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 Delta Winnipeg Hotel,
350 St. Mary Avenue, Winnipeg, Manitoba

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FRIDAY, MAY 31, 2013

APPEARANCES

MS. S. WALSH, Commission Counsel
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MS. K. DYCK, Associate Commission Counsel
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MR. G. MCKINNON, for Department of Family Services and Labour

MR. T. RAY, for Manitoba Government and General Employees Union

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. J. GINDIN, for Mr. Nelson Draper Steve Sinclair and Ms. Kimberly-Ann Edwards

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

MS. M. VERSACE, for University of Manitoba, Faculty of Social Work

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

MS. C. DUNN, for Ka Ni Kanichihk Inc.

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

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MAY 31, 2013

PROCEEDINGS CONTINUED FROM MAY 30, 2013

MR. OLSON: Good morning, Mr. Commissioner.

THE COMMISSIONER: All right, Mr. Olson.

MR. OLSON: Morning, Dr. McKenzie.

THE WITNESS: Morning.

MR. OLSON: Just before we get started, I've provided the clerk with a list of the exhibits I intend to file for this witness. It's been updated. There was one exhibit that was omitted that is being retrieved by one of the Commission staff, so there is a new numbering list and I've asked the clerk to provide that to you this morning.

THE COMMISSIONER: Right.

MR. OLSON: That's, that's it. So document number 131 is the document that's been handwritten in.

THE COMMISSIONER: Yes.

MR. OLSON: That will be coming over this morning, shortly.

THE COMMISSIONER: All right.

MR. OLSON: And so with that, we can get started with the witness once he's been sworn in.

THE COMMISSIONER: Right. Are you going to identify those exhibits on the record?

MR. OLSON: I will.

THE CLERK: Want to do it now or ...

MR. OLSON: I'll wait till he's sworn in.

THE CLERK: If you could just stand for a moment, sir. Is it your choice to swear on the Bible or affirm without the Bible?

THE WITNESS: I will affirm.

THE CLERK: All right. State your full name to the court, then.

THE WITNESS: Bradley Douglas McKenzie.

THE CLERK: And if you could spell your first name.

THE WITNESS: Bradley, B-R-A-D-L-E-Y.

THE CLERK: Your middle name, please.

THE WITNESS: D-O-U-G-L-A-S.

THE CLERK: And your last name, please.

THE WITNESS: McKenzie, M-C capital K-E-N-Z-I-E.

THE CLERK: Thank you.

BRADLEY DOUGLAS MCKENZIE,

affirmed, testified as follows:

THE CLERK: Thank you. You may be seated.

MR. OLSON: Starting with the exhibits, first will be Dr. McKenzie's curriculum vitae, which will be document -- sorry, Exhibit 126.

THE COMMISSIONER: Right.

THE CLERK: Exhibit 126.

EXHIBIT 126: CURRICULUM VITAE OF BRADLEY DOUGLAS MCKENZIE

MR. OLSON: Next we'll go with Exhibit 127, which is entitled, Community Building Through Block Funding, which counsel will know as document number 79.

THE COMMISSIONER: Oh, wait a minute. 127 is Building Community in West Region?

MR. OLSON: Sorry. That's correct, Mr. Commissioner. This document, counsel know that as document number 80.

THE COMMISSIONER: Yes.

THE CLERK: Exhibit 127.

THE COMMISSIONER: That's Building Community in West Region is, is 127.

MR. OLSON: That's right.

EXHIBIT 127: CHAPTER ENTITLED "BUILDING COMMUNITY IN WEST REGION CHILD AND FAMILY SERVICES"

MR. OLSON: And next, Exhibit 128 ...

THE CLERK: I don't have 127 (inaudible).

THE COMMISSIONER: From Child Protection to Community Caring.

MR. OLSON: Sorry, 128 is From Child Protection to Community Caring in First Nations, which counsel know as document 81.

THE COMMISSIONER: 128.

EXHIBIT 128: CHAPTER ENTITLED "FROM CHILD PROTECTION TO COMMUNITY CARING IN FIRST NATIONS"

MR. OLSON: 129 --

THE COMMISSIONER: Chapter 6.

MR. OLSON: Chapter 6 from -- entitled Differential Response in Child Welfare, a New Early Intervention Model, authored by Brad McKenzie, connecting -- from the text Connecting Research Policy and Practice, Child Welfare, second edition, which counsel know as document 82A.

THE COMMISSIONER: 129.

THE CLERK: Exhibit 129.

EXHIBIT 129: CHAPTER 6: "DIFFERENTIAL RESPONSE IN CHILD

WELFARE, A NEW EARLY INTERVENTION MODEL"

MR. OLSON: Then 130 is Chapter 11: Aboriginal Child Welfare and Health Outcomes in Manitoba, by Brad McKenzie and Corbin Shangreaux titled, The Social Determinants of Health in Manitoba, which counsel know as 82B.

EXHIBIT 130: CHAPTER 11: "ABORIGINAL CHILD WELFARE IN HEALTH OUTCOMES IN MANITOBA"

MR. OLSON: And finally, the document that's being retrieved by Commission staff that we should have shortly is going to be 131, and it's entitled Community Building through Block Funding. Counsel have that document and it's known as document 79.

THE CLERK: It will be Exhibit 131.

MR. OLSON: Thank you.

THE COMMISSIONER: 131.

EXHIBIT 131: CHAPTER ENTITLED "COMMUNITY BUILDING THROUGH BLOCK FUNDING"

DIRECT EXAMINATION BY MR. OLSON:

Q Good morning, Dr. McKenzie.

A Morning.

Q First of all, let's start off, we're going to go through your CV a little bit, beginning with your educational background. I understand that you have your bachelor of arts from the University of Regina, obtained in 1968?

A Correct.

Q Your master of social work from the University of Manitoba in 1971?

A Correct, yes.

Q And your Ph.D in social work from Arizona State University in 1989?

A That's correct.

Q Okay. Does that cover your educational degrees?

A Yes.

Q Thank you. You worked as a social worker in northern Saskatchewan from 1968 to 1974 and in Thompson from 1974 to 1975?

A That is correct.

Q You've been employed as a professor at the University of Manitoba, faculty of social work, since 1976?

A Yes.

Q And were acting associate dean from 1989 to 1990?

A Correct.

Q Okay. You were director of the inner city social work program from 1981 to 1987 and have done extensive consulting and program evaluation in the field of child welfare?

A That is correct.

Q What's your teaching area of specialty?

A My teaching area of specialty is social policy, program evaluation and child welfare.

Q In terms of aboriginal child welfare and policy do you have any expertise?

A I have done a number of evaluations of child welfare services in the aboriginal context, and Corbin Shangreaux and I co-taught a course on child welfare and aboriginal people as part of the curriculum at the faculty of social work.

I've also worked as a child welfare worker in northern Saskatchewan in aboriginal communities.

Q And what's your current position?

A I'm a professor of social work.

Q Thank you. That's at the University of Manitoba?

A University of Manitoba.

Q Now, I understand you've authored multiple evaluations of the Child and Family Services west region

block funding model which were published, and these were just filed as Exhibit 127.

A Yes.

Q And they're, they're entitled Community Building Through Block Funding, and Exhibit 128 was entitled, Building Community in West Region Child and Family Services. So that's one of the evaluations you were just talking about?

A That's correct.

Q Or two of the evaluations, sorry.

A Well, one is an article, I believe, and that's Exhibit 131. And the 127 exhibit is the evaluation, the first evaluation that was completed in 1994.

Q Okay. Thank you. You've also conducted a program evaluation of the general authority's differential response pilot project in 2011. That's entitled Valuation of the General Child and Family Services Authority's Differential Response Family Enhancement Pilot, and that's located at Commission disclosure 1850. There is a copy of it in the binder in front of you as well.

A That's correct.

THE COMMISSIONER: And what exhibit number is that?

MR. OLSON: That's actually been filed as a Commission disclosure previously. It's Commission

disclosure 1850. And Mr. Commissioner, there should be a folder in front of you that contains the previously-filed documents that were not made exhibits because they've already been filed, and it should be located in there.

THE COMMISSIONER: I want to know what the exhibit number is.

MR. OLSON: It's not an exhibit because it's been, it's been filed previously as a Commission disclosure.

THE COMMISSIONER: Oh. It was what disclosure number?

MR. OLSON: 1850.

THE COMMISSIONER: And it's -- what is it?

MR. OLSON: That is the evaluation that the witness did of the General Child and Family Services Authority's Differential Response Family Enhancement Pilot Project.

THE COMMISSIONER: All right.

MR. OLSON: Now, just received hot off the photocopier, copy of the Child Welfare Connecting Research Policy and Practice, which is Exhibit 131. I'll hand it to Madam Clerk.

THE CLERK: Exhibit 131.

THE COMMISSIONER: Thank you.

BY MR. OLSON:

Q During phase three of the inquiry we've heard the phrase "social determinants of health" referred to multiple times. You co-authored a chapter from the book The Social Determinants of Health in Manitoba, which was published in 2010, and the chapter was entitled Aboriginal Child Welfare and Health Outcomes in Manitoba, and we can find that at Exhibit 130, I believe, now, which counsel know as document 82B.

Maybe we can just put that up on the monitor. That's 82B. Scroll down just a little bit, please. That's, that's good. That's good.

First, can you just explain for the Commission what is meant by the social determinants of health? What's meant by that phrase?

A The social determinants of health have been used for some time in the literature to recognize that there are broader range of factors that affect the health and wellbeing of both adults and children than, than, than direct health-related issues like immunity to illness and so on. So they draw attention to factors such as poverty, income levels, housing, the -- and, and some authors talk about the social determinants of health particularly in relation to disadvantaged groups in society as including things like racism and colonization, in the case of

aboriginal people, as factors that, that affect the health and wellbeing of, of those people.

Q Okay. In, in the chapter you cite some fairly startling statistics.

A Right.

Q Now, this was published in 2010 so I understand some of these might be a little bit dated but I want to go through some of them with you. The statistics, I understand, and you can correct me if I'm wrong, but they're meant to explain why there's such, at least in part why there's such a serious over-representation of aboriginal children in the child welfare system in Canada as well as, as in Manitoba in particular; is that right?

A That is correct.

Q Okay. So in terms of the statistics themselves, and I'm not going to -- I have the document up on the screen, they're referred to in pages 127 to 129 of the chapter, and I'll just sort of summarize them rather than going through them in the, in the chapter itself.

Firstly, in 2003, INAC, which found that nationally 5.5 percent of all First Nations children living on reserve were reported to be in child welfare care.

THE COMMISSIONER: What, what percent?

MR. OLSON: Five point five percent.

BY MR. OLSON:

Q So 5.5 percent of all First Nation children were living on -- sorry, living on reserve were reported to be in child welfare care, a rate which is eight times higher than for all aboriginal and non-aboriginal children living in care off reserve.

A That is correct.

Q Now, that's a Canada-wide statistic?

A That's right.

Q Okay. Using 2002 -- six -- sorry, using 2006/2007 figures from Manitoba Family Services and Housing, the rate per 1,000 children in care for non-aboriginal children was five, right?

A That's correct.

Q And the comparative rate for aboriginal children was 84.3?

A Yes.

Q So that's five compared to 84.3 per thousand children?

A Right.

Q Data from the Manitoba Family Services and Housing indicate that from 2007 to 2009 the rate for aboriginal children in care increased by 20 percent compared to 14.6 percent for non-aboriginal children.

A Correct.

Q Is that right?
A Yes.
Q And as of March, 2009, 86 percent of children in care were aboriginal?
A Right.
Q And we know that from evidence we've heard in this inquiry, those statistics are pretty similar today?
A Yes.
Q Okay.
THE COMMISSIONER: Are they consistent across Canada or, or what are the variations?
THE WITNESS: There is some variation that exists in other Canadian provinces, but the general trend of over-representation is similar across Canada and in other jurisdictions such as Australia. The rates do vary, though, and Manitoba is quite high.
THE COMMISSIONER: But it's Canada-wide in its impact?
THE WITNESS: The, the disproportionality that exists is Canada-wide in impact.
THE COMMISSIONER: Thank you.

BY MR. OLSON:
Q In terms of the reasons for the disproportionate

representation of, of First Nation children in care, you go on to cite some of the other statistics about poverty and housing. You note that the rate of disabilities was almost double, and this is a 2006 statistic --

A Right.

Q -- I believe, the rate of disabilities was almost double the rate for all Canadian children, for aboriginal children?

A Correct.

Q The rate of overcrowding was double the Canadian rate?

A Correct.

Q The high school completion rate was half the completion rate?

A Yes.

Q For Canadians. The census date from 2006 indicates that in Manitoba the rate of poverty for First Nation youth was 29 percent, which is nearly three times higher than the overall poverty rate for the province?

A Yes.

Q And in Winnipeg, nearly seven of every ten aboriginal children under six were living below Stats Canada pre-tax low income cut-off?

A That's correct.

Q Okay. We've heard some evidence about the impact

of colonialism on aboriginal people, through the inquiry, through, for example, Cindy Blackstock. What's your own research shown in regards to the reason -- sorry, to the impact of colonialism on the over, over-representation of aboriginal children in the child welfare system?

A Well, colonialization is certainly an important factor in this over-representation. We must think of colonization as including things like residential schools and the nature of the way aboriginal people are marginalized historically in society, but it also affects some of the structural factors like poverty and so on that are direct contributors to over-representation that -- the over-representation of children in care.

The other related factor that's important to note and, you know, we have to consider all of these things in a, in a, in a general kind of way, is the fact that poverty relates to issues such as addictions and other factors that reflect parenting incapacity, and there is a relationship between those, those two.

Q So when we're talking about historical conditions like colonization, sixties scoop, those types of things, those all have an impact on poverty, housing issues, those other, other things that need addressing now --

A Yes.

Q -- is that what you're saying?

A Yes.

Q In terms of capacity-building in, in First Nations communities, those -- the -- those issues have to be addressed in order to make more capacity in the communities, is that ...

A That, that is correct. You know, the importance of decolonization includes attention to capacity building in those communities, aboriginal and non-aboriginal communities, even if we want to go beyond that, but particularly in aboriginal communities because they are the most impoverished communities that exist in Canada.

THE COMMISSIONER: And by capacity building you mean what?

THE WITNESS: I mean sort of developing the community's strengths and institutions to be able to work collaboratively with child welfare organizations and other, other institutions that are responsible for the education and development of young people in particular, but we have to have economic development that puts people to work. We have to have, you know, the community engaged in supporting families. And so developing those kinds of strengths in community is what I mean by capacity-building in communities.

THE COMMISSIONER: That's very helpful.

BY MR. OLSON:

Q Now, is that both on and off reserve?

A That would be both on and off reserve.

Q Okay. And in terms of the economic, I think you said economic development?

A Yes.

Q On reserve, how is that, how is that issue addressed in terms of economic development? We've heard some evidence about reserves sometimes don't have the capacity for, given the land situation or situation facing the reserve, there isn't the economic base to do that. Is that something you're able to speak to?

A That's a big challenge, of course, and that's not sort of my primary area of expertise but certainly job creation and development of subsidized enterprises in those communities can help build some of the economic development activities that need to occur in those communities, building more self-sufficiency around people being able to sort of build their own homes and things of that nature would be examples of the kind of initiatives that would work, but it has to be coupled with, with training and development and other kind of supports. And the Manitoba government has taken some initiatives in, in sort of allocating employment opportunities to many of those communities that are affected by -- or that are related to

things like hydro development and road construction. So those would be sort of some of the things that are important to do in those communities.

Q Some of those partnerships with --

A That's right.

Q -- the government in terms of providing opportunity to First Nations communities --

A That's correct.

Q -- is what you're talking about. And we've heard some evidence of that in terms of the hydro --

A Right.

Q -- relationships. Okay.

Is that connected in any way to self-determination?

A Self-determination is an important part of that and self-determination is not only being able to sort of establish those local priorities but also be able to develop the capacity to self, self-manage your own services and, and your own industry within your own community.

THE COMMISSIONER: And that would be a definition of self-determination you've just given us?

THE WITNESS: That would be part of my definition of it. Other people might disagree, but self-determination and jurisdictional control would encompass those factors.

THE COMMISSIONER: And what else comes with --

THE WITNESS: Well --

THE COMMISSIONER: -- in your definition?

THE WITNESS: In, in my definition it includes, you know, the ability to make governance-related decisions, it would include issues like being able to have input and direction over sort of health, education, child welfare services in, in those local communities. It would include the ability to negotiate with governments around the kind of development that ought to exist. So those would be some of the factors that I would characterize as being self-determination --

THE COMMISSIONER: Thank you.

THE WITNESS: -- and focus.

BY MR. OLSON:

Q Would that be both on and off reserve?

A Yes, although it's more complicated off reserve.

Q Right.

A And, you know, because there's not community entities in the sense of being able to sort of do that in a, in a, in a, you know, mandated community way as there would be on reserves. So it is more complicated.

Q Okay. I understand. You talked about health, education and child welfare. Are all of those areas interrelated?

A They are indeed.

Q Okay. And can you explain a little bit about how that interrelationship works?

A Well, in the case of -- you know, education is -- give you one example of education. Education is very important to the development of the future wellbeing of children. We know that from all kinds of research. Child welfare services, because of neglect and child maltreatment, oftentimes in some communities are required to remove children from those communities. That impacts the degree of funding to education so there's a direct relationship there about how those two service areas interface.

As well, of course, the nature of collaboratively working together to ensure the health and wellbeing of children and families demands cooperation between child welfare and education and the health services because the business of raising children is everybody's business not simply silos or, or particular institutions operating on their own, on their own mandate.

Q Okay. We've also heard that education could play a role in preventing children from coming into contact with the child welfare system. Is, is that something you can speak about?

A Yeah. Education -- I mean, there's, there's

several aspects of the way education can influence what happens in the child welfare system. First of all, schools can be a source of many of the kinds of programs, or a base for many of the kinds of programs that could be helpful to children and families to prevent children from coming into care. There are some jurisdictions, as well, that actually, in larger communities at least, have a reporting system set up in schools that allow them to pre-screen families that need particular services and refer those families to services that are needed and determine which need to be referred on to child welfare agencies for further investigation and, and, and service. So there's -- they can, they can help both at the front end and the back end, if, if I can use that term. And of course, the issue of special needs children, one-third of which are served by the child welfare system, is also an important aspect of service for the school system. Those are --

THE COMMISSIONER: Where, where is that kind of referral system you just referred to working today?

THE WITNESS: One example is Child Wellbeing Centres that are set up in New South Wales, Australia, where they have these centres in the education system, the health system and the police, and they do pre-screening of families through those services.

BY MR. OLSON:

Q That's, that's interesting. They're called Child Wellbeing Centres?

A That's correct.

Q Tell us a little bit about the screening. They -- so a child is going to enter the school?

A Yes. What, what happens there is these, these staff, small staff units have a reporting guide that is established and they are trained in sort of being able to determine when families reach a threshold requiring referral to a child welfare agency, but they also have a responsibility to provide soft hand-offs to community agencies that would provide early intervention services to families that might require those services prior to a referral being necessary.

Q Okay. So I want to talk to you about early intervention.

A Right.

Q That's different than child welfare services?

A Yes.

Q What we normally think of where the agency gets involved, the child welfare agency; is that right?

A Well, there is areas of overlap. I would tend to define early intervention as more of a continuum. And if I can use a public health sort of analogy here: If we have

an ideal public health system it looks a little bit like a, a pyramid where we have more primary prevention services at the bottom rung broadly available to families or to, to, to everybody in society. Universal programs --

Q Right.

A -- for the large part.

Q Give us a couple of examples of what those might be?

A Well, in health sector, of course, they're inoculation, vaccination, all of those kinds of things.

Q Okay.

A In early intervention in the health sector it includes sort of more targeted sort of efforts to reach children, adults that, that need special kinds of education and early intervention services. And then, of course, you have the tertiary or treatment level.

Q Okay.

A If we want to apply that to the child welfare system we would have more than three rungs of service. At the bottom level we do still have sort of universal level kinds of programs, and those would be things like early childhood education, parent, parenting programs and so on that are broadly available to people in the community on a voluntary basis.

Q Okay.

A Then we would have early intervention services that are available, more targeted programs that are available to families that have, they're very well adjusted, very well able to take advantage of those programs and do so on a voluntary basis. Let's say you're a family that has a special needs child or a child with a disability but you need extra supports, those kinds of targeted programs. If you move up that rung you run more into families that often don't use those voluntary services. Perhaps there are impairments such as addictions and those kinds of things that really demand targeted programs that may have a certain amount of requirement, they're not entirely voluntary, there's some non-voluntary nature to those services. Those kinds of non -- those kinds of targets programs are important for that next rung of families that aren't making use of and doing well and their children are at greater level of risk.

And then if you move up that tier you, you have child protection services that are provided to families to support children in their own homes by the child welfare system.

Q Right.

A And children in out-of-home care.

Q I see.

A And it's those targeted services at those, at the

child welfare agency level and some of the non-voluntary or high risk families that are, that, that I would still classify as early intervention but they do interface with the child welfare system. Does that help?

Q That helps a lot. That's sort of the top rung of what you'd call early intervention?

A Yes.

Q And below that we're looking at services provided by, you know, various community services, government agencies.

A Other government agencies, et cetera.

Q Et cetera. All sorts of service providers.

A That's right.

Q And we've heard from many of them --

A Right.

Q -- to date in this inquiry.

A Yes.

Q Okay. And you identify things like early childhood education, maybe housing programs?

A Right.

Q Daycares, adult education, things of that nature?

A Absolutely.

Q Okay. I'm going to spend a little more time on that a little later, but before we get there, and I sort of got a bit ahead of myself, I want to talk to you about

devolution. We're on sort of the topic of self-determination and cultural identity and, and that area.

You wrote a journal article in 2003, and you have a copy of it in front of you, it's, it was called Extending Aboriginal Control Over child Welfare Services.

MR. OLSON: It's Commission disclosure 1735 and it's, you have a copy, Mr. Commissioner, in the same set of documents that have already been filed.

THE COMMISSIONER: Oh, all right. What disclosure number?

MR. OLSON: 1735.

THE COMMISSIONER: All right.

BY MR. OLSON:

Q And I don't think it's necessary to actually go to the document unless you need to; you certainly can. But you talked about missed opportunities in the paradigm shift over to devolution. And we've heard a lot about devolution to date and we don't necessarily need to go through that. You talked about a community caring paradigm. What did you mean by that?

A Community caring paradigm, as we've described it, gives special attention to building capacity in communities along the lines of my earlier comments where you are working to develop partnerships with organizations and

communities and make sure that those services are coordinated in the best interests of children and families, but you are also building capacity in communities where there are serious problems in the way those -- that they're not strong communities, they're vulnerable communities. And so that focus on community, community caring sort of incorporates that level of service along with protecting the safety of children through more traditional child welfare investigation and, and services and the provision of enhanced family supports to, to families. So it's not -- a community caring model doesn't mean you focus only on the community; you combine the best features of those three different models of service.

