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

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

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

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THURSDAY, MAY 9, 2013

## APPEARANCES

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

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

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

**MS. B. BOWLEY**, for Witness, Ms. Diva Faria

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3

4 THE COMMISSIONER: All right, Ms. Walsh.

5 MR. FUNKE: Good morning, Mr. Commissioner.

6 THE COMMISSIONER: Oh.

7 MR. FUNKE: Just before we proceed, Jay Funke for  
8 the monitor --

9 THE COMMISSIONER: Yes.

10 MR. FUNKE: -- on behalf of AMC and SCO. When  
11 Ms. Freeman was first on the stand yesterday, I advised  
12 you, Mr. Commissioner, that we didn't have her curriculum  
13 vitae --

14 THE COMMISSIONER: Yes.

15 MR. FUNKE: -- to be prepared and filed because  
16 they bore her personal residence information on it. I now  
17 have copies with that information redacted. I'd like to  
18 file it with the Commission.

19 THE COMMISSIONER: All right, that's fine.

20 MR. FUNKE: Thank you.

21 THE CLERK: Exhibit 61.

22 THE COMMISSIONER: Fifty-one, is it?

23 THE CLERK: Sixty-one.

24 THE COMMISSIONER: Sixty-one. Thank you.

25

1                   **EXHIBIT 61: CURRICULUM VITAE OF**  
2                   **CHERYL FREEMAN**

3

4                   MS. WALSH: Are we done?

5                   THE CLERK: (Inaudible).

6                   MS. WALSH: Are we -- we're on? Good, thank you.

7

8                   **CHERYL ANNE FREEMAN**, previously  
9                   sworn, testified as follows:

10

11 CROSS-EXAMINATION BY MS. WALSH:

12               Q     Morning, Ms. Freeman.

13               A     Good morning.

14               Q     I want to make sure that I understand, first of  
15 all, the concern about the funding model with respect to  
16 overhead costs. The concern is that the calculation based  
17 on 15 percent of operations amounts to a shortfall?

18               A     Correct.

19               Q     And that shortfall is with respect to provincial  
20 funding.

21               A     It's a shortfall on both federal and provincial  
22 because they're calculated at the same rate of 15 percent.

23               Q     So does that have an impact on service delivery  
24 both on and off reserve?

25               A     Not as much on the federal side because, as you

1 saw in the model makeup where we ran the number of cases --  
2 same cases through, you see that the federal government has  
3 a much higher level of staffing so then you get -- because  
4 of the 15 percent calculation, it kicks down to an  
5 increased amount on that line as well, so it's not as much  
6 of a concern.

7 Q So it's more of a concern for services delivered  
8 off reserve.

9 A Correct.

10 Q And that concern is compounded in situations  
11 where an agency has multiple off reserve sites.

12 A Correct.

13 Q And that's because of the need to, to deliver  
14 services for more than one location.

15 A Correct.

16 Q Another concern that you raised was with respect  
17 to the lack of funding for travel.

18 A Yes.

19 Q Now, is that federal funding or provincial  
20 funding?

21 A Again, it's both.

22 Q Okay.

23 A In -- and it's actually -- well, it's in all  
24 areas -- federal, provincial, and core -- for different  
25 reasons. On the provincial side, because there's nothing

1 allocated and it's expected to come out of administration  
2 or the 15 percent, it's an additional cost that was or  
3 seemed to be not represented in that 15 percent. When I  
4 look at previous RTTs or at the RTT table and you compare  
5 the operating costs that were transferred on the government  
6 departments in comparison to the standalone agencies,  
7 Western and Central, the government departments were around  
8 13, 14, 15 percent. Brandon was twenty-three and a half.  
9 Brandon, being a standalone agency, is probably more  
10 representative of what actual operating costs are outside  
11 of a government infrastructure.

12 Q So what's the concern with respect to --

13 A Travel?

14 Q -- travel.

15 A Because it has to be covered by the operating  
16 cost where the federal has a separate line for travel, it's  
17 compounded on the provincial side because there's not that  
18 separate allocation. And by just the type of work that  
19 case workers do, they are required to do a lot of travel  
20 outside the office. Winnipeg is not as much of a concern  
21 as the rural and the northern. And for the example I gave  
22 with NCN, it's -- the northern is a concern because there's  
23 a wide geographic area that they have to travel to. The  
24 Thompson office covers Lynn Lake, Leaf Rapids, Wabowden, so  
25 there are, you know, a lot of geographical area to cover



1 with no additional travel recognition.

2 Q So is the effect of the deficit or limits on  
3 travel funding felt more by the off reserve sites that  
4 deliver service than the on reserve sites?

5 A Again, for a different reason, on reserve travel  
6 has to come off reserve for different reasons, court being  
7 one of them. NCN travels to Thompson for court, so that  
8 that's a cost that isn't in Thompson or Winnipeg. In other  
9 First Nations organizations where you have supervision that  
10 is split amongst offices, there's a lot of travel to be  
11 able to satisfy your supervision requirements because  
12 supervision is split between communities when the  
13 communities are smaller. So travel -- while the federal  
14 government has a travel allocation, there are still travel  
15 concerns.

16 Q Are you saying the travel allocation is not  
17 sufficient?

18 A Correct.

19 Q And that there's a travel allocation for on  
20 reserve services, right?

21 A Correct.

22 Q But no travel allocation for the delivery of off  
23 reserve services.

24 A On the service delivery side, correct.

25 Q And so where does the money for that come from?

1           A     As you can see from the example that we were  
2 reviewing yesterday, it comes from staffing.

3           Q     Do you know -- we -- you've been using NCN  
4 wellness centre as an example. Do you know what proportion  
5 of its clients receive services on and off reserve?

6           A     Not -- no, I cannot answer that because we  
7 generally classify cases federal and provincial. I -- so I  
8 don't have exact numbers of how many federal cases are off  
9 reserve.

10          Q     What's the ratio of federal to provincial cases?  
11 Is that in one of your documents?

12          A     Yes, it is. There is not a percentage, but  
13 the --

14          Q     Which document are you looking at, so we can pull  
15 it up on the screen?

16          A     My apologies, 109. One of the challenges --

17          Q     Hang on, let's just find that.

18                THE COMMISSIONER: That's tab what?

19                THE CLERK: I don't have 109.

20                MS. WALSH: We don't have a 109?

21                THE CLERK: (Inaudible).

22                THE COMMISSIONER: I have a 109 at the back.

23                THE CLERK: I only have up to 107.

24                MS. WALSH: Okay.

25                THE COMMISSIONER: You want mine, counsel?

1 MS. WALSH: We have one here.

2 THE WITNESS: It's just you'd like to see it on  
3 screen.

4 MS. WALSH: It would be nice to see it on the  
5 screen.

6

7 BY MS. WALSH:

8 Q Do you -- you have it in front of you?

9 A Yes, I do.

10 MS. WALSH: Okay. Mr. Commissioner, you have it  
11 in front of you.

12 THE COMMISSIONER: Yes.

13 MS. WALSH: Do all counsel have it, a tab 109?

14 UNIDENTIFIED PERSON: I've got my electronic  
15 copy.

16 MS. WALSH: Okay. So we simply can't pull it up  
17 on the screen. It wasn't put on the stick, I guess.

18

19 BY MS. WALSH:

20 Q All right. Well, I'm looking at it; we're all  
21 looking at it.

22 A One of the, one of the challenges that I  
23 encountered in, in pulling this evidence together is being  
24 able to get sufficient information from either the  
25 province, the Northern Authority, or from NCN itself, with

1 respect to breakdown between federal and provincial for  
2 anything past or earlier than the '10-'11 fiscal year that  
3 you see there. So you see in the chart on the left-hand  
4 side there's a breakdown of cases between federal,  
5 provincial, and total.

6 Q Now, is that because the data was not available  
7 or because no one would give it to you?

8 A Not available.

9 Q Okay.

10 A In, in the respect that historically one of the  
11 things that the agency struggled with -- and all agencies  
12 struggle with this -- is we talked before about the  
13 shortfall and the challenges under the RTT funding, and the  
14 type of FTEs and staffing that came over, and the fact that  
15 NCN's essential workload doubled with RTT with no  
16 additional staffing in the core for statistical  
17 accumulation, data collection, analysis. So what happened  
18 was the individual units would keep track of data but there  
19 was no accumulation, and kept -- so you could probably find  
20 it eventually, but it wasn't easily available.

21 Q All right.

22 A And the provincial data, they would have provided  
23 annual report information to the province and it would have  
24 broken it down as well. It wasn't one request -- we didn't  
25 get that from the province, either. So the province has

1 that information in its archive as well, because it should  
2 have the information that comes in from the annual report  
3 broken down between federal and provincial.

4 Q All right.

5 A But if, if you look at the data that I do have,  
6 the last year you see the federal is 247 and a total of 656  
7 cases. That's 37.6 percent.

8 Q Hang on. What, what are we looking at? There's  
9 three --

10 A The last --

11 Q -- three boxes.

12 A At the box on the left --

13 Q Yes.

14 A -- very bottom you see '11-'12?

15 Q Yes.

16 A You see the number 247.

17 Q What does that represent?

18 A That represents federal cases.

19 Q Okay.

20 A The next number, 409 --

21 Q Um-hum.

22 A -- represents total provincial cases.

23 Q Right.

24 A The final number, 656, is total cases, federal  
25 and provincial.

1 Q Okay.

2 A So the 247 represents 37.6 percent of total  
3 cases.

4 Q All right.

5 A And that's the federal component.

6 Q So that's the answer to my question.

7 A Yes.

8 Q Okay. In terms of, of how -- and, and that's --  
9 is that the basis for funding, then?

10 A Yes.

11 Q Those are the numbers that are used.

12 A Yes.

13 Q Okay.

14 A Well, on the federal side, it's driven by  
15 population.

16 Q Right.

17 A And the -- NCN is one of the agencies that  
18 actually is almost identical in the calculations in the  
19 federal formula to what their actual caseload is.

20 Q Okay. Now, last night you spoke about a number  
21 of concerns and you demonstrated a number of concerns with  
22 respect to shortfalls in funding.

23 A Um-hum.

24 Q Is that fair?

25 A Yes.

1 Q And what I'm having some difficulty with, and  
2 perhaps you can explain it, is reconciling your evidence  
3 with the evidence of Felix Walker who testified the day  
4 before. Now, I don't know, were you here when Mr. Walker  
5 testified?

6 A No, I was not.

7 Q One of the things he said in response to my  
8 question was that the new funding model is sufficient to  
9 allow NCN to do the preventative and community work that  
10 they want to do on reserve. And he did not identify for me  
11 any concerns about the new funding model. So how, how --  
12 do you know how we reconcile his evidence with your  
13 evidence?

14 First of all, let me ask you this: Are you  
15 surprised to hear that, that he did not have concerns with  
16 the new funding model?

17 A Yes.

18 Q Okay.

19 A What I struggle with when we talk about  
20 sufficiency of the model, especially with what my  
21 understanding is of expectations associated with the model,  
22 is the EPFA or the new funding model is supposed to be  
23 prevention focused. And as we can see from yesterday when  
24 we were talking, the dollar value that's actually available  
25 for purchase services, which is a large part prevention,

1 doesn't amount to a lot per family.

2 Q Is that the \$1300 amount?

3 A That's correct.

4 Q Okay. And we'll come back to that, but carry on.

5 A So when you say sufficient, I guess it's an  
6 interpretation of what do you mean by "sufficient"? Is it  
7 better than what we had? Definitely. Is it as good as it  
8 needs to be to reach the expectations of a prevention  
9 model? And when I say "expectations," this model was  
10 talked about with respect to bringing down the costs of  
11 children in care and actual children in care.

12 Q Right.

13 A The way you do that is not having children in  
14 care. Very simple. And we've talked -- heard a lot of  
15 testimony around -- I've heard a lot of discussion about  
16 how do we keep children out of care is you do the work up  
17 front in prevention. There's not a lot of prevention  
18 dollars there so I have trouble reconciling how we are  
19 going to prevent children from coming into care when the  
20 prevention dollars are redirected.

21 Q Do you know whether that has been measured since  
22 the new funding model was implemented?

23 A Measured in the terms of NCN, no, because NCN  
24 just recently, within the last year, received notification  
25 that they were transitioning to the model so the actual --



1 Q What about other agencies?

2 A Other agencies, the north is probably a year  
3 behind the south in, in respect to implementation because  
4 they were implemented a little later.

5 I can tell you that just recently, this past  
6 March, there was a regional First Nations CFS table that  
7 was hosted by federal government. At that two-day event we  
8 talked about the new funding model -- and actually that  
9 same event occurred the previous year as well and all the  
10 agencies had finance representation there and program  
11 representation. One of the things we talked about was the  
12 challenges under the existing model and thoughts about what  
13 would be preferable for the next generation. All the  
14 agencies had very similar concerns: the 15 percent off  
15 rating, the travel, the core component, intake, and the  
16 absence of a multi -- or recognition of a multi-agent  
17 location agency in that model. That was a year ago.

18 This year we talked again about the concerns of  
19 the agencies. Those -- that message was consistent. There  
20 was a lot of other concerns and issues brought up as well,  
21 but we were asked to narrow it down to five or six because  
22 the new funding model, as it stands, is for a five-year  
23 period.

24 Q Right.

25 A And we're coming up -- this'll be the fourth year

1 -- fiscal year, 2013-'14 is the fourth year of that model.  
2 So that regional table is, is thinking about the next  
3 generation and negotiating how are we going to amend that  
4 model. So, so we can't deal with, you know, the 20, 30  
5 items that were identified. What's the top six?

6 Q This was a meeting of other -- all provincial --

7 A All the First Nation --

8 Q All -- but in -- within Manitoba.

9 A Correct.

10 Q Okay.

11 A So they came up with a top six and again it was  
12 core, the 15 percent operating, the multi-location, travel,  
13 intake. That's my recollection of the top.

14 Q Okay. Again, you testified that family  
15 enhancement is not reflected in the budget so the role of,  
16 of family enhancement is put within the case management  
17 position?

18 A The family enhancement is reflected in the  
19 budget, initially as an estimate, estimate of cases.

20 Q Right.

21 A When you take a look at the funding formula --  
22 and I'll use NCN as an example because they've agreed to  
23 share their funding information. When you look, they have  
24 two positions in the model that are dedicated to family  
25 enhancement, based on a ratio of 20 to one. The first

1 concern that arises when you talk to individuals -- when  
2 I've talked to individuals on the service delivery side and  
3 saying how does that work financially, how does that roll  
4 out, the one concern that came back to me was, number one,  
5 a ratio of 20 cases doesn't necessarily allow me a lot of  
6 time to have intensive intervention. Number two, the  
7 purchase service dollars that are available to me to help  
8 families are limited and don't necessarily provide workers  
9 the opportunity to then do the intensive intervention or  
10 counselling and work with the agent for the families to  
11 prevent the children from coming into care.

