



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

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

Transcript of Proceedings
Public Inquiry Hearing,
held at Eaton Hall, Marlborough Hotel,
331 Smith Street, Winnipeg, Manitoba

TUESDAY, MAY 7, 2013

APPEARANCES

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MR. R. MASCARENHAS, Associate Commission Counsel

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

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

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

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

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

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1 MAY 7, 2013

2 PROCEEDINGS CONTINUED FROM MAY 6, 2013

3

4 THE COURT: Your clock is back running.

5 THE CLERK: Yeah, I, I can't hear it, though.

6 THE COMMISSIONER: Well, maybe we'd better just
7 stand down for five minutes while we wait for that other
8 computer to come. Is that the best thing to do?

9 THE CLERK: No, I don't think it's connected to
10 that. I think it's just still loading. Okay, now it's,
11 now it's on.

12 THE COMMISSIONER: Okay.

13 THE CLERK: Now we're, now we're good.

14 MR. MCKINNON: Can you hear me?

15 THE CLERK: Yes.

16 THE COMMISSIONER: Yes. So we'll have Mr.
17 McKinnon's cross-examination hopefully from here on
18 uninterrupted. Then if we get the other computer we'll
19 take time to switch over.

20 Are you ready to go?

21 THE CLERK: Yes. Yes, we can proceed.

22 MR. MCKINNON: Okay. Thank you. This is our
23 third attempt, Mr. Bone, so let's -- I'll try again. I'll
24 start from the beginning.

25

1 **NORMAN BERT BONE,** previously
2 sworn, testified as follows:

3

4 CROSS-EXAMINATION CONTINUED BY MR. MCKINNON:

5 Q You confirmed to Mr. Cochrane that you were
6 speaking on behalf of AMC/SCO, both organizations, AMC and
7 SCO?

8 A Yes.

9 Q And you explained to Mr. Cochrane that the
10 Authorities Act was not, and I think these were your words,
11 the end game. What, what your -- your ultimate desire is
12 your own First Nations law?

13 A Well, I think that's, I guess, a discussion we've
14 had as leadership since, you know, the early '70s in terms
15 of where we needed to go. And unfortunately, sometimes
16 those discussions wouldn't be recorded because they would
17 be held in one-to-one situations, leadership, you know,
18 during conferences. And looking back and trying to find
19 that history, you know, it's been difficult. But I sat at
20 many the tables, or I got involved at many of the tables as
21 a leader from my community to participate in those
22 discussions, yeah.

23 Q And, and I understand from, again from the
24 questions that Mr. Cochrane was asking you, and you agreed
25 with this, that Section 3 of the Authorities Act contains

1 the so-called non-derogation cause, which means that the
2 Authorities Act doesn't limit your right to subsequently
3 move in another direction if you want --

4 A Yes.

5 Q -- to look to First Nations law.

6 A Yes.

7 Q And so in the meantime, in your words, First
8 Nations in Manitoba have borrowed the laws of the Province
9 of Manitoba?

10 A That's correct.

11 Q And, and I just want you to, for the benefit of
12 the Commissioner, if you could confirm my understanding of
13 the, sort of the development of aboriginal control of Child
14 and Family Services in Manitoba. And, and my understanding
15 is that the first step in the development of aboriginal
16 control of CFS agencies was the creation of non-mandated
17 agencies that operated on reserve and were often called
18 caring societies?

19 A Initially, yes.

20 Q Initially. And, and they would perform some
21 prevention services but they wouldn't have had the
22 jurisdiction to apprehend a child because they were non-
23 mandated?

24 A Yes.

25 Q And again, my understanding is that the second

1 step in the development of aboriginal control of Child and
2 Family Services was certain aboriginal agencies operating
3 on reserve received a mandate and became, therefore, a full
4 child protection agency?

5 A That's correct.

6 Q And the third step was AJI-CWI, the Aboriginal
7 Justice Inquiry - Child Welfare Initiative, which
8 culminated in the Authorities Act and that allowed
9 aboriginal agencies to provide services to their people
10 both on and off reserve?

11 A That's correct.

12 Q And that's where we are today?

13 A That's right.

14 Q Now, I don't know if, Madam Clerk, if you're able
15 to bring up a page of the PowerPoint presentation. If not,
16 we can use paper.

17 THE CLERK: Can't (inaudible).

18 MR. MCKINNON: Can't get to it? That's fine. I
19 think a number of us have copies of your PowerPoint
20 presentation.

21 THE CLERK: (Inaudible).

22 THE COMMISSIONER: What's ...

23 THE CLERK: (Inaudible).

24 THE COMMISSIONER: What's the -- I know the pages
25 aren't numbered. What's the heading on where you're going?

1 MR. MCKINNON: On the electronic copy it's page
2 86.

3 THE COMMISSIONER: And what's the heading on the
4 page?

5 MS. WALSH: Is it National Advisory (inaudible)?

6 MR. MCKINNON: It was dealing with the 2007
7 situation in Alberta.

8 THE COMMISSIONER: All right.

9 MS. WALSH: National Advisory Committee 2007.
10 It's near the end, Mr. Commissioner.

11 THE COMMISSIONER: AMC resolution 2007? No.

12 MS. WALSH: No. Maybe the other way.

13 THE COMMISSIONER: The other way?

14 MS. WALSH: It's just before the AMC 2007. Yours
15 is ...

16 MR. MCKINNON: The clerk has the correct page up
17 on the screen, Mr. Commissioner.

18 THE COMMISSIONER: That --

19 MS. WALSH: Yeah, that's it.

20 THE COMMISSIONER: There it is. I have it.

21

22 BY MR. MCKINNON:

23 Q And at this page, Mr. Bone, you're talking about
24 INAC, which is Indian and Northern Affairs Canada and
25 they're looking at a, a new model, a prevention-focused

1 approach to child welfare services. And, and you make
2 reference to the Alberta situation.

3 Now just again by way of background, prior to
4 this initiative in 2007, the federal government funded
5 child welfare services on reserve pursuant to directive
6 20-1?

7 A That's correct, yeah.

8 Q You recall that?

9 A Yeah.

10 Q And in 2007 the federal government did a review
11 and concluded that children and families living on reserve
12 would benefit from an increase in prevention programming,
13 and this required a new approach to funding. This, the
14 federal government was changing its approach to funding --

15 A Yes.

16 Q -- at this time?

17 And this, I understand, was call the enhanced
18 prevention-focused approach or EPFA.

19 A Yes.

20 Q And you refer to that in your document?

21 A Yes, yes.

22 Q Now, my recollection is that we've heard evidence
23 previously at this inquiry that Alberta was one of the
24 first provinces to be funded under the EPFA. I think it
25 was one of the earlier witnesses was saying that what the

1 federal government did is they agreed they would approach
2 funding on a province-by-province basis instead of a
3 national basis. You're nodding. You're in agreement with
4 that?

5 A Yes. I was -- I'm not completely familiar with
6 it but I remember some of the discussions around.

7 Q Okay. And my understanding is that in June of
8 2008 work began to develop a new funding model for Manitoba
9 based upon this EPFA concept that the federal government
10 had had -- had embraced. You're nodding again?

11 A Yes.

12 Q That's your understanding?

13 A Yes, yes.

14 Q Again, I understand that in Manitoba, that work
15 was undertaken with representatives from the Province of
16 Manitoba, with representatives from the four authorities,
17 with representatives from the Assembly of Manitoba Chiefs,
18 with representatives from Canada as well as a number of CFS
19 agencies, including aboriginal agencies from --

20 A Yes.

21 Q -- across the province. Yes?

22 A Yes.

23 Q That's your understanding --

24 A That's, yes.

25 Q -- as well? So there was a broad, I'm not going

1 to call it a consensus, but there was a broad consultation
2 process leading up to the creation of the new funding
3 model?

4 A Yes, you can call it that.

5 Q And it's my understanding that staff from the AMC
6 represented AMC at, at the working group level as well?
7 Are you --

8 A That's, that's my understanding, yes.

9 Q That's your --

10 A (Inaudible).

11 Q -- understanding as well?

12 And in the course of negotiation, I'm advised
13 that the, the Assembly of Manitoba Chiefs was engaged with
14 the Province of Manitoba in advocating for this new model?

15 A Yes, at the time, yes.

16 Q At that time, yes.

17 A Yes.

18 Q And as part of that advocacy the Assembly of
19 Manitoba Chiefs passed a resolution in July of 2010
20 supporting the new funding model. Are you aware of that?

21 A Yes.

22 Q Signed by your --

23 A Yes.

24 Q -- then Grand Chief Evans?

25 A Yes.

1 Q And if the clerk, Madam Clerk, can pull up
2 CD1024. It's at page 21087. This is a -- look at the
3 second page of that two-page document. It's a resolution
4 certified to be correct, Grand Chief Ron Evans. This is
5 the resolution that the Assembly of Manitoba Chiefs passed
6 in support of the --

7 A Yes.

8 Q -- of the initiative to move ahead with the --

9 A That's right.

10 Q -- new funding model for Manitoba? And you're
11 nodding, saying that's correct?

12 A Yes. That's correct.

13 Q Yes. And would you agree with me, obviously this
14 doesn't go all the way towards self-governance as you've
15 defined it, but to the extent that we're in this phase with
16 the current status of the authorities and mandating
17 aboriginal agencies, this was an initiative that had the
18 full support and approval of the Assembly of Manitoba
19 Chiefs?

20 A Yes, that's correct.

21 Q Thank you. Thank you very much. That's --

22 A And -- I've still got --

23 Q And, sorry, I didn't mean to cut you off --

24 A Just --

25 Q -- if you have anything to add.

1 A Little bit of background. I know that the west
2 region tribal, Child and Family Services organization
3 previously was working on, I guess, the models of
4 prevention. That's how I was familiar with this whole
5 process, and understanding that resolution as to where it
6 was going to go in terms of how it could benefit.

7 Q And then --

8 A I guess the agencies, but what was still I found
9 or we found, or that it was within the context of borrowed
10 legislation.

11 Q You're right, within the context of borrowed
12 legislation, this had your support.

13 A Yes.

14 Q And, and you made the comment about prevention,
15 and I thank you for doing that. The main change, in terms
16 of the federal approach to funding, was an enhanced
17 emphasis --

18 A Yeah.

19 Q -- on protection and funding for protection?

20 A Yeah.

21 Q And funding for prevention?

22 A Yeah.

23 MR. MCKINNON: Yes, thank you.

24 Those are my questions, Mr. Commissioner.

25 THE COMMISSIONER: Thank you, Mr. McKinnon.

1 All right, is there someone else before I call on
2 Ms. Saunders? I take it not. So, any re-examination?

3 MS. SAUNDERS: Yes, thank you, Mr. Commissioner.
4

5 RE-EXAMINATION BY MS. SAUNDERS:

6 Q Just one area, Mr. Bone. Counsel to the southern
7 and northern authorities and ANCR, Mr. Cochrane, asked you
8 some questions regarding that at various times there were
9 different terms used to put into words a First Nation
10 approach to designing systems based on First Nations
11 sovereignty. I believe you've already clarified this in
12 some of your answers to some of the questions asked but I
13 just want to confirm. You aren't suggesting that full
14 jurisdiction to First Nations over delivering systems like
15 in child welfare, you're not suggesting that that would
16 happen overnight, are you?

17 A Wouldn't happen overnight, no.

18 Q And from your comments, I think you indicated
19 that First Nations first need a forum in order to further
20 discuss these issues and, as well, need an opportunity to
21 further discuss matters with the provincial and federal
22 governments --

23 A That's correct.

24 Q -- is that correct? Right.

25 MS. SAUNDERS: Thank you, I believe those are my

1 only questions.

2 MS. WALSH: I don't have any, I don't have any
3 questions, thank you.

4

5 EXAMINATION BY THE COMMISSIONER:

6 Q Well then, Chief, just then with respect to the
7 way it's operating now, where are you? Do you accept the
8 model with the, with the new funding agreement to, to carry
9 on as it is in the immediate future?

10 A Well, I guess you'd have to put a timeframe on
11 it, the way I understand in terms of accepting what we
12 have, what we're utilizing or the legislation that we're
13 using, I guess, as, as a tool for the time being. Because
14 when you look at where we started as First Nations when we
15 decided to fully participate, you know, by the creation of
16 the early agencies back in the '70s into the '80s, we had
17 zero children in care directly as chiefs that are
18 responsible for reserves and tribal councils. We're now at
19 a situation where the numbers are quite high, where there's
20 10, is it 10,000 I believe is, we keep on hearing that in
21 the press in terms of the amount of children that are in
22 care. And most of these children are, are our children and
23 when you ask if we're -- are we on the right trail or are
24 we on -- is this working, it doesn't appear to be working
25 as (inaudible) continuously. Now we have this work that

1 we're in charge of and we're continuously now putting our
2 own children in care, you know, as a, as a, you know, I
3 guess understanding the priorities of protection. And the
4 numbers are getting higher, so we have to re-look at how
5 we're, how we're doing the work in Child and Family
6 Services that we have to take a look and take in
7 consideration, I guess, what has happened to us as First
8 Nations over the past hundred and forty-one years.

9 Where we have to go with this is, is, is the form
10 that I talked about yesterday, was, was coming to our table
11 where we can take that responsibility as First Nations and
12 design a system for ourselves so that we can address that
13 situation. What we find working with the temporary use of
14 provincial legislation and agencies with, with our own
15 people working within those systems was the, the value of
16 bringing services right on the reserve so -- and I'll use
17 treatment services for, as an example. Treatment services
18 within our area were, instead of subbing it out from the
19 West Region Child and Family Services agency, we would, we
20 designed or supported the design of treatment where it was
21 to be part of the staff makeup. They would be coming to
22 the community and meeting with people that needed different
23 kinds of, I guess not extreme treatment but intro treatment
24 to whatever issue that they were dealing with.

25 Our people got used to seeing that happening, and

1 where they, they became comfortable with, I guess, doing
2 their own, their own healing, their own, their own work in
3 terms of their own issues, without having to leave the,
4 leave the community. Because the only process we had was,
5 and like that's still, still there today, is people have to
6 be sent out for treatment.

7 In this case for us, over the past recent time, I
8 guess, with Child and Family Services now health, now the
9 health, health initiative, we've been able to bring
10 counselling type services right on the reserve. They
11 provided a, almost like, like a day treatment approach or
12 those people would work with the families that are living
13 within their home so they wouldn't have to travel far, they
14 would be able to go home after their session was over
15 within the same community and, and still be with their
16 families. And so when we started doing that kind of work
17 the value of it was that, was that the changes within our
18 community.

19 Now, just to give you an example, the -- and I'll
20 have to use Keeseekoowenin as, as the example, as, as --
21 and also I've been involved as a leader for quite a long
22 time. I was able to see, at the beginning of this when we,
23 all we had was an A.A. program that run voluntarily way
24 back in the old days, nobody wanted to go to treatment.
25 Even at 20, 20 some odd years plus now, now we have group

1 sessions happening and we have counsellors talking to
2 people, and that flow happened within our, within our
3 community in the more accepted way than it was 20 years
4 ago, or else in the early '70s, late '80s. And there's
5 more people now that are on, on the healing journey.
6 That's the term we could use from now, that are, that are
7 -- that we can, I guess, begin working with as a resource
8 to, to family, family management or, you know, whatever
9 issues that we need to deal with, and they're right within
10 the community so we don't have to send them.

11 We also have, as a result of the, of the, of the,
12 of the move of counsellors right within the community, we
13 have more people also now attending treatment sessions off
14 the reserve where in the early days you, you had to chase
15 somebody down to, to, to be able to make it to their, to go
16 to treatment, whether it was Winnipeg, Brandon or in some
17 other community.

18 Q Thank you. That's, that's very helpful. Just
19 this final question.

20 A Okay.

21 Q That 2010 resolution, when the chiefs approved of
22 the new funding arrangement --

23 A Yes.

24 Q -- you were approving an arrangement that was --

25 A That's the way I understood it was that ...

1 Q You were approving an arrangement to which the,
2 the federal government and the government of Manitoba were
3 also participating in arriving at, as well as coming with
4 the blessing of, of the chiefs association?

5 A That's right.

6 Q Yes. And so if it was going to move beyond that,
7 it would again require the participation of those parties,
8 I take it?

9 A That's right, yes. That's correct.

10 THE COMMISSIONER: Thank you very much, Chief,
11 you've made a valuable contribution to our hearing.

12 THE WITNESS: Thank you very much.

13 THE COMMISSIONER: You can leave.

14 THE WITNESS: Thank you very much.

15

16 (WITNESS EXCUSED)

17

18 THE COMMISSIONER: All right. You've got your
19 machine shifted over, have you, Clerk? All right. The
20 next witness, please.

21 MR. FUNKE: Morning, Mr. Commissioner, Jay Funke,
22 for the monitor.

23 THE COMMISSIONER: Yes.

24 MR. FUNKE: Here on behalf of the Assembly of
25 Manitoba Chiefs and the Southern Chiefs Organization. Next

1 witness we intend to call is Mr. Felix Walker.

2 Before we do that, however, it was brought to my
3 attention that when we called Dr. Cindy Blackstock last
4 week or the week before, whenever it was, what we neglected
5 to do, although we reviewed Dr. Blackstock's curriculum
6 vitae on the record, we didn't actually file a copy into
7 the evidence before the Commission, and so I'd like to
8 start this morning by providing that to the Commission and
9 asking that it be included as the next exhibit.

10 THE COMMISSIONER: That seems to be in order,
11 Commission counsel?

12 MS. WALSH: Yes.

13 THE COMMISSIONER: All right. So that will be
14 exhibit fifty, what, six are we at? Fifty-seven maybe?

15 THE CLERK: Fifty-five.

16 THE COMMISSIONER: Fifty-five. All right. Ms.
17 Blackstock's CV.

18 MS. WALSH: Fifty-five?

19 THE CLERK: Fifty-five.

20 THE COMMISSIONER: Fifty-five.

21

22 **EXHIBIT 55: CURRICULUM VITAE OF**
23 **DR. CINDY BLACKSTOCK**

24

25 MR. FUNKE: Yes, Mr. Commissioner, if we could

1 then call Mr. Felix Walker to the stand, please.

2 THE CLERK: Sir, is it your choice to swear on
3 the Bible or affirm without the Bible?

4 THE WITNESS: With the Bible.

5 THE CLERK: Okay. State your full name for the
6 court.

7 THE WITNESS: My name is Felix Carson Walker.

8 THE CLERK: And would you spell me your first
9 name, please.

10 THE WITNESS: F-E-L-I-X.

11 THE CLERK: Your middle name, please?

12 THE WITNESS: C-A-R-S-O-N.

13 THE CLERK: And your last name?

14 THE WITNESS: W-A-L-K-E-R.

15 THE CLERK: Thank you.

16

17 **FELIX CARSON WALKER,** sworn,

18 testified as follows:

19

20 MR. FUNKE: Thank you, Mr. Commissioner. In
21 order to avoid the, the oversight that we made last time,
22 I'd like to start by filing Mr. Walker's curriculum vitae
23 with the Commission as the next exhibit.

24 THE COMMISSIONER: All right. Exhibit 56.

25

1 **EXHIBIT 56: CURRICULUM VITAE OF**
2 **FELIX CARSON WALKER**

3
4 DIRECT EXAMINATION BY MR. FUNKE:

5 Q Good morning, Mr. Walker.

6 A Good morning.

7 Q Like to start this morning, Mr. Walker, by just
8 reviewing your curriculum vitae and your professional
9 background a little bit so we can introduce you to the
10 Commission.

11 I understand that you're a member of the
12 Nisichawayasihk Cree Nation; is that correct?

13 A That's correct.

14 Q Understand that you're currently in the position
15 of the chief executive officer of the Nisichawayasihk Cree
16 Nation Family and Community Wellness Centre from November
17 2001 to present; is that correct?

18 A That is correct.

19 Q And prior to that, I understand that you were the
20 health services director for the Family and Community
21 Wellness Centre from May to November of 2001; is that
22 correct?

23 A That is correct.

24 Q And that you also have your bachelor degree in
25 sociology and political studies which you received in 2001

1 from the Brandon University; is that correct?

2 A That is correct.

3 Q I understand as well that prior to that, that you
4 were elected to council in Nisichawayasihk Cree Nation and
5 served in that capacity from 1996 to 1998; is that correct?

6 A That is correct.

7 Q As well, you were a consultant with the Northern
8 Flood Agreement for York Landing First Nation between 1994
9 and 1995; is that correct?

10 A That is correct.

11 Q You were also co-lead negotiator for
12 Nisichawayasihk Cree Nation in the Northern Flood Agreement
13 comprehensive implementation agreement from 1992 to 1994;
14 is that correct?

15 A That is correct.

16 Q I understand as well that you also hold the
17 position of general manager of the Nisichawayasihk Cree
18 Nation Economic Development Corporation and you've held
19 that position since 1990; is that correct?

20 A That is correct.

21 Q You were also on the Nisichawayasihk Cree Nation
22 school education board from 1988 to 1996?

23 A That is correct.

24 Q And you were the chair of that board from 1991
25 through 1996; is that correct?

1 A That is correct.

2 Q And prior to that, I understand you were, as
3 well, the resource program manager for the Nisichawayasihk
4 Cree Nation from 1987 to 1990?

5 A That is correct.

6 Q Okay. Like to start, Mr. Walker, with a
7 discussion about the delivery of Child and Family Services
8 to the people on Nisichawayasihk Cree Nation residing in
9 the nation. If you could perhaps start by explaining to us
10 how the Nisichawayasihk Cree Nation Family and Community
11 Wellness Centre received its mandate. Perhaps start with
12 how that process evolved going right back to the initial
13 agency that provided services to the community, Awasis.

14 A Back in 1983 the MKO chiefs and assembly created
15 the Awasis Agency of Northern Manitoba. Nelson House was a
16 party to MKO and as a result, a sub-office was created in
17 Nelson House. We had a total of two workers at the time.
18 Their only mandate was to provide services on reserve.
19 That continued until 1998, in the fall of 1998, when chief
20 and council had passed a resolution informing the board of
21 directors of the Awasis Agency of Northern Manitoba of its
22 desire to decentralize its services from the Awasis Agency
23 and to create their own Nisichawayasihk Cree Nation family
24 and community services in Nelson House.

25 What embarked after that was a series of

1 community consultations that created a desire on the part
2 of chief and council and the community to change the
3 structure of the way that services were currently being
4 delivered in the community where we had health-related
5 services as a department of the band office and then you
6 had the Child and Family Services, which was a separate
7 office under the guise of the Awasis Agency at the time.

8 What they developed was the creation of a
9 integrated service delivery model where we had, in addition
10 to health-related services, also the inclusion of the
11 family community services under one corporate entity known
12 as the Nisichawayasihk Cree Nation Family and Community
13 Wellness Centre Incorporated.

14 Q Just stop you for a moment. Let's go back a
15 little bit. You indicated that initially it was Awasis
16 that provided services to Nisichawayasihk Cree Nation and
17 its, and its family members; is that correct?

18 A That's correct.

19 Q As I understand it, the process of
20 decentralization and creating an agency specifically for
21 what we call NCN was a result of the mechanism that was
22 contained within the tripartite agreement between Awasis at
23 the time, the province and the federal government; is that
24 correct?

25 A That is correct.

1 Q And as I understand it, that there was a trigger
2 mechanism in that agreement that allowed a community to
3 establish its own First Nations child welfare agency; is
4 that correct?

5 A That is correct. That's what I'm referring to
6 when I say that the chief and council passed a resolution.

7 Q That was part of that process?

8 A Yes.

9 Q And as I understand it, one of the other
10 conditions that had to be met before chief and council
11 could do that and establish their own First Nations child
12 welfare agency, there had to be a minimum number of
13 children or families in the catchment area in order to be
14 eligible under that trigger clause; is that correct?