Q I see. A community caring model. What, what, what does it look like in practice? Like, what are the features of it?

A Well, it includes adequate attention to child safety and, and the range, if it's a child welfare agency providing these, providing services to ensure the protection of children. It includes, though, beyond that, a well-defined and well-funded range of services to help support families that operate in conjunction with other kinds of support services to families in the community and it includes efforts to sort of work with the community to coordinate those services and develop their capacity and

interest and knowledge of child welfare so that child welfare becomes everybody's business in the community.

Q Right. So more of a community approach --

A That's right.

Q -- to child welfare.

A That's right. And we have used an example of some of the work that was done in west region as approaching that kind of a model.

Q Okay. We're -- and we're going to talk about west region a little bit because it's an interesting study and results.

In terms of protecting children, what, what does a community-caring approach do? I mean, because it's not the normal protection screen where you're doing a child investigation, taking a child out of the home, that sort of thing, so what -- necessarily. I mean, I know that's part of it, but how does a community caring approach protect children?

A Well, it does include sort of the normal child protection sort of functions of a child welfare agency but beyond that it involves the community in intervening informally and, and trying to support children in ways that they can, without the necessity of that, that occurring in, in all cases. But certainly that formal investigation of abuse and maltreatment is, is still a part of what, what is

needed because sometimes those interventions are necessary.

Q So that, so if a child is in danger, the child still gets the help?

A Absolutely.

Q But if the child isn't showing up for school, someone makes sure the child gets to school?

A That's right, yeah.

Q And --

A And in a lot of those kinds of community, informal -- formal and informal roles of both community members and other community agencies occur to try and sort of work with those families in a less intrusive manner.

Q Okay. So a big part of that is the community providing supports?

A Yes.

Q So you need that infrastructure, need that community there to have success?

A That's right.

Q Now that's, that's a -- you advocated for that community caring shift in this, in that paper?

A We did.

Q Okay. Is that still something you support?

A It is.

Q Okay. In the article you, you've especially advocated that sort of approach for aboriginal communities?

A That's correct.

Q Okay. You also made the argument, I think you made the argument, that's my, my take on it, that that's an opportunity that was missed with devolution, and we've heard the criticism before in this inquiry that what happened with devolution, it was still the same services, still the same model that, you know, the same old protection model, just being provided by, you know, First Nations instead of not, you know. Is that, is that sort of what you were arguing in the paper?

A Well, I wouldn't characterize it quite that boldly. I think --

Q Right.

A -- the intent was, in the devolution process, and there was a very collaborative process followed by government in work with aboriginal organizations to, to develop that model of devolution, and that was sort of well done. The assumption was that transferring jurisdictional control would pave the way both for providing more culturally appropriate services but also evolving different types of service that would be more appropriate to their particular communities. The problem was that, you know, not -- that the development of those kinds of models or the conceptualization of those models and the funding that would ensure the development of those kinds of services

were not adequately attended to at the front end. And then, as a result, when devolution occurred, agencies were so inundated, if you will, with the child protection mandate, the building their own staff capacity for services and the increase in families being referred and children coming into care, that we know from, from the statistical evidence happened, that they really didn't have the time in many, in most cases, to develop those kinds of models of service that I'm speaking about. And it was further influenced by the lack of funding that would help make those things happen.

Q Right. Devolution was a pretty massive shift in the way --

A Yeah, it was.

Q -- in what was happening at the time?

A Right.

Q The, the community caring paradigm sounds like paradigm that wouldn't be exclusive to the aboriginal community; it would be something that could work for everyone. Is that --

A Absolutely.

Q Okay. Is there anything other than building community capacity that would be required in order to make that sort of shift, paradigm shift?

A Well, I think there, there are examples of, of

what is needed to, to help spur that kind of development that we see in other jurisdictions. So for example, there are special targeted called communities for children initiatives that have been undertaken by the national government in Australia that targets sort of vulnerable communities and it developed special initiatives to try and build that community capacity that I'm speaking about. It's sort of a mechanism for making that happen rather than sort of a different -- well, it's a different model of a way of implementing what I'm speaking about. So there are examples of where that's been attempted and some efforts to try and sort of build those, the capacity that I'm talking about in, in the community-caring model.

Q What sort of results have those, those people -- areas that have implemented the community caring approach?

A There's been evaluations of those and some of those results are quite encouraging. It's a long term strategy, however, and it's, it's not something that you see results from in two or three months or even two -- or even one or two years, so --

Q Right. So --

A -- it's, it's something that needs to be examined and supported over a significant period of time.

Q We heard, we, we heard from Kerry McCuaig yesterday. I'm not sure if you're familiar with her work.

She's, works around the area of early childhood education.

A Um-hum.

Q She showed us an example of how social policy with respect to the elderly has changed over --

A Right.

Q -- you know, last 20 years where we went to have a bad record to a fairly low poverty rate for old -- the elderly. Is, is that something that you expect could happen with child welfare if the right policies were implemented? Is that something you've looked at?

A Well, it could happen. I mean, part of the reason that that's happened with respect to the elderly have been significant improvements to, you know, pension provisions and so on from the national level. And one of the problems we have in, in Canada is that we do not have enough national leadership on some of these kinds of issues that would produce quickly that kind of impact in child welfare. But it is a model to look at and a model to follow.

And, you know, if I can just comment one, one step further. Initially, the Australian initiatives were targeted primarily at families with children zero to five and there was enough success with those efforts that they extended the range of those programs to target families with children zero to twelve in, as I say, particularly

vulnerable communities across that country.

Q Okay. In terms of the, the costs and the services to provide the, the, the programming to people that's required, the community supports, how, how would you see that being done? I mean, we're, we're not talking about that being provided through the child welfare system, are we?

A Well, some of those services, I think, can be provided through the child welfare system but it requires other kinds of investments as well.

Q Okay. In your article you talk about purchase service agreements. What's, what are you contemplating there?

A I'm not sure where we referred to purchase service agreements, but I would see the, the non-government sector as having an important role to play. I want to make it clear, though, that that doesn't sort of involve taking money away from the child welfare system and providing it to the non-government sector. It means sort of providing funding to both. It's not an either/or question here if we're going to have a good interface of services. It demands what we would sometimes refer to as a whole-of-government approach where we have the enhanced capacity of the child welfare system, we have education, health systems working in collaboration with the health -- with the child

welfare system and we have the non-government sector also playing an important and key role.

And in terms of funding, and that's a very legitimate question in these kinds of times, it does require some additional funding but it also requires us to look whether we can find some efficiencies in the way we do, currently do business so that that money can be used in different ways than it is currently being used.

Q I see. On the topic of efficiencies there's, there's two points I want to -- two questions I want to ask you about. One relates to evidence we heard from Kerry McCuaig, and that's the way things are sort of set up now there are all sorts of community agencies all over the place providing different services and it's a bit of a mix-mash ad hoc sort of picture.

A Right.

Q And what she was advocating is sort of one government umbrella providing streamlined services that it's clear where they're coming from and, you know, the funding is clear and it's, it's, you know, clear model. Is that something you've looked at or have any thoughts on?

A Well, I haven't looked at it in detail, but I would say this: The more, the more organizations you have in the community, it does exacerbate the difficulty of coordination. And we have a lot of sort of community

organizations that do get funding and do provide services. We do not have a large well-developed, and if I can use the term, professionalized non-government organization sector that does quasi child and family-related services in this province, not nearly as large as in some other locations in some other countries. So we have to move cautiously there in, in sort of trying to build that network of services but also make sure that attention is played to coordination. Her suggestion might be one way of trying to ensure that. We have to build in systems of accountability so that if funding is provided, there are certain kinds of expectations for delivery of results that relate to that funding so that you can measure effectiveness along the way to ensure that that's working in the best interests of families and children.

Q Right. Also on the idea of efficiencies we heard from, for example, the Eagle Urban Transition Centre, which provides services to help new people to Winnipeg, new aboriginal people to Winnipeg find housing and those sorts of things. Every year they're applying for funding and from the different government agencies or whatever, it's usually the same funding but it's applying for multiple areas of funding, different applications, a lot of process and obviously a lot of work to get the same funding. Would it make -- in short-term funding.

Would it -- are, are you talking about where there's a commitment to provide funding for longer periods of time, not necessarily more money but just that the money is there? Is that the sort of thing you're referring to?

A Well, I think, you know, I wouldn't be able to speak with a great deal of expertise about that. I do know there are a number of services that provide those kinds of transition services for people moving from the reserve to the urban setting like Winnipeg, and certainly some coordination and longer-term commitment to funding for those kinds of services would seem to make sense. But, you know, I would defer making too much of a judgment on that.

Q Okay. Is it possible to implement the community caring approaching in an urban centre like Winnipeg?

A I think you can do aspects of it and you do that through working within neighbourhoods, and the kind of, the kind of organizations that are -- that exist in those neighbourhoods and the other kinds of health services. Like, let's say it's in the Mount Carmel health, regional health area, you work with that kind of agency. So you can do some of that at least in, in the urban setting, probably not -- it is more complicated, as I mentioned before, but I think more of that can be done.

Q Okay. Would there have to be a commitment to and a recognition of the community resources that are there for

the people that need them?

A That's correct. And, you know, one of the ways you could maybe do that, and again, I've seen examples of this, is you have a community with a series of agencies that provide services, and you provide funding to a lead agency to help coordinate those services among the agencies and among the child welfare, the child welfare agency that serves those communities. So that's one of the ways to establish at least the kind of coordinated capacity-building we talk about in the community caring model.

Q Okay. Just want to move on now to the West Region Child and Family Services funding, block funding model, the study that you looked at - prepared.

Now, there was an innovative funding model, it was a block funding model that was implemented, and you looked at how that worked and what the results were?

A Right.

Q Okay. Can you just give a brief background of, of the history of that?

A Well, the funding model was negotiated by Elsie Flette, who was director of west region at the time, and the Indian Affairs at the time, INAC at the time. It -- I think the funding model was negotiated in 1991. It really didn't start until about 1992, but the basic idea behind it was the federal government was initiated -- or was

interested in it because it gave them predictability in funding and it removed some of the administrative burden from, from them. And from the agency's point of view it provided them with more flexibility in how those funds could be used. And as a part of that flexibility was the ability to carry over surpluses. They could provide for the, for, for, for the children that needed out-of-home care through the child maintenance budget, if they could save money there they could build up surpluses which could be invested in alternate programs at the community level. And that's essentially what they did. They were able to save money, they were able to invest in alternate programs that reduced the rate of children in care over time, developed a number of alternative programs in the community that provided better care for children closer to home than having to send them out to residential care, and they built community capacity by engaging more effectively with the community and how services should be developed in their community.

So in the year 2004/2005, for example, about 40 percent of that child welfare maintenance budget was being spent on alternative programming that helped to build community capacity and ensure the wellbeing of families and children. That's a very brief summary of, of the way that that fund operated.

It is, to my knowledge now, no longer in existence.

Q Right.

A It was changed in 2010 to a different funding model, but that's how it operated during that period of time. And in my opinion, it was quite successful.

Q Okay. That was just the federal maintenance monies that were block-funded; is that right?

A That's correct. It, it wasn't -- it did not involve block funding of provincial money for child maintenance, it only affected child maintenance for federally funded children.

Q Do you know, were there any additional monies provided to west region other than those that would have been provided normally? Do you have any knowledge of that?

A The additional monies, my understanding over time, the children's special allowances were able to be used as part of the funding for these early intervention programs or alternative programs.

Q Okay.

A So that was some source. They also suffered sort of claw-backs over the years, though. At certain points in time there was a reduction in foster care rates and that reduced the funding in that particular -- at that juncture. So there were some, some changes.

There were two problems, I think it's worth mentioning, with the block funding arrangement that existed at the time. It's very important in block funding, particularly when you're taking money -- you know, when you're talking about the child maintenance portion of your budget, to make sure the block fund is adequate to permit the opportunity to have some flexibility in savings and be able to invest that in alternate programs. So --

Q Right.

A -- the size of that block is very important. And one of the things that did not exist for west region was an annual sort of increase in the amount of that block. And why that's important is that as you build alternate programs you also staff them and staff costs tend to go up, and so those are factors that do need to be considered in any kind of a block funding of child maintenance initiative.

Q Okay. Now, what you describe in terms of how west region operated sounds a lot like the community caring approach you were advocating. Is, is --

A That's correct.

Q Okay. You said it was, in your view it was quite successful. And what do you take as a measure of success?

A Well, I think, first of all, the rate of federal children in care declined significantly, about, by about 40

percent over about a 12-year period of time. The costs, the per diem costs or the child of child maintenance for that period of time were maintained or -- and, and became less than the average for the region in general. So from a cost effectiveness basis it was, it was successful. There were quality assurance audits to make sure that the quality of services provided to children were maintained, and this, the results of those audits were quite positive. You know, reducing costs for children in care, I mean if you wanted to be extreme you could just take fewer children into care but it might jeopardize their safety.

Q Right.

A That wasn't happening in this particular instance. And of course, a range of alternate programs and partnerships with other community agencies were developed that provided a range of better services within those communities and the agency engaged quite effectively with the community in planning and developing child welfare committees in the community to bring the community closer to their engagement in child welfare.

Q In the articles that you, you prepare, you prepared, you discuss the importance of community child welfare committees.

A That's correct.

Q First of all, where are the child welfare

committees?

A In each of the communities in west region they set up local committees. They were usually composed of elders and other community people with a commitment to children and families. They were provided with training and the local workers in those communities worked with that child welfare committee, sometimes in intervening informally with families but also providing formal advice about things like who should be foster parents and what kind of services should be provided in those communities, so they were very active and engaged in the child welfare mission in those communities.

Q Okay. Do you -- did you look at whether or not there was an impact in, on the community as a whole, aside from, you know, the child welfare situation, in terms of attendance at school and --

A No.

Q -- economically?

A We didn't examine those factors.

Q Would you expect there to be an impact?

A I would have expected some positive effects there but, you know, I can't verify that.

Q Okay. Terms of building trust with the community, we've heard that mistrust between --

A Right.

Q -- child welfare authorities and the community is often a problem. Was that -- was there any examination if, if trust was -- there was a fostering of trust as a result of the way west region was operating.

A We, we found evidence of some at least shift in that. Perhaps it's more anecdotal evidence than sort of comprehensive surveys but, for example, the agency would engage with the community in, in planning workshops and developing priorities and people who were clients and -- of the agency would come to these and engage with, with the workers. We had examples of, of parents who would come to the agency and comment about -- and she'd come to a sewing class, for example. All her children had -- you know, she had been into care and then come back home and, and talk about the fact that, you helped save my life. So there were those kinds of examples that showed some evidence that at least there was a change in the relationship between both parents and, and community members with respect to child welfare. Wasn't universal.

Q All right.

A And, you know, there's always sort of levels of mistrust and problems that do exist with respect to the mission of child welfare, but those were examples of that shift.

Q Okay. In terms of the implementation of the

block funding type program for other First Nations, do you see any problems with using that type of a, of a block funding program?

A Well, I know it's, it's of interest to some and, but -- and, and it is something that I think is worth looking at, but I would come back to certain guidelines that have to be in place. And that would -- one of them would be a way of ensuring that the block grant agreed to is adequate to provide for the children that need out of home care and potentially give the agency some flexibility in how they can use surpluses. It would need to take into consideration extraordinary factors, like for example, if a community has, is threatened by fire and all the children need to be removed from the community and this triggers extraordinary child welfare expenses, these cannot be met within a block. Because one of the features of a block grant is that the agency must, must manage their expenditures within that block and be responsible for any deficits. So there has to be a way of covering deficits in extraordinary circumstances that are beyond the agency's ability to control. Given those factors, it is -- and capacity within the agency to be able to sort of move in this direction with the community, it has potential for application in other communities.

Q Okay. So you would need some strong leadership

within the agency --

A That's right.

Q -- and the capacity would have to be there --

A Yeah.

Q -- within that particular agency?

A Right.

Q But it would be something that --

A Yes.

Q -- could be feasible?

A Yes.

Q Okay. I want to move now to the topic of differential response.

A Okay.

Q Before I get into the details of that or before we discuss the details, if you would, could you give the Commissioner a sort of a brief high level overview of exactly what differential response is, what it means or how you would describe it?

A First thing I would say is differential response is defined differently in some, or in, in jurisdictions.

Q So if you could, with, for the Manitoba response and --

A For the Manitoba context.

Q -- and just how it differs from --

A Right.

Q -- what we'll call the traditional protection approach that was --

A Yeah.

Q -- applied in Manitoba.

A Yeah. In the, in the Manitoba context, the definition of differential response is closely allied with the notion of family enhancement services. It mirrors the model that has been applied in places like Minnesota and other American, other American states, and probably Western Australia.

What it consists of is the development of essentially two streams of service, so a referral comes in to the agency, it is reviewed at the intake level, and there's a determination made whether safety of the child in the immediate future is at risk or not. And if it is not at risk immediately, the case could be referred to what we would call the differential response or family enhancement stream. If it is at risk, it would be referred to the more traditional child protection stream. And in the child protection stream, the focus would be on investigation and the evidence around neglect and abuse and whether court action or other kinds of services are, are required. That would be the investigation stream.

In the family enhancement stream, the approach would be to avoid the investigation focus and still over a

period of time ensure that the future probability of risk was manageable but do an assessment of the family's strengths and needs and provide family focused services or enhances family support services to the family to help them improve parenting and ensure the protection of child safety through a less intrusive and more engagement-focused way of providing service. And the important aspects of this approach would be more intensive services where the social worker provides counselling and support services on a more intensive level than would be normally available to such families. The family -- you must engage with the family, so the family must be willing to engage with that, with the social worker in, in, in providing these services, and the family and the social worker also engage with other services in the community that can help partner a response to support this particular family to improve parenting and protect child safety.

Q Okay. And on the protection side it looks essentially the same as it did previously?

A Yes. Although, you know, it is important to note that on the protection side, even though investigation is the focus, workers do strive to develop working relationships and supportive relationships with those families to improve the wellbeing of those children. So, I mean, the difference, the difference is, is important but

it doesn't mean that the approach used in the family enhancement stream should not be used and cannot be used to an extent in the child protection stream.

Q Okay. So you, you can still use the D.R. approach or the differential response approach in the protection stream; they're not necessarily mutually exclusive?

A That's right. They're not mutually exclusive and developing that approach within the child protection stream makes sense as well.

Q Okay. If, if we take a look at, it's document 82A in the binder in front of you, which was filed as Exhibit 129, I'm told. Right. Page 101. So that's right after the cover, cover sheet. This is from the, the text, Child Welfare, second edition, Connecting Research Policy, and Practice.

A Right.

Q This is the, the chapter, Differential Response in Child Welfare, A New Early Intervention Model.

THE COMMISSIONER: What year was this published?

THE WITNESS: 2011.

BY MR. OLSON:

Q I think this, this is the second -- yeah, this is the second edition. I'm looking at, in the second

paragraph, it's a large paragraph near the bottom where it says:

> "As indicated in Chapter 1, ..."

This is talking about, I take it, the protection, the older protection model. Yeah. Says:

> "As indicated in Chapter 1, the rate of children in care increased by [50]% over this [first] year period. As to effectiveness, there are persistent concerns about the mixed outcomes for children in care, and whether or not children from families referred for services are being adequately protected from harm. For example, large numbers of children are referred for investigations, but only a minority receives ongoing services. Yet a significant number of children are re-referred later."

The reason I'm highlighting that is because when we, we looked at the case, the circumstances of Phoenix Sinclair's case, in her short life, we saw that her file was opened and closed many times.

A Right.

Q And there weren't necessarily service, services provided in her case.

A Right.

Q Now, are you saying that the D.R. model, differential response model, is meant to address that sort of a situation? Is that ...

A It -- the D.R. model does, in fact, attempt to address that, at least in a partial way. And because it intervenes earlier with these families that, in some cases, might be closed because of volume and provides a range of services that can help support these families, the intended objective is that fewer of these families would be re-referred for investigation in the future. And there's some evidence in evaluations, longer-term evaluations that have been done of these kinds of programs that that does, in fact, occur. The results are a little bit mixed in that regard because you establish a fairly trustworthy working relationship with some of these families and in some cases they may voluntarily come back and ask for additional types of assistance from the agencies. So --

Q Right.

A -- it's important to sort of take that into context. Sometimes a re-referral for investigation is a different thing than coming back and asking for some helpful service that might be needed --

Q Okay.

A -- or referral to another agency.

Q In the model itself, when you're talking about the workers, the two different streams, is it -- first of all, is, is, is the idea that there be two different kinds of workers, one a differential response worker and one the traditional sort of protection worker?

A Well, I think the model, in actual fact, can play out in different ways.

Q Okay.

A In larger settings you can create a separate unit where you would have a different unit providing those family enhancement services and providing the child investigation or child protection services. And in those cases, you know, the services tend to be somewhat separate.

When you're dealing with smaller communities, it may be an individual worker within, within a unit rather than a separate, a separate unit per se.

Q Okay.

A And, as I said before, some of these types of

services are transferrable at least to some of the families that are served in the child protection context so the separation of workers and skills may no longer apply if you're using more and more of these kinds of approaches in your child protection stream. You will not be, in family enhancements services, doing the same -- taking the same focus on investigation but you, you, you may distinguish between families that need that approach and those that don't.

Q Okay.

A Have I muddied the waters?

Q Maybe a little bit but we'll try and sort that out. What's the ideal approach? Is it ideal to have separate workers doing family enhancement and protection or is there an ideal?

A I'm not sure there is. I think we need more evidence to establish what that ideal is, and one of my concerns is that we don't evaluate the, in a long -- we don't do enough evaluation over the long term to determine the evidence about which model works the best. My concern would be about sort of folding the separateness of the family enhancement stream into child protection prematurely is that you lose that special focus. On the other hand, you know, there is enough evidence that it can work across for many of the families that are traditionally served by

child protection so I wouldn't advocate that, right now at least, one model is absolutely superior to the other. I think we need more evidence of which model works the best.

Q Okay. And I know we're due for a break soon. I just want to ask you one, one more area before we do that.

If you look at the article in front of you, page 103. There, right in the middle of the page, that paragraph where it says, "There is an argument". You see that?

A Yes.

Q Says:

> "There is an argument that differential response is not really 'new', ... that it simply reflects good child welfare practice which incorporates interventions based on family-centred practice, increased use of community-based resources, and an earlier form of intervention for some families."

Then you go on:

> "This observation has some validity, and there are a number of examples in Canada of community-based early intervention responses ..."