12 Q Were these workers at NCN that told you this?

13 A No, they were workers from a number of agencies.

14 Q Okay. And was it your evidence that specific --  
15 that the funding was not sufficient to allow for specific  
16 dedicated family enhancement workers?

17 A The model allows for it --

18 Q Yes.

19 A -- but because of the challenges and concerns  
20 with the 15 percent funding and the, the additional cost of  
21 splitting, of course, the staffing, something has to give.  
22 The agencies that I'm involved with tried to maintain that  
23 purchase services intact so that they weren't reducing  
24 that, but then what ends up happening is the only other  
25 place to allow or reduce costs are staffing.

1 Q So then is it your evidence that that limits  
2 whether there can be workers who are dedicated solely to  
3 family enhancement?

4 A Yes.

5 Q Okay. And again, my one question is, Mr. Walker  
6 testified about a number of holistic based services which  
7 certainly included a component of family enhancement and he  
8 didn't identify a problem. So I'm wondering if you have an  
9 explanation as to that.

10 A NCN is also unique in that they are not just a  
11 CFS agency. They are a holistic agency that has services  
12 outside of CFS: counselling, mental health, family  
13 violence, NASAP. So when we talk about a community pulling  
14 together and pooling resources, that's one of the things  
15 that NCN is able to do because they are a multifaceted  
16 agency and not just, not just child and family services.

17 Q So the services that are being delivered from NCN  
18 aren't relying solely on CFS funding.

19 A Correct.

20 Q The model I think you've identified is the result  
21 of a negotiation?

22 A I would not term it as a negotiation.

23 Q Okay. How would you describe it?

24 A I would describe it as Jay -- Mr. Funke said  
25 yesterday, a consultation. The parties were invited to the

1 table. You're invited to help inform the creation of the  
2 model. All parties at the table understood that to create  
3 such a model is not a simple task, it's got lots of  
4 complexities, and the agencies were there to help inform  
5 what our experience was and what our concerns were. Those  
6 were expressed, they were discussed, but the final decision  
7 on the funding model was left to the federal and provincial  
8 government. There were recommendations that we actually  
9 went through and had, had agreement at the table and said,  
10 Yeah, we, we agree that's an appropriate level, and it was  
11 changed in the model that came back, with, No, we can't do  
12 that, this is what we can do.

13 One example is the board costs. In the model  
14 you'll see that the board costs are \$50,000 regardless of  
15 whether your agency is small, medium, and large. Again, an  
16 agency that has 11 communities, seven communities, any more  
17 than one, when you have board representation from those  
18 communities, to get them together costs money. So we had  
19 come up with a distinction of funding between small,  
20 medium, and large. Everyone around the table agreed, we  
21 can live with that, that's acceptable. Again, not perfect,  
22 but better than a flat amount for everybody.

23 Q Right.

24 A The federal government went away, came back and  
25 said, No, we cannot do that, it's 50,000 across the board.

1 So that's why I say it's not a negotiation.

2 Q All right, thank you. I understand that. In  
3 terms of who participated in the consultation, then, to use  
4 your words, there was the federal government, the  
5 provincial government, representatives of the AMC, SCO?

6 A MKO.

7 Q AMC, NK --

8 A And AMC.

9 Q AMC --

10 A I'd have to refer the -- to the slide --

11 Q Okay.

12 A -- identifying the parties, the PowerPoint.

13 Q All right. What tab is that, if you'll remind  
14 us?

15 A That's 106.

16 Q 106, and what page?

17 A Page 4?

18 THE COMMISSIONER: Of tab 106?

19 THE WITNESS: Yes, sir.

20 So you were correct, it says AMC.

21

22 BY MS. WALSH:

23 Q AMC.

24 A Northern, Southern, First Nation authorities, the  
25 federal government, agency reps, and the Province of

1 Manitoba.

2 Q Thank you. So the new funding model was -- you  
3 won't call it negotiated and that's fair, but it was, it  
4 was determined.

5 A Yes.

6 Q And now it's being implemented.

7 A Correct.

8 Q And agencies are raising concerns.

9 A Correct.

10 Q Are those concerns being brought to the attention  
11 of the federal and provincial governments?

12 A Again, the regional table that I talked about  
13 that has occurred two years in a row now --

14 Q Yes.

15 A -- those concerns were brought forward at those  
16 tables, yes.

17 Q The federal and provincial governments have  
18 representatives at those tables?

19 A Yes, they do.

20 Q So is -- are those tables attended by the same  
21 entities as we see on, on the screen as --

22 A Yes.

23 Q -- as participated in the --

24 A For, for the most --

25 Q -- initial consultation?

1           A     -- part, I'm, I'm not sure -- and forgive me for  
2 not knowing exactly everyone who was in the room --

3           Q     That's fine.

4           A     -- but the Assembly of Manitoba Chiefs, MKO  
5 representatives, I don't think were there.

6           Q     But there were representatives from the First  
7 Nation CFS agencies.

8           A     Yes.

9           Q     Okay. And the -- so the agencies' concerns with  
10 funding had been brought to the attention of the federal  
11 and provincial government?

12          A     Through that vehicle, and as well as through  
13 business plans.

14          Q     Will there be another similar discussion table  
15 next year?

16          A     My expectation would be yes. It's been two years  
17 in a row now, so ...

18          Q     And ultimately the funding model can be  
19 renegotiated and re-consulted upon in 2015?

20          A     Re-discussed, yes.

21          Q     Re-discussed. And, in fact, it will be  
22 re-discussed, it --

23          A     There, there actually is the same table that came  
24 forward that started the new model process. It's the  
25 Regional First Nations CFS Advisory Committee -- which is



1 funded by the federal government -- is working on bringing  
2 forward those concerns to that next discussion of the next  
3 generation of that model, the next five-year period. Those  
4 discussions or that table don't necessarily include  
5 representatives from all the agencies.

6 Q But there will be --

7 A The expectation is that they will bring forward  
8 the concerns that were identified at those two-day  
9 meetings, would bring, again, those six items that we  
10 identified as the main concerns.

11 Q And there's no doubt that there will be a  
12 revision, a review -- you don't want to call it a  
13 renegotiation, but there will be discussions about how the  
14 new funding model will be renewed, on what basis it'll be  
15 renewed in 2015?

16 A That's my understanding, but probably the best  
17 person to ask or the organization to ask is the province  
18 and the federal government.

19 Q Okay. But that's your understanding.

20 A That's my understanding.

21 Q Okay. The, the family enhancement funds, the  
22 purchase --

23 A Purchase services.

24 Q Purchase services, you said, were capped at \$1300  
25 per family?

1 A That's how the funding model calculates it, yes.

2 Q But just so that I understand that, if, if an  
3 agency has 130 families in a prevention stream, then the  
4 agency receives \$130,000 -- if they have a hundred families  
5 and it's \$1300 per family, then they receive \$130,000?

6 A They receive the \$1300 based at a point in time  
7 case count. That's at the point -- at this point on,  
8 provincial government is based on estimates --

9 Q Okay.

10 A -- on the family enhancement side.

11 Q Right.

12 A Eventually that will go to actuals but, again,  
13 it'll be a point in time --

14 Q Sure.

15 A -- and it could be a two-year lag.

16 Q Okay. But assuming -- I just want to make sure  
17 that I understand how --

18 A Yeah.

19 Q -- how it's provided. Assuming that at a point  
20 in time there are a hundred families, then the agency will  
21 receive \$130,000 --

22 A Yes.

23 Q -- to be used for family enhancement services.

24 A Correct.

25 Q And that \$130,000 can be divided up amongst the

1 100 families any way the agency sees fit?

2 A It's at the agency's discretion, yes.

3 Q Okay. So it's not, well, each family only gets  
4 to use \$1300. If a family needs more or less, that can  
5 happen.

6 A Correct. But as --

7 Q Up to the maximum of the, the total funded  
8 amount.

9 A Correct. I would say as a finance department, as  
10 a finance individual, when someone comes to me and says,  
11 How much can I spend on a family --

12 Q Right.

13 A -- I'll say, on average, based on the model, you  
14 can spend 1300. If you expend more than that, then you  
15 have to have the knowledge that it's going to come from  
16 somewhere else, so then you have to bank on the fact that  
17 there's going to be another family that will not require  
18 this portion of 1300. And the whole aspect of the  
19 protection enhanced focus is to have that money available  
20 to spend on resources to keep the family out of care.  
21 That's the difference in this model. That's what's been  
22 identified as the key point, is that you have the time and  
23 energy and money available to spend on resources to help  
24 families.

25 Q And the, the chart that you showed us showed, I

1 think, \$27 per week or something of that nature based --

2 A Would you like to, to pull it up?

3 Q Sure, let's pull it out. Which tab is it at?

4 A It is tab 102, and the second page, and down to  
5 the bottom. And then you can see it on the left-hand side.

6 Q Twenty-seven dollars per week. I missed the  
7 eight cents. Can you give us an example, are you aware, of  
8 the types of services that this money would go for?

9 A It can range anything from a short-term emergency  
10 service where a family simply needs help meeting family  
11 meal needs, nutrition needs, it can be counselling, it can  
12 be respite or in the home if the family is struggling  
13 because they have some kind of scenario that is causing  
14 them stress. And, and the respite can go into health. If  
15 there's issues around a parent's ability -- parenting  
16 skills, a parent aid can go in to model and mentor.

17 Q So do you have an idea as to how much those kinds  
18 of services would cost? In other words, if you're saying  
19 that the \$1300 per family is not sufficient, what do you  
20 think would be a more appropriate amount?

21 A At this point, I wouldn't be able to say. I  
22 would, I -- my comment would be we'd have to have -- I'd  
23 have to have some good discussions with some workers and  
24 saying, If you had an ideal or even half of an ideal  
25 scenario, what would you see going into every family?

1 Q And are --

2 A We have that discussion, then we can back it up  
3 and start costing it out.

4 Q So is that kind of discussion planned for?

5 A Yes --

6 Q I mean, if you're --

7 A I certainly --

8 Q -- going to seek more money and --

9 A I certainly hope so, yes. Yes. I mean, it is a  
10 discussion about how do we spend that money.

11 One of the things that's also covered by this  
12 money -- and we keep talking about it being specific  
13 families -- is community initiatives. Any funding for any  
14 kind of community initiative that has a group target that  
15 you want -- not necessarily family directed -- also has to  
16 come out of this funding.

17 Q So --

18 A So the -- yes, we have a discussion about what  
19 can we do with that money, what's the most creative way we  
20 can use it, what, what creates the impact, you know. Some  
21 of the community ideas -- in, in the on reserve  
22 communities, they are going back to traditional camps,  
23 camping skills, they -- fishing skills, back to some  
24 traditional skills and connecting the youth with the land  
25 and with the elders and, and the sense of community.

1 There's also --

2 Q And have you costed those -- do you know --

3 A Yes.

4 Q -- what the cost of those services are, or those  
5 programs? In other words, does the \$1300 --

6 A No.

7 Q -- is it sufficient to --

8 A No.

9 Q -- fund those programs?

10 A No.

11 Q Okay.

12 A Not if the expectation is you're also going to be  
13 doing direct family intervention.

14 Q So is it fair to assume that prior to going back  
15 to the table in 2015, agencies -- First Nations agencies  
16 are going to look at what would be an appropriate amount  
17 for purchase services for family enhancement?

18 A We -- it's ongoing discussions, yes.

19 Q Okay. And my last question is really related to  
20 that. What changes do you think need to be made to the  
21 funding model to make it adequate, in your view?

22 A I think I've identified some of the issues. One  
23 of the big ones is the IT component.

24 Q Right.

25 A Travel. On the, on the provincial side, the

1 foster care component, the placement workers. Those are  
2 the big items. Revisiting the core as far as I indicated,  
3 like, for the, the core services, the policy and planning.  
4 When we talk about, you know, being creative and, and  
5 thinking about what we could do with those dollars, you  
6 need the people to have the time to sit down and, and have  
7 those discussions, do that research, talk about how do we  
8 change our focus because the workers are doing case  
9 management.

10 Q Right.

11 A When you take them away from that to do work, you  
12 take away their time to do case management.

13 Q Does it matter to you -- or are your  
14 recommendations aimed at either the federal or the  
15 provincial government? Does it matter where funding comes  
16 from?

17 A To a certain extent, yes. Under the new funding  
18 model, one of the things that we're finding is -- previous  
19 to this there was a lot of discussion about who was  
20 subsidizing who, and what the, the new funding model has  
21 polarized is the agencies are required to submit their  
22 business plans and submit their budgets along very specific  
23 lines: federal, provincial, protection enhancement. So  
24 the agency has to go through the process of identifying and  
25 rationalizing and prorating service delivery into those

1 categories.

2 Q Is that a problem?

3 A It, it's a lot of work, yes. But what it's  
4 identified and what agencies have been saying is that the  
5 federal government is carrying the bulk of the burden up to  
6 the point of the new funding model.

7 So with the new -- with the implementation of the  
8 new funding model, one of the things the federal government  
9 is looking at and has occurred to date is looking at how  
10 their money is spent and calculating where you spent the  
11 money on. So if they deem that you have a surplus in their  
12 federal funds, they have provisions to claw that back if  
13 you don't have an appropriate spending plan. So it causes  
14 an issue if the federal government continues to subsidize  
15 the province, then obviously you can't account that money  
16 back to the federal government as being spent on federal  
17 services and they will claw it back because you cannot do a  
18 spending plan on money you've already spent.

19 Q And just so that I understand, federal services  
20 meaning services provided on reserve?

21 A And the, and the portion of the core.

22 Q Right. Right. And what you're saying is --

23 A And not, not necessarily on reserve because a  
24 federal child can be placed off reserve for resource needs.

25 Q And are you saying that because the federal



1 funding is more generous, that agencies are using some of  
2 that money for what would otherwise be provincial  
3 obligations?

4 A It has the potential. The agencies through the  
5 business plan -- and most of the northern agencies have  
6 gone through one business plan sitting -- there was that  
7 discussion and there is going to be a work in the agencies  
8 to try and keep that division and, and be mindful of it,  
9 because before we didn't have to do that. And while we  
10 knew intuitively that we were spending more money federally  
11 -- or federal dollars on provincial children, this process  
12 has really identified that. So agencies are looking at  
13 making sure now when we think about service delivery that  
14 we do keep track of what's funded by federal, what's funded  
15 by provincial, so, yes, it is a, a -- it is another  
16 complexity in service delivery.

17 Q And so that I understand your concern, we can  
18 translate your concern about the funding into the impact on  
19 children and families. How would you describe that?

20 A Again, it's, it's the amount of time a case  
21 manager can spend with a family or with a child in care and  
22 working to get that child in care back home.