15 A That is correct.

16 Q And how many children needed to be in the
17 catchment before the community was able to establish its
18 own agency?

19 A At that time, it was a thousand children.

20 Q And do you remember when it was that NCN
21 established its own agency, what year that was?

22 A That was in 2001, May.

23 Q And I understand that it's roughly around the
24 same time that you joined the wellness centre in the
25 capacity as health services director; is that right?

1 A That is correct.

2 Q And then approximately six months later you
3 became the executive director in November?

4 A Yes.

5 Q All right. And you've already alluded to it, you
6 indicated that currently what is known as the wellness
7 centre is an umbrella organization that contains both child
8 and family services and an integrated service delivery
9 model that includes health services; is that correct?

10 A That is correct.

11 Q All right. I'd like you to, to perhaps talk
12 about the services that are provided within that integrated
13 service delivery model, but before we do, perhaps Madam
14 Clerk, if you could, you can access tab number 89 in the
15 materials that were provided to the Commission from our
16 office with respect to Mr. Walker's testimony.

17 UNIDENTIFIED PERSON: (Inaudible).

18 THE WITNESS: Yes, I do.

19 MR. FUNKE: Pardon us for just a moment, Mr.
20 Commissioner.

21 THE COMMISSIONER: Right.

22 MR. FUNKE: Mr. Commissioner, I'd like to enter
23 as the next exhibit the combined materials that have been
24 provided to the Commission as disclosure relevant to Mr.
25 Walker's testimony. There are a number of different tabbed

1 materials in the disclosure package, starting at tab 22 all
2 the way to tab 91.

3 THE COMMISSIONER: Have all counsel had access to
4 this?

5 MR. FUNKE: All counsel have received digital
6 copies of Mr. Walker's disclosure for some time.

7 THE COMMISSIONER: So, Commission counsel, we
8 mark this as the next exhibit, then, do we?

9 MS. WALSH: Yes, with the number of tabs. So it
10 would be tabs 22 through 89.

11 MR. FUNKE: That's correct.

12 MS. WALSH: Is that right?

13 THE COMMISSIONER: And this becomes Exhibit 57.

14 MR. FUNKE: Actually, it's tabs 22 through 91.

15 MS. WALSH: Okay.

16 THE COMMISSIONER: Tabs 22 to 91.

17 MR. FUNKE: That's correct, Mr. Commissioner.

18 THE COMMISSIONER: Of, what's, what's the book?

19 MR. FUNKE: It's the disclosure package with
20 respect to Felix Walker.

21

22 **EXHIBIT 57: TABS 22 TO 91 OF**

23 **DISCLOSURE PACKAGE RE EVIDENCE OF**

24 **FELIX WALKER**

25

1 THE COMMISSIONER: All right. Thank you.

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

3

4 BY MR. FUNKE:

5 Q Mr. Walker, I understand that as the executive
6 director of Nisichawayasihk Cree Nation Family and
7 Community Wellness Centre you have, from time to time, had
8 the occasion to be in contact with Indian and Northern
9 Affairs Canada, and on occasion they've had the inclination
10 to conduct compliance reviews; is that correct?

11 A That is correct.

12 Q And I understand that in 2010, between June 8th
13 and June the 11th, 2010, the agency was the subject of one
14 such compliance review; is that correct?

15 A That is correct.

16 Q And I understand that as a result of that
17 compliance review you received the letter that is now on
18 the monitor, December the 6th of 2010; is that correct?

19 A That is correct.

20 MR. FUNKE: Madam Clerk, if you could just scroll
21 down.

22 THE COMMISSIONER: What tab is that?

23 MR. FUNKE: This is tab number 89 in the
24 materials that have been provided to you, Mr. Commissioner.

25 Thank you, Madam Clerk, that's fine.

1 BY MR. FUNKE:

2 Q I'll just go through that letter with you, Mr.
3 Walker. It reads:

4

5 "The Department would like to take
6 this opportunity to thank you and
7 your staff for the exceptional
8 cooperation that was given to the
9 Compliance Team during the
10 compliance review process that
11 took place at your office in
12 Nisichawayasihk Cree Nation ...
13 [between] June 8th - 11th, 2010.
14 This letter will serve as the
15 final letter, intended to
16 summarize the issues identified
17 during the course of the review.

18 The scope of the compliance review
19 was to examine child in care files
20 to confirm adherence to
21 established provincial standards,
22 as they relate to eligible
23 child maintenance expenditures.
24 Further, to ensure that the terms
25 and conditions of the agency's

1 funding agreement are being met
2 and administered in an effective
3 and efficient manner.

4 The NCN CFS administration should
5 be commended for their
6 conscientious efforts and
7 excellent administration of the
8 CFS program. As well, the staff
9 was very supportive and provided
10 excellent guidance and assistance
11 throughout the review process. It
12 is the opinion of the Compliance
13 Team, that the Administration of
14 NCN CFS exemplifies a "Best
15 Practices" model."

16

17 That was the letter that you received in December
18 of 2010?

19 A That is correct.

20 Q You certainly didn't have any issues with the
21 findings and conclusions reached in that letter; is that
22 correct?

23 A No, I didn't.

24 Q Right. Perhaps you can continue, then, and
25 provide us with a, an overview of some of the programs and

1 services that the NCN wellness centre provides?

2 A Did you want me to start from 2001 up until now
3 or --

4 Q You can either --

5 A -- what we're currently operating?

6 Q You can provide that either in the terms of a
7 chronological development of those services or if you want
8 to proceed by way of categories, if you want to start with
9 health and then move to Child and Family Services,
10 whichever works best for you, Mr. Walker.

11 A Okay. As I stated earlier, the Family and
12 Community Wellness Centre in Nelson House is a integrated
13 service delivery model, incorporates health-related
14 services and family and community services.

15 On the health side of things, we have, we're
16 responsible to deliver public health, maternal child
17 health, Head Start programming, daycare programming, the
18 new Star program, which is the fetal alcohol disorder
19 program. We also have responsibility for aboriginal
20 diabetes initiative, we also have responsibility for
21 building healthy communities, building brighter futures.
22 We also operate a fully-staffed counselling service.

23 In addition to that we also offer, on the family,
24 child and family services area, protection services,
25 adoptive services and maintenance. Just recently we've

1 added the new component of the, of the program, the family
2 enhancement program.

3 We have grown from, back in 2001, from a total
4 staff complement of 40 where we now have a total of,
5 throughout the, throughout the province, approximately a
6 hundred and seventy-five employees.

7 We service the following communities of South
8 Indian Lake, Thompson, Winnipeg and Brandon. We're also
9 the designated intake agency for the Burntwood region in
10 Thompson, Manitoba.

11 Q Okay. We'll talk about DIA in just a moment.
12 I'd like to take you back through some of the programs
13 you've referred to briefly.

14 I understand as part of the public health
15 program, you also deliver home and community care; is that
16 correct?

17 A That is correct.

18 Q Perhaps you can just tell us a little bit about
19 what the home and community care program involves and when
20 that was implemented?

21 A The home and community care program was
22 implemented back in 1999. It is a in-home care program
23 where those clients who are being discharged from hospitals
24 after major surgery, et cetera, or that have extensive
25 wounds, rather than having them stay in the hospital, they

1 return back to their home community where we have health
2 care aides and health nurses that go in and provide that,
3 that support. And they also provide instruction to the
4 family members who are residing in that residence to
5 provide that care as well to their loved one.

6 Q And as part of the health portfolio, I understand
7 that there's also, you mentioned briefly, a diabetes
8 initiative; is that correct?

9 A That is correct.

10 Q Perhaps you could tell us when that was
11 introduced and what some of the features of that program
12 are?

13 A That component was brought on on 2002. It was a
14 federal initiative that was undertaken by First Nation
15 Inuit Health Branch. It is more a process to create
16 awareness of the effects of diabetes to implement programs
17 that prevent diabetes, particularly amongst our younger
18 populations now within the community. As a result of that,
19 we have collapsed a number of program areas to create a
20 fitness centre in the community that focuses on physical
21 fitness and it also, we have them actually going to the
22 school, providing nutrition classes for students plus also
23 families that visit the centre during the scheduled clinic
24 sessions.

25 Q You also mentioned a maternal resource program?

1 A Maternal child health, yes.

2 Q Maternal child health. When was that introduced
3 and what does that program include?

4 A That was introduced, believe in 2005, again under
5 First Nation Inuit Health Branch. And that provides
6 instruction on parenting, et cetera, in-home supports for
7 children between the ages of zero, newborn to age six. It
8 is a voluntary program and we currently have a staffing
9 complement of approximately five in that area.

10 Q There's also a fitness centre, as I understand;
11 is that correct?

12 A Yes.

13 Q When was that introduced and what are some of the
14 features of that program?

15 A The fitness centre was, has always been part of
16 the wellness centre. We just recently moved that facility
17 from the current wellness centre to a facility on its own,
18 and it provides cardio fitness, weight training, strength
19 training, classes in those areas, and it is one of the more
20 utilized facilities in the community.

21 Q So you've had that since inception 2001?

22 A We've had that in since 1999.

23 Q Very good. Some of the other programs that you
24 described was the daycare Head Start Program?

25 A Yes.

1 Q And when was that introduced?

2 A The daycare program was introduced on, on the
3 reserve in 1998. It became part of the wellness centre in
4 1999. The Head Start Program began in 1999, again under
5 the auspices of the First Nation Inuit Health Branch. And
6 Head Start is a preschool program that allows instruction
7 for parents on how to structure activities to ensure that
8 children have a better chance once they enter into the
9 school system.

10 Q I also understand that there is a number of
11 different -- perhaps before I go there.

12 You described the, the Star program, the fetal
13 alcohol program?

14 A Yes.

15 Q When was that introduced and what are some of the
16 features of that program?

17 A It was, I believe it began in 2006. It was a
18 federal initiative. And when I'm referring to federal, I'm
19 referring on reserve. All funding for health-related
20 service programs come from the First Nation Inuit Health
21 department --

22 Q Yes.

23 A -- health branch of Health Canada. That began in
24 2006 and it is a prevention-focused program. Again, it is
25 highly educational. We go into the schools, we, we

1 encourage those young mothers that are attending our well
2 baby clinics as part of the community -- the prenatal
3 program at the wellness centre on the effects, the
4 devastating impacts of alcohol and drug use during
5 pregnancy. So it's a prevention program.

6 Q Very good. You also described a Brighter Futures
7 program. Perhaps you can tell us a little bit about that
8 and when it was implemented?

9 A The Brighter Future initiative was, began in 1992
10 under the First Nation Inuit Health Branch and it was the
11 precursor for funding for aboriginal diabetes initiative,
12 maternal child health, Head Start. All of those various
13 programs have had their beginnings at those initial stages
14 and right now we utilize that to, to fund the fitness
15 centre. We also use it to fund additional public health
16 nurses, and we also use it to fund our counselling division
17 program in the centre.

18 Q You have a number of other programs as well that
19 are offered under the wellness centre. I'm just looking
20 for clarification whether they fall under the, the health
21 side of your operations or they fall under the child
22 welfare side. I understand that there are, there's a
23 therapist program that's available?

24 A Yes, there -- that's, that's a program that we've
25 just recently introduced. One of the things that I should

1 point out is that the, the centre, the wellness centre, has
2 actively been investing in its human resources within the
3 organization over the last 10 years. As a result, we have
4 had a number of staff who have obtained their BSWs or their
5 bachelor of arts degrees. We recently had one of our staff
6 receive her masters in marriage and family therapy from the
7 University of Winnipeg. As a result of that, a result of
8 that communitive (inaudible) planning, we are in a better
9 position to offer services that we think are fundamental to
10 ensuring a healthy community.

11 Q And how long has that, those therapy services
12 been available through the wellness centre?

13 A Oh, for the last two years now.

14 Q Now, is that part of the counselling services
15 that are provided or are those one and the same?

16 A They're one and the same.

17 Q Okay. And that also includes family therapy; is
18 that right?

19 A That is correct.

20 Q And does that also include the mediation services
21 that the, the wellness centre provides?

22 A The mediation services, that was under a program
23 that was initiated by the Awasis Agency of Northern
24 Manitoba through MKO. It was the Northern Restorative
25 Justice Project. We had that, that mediation program up

1 until about 2006. Since then, we have not received funding
2 nor do we continue to use it. However, our counselling
3 staff are qualified to provide those mediation services.

4 Q I understand as well that there's an arts and
5 culture program?

6 A Yes. That's all part of the overall delivery of
7 programs and services within the centre. I think it should
8 be noted that the, when we talk about the idea of family
9 enhancement, the wellness centre is a family enhancement
10 program in its entirety.

11 Q Okay. And there's also an elders program, as I
12 understand?

13 A There is, yes.

14 Q And when was that introduced and what are some of
15 the features of that program?

16 A That's a program that's always been in existence
17 at the wellness centre since 1999. The elders program
18 provides the forum and a vehicle for elders of the
19 community to come in and participate and mentor some of the
20 young family members that are attending programs at the
21 wellness centre. It is also an opportunity for our elders
22 to get out of their homes and into a community setting
23 where they can engage in activities that benefit them. We
24 also provide a elder wellness series, an educational forum
25 where certain counselling aspects are provided,

1 informational activities are provided. They just finished
2 a police academy training program couple weeks ago where
3 they were educated on how to identify elder fraud.

4 Q So you've, you've discussed some of the services
5 that are provided under the umbrella of the wellness centre
6 for us, Mr. Walker. Perhaps you can distinguish for us, if
7 you can, what the mandate of the wellness centre is as
8 opposed to the mandate of the Nisichawayasihk Cree Nation
9 Child and Family Services division?

10 A The Family Community Wellness Centre, its mandate
11 is to provide a broad range of services that meet the needs
12 of the community, that identify and recognize the needs of
13 the community through a community collaborative
14 consultative process, and that we are accountable and held
15 accountable to the community through our reports, through
16 our reporting structures, to chief and council, to various
17 funding levels, government, various government agencies,
18 but in unity we work to strive and recognize the strengths
19 of all of our community members.

20 Q Dr. Blackstock, who testified earlier in the
21 inquiry, had talked about community-based solutions that
22 are being implemented by various agencies across the
23 country and she talked about a variety of different models
24 that have been utilized by those agencies. And one of the
25 models that she had referred to was called the Circle of

1 Care. I understand that you're familiar with that; is that
2 correct?

3 THE COMMISSIONER: What name was that?

4 MR. FUNKE: Circle of Care, Mr. Commissioner.

5

6 BY MR. FUNKE:

7 Q Go on.

8 A Yes, I am.

9 Q And I understand, Mr. Walker, that the Circle of
10 Care is a, is a foundational approach that the wellness
11 centre has taken to the delivery of its services; is that
12 correct?

13 A That is correct.

14 Q And I understand, as well, that the wellness
15 centre has created a Circle of Care planning guideline
16 with, with respect to its use in Child and Family Services;
17 is that correct?

18 A It's not specific to Child and Family Services.
19 It is specific to the organization as a whole.

20 Q So to be utilized with respect to the
21 implementation of all the various programs, then?

22 A That is correct.

23 MR. FUNKE: Madam Clerk, if you could bring up
24 the document at tab 27 in the materials provided to the
25 Commission for Mr. Walker. Thank you. And turn to page 4,

1 please.

2 Do you have that, Mr. Commissioner?

3 THE COMMISSIONER: Yes, I do.

4 MR. FUNKE: All right.

5

6 BY MR. FUNKE:

7 Q Page 4 of that document goes through an
8 introduction to the Circle of Care program; is that
9 correct?

10 A That is correct.

11 Q Discusses the philosophy and the approach that is
12 utilized under that model?

13 A That is correct.

14 Q Just going to read that into the record. Says
15 Introduction about the Circle of Care:

16

17 "The Nisichawayasihk Cree Nation
18 Family and Community Wellness
19 Centre ... offers a significant
20 combination of health and social
21 services to the community. These
22 assets create opportunities for
23 people to share and work together
24 and to support families to live in
25 a healthful and positive way.

1 The Circle of Care is a service
2 planning model designed to:

3 1. Provide children, youth,
4 elders, families and their
5 communities with coordinated
6 multi-service support, and

7 2. Build on the collaboration
8 and strengths, which already
9 exists within the Wellness Centre
10 and at sub-offices, as well as
11 other services and programs
12 external to the centre.

13 The Circle of Care planning
14 process is based on the principles
15 of the holistic teachings of the
16 Medicine Wheel. It acts as a
17 guide for working with families
18 who require a combination of
19 several services to support them
20 in finding balance in their lives.

21 In this context, the fundamental
22 values of planning together with
23 the direct involvement of family
24 and implementing services
25 collaboratively are essential.

1 This means shared responsibility,
2 shared decision-making, shared
3 service goals and shared
4 accountability.

5 The purpose of the manual is to
6 describe some guidelines that help
7 to facilitate such a process and
8 assist in developing and
9 implementing a Circle of Care plan
10 ...

11 It describes a way of establishing
12 a coordinated, multi-service plan
13 intended to strengthen families
14 who have a number of challenges
15 and opportunities that will
16 benefit from the involvement of
17 two or more services. It supports
18 and encourages the active
19 participation of extended family,
20 elders and spiritual leaders."

21

22 Mr. Walker, does that provide an accurate
23 overview of the guiding principles and approach implemented
24 through the Circle of Care Program?

25 A Yes. And I, I think that it's important to point

1 out that along the lines of Cindy Blackstock, this is one
2 of the community-based approaches that, that have been
3 developed in the community, but it formed the impetus for
4 change within the wellness centre. Just a brief discussion
5 on the development of, of the Circle of Care.

6 Although we were, when I became the, the then
7 executive director of the Family and Community Wellness
8 Centre, we had these services in place, but as you always
9 find out in a, in a system, sometimes even when they're
10 housed in the same facility or under the same umbrella,
11 they don't communicate with one another. So we began and
12 undertook a community consultative process similar to the
13 one that we used with the Rediscovery of Families Program,
14 the Canidamoskigan (phonetic) Program, the Teen
15 Intervention Program and the most recent one, which we may
16 touch on, I'm not sure if we will, the youth Cree
17 inquisitory court model that we're proposing.

18 We've always believed that the answers to our
19 issues and the many challenges that we face as aboriginal
20 people always rests in our communities, particularly
21 amongst our elders. And without the support of chiefs such
22 as Chief Bone, Chief Primrose, Grand Chief Nepinak, those
23 leaders that are more concentrated on let's move forward,
24 let's start addressing some of these issues ourselves,
25 because the answers do lie within our, within ourselves and

1 our, our communities. It's just getting and gathering that
2 information out into, into a process that makes positive
3 change.

4 And so when we started, embarked on this process
5 we found that even within the wellness centre we did have
6 child and family involvement with the family, we also had
7 public health involvement, we also had counselling services
8 that were involved with the family. We had Head Start
9 involved with the family. But we didn't have a mechanism
10 that brought everybody to the table, and that's what the
11 intention of this plan was.

12 It also is intended to bring the school, the
13 housing authority, the, the band office, the justice
14 program, all to the table so that we all get the
15 opportunity to meet with the family and the family tells us
16 what, what services they, they would like to have.

17 We've had -- we have two clients. We have
18 voluntary and non-voluntary. Non-voluntary is usually with
19 the involvement of protection issues surrounding children
20 in the home with parents.

21 Q I understand as well that fundamental to the
22 Circle of Care model are the teachings of the medicine
23 wheel; is that correct?

24 A That is correct, yeah.

25 Q And those comprise the spiritual, mental,

1 emotional and physical aspects; is that correct?

2 A That's correct.

3 Q Perhaps if you can, just for the edification of
4 the Commissioner and for the record, if you could describe
5 the various four spokes of the medicine wheel and talk
6 about how they are significant to the Circle of Care model.

7 A Well, when you look at the, the overall facets of
8 an individual, of a family, of a community --

9 Q Sorry, Mr. Walker, I apologize. Madam Clerk, if
10 you could perhaps bring up page 5 of that document so that
11 we have that on the screen while Mr. Walker is explaining
12 this. Sorry, Mr. Walker.

13 A I think it's, I think it's important to realize
14 that the whole concept of the Family and Community Wellness
15 Centre is to provide a holistic approach to dealing and
16 addressing with the needs of the individual, the family and
17 the community as a whole.

18 And when you look at the medicine wheel, when you
19 look at the mental, you're talking about what the self-
20 concept of, of the individual and how that person has,
21 through their various experiences, developed a self-concept
22 of who they are and where they stand in relation to their
23 family, to the community, to the world. And that's a
24 learned; you develop a self-concept of yourself.

25 When you look at the emotional, we're really

1 talking about the self-esteem, how you feel and how you
2 have derived and how you feel about yourself.

3 When you look at the self-awareness, which is the
4 physical, how you physically feel as an individual, how you
5 look, how you feel.

6 Then you get to the spiritual, self-
7 determination.

8 If you have been growing up in an environment
9 where you have constantly been reminded of your state in
10 this physical realm and if you have been constantly
11 reminded that you're a bad parent, you're a bad person, you
12 don't look well, you have no spiritual foundation, all of a
13 sudden you've got an individual who's standing there who
14 feels worthless, who has no sense nor desire to move
15 forward because they've already got a self-concept in their
16 mind. They've already got an image of how they look. So
17 if we look at the medicine wheel and the various aspects
18 behind that, if you grew up in an environment where you
19 were loved, you were respected, you were provided with
20 kindness, humility, truth and guided by wisdom, you'd have
21 a totally different facet on the outlook of life. And I
22 think that when we look at the medicine wheels in it's
23 entirety and we talk about how we, as a people, can portray
24 ourselves in a very easily understood approach and way, the
25 medicine wheel does that for us.

1 Now, if we took that and we looked at some of the
2 devastating impacts that we've had in our communities, if I
3 could just get everyone here to look at that circle, to
4 picture when the Indian agents came onto the reserve, and
5 if we looked at the centre of that wheel, every community
6 has a spirit, every community. Surrounding that spirit are
7 the children. Surrounding the children are the parents.
8 Surrounding the children and the parents are the
9 grandparents. And surrounding that are the warriors of our
10 societies.

11 When you have a foreign entity come in, when you
12 look at that chain, everyone is being held together by a
13 bond. When you have someone come in and remove a child
14 from that circle, it creates disconnect, disharmony, the
15 structures start to break down. What once was a strong
16 community, a strong family grouping, a strong sense of
17 identity no longer exists and you have to go through the
18 process of trying to rebuild that structure. And by doing
19 that you are creating a sense of self-worth, you're
20 developing a new self-concept. You're developing a new
21 sense of self-esteem. You're developing a new self-
22 awareness and you're developing a new sense of self-
23 determination.

24 Q One of the things that you talked about, Mr.
25 Walker, was disharmony within the community after the

1 removal of the children who are at the centre of that
2 concentric model that you described. Is the concept of
3 harmony within the four spheres of the medicine wheel as it
4 relates to the individual a similar component of the Circle
5 of Care model?

6 A Yes. When people are coming voluntarily to the
7 centre to access a variety of services, they've already
8 made that point that they have already said that, I need
9 help, and they're willing to seek that help out on their
10 own. And as caring individuals, we will, we will assist as
11 best as we can. We will have non-voluntary clients who,
12 for a variety of reasons which I just described, don't feel
13 the need that they need to be there, but in order for that
14 family unit to remain intact they have to complete some of
15 these programs. And once they do start embarking on that
16 journey, they begin to understand the reasons behind
17 because we start building that individual, we start
18 building them to be able to take care of their family.

19 Q You talked about the removal of a child from the
20 centre of that concentric community model. There are other
21 mechanisms that can result in the loss of a child from the
22 centre of that structure; it can be either the residential
23 school system that you talked about, process referred to in
24 the Kimmelman report as the sixties scoop, to current child
25 welfare practices where children are apprehended from

1 families, removed from the communities because of a paucity
2 of services within the community, but it can also result
3 from the death of a child?