Indeed, we went through a number of those, west region and, I don't know that, I'm not sure if differential response was referred to back then, I'm not sure if it was around. You probably would know that. What, what's the response to that criticism? Because I mean, as a lay person, I always thought social workers do that, connect families with resources they need; if they identify a problem with addictions they connect the family with addictions resources, that sort of thing. So what is, what is new about differential response?

A Well, I think, first of all I think the, the, the new aspect of differential response is that specialized focus on supporting families. It doesn't mean -- what I'm saying there is that it doesn't mean it never existed in the past but there were factors in the way that our child welfare system has been structured that make it difficult to use those kinds of approaches in all cases, not the least of which the high caseloads and workloads that workers carry and the priority that is off, while it is

absolutely given, both in the legislation and morally in society, to focus on the safety of children as a first concern. And so the time in order to do that is, is often sort of limited.

The other piece is that the skill set of workers may not be such that they can provide both of those types of services so there needs to be an emphasis on ensuring that that skill set and clinical capacity is there.

When you move to differential response you say, we are taking a special focus on that and we are providing somewhat lower caseloads, not low enough in my opinion, but somewhat lower caseloads so that people have more time to provide more intensive services. And in the case of the way the pilot projects in the general Child and Family Service authority were established, workers with special skills and willingness to and experience to work in that way were recruited to provide those kinds of services that move naturally into providing that kind of a supportive family, family-focused type of service. So it became more systematic. Doesn't mean it never occurred but it became more systematic in this kind of approach. And if we maintain that emphasis and we build practice skills and knowledge to be able to do that kind of service, that trend will continue and continue to provide perhaps the kind of services that families need, which is more support rather

than investigation in all cases.

Q So really what you're talking about is it, it's, it's always sort of been there, the community caring approach --

A That's right.

Q -- is what you talked about before being similar, good social worker practice.

A That's right.

Q Sort of the same thing but now it's more systematic?

A That's -- it's more systematic, it's, it's supported more by the institution.

Q Yeah.

A And in the case of west region, which you raised, they actually did do this, although it was not talked about as differential response at the time. They set up what they called a treatment support unit which did exactly what I'm talking about in terms of family enhancement services.

MR. OLSON: Okay. Maybe, maybe if it suits you, Mr. Commissioner, we could take the mid-morning break now and ...

THE COMMISSIONER: Yes, that's fine. We'll adjourn for 15 minutes.

(BRIEF RECESS)

THE COMMISSIONER: Mr. Olson.

MR. OLSON: Madam Clerk, could we put on the screen page 102. I think, I think you're on the page. Right there is perfect.

THE COMMISSIONER: What page is this?

MR. OLSON: This is page 102.

THE COMMISSIONER: Right.

MR. OLSON: And right above the defining differential response, you see the heading there, just above that.

BY MR. OLSON:

Q This is still under where you were talking about the protection, criticisms of the protection model?

A Right.

Q And here you're talking about trends, criticisms of the child protection system and you cite overinclusion:

- "Overinclusion - some families are unnecessarily referred to child protection services;
- capacity - the number of

families referred exceeds the system's capacity to respond appropriately;

- underinclusion - some families who should receive services do not;
- service delivery - some families are referred appropriately and receive services, but not necessarily the right type of services; and
- service orientation - the authoritative approach of child protection services is not appropriate for many families who are referred."

A Right.

Q Those are all criticisms of the protection, traditional protection approach to service delivery?

A That's correct.

Q Okay. And so differ, the differential response approach is meant to address some of those?

A Some of those.

Q Okay. Not necessarily all of them?
A No.
Q One of, one or two of them I think it is meant to address, you indicated, were over-inclusion and capacity; is that right?
A Well, capacity is, I mean you need resources to address capacity or you need to narrow the range of families that are served. So differential response doesn't necessarily address, in and of itself, doesn't necessarily address the capacity as your capacity has to be there in order to provide effective differential response services.
Q Okay. Dr. Trocmé, and you're familiar with Dr. Trocmé?
A Right.
Q He's, he testified and, was it either yesterday or the day before, I can't remember now --
UNIDENTIFIED PERSON: Three days ago.
MR. OLSON: Three days ago, I'm told.
UNIDENTIFIED PERSON: Two.
MS. WALSH: Two.
THE CLERK: No, Tuesday.
MR. OLSON: Oh, okay, Tuesday. He did testify here, I can assure you that. Exhibit 111, if we could put that on a screen. It was a PowerPoint, a PowerPoint presentation, slide 115. So that's 115. One one five.

THE CLERK: Just trying to figure out how to get it.

MR. OLSON: If you scroll down. If you go back to where you were.

THE CLERK: (Inaudible) go back?

MR. OLSON: Okay, just drag the ...

THE CLERK: Fifteen or 115?

MR. OLSON: Fifteen, sorry. There you are. Okay. That's, that's the one I want.

BY MR. OLSON:

Q If you look at this slide, it shows the children in --

THE COMMISSIONER: Page 15, is it?

MR. OLSON: Yeah, slide 15, page 15.

THE COMMISSIONER: Yes.

BY MR. OLSON:

Q The slide shows in 1992 there were 30,000 children in care in Canada. And then if you go to 2007 it shows there were just over 70,000 children in care.

A Right.

Q So it's showing that there's been a dramatic increase in the cumber of children in care. Is this sort of the problem with what was happening with the protection

stream, that children were being apprehended very frequently or large number of children were being apprehended?

A Well, the factors leading to that increased trend that you see, and the trends will vary depending on the sources of information, but they're driven, driven by changes in legislation and changes in policy as well as sort of children being apprehended. And, yes, it's children being apprehended but, but some of the ways in which legislation has been changed have, have led to that. For example, the definition of child protection has expanded to include things like intimate partner violence and sort of exposure to intimate partner violence, and so that opens up a whole new area of potential neglect that child welfare agencies are responding to. That's just one example of the kind of expansion of children coming into care lead -- some of the factors that lead to the expansion of children coming into care.

The other possible sort of aspect of this is, of course, you know, and I'm not -- I can't comment in detail about this, but, you know, we become kind of risk averse in our approach to child welfare where we refer cases sometimes that don't need to be referred, and some of those end up in care, at least for periods of time, when maybe other types of approaches would, would work better.

Q That's sort of the over-inclusion idea?

A That's right.

Q Is one way to address that phenomenon is if a child protection concern, what we're calling now a child protection concern, where there may not be an immediate risk to a child comes to the attention of, for example, a school guidance counselor or something of that nature, and it's handled at that level, maybe Child and Family Services is made aware of it but they don't necessarily go in and apprehend and open a file. Have you heard of that sort of a, an approach to it?

A Yes. There, there are examples of that. There's not maybe many examples of that but there are examples of that. To go down that route, of course, you, you, you must sort of ensure that those people have the capacity to do those kinds of assessments and not allow children that do need referrals to be -- to fall through the cracks, and that's often a difficult thing to do. So one has to be a bit cautious about doing that but, but certainly some mechanisms like that can help divert some families from being referred to the child, child welfare system and avoid maybe not so much children coming into care but avoid some of the time that goes into investigating those cases and in turn lead -- allow more time for actually providing services to families.

Q Is community capacity-building a, one of the major ways to reduce this number?

A It's part of the answer, and, but you need to also probably take a look at sort of the way in which reporting and referral and screening occur. So what I mean by that, for example, the better your ability is to do assessments and actually adequately screen those that do need to be referred and those that need investigations, then the better service -- the more appropriate services are going to be -- are -- that are, that are going to be provided to families and children. In other words, those that need referral will get referred and those that need the more family support services will get those services. They'll get the more appropriate services with respect to need.

Q Okay. Now, are you talking about differential response now?

A Differential response is part of that.

Q Right.

A But what I'm also referring to is the assessment and screening process that occurs at the front end of whether its your child welfare system or your expanded Child and Family welfare system that might include other agents in the community such as people in the education, health sector and so on.

Q Okay. I think I understand. We've heard the terms upstream work, midstream and downstream.

A Right.

Q Am I getting at sort of what you're talking about? Are those terms familiar to you?

A Well, I think I understand them but maybe I need you to brief me on how you're using those terms.

Q Okay. Well, how about you explain to me when you're talking about someone in the education field screening, what, what, what are you talking about when you're saying that?

A I'm talking there about equipping those professionals, either through training in child welfare, that they make more accurate referrals to the services that those families need, or setting up a system within those, that -- an education system where those kinds of questions would flow to people with that expertise to be able to make that referral. And I use the example of the child wellbeing centres in New South Wales as an example of the latter approach. So, so it would be either of those two approaches.

In the U.K. there's been quite an emphasis on training teachers and health professionals around sort of child protection issues so that they make better referrals. That's an example of the former approach.

Q Okay. So part of that is training, people that come into contact --

A Right.

Q -- with young children to know how --

A Right.

Q -- to screen them so they can determine when it's a child protection issue involving Child and Family Services --

A Right.

Q -- and not a child protection issue involving Child and Family Services?

A Right. And having information on a range of resources to refer those families to.

Q I see. And the resources have to be out there and accessible --

A Right.

Q -- and known?

A Right, yeah.

Q I want to move now to your evaluation of differential response model that is at document, Commission disclosure document number 1850. And Mr. Commissioner, that has already been filed and it's in the folder in front of you, page 38949, for Madam Clerk. So it's Commission disclosure 1850, page 38949.

THE CLERK: I'm just not seeing on the stick

where ...

MR. OLSON: It's a Commission disclosure.

THE CLERK: Right. And I don't have that. I used to have an icon that said Phoenix Sinclair Inquiry with all the, of 47 (inaudible). I'm not seeing that.

MS. WALSH: You don't still have that?

THE CLERK: Sorry?

MS. WALSH: Do you not go into something else to find that?

THE CLERK: When I started the stick, which is where I am, and I go forward, those are my choices.

MR. OLSON: What if you go under other?

THE CLERK: I usually have that icon that shows ...

MR. OLSON: If you back, please. Go under phase three. Go under today's date. It might be under today's date.

MS. WALSH: Did it usually just come up for you?

THE CLERK: It would. It was in this list at the bottom, it said Phoenix Sinclair Inquiry.

MR. OLSON: They may have put it under today's date. It might just be under there. Under Mr. McKenzie -- Dr. McKenzie. Yeah, there it is. Number 78.

THE COMMISSIONER: What page number?

MR. OLSON: Page number 38950 is where you'll

find the first page. That's where you'll find the, the actual report.

THE COMMISSIONER: Nine five zero.

THE CLERK: 38950.

THE COMMISSIONER: Yes.

MR. OLSON: And I just provided that reference to the clerk so she would know where to find it in the Commission disclosure.

THE COMMISSIONER: And what page are you going to?

MR. OLSON: I'm not necessarily going to a page right at this moment, but as soon as I do I will let you know --

THE COMMISSIONER: All right.

MR. OLSON: -- Mr. Commissioner.

BY MR. OLSON:

Q This is the report that you prepared to evaluate the differential response evaluation project; is that right?

A Yes. This was the evaluation of the pilot projects initiated under that phase of the rollout of differential response in the province.

Q Okay. Can you tell the Commissioner just a little bit about that project and what it was?

A Okay. Well, each authority was allocated funds for developing pilot projects in differential response to test out a differential response model, and this phase roughly lasted from the latter part of 2009 to March of 2011, at which time there was a rollout of differential response funding to all agencies in the system. And during this pilot phase, projects were developed in various communities or various agencies to test out the model. In the case of the general authority, I think there were six projects funded in six different agencies and the particular focus was on creating a family enhancement stream that I earlier described and providing more intensive family support services to families referred to that stream of service. And this was an evaluation of those services over that period of time.

Q I see. Were the workers that were recruited into this project, were they doing just family enhancement?

A The workers that were included into those projects at the time, yes, were primarily doing, in all cases doing family enhancement services during the pilot phase. So yes, that was the case.

Q Okay. So they weren't doing any protection, any ...

A They weren't doing protection.

Q Okay. How many years of experience did they have

in, on average? I, I --

A On average, about 10 years' experience so they were probably somewhat more experienced staff than, than you, than, than those generally in the child welfare system.

Q In terms of conducting the evaluation itself, what was the process?

A It was a mixed methods approach to a valuation in that we did file reviews, completed file reviews of those families that were referred and received service. We interviewed a sample of parents, so family care-givers. We did, we interviewed service collaterals, that is, partners from the communities where these projects were located, and we collected statistical and document evidence of, of service that was provided during -- of services that were provided during this time period.

Q Okay. Can you tell me what the caseload of each worker was on average?

A I can't tell you the exact average but the maximum caseload at the latter stage of it was, in, in places like Winnipeg, approached 20, but it was fewer than that in the other sites, so probably averaged, you know, 12 to 15 as I recall.

Q Okay. Now, if we look at the bottom of page 38961, so that's 38961.

You indicate that the family care-givers who were interviewed responded overwhelmingly positively to the services that were offered?

A That's correct.

Q Okay. This was due, as you indicate, to the high levels of family engagement and positive working relationships?

A Right.

Q And that, we'll find that on page 38963 if we want the reference.

A Right.

Q I also understand that the community service agencies were unanimous in their support for the expansion of the service model?

A That's correct.

Q Okay. Now, you have a summary at 39015. Under the first paragraph under the summary 4.9 you indicate:

> "... a significant number of families referred have difficulties that would have required at least some level of protection related services in the absence of an FE option. Although only 18% of files were classified

in the high or very high range on the PFH tool, ..."

P-H -- sorry, PFH is a probability of future harm?

A That's correct. Um-hum.

Q "... outcomes appear to suggest that families with higher risk can be served by these programs as long as program staff prioritize child safety concerns, and are prepared to take actions to ensure this if child safety becomes an immediate concern. However, this raises an important dilemma. If [family enhancement] programs are modified to include a higher number of referrals from families at greater risk, will this overshadow the focus on early intervention to families?"

A Right.

Q Now, why do you say that?

A Well, first of all, I want to point out what I mean -- what the interpretation of high or very high risk here is. High or very high risk doesn't mean that the safety of the child is, is of immediate concern. What it reports on is the future probability of a reoccurrence of, of child neglect or abuse. And if you, if you only have limited capacity in your system to provide these services, if you focus more and more on those range of families which, you know, one can make a strong argument that that should be the case, you then reduce the ability to take what we might say are softer referrals where needs exist but they are not at the same level of risk. In other words, they would be more likely to fall into the low and moderate risk families. So, you know, some of those families may need those types of services in order to prevent future reoccurrence or a referral for child maltreatment or a future referral for that, but those would not be able to be served because of capacity limitations. That's what I'm referring to.

Q When you're talking about capacity, are you talking about resources?

A I'm talking about staff resources, yes --

Q Okay.

A -- in this particular model. And staff resources here within the child welfare agency.

Q Okay. It's sort of you have to pick your battles. Is that what it boils down to --

A You have to pick your --

Q -- I hate to put it that way but --

A Yeah.

Q -- that's what it sounds like you're saying.

A Well, you have to pick your battles or find ways of increasing capacity.

Q Okay. So in order for the D.R. model to work, I think you said before its services have to be intense, that is, workers have to have the time to spend with the families?

A Right.

Q And they have to be, it has to be, you know, regular contact?

A Right.

Q Okay. So if workers are dealing with families that require a lot of contact, they take up more time?

A They do.

Q And is that what you're getting at here, if you're providing services to those types of families that are going to take a lot of time, you're not going to be able to handle as many families?

A Well, your case -- the workloads have to be manageable to make this model of more intensive services

work, and that's generally true in the, in the child welfare system overall, but particularly for this program where there's a lot of face-to-face counseling services and support services with families, it's doubly true. And so that, that needs to be -- the ability to provide those services need to be there.

Now, it's important to note that if you provide more intensive services at the front end of providing these services, those services, and we found evidence of this, become less frequent over time and so the intensity of services is not something that continues on forever but it is important, particularly at the front end. And if you take families of higher risk, the chances are you're going to -- the likelihood is you're going to need to provide services for a somewhat longer period of time than, say, three months, six months or so.

Q Okay. Is the idea also that if you can get to families now, deal with the issues, get them, you know, the treatment or services or whatever it is that they need, you may prevent them from coming into contact later on and needing --

A Absolutely.

Q -- greater level of services and eventually it's going to cost more, it's going to affect the family more, it's going to -- children are going to be worse off?

A That's absolutely correct.

Q Dr. Trocmé, during his testimony, I think he used analogy of it doesn't make sense to provide children with a, a half a dose of an antibiotic or --

A Correct.

Q -- use half measures. Is that something you, you would agree with?

A Generally, I would agree with that.

Q Can the differential response be provided with -- be provided by people other than social workers? I mean, can, can case aides or support workers meet with the families and provide the work that would normally be provided by the social worker?

A I would sort of describe it as more of a team-oriented service that needs to be in place so, for example, even in the differential response model that I looked at here within the general authority, family support workers who were not trained social workers were a part of the team that provided important services to families, so it really demands very skilled expertise in terms of family counseling and supportive engagement services that social workers are, you know -- I mean they may not be the only ones that can provide that but they are important aspects of providing that service. But there are roles also for other, other staff and workers as well as part of this kind

of approach.

Q Were workers under the old model -- we've heard that workers were going from sort of a -- it was a crisis response approach.

A Right.

Q Workers are going from crisis to crisis but never really getting to deal with the problems that were facing the families. Is that something that you were aware of or you, you heard?

A Yes.

Q Do you know if that's still happening today?

A Oh, sure. Yes.

Q Is that even happening now that there's this new approach?

A Well, yeah. It's happening in some jurisdictions, perhaps more than others, because of --

Q And I'm talking specifically in Winnipeg and in Manitoba.

A Okay. Well, you know, there have been significant increases in funding that have allowed for the expansion of the workforce so that's helped. But that doesn't mean that in certain communities the referrals outweigh the, the number of staff there able to respond to situations. And in some aboriginal communities that's particularly true, and they are still overwhelmed with the

number of referrals for child protection concerns.

Q Okay. Do you know what the situation is in Winnipeg right now?

A I wouldn't be able to comment on that, you know, right now.

Q Okay. We heard evidence from the Winnipeg CEO, Alana Brownlee --

A Right.

Q She told us that the total differential response budget per family is $1300 per year.

A Right.

Q Are you aware of that budget?

A No.

Q I don't know if you are or not.

A No.

Q She told us that that wasn't, was not nearly enough to provide adequate family enhancement services for a family. What are your thoughts on that?

A I think she's absolutely accurate, and that family enhancement services under the differential response model have, have demonstrated their, their effectiveness but we are still not serving enough families and probably with enough intensive services that is possible, and I'll give you an example.

In Minnesota, for example, about 66 percent of

families referred to child welfare are served through a family enhancement stream of service.

Q Okay.

A So I think the model needs to be expanded.

Q Needs to be expanded. Terms of -- forgetting about the amount of money for a minute, $1300 or whatever it is, is there a way or, or a way you can see that might help sort of stretch, stretch the dollar further than it might otherwise go? Way to use services to expand? And we touched on it a bit talking about efficiencies, but is there any other recommendations you can make in that regard?

A Well, I think that we need to look carefully at our child welfare system to see whether we can reduce the, what I refer to as the administrative burden that involves child welfare workers spending over half their time sometimes completing forms and following sort of procedures. Procedures are important but, but whether the amount of time spent on those kinds of things can be reduced so that more of that time could be used for providing direct casework services to families I think is one answer to making those dollars stretch further.

I think we can become somewhat more effective as the current approach is in doing assessments and developing a new practice approach that actually can be more efficient

than the older ways in which we were doing those kinds of assessments and case planning, reducing the amount of time that can be -- that is spent on recording; developing greater efficiency and maybe the referral process that would result in somewhat less time being spent on investigation and more of that time being spent on serving families. Working more collaboratively with the community agencies are other ways in which we can maximize some of the resources that are currently being provided for child and family wellbeing in our community.

MR. OLSON: Okay. If we could put page 39081 on the screen. And it's the last paragraph. You were almost there. There it is. Results -- oh, yeah, that's it. Issues pertaining to the recommendation -- sorry, recommended.

You have -- you've written -- do you have that, Mr. Commissioner?

THE COMMISSIONER: Yes.

BY MR. OLSON:

Q You wrote:

> "Issues pertaining to the recommended caseload size for [differential response family

> enhancement] were identified in Section 9.1. Based on feedback from the Winnipeg [Child and Family Services] pilot site, both from staff and service collaterals, current caseloads, which are approximately 20, are too high to realize the full benefits from the DR service model. A caseload of 12 to 15 active family cases was suggested. It may be that this number could increase marginally if it includes some cases that are receiving infrequent contact."

Then you go on to note that:

> "... caseload counts alone are not a good basis for assessing workload, particularly if these are compared across programs."

Et cetera.

Now, in terms of caseload, we've heard from Ms.

Brownlee that caseload hasn't changed all that much from what it was before.

A Right.

Q Pre the introduction of the D.R. model. Is that something you're aware of?

A Yes. I, I know the formula that's used for funding family enhancement services.

Q Okay. In terms of delivering an effective D.R. model, what is your view as to -- I mean, you say caseload here, you're talking about caseload 12 to 15. Is that something you stand by?

A Yeah. I would stick pretty closely to that. And I use the term "active cases", so I'm talking about cases that are referred more at the more intensive service level, and when I said maybe somewhat larger -- or somewhat higher than that, if you are carrying cases that don't require as intensive, you know, the same degree of intensity and service perhaps it could edge up a little bit to sort of the 18 range or so on, but, but I would stick pretty close to the maximum of 15 active cases and I still believe that's, that to be the appropriate level.

Q Okay. And does your view change if it's the workers doing both protection cases and differential response cases?

A No, probably should be the same.

Q Should be the same? And what, what if the worker is using a, a, you know, a support person to meet with the family and do the differential response type work rather than doing that work him or herself?

A Well, I think a support worker does somewhat different services than the differential response social worker does or provides somewhat different services, but it might make some difference if those kinds of intensive services were available.

Q We touched on it before, but in terms of a response to the workload demands, is it -- would it be appropriate to have anyone other than the social worker doing the differential response type work?

A Well, differential response is, is -- or, you know, these services again, I would emphasize, is not something different -- or not something that only one worker does. It really is sort of, I've referred to the sort of important role of community collaterals or community partners play, and those might be from other agencies that are formal -- that are government agencies. They might be from non-government organizations that are sort of contracted to work with those families. They play important roles in providing this service, as well. In some cases those services might be provided as part of the ongoing responsibility of another government department or

another agency. In other cases there may need to be funding provided to assist those agencies in providing some of those services that should be a part of the differential response system.

Q Okay. One of the key elements of the D.R. system, I think, is you said one of the key things that distinguishes it from the old model was the training component?

A Yes.

Q That was essential for social workers to get that specialized training?

A Right.

Q Is any part of that training focused on how to engage collaterals, work with, you know, third parties in getting the services and connecting with the community?