23 Q And you're saying that's not sufficient.

24 A I'm saying it's impacted under the current model.  
25 The model identifies a ratio of 25 to one on the provincial

1 side, 20 to one on the federal side. The actual  
2 implementation of that model does not achieve those  
3 results, so then the question is: Is it achieving the  
4 expectation of the model? And if the expectation of the  
5 model is that the agencies have the ability to spend more  
6 time on families and prevent children coming -- from coming  
7 into care, that's reducing the child maintenance cost.  
8 That may not happen to the extent the expectation is out  
9 there in regards to that simply because you are, as we saw  
10 in my evidence yesterday, you are decreasing the amount of  
11 time that a case manager has in respect to case management,  
12 and when they have to make priorities, as we heard in other  
13 testimony, often the priority falls with the protection  
14 side and not the prevention.

15 Q Right. And we've heard that before and what  
16 you're saying makes sense. At this point, do you have any  
17 evidence to support what you're saying or is it simply too  
18 early?

19 A It's simply too early. In my understanding of  
20 prevention and differential response -- I attended a  
21 conference down in Long Beach, California, when I was at  
22 the Northern Authority. That conference was specifically  
23 dealing with differential response and the experience in  
24 the United States and a number of areas that were --  
25 experienced success with differential response. So we went

1 down there to hear from the program side.

2 I went down there to hear and think of it in a  
3 financial aspect. What I heard while I was down there was,  
4 number one, the prevention ratios were much lower than one  
5 to 20. They were more like one to eight, one to ten. The  
6 other thing we heard when we were down there was that it  
7 doesn't happen overnight, that results can take five to  
8 eight years to see.

9 MS. WALSH: Sure. Okay, thank you. Those are my  
10 questions.

11 THE COMMISSIONER: Mr. Paul.

12 MR. PAUL: Good morning, Mr. Commissioner.

13

14 CROSS-EXAMINATION BY MR. PAUL:

15 Q Ms. Freeman, my name is Sasha Paul. I'm one of  
16 the lawyers for Winnipeg Child and Family Services and the  
17 department. I have just a couple of questions for you.

18 MR. PAUL: Can we turn up -- and I think we have  
19 it here -- tab 102?

20

21 BY MR. PAUL:

22 Q The document that you see on the screen there,  
23 Ms. Freeman, is your chart of comparisons between federal  
24 and provincial service delivery. You see that there?

25 A Yes, I do.

1 Q And I understand that, that this is a theoretical  
2 model based upon 440 cases; is that correct?

3 A Correct.

4 Q And I understand that one of the assumptions is  
5 the child population.

6 MR. PAUL: Oh, sorry, next page.

7 There we go. And if you'd scroll down just a  
8 little bit ...

9

10 BY MR. PAUL:

11 Q One of the assumptions here is the assumed  
12 federal child population.

13 A Correct.

14 Q See that there? And that's an important  
15 assumption for this theoretical model.

16 A Actually, no, it's not as important as the case  
17 numbers. The only component of the model that is affected  
18 by that assumed number is the service purchase on the  
19 federal side.

20 Q My understanding is that through the federal  
21 funding system -- and if we could turn to tab 109 and draw  
22 the comparison -- that the actual child population at NCN  
23 is about 1770. You'd accept that?

24 A Yes, I do.

25 Q And I understand that there's actually a cap on

1 federal funding based upon seven percent of that number; is  
2 that correct?

3 A Correct.

4 Q And that cap applies to the entire funding model.

5 A Correct.

6 Q And that actual number that we see at NCN is  
7 based upon the 1770 as opposed to the assumed 2857 you see  
8 in tab 102; is that correct?

9 A I would like to make a clarification.

10 Q Sure.

11 A The model is attempting to identify a case to  
12 case comparison. It does not incorporate the assumptions  
13 in actual funding, therefore, this comparison removes the  
14 assumption of how the numbers are derived on both sides.

15 Q So you're removing --

16 A The -- may I --

17 Q -- the important part --

18 A May I finish?

19 Q --- of the cap.

20 A No. May I finish, please?

21 Q Of course.

22 A On the federal side, the assumption is seven  
23 percent. On the provincial side, it's actuals that are two  
24 years lagging, lag behind actual experience. What I have  
25 attempted to do in this model is say one case -- and it

1 doesn't make sense to do a one case through model, but if a  
2 case is funded through a model, ignoring how you get to  
3 that model number determination, a case compared to a case  
4 in funding is this.

5 Q But if we actually look at the actual numbers,  
6 then --

7 A If we --

8 Q -- my information -- and wait for the question.  
9 My information, then, is, based upon the 1770 population,  
10 that the federal funding model then would generate 29  
11 positions as opposed to 44. Would you accept that?

12 A I would like to, in response to your question,  
13 direct you to tab 103.

14 Q Okay.

15 A Because tab 103 identifies actual numbers on NCN  
16 scenario.

17 Q And then if I put my question to you, then, do  
18 you accept the 29 positions?

19 A I will point out to you that if actual numbers  
20 are used for NCN based on the assumptions included in the  
21 number, NCN's calculations would calculate approximately  
22 half of what the province does based on actuals.

23 Q I just want to get an answer to the question  
24 then.

25 A I am trying to answer your question by actual --

1 Q Yeah.

2 A -- numbers. So if we look at NCN's funding in  
3 year '12-'13, you'll see that on the federal side they get  
4 \$3.6 million in funding.

5 Q And this is -- the actual federal funding is 3.6  
6 million.

7 A This is the actual federal funding.

8 Q Right.

9 A On the provincial side, you will see they get 3.3  
10 million.

11 Q Sorry, for what year are we looking at here?

12 A '12-'13. It's the same for '12-'13 or '13-'14.

13 Q My information is that in '12 -- 2012-2013 is  
14 that the provincial number is \$4.5 million. I take it that  
15 you don't agree with that.

16 A I don't, because that 4.5 million includes the  
17 designated intake agency, which is not funded under the  
18 model.

19 Q But if you were to include that in the total  
20 provincial funding model for --

21 A It's, it's not --

22 Q -- funding, it's 4.5.

23 A -- in compare -- it's not --

24 THE COMMISSIONER: Just, just a minute. Just let  
25 him finish the question, then you --

1 THE WITNESS: Sorry.

2 THE COMMISSIONER: -- can answer.

3

4 BY MR. PAUL:

5 Q If you were to include it all, lump sum, then in  
6 2012-2013 the provincial funding is 4.5 million for that  
7 year --

8 A It is four point --

9 Q -- and the, and the federal funding, 3.6, all in.

10 A If we are going to compare model to model, it is  
11 3.6 compared to 3.3 because the model does not cover  
12 designated intake services.

13 Q And again, we've gone down this voyage and I  
14 don't think I got an answer to this question. Based upon  
15 the 1757 population of NCN, the funding model presents 29  
16 positions. Do you accept that?

17 THE COMMISSIONER: Now, Witness, that's the third  
18 time that question's been asked.

19 THE WITNESS: Yes.

20 THE COMMISSIONER: I think you, you've either got  
21 to say whether you accept it or whether you don't.

22 THE WITNESS: On the model, it creates 29  
23 positions, correct.

24

25 BY MR. PAUL:



1 Q Right. And, in fact, you would agree with me  
2 that during the entire model, regardless of the population  
3 of NCN, that number is going to remain static.

4 A Correct.

5 Q So then the tab 102, again, is an assumed model;  
6 it's not based upon the real numbers that we see at NCN.

7 A Correct.

8 Q Thank you.

9 A May I make --

10 Q When --

11 A May I point out the real model?

12 Q Which you said is 29 positions.

13 A And compare it to the provincial model?

14 Q Which --

15 A The federal model creates 3.6 million.

16 Q Right, and we've gone through --

17 A The --

18 Q -- those numbers already.

19 A That model funds 247 cases that flow out of the  
20 assumption.

21 Q Two hundred and forty-seven federal cases  
22 assumed, regardless of what those actual federal cases may  
23 be, correct?

24 A It assumes 242 cases and because the ratio is one  
25 to 20, yes, it doesn't matter what the case is. It's one

1 to 20, so it's 242 cases.

2 Q No, it, it doesn't matter in terms of the federal  
3 funding in terms of the percentage of the population. So  
4 regardless of the actual number, whether it's 100 or 440  
5 federal cases, the federal funding model will only fund 247  
6 cases.

7 A Correct.

8 Q Do you accept that?

9 A Correct.

10 Q Right.

11 A So the federal model funds 242 cases and that's  
12 3.6 million.

13 Q Right.

14 A The provincial model funds 483 cases --

15 Q Um-hum.

16 A -- and is 3.3 million. Twice the cases, same --  
17 almost exact same funding level. And, and, in fact, the  
18 federal government funds more than the provincial, so the  
19 federal model funds 242 cases, the provincial model funds  
20 483, but the federal dollars are more than the provincial  
21 dollars.

22 Q And that's fair and, of course, that's the --

23 A So that's double.

24 Q And that's fair. The point is that it's based  
25 upon an assumption model, the federal component, based upon

1 population, that -- you are benefiting from that  
2 assumption.

3 A And the actual results show that the federal  
4 model funds twice as much as the provincial models in  
5 actuality, in this scenario and in the comparison that I  
6 created.

7 Q And in terms of the family enhancement, I  
8 understand that right now family enhancement is being  
9 rolled out.

10 A Correct.

11 Q And it's sort of new in process.

12 A I would not say new in process. Most of the  
13 First Nation agencies have historically had prevention.

14 Q In terms of the funding right now, I understand  
15 the funding are based upon an assumption of about 40 FE  
16 cases, correct?

17 A Correct.

18 Q And that will change as their actually FE cases.

19 A Correct.

20 Q Right. And, of course, with more FE cases, the  
21 ratio would result in more funding.

22 A Correct.

23 Q In terms of the issue of the enhancement purchase  
24 services, the \$1300, Ms. Walsh asked you some questions  
25 upon that. I understand that one of the assumptions in tab

1 102 is that you are breaking down the \$1300 on a per family  
2 basis assuming a pro rata distribution.

3 A Correct.

4 Q Is that a fair characterization?

5 A Yes, it is.

6 Q And there is no analysis in your material to  
7 suggest that that assumption's actually true in fact.

8 A Very much true, and that's our concern, is that  
9 the actual amount required for a family is more than  
10 \$1300.

11 Q And, in fact, you accept that the whole purpose  
12 of the family enhancement program is to allow the family  
13 enhancement workers to connect people to existing resources  
14 in the community, resources that need not be funded  
15 directly by the child welfare agency.

16 A That's one of the components.

17 Q And, in fact, it's an important component of the  
18 FE program.

19 A One of the components.

20 Q And you also accept that when you look at the  
21 \$1300, it can be pooled.

22 A Correct.

23 Q And that it's up to the agency to decide how to  
24 use that pool of money in the way that it believes is  
25 appropriate.

1           A     As I said, yes, and the agency, when they pool  
2 money, have to keep in mind that when they spend on a  
3 family, if they spend more than \$1300 that means it has to  
4 come from somewhere else. So when you have a set pool of  
5 money and it's not on a reimbursement basis, you have to be  
6 mindful of how that money was created and how it's spent.  
7 So if it's created \$1300 on a family and you have instances  
8 where you have to spend more than \$1300 on the family, you  
9 have to be mindful that that impacts -- that potential  
10 impact of you being able to service another family.

11           Q     And again, it's possible that these family  
12 enhancement programs -- or people maybe serviced by other  
13 programs that require no expenditures whatsoever from this  
14 \$1300.

15           A     It's --

16           Q     That's possible.

17           A     It is possible.

18           MR. PAUL:     Mr. Commissioner, those are my  
19 questions. Thank you very much.

20           THE COMMISSIONER: Thank you, Mr. Paul.

21                     Are there any other questioners before Mr. Funke  
22 re-examines?

23                     It would appear not. Mr. Funke.

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

25

1 RE-EXAMINATION BY MR. FUNKE:

2 Q Ms. Freeman, I just have a few very short  
3 questions for you, focusing on the area that Mr. Paul was  
4 just asking you about with respect to the numbers that are  
5 currently shown on the screen from tab number 103. I  
6 understood your evidence to be that the federal funding  
7 that's shown here of 3.6 million for fiscal year 2012 and  
8 2013 is based on a calculation of 242 files based on the  
9 population of on reserve NCN members; is that correct?

10 A Zero to 18, yes.

11 Q Zero TO 18, thank you. The actual number of  
12 files for '12-'13, as I understood it, was 247; is that  
13 correct?

14 A Correct.

15 Q So the federal model predicted, with almost  
16 precision, how many files NCN would be responsible for  
17 providing in that calendar year, correct?

18 A Yes. As I stated earlier in my testimony, NCN is  
19 one of the agencies that actually replicates the seven  
20 percent assumption.

21 Q Now, on the provincial side, the calculation is  
22 based on a provincial estimation of 483 files; is that  
23 correct?

24 A Correct.

25 Q And that represents an equivalent funding, based

1 on the model that the province has, of 3.3 million; is that  
2 correct?

3 A Correct.

4 Q And actual numbers indicate that there are 409  
5 files that NCN is providing services to for provincially  
6 funded families, correct?

7 A I believe it's 419.

8 Q Four nineteen. So what your evidence is trying  
9 to explain, if I understand you correctly, is that with  
10 almost the same funding on provincial and federal dollars,  
11 the agency's client population on the provincial side is  
12 twice what the agency's client population is on the federal  
13 side, with essentially the same service dollars; is that  
14 correct?

15 A Correct. With actually the federal providing  
16 slightly more dollars than the provincial.

17 Q And on a per file basis, significantly more,  
18 nearly twice the dollars.

19 A Correct.

20 MR. FUNKE: Those are my only questions. Thank  
21 you, Mr. Commissioner.

22 THE COMMISSIONER: Thank you, Mr. Funke.

23 Ms. Walsh?

24 MS. WALSH: I have no further questions.

25 THE COMMISSIONER: All right, Witness. Thank you

1 very much. You're completed your tour of duty at the  
2 witness stand.

3

4 (WITNESS EXCUSED)

5

6 THE COMMISSIONER: All right. Do you want to  
7 start the next witness before we have a break? It's, what  
8 -- I think we might as well take a half an hour before the  
9 next witness.