4 A Yes.

5 Q Obviously, we're here today to, to provide
6 evidence to the Commission in terms of the inquiry into the
7 circumstances surrounding the death and disappearance of
8 Phoenix Sinclair. But I understand, as well, that, that
9 your home community, Nisichawayasihk Cree Nation, suffered
10 a similar loss in 2001 where a child died in care; is that
11 correct?

12 A That is correct.

13 Q All right. And I understand that -- were you the
14 executive director of the agency at that time?

15 A Yes, I was 30 days into the job when that
16 happened.

17 Q Perhaps you can share with the Commissioner what
18 your experience was and what the community's experience was
19 following the death of that child?

20 A The circumstances that surrounded that child's
21 death, and this was early on into my tenure as the
22 executive director of the wellness centre in its entirety,
23 I had received a phone call about four o'clock in the
24 morning that one of our children in care had been found,
25 they had, they succumbed to their alcohol poisoning. And

1 one of the first things that we began to do as a, as an
2 organization, we started to make sure that all of the, all,
3 all parties involved had the opportunity to address some of
4 their feelings, overwhelming feelings that they were
5 feeling that involved not only the family, the young people
6 that were at the party, the staff, the foster parents, the
7 leadership of the community. We had looked at it in terms
8 of taking this approach, taking the medicine wheel
9 approach, to start that process of providing counselling to
10 all parties involved. We had to do this in-house. It was
11 during Christmas break. So there were maybe four of us,
12 including myself, that conducted these circles, these,
13 these sharing circle, I guess is what you would refer to
14 them as, where we gave all of the, all of those involved
15 the opportunity to, to discuss their feelings, what their
16 approaches would be to resolving some of the trauma that
17 they've experienced.

18 We also brought the youth that were involved at
19 the party, we, we had them meet with the family to have the
20 family describe their emotions, have the young people that
21 were there describe their emotions, have the workers
22 describe their emotions, the foster parent describe their
23 emotions, so that we could resolve that trauma that this
24 could create, that had the potential to be created.

25 While that was going on, we went under a Section

1 4, which is, you know --

2 Q Going to ask you about that. So there -- it's
3 important to note there are some key differences between
4 the circumstances that you're describing and those suffered
5 by Phoenix. Obviously, the individual in the case that
6 you're describing was not a young child; rather, she was a
7 teenager, correct?

8 A That is correct.

9 Q And it's no -- there's no suggestion that she
10 expired as a result of any wrongdoing or violence or any
11 foul play, it was a result of self-induced alcohol
12 overdose; is that correct?

13 A That's correct.

14 Q Nevertheless, when a child in care dies, a review
15 is conducted as a matter of course and because of the year
16 2001, this is prior to the creation of the authorities. As
17 I understand it, it was the branch that conducted that
18 Section 4 review; is that correct?

19 A That's correct.

20 Q Perhaps you can describe what that process was
21 like as the executive director of the agency at the time?

22 A Because we had just recently received our
23 mandate, there was increased awareness on the circumstances
24 surrounding the death of this child. We compiled all of
25 our case files, et cetera, et cetera, we had

1 representatives from the Child Protection Branch come into
2 the community, review the files. Some of the files were
3 copied. They were taken back for further review.

4 At the same time, I met with the acting director
5 the Child Protection Branch I believe at the time and I
6 worked closely with representatives from the Child
7 Protection Branch to describe exactly all of the events
8 that occurred.

9 The findings of that report were that we had not
10 complied with standard where we had not, as an agency,
11 informed the RCMP of this child missing. And although that
12 was the finding, that was the standard. What we were
13 commended on by the, by the report was that the RCMP
14 detachment was an hour away, once the child failed to come
15 home, the foster parent contacted our office, we contacted
16 chief and council. We started going out looking for
17 possible leads as to where this child was. So it's not
18 like nothing happened, it's just we didn't phone to report
19 the child missing. But in the meantime, we had a community
20 concerted effort to look for this child. It involved going
21 door to door. We eventually did find her but it was too
22 late.

23 Q She was still alive when she was found?

24 A The details of that I'm not sure.

25 Q Okay. Now, how long did that Section 4 review

1 take in terms of, from the moment it was complete -- or,
2 sorry, from the moment it was initiated to the time that it
3 was completed; what was the total time span?

4 A Approximately six months.

5 Q And the report was obviously shared with you?

6 A Yes.

7 Q And the report was shared with the workers who
8 were involved?

9 A Yes.

10 Q The findings and recommendations were shared with
11 the agency?

12 A Yes.

13 Q And did you find that that was a useful exercise
14 in terms of being able to provide guidance to yourself and
15 to the workers in terms of how to handle a situation like
16 that in the future?

17 A Yes.

18 Q I understand that since that time,
19 Nisichawayasihk Cree Nation and Family and Community
20 Wellness Centre has developed a critical incident
21 management team; is that correct?

22 A That is correct.

23 Q To, to assist in terms of intervention in crisis
24 situations?

25 A That is correct.

1 Q I understand as well that that is an
2 internationally accredited intervention team; is that
3 correct?

4 A That is correct.

5 Q All right. Perhaps you could tell us what the,
6 if you recall specifically, first of all what the process
7 was to, to receive that international accreditation?

8 A As I explained earlier, we had initiated a, I
9 guess our version of a critical incident management
10 approach. Then in May of 2002 we had another tragic
11 automobile accident. Again we, we started the process of
12 conducting the, our version of a critical incident
13 debriefing.

14 Then in 2003 we got a trainer, a woman by the
15 name of Patty Stewart McCord based out of Regina to come in
16 and provide an accredited program of critical incident
17 stress management in the community for our staff, plus we
18 also invited members of the community to participate in
19 this process. Because after that, that automobile accident
20 May 2002, out of a total staff of 45 staff at the time,
21 because of the nature of the extended relationships, et
22 cetera, within the community, we had five people in the
23 office. Everyone was tremendously impacted by that event
24 and we felt we needed to expand our capabilities so that we
25 would be in a better position to provide those services in

1 the event that they were needed in the future, and we would
2 share that responsibility with the community as a whole,
3 not relying on, on three or four people but training enough
4 people within the community so that if those four people
5 were impacted, we could draw upon others to provide that
6 service.

7 Q And was the decision to, to undertake the, the
8 accreditation of the incident, critical incident management
9 team, was that as a result of any recommendations or
10 finding that were made in the Section 4 report or was that
11 just a, an independent decision taken by the agency
12 following those two crises?

13 A That was an independent initiative by the centre.

14 Q Now, I understand that, that the wellness centre
15 did have some direct involvement in the circumstances of
16 this case in that as a result of the, the death of Phoenix
17 Sinclair in the Fisher River Cree Nation, I understand that
18 the, the Nisichawayasihk Cree Nation critical incident
19 management team was actually called in to Fisher River to
20 assist that community as a, in the effort to try and assist
21 them dealing with the grief that arose from her loss. Is
22 that correct?

23 A That is correct. We sent three of our staff to
24 Fisher River. It was part of a collaborative team that was
25 sent in to, to Fisher River.

1 Q Okay. And how long were they there?

2 A I believe they were there for approximately a
3 week.

4 MR. FUNKE: Very good. Mr. Commissioner, the
5 next area that I'm going to embark on is significantly
6 different from the area that we just canvassed. Perhaps
7 now would be an appropriate time to take our mid-morning
8 break.

9 THE COMMISSIONER: Yes. All right. We'll, we'll
10 adjourn for 15 minutes.

11 MR. FUNKE: Thank you.

12

13 (BRIEF RECESS)

14

15 THE CLERK: Okay.

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

17

18 BY MR. FUNKE:

19 Q Mr. Walker, before we broke for the mid-morning
20 break you had described various traumas that the community
21 of Nelson House has suffered over the years and
22 generations, and one of the impacts that you had talked
23 about was the Indian residential school system, the loss
24 that the community suffered as a result of its children
25 being removed under that, under that system. I understand

1 that the Truth and Reconciliation Commission was intended
2 to come and visit Nisichawayasihk Cree Nation recently but
3 that, unfortunately, Justice Sinclair couldn't attend as a
4 result of an emergency; is that right?

5 A That's correct.

6 Q And perhaps you can describe for the
7 Commissioner, I understand that the wellness centre elected
8 to proceed, in any event, with the, with the event, despite
9 the non-attendance of the Commission. And perhaps you can
10 just explain for the Commissioner what occurred at that
11 time. And if you can, give a sense of the scope of the
12 impact that the Indian residential school system had on
13 your community.

14 A We were scheduled to have a truth and
15 reconciliation gathering in the community May of last year.
16 We had made all the preparatory requirements, we had
17 invited all members of the nation who had attended
18 residential school to, to participate. When we were
19 scheduled to begin, we were informed unfortunately that
20 Justice Murray Sinclair would not be able to attend. We,
21 as a organization, determined that, no, we've got everyone
22 here, we might as well proceed. The only thing that we did
23 not do was the individual testimony, but what we did engage
24 in for all of those residential school survivors that were
25 in attendance, and we had close to 200 of them in

1 attendance for the, for the three days, we initially began
2 the ceremony with a grand entry, brought them into the
3 wellness centre, and as they were coming into the wellness
4 centre they were wrapped in a blanket to signify that
5 they've come home, that they are formally recognized by the
6 chief and council and the Family and Community Wellness
7 Centre that they have returned home. That in itself was a
8 very emotional undertaking.

9 And what transpired after that was we had, we
10 broke off into four separate groups and we covered areas
11 which, similar to what I had described where we talked
12 about the box in the circle, we talked about the impacts
13 that residential school survivors brought home with them
14 and that these circumstances that we found ourselves in
15 were as a result of what the treatment was that we had
16 experienced.

17 And when I earlier talked about the self-esteem,
18 the self-concept, the self-awareness and those experiences,
19 those participants began to realize that all of the
20 behaviours that they had learned, and I'm talking about
21 these are, these are grandparents, these are parents, and
22 the children of residential school survivors were also in
23 attendance. There was this recognition that, you know, a
24 lot of the stuff that I've experienced is not my fault. If
25 I had remained in the community, remained within the

1 extended family, I might have had a different self-concept,
2 self-awareness, my self-esteem probably would be a lot
3 better than it is now.

4 And just to kind of give the Commission a view,
5 we had placed pictures and names of all members of
6 Nisichawayasihk Cree Nation that attended residential
7 school throughout the years. We had one row about the size
8 of this building, about the width of this room, all names
9 of members of the Nisichawayasihk Cree Nation that had gone
10 to residential school, that had been physically removed
11 from the community, and there were 500 names on that, 500
12 names and pictures. We didn't capture all of them, but
13 just by identifying those 500, the tremendous impact that
14 that has had on a community the size of Nelson House and
15 other communities throughout Canada, it's pretty
16 devastating.

17 Q To put that in perspective, Mr. Walker, what's
18 the population of the nation?

19 A The nation as a whole, as it stands right now, is
20 approximately close to 6,000.

21 Q Now, I know what you mean by the reference of the
22 box in the circle, but I expect that most of the people
23 here do not, so perhaps you could explain that, if you
24 don't mind. You made a reference to it; I don't want that
25 to be lost in your evidence.

1 A When I talked earlier about the spirit of
2 community, the interconnectedness between everyone, that's
3 what I'm referring to as the circle. Now, what I'm
4 referring to as the box is similar to how this room is
5 structured. When you are looking at a community, you've
6 got the leadership at the front facing the wall, behind the
7 leadership you've got the, the young, the young men, young
8 women, behind them you've got the older gentlemen, the
9 older people. Then in the background you've got the young
10 people and the children, and in the far background you've
11 got the elders. Everybody's pointing to chief and council.
12 Everybody's -- and council in itself is looking, checking
13 outward. But you've got the children and the young people
14 in the community isolated by themselves on their own.
15 You've got elders isolated in the back of the room on their
16 own. Pretty soon, the elders start making the linkages
17 between the children and the youth and they start
18 interacting. Meanwhile, everybody else is looking forward.

19 And we've described that system; the presentation
20 was put on by Jann Derrick, a prominent marriage and family
21 therapist, and that in itself was one of the most powerful
22 presentations that we've had. When you combine that with
23 the way that our communities used to be structured as and
24 what we've got now, there is a tremendous disconnect
25 between the children, the parents, the leadership, and

1 those linkages are starting -- you're starting to see that
2 linkage develop on its own. You've got a lot of young
3 people now who are engaging in elder -- with the elders in
4 terms of engaging in ceremony, sun dance, sweat lodge,
5 fasting ceremonies, to rekindle and regain that sense of
6 pride and self-determination. And it's through that
7 interaction that we're starting to see incremental changes.
8 We're not going to see it overnight. It's taking, it's
9 going to take a number of years. But when I talk about the
10 Rediscovery of Families Program, that in itself provides a
11 glimpse of what our communities were, once were.

12 Q We're going to get to that in just a moment.
13 Before we, before we move on, I just want to talk briefly
14 about Jann Derrick, and that's the (wiltermit matravik)
15 program that you're talking about, her presentation.

16 A Yes.

17 Q And correct me if I'm wrong, but the idea of the
18 circle and the box also is a, is a metaphor for changes in
19 the First Nations community post-contact and the imposition
20 of a dominant western culture world view imposed on that
21 community which imposes this box structure; is that
22 correct?

23 A That's correct.

24 Q And that it's alien and not inherent to the First
25 Nations awareness or existence or certainly their

1 experience prior to contact?

2 A Yes.

3 Q Now, I want to talk about the Rediscovery of
4 Families Program but there's a number of other different
5 programs that the wellness centre puts on as well and I'd
6 like to go through those with you. Perhaps we can start
7 with the summer adventure camp. If you could tell us a
8 little bit about that program that's run by the wellness
9 centre.

10 A The summer adventure camp is a activity-based
11 program for children between the ages of 3 to 18 where they
12 are exposed to a series of play activities designed to
13 increase awareness, increase self-esteem. It involves
14 lesson planning, et cetera, et cetera, where -- and that's
15 for the younger groups. When we get to the age 12 and up,
16 to 18, that involves the use of our 10-man canoes that
17 we've got in the community and they paddle from Nelson
18 House to our traditional camp site up at Leftrook Lake.
19 The, the trip is about 10 hours long but while they're
20 doing that they're learning to work effectively as a team,
21 they're learning to accept leadership roles within, within
22 their teams, they learn to rely on one another as any team
23 would, and they're creating and developing that sense of
24 awareness and self-identity. That, yeah, I can do this.
25 We've been operating that program since 2005. We've had

1 quite a bit of success with that program. It's been,
2 particularly in the older age groups, it's been a
3 diversionary intervention/prevention program that takes the
4 child out of the community, puts them into a traditional
5 camp setting, which is what the Rediscovery of Families is.

6 Q And how long are they out at Leftrook?

7 THE CLERK: (Inaudible) name of the lake?

8 THE WITNESS: Oh, Leftrook. L-E-F-T-R-O-O-K.

9

10 BY MR. FUNKE:

11 Q And when the, when the young people go out to
12 Leftrook as part of the summer adventure camp, how long are
13 they out there?

14 A They're out there for a week.

15 Q And they're supervised, obviously?

16 A Yes.

17 Q Now, you have another program, and by -- if
18 you've already discussed this, then let me know and we'll
19 move on to the next one, but the Strengthening Families
20 Program, is that the same as the Maternal Child Health
21 Program that you discussed earlier or is it something
22 slightly different?

23 A Are you referring to the Rediscovery of Families?

24 Q No. I was told that there was another program
25 called Strengthening Families.

1 A Strengthening Families is one of the integrated
2 components of every program that the centre provides, it's
3 one of those guiding principles.

4 Q Okay. Perhaps I misunderstood, then. Let's,
5 let's discuss the Rediscovery of Families Program. Perhaps
6 you could describe that for us and how that incorporates
7 the Leftrook camp as well.

8 A Back in the early 1990s when I was a consultant
9 for, under the flood agreement for Nelson House, we had a
10 claim under the Northern Flood Agreement that was claim one
11 ten. It was referred to as the domestic fishing program or
12 domestic fishing claim. The elders at that time, we had a
13 group of approximately 50 elders that we engaged in a
14 community consultative process with them. They described a
15 need that we needed to replace what we had lost during the
16 flooding of the community. And when I'm talking about the
17 flooding of the community I'm referring to the
18 hydroelectric project that, that had been done in 1977. It
19 subsequently raised the water level in Nelson House by
20 about 15 to 20 feet. It inundated all of our traditional
21 medicine areas, all of our fish spawning grounds, et
22 cetera, et cetera. What they wanted to do was to recreate
23 what it was like in the community when summer came and all
24 of the families went to the fish camps, hunting camps, et
25 cetera, et cetera. So Leftrook Lake was a non-affected

1 lake. That was the area that was chosen by those elders
2 and we subsequently managed to negotiate with Manitoba
3 Hydro and Manitoba to develop a, an infrastructure there
4 that would be able accommodate between five to ten families
5 at a time, and that facility was built from '91 to 1993.

6 When we came back, when I came back from
7 university, a number of the staff at the wellness centre
8 recognized that there is this facility at Leftrook Lake,
9 let's put together a program, let's meet with those elders
10 that had originally been consulted back in the early '90s
11 and expand that process and make it relevant in today's
12 terms, and that's what had happened. We, we managed to put
13 together a proposal, we put it before the Nisichawayasihk
14 Trust, which is the implementation arm of the agreement.
15 We were able to access funds under this community approval
16 process to fund that program for approximately four years.

17 What it entails is that we take families from
18 Nelson House, take them to the camp and they are exposed to
19 that camp setting for a period of seven to ten days.
20 During that transition period when they are there, they are
21 supervised by the elders, of course, that are, that are the
22 teachers that provide that guidance. And you see a gradual
23 change as soon as you -- as soon as those families get to
24 the camp. You get to see what our communities were like
25 before, prior to electricity and running water, et cetera,

1 et cetera. You see this natural progression occur where
2 the division of labour becomes apparent, everyone is
3 responsible for everyone, children can be children. They
4 get to play but they're supervised, they're always being
5 watched. And everybody works together as a unit, and we're
6 talking about bringing different families together that may
7 have discrepancies with one another, but by the time that
8 they're completed that, that week long to ten long day
9 program, they've developed that relationship where they can
10 then come back to the community and try and recreate what
11 they had established in those relationships that they had
12 established while they were out at Leftrook. They also get
13 the opportunity to identify who their extended relatives
14 are, what strengths that they have, because everyone has
15 strengths. And we built on those strengths and we create
16 that, that opportunity for collaboration once they come
17 back.

18 Q You had said that the funding ran out after four
19 years. You're talking about the flood agreement funding?

20 A Yes.

21 Q And so that program continues to operate but it
22 operates under the umbrella of the wellness centre; is that
23 correct?

24 A Yes, it does.

25 Q Now, you have a number of other programs that are

1 also being run by the wellness centre. Perhaps you can
2 explain to us what the Wechitiwin Family Enhancement
3 Program involves and how that came about.

4 THE COMMISSIONER: The what?

5 MR. FUNKE: Wechitiwin. I'll spell it for you.
6 It's W-E-C-H-I-T-I-W-I-N, and it's pronounced Wechitiwin,
7 unless I'm mangling it horribly.

8 THE WITNESS: Yeah, the Wechitiwin program, yes.

9 MR. FUNKE: Thank you, Mr. Walker.

10 THE COMMISSIONER: And then what's the rest of
11 the name?

12 MR. FUNKE: Wechitiwin Family Enhancement
13 Program.

14 THE WITNESS: We initiated that program through a
15 series of proposal-driven process between our designated
16 intake agency in Thompson, the northern authority and
17 government of Manitoba. We -- this was part of our
18 differential response initiative that was initiated
19 2007/2008. This is solely funded under the designated
20 intake program in Thompson. What it entails is a, is sort
21 of like a recreation of what the wellness centre is in
22 Nelson House, where they go -- where families that are
23 diverted from the, from intake, that are not deemed
24 protection, they are deemed -- they are, they are diverted
25 to this program to get access to additional services,

1 family counselling, et cetera, et cetera. They also are
2 involved with stepping out on Saturdays, I believe.

3

4 BY MR. FUNKE:

5 Q And you also have the Caring For You Program
6 offered by the Nisichawayasihk Cree Nation Family and
7 Community Wellness Centre out of Thompson. Perhaps you can
8 describe that for us.

9 A The caring for you initiative began in 2006. It
10 was a collaboration between the province, Cree Nation Child
11 and Family Services, Awasis Agency and the Family and
12 Community Wellness Centre where we, we housed our foster
13 care departments into one unit so that we could better
14 integrate our services, have a one point for all foster
15 care recruitment and licensing requirements. That did run
16 for a while; however, the province had to divert its, its
17 program. Cree Nation began to withdraw its program.
18 Awasis has decided to remove itself from that program, so
19 it's just the Family and Community Wellness Centre that
20 will be left with undertaking that initiative.

21 Q But you continue to operate it through the
22 wellness centre?

23 A Yes.

24 Q Also understand that there was a program called
25 the Residential Care For Young Women Program?

1 A Yes.

2 Q Perhaps you can describe that for us, as well.

3 A There was a, an identified need in the community
4 by our counselling division where they recognized that
5 there were a number of vulnerable young women who needed a,
6 an environment, a structured environment. These are young
7 women who had particular challenges in terms of they were
8 never formally diagnosed with FAS but that, that was one of
9 the impetuses behind creating program. They put together a
10 proposal. They were able to secure a housing unit in the
11 form of a trailer from the (betuppen) trust component of
12 the Nisichawayasihk Cree Nation where the proceeds for the
13 Mystery Lake are, are diverted.

14 We graciously received funding for the purchase
15 of a trailer and then the centre also was able to access
16 additional funding from the trust to operate this facility.
17 It was, it was in operation for a year and a half then
18 subsequently the trust funding disappeared and we were no
19 longer in a financial position to continue to operate that
20 program. Those young women still want that trailer back
21 but we've since had to find a different purpose for it.
22 We're hoping that one of the initiatives that we're
23 currently embarking on will be able to address their
24 housing needs because there are a number of individuals in
25 the community, in our communities, who may have been in

1 care for complex needs that are going to become adults, and
2 there's a lack of adult services in every First Nation in
3 this province and it's something that we really need to
4 start addressing because it's like the concept of a camp.
5 Families take care of families, and we need to be in a
6 position to provide that support outside of regular funding
7 channels, and I think it's incumbent upon us all as, as a
8 society to ensure that people can remain in their home
9 community and receive the same services that any other
10 individual can receive in the province.

11 Q You also implemented some other programs that are
12 perhaps slightly more innovative, shall we say. I'm
13 thinking specifically, at this point, of the Apprehending
14 the Parent Program. Perhaps you can explain to the
15 Commissioner exactly what that program entails and how it
16 came about.

17 A Back in 2000, early 2000, we had started, as I
18 talked about, we had started that process with the,
19 consulting the elders with respect to the Rediscovery of
20 Families Program. One of the challenges that the, that the
21 elder group in the community posed to us was, why are you
22 removing the child from the home? It's not the child's
23 behaviour that's in question here, it's the parents'
24 behaviour that's in question. The parents are the ones
25 neglecting these children. Can't you find a way to remove

1 the parents as opposed to removing the child or children?
2 So that was a task that was assigned to us as a, as an
3 organization and we started the process at looking at how
4 we could actually physically remove a parent from a home
5 and having that parent go stay with relatives or do
6 whatever they were doing but put relatives or, or a
7 caregiver in the home without disrupting the child's home
8 environment.

9 After a lot of legal wrangling, et cetera, et
10 cetera, it became apparent that, well, hold on, the current
11 structure of our reserves in Manitoba and elsewhere is most
12 of the housing is the property and responsibility of the
13 chief and council. They are more or less the landlords.
14 So we approached chief and council to authorize the removal
15 of a parent if it was deemed in the best interest of those
16 children not to be removed by our CFS intake personnel.
17 And chief and council graciously agreed with us. They
18 agreed with the principle that it's not the child's
19 behaviour that's in question here, it is the parent or the
20 parents.