A Well, I'm not the, the expert on the sort of training model that has evolved but I think some aspects of that training, yes, involve building what we would call safety networks that include other agencies and other partners in the community, so that's a part of that process. And, but, but developing that training and that practice approach, you know, is really essential within the child welfare system because of its interface with questions of safety and risk. And so that, that's where a part of that is, but a part of it certainly does involve

engaging with other community partners and, and is important to be a part of that training approach.

Q Okay. Do you know if that training is a part of the current training program?

A My understanding is that it is.

Q Okay.

A And that the new practice model involves both training in a suite of assessment tools but it also involves approaches to what we call safety-oriented practice, which uses material around sort of looking at safety and how to map and how to engage with other service providers in, in assisting in that process, bringing those groups together to case conference and so on.

Q Okay. Thank you. If we could put page number 39047 on the monitor. So that's 39047. Right there. Perfect. Under the heading, summary. It's about eight lines from the bottom, near the end of the sentence, where it says, a family's. Says:

> "A family's willingness to engage emerges as the most important element in achieving a successful outcome."

This is talking about in using the differential

response model?

A Yes.

Q

> "Perhaps this is not surprising but it does connect to another observation made by several respondents about the possibility of accepting more high risk cases. This is a question that needs to be carefully considered in that many families already referred to [family enhancement] units do have protection related concerns, and if intake is restricted to high risk cases it will have the effect of reducing the number of families with a lower risk profile who have significant 'need' for more family support services."

Now, I think that's particularly relevant in this, in the case before us because we saw where Samantha Kematch wasn't always receptive to Child and Family Services' involvement in her life.

A Okay.

Q And she sort of tried to avoid the service, and the agency didn't always come back. How, how do you get someone like that to be engaged with the system so they don't fall through the cracks, so someone like Phoenix doesn't fall through the cracks?

A Well, I earlier referred to sort of different tiers of what I would talk about as a pyramid of services that should be provided for enhancing child and family welfare in our communities and I talked about the universal and then sort of tiers of the early intervention services where we need targeted programs. And those targeted programs might be a part of family enhancement within, from -- offered within the child welfare system, it might include other targeted programs that are also provided by the community, and for some of these families and this, this mother might fall into that category, the issue of whether the services are provided on a voluntary basis or not is sometimes a moot point. The, the service might have to be involuntary, and that would involve either the child welfare agency or some other agency providing those services to the family, or the matter would be referred directly for an investigation and the child, if safety is a threat, would be taken into care. And so some of these sort of targeted programs can be voluntary and, and some family enhancement services can be voluntary, and some can

be somewhat -- there's a certain involuntary nature to some of those services.

Q Right.

A Kind of take it or leave it.

Q Right. Your example of the pyramid, in talking about levels of the services, we've, we heard that there was some involvement with the family with community organizations like Ma Mawi, places like that, Andrews Street Centre. Those would be examples of the services that families might get -- community-based services from --

A Right.

Q -- the prevention services that, that are there before there's ever any engage --

A Possibly.

Q -- possibly ever an engagement with the child welfare system.

A That's correct. And you know, those, those services are important for many families but because they tend to be voluntary, because they, they miss those families that are unwilling to engage on a voluntary basis and in some cases those services aren't effectively coordinated with the child welfare service -- child welfare agency to make sure that families don't fall through the cracks.

Q Okay. But engagement in social inclusion,

inclusion in the community, those are ways of getting at those young children who otherwise aren't seen?

A Absolutely.

Q Okay.

A And if I can add one more thing to that, I would say to you that I think our services in that area, those specially-targeted programs that support families, are not, are under-developed in, in our province and we need to do more of that, and the greater the level of poverty and inequality the more we need those special targeted programs.

Q Okay. That, that actually takes me to the next question I was going to ask you, or the next area I was going to go to, which was the recommendation you make at page 39090, 39090, which was that -- we don't necessarily need to go there, but that was that you recommend in your evaluation that there's a need for more comprehensive prevention and you call it early intervention strategy for child and, child and welfare services. Is that what you're talking about there?

A That's exactly what I'm referring to. I think that we do have a range of universal programs that are generally available to families. They're not always as coordinated as they should be, and you referred to that earlier in your question. I think that's an aspect that

needs to be considered. We need an improved range of those specially-targeted family support services than we currently have. We have a number of those, and family enhancement services are a way of building that into the child welfare system but we need to expand those services both within and outside the child welfare system.

Q Okay. Terms of your recommendations, at page 39091, and I'll take you there, in the large paragraph, starting on:

"Significant and positive changes to ANCR's services ..."

A Right.

Q You talk about ANCR having the differential response, the short 90, 90-day differential response model.

A Right.

Q And you suggest that one, one problem with that is that it's just too short a period.

A Right.

Q And once you build up rapport with the worker, by the time that's done, a lot of the cases you're shifting to a new worker to get at D.R. services. That doesn't necessarily make a lot of sense. Is that what you're basically saying?

A Yes, that's what I'm referring to. That sort of flies in the face of what we would say would be best practice approach in providing, you know, intensive family support services to families to disrupt that service while the transfer occurs and then have it picked up, oftentimes with certain amounts of delay.

Q And so your recommendation there would be to move it all into Child and Family Services or ...

A Well, I actually discussed in the report different approaches to that, and if we wanted to be a purist on this, family enhancement services located within the child welfare system should be actually located as close to the intake process as possible. But because we've moved to a sort of authority determination process for transferring cases, it didn't seem that allowing those cases to -- they could be cases that require more than 90 days be retained by ANCR and provided service until the end of that. That would be another possible option for those families. But because of the way we've set up an intake system in this province, that didn't seem to be very practical so this might be an alternative way of avoiding that disruption in service.

Now, there may be other ways of addressing that. For example, if you could accurately screen the cases that only required 90 days and reduce the number of referrals

after that period of time, that might be another way of, of dealing with that. At the time that this review was done, 32 percent of the cases that were referred to Winnipeg were coming from ANCR family enhancement program, so that was quite a large number of families that were requiring more than the 90 days, and so that was the nature of why this discussion and recommendation was made.

Q Right.

A It may be different now. That was only up until March 2011.

Q I would suspect that one of the problems with the screening is that other issues might emerge that go beyond the 90 days and ...

A It's very hard to predict, yeah.

Q Yeah. We've heard some evidence that one of the impacts of the SDM tools is the higher workload due to additional paperwork, and that's something you comment on in --

A Right.

Q -- your evaluation. One of the things that you stated is that the strengths and needs assessment be performed by family enhancement workers.

A Right.

Q Okay. If ANCR was to become solely a tier one intake function, do you think it would be beneficial to

transfer the strengths and needs assessment to family enhancement workers?

A Well, the strengths and needs assessment really requires a, and I'm not sure of the number of days, but it requires a bit more time to gather that information from families, so it depends on the tier one intake time period as to whether that could be done by ANCR or not. So depending on what that intake window is, it may or may not be possible.

Q Okay. What about the -- I guess it would be the same thing with the probability of future harm assessment?

A Yeah. That's a little easier to do in a shorter period of time but, but it still requires time, yeah.

Q Okay. Just in terms of the relationship-building process, would those, those assessments, the, the probability of future harm and the strengths and needs assessment, are they part of that process?

A They're part of the, the structured decision-making tools.

Q Right.

A And if we look at this, there's really a suite of tools. There's the safety assessment, the risk assessment, and then the strengths and needs assessment leading to a case plan.

Q Yeah, I'm just thinking in terms of building

rapport, getting to know the client --

A Yes.

Q -- spending time --

A Yes, yes.

Q -- with the client.

A Yes. They are --

Q The more of that you do the more --

A They are a part of that process.

Q They are. Okay.

Just in terms of providing effective differential response, I just want to make sure I have the requirements down. There's the -- one, one of the requirements is to have the right assessment tools?

A Right.

Q And that, we talked about the SDM tools?

A The SDM tools are a part of that but it goes beyond SDM.

Q Okay. And what, what is beyond the SDM in terms of assessment tools?

A That would be sort of developing safety-oriented practice approaches that could be used and kind of assessing the willingness-to-work piece of what I referred to as being important for doing effective family enhancement services.

Q Okay. You need -- you also said you need workers

that are properly trained to use the tools?

A Right.

Q And that has to be intensive adequate training?

A Right.

Q Okay. Then you need the workers who have the ability to provide intensive service to families?

A Yes. Going back to the tools, they need to be trained in the use of the tools, but let's remember that those are only tools and what is, you know, they must be supplemented with good, sound clinical judgment and an ability to do an assessment of, of what's needed for families, and it goes beyond the sort of knowledge of the tools in order to do that, and then, of course, the skills to actually do the practise.

Q Right. Not -- it's just a tool, at the end of the day?

A That's right.

Q That's all it is.

A There -- that's right. They help but they're not the full answer.

Q Right. So tools, training, ability to provide intensive service and focus services?

A And, and good clinical knowledge and skills.

Q Good clinical knowledge and skills. Then you also need the family's willing to be engaged with the

workers?

A Right.

Q That requires some trust in the system?

A Well, it requires some trust and, and let's be honest about this, not every family starts off with that so sometimes it's the worker's skills in how to facilitate engagement that's an important part of their training and ability to provide service.

Q Okay. And then, of course, you need the resources, both in --

A Right.

Q -- Child and Family Services and in the community at large?

A That's right.

Q Okay. Just want to refer you to 18 -- Commission disclosure 1850, I believe. This would be page number -- this is, first of all, you'll see on page number 39090 -- sorry, 389089 (sic) will give you that -- that's the title page.

THE COMMISSIONER: Three eight nine.

MR. OLSON: 389089.

THE CLERK: 39089.

THE COMMISSIONER: Three nine ...

MR. OLSON: Well, let's go to 39092 is the actual, is the page I want.

THE COMMISSIONER: Three nine ...

MR. OLSON: Sorry, 39092. This, this is a page from an article you authored with Audra Taylor and Scott Maximus.

THE COMMISSIONER: 39092?

MR. OLSON: Yeah, 39092.

THE COMMISSIONER: Well, that's the next page after we -- the one we've just been discussing?

THE WITNESS: Yes. It's part of the evaluation. It's not an article.

THE COMMISSIONER: We've just been through working on 39091.

Maybe I've, maybe I've got it wrong.

THE CLERK: (Inaudible) Scott's last name.

THE WITNESS: Sorry?

THE CLERK: Scott's last name?

THE WITNESS: Maximus?

THE CLERK: Maximus?

THE WITNESS: Yeah. It's on the front of the evaluation, the document that you have.

MR. OLSON: Okay. That's -- you're quite correct, Mr. Commissioner, my -- I have a document that's just, the pages are a little bit disorganized, but it is the next page.

THE COMMISSIONER: 39092.

MR. OLSON: 39092.

THE COMMISSIONER: Okay.

BY MR. OLSON:

Q Under the final recommendation, says:

> "The final recommendation recognizes that DR is not, by itself, an adequate response to the need for early intervention and prevention services for families where child welfare concerns exist."

A Right.

Q

> "Although it is recognized that a number of such services do exist these need to be expanded and more effectively coordinated to meet the needs of Manitoba families. Manitoba has the highest rate of children in care among the ten Canadian provinces, ..."

What you're saying is there, that you're talking about when you look at the pyramid again, it's those services at the bottom of the pyramid all the way up that need to be --

A Right.

Q -- expanded?

A Yes.

MR. OLSON: Okay. Those, those are my questions for this witness, Mr. Commissioner.

THE COMMISSIONER: All right. Thank you, Mr. Olson.

MR. OLSON: Thank you.

THE COMMISSIONER: Now, who else has questions? Are there any?

MR. MCKINNON: It's 12:21, Mr. Commissioner, if I could have the lunch break to confer with my client and prepare a few questions I think I could shorten the time I might be at the podium.

THE COMMISSIONER: Well, perhaps we could adjourn to 1:45, then.

MR. MCKINNON: That would be fine with me.

THE COMMISSIONER: Because we've got the panel this afternoon.

MR. MCKINNON: Okay.

THE COMMISSIONER: All right. We'll adjourn till

1:45 now, then. Stand adjourned.

(LUNCHEON RECESS)

THE COMMISSIONER: Is your clock on?

THE CLERK: I still can't hear anything but that's a good sign.

THE COMMISSIONER: That's progress.

MR. MCKINNON: Signs of life.

THE CLERK: Yeah. I still can't hear anything. Okay, it's -- oh, out again. Hopefully it will come right back.

THE COMMISSIONER: Are we all right?

THE CLERK: (Inaudible).

THE COMMISSIONER: All right, Mr. McKinnon, take a second run at it.

MR. MCKINNON: Okay, I'll start over. Thank you, Mr. Commissioner.

CROSS-EXAMINATION BY MR. MCKINNON:

Q For the record, my name is Gordon McKinnon and I'm the lawyer for the department, which includes Winnipeg Child and Family Services. Just want to explore a couple of themes with you, Dr. McKenzie.

When you spoke this morning in response to

questions from Mr. Olson, you spoke about your community caring model. We've heard some evidence at this inquiry from an individual named Felix Walker who runs an organization called NCN. Are you familiar with Mr. Walker and his organization?

A No.

Q He spoke about -- this is in a First Nations community, a northern Manitoba reserve community, and he spoke about having a program that included a wellness centre, it included a public health centre, it included a diabetes initiative, it included therapists and counseling services and Child and Family Services - there was a long list - recreation and fitness centre, all wrapped into one. Would that be an example of what you are talking about when you're, when you're suggesting a community caring model or building community capacity? Would that be the type of thing you had in mind?

A That example would certainly fit and there may be many different models about how you get there, but that one certainly would fit.

Q And if I were to suggest to you that what's needed to make that work is strong leadership in the community and an economic base, would you agree with that, too?

A There's -- it needs more than that but those are

two essential ingredients.

Q Thank you. And again, when Mr. Olson was asking you about the components of a differential response model and you spoke about the two streams, one where there was no safety risk and there could be a referral to perhaps some community agencies and some service being provided by the organization, by the Child and Family Services agency itself, that was one stream, and the other stream you referred to is if there's safety concerns it's more of a traditional protection route, correct?

A Correct.

Q And you said that in either stream, but including in the protection route, it was your view that it was possible to program or initiate programming that would -- or a practice model that would allow the worker to support the family, engage with the family and work collaboratively. That's possible even in the protection stream, in your view?

A Yes, it is.

Q And we heard evidence at this inquiry from Alana Brownlee and a leading practice specialist named Karen McDonald, I don't know if you know either --

A Right.

Q -- or both of those --

A I do.

Q -- individuals. You do? And they spoke about a program that they're operating at Winnipeg CFS which is based upon signs of safety practice techniques. Are you familiar with that practice model?

A I am.

Q And would you agree with me that that's the kind of family engagement techniques that you were referring to as being best practice?

A It is. It's what I refer to as part of the safety-oriented practice approach.

Q And when Mr. Olson asked you what's new about differential response and you gave him a very detailed answer, I won't ask you to repeat that, but we ran into a situation or we witnessed in the evidence in this inquiry a situation where, in the Phoenix Sinclair case file, the file was closed on numerous occasions, and the, and the grounds for the closure were, no immediate protection concerns. And my, my question for you and my suggestion to you is that under the differential response practice model, this concept of no immediate protection concerns doesn't end agency involvement in a file, does it?

A No. In fact, you know, that decision may be made but there may be services provided to ensure that that kind of thing doesn't occur in the future, and that's the whole purpose of a family enhancement model.

Q And, and we heard evidence again from Alan Brownlee and Karen McDonald that in, in -- if that kind of situation were to occur today, a safety assessment would be done and a probability of future harm assessment would be done, and if there were risk factors present services would be provided even if there were no immediate safety concerns. Is that your understanding of one of the things that's new about differential response?

A Yes.

Q And Mr. Olson was asking you about the concept of, of over-inclusion, and you spoke I think quite eloquently about that and I don't disagree with anything you said, but you, according to my notes, you said you need to look, you need to ensure that you're essentially identifying the right people to go into the correct stream for service.

A Right.

Q And would you agree with me that what's important to do that is, is good assessment tools?

A Right.

Q And you're family -- I shouldn't say you are -- are you familiar with the new assessment tools that are being used in, in the general authority and in Winnipeg CFS, the safety assessment and the probability of future harm assessment?

A Yes.

Q And those are structured decision-making tools?

A Yes.

Q And would those, in your view, be examples of good tools that would help identify the correct service stream?

A They would.

Q And you spoke about social workers perhaps having too much emphasis on recording and keeping file notes and that sort of thing. Would you agree with me that with respect to the risk assessment tools that are now being used at Winnipeg CFS, the structured decision-making tools, that they have the advantage of focusing the workers clearly on what the true risk factors are and, to that extent, that's an improvement?

A Yes, but I would want to qualify that a little bit by saying the tools are very important in developing that focus but you do need to go beyond that in determining factors that might lie outside the, the range of those tools to determine sort of what action you need to take as a response to those, that assessment information.

Q And that's where the case planning and strengths and needs assessment and good clinical skills come into play?

A Exactly.

Q Okay. And we heard evidence as well from Alana Brownlee and Karen McDonald and at risk of boring the Commissioner to death, he heard evidence about the training. But are you familiar with the new training that's in place at Winnipeg CFS amongst others?

A Generally familiar, yes.

Q And would you agree again that that's giving workers the kind of training they need to make those very decisions we just spoke about?

A Yes. And one of the important elements of that is the combination of the safety oriented practice for signs of safety with that suite of tools that we talked about.

Q Okay. And so you think that's all positive developments and good for the protection of children?

A Absolutely.

Q One final point, then. I'm switching gears now and I'm going to take you to the evidence that Mr. Olson took you to from Dr. Trocmé, and he showed us that chart with Manitoba having a very high incidence of children in care. Would you agree with me that this issue of Winnipeg having a high number of children in care, perhaps the highest in Canada, has been with us for many decades?

A Yes. It's actually Manitoba, I think, rather than Winnipeg, but you're right, it's been --

Q Sorry, I meant to say -- right.

A -- with us -- it's been with us for many decades.

Q One final question. I'm just going to have to find a document.

THE COMMISSIONER: Do you have an explanation for that, Doctor?

THE WITNESS: It's probably an incomplete explanation, but one factor is the high proportion of aboriginal children in Manitoba's population and the issues related to deprivation that exist in those communities that, you know, has contributed to that, to that rate of children in care. It's also related to potentially other kinds of sort of related factors, like poverty, housing and, and, and sort of addictions and related family issues that flow from these issues, and it's not only aboriginal children and families; it obviously affects some non-aboriginal families as well. And perhaps what I've referred to earlier, a lack of adequate support measures and initiatives that can help combat that by trying to provide more family support and community caring types of services in those communities.

BY MR. MCKINNON:

Q Okay. Now, the one final theme I wanted to

explore with you is, is not an issue that Mr. Olson raised but one that I anticipate others may raise who give evidence after you, and, and so I'm going to ask you to comment on this: If someone were to suggest to this Commission that the funding for differential response or the funding for family enhancement be diverted to community-based organizations, essentially eliminated from the family service stream and moved over to a community-based service organizations, would you think that would be a good idea or a bad idea?

A I would say that that would not be a good idea and I would say it would be a very, very -- underline those words -- serious mistake. And the reasons for that are as follows:

First of all, since 2006 we've been concentrating in this province on building capacity within the Child and Family Service system to provide an alternate approach to providing services. That's been six to seven years in duration in terms of building that capacity. That initiatives -- those initiatives would be lost of that transfer would occur.

Secondly, the -- we do not have a well-developed child welfare NGO sector in this province as some other jurisdictions do where that model exists. And what I mean by that are quasi child welfare agencies with training and

expertise in the delivery of child welfare service and a history of providing those services in combination with the government sector.

Thirdly, the availability of those types of services outside the City of Winnipeg, even if you said some of those existed here, are largely absent, so it's ability to provide an answer to many of the -- to the aboriginal authorities who serve many smaller and remote communities would be no-existent under that model. It doesn't work in that particular context.

And finally, you do introduce new factors that have to be considered if that was to be contemplated, and that is issues related to coordination and interface with family enhancement services and the child protection mandate that we've just been speaking about that, that need to be a part of the child welfare system.

Now, none of the reasons that I've mentioned should be taken to suggest that non-government organizations at the community don't have a larger role to play in building a differential response system, they do, but the way to deal with that is to strengthen capacity both within the Child and Family Service agencies and in community non-government organizations and to coordinate the nature of those services and how they are provided to provide better services to children and families.

Q And when you talk about coordination of services, the analogy I use, it's, it was a sports analogy, but Winnipeg CFS, people working in the family enhancement stream, are often called case managers --

A Right.

Q -- you know that term?

A Yes.

Q And the analogy I use is that that's like the quarterback. They call the huddle, they make the plays, they often hand off the ball, and they can hand it off to community-based agencies but there's got to be someone in charge, and that's the fundamental difference, I would suggest, between a family enhancement model that's in a child welfare agency and a family -- and services being delivered outside the agency. Is that fair?

A It is fair. Those, those social workers in that capacity have two roles. One is the case management or the quarterback role in that, in the way, in, in your use of the, the analogy; but secondly, they do, because of other lower caseloads and so on, do provide direct, important direct services that are a part of that package. So it's not only case management but it is case work.

MR. MCKINNON: Okay. And that's, that's helpful. That's -- I appreciate your clarification on that point.

Those are my questions, Mr. Commissioner.

THE COMMISSIONER: Thank you. Thank you, Mr. McKinnon. Anyone else? Ms. Harris?

MS. HARRIS: Good afternoon, Mr. Commissioner. One very brief question.

CROSS-EXAMINATION BY MS. HARRIS:

Q Dr. McKenzie, I'm Laurelle Harris, I'm counsel for the general authority. And the only question I have for you this afternoon is if you could please expand on the impact that funding has in the proper functioning of child protection systems, whether it's the investigative protection end or the family enhancement end, and specifically, would you agree with the notion that whatever the funding looks like, that the funding should be truly case sensitive and reflective of actual caseloads and also deal with the fact that there are things which are being funded out of the current model that don't have line items, such as support workers, et cetera. Would you agree with that?

A I would agree with that.

MS. HARRIS: That's my only question.

THE COMMISSIONER: All right. Anyone else? Ms. Dunn.

MS. DUNN: I might just speak to Ms. (inaudible).

RE-EXAMINATION BY MR. OLSON:

Q The question, the question is who would you see -- that is, who would see, in terms of CFS needing a bigger role, community service provider, in needing a bigger role to provide services for the agency in terms of to the community.

A Right.

Q Do you understand the question?

A No.

Q I probably phrased it terribly, but you talked about the community could provide a bigger role.

A Okay.

Q In, in providing support services.

A Right.

Q Who do you see as, as providing that role, which, which community services?

A Well, I think that it depends a little bit about the organizations that exist within communities because those do vary significantly, depending on the community, but it includes formal government-related services like health, education and, and I suppose even income support, but certainly those services. But it included, includes non-government services that, that provide sort of potential family and parenting support services to, to families that need those services. And what's important

about that is that we have to find a better mechanism to coordinate those services, and that needs to be thought about carefully because I don't think that kind of coordination is fully in place in our current system.