10 MR. FUNKE: Certainly. Next witness that we'd  
11 like to call, then, Mr. Commissioner, is Shavonne Hastings.

12 THE CLERK: State your full name to the court.

13 THE WITNESS: Shavonne Bernadette Hastings.

14 THE CLERK: And spell me your first name.

15 THE WITNESS: S-H-A-V as in Victor, O-N-N-E.

16 THE COMMISSIONER: S-H-A what?

17 THE WITNESS: V as in Victor.

18 THE COMMISSIONER: Yes.

19 THE WITNESS: O-N-N-E. My last name is Hastings,  
20 H-A-S-T-I-N-G-S.

21 THE CLERK: Thank you. Could you just stand for  
22 a moment. Would you rather take an eagle feather?

23 THE WITNESS: Yes.

24 THE CLERK: Yes, you just hold it (inaudible).

25



1                   **SHAVONNE       BERNADETTE       HASTINGS,**  
2                   promising to tell the truth while  
3                   holding the Eagle Feather,  
4                   testified as follows:

5

6                   THE CLERK: Thank you.

7                   MR. FUNKE: Thank you, Mr. Commissioner. I'd  
8 like to begin by filing a copy of Ms. Hastings' curriculum  
9 vitae as the next exhibit in the, in the matter.

10                  THE COMMISSIONER: Exhibit 62.

11                  THE CLERK: Exhibit 62.

12

13                           **EXHIBIT 62: CURRICULUM VITAE OF**  
14                           **SHAVONNE HASTINGS**

15

16                  DIRECT EXAMINATION BY MR. FUNKE:

17                  Q     Good morning, Ms. Hastings.

18                  A     Good morning.

19                  Q     I understand that you are a member of Norway  
20 House Cree Nation; is that correct?

21                  A     I am.

22                  Q     And I understand in terms of your professional  
23 background, you're currently the director of operations for  
24 the southern sub-office located here in Winnipeg for the  
25 Nisichawayasihk Cree Nation Family and Community Wellness

1 Centre; is that correct?

2 A I am.

3 Q And that's the same wellness centre that is --  
4 has Felix Walker as the executive director; is that  
5 correct?

6 A That's correct.

7 Q And I understand that in terms of your current  
8 position, you report directly to Mr. Walker; is that  
9 correct?

10 A I do.

11 Q Now, prior to your current position, I understand  
12 that you were previously employed as a supervisor with  
13 Kinosao Sipi Minisowin Agency, which is also known as KSMA.

14 A Yes.

15 Q And that's a First Nation CFS agency representing  
16 Norway House; is that correct?

17 A That's correct.

18 Q And you were -- sorry, you were supervisor of  
19 their office here in Winnipeg as well from October 2005  
20 through June of 2009; is that correct?

21 A That's correct.

22 Q And after June of 2009, you became the director  
23 of operations for NCN in Winnipeg; is that correct?

24 A That's correct.

25 Q Prior to working for KSMA, I understand that you

1 were also a social worker with Winnipeg Child and Family  
2 Services from the twenty -- sorry, from April 2001 through  
3 to May 2005; is that correct?

4 A Yes.

5 Q Prior to that, you were a -- you had two  
6 different internships, is that correct, one with the  
7 Winnipeg CFS internship program in the Northeast intake  
8 unit from September 2000 to April 2001?

9 A Correct.

10 Q And another internship program, also with  
11 Winnipeg CFS through their foster care resources office,  
12 from September 1999 through August of 2000; is that  
13 correct?

14 A That's correct.

15 Q And I understand that you also previously been a  
16 board member for Project Neecheewam; is that correct?

17 A Yes.

18 Q And you were also the chair of the board for  
19 Project Neecheewam; is that correct?

20 A Yes.

21 Q Perhaps just for the benefit of the Commission,  
22 if you could explain what Project Neecheewam is?

23 A Project Neecheewam is a service that is provided  
24 to children in care placed within Winnipeg and/or  
25 surrounding areas.

1 THE COMMISSIONER: Now, just a minute. What's,  
2 what's the name of this project?

3 MR. FUNKE: Project --

4 THE WITNESS: Project Neecheewam.

5 THE COMMISSIONER: Oh, yes, okay.

6

7 BY MR. FUNKE:

8 Q Perhaps you could spell it for the record.

9 THE COMMISSIONER: And it's a current project, is  
10 it?

11 THE WITNESS: Correct.

12 MR. FUNKE: That's correct.

13 THE WITNESS: Did you want me to spell it?

14

15 BY MR. FUNKE:

16 Q Yeah, please.

17 A It's capital N-E-E-C-H-E-E-W-A-M.

18 THE COMMISSIONER: And is this a project you're  
19 in charge of?

20 THE WITNESS: I was previously, yes.

21 THE COMMISSIONER: Previously.

22 THE WITNESS: Previously. Not currently.

23 THE COMMISSIONER: When you were employed by who?

24 THE WITNESS: When I was employed with Winnipeg  
25 Child and Family, I volunteered my time on the board for

1 Project Neecheewam, so it was done after hours.

2 THE COMMISSIONER: And is it a Winnipeg project?

3 THE WITNESS: It is.

4

5 BY MR. FUNKE:

6 Q And I understand that Project Neecheewam, among  
7 other things, also offers placement resource for children  
8 in care; is that correct?

9 A It does. It offers placement to girls as -- to  
10 male and female. There's a male unit and there's a female  
11 unit, as well.

12 Q And it's what would commonly be referred to as a  
13 group two resource --

14 A Yes.

15 Q -- is that correct?

16 A Yes.

17 Q So a foster placement available to children who  
18 qualify for special needs funding?

19 A Correct.

20 Q That would not otherwise be eligible to be placed  
21 in a regular foster home.

22 A Right. At the time that, that I sat on the  
23 board, it was at one point a level five placement group  
24 care. I believe shortly thereafter, just prior to my  
25 departure from the board, it was reduced to a -- if I

1 remember correctly -- level three care. The range was 12  
2 to 17.

3 Q Okay. And how many beds were available in that  
4 unit?

5 A I'm sorry?

6 Q How many beds were available at Project  
7 Neecheewam?

8 A There were six beds available for boys and girls,  
9 and they were separate homes. They were not together.

10 Q So six beds for boys and six beds for girls?

11 A Correct.

12 Q Twelve altogether.

13 A Yes.

14 Q What were some of the other services that Project  
15 Neecheewam offered its residents?

16 A They -- we undertook the crisis stabilization  
17 unit for boys, which was initially managed by the Macdonald  
18 Youth Services. Then it was transferred over to Project  
19 Neecheewam, and I don't recall the year. That was another  
20 initiative that was taken on by Neecheewam at the time.

21 Q Okay. So in addition to providing residence, it  
22 also provided counselling services.

23 A Yes.

24 Q And how long were you on the board?

25 A Approximately seven years, I believe.

1 Q And how long were you the chair of the board?

2 A Two of those seven years.

3 Q Now, I understand prior to your professional --

4 THE COMMISSIONER: What years were those?

5 THE WITNESS: I would have to refer to my résumé.

6 I believe they were from approximately 2000 to 2005, I was

7 a board member; 2005 to 2007, I believe I was chair of the

8 board.

9

10 BY MR. FUNKE:

11 Q That's reflected in your curriculum vitae. Those

12 are the same dates in your curriculum vitae, is what I'm

13 saying to you.

14 A Okay.

15 THE COMMISSIONER: Now, where, where is that in

16 the curriculum vitae?

17 MR. FUNKE: Second page, Mr. Commissioner. At

18 the bottom of the page, under the heading Volunteer

19 Experience --

20 THE COMMISSIONER: Oh, yes.

21 MR. FUNKE: -- you'll see the reference to the

22 Project Neecheewam.

23 THE COMMISSIONER: Yeah, yes. And is that -- is

24 this witness's evidence going to be about that project

25 or ...

1           MR. FUNKE: Not specifically, but I wanted to put  
2 that on the record so that if anyone did have questions  
3 about the project, that Ms. Hastings is here and available  
4 to answer questions about that.

5           THE COMMISSIONER: What area is the thrust of her  
6 evidence going to encompass?

7           MR. FUNKE: Certainly. What I can advise the  
8 Commission is that Ms. Hastings started her career with  
9 Winnipeg CFS prior to devolution. She was involved in  
10 preparing case files for the devolution process. She then  
11 became one of the many seconded employees that the  
12 Commission has heard about. She was assigned to the KSMA  
13 and NCN combined office in Winnipeg after devolution.  
14 She'll talk about her experience through that process and  
15 what it was like working for the agency after devolution.

16           She then continued with them as a seconded  
17 employee until such time as she was offered the position of  
18 supervisor. She then left the union, as we heard about  
19 yesterday. She became an employee of the agency directly,  
20 and she ultimately was made their director of operations  
21 here in Winnipeg and can speak to present day circumstances  
22 about trying to implement the circle of care in an urban  
23 environment through the Winnipeg sub-office of the wellness  
24 centre and the various challenges that the agency has in  
25 trying to implement that kind of an approach in an urban



1 environment.

2           And that's, that's going to be what I expect to  
3 be the principal focus of the Commission in terms of her  
4 evidence and how that relates to the circumstances relevant  
5 to the delivery of services to families such as Phoenix  
6 Sinclair that would now at this point come into contact  
7 with an agency in Winnipeg.

8           THE COMMISSIONER: All right, that's, that's  
9 helpful.

10

11 BY MR. FUNKE:

12           Q Now, in terms of your education --

13           THE COMMISSIONER: And just about how long do you  
14 expect to be with her?

15           MR. FUNKE: I should be done -- if I'm not done  
16 by noon, I'll be done shortly after lunch, Mr. --

17           THE COMMISSIONER: All right.

18           MR. FUNKE: -- Commissioner, so we should be done  
19 with plenty of time to spare for today.

20           THE COMMISSIONER: Well, I'm just wondering  
21 whether we'll get through another witness, but we'll, we'll  
22 look at that later in the day.

23           MR. FUNKE: I don't anticipate that we have  
24 another witness scheduled for today.

25           THE COMMISSIONER: Well, you don't -- you,

1 yourself don't have any more.

2 MR. FUNKE: I don't have any more.

3 THE COMMISSIONER: No, well, it's not --

4 MR. FUNKE: This is my last one.

5 THE COMMISSIONER: -- your worry, then.

6 Okay, carry on.

7 MR. FUNKE: Thank you very much.

8

9 BY MR. FUNKE:

10 Q Ms. Hastings, in terms of your education, then, I  
11 understand that you attended the Winnipeg Education Centre;  
12 is that correct?

13 A It is.

14 Q And that's the centre that's now known as the  
15 William Norrie Centre; is that correct?

16 A Yes.

17 Q Now, that was a special ACCESS program; is that  
18 correct?

19 A Yes.

20 Q All right. And perhaps you could just tell us a  
21 little bit about that program and how it operated.

22 A In order to get into the ACCESS program, I had to  
23 make an application. The ACCESS program is geared towards  
24 those that would -- may not be quite as successful on  
25 campus. So part of that application process was I had to

1 submit an autobiography, fill out the application, as well  
2 as provide three references from the community that would  
3 advocate for me to attend the program. You were screened  
4 at the intake level -- what they called the intake level,  
5 and at that point, if you were selected as one of the  
6 potential students, you were then invited back to attend a  
7 second phase of the intake process.

8           At that second phase, you were then submitted to  
9 -- you were submitted to two sets of different interview  
10 panels. That interview panel consisted of anywhere from  
11 three to four different people from the community where  
12 they would ask you questions around your preparation for  
13 seeking a Bachelor of Social Work. They also questioned  
14 around the supports that you had in obtaining a degree,  
15 what barriers you had previous to seeking your education,  
16 how you've overcome those barriers, barriers, as well as  
17 your attitudes around obtaining your education.

18           Once you got through those two interviews, then  
19 there was a time lapse where they would then make a  
20 decision as to whether or not you would then come back for  
21 a third phase to the interview process.

22           At that third phase, we were then asked to  
23 participate in a seminar, I guess for lack of better words,  
24 on a one-day basis where it was a mock environment of an  
25 instructor presenting information in a classroom setting.

1 We, as potential students, had to take notes. We had to  
2 provide a short essay. We had to then provide some  
3 feedback at the end of the day as to how we felt about  
4 potentially meeting the next expectation, which was then  
5 becoming a student.

6 So it was quite an intensive process that you had  
7 to go through.

8 MR. FUNKE: Just for your benefit, Mr.  
9 Commissioner, this is the same program that Dean Frankel  
10 talked about during his evidence, where he talked about an  
11 ACCESS program that was offered -- I believe it was on  
12 Selkirk Avenue. This is the very program that Ms. Hastings  
13 is talking about.

14

15 BY MR. FUNKE:

16 Q So I understand that once you were accepted into  
17 that program, Ms. Hastings, it was a four-year program?

18 A It was.

19 Q And it resulted in your obtaining your B.S.W.; is  
20 that correct?

21 A Correct.

22 Q And what were some of the courses that you took  
23 during that program?

24 A Aside from the, the regular curriculum that was  
25 required, there were components that were offered at the

1 Winnipeg Education Centre that were not necessarily  
2 requirements on campus. Some of those were, as an example,  
3 inner city social work practice, which was geared towards  
4 the realities of inner city life, the poverty, the housing  
5 issues, socialization issues. That was a course that was  
6 required of us.

7 THE COMMISSIONER: This is a degree-granting  
8 centre.

9 THE WITNESS: Pardon -- yes.

10 THE COMMISSIONER: It, it's a degree -- and does  
11 it grant degrees other than the B.S.W.?

12 THE WITNESS: No, no. They partnered with the  
13 University of Winnipeg at that time for a Bachelor of  
14 Education. This program I specifically took was through  
15 the U of M ACCESS centre, the B.S.W. program.

16 THE COMMISSIONER: Well, from where is your  
17 degree from?

18 THE WITNESS: University of Manitoba.

19 THE COMMISSIONER: Well, explain to me what the  
20 relationship of the centre is to the university, then.

21 THE WITNESS: The centre was an ACCESS program  
22 from the University of Manitoba.

23 THE COMMISSIONER: Oh, oh, I see.

24 THE WITNESS: Yes.

25 MR. FUNKE: Essentially --

1 THE WITNESS: Which is why it was held off  
2 campus.

3 MR. FUNKE: Essentially a satellite site, Mr.  
4 Commissioner.

5 THE WITNESS: Correct.

6 MR. FUNKE: It was a program operated and run by  
7 the University of Manitoba.

8 THE WITNESS: Yes.

9 THE COMMISSIONER: Under the Dean of Social Work.

10 THE WITNESS: Yes.

11 MR. FUNKE: That's absolutely correct.

12 THE COMMISSIONER: I follow.

13 THE WITNESS: So some of the additional courses  
14 that we took were around aboriginal wisdom and  
15 spirituality, aboriginal healing ways. Multiculturalism  
16 was also offered. The environment was very much conducive  
17 and respectful to the histories that a lot of us came with,  
18 that a lot of us had overcome, and it was really a program  
19 that offered us the ability to obtain our education.

20

21 BY MR. FUNKE:

22 Q And as I understand it, the program was a unique  
23 program specifically designed to attract and accommodate  
24 students who might otherwise face barriers to admission to  
25 university at the regular Fort Garry campus; is that

1 correct?