21 Q so what happens, then, after the parent is
22 removed? Who has the responsibility for monitoring the
23 children in the home?

24 A We do. Child and Family Services does.

25 Q So who's placed in the home, then, to monitor the

1 children?

2 A It's either usually, it's a, it's an extended
3 relative or we actually place a caregiver in the home.

4 Q What, what's the mechanism for the parent being
5 able to return to the home?

6 A They are informed that they're to meet with our
7 worker on the next business day and they are there to
8 discuss the reasons as to why they were asked to remove
9 themselves, why they were removed, and a plan is put
10 together to address that issue in the Circle of Care.

11 Q And are they then allowed to return after
12 accepting the plan or do they have to meet other
13 expectations before they're allowed to return?

14 A They're usually allowed to return.

15 Q With continued monitoring by the agency?

16 A Yes.

17 Q The last initiative I want to talk to you about
18 is the Nisichawayasihk Cree Nation Justice Project where I
19 understand the wellness centre has embarked upon
20 development of a justice model which ultimately is designed
21 to create a unified Cree court which is founded on the
22 Circle of Care model; is that correct?

23 A That is correct.

24 Q If you could explain to the Commissioner exactly
25 what that involves and how that, how that has come about?

1 A The impetus for the development of, of this
2 proposed model began late 2009, early 2010. We had been
3 tasked by chief and council questioning us why we were not
4 being involved, why we're not involving ourselves in the
5 Community Justice Circle that they had in the community.
6 That was created as an extension of the court process, the
7 Manitoba court process.

8 We also recognized that a number of young people
9 between the ages of 13 and 18 had their own court docket
10 every month in the community and a large number of those
11 young people were being transferred from Nelson House to
12 Manitoba Youth Centre, Agassiz Youth Centre, et cetera, et
13 cetera.

14 So we looked at -- and again, we went back to the
15 core group of elders that we have been working with, that
16 the centre has had the privilege to work with, and we posed
17 a series of questions to them and said, look, how did the
18 community address these issues, these same issues with
19 young people getting involved in crime, how was the
20 community -- how did the community deal with this?
21 (Inaudible) well, we've brought the family, we've brought
22 the young person to a meeting of chief and council with the
23 community present. Chief and council were the juror or
24 the, the court, and recommendations were handed down and a
25 decision was made and those decisions were implemented. If

1 you talk to those members that had actually gone through
2 that process, who are adults now, who are, some of them are
3 grandparents themselves, they found that process to be very
4 intimidating. Your actions were exposed to the community.
5 So we looked at the possibility of using the youth court
6 inquisitory model as a means to stop the progression of
7 children exiting the community into the judicial system and
8 the penitentiary system. Because what we noticed was that
9 if a young person was charged with an offence, age 13, by
10 the time that they actually got to addressing that initial
11 charge they had already been remanded, remanded, remanded,
12 conditions had been set, breaches had occurred based on
13 those, on those conditions. So by the time you actually
14 got to that initial charge, the judge had no choice but to
15 actually transfer and take that child into custody.

16 So we're looking at this as a means to intervene
17 right at the outset, deal with the, the factors that led to
18 the child becoming involved in that behaviour but also
19 having the family there and having the community. And when
20 I refer to the Circle of Care component, the Family and
21 Community Wellness Centre, other program service providers
22 will be in attendance, that if it is the decision of the,
23 of the court that a case plan is to be presented and
24 provided and recommended and reporting done back to the
25 court, that that is done.

1 These are, these are based on situations where
2 the child is actually caught doing the action. It's not a
3 question of innocent or guilt; no, you were caught doing
4 this; we would like you to explain to the community why you
5 did this.

6 We had done a, a demonstration last May, I
7 believe it was, where we had what the current structure is.
8 The current structure, the current model, you've got the
9 young person that's brought into the court, sits in the
10 prisoner's box, they have defence counsel, they have Crown.
11 The Crown is present. We have a judge. We have a
12 separation, physical separation in the room where you've
13 got the community sitting in the background, and we did a
14 mock presentation where the two lawyers were arguing with
15 one another, the judge is sitting there, you never hear
16 from the child, you never hear any community involvement,
17 and it's just constantly arguing issues of point, et
18 cetera, et cetera. And I know this is hard for -- we've
19 got a room full of lawyers here.

20 Q Believe me, nobody's liking what you're saying.

21 A And then we described and we implemented a mock
22 presentation where we had the young person brought in with
23 their family. We had selected a number of community judges.
24 Sitting around that table, sitting around that room were
25 interested community members and ...

1 Q And you're motioning with your hand, Mr. Walker, a
2 circle.

3 A Yes. We're, we're in a circle.

4 Q What's the significance of the circle?

5 A Well, when you're in a circle there's no boundary
6 and all the focus is at the centre. And remember when I was
7 talking about the presentation that Jann Derrick had done,
8 where at the centre of every community is a sphere, then
9 there's the children, the parents, the grandparents and then
10 the warriors of the community. Same situation here except
11 in the centre is the alleged offender and their family,
12 surrounded by the judges of the community, surrounded by the
13 community. Although it was a mock presentation and we
14 didn't, we didn't anticipate that what transpired, was we
15 had a complete meltdown by the young person who actually
16 confessed to doing a certain act with the parent present
17 that had no knowledge, and then all of a sudden it actually
18 became a court setting and the court issued a directive to
19 the wellness centre to work with this family, to meet the
20 needs of this young person, to meet the needs of the family
21 and to report back.

22 Q And isn't that really the key distinction, that
23 unlike traditional box systems that impose a verdict and
24 punishments and there's very hard distinctions between what
25 is a criminal proceeding and a family proceeding, isn't the

1 whole idea behind the unified Cree court is a holistic
2 approach where the focus is not on guilt or innocence but,
3 rather, causes for behaviour and identifying the needs of
4 the child and the family and addressing those fundamental
5 motivators, finding out what it is that child needs and
6 making sure it's provided?

7 A That's correct.

8 THE COMMISSIONER: And has that been accepted as
9 an alternative to the mainstream court process?

10 THE WITNESS: We haven't, we haven't formally
11 introduced this concept. We are having a -- we've invited a
12 number of senior dignitaries to attend a presentation of
13 this on May 22nd of this year in Nelson House where we will
14 be unveiling this model in hopes that we can secure the
15 necessary requirements to proceed and to move ahead. I
16 think it has tremendous potential in terms of addressing the
17 spiraling high costs 10, 15 years from now. If we can
18 intervene early on, you're going to have -- we have the
19 potential to reduce the number of, of people entering
20 penitentiaries from reserves. I think that's the key here,
21 is that we are looking forward to addressing the needs of
22 our community and I'm hoping that this will result in a
23 fundamental change to the way that correctional services are
24 provided so that we don't have that many people going into
25 the corrections system.

1 BY MR. FUNKE:

2 Q And just to be clear, Mr. Walker, it's my
3 understanding as well that the, that the intent for the
4 justice, excuse me, project is that it's going to proceed in
5 phases and that it's not envisioned that the Cree court will
6 spring up all at once --

7 A No.

8 Q -- full powers of, and jurisdiction to replace the
9 current justice model but ...

10 A It will be done incremental stages. We will have
11 to have buy-in by the community and when I say "buy-in", we
12 are envisioning that a referendum at some point, once it's,
13 once the project is expanded and fine-tuned, that there will
14 be a referendum where the community will decide if this is
15 the model that they're going to pursue. And if it is the
16 wish to, to proceed for youth offences, then that will be
17 the court that will be in place.

18 Q And certainly, as I understand it as well, the
19 project requires buy-in, if I can use that term, from other
20 stakeholders as well beyond just the, the community members,
21 but it starts with the community?

22 A Yes.

23 Q And then progresses outward?

24 A Yes.

25 Q One of the last areas I want to discuss with you

1 before I think we're going to have to break for lunch is the
2 idea of replicating the service delivery model that the
3 wellness centre has incorporated and has implemented in
4 Nisichawayasihk Cree Nation, try to expand that outside the
5 boundaries of the First Nation on reserve. And one of the
6 concepts that you've discussed in the past is the idea of
7 having a consulate in Winnipeg. Perhaps you can just
8 describe for the Commissioner exactly what you envision or
9 what is envisioned, I should say, in terms of that
10 consulate, what services it would provide and how it would
11 operate?

12 A One of the ideas that, that we have been
13 discussing, we haven't developed anything formal, is this
14 concept that because we have such a large First Nation
15 presence in, in Winnipeg and in Brandon and Thompson, that
16 the possibility of creating a facility or, or an office
17 where residents and members of First Nation communities who
18 are travelling to the urban centres or are planning on
19 moving to the urban centres have one place that they can go
20 to where that office becomes the central point for
21 consolidating all of the services that this family may
22 require, coordinating it, assisting them in securing
23 housing, working with them to enroll their children in
24 school, updating their, their health information, et cetera,
25 et cetera, so that it is a central place. Because as First

1 Nation agencies and communities and band offices, we know
2 when somebody's going to leave the community. Somebody is
3 always, knows somebody that knows somebody that a family is
4 moving. And it gives the opportunity to say, okay, look,
5 you know, if, if you need assistance, here's an office you
6 can go to.

7 Because the numbers of aboriginal children that
8 are in care are staggering and I would harbour to, to guess
9 that a lot of it is because when families are travelling to
10 the, to the urban centres, they don't realize that there are
11 a lot of eyes on them and they can't do the things that they
12 normally would be able to do in their home community where
13 they could rely on their neighbours, they could rely on
14 family, and that creates that, that breakdown. Then CFS
15 gets involved and children are more or less apprehended and
16 they become part of the system.

17 Q Is the idea, as well, that by connecting the idea
18 of providing services as a -- and which are accessed through
19 the consulate or the consulate becomes a point of access for
20 those services, that that will encourage people to
21 essentially keep, provide the consulate with updated
22 information with respect to their movements back and forth
23 between the reserve?

24 A Oh, yeah. Yeah.

25 Q And in that way, assist in being able to determine

1 when families come to Winnipeg from the reserve or when
2 families leave Winnipeg and go back to reserve or some other
3 community?

4 A That's correct. It's a means -- I think it's,
5 it's an effective way to consolidate services to better meet
6 the needs of families to build on the strengths of those
7 families. And I know that there are a number of programs
8 and services that are provided in the city, but if those
9 services could be consolidated into one, one office, I think
10 it would be, I think it would be beneficial, not only to all
11 the provincial tribal organizations in Manitoba where they
12 could have that advocacy group work on behalf of their
13 members. It could also provide, given the fact that the
14 government has, the Canadian government has removed a lot of
15 the funding for provincial tribal organizations in MANITOBA
16 and across Canada, that maybe this is a way that those
17 provincial tribal organizations could revive themselves to
18 become that, that consulate for a truly integrated service
19 delivery model for First Nation families in Manitoba.

20 Q And the idea, of course, would be that you would
21 replicate the service delivery model that's implemented by
22 the wellness centre back in Nisichawayasihk Cree Nation, in
23 Winnipeg employing the Circle of Care model and the same
24 philosophies that approach?

25 A Yeah, that would be, I think that that would

1 probably be beneficial.

2 THE COMMISSIONER: But are you presently
3 delivering services to your members in Winnipeg, Brandon and
4 Thompson?

5 THE WITNESS: Yes, through our Child and Family
6 Services --

7 THE COMMISSIONER: Yes.

8 THE WITNESS: -- presence here. We do implement
9 the Circle of Care in our offices to the greatest extent
10 possible but with, with a vast array of services within,
11 within the urban centres in Manitoba it's hard to get a lot
12 of people at the table because of time constraints, et
13 cetera, et cetera. But, it has had success. I can't give
14 you specific details but there has been success in the
15 ability to coordinate services. And this is not a new, this
16 is not a new model. This, this model was derived from
17 sharing the care that was developed mid-'90s, I think, by
18 education, health and CFS, I believe, or justice.

19

20 BY MR. FUNKE:

21 Q Now, some of the programs that, that are on offer
22 in Nelson House are easier than others to replicate in an
23 urban setting. I'm thinking specifically, for example, of
24 the summer adventure camp and the Rediscovery of the
25 Families Program. That is a much more difficult program to

1 offer to your First Nations members who are resident in
2 Winnipeg as opposed to those that are resident in Nelson
3 House?

4 A Yeah, there are constraints. But if we've got, if
5 we've got a family that belongs to Nelson House that wants
6 to participate, we'll make every effort to make sure that
7 they can participate.

8 Q One of the primary constraints, of course, is
9 funding because it's a lot more expensive to send a family
10 from Winnipeg to Leftrook than it is to send a family from
11 Nelson House.

12 A But if, if we start coordinating services, because
13 we've always got, we've always got transportation back and
14 forth from the urban centres, if we can coordinate those
15 services better, we could be able to accommodate as many of
16 our members as we could.

17 MR. FUNKE: I see the time, Mr. Commissioner.
18 It's now 20 after 12:00. It is perhaps a little early to
19 take our lunch break, but the next subject area that I'm
20 going to go into is quite lengthy and I'd prefer to perhaps
21 break a little early for lunch and perhaps even take a
22 shorter lunch break than usual --

23 THE COMMISSIONER: Why don't we adjourn till 1:45?

1 MR. FUNKE: Very well.

2 THE COMMISSIONER: All right. We will stand
3 adjourned till 1:45.

4

5 (LUNCHEON RECESS)

6

7 THE COMMISSIONER: All right, Mr. Funke?

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

9

10 BY MR. FUNKE:

11 Q Mr. Walker, the next thing I'd like to talk to
12 you about in terms of your evidence today is with respect
13 to the AJI-CWI, or the Aboriginal Justice Inquiry Child
14 Welfare Initiative and how that process ultimately gave
15 rise to the Authorities Act and the imposition of the four
16 current authorities which are responsible for the oversight
17 and governance of the child welfare system in the province.
18 Now I understand that you had some involvement in the
19 implementation of that roll out, particularly with respect
20 to the northern authority; is that correct?

21 A Yes, that's correct.

22 Q Perhaps you could explain what your involvement
23 was and how that came to be.

24 A My, my involvement began in January 2002. It was
25 the first time that I had met the other agency directors

1 from the other CFS agencies in northern Manitoba, and I
2 was, I was apprised as to the status of the implementation
3 of the detailed implementation plan, what we referred to as
4 the DIP. So all of a sudden I found myself enmeshed in
5 this process whereby our first, one of our first tasks as a
6 working group, which comprised the agency directors, in
7 conjunction with representatives from MKO, our task was to
8 look at the detailed implementation plan, establish
9 representatives to sit on the various implementation
10 tables. One of those tables was the actual creation of the
11 authority, to have it up and running for time of
12 proclamation in November 2003. So the agency directors, we
13 all contributed at varying levels and varying degrees and
14 doing a lot of the preparatory work for the establishment
15 of the authority, putting together work plans, implement
16 those work plans, create a structure and a process to
17 eventually turn that process over to the board of the
18 northern authority.

19 Q Now you referred to the MKO, and perhaps for
20 those that, for perhaps for those individuals in the room
21 who may not know who the MKO is, perhaps you could tell us who
22 they are.

23 A The MKO is a, is the northern First Nation chiefs
24 and councils that comprised the Manitoba Keewatinowi
25 Okimakanak. It was established in 1981. It is the

1 advocacy group on behalf of northern First Nation
2 communities and it was very instrumental in getting the
3 memorandum of understanding which set out the principles
4 for the development of the Aboriginal Justice Inquiry Child
5 Welfare Initiative.

6 Q And you also referred to the executive directors
7 of the First Nations agencies. You're referring to the
8 northern First Nation agencies, correct?

9 A That's correct.

10 Q That would later fall under the governing
11 structure of the northern authority?

12 A That is correct.

13 Q Now as a result of your involvement with those
14 preparatory groups, I understand that you were actually one
15 of the initial board members when the authority was, was
16 first rolled out?

17 A Yes, we were a working board, that was our task,
18 to get the authority up and running, ensure that we had the
19 appropriate staffing levels in place given the resources
20 that we had at the time. Our initial plan was to recruit a
21 CEO, which we did. We coordinated the initial board
22 members from each of the First Nation agencies and that was
23 ultimately passed by the executive council of MKO and thus
24 established the first board of the northern authority.

25 Q Very good. Now in terms of the actual

1 implementation of the AJI-CWI, I understand that the
2 effective go live date in Winnipeg for NCN Family and
3 Community Wellness Centre and the CFS division was
4 May 16th, 2005; is that correct?

5 A That is correct.

6 Q And perhaps you can describe for us, if you can,
7 what happened on May 16th, 2005 and what they mean by the
8 go live date?

9 A That's when all of the, all of the cases that
10 were identified through that process to the different
11 agencies through the province, the aboriginal agencies,
12 that's when the official transfer of those cases came into
13 effect. Based on the population that we had here in
14 Winnipeg, we don't have that huge of a presence, we didn't
15 have that huge of presence, so we amalgamated our services
16 with the Awasis Agency, Cree Nation Child Caring Agency,
17 Kinosao Sipi Minisowin Agency out of Norway House. So we
18 shared an office, location on Jarvis, for approximately
19 about a year.

20 Q Now I don't want to go into it in tremendous
21 detail but I understand that there were some difficulties
22 with the implementation of the go live date on the 16th of
23 May, 2005; is that correct?

24 A There were some issues that needed to be worked
25 out, yes.

1 Q Perhaps you could give us an example of what some
2 of those difficulties were.

3 A It was just all the process in transferring the
4 actual physical transfer of the cases. At that time we
5 were given two page, two to three page case summaries on
6 each file, on each child in care. If we wanted to access
7 the entire file we would have to go down to archives and
8 photocopy those ourselves. We had to rely on
9 re-establishing special rates, get our own assessments
10 done, et cetera, taking over the full responsibility for
11 case management. At times that was problematic, but it
12 wasn't something that was, that would have made our ability
13 to do our job, it didn't affect our ability to do our job,
14 it just made it more interesting to say, especially when
15 you've got a child that's been in care for a number of
16 years and you're given a two to three page summary. You
17 don't have all the financial details with respect to
18 maintenance payments, et cetera, who the collaterals are
19 and we had to investigate that and prepare our own.

20 Q There were additional difficulties though, were
21 there not, in terms of case lists not being entirely
22 accurate, that there were problems with the agencies
23 weren't allowed to deal directly with the unions in terms
24 of seconded staff. There was issues with respect to
25 overlap of jurisdiction on transfer matters where there was

1 questions about legal coverage with respect to funding
2 issues. There were a variety of issues that arose, am I
3 correct?

4 A There were issues that, that did arise, however
5 those issues were overcome over time. Case in point would
6 be when we became the designated intake agency in Thompson,
7 our go live date was April 4th, 2005. We had been assured
8 that the seconded staff would be available. When we did
9 open our doors at 8:30 on April 4th, it was staffed by my
10 operations manager for Thompson, the CEO of the Northern
11 Authority at the time, the CFO of the Authority at the time
12 and myself. The seconded staff did not come over as
13 initially indicated. They didn't come into our offices
14 probably till about a week later.

15 Q So how was that though for an office that was, or
16 for an agency, rather, that was not only opening a new
17 office in Winnipeg which it had never operated before,
18 dealing with new staff, many of whom the agency had not
19 previously had involvement with. Did that create any
20 additional burdens for the agency in terms of commencing
21 service to the, to the children and families that you were
22 now responsible for in light of some of the logistical
23 issues that you were dealing with at the time?

24 A Well those were logistical issues, but as I say,
25 we had a dedicated core staff that ensured that we could,

1 we did the implementation as smoothly as we could. Yes,
2 there were some issues with some secondments that did come
3 over, however it was mutually agreed that we would send
4 them back and in exchange for, for their services the
5 Province would provide the cash equivalent for that
6 position.

7 Q Now I understand that because of the imposition
8 of the Authorities Act, it changed your relationship with a
9 variety of different entities, not the least of which was
10 the branch; is that correct?

11 A That is correct, yes.

12 Q So can you just describe for the commissioner
13 what your relationship was with the branch prior to the
14 imposition of the Authorities Act and your relationship
15 with the branch after the Authorities Act was passed?

16 A My experience with the Child Protection Branch
17 was prior to the establishment of the authorities. It was
18 a, I would think a fairly good working relationship. We
19 rarely had any contact with the Child Protection Branch.
20 The only area, the only times that we would be involved
21 would be when non-jurisdiction files were transferred from
22 the Child Protection Branch to the agencies. When it came
23 to following standards, et cetera, et cetera, we may have
24 received inquiries, you know, maybe four times a year. But
25 once the go live occurred and the authorities came into

1 play there was a lot of communication, there was a lot of,
2 there was a lot of issues that began to arise in terms of
3 accessing additional resourcing et cetera, et cetera, but
4 it's not something that we weren't able to accommodate.

5 Q I guess what I was getting at is that prior to
6 devolution and the establishment of the authorities, it's
7 my understanding that the agency was directly accountable
8 to the branch for the service, or the services delivered
9 under the act, but after the establishment of the
10 authorities, the agency then became answerable to the
11 authority as opposed to the branch directly; am I correct?

12 A That's correct. But there is, and there
13 continues to be concurrent jurisdiction that does exist
14 between the Child Protection Branch and the authorities and
15 that concurrent jurisdiction does, does tend to make it,
16 make it interesting as to exactly who the agency is
17 responsible but it is our opinion that we are answerable to
18 the authority.

19 Q Perhaps you can discuss the issue of mandated and
20 explain to the commissioner whether or not NCN received its
21 mandate as a result of the Authorities Act or whether it
22 had a mandate that it preceded the Authorities Act.

23 A We had our mandate prior to the establishment of
24 the Authorities Act in 2003. Our mandate was through a
25 tripartite agreement between the Nisichawayasihk Cree

1 Nation, the Province of Manitoba and the Government of
2 Canada. That was in May 2001.

3 Q And I understand that --

4 A The process as of 2003, all of the agencies that
5 had been in existence at that time, First Nation agencies
6 that had been in existence at that time now had province
7 wide jurisdiction. Up until that point in time we only had
8 jurisdiction on reserve.

9 Q Now one of the issues that we heard a lot about
10 at the inquiry is the information management system used by
11 child welfare system in Manitoba known as CFSIS. I believe
12 it stands for the Child and Family Services Information
13 System. Can you advise whether or not prior to the
14 establishment of the authority, CFSIS was a tool that was
15 used on reserve by Nisichawayasihk Cree Nation Family and
16 Community Wellness Centre?

17 A No, it wasn't, no.

18 Q Okay. I understand that you do, however, have a
19 system that is operational on reserve that provides
20 essentially the same service that CFSIS provides; is that
21 correct?

22 A Yes, it's called the Family and Child tracking
23 system. The --

24 THE COMMISSIONER: You don't use CFSIS at all?

25 THE WITNESS: We use CFSIS for provincial cases

1 in our provincial offices off reserve.

2

3 BY MR. FUNKE:

4 Q But I understand that on reserve you use a system
5 called FACTS?

6 A That is correct.

7 Q And perhaps you can take us through FACTS and
8 what modules it has in it and how it functions for the
9 purposes of the Wellness Centre.

10 THE COMMISSIONER: What do you call your system?

11 MR. FUNKE: FACTS, F-A-C-T-S.

12 THE COMMISSIONER: "F"?

13 MR. FUNKE: "F" Family.

14 THE COMMISSIONER: Yes.

15 MR. FUNKE: "A" for and.

16 THE COMMISSIONER: Yes.

17 MR. FUNKE: "C" for child.

18 THE COMMISSIONER: Yes.

19 MR. FUNKE: "T" for tracking.

20 THE COMMISSIONER: Yes.

21 MR. FUNKE: And "S" for system, FACTS.

22

23 BY MR. FUNKE:

24 Q Do I have that right, Mr. Walker?

25 A That's correct.

1 Q Very good. So I understand that FACTS contains
2 an intake module; is that correct?

3 A Yes, it contains an intake module, case
4 management. It also contains a maintenance component. It
5 also -- the biggest difference between FACTS and CFSIS is
6 the accounting module that is incorporated into the Family
7 and Child Tracking System. The family, the FACTS system
8 has been in use in northern Manitoba, and when I refer to
9 northern Manitoba I'm talking about the Awasis Agency, Cree
10 Nation, Island Lake dating back to the early 1990's.

