: So subject to that correct, and I appreciate that correction, that's an important distinction, but there are more people now delivering services to the Métis people with the introduction of the second agency. You've got a second --

MS. SCHIBLER: Yes, the --

MR. MCKINNON: -- core staff?

MS. SCHIBLER: The answer to that would be yes. What was the missing component under Metis Child, Family and Community Services prior to, pardon me, the development of the second agency was that it was much more difficult for us to be able to provide services for our more remote communities and our northern communities, so thus the establishment of Michif, which is located in The Pas.

MR. MCKINNON: And I think we can agree that was a good thing, to develop that second agency?

MS. SCHIBLER: Hope so, yes.

MR. MCKINNON: And we -- can we agree that the

introduction of the funding model was a good thing in the sense that it provided additional resources, not just to your agencies but to, I think, every agency in Manitoba? Can we agree on that?

MS. SCHIBLER: I, I would absolutely agree that, that the introduction to the funding model was a good thing and that, that is not what I was implying earlier, that the funding model was not a good thing. What I was suggesting was that it wasn't working the way that it was intended to or the way that we would expect it to for the full implementation of devolution.

MR. MCKINNON: And I think I've heard you loud and clear on that.

MS. SCHIBLER: Okay.

MR. MCKINNON: The third thing I was going to suggest to you, though, is that the introduction of the funding model has had two benefits in terms of both the initial increase and then the subsequent increases because it's case-sensitive. We can agree that's a good thing?

MS. SCHIBLER: Yes, it's a good thing for the case sensitivity.

MR. MCKINNON: Thank you. Those are my questions, Mr. Commissioner.

THE COMMISSIONER: Thank you, Mr. McKinnon.

THE WITNESS: But if I can just add to the other piece, and I know that you heard me on it but I need to, I feel I need to emphasize it, and that is that you're talking about this case sensitivity of the funding model, and I agree that it exists, but it doesn't, it still doesn't support the other types of programs we're trying to deliver where they're not able to be attached directly to a case. That was the point that I was trying to make.

MR. MCKINNON: I understand that.

MS. SCHIBLER: Okay.

MR. MCKINNON: I just didn't want the Commissioner to think that there had been a reduction in funding to the Métis authority or the Métis agencies as a result of this funding model.

Thank you, Mr. Commissioner.

THE COMMISSIONER: Thank you.

MS. SCHIBLER: Thank you.

THE COMMISSIONER: Mr. Funke.

MR. FUNKE: Thank you, Mr. Commissioner.

There's only one area I'd like to ask the panel questions on, and I promise to be brief.

Madam Clerk, if you could please bring up exhibit, I believe it's number 136. It was previously known to counsel as document number 75.

THE CLERK: (Inaudible).

MR. FUNKE: It's just 75, not 75A. Thank you. If we could turn to Appendix "A", the last page of the document. Thank you very much.

CROSS-EXAMINATION BY MR. FUNKE:

MR. FUNKE: Under the, under the heading of Health on Schedule "A", Mr. Haight took both of the witnesses through the statistics that are set out on that document and after that, Mr. Commissioner asked both of the witnesses a question with respect to the composition of all other residents in Manitoba. And I don't know if this is a question that, Ms. Mayer, you wish to respond to or, Ms. Schibler, you wish to respond to, but the question was whether that included First Nations residents of the province in addition to other non-aboriginal residents, and the response was that that was correct.

MS. SCHIBLER: Yes.

MR. FUNKE: And what I want to ask the panel now is whether it's your understanding that those numbers are reflective of those same health concerns with respect to First Nations individuals. So what I'm suggesting to you is that figures of, for example, cumulative mental illness 27.5 for all other residents in Winnipeg, you're not suggesting that that number is reflective of the incidence

of cumulative mental illness in First Nations residents in Winnipeg; is that correct?

MS. SCHIBLER: I didn't do the research myself and, but what I -- this is something that we did have a discussion about, and I would, I would have surmised from this that when you're looking at those percentages and you're looking at the overall population, that the lower amounts of mental health issues among certain populations would be offset by the higher numbers of mental health issues by other segments of the population which comes to your percentages.

MR. FUNKE: Certainly. So in other words, that is a, an aggregate score of the balance of the population of Manitoba and those aggregate numbers are not reflective of any subset that may be included in that aggregate?

MS. MAYER: Correct.

MS. SCHIBLER: That's correct.

MS. MAYER: Yes.

MR. FUNKE: So the incidence of mental illness, depression, substance abuse or, or suicide within any given sub-group of that aggregate may be more or less than the provincial average; is that correct?

MS. SCHIBLER: I would suggest yes.

MR. FUNKE: And you're not suggesting that the

Métis numbers that are reflected in this table are either greater or lesser than First Nations residents either in the province -- or, sorry, in the City of Winnipeg or outside the City of Winnipeg, your statistics don't indicate anything about the First Nations experience; is that correct?

MS. SCHIBLER: That's correct.

MS. MAYER: That's correct.

MR. FUNKE: Very good. Those are my only questions. Thank you, Mr. Commissioner.

THE COMMISSIONER: All right. Anybody else? It would appear not.

Mr. Haight?

MR. HAIGHT: No, no questions.

THE COMMISSIONER: I think he -- Mr. Haight, then you. Isn't that right, Ms. Walsh? Mr. Haight and then any questions you have?

MR. HAIGHT: That's my understanding, yes. Yes, that's my understanding, Mr. Commissioner.

THE COMMISSIONER: Yes.

MR. HAIGHT: And I have no questions by way of re-examination.

THE COMMISSIONER: Thank you. Ms. Walsh?

MS. WALSH: Thank you. I just have one question.

RE-EXAMINATION BY MS. WALSH:

MS. WALSH: And I'm paraphrasing, but Ms. Schibler, I heard you say that the funding model is not working as you would expect it under the full implementation of devolution. You said --

MS. SCHIBLER: That's correct.

MS. WALSH: So, and is that because, is that -- does that simply mean that you don't have the resources to do what you want to do? Is that what that means?

MS. SCHIBLER: It means that we don't have as much of the latitude to be able to determine how the funding can be used in the way that we feel that we need to.

MS. WALSH: And is that because of, for instance, the fact that you don't have money that's provided for programs that aren't attached to individual cases, for example?

MS. SCHIBLER: That's correct.

MS. WALSH: Okay. Thank you.

MS. SCHIBLER: Thank you.

MS. WALSH: Those are my questions, Mr. Commissioner. And I think that probably completes our day.

THE COMMISSIONER: Thank you.

MS. WALSH: Unless you have questions.

THE COMMISSIONER: All right, witnesses, thank

you very much, and I guess Ms. Schibler, this is the third and last time.

MS. SCHIBLER: Thank you.

THE COMMISSIONER: So it's ...

MS. SCHIBLER: It's been a pleasure and an honour.

THE COMMISSIONER: Thank you very much for the contribution you've both have made --

MS. MAYER: Thank you.

THE COMMISSIONER: -- to us today.

MS. SCHIBLER: Thank you.

(WITNESSES EXCUSED)

THE COMMISSIONER: All right. I guess we rise till 9:30 tomorrow morning.

MS. WALSH: Thank you.

THE COMMISSIONER: Thank you very much. We'll see you then.

MR. HAIGHT: Good afternoon, Sir.

(PROCEEDINGS ADJOURNED TO JUNE 5, 2013)