2 A That's correct.

3 Q And your experience at program was positive?

4 A It was fantastic.

5 Q Yes. Now, I understand that as part of that  
6 B.S.W. program, there were specific courses offered on  
7 child welfare. Is that correct?

8 A Yes.

9 Q Were there any courses specifically offered in  
10 terms of child protection?

11 A No.

12 Q Now, after you finished your program -- or was it  
13 as part of your program -- you took the two internships  
14 with Winnipeg CFS?

15 A It was actually part of my program.

16 Q So a practicum that was contained within the  
17 four-year degree program.

18 A Correct.

19 Q All right. And I understand that after you  
20 completed those internships and, and acquired your degree,  
21 you then applied for and received an offer of a position at  
22 Winnipeg CFS; is that correct?

23 A That's correct.

24 Q All right. And you first started off at the  
25 Jarvis office, am I right?

1 A I did.

2 Q A three-month term position which eventually  
3 became permanent; is that right?

4 A That's correct.

5 Q All right.

6 A If I might add in respect to the internship, the  
7 reason that an internship was provided to the Winnipeg  
8 Education Centre was at the time there was a number of  
9 families involved in the CFS system who were of First  
10 Nation descent, however, the case managers were not  
11 necessarily of First Nation descent. They recognized that  
12 there was a need to have more representation.

13 They then approached a number of us at the  
14 Winnipeg Education Centre to be a part of the internship  
15 program, which meant we did our practicum but our  
16 expectations were much more. As an example, I believe our  
17 practicum hours for our degree in the third year is 500  
18 hours. Under the internship, I was required to do a  
19 thousand hours, and that followed through into my fourth  
20 year of placement as well.

21 Q And do I understand correctly that that was part  
22 of, essentially, a recruitment strategy?

23 A I believe it was.

24 Q Now, you then took on -- you then started your  
25 position as a social worker with Winnipeg CFS.



1 A Yes.

2 Q And what year was that?

3 A In 2001, May of 2001.

4 Q May 2001. Now, when you first started with  
5 Winnipeg CFS, what did you receive in terms of orientation  
6 or training prior to starting with them in your position as  
7 a social worker?

8 A I received very little. I relied on the  
9 knowledge that I had learned at an intake level, which is  
10 very much different than ongoing family service and case  
11 management. I fortunately worked within a team where they  
12 were readily available to offer me the guidance and the  
13 assistance that I needed in managing the caseload that I  
14 was given.

15 Q And when you say you relied on the experience you  
16 had at the intake level, you're talking about your  
17 internship through the --

18 A Yes.

19 Q -- intake office; is that correct?

20 A Yes.

21 Q But you had received no formal training by  
22 Winnipeg CFS when you were hired into your -- in your  
23 initial three-month term position at the Jarvis office.

24 A I did not, no.

25 Q And as I understand it, you were hired directly

1 into a protection role; is that correct?

2 A Correct.

3 Q Okay. And what was your caseload at the time  
4 that you were hired by Winnipeg CFS?

5 A It was approximately 30.

6 Q Approximately 30 files?

7 A Thirty cases, yes.

8 Q And were they -- were those strictly family  
9 service files, were they strictly child -- sorry, child in  
10 care files, or was it a combination?

11 A It was a combination of both.

12 Q Okay. Now, we've heard evidence with respect to  
13 the training that CFS employees received over time and it's  
14 referred to as core competency training.

15 A Um-hum.

16 Q And you've taken that?

17 A Yes, I have.

18 Q Okay. And was any of the core competency  
19 training provided to you before you started your position  
20 with Winnipeg CFS?

21 A No, it was offered after.

22 Q And how long after you started your position was  
23 the core competency training provided?

24 A Approximately six months.

25 Q And was that a recurring process?

1           A     Yes, you -- I completed core -- the first core,  
2 and then I attended the series of cores --

3           Q     Okay.

4           A     -- shortly thereafter.

5           Q     And I understand that a number of those core  
6 training components are actually provided, attached to your  
7 curriculum vitae; is that correct?

8           A     Yes.

9           Q     Now, if you could just explain to us, while you  
10 were at Winnipeg CFS, how was the work driven at that time  
11 in terms of you as a social worker?

12          A     It was very crisis oriented and, and crisis  
13 driven.        Because I carried a caseload of strictly  
14 protection work and children in care files attached to  
15 those families, there was a fair amount of time spent  
16 addressing, you know, the crisis issues that would arise.  
17 There was a fair amount of time spent in working with  
18 families, trying to reunify the kids back home.

19          Q     What about prevention?

20          A     There -- at that time, Winnipeg Child and Family  
21 had a -- what was called a preservation/reunification unit,  
22 where if I had a family who I felt required services of  
23 that program, I could refer that family to that program. I  
24 never had the ability in terms of case management to  
25 provide that kind of intensive service to a family --

1 Q And --

2 A -- so I referred the family to that program.  
3 That file or family was assigned to a social worker within  
4 that program, and that social worker worked in conjunction  
5 with myself --

6 Q And were --

7 A -- to either preserve the family unit or to  
8 reunify.

9 Q And were you provided any specific training on  
10 how to identify families that were suitable for the  
11 prevention stream?

12 A No.

13 Q One of the things that has been previously  
14 described in evidence with respect to Dr. Cindy  
15 Blackstock's testimony is a specific competency training  
16 program that may be provided to graduates of a B.S.W.  
17 program prior to them starting a position as a social  
18 worker such as you did with Winnipeg Child and Family  
19 Services, that provides specific skill-based training  
20 before they start their position. Would you -- based on  
21 your experience, would you have felt that there would have  
22 been some benefit to having had an opportunity like that  
23 prior to assuming your duties with Winnipeg CFS?

24 A Absolutely. I believe at the time when you're  
25 becoming a child welfare worker, it's a very, very fine

1 balance that you have to do on a daily basis. You have to  
2 make good decisions for the family. You have to also  
3 assess risk levels. You have to try and reunify children.  
4 So there -- it's an environment where you're, you're  
5 multitasking on a continual basis, and you're doing the  
6 best you can with what I had. Had I had training prior to  
7 going into family services, it would have been extremely  
8 helpful.

9 Q Is it your position that -- and in your  
10 experience, you, you were a B.S.W. graduate.

11 A Yes.

12 Q You'd had the benefit of two extensive  
13 internships, including -- they were -- these were child  
14 welfare specific internships --

15 A Yes.

16 Q -- before you were hired on as protection worker  
17 by Winnipeg CFS. Is it your view that individuals in the  
18 same position as you were, perhaps not as well situated --  
19 if they're hired directly into protection services such as  
20 you were, is there a risk that children are exposed to harm  
21 as a result of the lack of appropriate training?

22 A I believe so. I believe that, fortunately for  
23 me, given my internships, given some of the experiences I  
24 carry in life, I was able to seek those additional  
25 resources and supports that I felt that I needed. For an

1 individual who does not have that same level as I've been  
2 gifted with, I believe that at times some kids, families  
3 may have been exposed to risk, unnecessary risk, and I  
4 believe it's just to simply the lack of training that was  
5 provided at the time.

6 Q Now, you were with Winnipeg CFS for approximately  
7 four years; is that correct?

8 A That's correct.

9 Q And while you were there, obviously, the AJI-CWI  
10 implementation was underway?

11 A Um-hum.

12 Q And eventually the decision was made to proceed  
13 through the process known as devolution; is that correct?

14 A Yes.

15 Q And I understand that as part of that process an  
16 announcement was made that a number of the workers with  
17 Winnipeg CFS were probably going to be seconded out to  
18 other agencies; is that correct?

19 A Yes.

20 Q And you remember when that process was, was being  
21 discussed and --

22 A I do.

23 Q -- people were being identified as potentially  
24 being seconded employees; is that correct?

25 A I do.

1           Q     What was the tone or the mood within Winnipeg CFS  
2 at the time, that you perceived with respect to this issue  
3 surrounding secondment?

4           A     There -- it came on different levels. There was  
5 a lot of uncertainty for workers as to what their future  
6 was going to hold because they had no control over where  
7 they were going in terms of secondments. There was a lot  
8 of discussions around how do we, as workers, manage the  
9 change that was about to happen, how do we manage the  
10 workload, how do we manage the stress levels.

11                 Aside from those practical issues and genuine  
12 concern of workers, there was also an attitude -- and my  
13 experience has been that while devolution was unfolding,  
14 while the discussions were happening, I as a worker had  
15 experienced some racism and some extremely inappropriate  
16 comments that were made around devolution, around First  
17 Nation peoples, around the ...

18                 And it wasn't everybody -- I want to be clear:  
19 It was not everybody that did that. There were some that  
20 made it clear they did not believe First Nation people had  
21 the ability to manage their own, because why would they be  
22 in the system (inaudible). There were comments made  
23 around, well, the minute that the aboriginal agencies, you  
24 know, assume the cases, the kids are going to go home  
25 anyways because we don't know what we're doing. Those

1 kinds of comments. Comments were made to me around I'll be  
2 the next executive director because I am First Nations.

3 Q So you're suggesting, then, there was a -- in  
4 some -- with, with respect to some of the employees and  
5 staff there was some skepticism about the potential success  
6 of devolution and the First Nations agencies' abilities to  
7 handle their new responsibilities.

8 A Correct.

9 Q Did you have any misgivings or concerns with  
10 respect to your own career in terms of being seconded to a  
11 First Nations agency?

12 A As I stated earlier, it was a time where I was  
13 probably seen -- in the grand scheme of things I was  
14 probably one of the more junior workers. I had only had  
15 four years. So how it was explained to us in terms of the  
16 secondments and how that was going to unfold, the best way  
17 I could understand and describe it was an NHL draft and  
18 that I would be drafted to an agency and they would choose  
19 to keep me or not. That, that's how I understood it. It  
20 was a time where I took the position while I have no  
21 control over it I was going to accept whatever agency I was  
22 going to and I was going to do the best that I could to  
23 assist that agency. And if that meant me providing some  
24 education and some training to those that were not  
25 seconded, that was my goal and my focus, as well.



1 THE COMMISSIONER: Was there no choice involved  
2 on your part?

3 THE WITNESS: We were given the option. We were  
4 given a piece of paper where we could choose, one, two,  
5 three, and four. That didn't necessarily mean that's where  
6 we would go. We were just -- we were given an option.

7

8 BY MR. FUNKE:

9 Q You could rank your preferences, in other words.

10 A We could rank our preferences, yes.

11 Q But that wasn't determinative of which agency you  
12 were going to.

13 A No.

14 Q Now, as part of that devolution process and, and  
15 preparing for your own secondment, I understand that you  
16 had to finalize the work that needed to be done and the  
17 files that you had conduct of while you were at Winnipeg  
18 CFS. Is that correct?

19 A Yes.

20 Q And we heard about file transfer summaries that  
21 were prepared in anticipation of devolution and the  
22 transfer of those files from Winnipeg CFS to the First  
23 Nations agencies. Perhaps you could explain just a little  
24 bit about the work that went into preparing those file  
25 summaries, in your experience.

1           A     At times, it would change. We were given -- and  
2 I heard it spoke of earlier that there were a few dates  
3 that were provided as to when AJI was going to go live as  
4 we understood it, and part of that expectation is there was  
5 information provided to us workers as to what we needed to  
6 do to prepare a file transfer, in that we were given a list  
7 and we, as the worker, had to go through the file itself  
8 and we had to tag off the documentation that was going to  
9 go over to the, to the receiving agency.

10                 Prior to that, we were trained on the ADP process  
11 as well. So prior to me transferring any of those files,  
12 we, as workers, went out and, and conducted ADPs on every  
13 family that we had worked with, every child in care that  
14 was over the age of 12.

15                 THE COMMISSIONER:   ATPs being what?

16                 THE WITNESS:         The ADP, the authority  
17 determination protocol. And that was where the family  
18 had --

19                 THE COMMISSIONER:   Authority to what?

20                 THE WITNESS:         Authority determination protocol.

21

22 BY MR. FUNKE:

23                 Q     Ms. Hastings, as I understand it, the reference  
24 to authority in ADP is whether it would go to the Northern  
25 or --

1 A Correct.

2 Q -- Southern Authority, correct?

3 A Yes.

4 Q So the ADP was a process of determining which  
5 First Nation the parents originated from --

6 A Yes.

7 Q -- which authority was responsible for service  
8 delivery to that First Nation --

9 A Yes.

10 Q -- or people who hailed from that First Nation,  
11 and then the authority would, would determine, based on  
12 that ADP or the authority determination protocol, to which  
13 agencies those families would be assigned --

14 A That's correct.

15 Q -- as part of the devolution process; is that  
16 correct?

17 A Correct.

18 Q And so part of your preparation of the file for  
19 transfer was to assist by completing an ADP form with the  
20 family, identifying which authority they chose to have  
21 their -- or to assist in identifying which would be the  
22 appropriate authority for the family, correct?

23 A Yes, however, they had a choice. For example, if  
24 a family was from Tadoule Lake, as an example, they would  
25 be identified from the Northern Authority. They may

1 choose, however, to receive services from Métis, as an  
2 example, and they would provide their reasons for same.  
3 And we would just fill out the form and we would have them  
4 sign it if they were comfortable in doing so. So they were  
5 given a choice.

6 Q So when you were completing your forms and  
7 preparing your files for, for transfer, you completed an  
8 extensive file transfer summary; is that correct?

9 A Yes.

10 Q And there was also what they called a face sheet  
11 that was prepared?

12 A Yes.

13 Q What's, what's on a face sheet?

14 A The face sheet that we had to check off all the  
15 information that was required for us to send over to the  
16 receiving agencies. We referred to ourselves -- Winnipeg  
17 CFS -- at the time as the sending agency. The agency that  
18 was going to assume responsibility for that file was the  
19 receiving agency. So the face sheet guided us as workers  
20 as to what we were asked to provide in that file transfer.

21 Q So as I understand it, this resulted in  
22 significant amount of additional work over and above your  
23 regular duties --

24 A Yes.

25 Q -- is that correct? And how did you accommodate

1 that? How did you accommodate your requirement to fulfil  
2 your ongoing duties as well as this additional burden of  
3 preparing these files for transfer through the devolution  
4 process?

5 A Given that I was not prepared to take the focus  
6 away from cases and families that we were still responsible  
7 to provide services to, oftentimes it was done during our  
8 lunch hours, oftentimes it was done after hours.  
9 oftentimes it was done as to when you could grab, you know,  
10 an hour or two to be able to facilitate and to meet that  
11 demand.

12 Q And I understand that it was open to you to claim  
13 overtime hours for that additional work; is that correct?

14 A Yes.

15 Q We've also heard that some offices received some  
16 workload relief in terms of additional staff that were  
17 brought on to assist in the file transfer process. Do you  
18 recall that happening at the office where you were located?