Q Okay. I was going to ask about the case, the case manager Mr. McKinnon talked about. That person, a social worker, I think --

A That's right.

Q -- is acting as sort of a quarterback?

A That's right.

Q Coordinating those services for the family?

A That, that quarterback coordinates some of the services for family enhancement that the child welfare system, you know, are involved in. But I also spoke about, earlier, spoke earlier about services that might involve support services to families that might not even reach the child welfare system, and it's important that those services be coordinated, as well. And, you know, we have to find ways of doing that better.

Q Okay. So sort of another sort of quarterback function before you even get to the child welfare --

A That's right.

Q -- area on the pyramid we were talking about earlier?

A Yeah.

THE COMMISSIONER: Thank you, Mr. Olson. Do you have any questions?

UNIDENTIFIED PERSON: No.

THE COMMISSIONER: All right. Well, that completes the witness, then, does it, Mr. Olson?

MR. OLSON: It does.

THE COMMISSIONER: Thank you very much, Dr. McKenzie, very helpful to us.

THE WITNESS: Okay.

THE COMMISSIONER: Appreciate you being here.

(WITNESS EXCUSED)

MS. WALSH: Mr. Commissioner, as you can see we have a panel for our next --

THE COMMISSIONER: Yes.

MS. WALSH: -- group of witnesses.

THE COMMISSIONER: Welcome.

MS. KNOL: Thank you.

MS. WALSH: So we can begin by having each of them sworn or affirmed.

THE CLERK: I'll start at the end. If you could stand for a moment. And is it your choice to swear on the Bible or affirm without the Bible?

MS. CYR: On the Bible is fine.

THE CLERK: Bible? Okay. Okay, if you could just start by telling me your full name.

MS. CYR: Bernice Anne Cyr.

THE CLERK: And spell me your first name.

MS. CYR: B-E-R-N-I-C-E.

THE CLERK: And your middle name?

MS. CYR: A-N-N-E.

THE CLERK: And your last name, please.

MS. CYR: C-Y-R.

THE CLERK: Thank you.

THE COMMISSIONER: How do you spell your last name, sorry?

MS. CYR: C-Y-R.

THE COMMISSIONER: Thank you.

BERNICE ANNE CYR, sworn, testified as follows:

THE CLERK: Thank you. You may be seated.

Could I ask you to stand.

THE COMMISSIONER: Just be careful you don't fall off the back there now.

MS. WALSH: Please.

THE CLERK: Is it your choice to swear or affirm?

MS. ROUSSIN: Affirm.

THE CLERK: All right. And just state your full name to the court, please.

MS. ROUSSIN: It's Diane Louise Roussin.

THE CLERK: Diane and Louise are in the usual spelling, and how many N's?

MS. ROUSSIN: One N.

THE CLERK: One N. Okay. And your last name, please?

MS. ROUSSIN: R-O-U-S-S-I-N.

THE CLERK: Thank you.

DIANE LOUISE ROUSSIN, affirmed,
testified as follows:

THE CLERK: Thank you.

Tell me your full name, please.

MS. TAYLOR: Sharon Elaine Taylor.

THE CLERK: Sharon and Elaine and Taylor all in the usual spelling?

MS. TAYLOR: Yes.

THE CLERK: And is it your choice to swear or affirm?

MS. TAYLOR: Affirm.

THE CLERK: All right.

SHARON ELAINE TAYLOR, affirmed,
testified as follows:

THE CLERK: Thank you. You may be seated.
Tell me your full name, please.
MS. KNOL: Dilly Marie Knol.
THE CLERK: And L-I-L-Y (sic)?
MS. KNOL: Yes.
THE CLERK: Usual spelling for Marie?
MS. KNOL: Yes.
THE CLERK: And Knol?
MS. KNOL: K-N-O-L.
THE CLERK: And would you like to swear or affirm?
MS. KNOL: Affirm.

DILLY MARIE KNOL, affirmed,
testified as follows:

THE CLERK: Thank you. You may be seated.
MS. WALSH: Now, can each of you make sure that your microphone is on? Okay.
MS. KNOL: Okay. Probably not. Hello? Hello?
MS. WALSH: Doesn't sound like it.
UNIDENTIFIED PERSON: No.

MS. WALSH: Diane, can you maybe put your mind --
THE CLERK: I don't know (inaudible).
THE COMMISSIONER: Are any of them on?
UNIDENTIFIED PERSON: Hello, hello.
MS. TAYLOR: This one is.
MS. WALSH: Just one seems to be activated, so that's not going to be very good.
MS. KNOL: We're used to sharing.
MS. WALSH: Budget cuts. We're using one microphone for four. No, that's not going to work.
THE CLERK: I don't know anything about them. I wasn't here when they were set up. I don't know --
THE COMMISSIONER: Who, who set it up?
MS. WALSH: Who sets these things up? Our tech person.
UNIDENTIFIED PERSON: Usually they lead to buttons where you would cue one, two, three, four (inaudible).
MS. TAYLOR: I'll take that one, that ...
THE CLERK: (Inaudible) connected to this microphone.
MS. WALSH: Well, let, let me try this, because, of course, we did have a discussion about there being a concern that you shouldn't all talk at once, so perhaps, then, since you are good at sharing and you're very

accommodating and I don't want to take up any unnecessary time, can we just pass the microphone? Is it --

MS. ROUSSIN: Sure.

MS. WALSH: -- physically able to do?

MS. KNOL: Can you reach it down there?

MS. WALSH: Does it work?

UNIDENTIFIED PERSON: Does it reach?

MS. WALSH: Do we have a long enough. Okay. Let's maybe move the glasses. Can we just do that, please, and the water, so ...

MS. ROUSSIN: Yeah. I think that will work.

THE COMMISSIONER: Does the sheriff, is he able to help us?

A SHERIFF OFFICER: See if the mics work now.

UNIDENTIFIED PERSON: Hello.

UNIDENTIFIED PERSON: Hello.

MS. WALSH: Oh, well done.

UNIDENTIFIED PERSON: Hello. Oh.

THE COMMISSIONER: Oh, hello.

MS. WALSH: Well, done, thank you.

THE CLERK: Someone at the back did that.

THE COMMISSIONER: Oh, there's the gentleman at the back. I see.

MS. WALSH: Thank you. Now, having said that, I would still ask that you avoid speaking all at once, now

that you have the power.

What I'm going to do, Mr. Commissioner, is I will start by introducing each one of our panel members.

THE COMMISSIONER: All right. Let me thank the technician for getting that going for us.

UNIDENTIFIED PERSON: thank you.

MS. WALSH: Thank you.

DIRECT EXAMINATION BY MS. WALSH:

MS. WALSH: So I'll start by introducing each of you. Then we'll go back and ask each of you what your respective organization does and then I will put out some questions for you to answer individually, whoever wants to -- you know, by whoever wants to take the lead. But, we'll start with the introductions.

Dilly?

MS. KNOL: My name is Dilly Knol and I'm the executive director of Andrews Street Family Centre.

MS. WALSH: Okay.

MS. TAYLOR: Hello, I'm Sharon Taylor, the executive director of Wolseley Family Place.

MS. ROUSSIN: Hi, and I am Diane Roussin, I'm the executive director with the Ma Mawi Wi Chi Itata Centre.

MS. CYR: And I'm Bernice Cyr, the executive director of Native Women's Transition Centre.

MS. WALSH: Okay. Let's start, then, with Andrews Street Centre. What is that?

MS. KNOL: Andrews Street Family Centre is a family resource centre located in the north end of Winnipeg in the William Whyte area.

We have programs for all ages. We have a, an aboriginal preschool program for 40 children in total, and also work with the parents of those children. We also have a Pritchard Place program, which is program for after school and weekend and seven-day-a-week program for kids six to seventeen-year-old. It's a drop-in program that is mostly unstructured but we do have some structured programming there.

We have a parenting helping parents program, which supports parents in the community with home visits. They help them at appointments. They basically support parents wherever parents need support. It could be helping them find some shoes, housing, those kind of things, whatever they need to do. They also run parenting programs all throughout the year, the year.

We also have a volunteer program so we have volunteers locally from the community. We have over a hundred volunteers, actually, and they volunteer in all areas of the centre. And this is all in one building. And they volunteer, helping with different programs and

wherever they can help.

We, we also have an addictions support worker now, and I have to say thanks to an anonymous donor.

We also have the food security program. We do three different ways of food. We have a food buying club, we have community soup and food for families on Thursdays and we also now have family fun night where we feed people on Thursday -- Wednesday evenings. Sorry, that just got switched around, that's all.

And, and then we have the drop-in itself. It's for anyone in the neighbourhood can drop in and we have -- they can do laundry up to a couple loads of laundry at a time, there's always bread for at least toast, or whatever, they can very day, because we have people from homeless people to families that come into the program. And we support them whatever way they want. There's always coffee on, and it's a place where they can socialize and feel safe in the community because the -- all our programs are really, it's a place of safety for our families and our community and a place to start capacity building for our families and help them, support them in any way we can. We do whatever we can wherever we can.

And we also, I think is important, is we hire from the community also, so it's not so much professional people as people that got training, parents themselves who

got training on how to do parenting program. Those kind of things. So not only -- I think they have more skills because their own life skills to follow through, which really relates to the families that we work with, so ...

I'm trying to make sure I didn't miss anything. I probably missed some stuff, but the drop-in itself also has an evening of activities and stuff for people, in the drop-in, they come in just to socialize. It's a way of giving them -- if we want them to not be doing something that's negative, then we have to give them something positive to go to and to be able to attend what of. And these things don't cost them money, so it's free. And we always have a children's program area also so if people are in parenting we have a place where their kids can be watched while families are coming for resources, so it's not an hindrance for them to get there. And we'll also give bus tickets for them for coming for programming and stuff whenever we can afford to.

MS. WALSH: So who comes and makes use of your centre?

MS. KNOL: Everybody in -- everybody in the neighbourhood. In fact, I'd have to say, we've been open for 17 years. In the last going on five years now we also get as many men coming to our resources as women because they're seeing it as a place that they can come in and they

feel welcome, and they need help, too, sometimes and just someone to talk to is what they need sometimes to get them going.

MS. WALSH: And what kinds of needs are you seeing are out there?

MS. KNOL: Anywhere -- we're not dealing with crisis but it's like we deal with crisis all the time. But the needs come from not having a place to live, to having fear that their children might be apprehended, or maybe their child has been apprehended and they're coming to see if we can help them with, you know, resources that they now need to get parenting programs and those kinds of supports for them to be able to be better parents and be able to get their children back kind of thing, so ...

MS. WALSH: If there's a need that your centre can't meet, what do you do?

MS. KNOL: We, we have a network of agencies that we work with in our community and we work very well with. And so we kind of, whatever we don't service we know another resource in the area that we trust that will treat our parents, our families well, then we will refer them to them. But a lot of the people like local stuff. They, they feel -- they build a relationship. The families need to build a relationship with people in order to really tell you what their life's about and to get the truth of what's

happening so that you can really work at fixing things and helping them along their journey. Not fix it for them but give them the power and tools to fix it for themselves.

MS. WALSH: And do you feel the centre is successful in doing that?

MS. KNOL: I do.

MS. WALSH: How long have you been with the centre, did you say?

MS. KNOL: I was a founding member, so I've been there --

MS. WALSH: Seventeen years.

MS. KNOL: I'm going to retire there soon (inaudible).

MS. WALSH: How are you funded?

MS. KNOL: We have funding from everywhere and anywhere. I get a federal funding, provincial funding, city funding, United Way, Winnipeg Foundation, anonymous donor and anywhere else I can get, you know, funding for specific things like the roof and, you know, kind of thing so whenever you need, something happens. And we also are lucky, we've, we also have some corporation have built relationships so they sponsor some of my Christmas programs and stuff for families and that. So it's all about keeping, keeping yourself open and alive. And really, we don't advertise about Andrews Street and I don't advertise

about our programs because it's word of mouth and it's not like we're not full. We have people coming in daily and new people coming in all the time, and it's word of mouth from other people who feel that they, they've been respected and that they've gotten what they need from the centre so they refer other people and other families to the centre.

MS. WALSH: Do any of the people who use your centre have contact with the child welfare system?

MS. KNOL: Yes. Many of them, especially the ones that work with my Parents Helping Parents program.

MS. WALSH: And the centre itself, does it have any formal working relationship with any aspect of the child welfare system?

MS. KNOL: Not really. We, we certainly have a few of the workers that we connect better with, let's say, that are willing to connect with -- see, we're not professionals, so a lot of times CF --

MS. WALSH: Well, you're, you're showing what the record won't show, is that you've done air quotation marks.

MS. KNOL: Oops, sorry.

MS. TAYLOR: Air quotes.

MS. WALSH: No, that's fine. But what do you mean when you say you're not professionals?

MS. KNOL: Like they don't have degrees and all

these things. It's their life skills and they've gotten training on how to do the parenting programs, right, and we train wherever we can get training and stuff. But they don't have degrees and stuff so they're not professional -- they're not social workers. So some -- I feel lot of times a CFS worker feel that, you know, they're not, they don't have the wisdom or they -- what do they have to offer. So they would prefer to seclude us. Like sometimes we wonder, well, why didn't they phone us, this family's been coming here for like four years working with us and you won't even bother coming and talk to us about what's happening so we can support them, continue to support them, you know, those kind of things.

So, and we have had a few workers that we can connect with and that get it and see the benefits of working with us for the families, because that's our bottom line, is for the kids and parents. So some of them work with us and will give us that information, and we can talk back and forth kind of thing. But the, I'd say the majority of them tend to feel like we're not important enough.

MS. WALSH: What's the impact of that on the people who use your centre?

MS. KNOL: It's very frustrating like because we, we don't -- just because they don't want to have anything

to do with us, we continue to go to meetings and, you know, and sometimes they'll say my workers can't come in the room, and as long as the parent wants them in the room, I say no one can stop you from going in that room. So you learn that you have rights and they can't scare you off kind of thing and say something that's not true, because if the parent wants someone there, they can have someone there. My workers don't do the talking; we're just there to support them because these parents are saying that the workers say one thing to them, they come out and they try to get -- let's say we need parenting programs, so they come and set that all up and then they do the parenting and go back, and then the worker will say, oh, well now you need to do this and you need to do that, or, I didn't tell you that's all there was. So if there's someone else there that can witness what's being said, because there seems to be, it's always miscommunication.

MS. WALSH: And just one more question before I move on to, to Sharon, is it your sense that the people who use your centre trust people who work at your centre?

MS. KNOL: Absolutely.

THE COMMISSIONER: What's the question?

MS. WALSH: Whether her experience was that the people who use her centre trust the people who work at the centre.

THE COMMISSIONER: Oh, at the -- okay.

MS. WALSH: Sharon, tell us about your centre, what it provides, who uses it, what kind of staff you have and the interaction between the users and your centre with Child and Family Services.

THE CLERK: (Inaudible).

MS. TAYLOR: Pull it away? Okay. That's good?

Well, we're a family resource centre located in the West Broadway area, which is in the Langside, Furby, Sherbrook area, catchment area that we work in.

As a family resource centre, we have a preschool, we have -- and in that preschool we'll have respite where parents can be off site, a limited number of parents can be off site, but they can also, the majority of our parents are on site. We offer parenting classes, which we offer one-in-one parenting. We offer Triple "P", we offer Nobody's Perfect, we offer attachment parenting classes, we operate parenting classes all year round. We do prenatal and postnatal classes. We have health services which involves having a doctor come once a week, and we have a health educator that will do various workshops on current issues that the families might be talking about, about immunization, various things, diabetes, whatever the families sort of express to us that they would need.

We also cover and assist parents with their basic

needs being met because, the majority of them, their basic needs are not being met. So you offer a free phone, because even to this day social assistance still sees it as a luxury. And then we have laundry on site and we offer emergency food and a food bank.

We also deal with issues around substance abuse and violence, and that's where we work with the whole family unit as far as them defining what the goal is to be able to work on the issues around, that they define as the issues around addictions and violence.

We're also a drop-in and people can just come and have a safe place to be and be able to network with many of the other people that come. We have computers on site because many of our families do not have access to computers.

And then we have a position where we deal with providing assistance around EIA, around housing, food security, all of those type of issues.

MS. WALSH: When you say "assistance", you mean like advocacy or ...

MS. TAYLOR: Social assistance, if they need assistance around lawyer, legal issues, we provide those type of things, or be able to refer to resources that they would be able to receive those assistance.

We're dealing with approximately 3500 individual

families per year that come about 30,000 times. The population that we're working with is a large percentage are aboriginal and we're seeing a lot more refugees, a large percentage, so we're up at about 25 percent are refugees.

The commonality that I would say that all these families are experiencing, in my opinion, are very -- about the effects of poverty and how the poverties affects families. And I think the biggest barrier that I've experienced in my life working in this job, because I'm, like Dilly, one of the co-founders, is the systemic barriers. Like, nobody is really talking about the systemic barriers are the biggest barriers that our families are experiencing.

MS. WALSH: And what are those?

MS. TAYLOR: Systemic barriers is poverty, one, discrimination, marginalized, what's it like to be isolated, transportation, child care. You could go through the whole gambit. And I've been in social services for 35 years and those issues haven't gone away. In fact, it's getting bigger and that gap is getting bigger between the haves and the have-nots.

When you ask about funding, I have multiple funders. I think at this point I have 14. I have federal funding, I have provincial funding, I have child care

funding, I have three foundations and then I have individual funders and I have private, anonymous donors. And it still isn't enough. Like, you're just always cutting it and nobody really wants to pay for the infrastructure.

So I don't know if I'm answering -- so we try to do holistic services and we try to provide services according to what the families tell us what they need.

When I first started, it felt like a good feel place that you would just do a parenting class. As time went on, you realized that people's lives are very complex and then how do we be able to assist and work with them in many ways. And so we just keep expanding in areas, with a limited budget, to be able to provide whatever the families need.

MS. WALSH: And in terms of interacting with child welfare services, do your clients have interaction with the child welfare system?

MS. TAYLOR: Yes, they do.

MS. WALSH: And does your agency have any kind of formal interaction with the system, child welfare?

MS. TAYLOR: I don't know if it's formal but they will refer people to us. And sometimes it's very limited because we have to consider what the people that we're serving want because they don't always trust Child and

Family Services because it seems that it's very much about apprehension versus about having, providing supports to family. So it becomes a very awkward position, but we do have a relationship with them where they will refer people to us. We will tell them about what services are available, so it's reciprocal in a way, and it's sometimes very dependent upon individual workers.

MS. WALSH: Do you find that the people who come to use your services trust your staff?

MS. TAYLOR: Yes, explicitly. I think because, one, we, we don't define ourselves as experts. We work with them where they're at, and it's sort of the harm reduction model: it's about working with them where they're at and going along with them in the journey as to what they sort of feel their needs are. In our program around addictions and substance abuse, we have, we had an evaluation that said we were actually doing better than one of the largest organizations that deals with addiction and violence.

MS. WALSH: Thank you.

Diane.

MS. ROUSSIN: So I, I'm the executive Ma Mawi Wi Chi Itata Centre and Ma Mawi is many, many things, but I guess number one, we're an indigenous-led organization so we have an all indigenous board of directors and we have

primarily an indigenous staff and we're somewhere in the neighborhood of a hundred and seventy-five. Fluctuates; summertime we have more summer students.

THE COMMISSIONER: Hundred and twenty-five staff?

MS. ROUSSIN: A hundred and seventy-five.

THE COMMISSIONER: A hundred and seventy-five staff members?

MS. ROUSSIN: Yes. That doesn't include our volunteer base. We have a very large volunteer base as well. And again, that would be full-time. We have a whole bunch of casual and we have a whole bunch of foster parents. I would say that we're the largest urban aboriginal organization in Winnipeg. We've been around for 29 years. We deliver over 50 different programs and services and resources. We operate out of 11 different sites throughout the city. We do have one healing lodge out, out of town. We deliver youth leadership mentorship programs, we have three resource centres very similar to Wolseley and to Andrews Street. We have family violence programming, we recruit and train aboriginal foster families to provide foster care for kids who are in care of CFS, both long term and short term foster families. We have five group homes and each group home has a different specialty and focus.

THE COMMISSIONER: Speak right into the mic, will

you, please.

MS. ROUSSIN: Oh, sorry. You can't hear me. I was pushing it away, I thought I would be too close.

MS. TAYLOR: You didn't want to sound like me.

MS. ROUSSIN: Yeah. So we, we deliver quite a variety of services. You know, we've really grown since our inception and, and that's been very focused and specific, just knowing that aboriginal people need to be in a position to deliver services to our aboriginal families and that we can do that and we need to do that. And, you know, there's a certain level of capacity within our aboriginal community to do that, always recognizing that there can always be more and there can always be improvement.

I think the Ma Mawi Wi Chi Itata Centre, Ma Mawi Wi Chi Itata is a, is a phrase, it's Ojibway, and it translates into we all work together to help one another, and that phrase is really grounded in this concept of reciprocity. So when the organization was found, it recognized that, okay, so we will be some -- we'll, we'll get some dollars, we'll hire some staff and we'll be these helpers in the community. But there is such a large job to do out there that we need to really rely on the community to get that job done. So it's a reciprocal kind of relationship in that, you know, there's some things we can

do but there's a lot more that the community can do. And so that's really what grounds our service philosophy. And so all of our services have to have opportunity -- you know, people need help, the services are there for them to access some of that help. But every one of our services also needs to have the other side of it where, if people want to give and if people want to participate in a different way, not from the deficits model but from a strengths model, that we provide that opportunity as well. So we're challenged every day to find opportunities within all of our services where people can give back and contribute. And so we'll often -- that's why we have such a large volunteer base, and so -- because people want to participate and give more than they want to receive the emergency services type style.

So, so we try to create places and spaces where people are comfortable, where they feel like they belong, where they feel like they actually own the place. If you walk into any one of our centres you'll -- we have very few staff in those centres; it's pretty much run by the community and that's because the community just takes ownership because they feel like they belong there, they feel like the service and the place is theirs, and it is.

So, you know, we have similar to what the two ladies previous have talked about. We have, you know, the

coffee's always on, there's always at least toast, you know, if nothing else. The washing machine's there, the telephone's there, the internet access is there. More importantly, there's people there that you can connect with because, again, at the core of all of our programs and services we're in the business of building relationships and, you know, in order to have a really good service under any banner you really have to have good trusting relationships with your families in order for the service to work, and so that's really important to us and we try really hard to, to do that and build that foundation.

MS. WALSH: How successful --

THE COMMISSIONER: What hours are you open?