11 Q It's what's often referred to as a legacy system;
12 is that correct?

13 A Yes.

14 Q I understand that as well it also has the
15 capacity to track down graphic information?

16 A Yes, it does.

17 Q It has the ability to generate reports?

18 A Yes, it does.

19 Q And it has an accounting component too as well
20 you already indicated; is that right?

21 A Yes.

22 Q Okay. And is there any concern from the agency's
23 perspective with respect to the, the choice not to use
24 CFSIS on reserve?

25 A The choice to use CFSIS on reserve is a long-

1 standing contentious issue between, well primarily with our
2 political body, the MKO. If we were to utilize CFSIS in
3 its entirety on reserve, we could have anywhere up to 80
4 percent of our families identified on CFSIS for a variety
5 of reasons and one of the things that we have suggested is
6 that a protocol be developed that clearly identifies an
7 agreement, basically an agreement between MKO, the member
8 First Nations and the Province of Manitoba as to how and
9 who will access this information.

10 Q I understand there's also some discussion about
11 an interface between FACTS and CFSIS that would allow the
12 FACTS system to be able to feed information into the CFSIS
13 system on a live basis so that some essential data that the
14 agency is prepared to share with the Province could be
15 accessible. I understand that that proposal has been made?

16 A Yes, that was one of the, one of the working
17 tables that was identified in the detailed implementation
18 plan early on. There was a working group that was
19 established and they had actually come up with an interface
20 protocol that could have been implemented where all of the
21 identifying and child information would be easily exported
22 into CFSIS. We, as the initial board of the authority when
23 we were getting the authority ready, we had installed FACTS
24 as one of the reporting, recording mechanisms at that
25 authority, but that was never utilized.

1 Q Why did that interface not proceed?

2 A I'm not sure. I couldn't, I couldn't comment on
3 that.

4 Q All right. Now the fact that CFSIS is not being
5 utilized on reserve has nothing to do with connectivity
6 issues, correct?

7 A In our instance, no.

8 Q This is a conscious choice that's been made not
9 to use CFSIS on reserve?

10 A That is correct.

11 Q And I understand that one of the reasons behind
12 that choice is with respect to the ownership and control
13 over the data that is collected within the FACTS system
14 that would otherwise be available through the CFSIS system;
15 is that correct?

16 A That is correct.

17 Q Okay. And there's a concern from chief and
18 council as a sovereign nation as I understand it with
19 respect to ownership over that data and the ability for an
20 external body to be able to access that data at will; is
21 that correct?

22 A That is correct. But it must be noted that, I
23 think it was in January 2009 there was that tragic house
24 fire in Shamattawa that did involve child in care at the
25 time under the care of Awasis Agency. As a group we, we

1 decide to post the pictures of every child in care on
2 reserve on CFSIS, just as an identifying tool.

3 Q And you're talking about the requirement to have
4 not only 30 day face to face, but every six months a photo
5 of the child needs to be taken and kept as part of the
6 child's permanent file?

7 A Yes.

8 Q And that that photo is required under standards
9 to be entered onto CFSIS; is that correct?

10 A That's correct.

11 Q And you're in compliance with that?

12 A Yes.

13 Q Now there's been a number of other topics that
14 have been raised throughout the inquiry. One of them has
15 been the notion of accreditation.

16 THE COMMISSIONER: Of what?

17 MR. FUNKE: Accreditation of workers.

18

19 BY MR. FUNKE:

20 Q And the move towards a social worker's act that
21 requires that all workers in the province have either a BSW
22 or some form of equivalent before being allowed to enter
23 into the profession. Do you have any concerns about the
24 impact of such an accreditation tool or approach or system
25 being applied in terms of how it might impact upon agencies

1 that are required to service communities that are located
2 in more remote areas of the province?

3 A One of the things that would come to mind is the
4 ability to actually recruit and hire an individual with a
5 BSW, to actually live in the community and provide services
6 to that community. That would be certainly an obstacle. I
7 have had presentations that have been made to the directors
8 of northern Manitoba on the notion of a social work act.
9 So we, as a practice, have not identified our workers who
10 do not have a Bachelor of Social Work degree. We don't
11 refer to them as social workers. We refer to them as
12 either case managers or child care workers. That's the
13 distinction and I think one of the other things is that I'm
14 not really quite sure whether this will evolve into whether
15 a self regulating, a self disciplining body, I'm not sure
16 if that's what's being contemplated, similar to that of the
17 College of Physicians and Surgeons or the College of
18 Registered Nurses, but it would be extremely difficult to
19 staff those positions in some of the more remote
20 communities in the province. I don't think it would be an
21 issue here in Winnipeg or in the urban centres.

22 Q And has it been your experience that your workers
23 who do protection work, either in Thompson or Nelson House
24 or South Indian Lake, which is one of the other communities
25 that your agency services, have you found that there is a

1 discernable difference in terms of the quality of service
2 or work that is performed, either by case workers or social
3 workers with respect to the protection services or
4 prevention services that the agency requires? Have you
5 noticed a difference in terms of whether or not those
6 workers have BSWs or don't?

7 A No, no, not necessarily. The main, the main tool
8 with the undergraduate degree is the ability to do
9 research, become specialized in a certain area and for
10 those qualities there are, in circumstances where those
11 qualities are required and particularly when you're looking
12 at child abuse cases, systematic abuse within the family,
13 et cetera, et cetera. But in my, my experience, we tend to
14 have people that are highly motivated, highly dedicated to
15 the job and the families that we serve.

16 Q They don't all have BSWs?

17 A No, but we have, we have engaged and embarked on
18 a process to ensure that all of our workers do have BSWs or
19 undergraduate degrees.

20 THE COMMISSIONER: What's that again? I thought
21 you said you didn't have them all with BSWs.

22 THE WITNESS: Not all of them have BSWs.

23 THE COMMISSIONER: But you said something
24 about -- your last statement, I didn't get it.

25 THE WITNESS: Oh, that we are working towards --

1 THE COMMISSIONER: Oh, working towards.

2 THE WITNESS: -- assisting them in attaining
3 that.

4 THE COMMISSIONER: Right, right, right.

5 THE WITNESS: Either a BSW or an undergraduate
6 degree.

7

8 BY MR. FUNKE:

9 Q Subsequent to the establishment of the
10 authorities, there was amendment to the Child and Family
11 Services Act with respect to section 2 that discussed the
12 best interests of children and elevated the safety,
13 security and wellbeing of children in terms of the
14 determination of the best interests. Can you comment on
15 the elimination of program standard 421 that coincided with
16 the amendment to the act? Perhaps begin by describing to
17 the commissioner what program standard 421 was and what the
18 effect of its elimination was.

19 A Program standard 421 was the placement of native
20 children where it outlined a series of protocols that an
21 agency would have to go through or recognize prior to the
22 placement of a child outside of their home community.
23 Given the tragic events that did occur with respect to
24 Phoenix, once safety and security of the child became
25 paramount, it changed the nature of service delivery. It

1 changed the way that we would approach cases where
2 otherwise we would not apprehend. It became more or less
3 if you're not sure, you apprehend. And that probably would
4 result in a tremendous increase in the number of children
5 that started coming into the system after 2007.

6 Q In terms of the effective program standard 421
7 and the revocation of that standard, what impact did that
8 have on the culturally appropriate placement of First
9 Nations children who were apprehended?

10 A You would have to specify whether that is
11 geographic in nature or whether that's here in Winnipeg or
12 Thompson.

13 Q Perhaps you can address all of --

14 THE COMMISSIONER: Well tell me more about
15 program standard 421. I don't know what it is.

16 MR. FUNKE: Sorry. Mr. Walker did deal
17 with that. Perhaps he didn't deal with it in depth
18 enough.

19

20 BY MR. FUNKE:

21 Q Perhaps you can just go through that again,
22 Mr. Walker, in terms of what was program 421, what was the
23 nature of the program standard and what was it intended to
24 do?

25 THE COMMISSIONER: Well you said it dealt with

1 the placement of native children.

2 MR. FUNKE: Yes.

3 THE WITNESS: Yes.

4 THE COMMISSIONER: But who, who issued it?

5 THE WITNESS: that was issued by the Province.

6 THE COMMISSIONER: And, and section, the
7 amendment to section 2 did away with 421?

8 THE WITNESS: 421, throughout this entire
9 process, I'm not quite sure when it actually no longer
10 applied, but it was no longer identified in the standards
11 that we would receive periodically updates to the
12 standards. I'm not quite sure what the wording was prior
13 to safety and security of the child. I do believe it had
14 some reference to culture. But the standard for placement
15 of native children, if an apprehending agency apprehended a
16 child, the agency, the apprehending agency was to notify
17 the home community of that child to inform that this child
18 had been apprehended and that they were to take a number of
19 factors into the placement of that child. If a placement
20 of that child with an extended family within that, within
21 that community was possible that would be, that would be
22 what would be sought to be done. If that could not be
23 done, then the placement of that child would be taking
24 place outside of the home community of that child.

25

1 BY MR. FUNKE:

2 Q So I understand it, Mr. Walker, it was, it was
3 essentially to give priority to placements with, first of
4 all, family?

5 A Yes.

6 Q Second, if it wasn't family then community
7 members. If it wasn't community members available then it
8 was a culturally appropriate placement and only if none of
9 those were available was alternate placements to be
10 considered; am I correct?

11 A That's correct.

12 Q And after section, or after program standard 421
13 was removed, what was the agency's experience in terms of
14 culturally appropriate placements in communities like
15 Winnipeg?

16 A By and large the, the agency's experience has
17 been that we try to find the best possible fit for that
18 child, to find the most appropriate placement for that
19 child that will, that will address the needs that are
20 identified for that child and but we are in -- we, as an
21 agency, are in competition with other agencies for the same
22 limited foster care placement resources that are available
23 in the city. Most times we have to rely on specialized
24 group two resources.

25 Q I'll get to those in just a moment. One of the

1 things that Dr. Blackstock had testified to when she was on
2 the stand earlier in the month was that the primary causes
3 of children coming into care for the most part are systemic
4 or structural in nature and she identified those factors as
5 being poverty, a lack of appropriate housing, substance
6 abuse as a result of prior systemic raced based
7 intervention such as residential schools or sixties scoop.
8 What can you tell us about the availability of housing and
9 how that impacts on the agency's ability to provide
10 services in Nelson House?

11 A We've got an on reserve population of about 3500
12 and we have approximately 450 homes. That number alone
13 demonstrates that there is a shortage in housing. Most
14 First Nations do not have the operating capital to go out
15 and construct large subdivisions complete with housing
16 basically because of the ownership issue with the land et
17 cetera, et cetera. And it does have doubt setting impacts
18 when you're trying to provide services when you go into a
19 home and that home is not suitable, particularly due to
20 mold, neglect, et cetera, like the actual physical home
21 unit. So one of the innovative approaches that some of the
22 agencies that I know of have done is rather than removing,
23 removing the children and apprehending, one of the
24 innovative approaches is to actually identify the molding
25 issue and remediate the issue and then provide educational

1 awareness to the homeowner to ensure that it doesn't happen
2 again, you have proper ventilation. But on most, most of
3 the reserves in Manitoba housing conditions are not up to
4 standard.

5 Q And as the executive director of a child welfare
6 agency, how well equipped are you to deal with a housing
7 shortage or housing problems on the reserve?

8 A We're not.

9 Q Now one of the things that we've heard a lot
10 about throughout the inquiry is the significant numbers of
11 children who are currently in care in Manitoba and the even
12 more significant overrepresentation of First Nations
13 children who make up a disproportionate number of those
14 children in care. I was wondering if you could give us
15 some insight that you have with respect to what you
16 believed to be the contributing causes of that
17 overrepresentation.

18 A In most instances I would think that family
19 breakdown within the family structures within our
20 communities. We have a large, we have a disproportionately
21 large number of single parent families. And when you
22 actually get the opportunity to sit down with them you find
23 that they're individuals that have never had a
24 relationship, a healthy relationship, and that can be
25 attributed to the horrendous conditions that we found

1 ourselves as a people. When families do come to urban
2 settings, as I said earlier they do not have that extended
3 family support that is around them that they otherwise
4 would have relied on. That is non-existent. Particularly
5 amongst our young people, they are getting involved in
6 gangs, they are getting involved in criminal activities at
7 a very young age. They are given, they are given cash to
8 go and do this on behalf of so and so and if they get
9 caught they become part of the child welfare system. But
10 if we actually look at some of the work that some of the
11 family therapists in Manitoba are starting to do, some of
12 the programs that they do, is they get to identify that the
13 root cause of a lot of the family breakdowns and
14 relationship breakdowns is because of attachment, that
15 there is no attachment that is, that is -- that that child
16 experiences that otherwise they would have had if they were
17 in a healthy relationship.

18 Q Now you're not suggesting that single parents, in
19 and of itself, is a factor that contributes towards child
20 welfare. If I understand your evidence, you're suggesting
21 that they're underlying causes that those single parents
22 are dealing with that tend to cause their children to come
23 into care at a higher rate; is that correct?

24 A Yeah. They're, they're more susceptible to
25 breakdowns within their own, within their own lives because

1 they have additional pressures that a two parent couple
2 normally would have and share. Substance abuse, alcohol
3 addiction in northern Manitoba is one of the contributing
4 factors. In the south it is primarily drug use.

5 Q Is there a, is there a correlation between simply
6 the growing number of First Nations children in the
7 province and the increase in the disproportion of
8 representation of First Nations children in the child
9 welfare stream?

10 A That is certainly a linkage that could be made
11 but I think, and this is just my opinion, I think at some
12 point parents are going to have to choose whether they want
13 to be a parent, you know. Choice is something that we all
14 have. We all have the ability to either do good or do bad.
15 We have the ability to either love this child or not love
16 this child and most instances when I have had the
17 opportunity to actually discuss a situation with a parent
18 or parents, it is usually that brief window in time where
19 they neglect their responsibilities as a parent, but for
20 the other three weeks of the month they truly love their
21 child, their children and they are great parents. It's
22 just that brief one week out of the month. And one of the,
23 one of the ways that we've been looking at addressing that
24 in our own community is, okay, if you know you're going to
25 go out let us know and we'll make sure that your children

1 are properly supervised as a means of keeping that child
2 out of the system.

3 The biggest, when it comes, when it comes to
4 housing on reserve, I know that there are some First
5 Nations that if children are apprehended, because the
6 housing, the housing levels are a valuable commodity, even
7 regardless of the state of the unit, once we remove
8 children, the local housing authorities may choose to evict
9 those parents, put another family in there. If they do
10 that, all the while we are working with the parents to
11 address some of the issues that they've identified, we have
12 no home to place them back in with their children. That
13 has happened on a number of occasions in our community.

14 Q Mr. Walker, do you see a correlation between the
15 increasing numbers of First Nations children who are in
16 care with child welfare agencies and the number of, the
17 increasing numbers of children who are coming in contact
18 with the criminal justice system?

19 A Yes, I do.

20 Q And is there a, is there a, is there a connection
21 there that's greater than simply a correlation?

22 A Yes, I would think so. What we normally find is
23 that once a child is involved with the criminal justice
24 system, the courts are reluctant to release the child back
25 to the parents. They insist that a child, that the child

1 be placed with a child caring agency.

2 Q In fact there's a -- I think you're referring
3 specifically to Section 35 of the Youth Criminal Justice
4 Act, are you not?

5 A That is correct.

6 Q Where a court often will refer a child to the
7 responsible child welfare agency to determine whether or
8 not that child is in need of protection prior to the child
9 being released from custody.

10 A That's correct.

11 Q Then the agency is then required to deal with
12 that as another form of intake; is that correct?

13 A That's correct.

14 Q And so goes the argument that as we see a rise in
15 youth crime levels, we see a rise in referrals to the
16 agency through the Section 35 mechanism and a corresponding
17 rise in intakes.

18 A Yes.

19 Q Is there a concern with respect to the
20 intergenerational effects of the child welfare system in
21 the sense that second and third generations of people who
22 have had contact with the agency or its predecessors, is
23 there a, is there a correlation there and a predicative
24 element to determine whether or not those people will
25 themselves come in contact with the agency?

1 A In most cases, yes, that is unfortunately a sad
2 reality. In the short time that I've been in Nelson House,
3 I have seen early, early on these young wards of the agency
4 becoming parents and they themselves come into contact with
5 the CFS system. So all of the steps that we are looking at
6 and have introduced into the community, they're for the
7 long term. They're there to make sure that at some point
8 in time the need for child protective services will be
9 greatly reduced than what it is now, but we're looking,
10 we're probably really looking at another generation from
11 now.

12 Q And I think you've already alluded to the fact
13 that there's a similar effect with respect to
14 intergenerational effects of the Indian residential school
15 system.

16 A Yes.

17 Q And that children or children of, or
18 grandchildren of the survivors of that system are now
19 coming contact with child welfare system; is that correct?

20 A That's correct.

21 Q Now in addition to an increased number of intakes
22 and apprehensions that flow from those factors that you've
23 already discussed, as I understand it that one of the other
24 causes for the elevated numbers of children currently in
25 care in the province is the fact that there are fewer

1 returns to the families compared to the number that was
2 occurring previously; is that right?

3 THE COMMISSIONER: Fewer what?

4 MR. FUNKE: There are fewer returns to the family
5 for children who have come into care than was previously
6 the case.

7

8 BY MR. FUNKE:

9 Q So children are being returned at a lower rate
10 than they were before.

11 A Yeah, the returning of children over the last
12 five years has slowed down.

13 Q I want to talk to you a little bit about why you
14 think that might be the case.

15 A This is just my opinion. It could be that
16 there's a, there's a very high increased awareness,
17 particularly when safety and security of the child is now
18 paramount and that the best interests of the child need to
19 be taken into consideration if we are to return a child to
20 the biological parents. But we've got a number of
21 collaterals, if I can put it that way, that we are now more
22 than ever responsible to justify how we are going to return
23 a child. That includes concerns that may be expressed to
24 the Office of the Children's Advocate, the Child Protection
25 Branch, and the authority, the ombudsman, the Manitoba

1 Family Foster Network that will act on behalf of foster
2 parents and it has certainly made it more conscientious or
3 contentious for us to return children. So our prevalence
4 now, when we can, is to ensure that we do the best that we
5 can to keep our children in our community, so hopefully the
6 transition is easier to, to return them home.

7 Q And is the lack of -- talking about keeping
8 children in the community and, and tying that to the last
9 topic that you were discussing with respect to youth
10 criminal justice, is the lack of a facility in northern
11 Manitoba that allows children to be kept in the community
12 following their arrest and detention, does that contribute
13 to, to greater numbers of children in care?

14 A Yes, it does. The only youth facilities in the
15 province are the Manitoba Youth Centre here in Winnipeg and
16 Agassiz in Portage.

17 Q And is there also other access to justice issues
18 that compounds the length of time that children spent in
19 care and I'm dealing specifically now with child protection
20 proceedings and the lack of counsel available, either to
21 children or families when it comes to court proceedings?

22 A That's, that's definitely an issue in northern
23 Manitoba. We apprehend on the 1st of the month. We are to
24 appear the third week, the third Monday in Thompson
25 Provincial Court. We have to ensure that the parents are

1 represented, if the child is 12 years and over, that their
2 rights are also addressed. Parents are having a difficult
3 time accessing legal services, Legal Aid services and
4 because of that most of these court proceedings are pushed
5 back, pushed back, pushed back where parents may be waiting
6 six months before they can access Legal Aid services. So
7 that is definitely an issue that contributes to children
8 remaining in care longer.

9 Q Is there a concern as well with what's been
10 called an involuntary migration from reserve communities to
11 Winnipeg as a result of children who were in care being
12 arrested and detained in Winnipeg in a sense that the
13 children remain in custody long term, they can't be held in
14 custody in the north and so those children are transported
15 either to Manitoba Youth Centre or to Agassiz Youth Centre
16 and then that causes the family, in some cases, to relocate
17 to Winnipeg to be close to their child?

18 A That's correct. Most instances we have to secure
19 placements and specialize individual, specialized programs
20 which can only be accessed in and around Winnipeg.

21 Q And does that create an additional burden on the
22 agency?

23 A Oh, yes, it does.

24 Q Is there a concern with respect to what's been
25 called group 2 resources and access to those resources or

1 control over those resources that in your view impacts on
2 the number of children currently in care?

3 A One of the fundamental principles that we had
4 identified when we were embarking on this process and it
5 was contained in the detailed implementation plan, that at
6 some point in time we would be discussing the transfer of
7 group 2 resources to the authorities so that those group 2
8 resources could start to be developed closer to our
9 geographic locations in northern Manitoba, or Westman,
10 Eastman, Central. But one of the things that is really
11 hindering the ability of CFS agencies to develop those
12 resources on reserve is we're not the ones that can do
13 that. We are prohibited from having capital. We can't own
14 buildings, we can't purchase buildings, so we are relying
15 on outside partnerships to come in, create the resources,
16 go through the process of getting group 2 licencing and
17 then being in a position to place children in our home
18 communities, in our own facilities. But First Nation CFS
19 agencies do not have access to capital. We are not allowed
20 to own buildings.

21 Q Even, even if that were the case but you had the
22 ability to licence group 2 resources, would that not allow
23 you greater flexibility in terms of being able to utilize
24 those resources in the north, or perhaps ensuring that
25 they're culturally appropriate group 2 resources that are

1 more available?

2 A The ability to licence would be something that I
3 think would go a long way, but every time that you do
4 licence a group 2 resource, it's a huge expenditure. It's
5 not something that you can just go out and say I'm going to
6 licence you in a group 2 resource. No, no, it's -- there
7 are financial resources that need to be identified for that
8 placement. Right now group 2 resources are, are licenced
9 solely by the Province.

10 Q I understand that the agency has the ability to
11 licence other foster placements, however, private home
12 foster placements, placements up to four beds at maximum;
13 is that correct?

14 A That's correct. Some agencies have licenced
15 specialized four bedroom units on reserve. They've been,
16 they've proven to be quite effective.

17 Q In fact, your agency does licence its own foster
18 homes; is that correct?

19 A That's correct.

20 Q I understand, however, that although you're
21 allowed to do that under the act, you don't receive funding
22 for that, from the province; is that correct?

23 A No. Only because the maintenance operation of
24 resource is on reserve.

25 Q You don't have any foster homes that you've

1 licenced off reserve?

2 A We've licenced off reserve regular foster homes.
3 I'm referring to specialized four bedroom unit.

4 Q Certainly. In terms of just your regular foster
5 home, not a specialized four bedroom unit, you have the
6 ability to licence those foster homes?

7 A Oh yes.

8 Q And certainly you've done so on numerous
9 occasions in the past.

10 A Yes.

11 Q It's my understanding as well that although the
12 agency has the ability to do that, that the costs
13 associated with licencing those foster homes is similarly
14 not covered by the province; am I correct?

15 A On terms of licencing a regular foster home, it's
16 a matter of conducting the foster care study, the home
17 study, going in and then sharing that all the requirements
18 to ascertain that foster care licence are available and
19 that they've met the standards then it's a matter of just
20 licencing that.

21 Q Certainly. But the work that's done in that
22 regard is generally provided by a foster care coordinator
23 or foster home coordinator within the agency; is that not
24 correct?

25 A That's correct.

1 Q It's my understanding that the province does not
2 contribute any funding towards that position.

3 A That was up to a certain point, up until we've
4 got the new funding model where core positions are funded
5 to a certain extent, so.