19 A I don't entirely remember.

20 Q That's fine. And you made reference to something  
21 that you referred to as the go-live date. There's been  
22 some dispute about whether or not such a thing existed, but  
23 if there was, what was the date that you remember being the  
24 go-live date?

25 A May 16, 2005.

1           MR. FUNKE:    Very good.    Mr. Commissioner, the  
2 next area I'm going to try to explore with Ms. Hastings is  
3 her experience following devolution when she became  
4 seconded to the next agency, and I -- it's now  
5 approximately ten after eleven. I'm wondering if now is a  
6 good time to take our mid-morning break.

7           THE COMMISSIONER: I think it would be.

8           MR. FUNKE:    Very good.

9           THE COMMISSIONER: So we'll take a 15 minute mid-  
10 morning break.

11

12                           (BRIEF RECESS)

13

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

15

16 BY MR. FUNKE:

17           Q    Ms. Hastings, after you were seconded, I  
18 understand that you were hired by the combined offices of  
19 KSMA and NCN here in Winnipeg; is that correct?

20           A    Yes.

21           Q    We use the abbreviations KSMA and NCN. That  
22 refers to the Norway House CFS agency, which is commonly  
23 known as KSMA; is that correct?

24           A    Yes.

25           THE COMMISSIONER: Norway House?

1           MR. FUNKE:     Norway House Child and -- sorry,  
2 Child and Family Services Agency.

3           THE COMMISSIONER:   Child and Family Services, and  
4 who else?

5           MR. FUNKE:     And NCN, Nisichawayasihk Cree --

6           THE COMMISSIONER:   Yes.

7           MR. FUNKE:     -- Nation, also known as Nelson  
8 House.

9           THE COMMISSIONER:   Yes.

10

11 BY MR. FUNKE:

12           Q     So it was a combined office for both of those  
13 agencies here in Winnipeg.

14           A     Yes.

15           Q     And that's because --

16           THE COMMISSIONER:   In, in, in Winnipeg.

17           THE WITNESS:   Yes.

18           MR. FUNKE:     That's correct.

19

20 BY MR. FUNKE:

21           Q     It was their combined sub-office here in  
22 Winnipeg.

23           A     Correct.

24           Q     And the reason that KSMA and NCN had a combined  
25 office here in Winnipeg is that through the devolution

1 process neither one received sufficient resources through  
2 the RTTs for them to operate a sustainable office  
3 independently; is that correct?

4 A That's my understanding, yes.

5 Q And so in terms of trying to augment services,  
6 they combined and pooled their resources to operate a joint  
7 office.

8 A That's correct.

9 Q Each agency still had its own distinct  
10 responsibilities.

11 A Yes.

12 Q But they shared operational expenses and some  
13 staff expenses as well, such as support staff, reception,  
14 secretarial, admin support, et cetera.

15 A That's correct.

16 Q Now, in terms of the workers at the new agency, I  
17 understand that that resulted in a blend of some unionized  
18 and non-unionized workers; is that correct?

19 A Yes.

20 Q All right. Did that create any problems for the  
21 agency following devolution?

22 A It arose -- issues arose around the inequity in  
23 pay, was one issue. The other issue that was often brought  
24 to my attention was how come a union worker could leave at  
25 4:30 and at times the other worker, who was non-unioned,



1 was having to stay afterwards to meet those demands of the  
2 job. There was -- in terms of supervisory capacity, the  
3 seconded workers, we were -- did not have access to their  
4 personnel files. We did not know what their qualifications  
5 were or if there were issues with them as an employee, or  
6 if there were non-issues, if they had strengths that I  
7 could maximize on.

8 THE COMMISSIONER: Were you, were you union?

9 THE WITNESS: When I was hired as a supervisor, I  
10 was no longer union.

11 THE COMMISSIONER: Oh.

12 THE WITNESS: I left.

13 THE COMMISSIONER: You went into this position as  
14 a supervisor.

15 THE WITNESS: Yes. And I was a direct hire with  
16 KSMA and NCN.

17 THE COMMISSIONER: Yes.

18 THE WITNESS: So it created some of those issues.

19

20 BY MR. FUNKE:

21 Q Just to clarify that if I can, Ms. Hastings, as I  
22 understand, at the time of devolution in May of 2005 when  
23 you joined KSMA and NCN, you weren't immediately hired as a  
24 supervisor. You joined them as a frontline worker,  
25 correct?

1 A That's correct.

2 Q And then --

3 A I was seconded for six months.

4 Q And then in 2005, in October, you received a job  
5 offer to become a supervisor with NCN and KSMA; is that  
6 correct?

7 A Yes, they posted the position; I applied.

8 Q And at that --

9 THE COMMISSIONER: So were you a union worker for  
10 the first six months?

11 THE WITNESS: I was.

12

13 BY MR. FUNKE:

14 Q And then you left the union and you took the  
15 direct hire with the new agency.

16 A Correct.

17 Q And when you're talking about access to personnel  
18 records, that's in your capacity as a supervisor after  
19 October 2005.

20 A That's correct.

21 Q So if I understand your testimony, what you're  
22 saying is that even though you were responsible for  
23 supervising the staff, you didn't have access to their  
24 personnel records.

25 A I did not.

1 Q And that created certain challenges in terms of  
2 providing them with adequate supervision.

3 A Correct.

4 Q And I -- as I understand it, not only were there  
5 disparities in terms of pay and benefits that were  
6 available to unionized worker through their employment with  
7 the province --

8 A Um-hum.

9 Q -- which they maintained, and non-unionized  
10 workers who were hired directly by the agency, there were  
11 also differing expectations with respect to unionized and  
12 non-unionized workers.

13 A Correct.

14 Q In other words, because of perhaps grievance  
15 mechanisms or dispute resolution mechanisms that were  
16 available to the union workers, they were better positioned  
17 to leave early and monitor their own expectations vis-à-vis  
18 the employer; is that correct?

19 A Yes.

20 Q And so the other employees felt that they were  
21 receiving disparate treatment as a result.

22 A At times, yes.

23 Q Now, as I understand it, as a unionized worker  
24 you had an expectation that if a reasonable job offer was  
25 made, you had an obligation to take it or leave the

1 collective bargaining unit; is that correct?

2 A That's my understanding.

3 Q Okay. I'd like to focus a little bit more on  
4 what the effect of devolution was in terms of the transfer  
5 of files at this point. So from your perspective, when you  
6 were at Winnipeg CFS you were involved in the preparation  
7 of the file transfer summaries --

8 A Yes.

9 Q -- that were supposed to go along with the files  
10 that were then transferred from Winnipeg CFS to the  
11 receiving agency.

12 A Yes.

13 Q And then after your secondment you're now working  
14 for a receiving agency and you're receiving files that had  
15 been prepared by other employees of Winnipeg CFS for  
16 transfer to your new agency.

17 A Correct.

18 Q All right. What was your experience in terms of  
19 the material that you received, as the new worker for the  
20 receiving agency, on those transferred cases?

21 A At times I, I felt that I didn't have enough  
22 information that I knew, as a worker previous to that, that  
23 I was asked to prepare. What I received at times was very  
24 different. We were given the transfer summaries. We were  
25 given the financial information. However, there were

1 certain, certain documentations that were not necessarily  
2 provided to, to myself as a seconded worker.

3           There was a window of time where I could go on to  
4 what's known as CFSIS and I could pull off the  
5 documentation. That was a window of time, and then that  
6 window became closed and then we were asked that if we  
7 wanted to access additional information on a particular  
8 file that was attached to myself as the worker, I would  
9 need to go down to the archives of Winnipeg Child and  
10 Family to access any of that information.

11         Q     So you're saying that you are now the newly  
12 assigned worker on that file --

13         A     Um-hum.

14         Q     -- and that file has been transferred to you --

15         A     Yes.

16         Q     -- that there was information on CFSIS that, even  
17 as the assigned worker, was no longer available to you.

18         A     There was only a window of time where it was  
19 available.

20               THE COMMISSIONER: Well, how long was the window?

21               THE WITNESS: It was approximately six months or  
22 so, if I remember correctly.

23               THE COMMISSIONER: And why did it close?

24               THE WITNESS: I'm not sure.

25

1 BY MR. FUNKE:

2 Q And so when you say that that information was no  
3 longer available to you, was that information that was  
4 recorded directly on the CFSIS system or were those reports  
5 -- and we've heard that some reports could be attached to  
6 CFSIS --

7 A Yes.

8 Q -- in Word format or other document formats.

9 A Some of the reports were attached to CFSIS.  
10 Other reports were not always necessarily on CFSIS. So  
11 whatever was not on CFSIS, we relied that the sending  
12 agency would provide that information to the receiving  
13 agency.

14 Q And as I understand your evidence, then, you did  
15 not get the complete hard copy file provided to you --

16 A No.

17 Q -- is that correct?

18 A I did not.

19 Q So previous notes from the workers, reports,  
20 other information such as assessments, that type of  
21 material was not provided to you complete with the file  
22 transfer.

23 A Correct.

24 Q And if I understand your testimony, then, you  
25 were told that if you wanted to access that information,

1 the agency then had to go down to archives --

2 A Yes.

3 Q -- and at its own expense make copies of that  
4 material for its records.

5 A Correct.

6 Q Now, when you say some, some of that information  
7 was recorded on CFSIS, as I understand CFSIS, there are  
8 some what they call fields on CFSIS, some screens on CFSIS,  
9 where information is recorded on CFSIS that is not in the  
10 hard copy file; is that correct?

11 A Correct.

12 Q And do I understand that some of those screens  
13 which record this information which is not in the hard copy  
14 file is only available in CFSIS and cannot be printed from  
15 CFSIS; is that correct?

16 A At the time, if you knew how to manoeuvre your  
17 way around the CFSIS system, you could print it. For  
18 somebody that was brand new into child welfare system at  
19 that time who was not familiar with CFSIS would have a more  
20 difficult time manoeuvring their way in and out of the  
21 system to be able to print those documentation off.

22 Q So you're saying if you knew your way around the  
23 system and knew how to manoeuvre it or manipulate it, you  
24 could get access --

25 A In to the --

1 Q -- to that information and print it.

2 A Into CFSIS, yes.

3 Q Was that information that you gained because of  
4 CFSIS specific training that you had received, or was that  
5 through experience and information obtained indirectly  
6 through other workers?

7 A It was through experience working throughout  
8 Winnipeg Child and Family. When I was working with  
9 Winnipeg we did not, we did not ourselves, as workers,  
10 attach information to CFSIS. That was left to the  
11 responsibility of the admins because we didn't want to make  
12 a mistake in attaching information onto CFSIS. So that was  
13 left to the admin's responsibility. So over time when we  
14 did go into CFSIS and we did access certain information for  
15 long particular, short particulars, court documentations,  
16 assessments that were potentially needed or requested, we  
17 would go into CFSIS and we could access whatever -- if it  
18 was on there, we were able to find our way to figure out  
19 how to get it out of there.

20 Q So I just want to make sure I understand your  
21 testimony, then. You're saying that after a period of time  
22 -- and in fairness, you don't recall exactly what that  
23 length of time was -- that even though that file had now  
24 been transferred to your agency and you were the assigned  
25 worker, that there was certain information on CFSIS that



1 was now locked away from your access?

2 A I was -- the times that I had gone on to attempt  
3 to access it, I was not able to.

4 Q Okay.

5 THE COMMISSIONER: But you only had access for  
6 six months.

7 THE WITNESS: I had access for -- throughout my  
8 whole time as a supervisor. However, to access historical  
9 material, that window became closed and I don't recall  
10 exactly how long that was.

11 THE COMMISSIONER: Oh, I thought you said you  
12 were locked out of CFSIS.

13 THE WITNESS: No, I was never locked out.

14 MR. FUNKE: Just --

15 THE WITNESS: I was always able to add on.

16 MR. FUNKE: Some of those historical records were  
17 no longer available to her, Mr. Commissioner, is what her  
18 evidence was.

19

20 BY MR. FUNKE:

21 Q Do I understand you correctly, Ms. Hastings?

22 A Yes.

23 Q So previous records compiled and recorded on  
24 CFSIS by Winnipeg CFS.

25 MR. MCKINNON: I'm just, Mr. Commissioner, rising

1 to object on the basis of relevance. Phoenix's file was  
2 never subject to a transfer. We're in Phase 2 of this  
3 Inquiry now. I'm not aware of -- we could call social  
4 workers -- there are thousands of social workers in  
5 Manitoba who have differing experiences with what happened  
6 in 2005 and subsequent.

7           It seems to me it's sort of just random that  
8 we're picking this particular witness to come forward and  
9 talk about her particular experience. I accept she may  
10 have other evidence that would be relevant to the standing  
11 of the Northern Authority, but it seems to me we're just  
12 getting into anecdotal information from one witness that's  
13 not relevant to Phoenix and not relevant to the information  
14 that would be important for the Northern Authority or, or  
15 the chiefs to talk about.

16           THE COMMISSIONER: What's your response to that,  
17 Mr. Funke?

18           MR. FUNKE: Really, what we're trying to  
19 indicate, Mr. Commissioner, is just some of the systemic  
20 challenges that the agencies faced when they were first --  
21 received their files through devolution. If the Commission  
22 is of the view that you're not interested in hearing about  
23 this in depth, I'm prepared to move on.

24           THE COMMISSIONER: All right.

25

1 BY MR. FUNKE:

2 Q Now, in terms of case files that you received,  
3 then, Ms. Hastings, can you give the Commissioner an idea  
4 of what your caseload was after devolution?

5 A My personal caseload?

6 Q Yes.

7 A Approximately 30.

8 THE COMMISSIONER: Is, is this as a supervisor?

9 THE WITNESS: As a frontline worker. As a  
10 seconded frontline case manager, my caseload was  
11 approximately 30.

12 THE COMMISSIONER: I'm just not sure -- you were  
13 seconded to do what work?

14 THE WITNESS: Frontline case management.

15 THE COMMISSIONER: Yes, and how long did you do  
16 that before you became a supervisor?

17 THE WITNESS: Six months before I became the  
18 supervisor.

19 THE COMMISSIONER: So you're asking about the  
20 caseload for the first six months. That's what he's  
21 asking, I think.

22 THE WITNESS: Yes, that's correct.

23 THE COMMISSIONER: And, and what was that?

24 THE WITNESS: Approximately 30.

25

1 BY MR. FUNKE:

2 Q I'd like to turn to your current caseloads. So  
3 what are the current caseloads that your workers -- because  
4 you're now a supervisor with NCN, correct?

5 A Yes.

6 Q What is the current caseload that your workers  
7 are carrying right now?

8 A Approximating, 35 to 40, some upwards to 45,  
9 depending on the number of children in care attached to a  
10 family.