MS. ROUSSIN: Depend -- different services are open at different times. For instance, our 363 site, because that's a partnership model, we're open 365 days a year, pretty much from 8:00 a.m. till 9:00 p.m. Other services will be 9:00 to 5:00 Monday to Friday. Obviously, our group homes are 24 hours a day, you know, 365 days a year. Same with foster families; obviously, they would be on all the time. So it's really all over the map --

THE COMMISSIONER: Yeah.

MS. ROUSSIN: -- because our services are so -- there's such a variety of service that the hours are, are all over the place.

We also -- so, you know, that's the core of working with our families. Ma Mawi is often really looked to, to participate in cross sector initiatives, in a lot of collaborative sorts of things in Winnipeg, so we sit at a lot of coalition tables, we sit at a lot of collaboration tables. You know, the aboriginal (inaudible) for the North End, you know, Ma Mawi is the administrative lead on that. The, a vision for Merchant's corner where we've, you know, a group of us as a coalition have acquired the Merchant's Hotel and we're going to turn that into a community hub and, you know, with lots of housing and supports for community. Ma Mawi is the administrative lead on the community led or organizations united together coalition, short form is CLOUT, CLOUT coalition. So Ma Mawi is often asked to be the lead administrator for a number of those kind of collaborative initiatives.

We administrate an aboriginal Head Start program with -- can't think, it's escaped me but --

UNIDENTIFIED PERSON: Little Red --

MS. ROUSSIN: Little Red, Little Red Spirit. We're -- Ma Mawi is the administrator on, on a particular part of the Live Safe initiative, which again is another tri-level sort of initiative with -- here in the city.

We're participating, again, through administrating a coordinator through the parent/child

centres in community schools. So there's all these sort of one-offs that we're always asked to participate in because I think as an organization we have built our capacity to, to lead and to collaborate and to administrate and to, you know, we have a pretty sophisticated financial department, you know, to do the financial reporting.

But more importantly, I think Ma Mawi is seen as a real lead around bring that indigenous perspective and that indigenous voice to the table, so we often get asked to participate on, you know, committees or consultations, or whatever, to bring that voice forward so ...

MS. WALSH: Where does your funding come from?

MS. ROUSSIN: We get it from everywhere. We are excellent grant seekers. The majority of our funding, you know, and depending on how much of the other funding we get, I would say it fluctuates anywhere from 65 to 85 percent comes from the province, and again, a variety of departments within the province. We get funding from the City of Winnipeg, we get funding from the federal government, we get from United Way, Winnipeg Foundation, True North Foundation, various small grants we're always applying for. You know, we have our corporate donors that, you know, donate to us and then we have private donors as well. So it's really from under every rock. We, we spend a lot of time turning over the rocks.

MS. WALSH: Tell us about the interaction with Child and Family Services both of, on the part of the agency itself and the people who use your services?

MS. ROUSSIN: Well, it would be in a number of ways, so we recruit and train aboriginal foster parents and so our long term foster family program is the Ozosunon program, so we're somewhere in the neighbourhood of like a hundred twenty beds there. But, yeah, so we will sort of recruit and train and support aboriginal families to be foster parents for kids who are in the care of CFS. We have a shorter term foster family program called the CLOUT program, Community-Led Organizations United Together program. And so that's the younger children and it's a short-term emergency-based foster placement program. And again, recruit and train aboriginal foster families to, to be those placements for kids.

Again, five group homes. And so all of our group homes would be kids who are in the care of CFS. Typically, mostly teenage, the teenagers, 18 and under. Our boys home is, I think, 12, 12 years and up.

So we have our -- we have three community care sites, resource centres and so families will walk in and either they're already involved with CFS and so how can they -- they'll sometimes need some advocacy to keep their kids. Sometimes they will need to do things to get their

kids back, and sometimes they're just struggling, you know, and so they can come to us and we can figure out what it is that's creating the stress, you know, before we get to that protection stage, right. So sometimes people just need help with how are they going to drag five kids around to do laundry, you know, or sometimes they just need transportation. Sometimes they need someone just look after their kids so they can go grocery shopping. I mean, you know, sometimes parents just need a break. Like, I mean, there's all kinds of things that come up.

MS. WALSH: And does your agency have capacity to meet those kinds of needs?

MS. ROUSSIN: We try to as much as possible within our budgets. So again, you know, we try to -- whatever the family is coming in the door with, we try to respond to that as best as we can with the resources we have. We work, obviously, with our sister organizations as much as possible and we'll refer if we can. So we, we try not to turn anybody away as much as possible. If we don't have it, then we try to figure out who's got it and how can we get it.

MS. WALSH: Okay. And I'll come back to how you four, and then with others, collaborate. One more question: Are you a mandated child welfare agency?

MS. ROUSSIN: We're a community-mandated ...

Well, so when Ma Mawi was formed there was a vigorous debate at that time about what -- because there was not a lot of indigenous-led services and Ma Mawi was formed in response to the child welfare system because back then an aboriginal child died in the care of CFS and so the aboriginal community started, you know, getting together to figure out, well, surely we can do something about this. And so vigorous debate about whether or not the Ma Mawi Wi Chi Itata Centre would pursue the legal mandate to apprehend children, and back then it was decided no. And, and --

MS. WALSH: Why is that?

MS. ROUSSIN: -- the reason for that is because there's reciprocity in that, you know, fundamental philosophy that the organization would be. In order to build very trusting relationships with families you can't have the power to take away their kids, and that was the thinking back then and that's the thinking today. So I have the luxury of being able to talk to those people who are around who formed Ma Mawi way back when. They're still walking around, I can still talk to them, and then there's still people who work at the agency who were around in those days. And so that conversation does come up every now and then and we're still firm, you know, we don't want the legal -- we don't want the power to take away kids, we

want to work with the families in supportive preventative way.

MS. WALSH: Just before we get to Bernice, when, when Diane said why Ma Mawi had declined the opportunity or declined becoming a mandated agency because in order -- I can't recall your exact words but --

MS. ROUSSIN: In order to build the really true, trusting relationships with families you can't have the power to take away their kids.

MS. WALSH: So I saw all of you nod your heads. Was I accurate in perceiving that?

MS. KNOL: Yes.

MS. TAYLOR: Yes.

MS. WALSH: Is that a statement you all agree with?

MS. KNOL: Yes.

MS. TAYLOR: Yes.

MS. WALSH: Okay. Thank you. Anything else before I go on to Bernice?

MS. ROUSSIN: No, don't think so.

MS. WALSH: Okay.

MS. ROUSSIN: (Inaudible) thank you.

MS. CYR: My name is Bernice Cyr. I'm the executive director of Native Women's Transition Centre. Native Women's Transition Centre has been around for 34

years. It's the only aboriginal-led aboriginal women's long-term transitional facility in the province. We have 60 beds, three sites. And we work with women who are escaping violence, men's violence, economic violence, system violence and addiction issues and are looking for long-term supports and including residential. So we work towards creating a safe environment for women and children.

We have many funders. Well, we have some big funders and then the rest we actually had to seek out per diems.

THE COMMISSIONER: Who's the big funder did you say?

MS. CYR: Family Services and Labour.

THE COMMISSIONER: The province.

MS. CYR: The province. And then we had to search out per diems because we couldn't actually obtain funding for a lot of our services so I now charge per diems, particularly child welfare, Corrections, both federally and provincially. We have, out of those 60 beds, 34 are mandated for women leaving Correction. They are the only beds available, in most cases in the prairies federally and they are the only beds available provincially for women leaving Corrections because there is no halfway house mandated for women. And they oftentimes have heavy --

MS. ROUSSIN: Back up.

MS. CYR: -- CFS involvement. Women come in, they're of the average age is about 26 years of age, aboriginal women. Most women are treaty. Most women come in with CFS involvement. Their children may be in care as voluntary surrender of guardianship, permanent wards. We, by the time they even get to us, that a lot of them are lead very violent lives and things are fairly complex so they're coming in and then they can stay with us up to three years, and we'll work with them, providing long-term supports, programs, services around healing, so that would include family violence prevention programs, gang prevention programs, healing ceremonies; it's a variety of services that are based on their needs. The big changes -- we are in the middle of a child death inquest ourselves, and have learned a lot. We do work with a connection of women's resources, that would include short term shelter placements, resource centres and long term placements for women. And in the middle of our own inquest have had a number of recommendations but we've made significant changes in our practice, one of which, and we've heard signs of safety come up several times, that we are moving all our case management practice towards that.

We've added a number of positions to our organization and a number of polyassurance mechanisms to

ensure that the breadth and depth of practice is, is at its best quality.

THE COMMISSIONER: How many employees do you have?

MS. CYR: Right now I've got 25, and we run beds for up to 60 women. In most other facilities, whether they be institutional facilities or shelter facilities, usually have almost two to one staff, so you can see how short on resources we are in order to do this kind of work for long term. We have some women who can't actually leave our facilities until their day parole, temporary absence or their warrant expiry dates happen.

We work, we work with CFS. We do charge per diems for children who stay with us who are the guardianship of CFS. We provide 24/7 care. We -- all of our sites are 24/7 staffed. We have safety plans in place.

We insist -- our issue with systems and our women is that women aren't at the centre of their plans, neither are their children. The -- we get them often as prescribes, so women will come in with the holy trinity of addictions, parenting and anger management with very little follow-up. No one's accountable to the most vulnerable people in the plan, which is very frustrating. We've had varieties of situation where workers have had difficulty demonstrating safety or danger issues and based solely on

risk, and we certainly -- hence why we're introducing signs of safety.

MS. WALSH: When you say no one's accountable to the people most --

MS. CYR: Workers don't --

MS. WALSH: -- what do you mean?

MS. CYR: -- call back our families. They don't call them back.

MS. WALSH: Which workers? Who are you talking about?

MS. CYR: Oh, CFS workers oftentime. Well, Corrections does because they're mandated to. We don't get call-backs. We often have to chase workers down, and that's, that's common. That's a common experience. We usually record all of our meetings with child welfare because we don't trust what the worker is telling us. We document absolutely everything.

We insist -- our case management practices are within 30 days we have a full safety plan we start developing through family group conferencing safety networks, and that's the letter I'd submitted. With safety networks we surround people, our women, with their -- everything from the workers to their family to their partners in order to ensure that she's got safety as she transitions through our services and back into the

community. That we, after 90 days we insist CFS works with us, that they have to show up for the case planning. Oftentimes CFS is the referral source. They will refer women to come to us in order for them to get their kids back. They often view us as addictions treatment, which we are not, but we are able to -- we work in a harm reduction model. There just isn't a lot of safe places to go, and we have moved a lot of our services more to a family in care model.

We recognize that women need supports prior to getting their children back and there needs to be good reunification plans and safety networks developed around them. Oftentimes women are set up for failure when they do receive their children back and services and supports are cut off. Oftentimes, because there's medically complex situations that they don't have resources elsewhere so CFS is one of their only resources. Because we, because we serve province-wide they may not be from an urban centre, they may be from a rural or remote community, so oftentimes there will be CFS involved because that's the only way they're going to get health services for their child.

So these are some of the experiences we, we have in working with our women. We've had a lot of successes. We've served over 20,000 women and their children since we -- since its inception, and a big focus is sustainability

for women and their children.

There's two fundamental shifts that I would certainly see happening within our centres. We're moving from a risk model to a safety model. Risk isolates people. If you feel CFS with their SDM tools -- and I can go on for an hour about that -- people at risk, you isolate them. You arrest them, you apprehend their children. If you build safety it means you have to build a network around them, so we're taking that fundamental shift in our practice.

And the second thing is creating economic sustainability. You can have communities or families surrounded with supports and services; if they cannot feed their children, if they cannot find work, if they cannot find a means of income, you're setting them up for failure. And so our goal, certainly, we're starting up the Violet Nelson classroom, we have a number of economic development initiatives for women that they can attend to, and one of the number one conditions for women exiting Corrections, even if they have children, is to work, and so we try to meet those, those conditions as well.

MS. WALSH: Okay. Thank you very much.

A question for each of you, and you can determine who's going to start. We've heard a great deal of evidence throughout the inquiry about the new model of service

delivery that's being rolled out, differential response, and one of the objectives of differential response has been identified as enhancing capacity for agencies and community service providers to respond to families diverted to differential response family enhancement. So my question to you is, has anyone from the government or child welfare service providers consulted with you and your agencies about enhancing your capacity to respond to families, either as part of differential response or otherwise?

MS. KNOL: Oh.

MS. CYR: No.

MS. TAYLOR: No.

MS. ROUSSIN: No.

MS. WALSH: Did each of you say no?

MS. KNOL: Yes.

MS. CYR: Yes.

MS. ROUSSIN: Yes.

MS. TAYLOR: Yes.

MS. WALSH: Yes. Okay. All right.

Let me ask you this: Do you collaborate with each other in any way in serving the community that you serve?

MS. ROUSSIN: Absolutely.

MS. CYR: Yes.

MS. WALSH: Okay. So you all do that. All

right. Let's find out individually how you do that, so starting, say, with Sharon.

MS. TAYLOR: Well, one, our families are very mobile from the north or what we call the north end of the city to our end, so they go back and forth, so there's that collaboration, also being a member of CLOUT. But I think our families sort of define, you know, if we have a common value base then it's easy to partner with places like Andrews Street or Ma Mawi. It's about working together. I don't know how to describe it because we just -- it just is. Like, you just know that it's safe, you know it's respectful. We have the same values. Like I think we're value driven, so we respect that the people that we're serving are human beings, that they have potential, that they have strengths and how do we work with it. So you start sort of gravitating to organizations that will assist with that and work with your families in a respectful empathetic way and see them as a human being. So I don't know, I don't think I'm describing it well but it basically comes down to our values that we share and then it just makes it easier to work with others.

And when I first started it's like, okay, you're sort of testing to see where people sit, what are -- how do they view the people that we're serving, do they see them as a deficit, do they see them as a strength, because we

share certain values. And then you just keep building on it, so that's how I sort of collaborate with people.

MS. WALSH: Diane.

MS. ROUSSIN: Yeah, maybe I'll jump in here and just sort of speak for, for some of us at the table or all of us at the table because we all participate in, in one example, which is the Community Led Organizations United Together.

MS. WALSH: So that's CLOUT.

MS. ROUSSIN: CLOUT coalition.

MS. WALSH: And that's a formal, then, coalition?

MS. ROUSSIN: Yes.

MS. WALSH: Okay.

MS. ROUSSIN: So, and that formalized in about 2003-ish but really it's based on a longstanding relationship that organizations have had, and like we've historically worked together. And like for some of us around the table, we're, we're newer ED's but there's the group of ED's that were before us and so those relationships were there then. And so, you know, trying to meet the needs of families in the community, you have to work together, and that's just the way it is.

So in about 2003 there was a decision that -- in, in -- that we needed to formalize that, you know, very organic natural working relationship and that's why we came

up with the coalition. And so now what we do, and so it's nine organizations, and I'm going to read them off: Andrews Street Family Centre, the Ma Mawi Wi Chi Itata Centre, Ndinawe, Native Women's Transition Centre, North End Women's Centre, Community Education Development Association, Rossbrook House, Wolseley Family Place and Wahbung Abinoonjiiag. And --

THE CLERK: Can you spell that?

MS. ROUSSIN: Wahbung? W-A-H-B-U-N-G, A-B-I-N -- oh, well, you can Google it. Abinoonjiiag is, is how it's pronounced.

THE CLERK: Yeah, I have that one.

MS. ROUSSIN: Okay. Is that the one you wanted? Yeah.

So again, nine, or nine executive directors that get together on a fairly regular basis and we'll do all kinds of things. So we'll -- if there's an issue going on in the community, we'll get together and discuss it, we'll figure out what needs to be done or what is being done, and if there's something else that needs to be done. And we kind of look around the table and say, okay, who's got the time, who's got the energy, who's got the resources, who's got the capacity to deal with this. And sometimes it's a very formal sort of thing that we'll do and we'll put a proposal together to that effect, or other times it'll be,

okay, this is how we're going to deal with this situation or this family or this whatever. We all are constantly participating on coalitions and networks and, you know, coming to the table on all kinds of stuff. So we -- you know, and that's sort of outside of the CLOUT. But I do find what Sharon's talking about, the, the reason that those nine organize -- why those specific nine organizations, we all have a very similar philosophy-based service model, you know. We all believe in the capacity building model, we all believe in the strengths-based approach to working with families and that the families are at the centre of, of the -- I mean, Ma Mawi doesn't do a lot of case management but, you know, we do things like family group conferencing where it's the family that decides what they need and what they want, and then the rest of us are workers, it's up to us to try and figure out how to get what that family needs, right. It's not the workers sitting around, planning things out for the family and then presenting that to the family, it's the other way around.

So, so again, you know, we'll, as executive directors we'll get together and just vent with one another, we are a source of support for one another. We'll compare notes around organizations, like what's your health benefit plan like, or what your HR stuff going on, you

know, like, we'll --

MS. TAYLOR: Or lack of.

MS. ROUSSIN: Yeah, like we'll share that kind of expertise and knowledge with each other. Sometimes I know, again, Ma Mawi administrates a large health benefit plan, so some of the smaller organizations are coming under us to get the leveraged benefit of a group plan. So we find all kinds of ways to work together and collaborate. And it's, most of it's focused on service delivery but there's also our, our capacity as organizations and how we're pooling that or how we're working on that. And sometimes it involves advocacy. If we just see something's flat out not being done and, all right, let's all go down to city hall, or, let's all go down to the leg., or, let's write the letters, or, let's, you know, do the thing. So we do some of that as well, right. Like because we're all for good public policy and we're all for making policy work for families and work for community, and that community voice needs to be at the table, it can't be top-down kind of problem-solving here. Like it's got to be bottom-up problem-solving.

MS. WALSH: So it's fair to say that from your perspective, your various perspectives, the community-based organizations are collaborating?

MS. ROUSSIN: Absolutely --

MS. TAYLOR: Yes.

MS. ROUSSIN: -- we have to.

MS. WALSH: And doing well --

MS. KNOL: Yes.

MS. ROUSSIN: We have to.

MS. WALSH: -- in that regard. Dilly?

MS. TAYLOR: We wouldn't exist if we didn't.

MS. ROUSSIN: Our, our funding can be very siloed and it's up to us to figure out how to, you know, just make that work.

MS. KNOL: There was a time, I think, that agencies kind of worked as islands by themselves because they were so scared if they met with someone they might lose some of their funding to another agency, that kind of thing. And instead, we work together to make sure we continue to get our funding in hopes to get more, not to say, I want this funding and I don't care if that agency doesn't.

MS. ROUSSIN: Yeah.

MS. TAYLOR: Yeah.

MS. KNOL: You know, that kind of thing.

MS. ROUSSIN: We have clout.

MS. KNOL: We have clout.

MS. CYR: There's larger networks, as well, we all belong to because we serve the province as a whole, so

we also have women's networks, health networks, addiction networks that we all, that we would certainly sit on those (inaudible) as well and bring them together with the goal of making them accountable to the family, ensuring that plans go forward even in those systems (inaudible).

MS. TAYLOR: I counted, because I have to do my annual report, that I had over a hundred and seventy-five partners last year in some form or another that has worked with us and worked with our families. And I'm sure you guys got counts.

MS. WALSH: Mr. Commissioner, did you want to take the afternoon break at this point?

THE COMMISSIONER: Any time you suggest is a convenient time. If this is the best time, we'll do it.

MS. WALSH: Would this be all right, then? We'll take a --

UNIDENTIFIED PERSON: Sure.

MS. WALSH: We usually take a 15-minute break.

THE COMMISSIONER: We, we can't -- we won't be sitting beyond 5:00.

MS. WALSH: Right. Does that work for -- can you all stay to 5:00?

MS. ROUSSIN: We thought, it's Friday, let's go to 6:00.

MS. WALSH: But will 5:00 be all right for all of

you?

MS. TAYLOR: Yeah.

MS. KNOL: Yeah.

MS. WALSH: If necessary. Okay.

THE COMMISSIONER: If there are enough questions to keep you going. Yeah, all right.

MS. WALSH: All right.

THE COMMISSIONER: We'll take a 15-minute break, so you can step down and --

MS. ROUSSIN: Okay.

MS. WALSH: Thank you.

THE COMMISSIONER: -- do whatever.

(BRIEF RECESS)

MS. WALSH: All right. We have an hour and a half, thereabouts, to discuss everything else that you want to discuss.

THE COMMISSIONER: But you got to leave time for other questions.

MS. WALSH: Yes. And that doesn't include just questions from me. So there are four areas I want to cover in, let's say an hour, so that we leave half an hour for other questions from other perspectives.

The four areas that I want to cover are who,

since you say that so far there's been no collaboration from government, who within the government, which department would you see the collaboration coming from?

The second one is -- and I know specifically that, that one of you has views on to whom funding for differential response from the government should be directed.

The third is your views on why there is an ongoing need for services, either from the child welfare system or from the kinds of agencies that you all run, why is the need increasing?

And the last one is your recommendations for the Commissioner in fulfilling his mandate to better protect Manitoba children.

So I've put them all out there so that you know what we're facing in the next hour. So let's start with the first question. And you may not all have views on this, but if you were to turn to a department in the government from whom you would expect to receive -- or with whom you would expect to collaborate, where might that be focused?

Perhaps, Bernice, you were previously the CEO of the Métis authority, so maybe I'll start with you.

MS. CYR: I would see collaboration happening in the Healthy Child Manitoba mandate underneath the eight

ministers or deputy ministers that have received that portfolio. The reason being is that you've got different systems affecting children at the policy level and an operations level could be run through them whereas the funding agreements continue to come through child welfare (inaudible) Child Protection Branch, Family Services and Labour. But I would see that actually being best venue for quality assurance, the best venue for collaboration, not that they're in charge of it but that they coordinate it, and that there is equal power among all partners inclusive of community agencies. And, that the children's advocate mandate be expanded to come under the Healthy Child mandate to look at children's services throughout the province and throughout all systems, not just child welfare.

THE COMMISSIONER: Let me just ask you, what contact do you have with the provincial child advocate now, any one of the four of you?

MS. CYR: Any contact I have with the provincial children's advocate is on behalf of children who stay at our residence that are not getting adequate services from child welfare.

THE COMMISSIONER: And, and what kind of service do you get from that office for those on whose behalf you seek it?

MS. CYR: In the context of advocating against

child welfare. So I would seek out, if the child is not being treated fairly or what we perceive as fairness within the child welfare system only, then we would contact the children's advocate. There is no other mechanism, if, if children are being treated unfairly in schools or at home.

THE COMMISSIONER: Do you find you get results?

MS. CYR: That's to be seen.

THE COMMISSIONER: To be seen?

MS. CYR: Yeah.

THE COMMISSIONER: Okay. Any, any others want to comment just on my inquiry about the child advocate's office? And I raise that because you made a recommendation with respect to it. And what was that recommendation?