6 Q Is there a concern with respect to adoptions and
7 why adoptions aren't happening more frequently with respect
8 to children in care and particularly First Nations children
9 in care, is there a concern with respect to access to legal
10 services or provincial funding that impacts on the agency's
11 ability to, to promote adoption of the children?

12 A That is primarily a decision that is mostly left
13 up to the individual CFS agencies. In our instance we have
14 had a number of de facto adoptions that we have, we have
15 been involved with. Since my time there we have, I believe
16 it's up to four, four children that we have adopted,
17 adopted out.

18 Q And that's through, through the formal adoptions
19 process or is that through a custom adoption?

20 A No, that's under a provision of the act that,
21 that outlines a de facto adoption.

22 Q Now in terms of adoption though, it's my
23 understanding that there are certain barriers to accessing
24 adoption even by interested adoptive parents and that is
25 that, as I understand it, correct me if I'm wrong, that the

1 Legal Aid system in the province does not provide funding
2 to assist adoptive parents with respect to the legal
3 processes involved; is that correct?

4 A That's my understanding, yes.

5 Q And as well, I understand as well, that the
6 agency is not funded through the province for a dedicated
7 adoption worker; is that correct?

8 A Well, you must remember that we are -- because we
9 are licenced and we are, we receive a mandate, our mandate
10 from the province and one of the provisions and one of the
11 services that we are to provide is adoption services. What
12 we have done is we have identified workers within our,
13 within our operations in Nelson House who provide partial
14 services in those areas.

15 Q But my point is is that there's no dedicated
16 adoption worker that's funded by the province and no
17 adoption specific funding that's provided by the province
18 for the agency.

19 A In terms of adoptive subsidies or the actual
20 funding of a position?

21 Q Either.

22 A I'm not quite entirely sure on that so I wouldn't
23 want to comment on it.

24 THE COMMISSIONER: Now, Mr. Funke, I just want to
25 find out where you're going and time because you've got to

1 leave time for cross-examination. You've had this witness
2 most of the morning and an hour since the afternoon break.
3 How much longer do you expect to be with him?

4 MR. FUNKE: Not very much longer at all,
5 Mr. Commissioner, in fact I'm almost done.

6 THE COMMISSIONER: What does that mean?

7 MR. FUNKE: Well I've had my eye on the time all
8 day. My goal is to have Mr. Walker completed his direct by
9 3:00 p.m., which is the timeframe that I discussed with
10 Ms. Walsh before we began today.

11 THE COMMISSIONER: All right. I now understand
12 you.

13 MR. FUNKE: Thank you.

14

15 BY MR. FUNKE:

16 Q One of the last things that I wanted to talk to
17 you about, Mr. Walker, is something was discussed yesterday
18 in terms of Norman Bone's testimony. Mr. Cochrane was
19 questioning Mr. Bone on First Nations' efforts towards
20 achieving autonomy or self-determination in terms of child
21 welfare legislation in the province and that he questioned
22 at length about the various approaches that have been
23 proposed over the years with respect to how such
24 legislation might be enacted, might be drafted. Are you
25 aware of any initiatives in the north where groups or

1 bodies have done that, either approached that project or
2 have made strides towards the implementation of First
3 Nations child welfare legislation?

4 A Yes, as a matter of fact the First Nations CFS
5 jurisdiction project that was, that was under the auspices
6 of MKO in the mid-nineties, they, along with the Awasis
7 Agency and its various suboffices at the time, engaged in a
8 series of community surveys and meetings with community
9 members in each of the member First Nations in northern
10 Manitoba. They, they had the survey designed in a way so
11 that it would draw out what the fundamental beliefs were,
12 what would this new system look like and subsequent to
13 that, they had actually prepared a draft family law that
14 was dated January 26th, 2000.

15 MR. FUNKE: Mr. Commissioner, with your
16 permission I'd like to approach the witness and provide him
17 a copy of a document that I believe is what Mr. Walker is
18 referring to. I provided a copy of this document in
19 triplicate to commission counsel and I've also provided a
20 copy of it in hard copy to all counsel who are present
21 today. I've also provided it in digital format to Madam
22 Clerk, so that it could be added to the exhibit list. I'd
23 like to introduce it as the next exhibit.

24 THE COMMISSIONER: That'd be Exhibit fifty ...

25 THE CLERK: Exhibit 58.

1 **EXHIBIT 58: MKO FIRST NATION**
2 **FAMILY LAW 2000**

3
4 BY MR. FUNKE:

5 Q Perhaps if you'd just take a look at that,
6 Mr. Walker, and let me know if that is the, if that's the
7 project that you're referring to.

8 A Yes, this is the one I'm referring to.

9 Q Very good. Now I understand, Mr. Walker, that
10 this was a project that was designed to, to provide a draft
11 legislative base for future implementation; is that
12 correct?

13 A That's my understanding, yes.

14 Q Right. And do you know whether or not any First
15 Nations or whether or not the MKO itself has proceeded any
16 further with this project?

17 A Not that I'm aware of. I think this project was
18 concluded in 2001.

19 Q And I understand that you're not proposing that
20 this is necessarily the path forward for any First Nation
21 who may wish to try and achieve self governance or pass
22 their own legislation in terms of child welfare, but it
23 certainly is evidence that some effort has been made in
24 that regard by the MKO; is that correct?

25 A That's correct.

1 MR. FUNKE: Thank you, Mr. Commissioner. Those
2 are my questions for Mr. Walker, subject to any
3 re-examination.

4 THE COMMISSIONER: Well, when this shut down some
5 years ago, what use are you expecting me to make of it?

6 MR. FUNKE: Mr. Cochrane had cross-examined
7 Mr. Bone yesterday at length with respect to what efforts
8 have been made by various organizations in terms of
9 movement towards establishing their own legislation in the
10 area of child welfare. The implication of that cross-
11 examination was such that no such drafts had been prepared
12 or no such efforts have been made by First Nations in that
13 regard.

14 THE COMMISSIONER: This is just to show that in
15 fact there was a draft prepared?

16 MR. FUNKE: Just to demonstrate that in fact that
17 some effort has been made in that regard and this is a
18 draft that is in circulation.

19 THE COMMISSIONER: That's fine. I didn't know
20 what other use you were expecting me to make of it.

21 MR. FUNKE: None other than just to demonstrate
22 that some effort has been made in that regard,
23 Mr. Commissioner.

24 THE COMMISSIONER: Thank you.

25 MR. FUNKE: Thank you. Those are my questions.

1 Thank you, Mr. Commissioner.

2 THE COMMISSIONER: Well I think -- yes, Ms. Walsh?

3 MS. WALSH: Mr. Commissioner, could we take the
4 break now and then proceed with my cross-examination after
5 that?

6 THE COMMISSIONER: Yes.

7 MS. WALSH: Because I think I might be more than
8 10 minutes, for instance.

9 THE COMMISSIONER: All right. We'll, we'll arise
10 for 15 minutes and then can carry on with the rest of the
11 day with cross-examination or such as needed.

12 MS. WALSH: Thank you.

13

14 (BRIEF RECESS)

15

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

17

18 CROSS-EXAMINATION BY MS. WALSH:

19 Q Mr. Walker, going back to the beginning of your
20 evidence this morning, I want to make sure I understand
21 what you've said. The agency, of which you're the
22 executive director, received its mandate to deliver child
23 welfare services first under the tripartite agreement?

24 A That's correct.

25 Q And then once the Authorities Act came into

1 effect, then that mandate flowed from the Authorities Act?

2 A That mandate expanded province wide. It no
3 longer was confined to the jurisdiction of the reserve.

4 Q Right. But the mandate itself then came from the
5 Authorities Act?

6 A We had the authority, the mandated authority
7 prior to the Authorities Act. The Authorities Act just
8 extended our jurisdiction off reserve.

9 Q Okay. Did the extended mandate under the
10 Authorities Act have any other impact on how the agency
11 delivered services beyond the jurisdictional expansion?

12 A No. It provided us the opportunity, all CFS
13 agencies, aboriginal CFS agencies in the province, to have
14 and assume full case management, case management of all its
15 children in care throughout the province, regardless of
16 where they resided.

17 Q But the actual services that the agency was
18 delivering looked the same?

19 A Yes.

20 Q In terms of the services that the agency
21 delivered, you've spent a great deal of time explaining a
22 number of programs which could be described as family
23 enhancement programs?

24 A The gear towards that would be a holistic
25 approach to, to addressing some of the issues that families

1 face, yes.

2 Q Is -- do you have a separate set of programs
3 under the heading "Family Enhancement"?

4 A No, we don't. I think the clarification and the
5 distinction that needs to be made though is the family
6 enhancement programs that are now available to agencies on
7 reserve as a result of the new funding model that Canada
8 was a party to provides increased resources for in
9 community program delivery and design. The family
10 enhancement programs that are operated within the province
11 are still those, those programs that existed since 2007.
12 They've always been there.

13 Q Are you talking specifically about your programs?

14 A I'm talking about any aboriginal CFS agency in
15 Manitoba.

16 Q Okay. I'm interested in your programs because we
17 have heard already a fair bit of evidence from others about
18 family enhancement that's being delivered by ANCR, for
19 instance, and it's important for us to understand what
20 exactly the family enhancement services look like and
21 that's why I wondered whether you described the various
22 programs that you listed for us today as family enhancement
23 programs and whether you had something else that you called
24 family enhancement.

25 A Most of the programs that I described were

1 programs that are primarily for on reserve. The Wechitiwin
2 program that I referred to is delivered in our Thompson
3 office and that is specifically for those families who have
4 been diverted from our intake function to family
5 enhancement.

6 Q Who designed the family enhancement services or
7 the various programs that you've listed?

8 A That was through a collaborative consultative
9 approach with a group of elders in Nelson House.

10 Q Did the -- did you, as you the CEO of the agency
11 have any input in the design of those programs?

12 A I participated. I, I was just an observer and a
13 lot of the credit goes to those elders and those staff that
14 compile and develop those programs.

15 Q Did the elders have any background in child
16 welfare, for instance?

17 A No. No, they were, they were elders that believe
18 that all of what an individual requires is within the
19 family unit and they've experienced and gone through their
20 own life experiences, passed down from generation to
21 generation.

22 Q So because as I was listening to you give your
23 evidence and answer your counsel's questions, that was, my
24 question was who had the vision to develop these programs,
25 who came up with them?

1 A As I said it derived largely, in large part from
2 our elders. We, as staff, as leaders in the community, we
3 took the direction, the directive that was given to us and
4 put it into a format that met the certain objectives that
5 those elders had identified and then once we had developed
6 the program, we went back to the elders to say, okay, is
7 this what you meant.

8 Q So the staff at the, at the CFS agency had some
9 input in developing the programs?

10 A We had input from workers in CFS, health,
11 counseling, members of counsel, members of the community,
12 along with, in consultation with the elders, yes.

13 Q Okay. So that's important for us to understand
14 how, how these programs are practically developed in fact.

15 A Yeah, they are -- they're developed from
16 excessive consultations with the community. An idea is put
17 forward, this is an issue that we need to address. We need
18 to look back at what our teachings are as a community and
19 then it's our job and our responsibility to compile that
20 and create that dialogue that makes sense and then we go
21 out and secure financial resources from wherever we can get
22 it.

23 Q We'll come back to that key issue, the issue of
24 funding. The Wellness Centre has been in existence since
25 when?

1 A Since 1999.

2 Q Have you -- you, the centre -- has the centre
3 measured its programs and the success of its programs in
4 any way?

5 A Not to the extent that I would, that I would like
6 to, but now we are -- there is a requirement that we need
7 to start putting in measures and outcomes so that we can
8 actually determine and provide statistical data that
9 represents whether we are in fact achieving the desired
10 result and outcomes that we have established.

11 Q Do you, speaking today, have any information
12 about how well the centre has been doing in promoting the
13 safety and wellbeing of children in the community?

14 A I think that the centre as a whole has achieved
15 its objectives in terms of working in collaboration with
16 the community, creating a unified approach to dealing with
17 some of the issues that our families face. We are, we are
18 by no means in a position where we can say that we've
19 eradicated those issues. At some point I would like to say
20 that we would be. But we have seen, and this is based on
21 my experience with --

22 Q Sure.

23 A -- with the programs, those families that have
24 gone through the rediscovery of families program, those
25 youth that have been involved in the summer adventure camp,

1 those families that have been involved in the circle of
2 care approach to case planning, those children that have
3 gone through Head Start, those children and parents who are
4 involved with the Maternal Child Health program, those
5 young parents who are involved in the FASD program, we have
6 seen a decline in the number of children born with FASD.
7 We have seen an increase in more healthy, nutrition
8 families in the community. We are seeing, we are beginning
9 to see some of the, some of the early work that was done in
10 the early 2000 to about 2004. We're starting to see those
11 benefits where those children that did come through those
12 programs are now staying in school or pursuing careers.
13 They are -- and if they do have children they are ensuring
14 the safety and wellbeing of their families.

15 Q So these are things that you're able to say by
16 virtue of your being in the community and working where you
17 do?

18 A Yes.

19 Q Do you track at all the reasons for apprehension
20 when the agency does have to apprehend?

21 A Yes, we do.

22 Q What are you finding?

23 A We're finding that the majority of the time is
24 neglect or abandonment.

25 Q Does that apply equally to on and off reserve

1 situations?

2 A Yes.

3 Q Have you seen a decrease over the years that the
4 programs have been operating in the cases of neglect?

5 A To a certain extent, but as I say, we are now
6 into the second and third generation of CFS involvement.
7 Our goal is to eventually break that cycle and by
8 implementing some of these measures, I'm hoping that we
9 will be able to do that over the next ten years.

10 Q Um-hum.

11 A But in respect to answering your question, those
12 two areas seem to be predominant and is predictable.

13 Q What do you mean?

14 A When, when there's an issuance of social, social
15 assistance in the community, we know that we're going to
16 have intakes, that we're going to have involvement with a
17 number of families because we've already identified those
18 families from previous histories. And when we have had the
19 opportunity to sit down with them and sit down with them
20 and their extended family, we have always insisted and
21 imposed upon them that look, you can't continue to do this.
22 You keep doing this, we have no alternative but to
23 apprehend. And we've been able to maintain apprehension
24 levels at about 200 children in care in Nelson House. It's
25 not a number that I'm, that I'm proud of but some of the

1 issues that some of these families are facing are
2 longstanding, intergenerational. The greatest joy that I
3 do see is some of these parents that are going through the
4 family therapy programs, that are going through family
5 counseling with their families, they're, they're self
6 identifying what those issues are and how they can address
7 them themselves with minimal or no involvement from us and
8 they rely on families, they rely on their extended family
9 and that is what the key has been to our success, if we
10 want to call it that, is that these community based
11 approaches, they work. I can't take a program off the
12 Internet and put it in Nelson House. It's not going to
13 work.

14 Q Right.

15 A But when you go through a collaborative
16 consultative process with stakeholders in your community,
17 you develop a product that's meaningful, that you get by in
18 and that people are aware of. And I guess our next
19 biggest, biggest challenge will be to take a lot of the
20 initiatives that we have done as the centre and convince
21 other stakeholders within our communities and our
22 collaterals that this is the way that we need to go.

23 Q Do you mean in other communities like in
24 Winnipeg, is that what you mean?

25 A Yeah, I think it should be something that we

1 should be looking at collectively as a society. I remember
2 a couple of years ago I had this notion that we could use
3 this opportunity, the AJI-CWI process, to develop child and
4 young person strategies for our communities so that we
5 could actually identify, okay, these are the services and
6 these are the type of children and youth that we want to,
7 we want to have in our society. What are the barriers that
8 are currently in place that don't allow that to happen?
9 Start taking those barriers away.

10 Q Have you in fact identified some of those
11 barriers?

12 A Yes, we have.

13 Q What are they?

14 A The majority of them is poverty issues and
15 housing issues, although it's rampant on most First Nations
16 and other communities in the province of Manitoba. There's
17 a resiliency that we need to identify and build on that
18 families have been able to stand and withstand everything
19 that they've gone through and they still have the ability
20 to care and love their children and it's building on those
21 strengths and that resiliency that I think is going to
22 create that impetus for change that you're starting to see
23 in some of the communities where they are looking towards a
24 better approach and a better way of achieving results.
25 Those results can only be achieved through a collaborative

1 approach and it has to involve consultation and buy in from
2 every sector of the community.

3 Q In the context of this inquiry, of course,
4 Phoenix Sinclair lived for most of her life in Winnipeg,
5 off reserve, she was born off reserve and received child
6 welfare services off reserve. Your comments about what
7 needs to be done to remove barriers, to protect children,
8 do they apply equally to off reserve situations?

9 A Yes.

10 Q The collaboration that you say you've been able
11 to do through the Wellness Centre, is that primarily
12 through on reserve services?

13 A We have been able to, to address some of that in
14 our Wechitewin program in Thompson. We were successful to
15 a certain point when we did have a presence in Leaf Rapids.
16 And our staff here in Winnipeg have, have worked very hard
17 to create that environment, to create that initial work
18 with our collaterals to get them to buy into the vision of
19 the Wellness Centre, yeah.

20 Q What degree of success have they had in Winnipeg?

21 A Case by case, case by case approach, were
22 probably about 75 percent.

23 Q So in Winnipeg then the collaterals would include
24 education or school, health --

25 A Education, justice, health.

1 Q -- justice. And then whatever non-government
2 community agencies --

3 A Yes.

4 Q -- are out there as resources?

5 A Yes.

6 Q I would imagine -- well I don't know. Is
7 obtaining that kind of collaboration easier to do in a
8 small community such as an on reserve community?

9 A Yes, because you know everybody.

10 Q Right.

11 A And when you bring it down to the actual issue,
12 you tend to say, look, forget about who the person is, this
13 is the issue, this is the issue that's affecting our
14 community, this is how we think we should address it. We
15 need your assistance, we need your input, and when we do
16 that, when we focus it on issues, there's a lot more
17 success.

18 THE COMMISSIONER: What size of a staff do you
19 have here in Winnipeg?

20 THE WITNESS: We currently have a staff of, I
21 believe it's seven.

22

23 BY MS. WALSH:

24 Q Now it may be more difficult in a larger centre
25 to achieve that kind of collaboration but is it possible in

1 your view, based on your experience?

2 A I believe it is. You know, as long as, as long
3 as everyone sitting and working with the family agrees,
4 because one of the fundamental principles of the circle of
5 care is you share in decision making, you're sharing goal
6 setting, you're sharing responsibility and you're sharing
7 accountability. Those are the four basic tenets of the
8 circle of care is that it's not just the worker that's,
9 that's working towards this goal, it's everyone that's
10 sitting at the table working with the family.

11 Q We've heard a lot about accountability on the
12 part of workers and I do want to talk with you some more
13 about that in a minute, but it's interesting to hear you
14 talk about it from the perspective of the family as well.

15 A Yes. As I said earlier, everyone does have a
16 choice. You can choose to love your child or you can
17 choose not to love your child.

18 Q This circle of care model that you talked to us
19 about based on the medicine wheel, is that a model of
20 service delivery that in your view needs to be specific to
21 services delivered to aboriginal people?

22 A No, I think it's a model that can be delivered to
23 anyone.

24 Q It's --

25 A We all share those common elements.

1 Q It's a community based approach?

2 A Yes.

3 Q Going back to something very specific, the
4 infrastructure for the Wellness Centre itself, does it have
5 its own dedicated building?

6 A Yes, we do.

7 Q What about in Winnipeg?

8 A We lease space.

9 Q Do you operate a Wellness Centre in Winnipeg?
10 Does it operate in the same way that it operates on
11 reserve?

12 A No, no. It is strictly a CFS office.

13 Q You talked about the importance of the
14 involvement of chiefs, like Chief Bone, Chief Nepinak.
15 What exactly is the role of chief and council to the
16 delivery of child welfare services?

17 A Well, in most instances when there is a, when an
18 event happens in a community, the chief is usually the
19 first person that's contacted and they are also answerable
20 to their electorate and there is a role for chief and
21 council to play. Most times it's an advocacy role, not
22 only on the part of the family but also on the part of the
23 agency and the workers and the boards that we, that we
24 operate under. There is a place for the elected leadership
25 and we have to recognize that they are the elected

1 representatives of our nations, our First Nations. And we
2 recently had a conference in March of 2012 and those
3 participating at that conference, all of them shared the
4 same view that there is a role for chief and council but
5 their role is one of a supportive role, to support the
6 agency and the work that it's doing and also to assist both
7 the agency and the family in securing additional
8 resourcing.

9 Q Do your comments apply to off reserve situations
10 as well?

11 A Yes. If a family is, is in Winnipeg and they
12 experience some difficulties, they will call, they will
13 call the chief and council in their respective communities
14 for assistance. And I think that there needs to be a
15 formal recognition that those ties to the community are
16 real and those leaders do have a role to play. It's just
17 determining what that role is going to be and how we arrive
18 at that role is something that I think is left to the
19 leaders themselves in collaboration and in consultation
20 with their respective nations.

21 Q You talked about a number of different resources
22 that are available through the Wellness Centre. Is
23 adequacy of resources an issue, waiting lists for instance?
24 Has that been an issue both -- I'm interesting in hearing
25 both on and off reserve, what your experience has been.

1 A The only -- there really are no waiting lists
2 per se that are within the control of the Wellness Centre.
3 When it comes to accessing specialized services outside of
4 the community, we rely heavily on the provincial placement
5 desk but there's a horrendous waiting list in that area in
6 terms of accessing specialized services that some, some of
7 our children in care do require. Then --

8 Q What's the provincial -- sorry to interrupt
9 you -- the provincial placement desk, what is that?

10 A It's a central office within the department that
11 we can ask for assistance in finding a placement for this
12 child who has this, this type of need, that is specialized
13 that is outside the purview of, of any agency. And it's --
14 and I can understand that there are tremendous pressures
15 that are around the province, but if we were to look at
16 possibly -- we used to have a northern placement desk. We
17 don't have a northern placement desk anymore, where we
18 could have picked up the phone, call Thompson, say look, we
19 need a placement for this child. As far as I know that no
20 longer exists. So agencies are having to go out and find
21 these resources on their own, secure the bed. Once they
22 secure the bed, place the child in the bed and then we are
23 at, we are at the discretion of what the rate is going to
24 be.

25 Q You're talking about finding resources for

1 children in care. What about for treating, for instance,
2 parents who have substance misuse issues?

3 A We have, we have a treatment facility in Nelson
4 House, it's called the Nelson House Medicine Lodge. Up
5 until a number of years ago it was a regional treatment
6 facility. I think it was a four month program that they
7 were offering. They have since changed their, their
8 approach. It is now reduced, I believe, to 16 weeks or two
9 months, somewhere around there, but it's more gender based
10 now. But now what they're doing is they're not treating
11 the addiction. They've caught on to the notion of what we
12 have caught on to, is that a lot of these addiction issues
13 are as a result of unresolved trauma. So they are working
14 more on getting the individual to identify the trauma that
15 they've experienced and ways and means on how to identify
16 when those, when those issues are going to come out and
17 effective ways on dealing with them.

18 Q So you're talking about counseling services?

19 A Yes.

20 Q In terms of services that are delivered to
21 members of your community off reserve, what types of
22 collateral services are you seeing a need for?

23 A Seeing a need for. I guess probably -- there are
24 a tremendous amount of resources in Winnipeg. You just
25 pick up the phone and you can look through the phone book.

1 But I think that in a lot of instances there are waiting
2 times for specific programs within, within Winnipeg or in
3 Brandon were non-existent in Thompson. There is discrepancy
4 between regions. But I think one of the things that people
5 have to realize is that they just have to start removing
6 the barriers.