11 Q And I understand as well that under the new  
12 funding model, the EPFA funding model, NCN has now received  
13 its funding with respect to the new model; is that correct?

14 A Yes.

15 Q All right. And I understand that that was  
16 received relatively recently.

17 A Yes.

18 Q Okay. And that as a result of that new funding,  
19 there were additional positions hired; is that correct?

20 A Correct.

21 Q Particularly with respect to service delivery.

22 A Yes.

23 Q And has your office in Winnipeg now completed  
24 that hiring process and are now -- are you now fully  
25 staffed to the, to the levels that you can afford to be

1 staffed under the new model?

2 A No, we're not.

3 Q Okay. So how many positions have you yet to  
4 fill?

5 A Approximately one and a half in Winnipeg.

6 Q Okay.

7 A And approximately one in Brandon.

8 Q Once you have those positions filled, what do you  
9 anticipate the workload -- or rather, caseload being per  
10 each worker?

11 A We're still asking workers to carry approximately  
12 30 to 35 files, depending. What is not accounted for are  
13 some of the internal transfers that happen from agency to  
14 agency, those meaning Section 42s and Section 49 transfers.  
15 And that's where -- I'll just use Winnipeg Child and Family  
16 as an example. If Winnipeg Child and Family is seeking a  
17 permanent order on a sibling group of three children and  
18 those three children are from Nelson House, under the act  
19 they need to serve Nelson House with what's called a  
20 Section 30. That's notifying Nelson House CFS that they  
21 are seeking a permanent order on these children. Our  
22 agency will then take a position as to what is the  
23 permanency planning for that child. So that's additional  
24 responsibilities that the agency has to carry as well.

25 Q And you're suggesting that those are not funded?

1           A     I don't believe so.

2           Q     Okay.  Now, in terms of the, the caseload that  
3 you're describing, then, are there concerns that you have  
4 with respect to the agency's ability to meet its  
5 expectations as a result of those additional burdens?

6           A     I think that some of the difficulties in meeting  
7 the expectations are -- you know, the standards and the SDM  
8 are very clearly defined in terms of your contact and your  
9 face to face, and while those need to be achieved, we run  
10 into issues of best practice and staff management for  
11 those, for those workers that are carrying those numbers  
12 and cases.

13          Q     And you said SDM, and by that you mean the  
14 structured decision making tool --

15          A     Yes, sorry.

16          Q     -- that's been implemented.

17          A     The structured decision making, yes.

18          Q     That's okay.  And if I understand your evidence,  
19 what you're saying, then, is that given the current case  
20 load numbers that the workers are dealing with at your sub-  
21 office, although it's your evidence that they are meeting  
22 standards, that they are struggling because of their  
23 caseloads in always meeting best practices; is that --

24          A     Yes.

25          Q     -- what you're saying?

1 A Yes.

2 Q And you were present for Ms. Freeman's testimony  
3 both yesterday and today?

4 A I was.

5 Q And you heard her evidence with respect to the  
6 reason that caseloads are higher than expected under the  
7 funding model; is that correct?

8 A Yes.

9 Q And she gave evidence that the projected  
10 operational costs of the agency under the model are not  
11 sufficient to cover actual expenditures in terms of  
12 operating expenses.

13 A I'm sorry, can you repeat that?

14 Q You heard her evidence which was that the funding  
15 provided under the model for operational costs was  
16 calculated at a rate of 15 percent of salaries and  
17 benefits.

18 A Correct.

19 Q And was not based on actual expenditures.

20 A Right.

21 Q And her evidence was that that creates a  
22 shortfall between the funding that's available to a  
23 provincially funded office relative to what its actual  
24 expenses are.

25 A Right.

1 Q And that that funding shortfall is recovered by  
2 rationalizing services -- in other words, taking money away  
3 from funded frontline positions -- and using that money  
4 instead to pay operational costs.

5 A Yes.

6 Q Is it your understanding that that is why your  
7 office currently is only staffed to a position where your,  
8 your workers are carrying a significantly higher caseload  
9 than is anticipated based on the current funding model?

10 A Yes.

11 Q One of the other things that we heard about from  
12 Ms. Freeman was a discussion of what they call FE money or  
13 family enhancement money --

14 A Um-hum.

15 Q -- under the differential response model, and  
16 that there was \$1300 available per family per year.

17 A Correct.

18 Q Is that correct? You also heard her evidence  
19 that that works out to just over a hundred dollars a month  
20 per family?

21 A Yes.

22 Q Or \$27 a month -- sorry, \$27 a week per family.

23 A Yes.

24 Q As I understand it, you have some direct  
25 experience in terms of providing what they call purchased



1 services for families from that funding source; is that  
2 correct?

3 A Yes.

4 Q And perhaps you can explain to the Commissioner  
5 exactly what that money is used for and what the limits are  
6 in terms of resources you can access based on the available  
7 funds that are provided through that funding model.

8 A Some of the services under family enhancement is  
9 we can provide respite, which is babysitting services to a  
10 family. We can provide one-on-one teaching if the family's  
11 struggling with parenting or if they're struggling with a  
12 child who has special needs and has to learn different  
13 skills to care for that child. If the family is struggling  
14 with parent-teen conflict -- various issues that they have  
15 to deal with. We are then able to also provide therapeutic  
16 services, the simple, practical, everyday issues of them  
17 getting to and from appointments, bus tickets,  
18 transportation. If they want to attend cultural  
19 ceremonies, we will provide that support to them as well.  
20 Attending different programs within Winnipeg that are, you  
21 know, as available resource to them. It ranges in a  
22 variety of services that we can provide.

23 Q As I understand it, those services are designed  
24 at addressing the contributing causes that may cause that  
25 family to be in crisis --

1 A Yes.

2 Q -- and require intervention; is that right?

3 A Correct.

4 Q And the, the ideas behind the model is that if  
5 you can provide those services at a prevention level, it  
6 potentially avoids that family requiring greater services  
7 that may require that it goes into the protection stream;  
8 is that correct?

9 A Yes.

10 Q And so some of the things that you talked about  
11 are counselling, therapy, respite services, transportation,  
12 cultural opportunities. And did I understand you to be  
13 talking about a mentorship or some sort of -- like a parent  
14 mentor or a parent aide?

15 A Yes, we call them one-to-one teaching aides.

16 Q One-to-one. And what does that involve?

17 A That would involve hiring a support worker, and  
18 that support worker's responsibility is to work with the  
19 caregiver in the home, teaching and mentoring skills on how  
20 to deal with what the issue -- what the identified issue  
21 is, in hopes of preventing further involvement later on  
22 down the road.

23 Q So provides feedback and modelling for them to be  
24 able to replicate; is that correct?

25 A Yes.

1 Q All right. And at \$27 a week per family, how  
2 much time with a mentor is that going to provide a family?

3 THE COMMISSIONER: Well, do -- are you -- do you  
4 know you just said \$27 a week to --

5 THE WITNESS: Yes.

6 THE COMMISSIONER: -- work with a family?

7 THE WITNESS: Yes.

8 THE COMMISSIONER: And once you've spent that  
9 \$27, you can't do anything more for that family?

10 THE WITNESS: That's correct, unless we take it  
11 from elsewhere --

12 THE COMMISSIONER: Well, do you --

13 THE WITNESS: -- within that model.

14 THE COMMISSIONER: Do you -- what do you get for  
15 your \$27?

16 THE WITNESS: A week, maybe an hour of services  
17 provided to a family. And to break that down a little  
18 more, for example, we at NCN have internal family support  
19 workers who are on contract basis, and they are assigned  
20 and contracted to work with our families. They range  
21 anywhere from minimum 10.25 an hour, up to maximum 15  
22 dollars an hour. That is what we will pay them.

23 And then on top of that, we pay for their  
24 transportation to and from whatever the location is of that  
25 family or whatever that identified need is particularly for

1 that family. If, for example, the family is requesting, I  
2 would like to attend a cultural ceremony, they would like  
3 to attend a sweat lodge, for example, in order to purchase  
4 tobacco for a sweat lodge ceremony is around 20 to 25  
5 dollars just for the tobacco alone, and that does not  
6 include the transportation time or any additional costs  
7 associated with that.

8

9 BY MR. FUNKE:

10 Q Now, in fairness, counsel for the province has  
11 suggested to Ms. Freeman that the agency has the ability to  
12 pool those dollars and you're not technically limited to  
13 only \$27 per family per week, but that's what you're  
14 budgeted, correct?

15 A Yes. In order to be fiscally responsible, we  
16 have to keep within a budget and we have to allocate it in  
17 the best way. That does allow us some room if we need to  
18 pool from elsewhere, but we need to bear in mind, as Ms.  
19 Freeman pointed out, we have to have a balanced budget.

20 Q So if you do draw more heavily upon those  
21 resources for any particular family, say, you want to  
22 support them with a one-to-one mentor four hours a week,  
23 you're going to run over your 27 allotted dollars for that  
24 family.

25 A Correct.

1 Q What's the consequence of that? What happens to  
2 the next family that comes along and is expecting services  
3 if you have spent more than your \$27 a week on this family?

4 A We'll then need to be creative as to how we can  
5 provide the support to that family and provide those  
6 prevention measures to that family. We'll utilize, to the  
7 best of our ability, the free resources within Winnipeg.  
8 We'll utilize, in the best way possible, internal -- well,  
9 extended family members if we can, as well, to maintain  
10 that family unit. We have to -- I have to carefully weigh  
11 out which ones -- which families are, for lack of better  
12 words, in, in dire need at that given moment.

13 THE COMMISSIONER: Do you report to Mr. Walker?

14 THE WITNESS: I do.

15 THE COMMISSIONER: Thank you.

16

17 BY MR. FUNKE:

18 Q In fact, I understand you report directly to Mr.  
19 Walker; is that correct?

20 A He is my direct supervisor, yes.

21 Q I'd like to talk a little bit about service  
22 delivery now in terms of a comparison between the urban  
23 versus First Nation service delivery and the challenges  
24 that come from servicing urban communities. And we heard  
25 Mr. Walker talk about the circle of care model and how that

1 is a fundamental basis for the services that are delivered  
2 to the children in families in the community of  
3 Nisichawayasihk Cree Nation. You certainly are familiar  
4 with the circle of care model; is that correct?

5 A I am.

6 Q And I understand that the, the agency  
7 incorporates the circle of care model into its service  
8 delivery in Winnipeg as well; is that correct?

9 A We do.

10 Q I understand, however, that there are certain  
11 challenges in Winnipeg in implementing the circle of care  
12 model.

13 A Yes.

14 Q Perhaps you can explain to the Commissioner what  
15 some of those challenges are.

16 A The circle of care model, as may have been  
17 explained by Mr. Walker, is that it is -- it's a holistic  
18 approach in working with families, where families,  
19 caregivers, extended family, children, youth, and elders  
20 are part of that planning model. They drive the model for  
21 the circle of care. They create their own goals and their  
22 own destiny for circle of care.

23 It's intended to be implemented right at the  
24 intake level, so when a family comes to the attention of  
25 Nelson House, the wellness centre, the circle of care can

1 begin at that very first contact. In Winnipeg, ANCR is, is  
2 the first point of contact for the families and at times,  
3 whether that family is going to go through the family  
4 enhancement program or going to be transferred for ongoing  
5 service to NCN sub-offices, there is a lapse in time and  
6 we're not given that opportunity to do the assessment at  
7 the initial intake level.

8           So then we're -- we have to -- we then implement  
9 the circle of care when the file gets to our agency, and at  
10 times the circumstances at the initial point of contact may  
11 have very well changed in that 30- or 60-day period,  
12 whatever that time frame may look like. And unfortunately,  
13 a lot of our First Nation people aren't entirely  
14 comfortable working within the child welfare system, such a  
15 -- they believe it to be a very adversarial system and  
16 there's a fear -- a genuine fear around the system. So by  
17 the time it gets to NCN sub-offices, we are addressing  
18 those issues first and trying to redevelop some of that  
19 trust with our agency and our organization to, to provide  
20 that service in a good way.

21           Q     So you said that there's a difference in approach  
22 because ANCR doesn't follow the circle of care model, but  
23 your agency does, and that there is a disadvantage in  
24 trying to establish a relationship with that family because  
25 the circle of care approach hasn't been followed from

1 intake; is that correct?

2 A Right.

3 Q Perhaps you can be a little more specific about  
4 that. What is the difference in approach that is taken by  
5 ANCR and the approach that's taken by your agency? How,  
6 how does that look to the family that's receiving the  
7 services?

8 A Oftentime the families -- once they, you know,  
9 are assigned to one of our workers, they often share that  
10 they're really confused at trying to navigate their way  
11 around ANCR and they become very fearful when intake shows  
12 up at their doorstep for whatever reason it might be. And  
13 it's not just ANCR in terms of the approach while -- with  
14 the circle of care when we attend systems meetings here in  
15 Winnipeg, it's very much the systems are coming together,  
16 we sit down, we work on a collaborative approach, and we  
17 attempt to iron out some issues in terms of how we can  
18 approach working with the family.

19 Q Now --

20 A The family may not always necessarily be involved  
21 in those systems meetings, however. One example that comes  
22 to mind is we had -- we have a child who is under the care  
23 of the agency under a VPA because she's medically  
24 compromised and the mother lives in Nelson House and has  
25 five other children. And whenever there are systems



1 meetings here in Winnipeg the mother, unfortunately, was  
2 not always able to attend because she didn't have the  
3 ability to provide care to five of her other kids. Rather  
4 than appreciating the position of mom, there was often  
5 comments that mom was disinterested and couldn't take the  
6 time to come to Winnipeg despite her best efforts.

7 THE COMMISSIONER: Mr. Funke, does all this  
8 evidence relate to the fact that, as your client sees it,  
9 it's not getting adequately funded? Is that what you're,  
10 is that what you're getting at with this evidence?

11 MR. FUNKE: It's not just about funding, Mr.  
12 Commissioner. This is also about a difference in approach  
13 in terms of the delivery of services and whether or not  
14 they're culturally appropriate. And what she's talking  
15 about now is a distinction between how the First Nations  
16 agency in Winnipeg, NCN, provide services in a holistic  
17 manner to families and how there's, there's not only a  
18 quantitative difference in terms of funding that's  
19 available but there's a qualitative difference in, in the  
20 sense that the services are, are delivered in a  
21 fundamentally different approach.

22 And the difficulty that Ms. Hastings is alluding  
23 to is because ANCR, that is responsible for the intake of  
24 family files in Winnipeg, doesn't follow this approach and  
25 generally hangs on to files for some time before they're

1 then transferred to NCN, it creates a disconnect between  
2 the types and nature of services that they receive from the  
3 agency at the intake level.