MS. CYR: The recommendation is to expand the scope of the children's advocate, move them under the Healthy Child Manitoba mandate, to view and review and quality assure on behalf of children all systems that affect children.

THE COMMISSIONER: Fortunately this is all being recorded so ...

MS. CYR: I can own that statement.

MS. KNOL: Yeah.

THE COMMISSIONER: Yeah, oh, no, no, I don't say that for that reason. I want to get the full, what you said in full, and I'll be able to get it from the

transcript. That's why I said that.

MS. WALSH: Probably because I gave you a time constraint, I expect that you're speaking quickly and it's difficult to --

MS. CYR: Okay.

MS. WALSH: -- take notes. But, so the Commissioner is just saying that thankfully this is all being recorded so that we can all read it carefully.

THE COMMISSIONER: That's exactly right.

MS. WALSH: Yes. Diane, did you want to speak to, to the concept or to the notion of with whom in government you would see collaboration taking place?

MS. ROUSSIN: Well, that's a little bit of a difficult question because it seems to imply something singular and most of us have like multiple funders, right, so I -- our organization can often get frustrated with the different levels of government, you know. So, you know, having a single sort of point of collaboration within, say, the province would, I guess, because again, I've received funding from many different provincial departments, so trying to think that one through, but I also receive federal funding, I receive City of Winnipeg funding, and those three levels don't often -- you know, their funding sources don't collaborate. So, if there was a way to get all funders together to really understand how

entrepreneurial we need to be in making the funding work, because families are families, you know, and they're holistic and they're coming in with all kinds of things that they need addressed and, and they don't silo themselves up and so you can't have service that's all siloed. But behind the scenes, like I can sometimes draw the line where that funding ends and that funding -- you know, for the same person, right, like it's, it can't be -- You know, I have a funder who will fund cultural stuff and, you know, will fund a sweat lodge but won't fund it beyond the Perimeter. And I'm like, well, we don't have sweat lodges in the city, I don't know how we're supposed to make that work. Anyway, things like that, right. So it's more, you know, then you get the foundations and, you know, so I think we know how we would like that funding to work for us as an organization. How all those funders could potentially coordinate or collaborate themselves, that would be a dream, yeah. I don't know -- I'm trying to think through how that might work but ...

MS. WALSH: Sharon?

MS. TAYLOR: Yeah. I'm a mix, too, having multiple funding. But if I was looking -- if you're just talking the province, I would say Healthy Child because they have eight or nine ministers that sit there and it gives them the mandate to look holistically at families. I

like the fact that Healthy Child goes from zero to 18, so that. But on another hand, I'm looking at that I don't want anybody to be in charge, I want where we come to the table, where we are valued and respected as an equal partner because we do do the front line. I am so tired of being at meetings where we're consulted but it's after the fact, to validate what they want to implement. It's about bring us in at the beginning and work with us there. So I would say, if I'm just looking provincially, because I also have federal funding which brings up a whole bunch of other different issues, but provincially it would be Healthy Child because they have the mandate zero to 18 and they do look, there's enough ministers with a diverse portfolio there to look holistically at children if it was done in a good way.

MS. WALSH: And so you're saying collaboration means being an equal partner?

MS. TAYLOR: Yes.

MS. WALSH: Which, of course, is what we heard from Shauna MacKinnon and the study that I think probably many of you participated in, the results of community-based organizations' views on, I think the topic was accountability, and you talked about needing to be an equal partner.

MS. ROUSSIN: It was about who gets to define

what accountability is.

MS. TAYLOR: Yeah.

MS. ROUSSIN: Like more and more reporting and more and more whatever does -- it can sometimes relate to accountability but often it relates to more bureaucracy. Like, who are you accountable to? I mean, we are accountable to funders but we're also accountable to our community. Our services have to be accountable to the community we serve.

MS. WALSH: So are you saying when you want to be an equal partner, are you talking at the level of funding decisions? Policy decisions?

MS. TAYLOR: Well, policy decisions, for sure. But before it even gets to policy, if they're even thinking about how you provide best services to the families, it's about bring us in at that starting stage before you implement something.

I also have to be cautious because of my multiple funders, it's like I wished in a way they would come to the table together and sit down and work with me in an equal way to say, how can we best provide services to this community. They do all this work behind my back and then pull me in to say that this is sort of what they've agreed to. And I would like to be there at the forefront because I'm not opposed to them meeting. And when I initially --

MS. WALSH: Now, who is "them"? Who are these funders?

MS. TAYLOR: Well, I'm looking at foundations, because I have foundations, I have federal funding and I have provincial funding as major funders. And at the beginning, they came to the table but they've never come to the table since as a group to sit there and say, okay, what are your needs now and how can we best provide that service; and if they have, they'll turn around and they'll say, well, you get a thousand dollars for administration so the rest of them don't have to give me any money. And it's like, but my costs are higher than that, how can we work together in a good way if -- so, so there's multiple issues, I think, around, when we're talking about who's responsible to who. I don't know if ...

MS. WALSH: Dilly, I saw you nod your head when someone raised the issue of funding coming from provincial and federal sources. Is that an issue?

MS. KNOL: Well, it certainly, well, I guess it's not -- it's just the reporting is completely different sometimes and that, so I've just learned to do work plan for all my programs, so you've learnt that you might as well go the extra mile to get your accountability and everything in because they're eventually going to ask for it anyway. One asks for it, and then they change things.

So their accountability is different. Like, some people really just want numbers and some people really want the stories, you know, the parents' stories about -- and see that as, as valuable information and that. So I think the province is more, they're listening more to the, the participants and stuff and the workers, but I think the feds are still wanting numbers, and I've a problem with numbers because, you know, 50 people came today may look good but maybe there were 10,000 that could have come so 50 doesn't look good, you know what I mean. So you could use those numbers any way you want to, so I have a problem with numbers. I mean I'm accountable, totally so accountable, it's so crazy accountable.

MS. WALSH: Um-hum.

MS. KNOL: That so much of the time is spent being accountable and doing reports and everything and then you're still dealing with a non-profit, you're dealing with staff, you don't have a million -- I got 28 staff. I'm the executive director and I have a finance manager. That's who takes care of the day to day, you know, staffing stuff and everything else. Plus I do -- community comes to me because my door is open. So, and that's the way I learn because I want to know what's happening in all my programs in the centre. I don't want to just be the boss over here because that's how I think the system works. I'm the boss

over here and I'm taking care of all these programs but I have no idea how those programs are working or if my families really do get them, even though I get numbers. But I do, I know how it's working because I go to my programs and I'm there every day to check to see how things are going in between meetings and reports and everything else. But if you believe in your community and you believe in what you're doing as an agency, I believe we are making a difference. If we had more resources we could make a bigger difference.

MS. WALSH: Okay. So maybe that takes us to the next topic, which is the topic of to whom should -- well, it was specifically differ -- money for differential response funding, which is -- but I mean, that is what, what you are all doing, is you're not doing protection work, you're doing what --

MS. TAYLOR: (Inaudible).

MS. WALSH: -- the child welfare system calls family enhancement work. So what, what recommendations does each of you have regarding funding in terms of, of better supporting your work? Do you want to go back in reverse order. So we'll start with you, Dilly.

MS. KNOL: Okay, differential response, I mean, I like the idea of seeing it because I think the first spot is the community, because families build a relationship

with the community and, and, and people that work in community, so that we're there all the time, we're not there just once in a blue moon to support them kind of thing. We're there to support them all the time. So I think if we got money, a family comes, says, why can't I have more money so I can make sure I have the child care I need for the parent to take parenting. You want your parents to get skills but you won't -- there's so many boundaries in the way for them to get those kills. They have three kids at home. How can they go into a parenting program every day? Who's going to take care of the children, and you know, which becomes an issue or everything. Transportation is an issue, you know, those kind of thing. I wish they would just give us extra money, know we work with families and that. My fear is that if I have to start keeping files on families that I, that I work with in order to get money, then keep your money because that's not going to help my families. My families are not going to come to my centre because they're going to lose trust because they're going to feel that I work for CFS not Andrews Street Family Centre. And, and they do want -- you know, if they -- because I read about it and stuff like that, and I'm just saying, if I have to open a file to a family that drops in, in order to get some money to get extra child care or to get extra bus tickets or to be able

to do home visit, have more people doing home visits and those supports at home and stuff like that, my families are not going to trust me, they're not going to come to my centre. So they need to trust. We have so many families. Talk to the families and, and see, because you're referring them to us, you're not paying for that referral. You know what I mean? It's -- we're there to do this programming, we have money for that, and we get real -- very creative and with our volunteers and what we get and stuff in order to make ends meet for our families, you know, because boundaries is big for our families, too. They like things local and they need to have access to phone, access to child care, access to transportation, which, like Child and Family Service said, oh, you have to go to parenting over there but they don't give them bus tickets. So we got to give them bus tickets in order for them to come, which I don't really have the money to do that, but if that mom wants to come and become a better parent, I'm going to give her a bus ticket, you know what I mean. So I mean, I think non-profits, we'll take money out of our pockets to help because we believe in -- you know, there's got to be holistic, it's got to be, it's got to be programmed for family, which means there is no age zero to six in a family. Family goes, like you got kids till they're a hundred, you know, kind of thing. Your kids always come

home, so ...

MS. WALSH: Okay. Thank you.

Sharon?

MS. TAYLOR: I'm trying to think what the question was.

MS. WALSH: The question was recommendations with respect to funding to better promote the work that you're doing.

MS. TAYLOR: I think what I would like is to be able to have wrap-around services for every family, and to be --

MS. WALSH: What does that mean?

MS. TAYLOR: Wrap-around services, what I mean is where the family is the centre; the family decides what sort of the needs are and that you're able to work on it. So if we know that a family has substance abuse, it's like, okay, what do they define as the goal to be able to achieve that end? We don't usually have absolute answers but it's about stages, it's like, okay, somebody may be on crack but it like, okay, we're not dealing with -- they'll say it's an issue and then we start weeding them down to be able to, to the point where they may be using weed, and that to us is a benefit in a way. It's about, I think it's about having the family always at the centre. It's not about that we're the experts but we are an expert in a way.

Like, I always think we minimize ourselves when we don't say we're the experts because we do have knowledge and our families have been able to show change because you work with them, because they've been able to define the goal. So --

MS. WALSH: So you said you want funding for wrap-around services.

MS. TAYLOR: Yes.

MS. WALSH: So what does -- you've told us what wrap-around services are. What's the funding recommendation that you have or what's your need?

MS. TAYLOR: I, I would say just being able to provide us with long term funding, being able to -- versus short term. Like I, I would love to know -- and also to be able to have increases every now and then would be really nice, but it would be tied in with the family and providing the services to that family and being able to, be able to expand. Like Dilly, when she's talking about not having bus tickets, like we're always trying to figure out ways to get transportation for families. We're always sort of scraping at the bottom in a way, so it would be nice to have secure funding that allowed even to even sustain staff, because I, I am going through now where staff are leaving because we pay so little and they're going on to other higher paying jobs. Like so when you're talking

about funding, it's about long-term stable funding to be able to say, we can work with a family from the beginning to the end and be able to, through whatever transition, because families that are going through change, it's a long process so it's not a quick fix for families. So I would say that's how I would like to see the funding.

MS. WALSH: Okay. Thank you.

Diane?

MS. ROUSSIN: I think probably what you're hearing up here is we know what we do, we know the kind of funding we need and would like to have and we know that there are certain characteristics of what we would deem, you know, good funding. And so I think we're very clear about what that is. Where it comes from is a little less clear to me, and I, you know, when I'm talking to funders I don't -- it's up to them to figure where it's going to come from. They know their system, I don't, right, and so I'm just trying to communicate about the kind of funding that we think works for families and works for communities. It needs to look like what you've heard here already.

So, so I know your question was specifically around the differential response and the, the family enhancement, but like I think the families that we see, you know, we know that we're working within this context of systemic issues and we know that there's, you know,

historic and current oppression and discrimination and racism and, you know, residential schools and, and sixties scoop and all that stuff is poverty, you know, and those are the conditions that our families are struggling in, and so how do you deal with that stuff within your centres, because they're coming in the door with that, and trying to deal with them in a positive way so that it doesn't get so -- the situation doesn't get so degraded, you know, that we're into child protection and family breakdown or violence or, you know, incarceration and things like that. So we know that we want to -- I know at the Ma Mawi Wi Chi Itata Centre, for the kind of funding we get, the services that I provide that are directly related to kids who are in the care of the CFS, the group homes, the, the foster families and everything else, that funding is way more stable and way more at a, at a higher level than another set of services that we provide, which is like the youth leadership programs or the youth mentorship programs. Again, the, the in-care funding, it's, it's stable, it's a five-year agreement, you know, unusually renewed every five years unless something really fell off the map. The youth leadership stuff, the youth mentorship, the -- you know, that kind of stuff, I'm hunting it down every year. Sometimes it's only for six months. You know, and we're constantly juggling, you know, many plates in the air to

get that kind of -- and stitching it together is very piecemeal, it's very project-based, you know, again, where the other stuff is more, it's, you know, what we would call the core funding, right. And so when you have core funding it doesn't -- it allows you to be a bit more innovative, you know, when you're dealing because there isn't any one problem that everybody faces, you know. Everyone's coming in with something just a little bit different and you got to have enough room to move to be able to deal with those situations. And a lot of what families come in for, most organizations don't have their -- like (inaudible) emergency service stuff, like most of us don't have budgets to deal with that. Like, people need -- they're going to get evicted, they don't have another damage deposit, you know, they don't have money to move their stuff, they don't have somewhere to store their stuff, they don't -- you know, there's, there's these very common sorts of things that none of us get funding for and so you're trying to figure out how you can, you know, piece things together to deal with some of that in between the cracks.

So I think core funding allows you to be a bit more innovative to deal with some of those situations. There needs to be more of an emphasis on how we fund preventative pieces versus sort of just the intervention. Because I -- like we're downstream here. Like, I mean, how

many kids in care? Like really, this is just going to keep going. Like, how do we get upstream of that?

I think that, you know, again, we all work from that strength-base model and again, as an organization I am funded -- you know, I have to show that there's a need out there and there's a deficit out there, and so I have to ask a funder to fund that deficit to -- so people can get out of that deficit and that weakness situation.

If I go around saying families are strong and great, I need funding for that, no one's going to fund that, right, but that needs funding. I mean, that's the strength-based approach. This is -- this family is on the cusp but here's what they're good at and here's what they need a little bit more of. You know, the good stuff, right. Because we all know that healthy communities are built on, it's built on the strength of its members, not on the weaknesses of its members, and so --

MS. WALSH: Right.

MS. ROUSSIN: -- how do we build the strengths. And so most funding models, you know, this is not -- there's not any one funder that is not guilty of this, I mean we, we fund deficits, we don't fund strengths, right.

MS. WALSH: But that's what you would call part of prevention funding?

MS. ROUSSIN: Yeah. Yeah. So and that's so, for

Ma Mawi, we have a very large volunteer program. And again, you know, people come in the door because they need a little bit of help with this or that or the other, but they would rather volunteer their time or do the odd job type thing in order to get the meal or to get that Pampers, or whatever, versus just coming and saying, I need Pampers, like you know, versus just being given something. They would rather earn it. And, and so, and then, you know, that makes them feel good, they're building skills, they're building resume. We do all kinds of training for people from food handlers to CPR, you know, all that stuff that goes on a résumé that gets them in the door to employment. And because they've been volunteering in our centres for so long, you know, we get to know who they are and we can be references for them and we refer on to our sister organizations.

And then we're trying to build inroads, and the one I'll mention in particular is like the City of Winnipeg. We have a youth program with them where, you know, we're working as the community organization, we're building the skills of the young people, working individually with the young because we do that well. The city is doing some stuff internally to make sure that those kids then have jobs within the city, like good paying jobs, from animal services to the bylaw enforcement to you name

it, and we're trying to create pathways into the civic system for our aboriginal youth to be -- because there was barriers all over the place before and we're trying to pull those barriers down. So -- you know, and that's where people are at. People want to work, they want to go to school --

MS. WALSH: Sure.

MS. ROUSSIN: -- they want to do better. They don't, you know, want to just sort of be sitting there taking all the time, and so how do we do that as organizations and how does the funding fit that? It doesn't really. We just have to be really creative about how we make that work.

MS. WALSH: So you need more funding for prevention on sustained basis?

MS. ROUSSIN: Yes, like the -- also funding levels. Like again, the -- you know, if we look -- if I compare any of our workers to folks who are in the child welfare system, the wage parity, oh, it's ridiculous, you know. Like, we can't pay our people the way -- and, you know, and I don't have a turnover issue at Ma Mawi, I think it's because the way we deliver the service, but man, I pay my people poorly. Like, it would be nice to be able to pay them properly.

MS. WALSH: Thank you.

Bernice?

MS. TAYLOR: A 16-year-old kid that lives in B.C. makes more than I pay my outreach workers. And he's just working for the summer. That's a big statement.

MS. WALSH: Bernice? Thank you. Bernice?

MS. CYR: My opinion on differential response funding has been the moment it was announced many years ago is that it needs to be vetted through the community. Now, I'm talking provincially. The north end has a luxury that it has an urban centre where you could target a number of resources, but there's a number of provincial communities that don't have any family services at all. And what winds up happening is that they become -- we talk about increases in child welfare, well, if you don't have medical services you don't have anti-poverty services or poverty alleviation services or housing, you're going to have a significant over-representation in child welfare. That's just -- the evidence is out there. So I would like to see D.R. funding go and be vetted through community organizations, both urban and rurally; that I would like to see funding be harmonized with other funding agreements like Family Services and Labour, whether that be community programs, child welfare, family violence prevention, that they become managed on five-year business plans that are created by the agency, that is about meeting the needs of their families

and those communities and that reporting mechanisms are reported through those business plans, would provide longer term sustainability, a level of accountability. But the piece of the business plans, when you have outcomes and targets, is that you can actually have them as not just compliancy-driven but as quality drive, but we have to move to a place in this province where we're not just looking at the numbers or just saying it's a compliancy issue. We have to look at the practice deficit we have in this province, and that's what it is. And if we're not keeping it --

MS. WALSH: What do you mean by that?

MS. CYR: Well, what I mean by that, and I'll just be blunt, in my experience in, in -- when we have wage parity, how do we compete with hiring staff? How do we retain good staff? I've worked with many staff in different systems that were inadequately trained, that the difference between -- and you had mentioned, Diane, why do staff stay in non-profits when you're not paying them. It's because you can rally them around the cause. In child welfare, try rallying staff around the cause. It's very, very difficult. They're not as committed or motivated and that has been my direct experience. Whereas in community agencies, because people tend to live and work in their same community, tend to be pretty motivated about ensuring

that that community is sustainable. So when we look at funding plans, there are a number of provincial communities that, that are in desperate need for family resource centres, however that may look, that D.R. funding, once it's sort of diverted I would see it as going through Healthy Child, through the portfolios, I would see that -- we have to name what the goal is in funding. What is, what is it that the goals that the province have been looking for? They haven't been very clear on that. It's -- under the legislation it's very broad under the safety of children, which that broad definition has certainly led to a number of issues around neglect. And (inaudible) get into that whole other piece, but the other piece is what's the goal. Another needs to be reinvestment policy; that if we have a five-year business plan and we're able to demonstrate, as an organization, that we can effectively and efficiently use those funds, we don't want the province coming back and either reducing our funding or clawing us back. We want to be able to reinvest those funds back into quality services. The goal should not be keeping kids out of child welfare. The goal should be keeping kids safe, being able to offer kids better opportunities, seeing increased health determinates, having better dental care. That's the things we need to see.

The reason why -- and I know this question was

asked of Brad McKenzie, and the reason why we have such an increase in the number of kids in child welfare is because the systems breaking down on our families all over the place, family systems, community systems, education systems, health systems. In this province -- and I've done a lot of development work in both Alberta and B.C. -- in this province the child welfare system, the legislation, the way it is set up, has created this net and child welfare scoops up everything that didn't work out in other systems, and that's been my experience and what I've seen. So when we talk about funding it really has to move to what is the goal of the province as a whole, what is the goal for our children, how are we managing this. And the level of accountability can't just be about numbers, it has to be about quality and access to services.

MS. WALSH: Thank you. Which I think takes us to the third topic, and that is the numbers that, of children in care are increasing. Your organizations have been around for a long time. The need doesn't seem to be going away; in fact, a need for services seems to be increasing. Why do you think that is?

MS. ROUSSIN: I can just jump in and just reiterate what I said earlier, like we're building systems and putting all the resources on a deficits model. Like, you look at the jail -- and I'm speaking primarily from an

indigenous perspective and about our indigenous kids, because you look at the jails, our kids are incarcerated, like way over, over-representatively. And how much does it cost to incarcerate a kid for a year versus what if we put that same amount of money into a youth leadership program, you know. How much does it cost to have a child in child welfare for a year, you know, could you not put that into a family support service instead? And so I think it's how we're, we're funding the deficit model. And so like it just -- I don't know how you flip it but it needs to be flipped and I think, you know, that's where, where the work we do, and we just feel like we're under-funded and like funded at a lower level to do what seems to me the more investment type work.

MS. WALSH: Sharon.

MS. TAYLOR: This is more, don't know how to phrase this, but I looked up child protection's mandate and it was interesting because it said that it was to build the strengths to care for families and to create a good relationship with a child and engage the community in resolving issues. And what I found interesting was that the majority of kids that are in care now is under neglect. And when I think of neglect I sit there and start thinking of the system in neglect. We don't have living wages, we have really poor housing, we have really -- people living

in poverty and we don't seem to, to find that as neglect. And I think if we were to take care of some of those issues like housing, poverty, discrimination, all of those issues, the systemic ones, I think we need to start there in a way to be able to make big change. So to me, the system should be charged with neglect sometimes and not our families but the system should be because it's not taking care of kids' basic needs. The kids that I see, the families are working, they are so resourceful in the limited resources that they have but that level of not being able to feed their kids well, dress their kids well, transportation, all those costs never seem to go away. They seem to be getting bigger. And so we're not providing enough care to our kids, and to me -- or the families because kids come with a family. And let's talk about that we need to support families at the same time as we support children, and that's where, as family resource centres, we're able to take care of the whole unit. So I, I want to charge the system with neglect, because until they start taking care of some of those issues and stop blaming the victim for not being able to take the best care of their children, I, I just believe that at the bottom of my heart would be one of the first steps: let's talk about adequate housing, let's talk about living wages, let's not talk about cutting taxes and who that benefits, and child credits that we give

people. I'm going on a rant, but I think -- I don't think our families are not doing the best that they can for their kids.

MS. WALSH: Thank you.

Dilly?