7 Q What does that mean?

8 A Removing some of the stipulations that you have
9 to, you have to be, I don't know, a resident of Winnipeg in
10 order to access this service. If you're here and you're
11 looking for the service, you should be able to get the
12 service. In instances where we have mental health issues
13 in Nelson House that are severe, that do require some type
14 of hospitalization, our counseling staff have been very
15 innovative in meeting some of those needs by contacting
16 relatives who are placed in other geographic locations,
17 opening up a dialogue with that treatment facility and say
18 look, we have this individual, what do we need to do to get
19 this person into this facility. Usually the requirement is
20 residency. So we have, on a couple of occasions,
21 facilitated the transfer of an individual from our
22 community, placed with relatives in another community, and
23 make sure that they met the minimum residency requirement
24 and once that was done they were admitted into the
25 facility. So it's taking those creative approaches to

1 address the need but as I said before, we as a nation and
2 nations need to start looking at ways to start taking care
3 of our own in our own communities.

4 Q You talked about people coming to the Wellness
5 Centre through voluntary services.

6 A Yes.

7 Q And I gather we're talking about on reserve
8 services then because the Wellness Centre is, is working
9 out of the reserve.

10 A Yes.

11 Q Is outreach a problem? It's a small community
12 but nonetheless, are people aware of the services that are
13 available to them?

14 A In some respects they are. We do primarily
15 provide service on reserve. But if we have a member that
16 is wanting to seek services from us, they more or less can
17 find a way to get there and access the services.

18 Q And do you make your services known to the
19 community in any way?

20 A Yes, we do. We have newsletters. We go on a
21 local radio station. We issue out communiqués through our
22 reports, our health fairs, et cetera, et cetera. I think
23 we're on Twitter now, I think.

24 Q Let's talk about funding. What is the source of
25 funding for your agency? Now when I say your agency, is

1 that interchangeable with the Wellness Centre? I guess not
2 because the Wellness Centre is not on, off reserve.

3 A When I'm, when I'm referring to the agency or the
4 centre, I'm talking about the Wellness Centre in its
5 entirety. But on reserve we have federal funding. We have
6 First Nation Inuit health funding for our health related
7 services. We have just now had a recognition that the
8 Province needs to provide core funding for our core
9 operations on our CFS program. And we also have access to
10 some community trusts that have been established over time
11 through successful negotiations with comprehensive Northern
12 Flood Agreement and hopefully in the next 20 years we will
13 be able to draw upon the revenues from Wuskwatim.

14 Q In terms of the delivery of child welfare
15 services, does your agency operate on the same model as the
16 other agencies that we've heard about described by -- well
17 you weren't here for Elsie Flette's testimony but she
18 talked about the funding model that's now in effect since
19 2010 across the province.

20 A Yes, we just recently approved -- we received
21 approval for enhanced funding, yes.

22 Q But then you also received funding for some of
23 your other programs because they extend beyond the delivery
24 of child welfare services.

25 A Only those programs that are funded by First

1 Nation Inuit Health Branch.

2 Q We've heard evidence, a little bit and we're
3 going to hear more, about the success of the programs that
4 were run through the pilot program at west region. Is that
5 something you're familiar with?

6 A No, no, I'm not.

7 Q Okay.

8 A But they were under a different --

9 Q They received block funding.

10 A They received block funding, that was up until
11 the new funding model came into play.

12 Q Right.

13 A So they had received a block of funding that they
14 could do to develop their own programming, deliver it in
15 the model and manner that they determined. We were looking
16 at possibly doing that in the community but it was a block
17 fund on maintenance. It would be, they would take a three
18 year average of what that block funding would look like and
19 then it would be up to us to determine how to disburse that
20 funding to meet the needs of those, of those children that
21 were in care.

22 Q Now their programs, according to their
23 evaluation, were very successful. You nonetheless have
24 some concerns about, about a funding model that's only
25 block funding?

1 A There's an inherent issue if you are to go block.
2 If you expend all of your funding within the first year and
3 a half, well you've spent it all, you can't, you can't do
4 any more. It still flowed the same, it's just you had the
5 ability to predict what level of funding you were
6 receiving. That would entail better planning, better
7 allocation of resources. The multi year -- the year to
8 year funding that we currently were under, we knew that we
9 were going to receive funding. On the INAC side of things
10 we knew we were going to receive funding by April 1st. We
11 also knew that we would receive our funding for our
12 provincial operations at or about the same time. It was
13 always that duo, we're going to receive, we're doing to
14 receive funding, but we always knew that the Province did
15 have a requirement to fund.

16 Q Are you experiencing any barriers or limitations
17 in service delivery because of the funding model to which
18 you were a subject?

19 A We had gone through an extensive process to, to
20 working with our authority, to better meets the needs of
21 our agency. I think that we've got to a point now where we
22 are able to manage with the level of funding that we
23 currently have, but when we were subjected to the early on
24 of the directive that was issued on the 30 day face to face
25 contact the on reserve agencies, and I think it's important

1 to recognize this, that the on reserve operations of
2 agencies, we had funding from the federal government. Our
3 provincial operations were still based on the regional
4 transfer tables that had occurred in 2005. We had made a
5 request that we would be looking at reviewing those
6 resource transfer tables to make sure that they were in
7 line with the reality that we were experiencing on a day to
8 day basis. And we had done an analogy that if we had to
9 comply, and it doesn't mean that we didn't comply, we did
10 our best to meet the 30 day notification face to face, to
11 do an effective and adequate job we would have had to have
12 hired at least 10 additional staff and that would be their
13 sole function, would be to go and meet with the child and
14 the foster home face to face and to ensure a good job, make
15 sure that they had at least two to three hours with that
16 child and family. That funding was coming from our federal
17 funding on reserve and we had to adjust our funding levels
18 on reserve to meet the needs of our overall mandate. So
19 that's we had to do in Nelson House.

20 Q Aside from, from that issue, is the funding model
21 under which you're operating sufficient to allow you to do
22 the prevention and community based work that you were doing
23 or want to do?

24 A It is now, yes. If you look at the levels now,
25 the federal funding is basically two to one in comparison

1 to the Province. But that's because the main impetus is to
2 develop those programmings on reserve to prevent the large
3 number of children coming into care from the reserves
4 coming into the system.

5 Q What about delivery of services off reserve?

6 A We saw nominal increases in some of our
7 operations. We saw no increase in our Thompson operation,
8 like our amalgamated office. We saw the addition of maybe
9 four staff that stood between our Winnipeg and Brandon
10 office.

11 Q For the delivery of off reserve services, is
12 there a greater need for external or collateral agencies to
13 exist in order to provide preventative services?

14 A Those collaterals exist. It's just a matter of
15 coordinating services so that our clients can access them.

16 Q But they have to exist in the first place in
17 order to --

18 A Yeah.

19 Q -- to have services delivered?

20 A Yeah.

21 Q And then they need coordination?

22 A Yeah.

23 Q Does your agency have a board?

24 A Yes, we do.

25 Q How is, how is it appointed?

1 A There's a notice that, that is posted by chief
2 and council in the community. We are, we look at staggered
3 board appointments, so we're not having a totally brand new
4 board every, every three to four years. But it's posted,
5 interested members are more than welcome to apply. They
6 have to meet clear criminal record check, clear child abuse
7 registry checks to be considered and then it's a voting
8 mechanism by the chief and council.

9 Q Do they have to live on reserve?

10 A Up until now, yes.

11 Q And now?

12 A We haven't opened it up but I'm sure the day will
13 come when people want, want representation on the board.

14 Q What's the significance of the board to the
15 delivery of services?

16 A As a CEO of the organization, it's my
17 responsibility to, to prepare and have all of the programs
18 and services, complete with the budgets, prepared,
19 presented to the board for approval. Any policy changes
20 that we are looking at in terms of finance and
21 administration, human resource policies, those are all
22 vetted through the board and approved by the board.

23 Q Is the board involved in any way as a means of
24 connecting to the community?

25 A They are a -- they're members of the community,

1 but it's been our practice that if a parent or a family
2 does go seek assistance from a board member, the board
3 member directs them to us, to the staff, so that we can
4 address that issue. Because all that we're doing is
5 implementing the policies that the board has set.

6 Q So the board is involved in setting policies --

7 A Yes.

8 Q -- but not service delivery?

9 A No.

10 Q You talked about a disconnect that can occur
11 between children and young people, elders and parents. How
12 does one bring children to the forefront of a community's
13 awareness?

14 A One of the initiatives that we have embarked on
15 recently is remember when I was talking about standard 421?

16 Q Yes.

17 A We have recently had the board pass a resolution
18 that creates the onus on our CFS operations to do exactly
19 what 421 outlined, that first we must look at family
20 placement, extended family placement, regional placement
21 before we even considered moving them out of northern
22 Manitoba and that's a policy directive that's been issued
23 by the board. That's something that we are, we are going
24 to follow but in looking at that policy, it means that we
25 as a, as an organization, as the centre, needs to start

1 looking at creating those specialized resources that we
2 currently accessed outside the community. We need to start
3 looking at developing those resources within the community.

4 Q Can you give me an example?

5 A When we've got specialized placements or we've
6 got children who are suffering from cystic fibrous,
7 et cetera, et cetera, those types of complex medical needs,
8 we need to start looking at developing resourcing that
9 keeps those children, those children within close proximity
10 to Nelson House. So we've got children who are suffering
11 from autism. Rather than the parent coming and saying,
12 look, I can't, I can't look after my child anymore, can you
13 please find my child some resources? I'll put him in care,
14 I'll -- find him a resource. We went through that process.
15 We found a resource here in Winnipeg. But then it became
16 an issue that the parent didn't want to let go of their 10-
17 year-old son. So we looked at what the services that this
18 foster placement was going to provide in Winnipeg and we
19 looked at it and said, okay, what kind of services do we
20 need to develop in the community so that we can replicate
21 those services in our community using our own people, using
22 our own practices? And I'm happy to say that we've been
23 able to find those resources in our community and access to
24 training so that we don't have to remove them from the
25 community.

1 Q And have you been able to fund those resources
2 all through your agency?

3 A We've been able to fund it in collaboration with
4 our health programming and some of the family enhancement
5 funding.

6 Q Philosophically in terms of what a community can
7 do to bring children to the forefront of its awareness,
8 what does that involve?

9 A I think that, and counsel has already started
10 talking about this, the board has started to talk about it,
11 is that we make Nelson House and the Nisichawayasihk Cree
12 Nation child first focused.

13 Q What does that mean?

14 A We put children at the forefront. We put
15 children as the impetus to everything that we do. If we
16 are saying that we want services, excellence of service for
17 our school system, to provide services for our children,
18 that's what the focus has to be on. Child care services,
19 those have to be -- we have to become a center of
20 excellence for our children. Every activity that is
21 engaged and every dollar that is spent in the community, it
22 has to be child focused.

23 Q Thank you. The only other area I wanted to ask
24 you about relates to accountability of social workers but
25 you said that a Bachelor of Social Work may not be the key

1 to promoting good performance and compliance on the part of
2 workers and that in fact if registration required, if there
3 was registration of title, protection of title, if
4 necessary, you might get around it by just saying well we
5 don't employ social workers as the legislation calls them,
6 we employ child welfare workers.

7 A Um-hum.

8 Q What, in your view, is necessary to promote good
9 performance and compliance on the part of workers?

10 A One, you've got to have a dedicated workforce.
11 Two, you have to have exemplary supervision on the part of
12 the directors of our various offices. And you've also got
13 to make everyone within our organization accountable.

14 Q How do you do that?

15 A We do that through, we do our own desktop audits
16 every once in a while. Any child that is being moved, they
17 have to get authorization from me before they move them so
18 that I know and the worker has to sign it, the supervisor
19 has to sign it and then I sign it.

20 Q When you say moved what do you mean, off the
21 reserve?

22 A If we're moving them off reserve we have to,
23 there's a process that we have implemented, the worker
24 signs, supervisor signs and I sign and they have to
25 convince me that they can find the resources outside the

1 community and sometimes that's fairly difficulty, sometimes
2 it's not.

3 Q Are there other situations in which you as CEO
4 have said that you have to sign off on a decision with
5 respect to a child?

6 A There are instances when a child needs to be
7 placed in a hotel placement that I'm asked to sign off on.
8 Any major changes to the, to the case plan that has already
9 been vetted through our own internal system, if it does
10 require -- when it comes to the movement of a child, yeah,
11 that's when I do sign.

12 Q What, what do you review before you sign?

13 A I look at the entire case plan. I look at what
14 the present issues are and how they have -- when I say they
15 I'm referring to the worker and the supervisor -- what
16 attempts have they made to rectify the issue. In some
17 cases there's a foster care, foster parent breakdown where
18 it negates and necessitates the removal of a child. It's
19 like, okay, we can do that but we need to have this child
20 placed in a foster home as soon as possible.

21 Q Is that kind of oversight by a CEO something that
22 in your view is possible only because of the size of your
23 agency?

24 A No, no. I think it's, it's good standard
25 practice. As I said before, when we're looking at the

1 circle of care plans, we're sharing goal setting, we're
2 sharing responsibility, accountability and decision making.
3 So when it does come to, to my level, I need to make sure
4 that all of that has been vetted through everybody that's
5 involved. And that's just a practice that I've, that I've
6 been incorporating for quite some time.

7 Q You said that you are devoting human resources to
8 assisting your staff in obtaining undergraduate degrees,
9 including BSWs.

10 A That's correct.

11 Q And why is that given your comments that you
12 don't think a BSW is necessarily required to deliver
13 services?

14 A You have to remember that the evolution of our,
15 of our agencies over time, we have various levels of
16 staffing. You've got staff that may have 15 years'
17 experience, but have never had a formal undergraduate
18 training but they've taken all of the standardized training
19 that's been provided by the province. You've got other
20 social workers, recent graduates who are coming into the
21 system, don't know what a greenie is, don't know what a
22 pinky is and don't know what -- that have never actually
23 been involved in casework. So we're finding that those
24 with the 15 years' experience without the BSW are mentoring
25 the new workers coming into the system. Those workers are

1 eventually going to -- so what we're doing is we're doing
2 succession planning, that's what we're doing. At some
3 point we would like to embark on an accreditation program
4 of the entire centre where it is a place where we do place
5 emphasis on education, we value those with undergraduate
6 degrees and graduate degrees. We know that we are already
7 looking at, looking at developing a cohort program with
8 other agencies that have that one week in the community
9 where our workers go take their studies and then come back
10 to work.

11 Q In terms of the FACTS system, your electronic
12 system --

13 A Yes.

14 Q -- are you able to, is that system able to keep
15 track of children who are not in care?

16 A Yes, it's just a modification, we just set up a
17 case management tool, that's how we would do it.

18 Q But it's not being done right now?

19 A We've started implementing that with the new
20 funding model, because we need to start tracking how
21 successful and how many of these families are involved in
22 these enhancement programs. So what we're doing right now
23 is we are setting up, once an intake is done -- we'll
24 actually do a little intake on the family, create a case
25 file and then all of the activities associated with that

1 case file are documented electronically. We are upgrading
2 our, our services, our computer systems within the centre
3 where we have brought in a new electronic medical record
4 program that we've purchased from B.C. where all of our
5 health programs now will start tracking all of, all of our
6 clients that service and access health related services.
7 And we're looking at joining that with our FACTS program so
8 we create a database that, that will identify which
9 families and who's accessing the services.

10 Q And would that work also allow for identification
11 of individual children, not just families?

12 A Yes.

13 Q Because what I understood was one of the
14 limitations of CFSIS being able to keep track of children
15 who were not in care is that children in care have their
16 own files whereas if they're not in care the system knows
17 them through their families.

18 A Yes.

19 Q So the issue is how do you keep track of an
20 individual child within the system?

21 A Oh it's all greenie driven. Like when I talk
22 about greenie, it's the green sheet, the instruction sheet
23 for -- but it would be --

24 Q But that's for children in care.

25 A Yeah, but it would be the same thing --

1 Q What about children who are not in care?

2 A -- that we would look at doing for tracking
3 children who are not in care that are accessing services.

4 Q So that is something that you're planning to be
5 able to identify and monitor

6 A Yes.

7 Q And through the joining up with the health
8 identification?

9 A Yes.

10 Q Okay. My last question, we've heard a lot of
11 evidence over the course of the last few months about how
12 difficult child protection work, child welfare work can be.
13 We've also heard about the importance of individual
14 personal commitment on the part of workers. In your
15 experience, what can be done to promote that individual
16 commitment on the part of a worker?

17 A To, to make sure that they recognize that they're
18 valued and the work that they're doing is important, that
19 they are protecting a child and we need to provide supports
20 to our staff in terms of dealing with some of the vicarious
21 trauma that they may be experiencing as a result of --
22 because when you've got workers that are living in a small
23 community the worker knows everybody and everybody knows
24 the worker. And we need to ensure the safety of our
25 workers, their families. And it's by giving that little

1 bit of recognition and that support when they need it.
2 That's how I think we've been successful. We really don't
3 have that large of a turnover in any of our staffing
4 positions. We've been able to keep a relatively stable
5 workforce for the last five years, so.

6 Q Thank you. Those are my questions.

7 THE COMMISSIONER: Thank you, Ms. Walsh.

8 All right, who's going next? Mr. Ray.

9 MR. RAY: Good afternoon, Mr. Commissioner.

10 Good afternoon, Mr. Walker. My name is Trevor
11 Ray. I act for the MGEU and a number of the social workers
12 that provided some services to Phoenix Sinclair. I first
13 want to apologize because I do have to leave shortly after
14 I ask my questions of Mr. Walker. No, no mal-intent or
15 disrespect to the importance of Mr. Walker's evidence. I
16 just have a prescheduled appointment.

17

18 CROSS-EXAMINATION BY MR. RAY:

19 Q I just have one question with respect to a
20 question Ms. Walsh asked you which is she asked you what is
21 needed to ensure good workers, I think the nature of the
22 question was, and you said essentially that you needed of
23 course dedicated workers, quality assurance reviews and
24 some accountability of course within the community and for
25 social workers, all of which I think everyone would agree.

1 And I assume also, Mr. Walker, that you would agree that
2 what's also needed for workers is to ensure that they
3 receive adequate training from their employer to understand
4 the fundamentals of providing child care, you would agree
5 with me?

6 A Yes, I would.

7 Q You're nodding. And you'd agree that they need
8 to be, in addition to be adequately trained, they need to
9 also have adequate resources to refer people to within the
10 community?

11 A Yes.

12 Q To ensure that their services are going as far as
13 they can and that people get the help they need to assist
14 the parents or the family as well as to assist the social
15 worker in doing their job?

16 A Yes, a collateral approach, yes.

17 Q Correct. And you'd also agree with me that it
18 would be important to ensure that social workers have
19 proper and adequate caseload and workloads to ensure they
20 can provide the services to families and I think you've
21 already have commented on that, that you had at one point
22 in time had to hire ten additional social workers because
23 you did not receive adequate funding at one point in time?

24 A No, that's not correct.

25 Q Oh, I'm sorry --

1 A I had stated that in order for us to accomplish
2 that --

3 Q I see.

4 A -- we would have had to have hired an additional
5 10 workers.

6 Q I see. My mistake.

7 A But I do, I do recognize that the current
8 standard, I believe, is 24 cases to one social worker or to
9 one worker.

10 Q One to 25, I think, for protection cases.

11 A In our instance back in our community, we've had
12 caseloads as high as 50 for one worker. Under this new
13 funding enhanced model, hopefully we're going to be able to
14 alleviate a lot of that. At some point in time we would
15 like to be able to get to an even lower standard of one to
16 16.

17 Q You would prefer a funding model or a ratio, if I
18 understand what you're saying, of one worker for every 16
19 files; is that right?

20 A Yes, that would be the optimal. That would
21 ensure that, that the worker, the case worker would be in a
22 much better position to do exactly what you had described.
23 And I think that over time we're going to start seeing and
24 hopefully we're going to start seeing the reduction in the
25 number of children coming into care where we should be able

1 to achieve that kind of optimal level, particularly when we
2 are diverting a number of our families to the new family
3 enhancement model.

4 Q I have a question for you, Mr. Walker, about, and
5 perhaps you can't answer this question and if you can't,
6 please tell me. The relative prosperity or financial
7 position of NCN, to do the types of things that you've
8 testified it does, for example, the Wellness Centre and
9 some of other initiatives that, that NCN has taken on, as
10 compared to perhaps other First Nations and their abilities
11 to do that, do you have any comment or knowledge about
12 whether other First Nations can do the types of things
13 you're doing within the current funding model or do you, do
14 you know?

15 A I think under the current funding model, under
16 the enhanced model, there is an opportunity that exists to
17 implement community based programs but in terms of
18 developing infrastructure, that's going to take
19 considerable effort, but it's not impossible but it's going
20 to take a very concerted effort to, to meet those
21 objectives. We had been fortunate that we have had the
22 ability to apply for additional funding through various
23 economic development initiatives that NCN has undertaken.
24 But when I was referring earlier that we had received
25 funding for certain programming and then it was reduced,

1 that was a direct result of the nation's requirement to
2 meet some of its financial obligations under the recent
3 future development initiative and we're cognizant of that
4 so we've had to become more creative in finding ways to, to
5 utilize the existing funding that we have and get the
6 maximized result that meets the needs. Sometimes that
7 means working in collaboration with social assistance,
8 working in collaboration with the educational authority,
9 various other programs within the community. But I think
10 what's unique about Nelson House is that we have the
11 ability to look at working in collaboration when there is a
12 need that's been expressed and I'm sure other First Nations
13 have that ability as well.

14 Q Thank you. Those are my questions.

15 MR. RAY: Thank you, Mr. Commissioner.

16 THE COMMISSIONER: Thank you, Mr. Ray.

17 Mr. Paul?

18 MR. PAUL: Thank you, Mr. Commissioner.

19

20 CROSS-EXAMINATION BY MR. PAUL:

21 Q Mr. Walker, it's Sacha Paul. I'm one of the
22 lawyers for Winnipeg Child and Family Services and the
23 Department. Just have a few questions for you. If we
24 could bring up page 42295.

25 Mr. Walker, what I'm showing you is a standard

1 and it arises out of some of your evidence in respect of
2 placements and I have to say I couldn't grasp the evidence
3 that you were giving when it came to the issue of
4 placements. I understand from your evidence that your
5 agency is making a concerted effort placing children within
6 the community with their own family members, et cetera; is
7 that correct?

8 A That's correct.

9 Q And I think you were talking about some old
10 standard 421, or something like that?

11 A That's correct.

12 Q Okay. If we could scroll to the bottom. Now we
13 have, in standard 1.1.1 paragraph 18, when it comes to the
14 issue of intake, this hierarchy of placing children with
15 immediate family, other family, within that child's
16 community, et cetera, at least for those three things on
17 the screen is that generally akin to the approach that your
18 community is taking?

19 A Yes.

20 Q Okay.

21 A We've just expanded it.

22 Q If we can flip the page then, and I'm not sure if
23 those remaining bullets are consistent with your approach
24 or not.

25 A Yes.

1 Q Okay. And that would, I see here that applies
2 both at the intake stage and the planning stage and I take
3 it that would be the same approach that your agency is
4 taking.

5 A Yes.

6 Q Okay.

7 A As a designated intake agency, yes.

8 Q Right. But also for your long-term work as well
9 that this approach be consistent with it.

10 A Could you possibly show me the standard that when
11 you're moving a child from the community to access other
12 resources?

13 Q That I don't have at my fingertips because I'm
14 not a wizard of the standards. If you're aware of it,
15 please point me to it or if it's something that's directly
16 that your agency has, that's fine, but I don't have it, I
17 apologize.

18 A In the context of that, that's what I was
19 referring to.

20 Q Okay, okay. Thank you. Would it -- and this is
21 just my impression, Mr. Walker. From your evidence this
22 morning, it'd be fair to say that many of the services that
23 your centre is delivering have been created in consultation
24 with the elders of your community, correct?

25 A That's correct.

1 Q And there's been a community process undertaken
2 with the members of your community, correct?

3 A Correct.

4 Q And this is just my impression and you're free to
5 agree or disagree with it, it's fair to say that you're
6 proud of what your centre has been doing both back then and
7 presently today; is that fair?

8 A That's fair.

9 Q Okay. Moving on to one other area, if I can talk
10 about the issue of funding, my understanding is that in
11 terms of the funding of your child welfare arm of the
12 centre, the information that we have and were able to call
13 is that what I'll call Indian Affairs, because I can't stop
14 calling them that, they were funding about 1.6 million
15 dollars of your services in 2010 and 2011. Do you have any
16 information on that at all? If you don't have it at your
17 fingertips, that's fair.

18 A In terms of what?

19 Q In terms of your child welfare activities.

20 A Yeah, that was based on funding model 20-1.

21 Q Right. And that's the old funding approach if I
22 could use that.

23 A Yes.

24 Q And my understanding is in that same year the
25 province provided about 2.2 million dollars, again prior

1 the new funding model. Would you agree with that? Are you
2 aware of that?

3 A If I was to look at it, yes.

4 Q Okay. You wouldn't dispute it at this point?

5 A Not without it readily at my fingertips, no.

6 Q Fair enough. And I'm not asking you to, for the
7 memory test. The information that we have is that in terms
8 of the present funding, now with the funding model do you
9 agree with me is now, is now in play, if I could put it
10 that way.

11 A Yes.

12 Q Right. My understanding then is that the funding
13 that the federal government's providing to your community
14 or your centre is roughly 3.6 million dollars in 2013,
15 2014.

16 A That's correct.

17 Q And I understand from that same year for the
18 Province, that number is about 4.5 million.

19 A Yes.

20 THE COMMISSIONER: How much?

21 MR. PAUL: 4.5 million.

22 THE WITNESS: Yeah, there's a 60-40 split.

23

24 BY MR. PAUL:

25 Q And if I can just do the math then, if we compare

1 the total funding from both governments in 2010, that's
2 roughly 3.9 million and then in 2013, it's about 8.2
3 million or thereabouts, sound correct, roughly?

4 A Roughly.

5 Q One final point --

6 A Is that including retroactive?

7 Q I think it's just the current year funding as I
8 understand it.

9 A Current year funding?

10 Q Yes.

11 A I wouldn't be able to tell you because I don't
12 have a, a service purchase agreement.

13 Q That's fair. I'm not asking you to know the
14 unknowable, Mr. Walker. One final --

15 A And that's over and above maintenance?

16 Q Sorry?

17 A That's over and above maintenance?

18 Q Mr. Walker, I wish I knew. I'd answer that
19 question if I could. That's the information that I have.

20 A Okay.

21 Q And if that's something you agree with, great.
22 If you don't, that's fine. The final area I wanted to talk
23 about is the issue of CFSIS.

24 A Yes.

25 Q My understanding from the basis of your evidence

1 is that the MKO has an issue with the use of CFSIS and as I
2 understand your evidence, one of the issues relates to the
3 ownership and control of data; is that correct?

4 A Yes.

5 Q Right.

6 A There was a resolution that was passed in
7 assembly.

8 Q And I also understand there's also a concern
9 about the issue of sovereignty; is that correct? Did I
10 hear you say that?

11 A Yes.

12 Q Okay. And that this concern is shared by your
13 chief and council?

14 A That's correct.

15 Q And as a result, it is fair to say that your
16 chief and council has directed you not to use CFSIS on
17 reserve or is that a decision that you've made?

18 A That's a decision that we have made.

19 Q You as in the centre, if I can put it that way?

20 A Of the centre, yes.

21 Q As opposed to any directive that you've been
22 given?

23 A As opposed to the directive, yes.

24 Q Okay. But I understand your evidence, you
25 actually do use CFSIS off the reserve, correct?

1 A Yes.

2 Q And of course you've used that in your, at very
3 minimum, in your role as an intake agency?

4 A It's entirely intake driven, CFSIS driven, yes.

5 Q Right.

6 A Plus case management for our cases off reserve.

7 Q Okay. And are you aware, my understanding is
8 that CFSIS essentially locks down, it's data on an agency
9 by agency basis such that Intertribal CFSIS files can't be
10 looked at by West Region's?

11 A Yeah, I'm aware of it, yeah.

12 Q Okay. And that's something that you considered
13 when you decided not to use CFSIS in your community?

14 A Yes.

15 Q Okay. And my understanding and you correct me if
16 I'm wrong, you do have some members of your community in
17 NCN who do leave the reserve?

18 A That's correct.

19 Q And they do live off the reserve?

20 A Yes.

21 Q And sometimes they can move from Nelson House
22 down to Brandon or to Winnipeg?

23 A Yes.

24 Q Right. And these people, when they move down
25 from Brandon or move down from Nelson House to Winnipeg,

1 they could be members of your community?

2 A Yes.

3 Q And they may have a file with your centre?

4 A They may.

5 Q And the evidence that we've heard thus far is
6 that the intake agency in Winnipeg, ANCR, does have the
7 ability to look at all the files across the province. Is
8 it then the case that the only way ANCR can look at your
9 centre's file on a child let's say in Winnipeg is not
10 through CFSIS but through actually trying to contact your
11 agency?

12 A That's correct.

13 Q And of course in the event that no one's there at
14 your agency, that person at ANCR wouldn't be able to get
15 that information at that time?

16 A That's correct. It doesn't negate the fact that
17 they could be an interface developed that would give them
18 that access.

19 Q But right now as we sit and breathe here today, a
20 child from --

21 A No, they wouldn't have access.

22 Q They wouldn't have access?

23 A No.

24 Q And again, that's a decision that was made by you
25 and your centre; is that correct?

1 A Yes.

2 MR. PAUL: Mr. Commissioner, that's all my
3 questions.

4 THE COMMISSIONER: Thank you, Mr. Paul.

5 Anybody else before Mr. -- Mr. Gindin?

6

7 CROSS-EXAMINATION BY MR. GINDIN:

8 Q Good afternoon, sir. I represent Steve Sinclair
9 and Kim Edwards. My name is Jeff Gindin. I just have a
10 couple of questions for you. During your evidence this
11 afternoon, you said that after Phoenix Sinclair's death,
12 the focus changed to the best interests of the child being
13 paramount. Do you recall saying that?

14 A Yes.

15 Q What was the focus prior to her death?

16 A It's always been the best interests. What
17 changed was that safety and security of the child became
18 paramount, but always, always the best interests of the
19 child has been at the forefront.

20 Q And that would include their safety?

21 A Yes.

22 Q So did anything really change in terms of --

23 A Nothing really changed other than the fact that
24 there's been a tremendous scrutiny of CFS operations
25 throughout the province, that there's a heightened

1 awareness that once a child does become part of the system
2 that they need to be tracked and they need to be, ensure
3 that their safety is paramount.

4 Q Now is that as a result of Phoenix Sinclair's
5 death or the calling of this inquiry?

6 A I think it's as a result of Phoenix's death plus
7 Gage Guimond, plus Tracia Owen, plus every other child that
8 has died in the care of CFS agencies.

9 Q And many, many others as well.

10 A Yes. And I think that also it has made the
11 entire system very cognizant of every decision that it
12 makes and to ensure that this doesn't happen again.

13 Q One other area, you were talking earlier about
14 registration, do you recall that? Which is part of a new
15 bill that's about to be --

16 A Okay.

17 Q -- proclaimed requiring the social workers to be
18 registered. And I appreciate you indicated that it's not
19 your view that a Bachelor of Social Work is necessarily
20 significant.

21 A At this current time, no.

22 Q We've heard evidence that one of the advantages
23 to registration is that it would include a complaint
24 process.

25 A Yes.

1 Q For families if they had a complaint about a
2 particular worker, there would be some formalized system of
3 some kind that would make social workers perhaps more
4 accountable. Is that something you agree with or have a
5 problem with?

6 A No, I don't have a problem with that.

7 Q The only issue I think that you mentioned was
8 that, was who exactly would be registered, is that --

9 A Well, under the current, as far as I understand
10 it, the only ones that could register are actual Bachelor
11 of Social Worker, Master of Social Work, individuals who
12 hold that credential.

13 Q And do you think perhaps that other workers
14 involved in the child welfare system perhaps should also
15 have to be registered in some way?

16 A At some point in time, yes. That's why I say
17 that us as an agency, we're looking to ensure that we
18 upgrade our staffing levels so they do have the BSW, they
19 do have the MSW. As I understand it right now, anyone can
20 register as long as they do have a degree. And then at
21 some point in time we will be able to meet that.

22 Q One other thing. You mentioned your involvement
23 in the licencing of foster homes.

24 A Foster homes, yes.

25 Q That includes of course having the ability to do

1 all the checks that are necessary when you renew licences,
2 correct?

3 A Yes.

4 Q That includes the child abuse registry --

5 A Yes.

6 Q -- you need to check that. Criminal records,
7 correct?

8 A Yes.

9 Q And that is something is being done in your
10 community?

11 A Yes.

12 Q Okay. And are you familiar with the fact that
13 there are problems with child abuse registry, for example,
14 being way behind in terms of getting names on there that
15 should be?

16 A Yes, I'm aware of that.

17 Q And that's a significant issue?

18 A Yes, it is.

19 Q And when you renew licences in your community, is
20 it an annual review --

21 A Yes, it is.

22 Q -- or annual renewal?

23 A It's annual.

24 Q And the reasons for that are obvious, to be
25 current --

1 A Yes.

2 Q -- in terms of the background of the foster home,
3 right?

4 A Yes.

5 Q And we've heard a lot of evidence that, at least
6 in Winnipeg, sometimes licences aren't renewed for years.
7 Are you aware of those?

8 A I've heard that, yes.

9 Q And that's also potentially a dangerous
10 situation.

11 A Yes, it is.

12 Q Those are my questions. Thank you.

13 THE COMMISSIONER: All right. Mr. Cochrane?

14 MR. COCHRANE: It's just a last minute decision,
15 Mr. Commissioner.

16 THE COMMISSIONER: Fine.

17 MR. COCHRANE: And it stems from questioning that
18 Mr. Paul had asked.

19

20 CROSS-EXAMINATION BY MR. COCHRANE:

21 Q Mr. Walker, my name is Harold Cochrane. I'm
22 counsel to ANCR, to Northern Authority and to Southern
23 Authority at this inquiry. And if you could just bear with
24 me, I want to make sure I've got my ...

25 There was -- Mr. Paul had asked you some

1 questions about CFSIS and he clarified that, or you
2 clarified through him that the decision not to use CFSIS
3 for on reserve was a decision of your agency.

4 A Yes, of the centre, yes.

5 Q Not a directive of child and council?

6 A No.

7 Q He also asked you then about ANCR because as you
8 know ANCR is the intake agency here in the city of
9 Winnipeg --

10 A Yes.

11 Q -- and I do act for ANCR. So as the ED of your
12 agency, are you confident that the decision to not use
13 CFSIS for off reserve, sorry, for on reserve children, does
14 not place children at risk?

15 A Yeah, I'm confident. Because remember, I did say
16 earlier that as a result of the death that occurred in
17 2009 --

18 Q Yes.

19 A -- that every child, their photos are uploaded.
20 Their basic information is provided, their identifying
21 information is there.

22 Q And that's provided where?

23 A We've submit that to the, to the Child Protection
24 Branch to be uploaded onto CFSIS.

25 Q Onto CFSIS. So --

1 A That was done in '09 or 10.

2 Q Okay. So from ANCR's perspective, assume ANCR
3 gets a call on the weekend because it does provide after
4 hours service because the call on a weekend, a child
5 requires some service or a child has come to the attention
6 to ANCR. ANCR does -- and then this child happens to be
7 from your community. How, how was ANCR to know, one, that
8 the child belongs to a community and, two, whether or not
9 that child has had prior involvement in the child welfare
10 system, if CFSIS is not used for on reserve children?

11 A Well it's the same situation that we encounter in
12 Thompson as a DIA entity. We ascertain the needs of the
13 child. If they are required to come into care, we do place
14 them in care. Once we find out the background information
15 then we contact the agency or the community and find out.

16 Q So I'm aware of situations here in Winnipeg, not
17 necessarily from your community, but I'm aware of
18 situations here in Winnipeg where that has happened, where
19 ANCR gets a call after hours and unknown to them the child
20 does have a history in the child welfare system. So I
21 guess another question for you then is do you have any --
22 what would be your recommendations on how, how ANCR can
23 deal with that type of a problem? Do you have any
24 suggestions?

25 A I think it's a matter of sitting down with, with

1 agencies such as myself and we would work out a protocol.
2 We would work out an interface that meets both of our
3 needs.

4 Q Okay.

5 A It's something that we've always been
6 consistently saying is that we have the information, we
7 already have the data in our communities. It's just a
8 matter of developing and implementing that interface that
9 had been talked about in 2002. This discussion has been
10 ongoing for quite, for a couple of decades now.

11 Q Yeah. I mean it does seem like a serious question
12 from my perspective. So hopefully there will be a solution
13 to that shortly.

14 In terms of the -- we did hear evidence early,
15 and I just wanted to ask this as well, that one of the
16 so-called mandatory requirements of the new funding
17 agreement, the new funding model, was the use of CFSIS and
18 I heard from your evidence that you received funding
19 pursuant to the new funding model. How is that, how is
20 that mandatory requirement I guess not been mandatory for
21 your agency? How did that come about? Or am I
22 misunderstanding the point?

23 A No. We managed to get the approval to have our
24 business plan approved and qualified for the enhanced plan.
25 Because remember, the issue of CFSIS is a longstanding

1 issue. It's not something that just propped up overnight.
2 This has been an issue for a long time.

3 Q It's a longstanding issue.

4 A And the chiefs in assembly at MKO have always
5 insisted that, look, sit down with us, let's develop the
6 agreement, let's implement it.

7 Q That's the protocol you're talking?

8 A Talk about protocol, protocol agreement, provide
9 safeguards and guarantees and but in the meantime, very
10 easy to develop an interface.

11 Q I'm not --

12 A More so than spending millions of dollars on new
13 computerized equipment.

14 Q I'm not a technical person, so --

15 A And those discussions have taken place.

16 Q Okay.

17 A Those have been in place for a long time, just no
18 will to do it.

19 THE COMMISSIONER: On whose part?

20 THE WITNESS: On the part of the Province.

21

22 BY MR. COCHRANE:

23 Q That is, I'm sure, an issue that the Province
24 will discuss when they're providing their evidence,
25 certainly something I would be interested in hearing. Now

1 you do make a distinction with respect to CFSIS for on
2 reserve and off reserve.

3 A Yes.

4 Q Why the distinction? Because as I understand the
5 concern is ownership of information I think is what you've
6 said.

7 A Yeah.

8 Q Why then is it the concern for one group, which
9 is on reserve, but not a concern for the other group off
10 reserve?

11 A That was part of the whole initiative with, with
12 the transfer. Those cases came over on CFSIS, access to
13 CFSIS. All of our provincial offices have access to CFSIS.
14 The only one that doesn't have it is on reserve is the head
15 office.

16 Q All right. And those ones that came over that
17 were already on CFSIS are band members --

18 A Yes.

19 Q -- of the community? Okay. The last question
20 is, exhibit -- I'm sorry, I didn't mark those -- Exhibit
21 58, which is the MKO First Nation Family Law, it's a draft
22 that you provided from 1990.

23 A 2000.

24 Q Yeah, sorry, 2000, so about 13 years ago it was
25 drafted. Were you involved in the drafting of that law?

1 A No, I wasn't. I was in university at the time.

2 Q I see. So you're not able to speak about --

3 A The development of it? No.

4 Q About the particular provisions of it, are you
5 able to speak on that?

6 A No.

7 Q Okay.

8 A No, I briefly perused it the other day.

9 Q Okay, fair enough. Thank you very much.

10 THE COMMISSIONER: Thank you, Mr. Cochrane.

11 That's everybody? All right, Mr. Funke.

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

13

14 RE-EXAMINATION BY MR. FUNKE:

15 Q Mr. Walker, I just want to return to a topic that
16 was broached by both commission counsel and Mr. Ray in his
17 cross-examination of you and that is with respect to the
18 issue of funding. Mr. Ray had asked you about the optimal
19 levels of staffing, particularly with respect to case --

20 THE COMMISSIONER: Levels of what?

21 MR. FUNKE: Staffing.

22 THE COMMISSIONER: Oh yes.

23

24 BY MR. FUNKE:

25 Q Particularly with respect to caseload and how

1 many cases per worker and what the ratios were and I
2 understand that the current casework ratio is supposed to
3 be one to 25 and in fact that's what you're funded for
4 under the new funding law, correct?

5 A That's correct.

6 Q The federal funding model is one for every 20
7 files; is that correct?

8 A That's correct.

9 Q As I understand it right now, your workers are
10 currently working with significantly higher caseloads; is
11 that correct?

12 A That's correct.

13 Q And you indicated that ideally you'd like to have
14 those caseloads reduced to 16 files for every prevention,
15 or sorry, protection worker; is that correct?

16 A Yeah, that's the standard that's practiced in
17 California.

18 Q Absolutely. Now one of the questions that
19 Ms. Walsh had asked you is whether or not the current
20 funding that the agency is receiving is sufficient and you
21 indicated that it was.

22 A Yes.

23 Q And do I understand your testimony to be that
24 it's sufficient to the extent that children are not placed
25 in danger and that the agency is able to meet minimum

1 standards for service; is that correct?

2 A Yes.

3 Q Do I understand your testimony to be that if your
4 funding was enhanced further than it is under the new law,
5 that if better funding was provided to the agency, you
6 would be able to provide better service to the children --

7 THE COMMISSIONER: Mr. Funke, that's the way life
8 is.

9 MR. FUNKE: No, I appreciate that --

10 THE COMMISSIONER: The more money you've got the
11 better it gets.

12 MR. FUNKE: I appreciate that.

13

14 BY MR. FUNKE:

15 Q The difficulty is that there's a distinction
16 between best practice and minimum standards and what I'm
17 asking, Mr. Walker, is whether or not the funding that is
18 currently provided is sufficient to meet best practices or
19 if you're required to rationalize services in some cases
20 due to funding shortfalls.

21 A I think the new funding model is a good start.
22 It's a good start to establish a base line of data that we
23 can build upon and I think it's a process that will lead to
24 more enhanced services over time and but for right now I'd
25 have to say that it as sufficient as it can be, given the

1 economies of scale that we currently find ourselves in.
2 And the other thing that may be of interest is that we, we
3 as an agency, as a CFS agency, we provided tremendous
4 amounts of manpower and manpower hours to ensure that this
5 AJI-CWI process was implemented. A lot of time and effort
6 was put into this and we are just now receiving that formal
7 recognition that 60 percent of our time is spent on
8 provincial cases.

9 Q Now we've also --

10 A We've never had that before.

11 Q We also heard a great deal about a lot of the
12 innovative services and programs that the Wellness Centre
13 has been able to develop over the years, so that was prior
14 to the new funding model. And you'd agree with me that if
15 it wasn't for those outside sources of funding through the
16 various trust programs and initiatives that were available
17 on NCN, that the funding that was provided by the province
18 and the federal government wasn't sufficient to fund a lot
19 of those initiatives that you've described?

20 A No.

21 Q And if it hadn't been for those outside sources
22 of funding, those wonderful programs that we've heard about
23 that have had such tremendous impacts on your communities,
24 simply wouldn't exist; is that correct?

25 A No, that's correct.

1 Q Now one last area that was discussed by Mr. Paul
2 with respect to CFSIS and access to data by other agencies,
3 I'll ask you whether or not you were aware that data
4 entered on CFSIS is locked from other agencies. Do I
5 understand it correctly that although it may be locked from
6 other agencies, that it's still available to the branch?

7 A Yes.

8 Q So the Province can access that data at any time?

9 A Yes.

10 Q And there is no lock against the Province's
11 access?

12 A No. It's specific, I believe to, would be
13 specific to certain personnel.

14 Q They may have internal protocols with respect to
15 which individuals can access it, but the Province itself
16 retains the right to access that data?

17 A Yes.

18 Q Those are the only questions I have. Thank you.

19 THE COMMISSIONER: Thank you, Mr. Funke.

20 Ms. Walsh?

21 MS. WALSH: I have nothing further,
22 Mr. Commissioner.

23 THE COMMISSIONER: All right, Witness, you're
24 finished and thank you very much for your attendance here.

25 THE WITNESS: Thank you, Commissioner.

1 THE COMMISSIONER: Now what are our plans for
2 tomorrow? You can take your leave from the stand.

3 THE WITNESS: Okay, thank you.

4

5 (WITNESS EXCUSED)

6

7 THE COMMISSIONER: What are our plans for
8 tomorrow?

9 MS. WALSH: Tomorrow we will switch to hearing
10 from the witness for the MGEU. The AMC has not finished
11 calling all of their evidence but we'll spend as much time
12 as we need tomorrow. I'm advised that Mr. Smorang will be
13 able to complete his evidence in chief by the first hour of
14 the afternoon, which combined with our evening sitting
15 should allow us more than enough time to get through that
16 evidence. And it may be that the AMC, since we are going
17 to sit tomorrow night, should have on deck one of their
18 witnesses so that by the end of the day Thursday the AMC
19 has completed its evidence.

20 THE COMMISSIONER: Well there's --

21 MS. WALSH: So we'll still be one day behind.

22 THE COMMISSIONER: That's -- the AMC, that's
23 going beyond their allotted time, isn't it?

24 MS. WALSH: No.

25 THE COMMISSIONER: Oh. If they have all day

1 Thursday, no?

2 MS. WALSH: No. That will, that will give them
3 the amount of time that was allotted to them.

4 THE COMMISSIONER: All right.

5 MS. WALSH: So that we'll still be one day
6 behind.

7 THE COMMISSIONER: One full day behind.

8 MS. WALSH: Yes.

9 THE COMMISSIONER: And we've got a couple of
10 evenings next week.

11 MS. WALSH: At least one evening, yes.

12 THE COMMISSIONER: All right. Well then the, the
13 -- Mr. Funke's client should be available for tomorrow
14 evening in the event that Mr. Ray's client completes
15 tomorrow?

16 MS. WALSH: Absolutely.

17 THE COMMISSIONER: Yes.

18 MR. FUNKE: I'll have to, I'll have to contact my
19 witnesses to ensure that they are available. This is going
20 to be news to them because we weren't anticipating that
21 they would be available for tomorrow evening, but I'll
22 contact them tonight and see what I can do.

23 THE COMMISSIONER: Are they in the city?

24 MR. FUNKE: They are. The two remaining
25 witnesses that the AMC and the SCO are proposing for the

1 commission are both resident in the community. Mr. --

2 THE COMMISSIONER: Are they a panel or are they
3 separate?

4 MR. FUNKE: I'm sorry?

5 THE COMMISSIONER: Are they a panel?

6 MR. FUNKE: No, these are individual witnesses.

7 THE COMMISSIONER: I noticed their names are
8 included together on the, on the list.

9 MR. FUNKE: That's correct. No, they're
10 individuals.

11 THE COMMISSIONER: All right. Well, I think
12 this, if you have one of them available tomorrow night then
13 that -- we won't get through them, I'm sure.

14 MR. FUNKE: No, I'm sure we won't.

15 THE COMMISSIONER: But I think -- they're sort of
16 equal time?

17 MR. FUNKE: Yes. It's hard to anticipate --

18 THE COMMISSIONER: Well --

19 MR. FUNKE: -- to what extent they're going to
20 cross-examine, but I anticipate that they'll each require
21 equal time.

22 THE COMMISSIONER: As you know we're on a drive
23 to keep on schedule, so have one of them available.

24 MR. FUNKE: Absolutely.

25 THE COMMISSIONER: All right. So we'll rise now

1 till 9:30 tomorrow morning.

2 MS. WALSH: Thank you.

3 (PROCEEDINGS ADJOURNED TO MAY 8, 2013)