MS. KNOL: Can I just say that I think we do things holistically so we're looking at housing, we're looking at nutrition, we're looking, so Child and Family Services only looks at the one kind of thing and, and they say, ooh, you don't have good food and you don't have good housing so you can't have your children because it's not adequate. But help them find good housing. Like I always say, why doesn't Child and Family Services own housing to put their families in? This way we're not dealing with slum landlords maybe and, and they'd be responsible for taking care of the house, and if they're not taking care of the house, Child and Family Service would know about it and maybe teach them how to take care of a house. Like it's little things like that. You got to remember, we weren't born with all these skills. Some people were lucky to be born in a family that their parent showed them and there were enough resources to be able to show your child how to grow and work is important, but if you haven't had that, you're just not born with that information.

And I just -- because this has been burning me

since I've heard Dr. McKenzie say this, he said that prevention shouldn't be given to community agencies that we couldn't do a good job on prevention, it should stay with Child and Family Services. Hello, people, how long has it been with Child and Family Services? It's not working there. So I bet if you gave it to the community and gave us a chance to take care of prevention, that you would actually see some results. Sorry but I had to get that off my chest.

MS. WALSH: Bernice, the ongoing need, the need's not going away, it's increasing?

MS. CYR: I think it's been, I think it's been covered and I've said my --

MS. WALSH: Okay.

MS. CYR: -- last round, is lack of system.

MS. WALSH: Thank you. So to an extent with the fourth question you've given an answer but I want to give you one last opportunity. The mandate of this inquiry is for the Commissioner to make recommendations to better protect Manitoba children so I want to give each of you an opportunity to make some suggestions, some recommendations for the Commissioner to consider.

Bernice, do you want to start?

MS. CYR: I would, excuse me, I would certainly expand the scope of the children's advocate in all systems.

I would narrow legislation around and define abuse and define neglect a little bit better in legislation, meaning that there's a number of neglect cases that could come through preventative services like community agencies instead of all being processed through as protection concerns. I think that we have to work better on the referral sources, so schools and health care providers under the Disclosures Act. There needs to be better clarification around how and where to refer, when there -- have concerns around children and their families. That there needs to be a better front-end system for triaging. I know ANCR has done their, their best as far as that goes, but intake is inconsistent throughout this province. There has not been a direct intake agency review done in several years. There's still outstanding recommendations that need to happen at those intake agencies. We have a combination of in-house and stand-alone intake agencies that are very consistent in their application, delivery of legislation. That we need better quality of practice and we need practice compliancy, so we need to look at better services and what our workers are actually offering, because our system is only as good as its weakest worker. And that's just, that's just how it is. Those would be some recommendations I would make.

MS. WALSH: Thank you.

Diane?

MS. ROUSSIN: I think that there could be, well, there should be sort of a better intersection between community-based services and the child welfare system. And the example that I, again, will refer to is the CLOUT coalition. So the way that we deliver the service, the way that we view our families, the way that we work with our families and then how the service flows from that value base I think is something that works for families. And so, you know, I say we're here, we've been here for quite a while, we have quite a capacity and an infrastructure already developed and I think there's an opportunity there for, you know, the child welfare system to, to work with the community-based agencies like that. You know, again, there's a time and a place for child protection, absolutely, and we need people who can do that really, really well. And I think there's, you know, around the family support and the family working with families, I think there's a lot of us around the table that have a pretty sophisticated experience and expertise in doing that work and so I say we're here and I think our doors are open and we're ready to share that with whoever will listen.

You know, and we've very much grounded in local solutions and so, you know, while there's always something to learn from an international model, you know, that worked

somewhere else in the world, we know what works right here in our neighbourhoods. You know, we're very neighbourhood-based organizations. We all operate from that community economic development lens whereby the families that we're actually working with and serving often will start working within our organizations and will move into the marketplace or into education systems because they've, you know, developed themselves, you know, to a point where they're ready to, to take that step. And we always are -- that's always our goal, right, it's never stops at just the services, it's, it's okay, we got to work on all of our capacities of community and so the goal is always to keep it moving, right.

And so, you know, I think that it involves a lot of dialogue and I think it involves like true engagement, like not consultation. We got to get past consultation. We got to get into engagement, which again is, there's a reciprocal nature to that.

And we spend a lot of time amongst ourselves talking about what's needed and I think we're, we are here today even, you know, offering that up, so we need to collaborate. Again, there's -- I think of pockets of the collaboration and so there needs to be better collaboration among those pockets, so that's what I would recommend.

MS. WALSH: Thank you.

Sharon?

MS. TAYLOR: I think the most telling thing is, for me is that many of our families say that they -- if it wasn't for organizations like ours they do not know if they'd have their children. To me, that's a big marker that we're doing something right with our kids. I think that if I was looking at a direct service as far as families, it starts with them in the centre and us being able to facilitate the best possible way to have them reach their fullest potential and their children reach their fullest potential. I also believe that all of us have to sit at the table as equals, not consultation; it's about true engagement where we are actively involved. And we do know the difference when we're being tolerated versus being truly accepted for what we have to say.

I think, on the other hand, I really think that in this day and age we have to look at the bigger issues that are barriers to our families and look at the effects of poverty and discrimination. I still think there's that whole piece that has to go on.

And I think we have to start looking at us as organizations that we do operate because we are (inaudible) base but it works. Our families are telling us that it works. We have enormous amount of families that come to our organizations that are not in the system, and then how

do we support the families? Because I'm not naïve to not say that there isn't, at some point, that families may need support that's beyond them and maybe the children do need to be protected, but what would that protection look like in a way that was really holistically talking to the family as to what it would need, like as far as them. So I always think you go to the source and ask them what they need. And we've been very successful because we listen to what they have to say.

MS. WALSH: Thank you.

Dilly?

MS. KNOL: Okay. A recommendation is I think agencies, community agencies should have the prevention money and it shouldn't be in the hands of CFS because the families don't trust CFS because they have the ability to take your child way. So I think that if you really want prevention -- and CFS really, I can't blame it on all -- they've got a lot to do. So all they end up doing is the crisis and the apprehension and the things like that because they don't have time to do the prevention. So seriously, if you don't have time to do the prevention, do a good job at the apprehension and taking care of the kids at that point, but let the community then do the prevention so the families don't have to get CFS.

MS. WALSH: Thank you. Those are my questions,

Mr. Commissioner. Thank you, ladies.

THE COMMISSIONER: All right. Mr. Gindin, please.

CROSS-EXAMINATION BY MR. GINDIN:

MR. GINDIN: Good afternoon. For the record, my name is Jeff Gindin. I represent Steve Sinclair, who is the biological father of Phoenix Sinclair, and Kim Edwards, who was the godmother. First of all, I won't be accusing any of you of holding anything back, make that clear at the outset.

Now, I understand that actually some of you actually have a bachelor of social work; am I correct?

MS. KNOL: Yes.

MR. GINDIN: I think, Ms. Knol, you have one?

MS. KNOL: Yes.

MR. GINDIN: Correct? And Ms. Roussin, am I right?

MS. ROUSSIN: Yep.

MR. GINDIN: I'm not sure of the others. No? Okay.

We were talking about the interaction you have with CFS and you all expressed your opinions of that. I take it you were talking about Winnipeg --

UNIDENTIFIED PERSON: Yes.

MR. GINDIN: -- in particular or, or outside of Winnipeg?

MS. CYR: Outside.

MR. GINDIN: Outside of Winnipeg, as well? All right.

THE COMMISSIONER: You have to say yes.

MS. CYR: Yes.

MR. GINDIN: Okay. And Ms. Knol, you made it quite clear that you felt that they didn't show you the respect that you deserve. Do you all feel that way? Some of you seem to --

MS. CYR: No.

MR. GINDIN: No? And your opinion is based on the fact that they don't collaborate with you as much as you would like?

MS. KNOL: Yes. And maybe it's because my agencies might be a little different because, as I said before, I hire from the community so they may not have degrees and stuff like that, so, and I'm thinking that's one of the reasons why the workers don't feel that my parent support workers are important enough to be involved in the situation.

MR. GINDIN: And you mentioned the fact that at least the families you deal with sometimes complain that they're not getting called back by the social workers and I

see other people nodding their heads. Is it necessary for you sometimes to actually call CFS yourself on behalf of families?

MS. KNOL: Absolutely.

MR. GINDIN: So do you also experience not being called back as quickly as you would like and --

MS. KNOL: Only once.

MR. GINDIN: What's that?

MS. KNOL: Only once.

MR. GINDIN: Only once.

MS. KNOL: I, I'm usually -- well, I think they respect what I say after I say it because I'm kind of right -- as you notice, I'm really direct and I really give my opinions about things and the way I see it and what I think, and I'm all for working together with them. Absolutely. I wish that, and that's what I say, why can't you see us as part of the solution instead, you know. If we're good enough for the parents to come and do our parenting program, why can't we be good enough to, at least when you have your sessions with the families, to be there to be a part of the solution, right, because we're there with them all the time, every day. The workers are only there whenever they have an opportunity.

MR. GINDIN: So you feel you know the families much better than they do?

MS. KNOL: Yes.

MR. GINDIN: And you'd like to see more collaboration between child welfare system and organizations like yourself?

MS. KNOL: Absolutely.

MR. GINDIN: All of you would agree with that, I presume? All right.

Now, if I can ask Ms. Roussin in particular, you talked about your organization being run by and staffed by all or mostly aboriginal people. And what would be the significance of that? Why do you feel that's important?

MS. ROUSSIN: Well, I think that in the neighbourhoods that we work in they are predominantly indigenous and so it's very important that we have folks who are represented at all levels of our organization, having, you know, a board of directors, having staff, you know, and then the folks that we serve are also aboriginal. I think that our families go and interact with a lot of other services and systems and just don't see not even one indigenous person ever, and so you know, showing that we can be the workers, too, I think is, is good role modeling. I think that there's also a level of understanding that comes with being raised, you know, either -- if you've been raised in an indigenous community or an indigenous family or indigenous environment, and some of our, our staff

haven't been, if they've been adopted out or something like that, but they've been treated like an indigenous person because they look like an indigenous person, right, regardless of what their environment has been. And then I, I think that there's also a pretty common indigenous value base that, as an organization, that we promote, and so when we hire staff, you know, part of the intervening process is about that value base, so I like to say that, you know, as an indigenous, a First Nations woman, the organization that I'm working for is very lined up with my personal values and so I think that a lot of the staff would say that as well, and so the families that come in would feel that, you know, we would share that perspective and, and value base.

MR. GINDIN: So the staff are better able to understand what aboriginal families may have been going through because of their own experiences; that, that would help?

MS. ROUSSIN: They've -- yeah, they have a common experience, a common history, yeah.

MR. GINDIN: And the families themselves, who are mostly aboriginal, you get the feeling that they appreciate that they're dealing with aboriginal staff who know where they're coming from?

MS. ROUSSIN: Yes.

MR. GINDIN: Okay. Got you. Okay.

And I have a question for Ms. Cyr. And I'm not sure if this is in the evidence but I understand that you had written a letter recently to Ms. Walsh. I don't know if this is actually in the evidence and I, I don't think we need to have it there, necessarily, but I, I wanted to quote a paragraph from your letter, and if you feel like you want to see the whole letter again, feel -- oh, you have it? All right.

At page 4 of that letter, under the heading Current Child Protection Practice. Do you have that in front of you?

MS. CYR: Yes.

MR. GINDIN: And what you say in the first sentence there is:

> "The protection of children is a fundamental responsibility of parents, communities and society in general. As highlighted by Phoenix Sinclair's tragic life and the resulting Inquiry, children in Manitoba are still falling through the cracks of our child welfare system."

And I'm interested particularly in what you mean by "still" and what that's based on.

MS. CYR: That comment is based on my experience as the CEO of Métis Child and Family Services Authority and the program manager of the family enhancement program at ANCR and my 14 years prior experience in women's centres and youths urban shelters.

MR. GINDIN: So that's based on a lot of experience?

MS. CYR: Correct.

MR. GINDIN: And your opinion is that it's still happening?

MS. CYR: Correct.

MR. GINDIN: Okay. And I think it was Ms. Knol who said that, when you were talking about some of the problems in interacting with CFS and social workers, is that you have to chase them down, I think is -- was it you who said that?

MS. KNOL: Yeah.

MR. GINDIN: And that, in fact, you take detailed notes of the meetings you have with social workers.

MS. CYR: (Inaudible).

MR. GINDIN: Was it you who said that?

MS. KNOL: I didn't say to (inaudible).

MS. CYR: I (inaudible). I record.

MR. GINDIN: Okay. And the reason that you -- that's what I was getting at.

UNIDENTIFIED PERSON: Record.

MR. GINDIN: Why do you feel that you need to record --

MS. CYR: Conversations.

MR. GINDIN: -- in fine detail the conversations that you have with social workers?

MS. CYR: Because I've had social workers say things in regards to the way they speak to our families. It's the context in which they speak, and they will often make decisions in those meetings and bring them back and their supervisor will either override or the program manager will override that decision, and they'll come back and say it's never happened or they never said that. And that's happened on several occasions. So I, in all my experience in child welfare, is I record absolutely every conversation.

MR. GINDIN: So there's a discrepancy often --

MS. CYR: Yes.

MR. GINDIN: -- between what families are telling you and what social workers are saying the families are saying?

MS. CYR: Yeah. There's a discrepancy between what they're saying to the family and what they're saying

to us and what the family's understanding.

MR. GINDIN: I see.

MS. CYR: Correct.

MS. TAYLOR: Um-hum.

MR. GINDIN: And that's happened enough times that you have resorted to keeping very detailed notes of these meetings?

MS. CYR: Absolutely.

MR. GINDIN: All right. And I know that at some point during the, Ms. Walsh's questioning, the question of SDM tools came up, and Ms. Cyr, I noticed, maybe I was wrong, but I think I noticed your eyes rolling and it sounded like you couldn't wait to say something about that. Did I -- am I correct in noticing that?

MS. CYR: I'm not a, I'm not a huge supporter of the SDM tools. I never have been. I've been very vocal in standing committee on my position on the SDM tools. I was a strong advocate for signs of safety and that practice. I would certainly recommend a paradigm shift in child, child welfare practice from very risk-based to more safety-based, strength-based, and I know that the only tool out of the SDM that's really an actuarial tool is the probability of future harm. The rest of the tools are ticky box tools that we fit our families into.

My issue with the SDM is that a number of

families come up as high risk, and the problem with risk is it's historical and it's very difficult for families to change their risk levels. If you are a First Nations, Métis urban aboriginal person living in the north end in poverty with multiple children, you tend to come up on the high side of that scale and right away there is a file opened on you and then it goes through this whole triage system. It is unfair to families to hold them up even for a day, and that's what we seem to have forgotten in child welfare, that we're making the assumption, based on my assessment of risk on you on my little ticky box that I showed up with that you're now, your probability of future harm is quite high. And most families I know that in my, in my experience at ANCR and Métis was that numbers of families showed up high and there was lots of overrides on those, and that actually workers would forfeit their professional judgment because they had what I called the cover-your-butt tool and were able to take it off and say, hey look, but it said it was higher so this is why I acted this way.

MR. GINDIN: So would you agree that whatever tools are used, there's no replacing good professional sound judgment?

MS. CYR: Yes. Hence my concern about the depth and breadth of practice within child welfare.

MR. GINDIN: I take it you would all agree that, and would recommend, that the government or someone from the government ought to be consulting with organizations like yours, correct?

MS. KNOL: Yes.

MS. ROUSSIN: Yes.

MR. GINDIN: And in terms of funding, Ms. Knol, particularly I think your comment was that obviously you could use more money but not if there's strings attached.

MS. KNOL: Yes.

MR. GINDIN: Essentially is what you're saying?

MS. KNOL: Yes.

MR. GINDIN: You would like to still be able to do the job the way you think it should be done and not be told how to do it.

MS. KNOL: Well, doesn't work that way, because we know that building the relationship and the trust is how people will talk to you. And we go on strength base, so we look at what they do well and make them feel better and then they start working on the places where they're lacking resources, and then they'll look for those tools. But once you start saying -- it's as simple as someone coming in our door that has all these issues, addictions and stuff like this, but you know what, they make really good bannock. So say, hey, you know what, you make really good bannock,

we're having soup on Wednesday, can you help with helping other people learn how to make bannock and stuff? She starts feeling good. All of a sudden she's in parenting, she's going to my addiction support program that's in the same building, because they're all there to become a family and they become resources for themselves. It's amazing how resilient and how much skills they really have if they start believing in themselves. But if people keep saying, you can't do this right, you don't do this right, you're not doing this right, you're just kind of boom, boom, boom, coming lower and lower instead of being six foot tall you're now four foot tall, because they've just told you you can't do anything right. So where do you start going from there? We work by, hey, you do this really good, can you help with that. And you see that you're productive and you're doing something good, you know what, you work on your own other things because you just want to keep doing better. Somebody believes in you and you can start believing in yourself. Because I know that's my own experience.

I didn't go back to school until I was in my late thirties because I started volunteering all of a sudden. All I was, was a waitress, minimum wage, before then but I started volunteering because of my son and started getting involved, and somebody started believing that I could do a

lot of things and then I started believing it. Then they encouraged me to go back to school, which I said I would never go back to school. But I went back and got my degree because I, when I found out that that could work in helping and working with families that same with me, in the same situation. And, see, we don't forget where we came from. If you've never been there, how can you understand, know what I mean? And so I think that that's what gives us a heads up sometimes, too, is that they trust you because they know, I've been there, I'm not perfect.

MR. GINDIN: And you've mentioned --

MS. KNOL: But you know what, but I can change.

MR. GINDIN: You've mentioned that -- you've talked about trust during your --

MS. KNOL: Yes, yes.

MR. GINDIN: -- all of you have talked about trust. And the feeling is that families don't seem to trust social workers because they identify them with apprehending children?

MS. KNOL: Yes.

MR. GINDIN: It seems like you're all pretty clear that they should stick to doing that but as far as helping families go, it should be other people doing that.

MS. KNOL: Yeah.

MR. GINDIN: Like people in the community like

yourselves, correct? Do you all agree with that?

MS. CYR: Yes, but not in isolation.

MR. GINDIN: Okay.

MS. CYR: Those two cannot work in isolation from each other.

MR. GINDIN: They have to collaborate, work together?

MS. CYR: Right.

MR. GINDIN: To what extent do you use or rely on, rely on extended families in the work that you do?

MS. CYR: We rely on them heavily. We do family group conferencing and safety network building so we do rely on (inaudible) and other support mechanisms and people.

MR. GINDIN: Is that correct for all of you? Is it --

MS. ROUSSIN: Yeah. I would even, for our -- well, I think probably for most of us, I would even go further to say that it's the, the -- we're looking at building natural support systems because if, if you have a whole bunch of professional services surrounding a family, that's artificial and it's only there for probably a limited time or it's only there on a nine to five basis. So we're always working to figure out what the natural support systems are for families because we know our

isolation is not good for anybody. And so, you know, if they're, if the family connections are -- or family and friend connections are not good, can we work at making them better, you know, and then having many, many of them because we -- you can't just have a single source of support, right. Like, so within the extended family system who are -- who else is within that system that can -- or within that family that can be around for this piece or that piece. You know, by all of us working together we can get the, the support then.

MR. GINDIN: Was there --

MS. TAYLOR: I just wanted to add that I wouldn't want to paint all social workers with the same, same brush. It comes with people that have a particular way of thinking about working with people. So I'm not about to paint all social workers should not be in somebody's life. I just want to emphasize that it comes down to where are they coming from, are they there acting in the best interests of the individual, are they seeing that person's strength. So I'm not about to sit there and say, yeah, all social workers, let's get rid of them, they're, they're no good and we're the greatest, because I have lots of people that I work with that come from various professions, and I wouldn't want to paint us all the same. It comes down to individual people and how are they acting in the best

interests of an individual, so I just wanted to put clarity on that one.

MR. GINDIN: You want to see people with commitment and passion for what they do?

MS. TAYLOR: Yes.

MR. GINDIN: And there are some that have that and, and maybe some --

MS. TAYLOR: And others that do not, or also the system probably maybe erodes it out of them because you know, like working in a system, it's a very scary world. Like, I don't know what I would be or who I would be if I was in corrections -- or not corrections -- protection because if I feared that something was going to happen and I didn't feel I have enough flexibility to make decisions about being able to see some grey, so I think there's a part that the system has to be looked at and how much flexibility does a front line worker that's a social worker actually really have to be able to see the grey.

MR. GINDIN: You'd like to see more discretion, right?

MS. TAYLOR: Well, discretion in a way because we all have to sort of have some structure. But I really want people to be able to see that person and have tons of training on what is it like to look at a strength of an individual versus always seeing them as a deficit.

MR. GINDIN: And do you --

MS. TAYLOR: And those can be acquired, I think, over the years or something.

MR. GINDIN: Do you feel like maybe there's too much bureaucracy that gets in the way when we're talking about the child welfare system? Sounds like you --

MS. TAYLOR: Any large institution I would say that, yes.

MR. GINDIN: Okay. And I, and I guess one of the other problems with some social workers and some families is that there's a lot of switching around with new workers coming in all the time rather than a consistent approach, which I take it is where the extended family has the advantage.

MS. KNOL: Um-hum.

MR. GINDIN: Am I correct? You all agree with that?

MS. TAYLOR: Yeah.

MS. KNOL: Yes.

MS. ROUSSIN: Yes.

MR. GINDIN: Okay. Those are my questions. Thank you.

THE COMMISSIONER: Thank you, Mr. Gindin. Mr. McKinnon, do you have any questions?

MR. MCKINNON: Not at this point, no.

THE COMMISSIONER: All right. Anybody else?

Well, I guess we -- Ms. -- any re-examination?

MS. WALSH: No, Mr. Commissioner.

THE COMMISSIONER: Well, let me thank you all very much for coming. As you know, the purpose of this inquiry is to make recommendations ultimately to better protect Manitoba children and you've all made a valuable contribution to the record; and what you've said, as I said earlier, was taken down, we'll be reading it and, and hopefully come up with a report that's going to be of some valuable assistance. And again, the thanks for you -- to you all for giving the time and attention and the thought that you've given to the problems that we've got on our plate here, and you've certainly been of help to us. Thank you.

MS. WALSH: Thank you.

(WITNESSES EXCUSED)

MS. WALSH: Mr. Commissioner, that's it for today.

THE COMMISSIONER: Mr. Gindin have something?

MR. GINDIN: No, no. No, no.

MS. WALSH: Next week we are ...

THE COMMISSIONER: Are we somewhere else?

MS. WALSH: We are. We're at the convention centre, I think, and we don't start till Tuesday.

THE COMMISSIONER: That's right. It's a three-day week --

MS. WALSH: Yes.

THE COMMISSIONER: -- next week. Tuesday, Wednesday, Thursday. And then that, that hopefully will complete.

All right. We stand adjourned till Tuesday morning at 9:30.

MS. WALSH: Thank you.

THE COMMISSIONER: Thank you.

(PROCEEDINGS ADJOURNED TO JUNE 4, 2013)