4 THE COMMISSIONER: I understand that. And so  
5 what -- where does that lead us?

6 MR. FUNKE: Well, I don't want to get into  
7 argument before the Commission at this point but ultimately  
8 what the suggestion is, is that there needs to be greater  
9 involvement from First Nations leadership in developing the  
10 nature of those services to ensure that more culturally  
11 appropriate services are delivered at the intake level, so  
12 that the circle of care model can be implemented more  
13 broadly through the system, so that people of First Nations  
14 descent have that approach used right from the inception,  
15 right from the beginning of their intake process.

16 THE COMMISSIONER: Well, I think your questioning  
17 could be more general if that's the point you're trying to  
18 get at, than dealing with the individual examples that  
19 you're putting through this witness. If, if your, your  
20 point is that the culturally appropriate services aren't  
21 possible, deal with that, I understand that. But all this  
22 detail about the financing, I just don't see where that's  
23 going to get us.

24 MR. FUNKE: Well, the financing was a different  
25 issue. The financing dealt with the available funds

1 through the family enhancement program, whether or not that  
2 enables the agency to provide the types of interventions  
3 that are really required to be able to meet the goals of  
4 the prevention model, and whether or not the funding is  
5 sufficient to meet those goals, and if we are really able  
6 to prevent families from ending up in a protection stream  
7 whether or not that funding is sufficient.

8 THE COMMISSIONER: Well, then, to, to --

9 MR. FUNKE: So it was two different issues.

10 THE COMMISSIONER: To cure the problem, you're,  
11 you're leaving financing aside. You're quite correct the  
12 funding is another issue. To correct the problem you're  
13 talking about, then, you would, you would like to see ANCR  
14 disengaged from the responsibilities that it's holding with  
15 respect to agencies that are operating with sub-offices in  
16 Winnipeg. Is that what your proposal is?

17 MR. FUNKE: That's one solution. The other  
18 solution is, is that ANCR could be encouraged to implement  
19 a circle of care model from the time that it first deals  
20 with families, and have the systems approach that Ms.  
21 Hastings has described in Winnipeg -- which is, is non-  
22 inclusive and is not focused on the family -- adapted to  
23 include the type of approach that Mr. Walker talked about  
24 to great effect that's been employed in Nisichawayasihk  
25 Cree Nation.

1 THE COMMISSIONER: Well, I can't imagine I'm  
2 going to be telling ANCR how to run its business, but carry  
3 on, but ...

4 MR. FUNKE: No, and I'm not asking that you make  
5 a specific recommendation about telling ANCR how to do its  
6 business. What I am suggesting is that based on Dr.  
7 Blackstock's evidence which is that community-based  
8 approaches are the ones that have, based on the research,  
9 been the most successful in terms of providing the types of  
10 intervention that prevent First Nations families from  
11 coming into contact with the agency or, or their children  
12 coming into care, that we have to re-focus our approach in  
13 terms of supporting those community-based approaches.

14 That type of community-based approach is  
15 reflected in the circle of care and, based on Mr. Walker's  
16 testimony, has been used to great effect in Nelson House.  
17 To the extent that that involves First Nations leadership  
18 to represent those families in those communities, what I'm  
19 suggesting is there ought to be greater involvement from  
20 the leadership in terms of developing those programs and  
21 policies that are better suited to provide those services  
22 to their community members who are in Winnipeg. So  
23 that's --

24 THE COMMISSIONER: And is that what -- the  
25 evidence you're trying to get out of this witness?

1           MR. FUNKE: I'm trying to get a component of that  
2 evidence out of this witness, Mr. Commissioner.

3           THE COMMISSIONER: I see.

4           MR. FUNKE: She's not in a position to provide  
5 all of that evidence, but the idea is that if you put all  
6 of our evidence together that we've called so far, my hope  
7 is that the necessary components are there for you to be  
8 able to draw those connections.

9           THE COMMISSIONER: Well, I certainly understood  
10 -- understand what Dr. Blackstock said with respect --

11          MR. FUNKE: Yes.

12          THE COMMISSIONER: -- to the community  
13 involvement.

14          MR. FUNKE: Yeah.

15          THE COMMISSIONER: Carry on.

16          MR. FUNKE: Thank you.

17

18 BY MR. FUNKE:

19           Q     So if I can just summarize your evidence, then,  
20 Ms. Hastings, as I understand it what you're saying is that  
21 if that circle of care model was used from the first point  
22 of contact, it would be easier for your agency when it  
23 ultimately comes into contact with the family to be able to  
24 have that trust relationship and to be able to have a  
25 consistent working relationship with the family.

1 A Yes.

2 Q Their expectations of the agency, if the same  
3 approach was followed with intake, would be better known to  
4 the family, better --

5 A Yes.

6 Q -- understood by the family, and create an easier  
7 transition from one intake agency to your agency; is that  
8 correct?

9 A Correct.

10 Q Now, Mr. Walker in his evidence was talking about  
11 his vision with respect to the idea of a consulate in  
12 Winnipeg that would hopefully replicate the model that's  
13 adopted in Nelson House, where there is a holistic approach  
14 to service delivery and there is an interconnectedness with  
15 respect to health, other services, and CFS that are all  
16 available through one point of contact. What is your  
17 experience in terms of service delivery in Winnipeg? Is  
18 that currently being provided to families or are there  
19 barriers that prevent you from providing that type of an  
20 approach in Winnipeg?

21 A There are ACCESS centres within Winnipeg where --

22 THE COMMISSIONER: There are what?

23 THE WITNESS: ACCESS centres, where it has those  
24 services all under one roof. Lack of better words, one  
25 stop shop. What Mr. Walker was referring to, making

1 reference to, is having that similar wellness centre model  
2 within Winnipeg where I, I do believe that our First Nation  
3 people would be more open to being a part of. If we're  
4 going to design programs within Winnipeg to gear a certain  
5 population, there needs to be consultation with that  
6 population of people. Whether it be First Nations or any  
7 other, any other body, there needs to be that consultation  
8 into how to implement and be able to access those services.

9

10 BY MR. FUNKE:

11 Q Now, when you're talking about --

12 THE COMMISSIONER: Well, just a minute. You, you  
13 say there are ACCESS centres now --

14 THE WITNESS: Yes.

15 THE COMMISSIONER: -- where there is, as you say,  
16 the one stop shopping.

17 THE WITNESS: Yes.

18 THE COMMISSIONER: What's wrong with, with those  
19 as they're presently functioning?

20 THE WITNESS: The problem -- I, I don't say  
21 there's anything wrong, per se. The issue that I often  
22 hear from some clients is they don't find it to be very  
23 inviting. That's some of the words that have been shared  
24 with me. They find it difficult to go into a system and to  
25 be bounced from -- and again, these are their words --

1 bounced from one area to another to another to try and seek  
2 some answers. That's some of the difficulties that they,  
3 they have faced in, in going to some of the ACCESS centres.

4           When I speak to some of our clientele who are  
5 from Nelson House, I ask them, you know, What's the  
6 experience with going to the wellness centre? And it's a  
7 much more inviting and much more -- because we're familiar  
8 with everybody within the community and they feel that  
9 their services are provided to them in a way in which they  
10 understand, in a way which is respecting their First Nation  
11 traditions, culture, and beliefs.

12           THE COMMISSIONER: And you'd like to see the  
13 situation available in Winnipeg paralleling what's going on  
14 at Nelson House.

15           THE WITNESS: That's correct.

16           THE COMMISSIONER: All right. What, what's your  
17 solution to bringing that about?

18           THE WITNESS: I haven't thoroughly thought it  
19 through. Right now it's -- for lack of better words, it's  
20 in my head. I actually haven't put the thought down to  
21 paper to how this would fundamentally be developed. It  
22 would be something that would take some time to be able to  
23 do that.

24           THE COMMISSIONER: Well, has culturally --  
25 cultural appropriateness got anything to do with making it



1 more acceptable, as you see it?

2 THE WITNESS: I believe so.

3 THE COMMISSIONER: Is that the point you're  
4 trying to make?

5 MR. FUNKE: I was -- that was my next question.  
6 You anticipated it perfectly, Mr. Commissioner.

7 THE COMMISSIONER: Okay.

8

9 BY MR. FUNKE:

10 Q Is that your evidence --

11 THE COMMISSIONER: Just trying to figure out  
12 where we're going.

13 MR. FUNKE: Absolutely.

14

15 BY MR. FUNKE:

16 Q And, and your concern is that these ACCESS  
17 centres -- and I understand that it's under the Winnipeg  
18 Integrated Services Initiative, is the full title; is that  
19 correct?

20 A That's what I knew it as. I believe it may have  
21 changed.

22 Q Okay.

23 A I'm not entirely sure.

24 Q In any event, the First Nations were not part of  
25 developing that program; is that correct?

1           A     To my understanding, no, we were not.

2           Q     And your understanding is that these, these  
3 programs are not particularly offered in a culturally  
4 appropriate fashion.

5           A     Not to my knowledge.

6           Q     And that's, that's the, that's the difficulty  
7 that your clients are communicating to you, is that they  
8 feel in an alien environment --

9           A     Yes.

10          Q     -- when they attend. It's not provided in an  
11 environment such as it is in Nelson House where it is  
12 designed around that cultural perspective --

13          A     Correct.

14          Q     -- and reflect their language, their heritage,  
15 and their, their history.

16          A     That's correct.

17          Q     And your evidence is, is that if that were the  
18 case, those centres could provide better services to those  
19 families.

20          A     Correct.

21          Q     The last thing I want to talk to you about is  
22 something that's been referred to as group two resources,  
23 and those are foster placements for children who have been  
24 identified as requiring special needs.

25          A     Yes.

1 Q And they range from level two, which is the  
2 lowest level of special needs, all the way up to level  
3 five, which is the highest level, correct?

4 A That's correct.

5 Q All right. Now, one of the things that we heard  
6 is that First Nations agencies have the ability to license  
7 foster homes, but they do not have the ability to license  
8 group two resources. So that's --

9 A Correct.

10 Q -- specialized foster placements that either  
11 require level two or level five funding.

12 A Residential licensing is different than  
13 specialized foster care, as well as what we know as regular  
14 per diem homes.

15 Q Exactly. So perhaps you can explain to the  
16 Commissioner, then, what types of homes the agency can  
17 license?

18 A We have the ability to license what's called  
19 places of safety, which is kinship care. We have the  
20 ability to license foster homes, which is -- some of them  
21 are deemed specialized. However, there is right now a  
22 process in place where they're looking to standardize some  
23 of the foster care rates in the assessment as well as the  
24 per diems that are paid to those homes. We do not have the  
25 ability to license residential homes.

1 Q Now, a POS or a place of safety is the initial  
2 assessment that the agency does in determining the  
3 appropriateness of a home where a child will be placed; is  
4 that correct?

5 A Correct.

6 Q And as I understand the POS process, the place of  
7 safety process, is that that's an initial short-term  
8 process that approves that home as being suitable for the  
9 placement of a child but it's done on the understanding  
10 that that home will then apply to be approved or licensed  
11 as a foster home; is that correct?

12 A Yes. It could be licensed as a general foster  
13 home or they could carry a licence of what's called child  
14 specific, specific to a certain child in their home.

15 Q You distinguish that from something you called as  
16 residential homes?

17 A Yes.

18 Q Perhaps if you can describe what a residential  
19 home is.

20 A Residential care is --

21 Q Residential care.

22 A -- your --

23 THE COMMISSIONER: Just a minute, I missed that.  
24 You distinguish what from residential homes?

25 MR. FUNKE: A foster home from residential care.

1 THE WITNESS: Yes.

2 MR. FUNKE: If you can --

3 THE COMMISSIONER: Is there -- your -- foster  
4 homes I understand; residential homes I understand. Was  
5 there -- is there something else?

6 MR. FUNKE: There's, there's three things that  
7 we're talking about.

8 THE COMMISSIONER: Yeah, I don't -- I missed, I  
9 mean, the third one.

10 MR. FUNKE: That's fine. What we talked about is  
11 a place of safety.

12 THE COMMISSIONER: Yes.

13 MR. FUNKE: Foster homes. And I misspoke, I said  
14 residential home, it's actually residential care.

15 THE COMMISSIONER: Places of care, is that the  
16 same as places of safety?

17 THE WITNESS: Yes.

18 MR. FUNKE: Essentially.

19 THE COMMISSIONER: Yes, okay. Then foster homes.

20 MR. FUNKE: That's right. And then there's a  
21 third category called residential care.

22 THE COMMISSIONER: Yes.

23 MR. FUNKE: And I'm just going to ask Ms.  
24 Hastings to explain what that means right now.

25 THE COMMISSIONER: And that's what the agency is

1 not empowered to license.

2 THE WITNESS: Correct.

3 MR. FUNKE: That's correct.

4 THE COMMISSIONER: Yes, okay.

5 THE WITNESS: Residential care are your -- what I  
6 noted to be as group two resources, where they carry a  
7 licence to operate group home settings and/or specialized  
8 treatment foster homes in that they have a set per diem  
9 attached to those homes and/or group care. The agency does  
10 not have the ability to license those homes.

11

12 BY MR. FUNKE:

13 Q And currently only the province has the ability  
14 to license --

15 A That's my understanding, yes.

16 Q -- those resources, all right. And if I  
17 understand it correctly, the concern is, is that there are  
18 not enough culturally appropriate group two resources  
19 available in the province to the satisfaction of the  
20 agency; is that correct?

21 A Correct.

22 Q And do I understand the agency's position to be  
23 that it could provide better and more appropriate  
24 placements to the children in its care if it were able to  
25 license its own group two resources and ensure a more

1 culturally appropriate milieu in which the child is placed?

2 A That's correct.

3 Q And you --

4 A It's important for children to understand and to  
5 know who they are and where they come from, because that  
6 forms part of their identity later on in life. And what we  
7 find in working with children is, regardless of age or  
8 where they are, they always return home.

9 Q And you're not suggesting that there are no  
10 culturally appropriate placements --

11 A I'm not suggesting that.

12 Q -- that are licensed as group two resources. In  
13 fact, Project Neecheewam, which you were the board --  
14 chair, chair of the board of, that was a provincially  
15 licensed --

16 A Correct.

17 Q -- resource, correct?

18 A Yes.

19 Q And that certainly was a culturally appropriate  
20 resource.

21 A Yes.

22 Q So you're not saying that it cannot be done, it's  
23 just unfortunately not --

24 A The agency --

25 Q -- enough of them are done.

1 A Correct.

2 Q And the agency would like to be able to  
3 control --

4 A Yes.

5 Q -- the development of its own resources in that  
6 regard.

7 A Yes.

8 Q But currently it is not able to do so.

9 A Correct.

10 MR. FUNKE: Thank you, Mr. Commissioner. That  
11 completes my questions for this witness, subject to any  
12 re-examination.

13 THE COMMISSIONER: Thank you, Mr. Funke.

14 Ms. Walsh, are you ready now or are you -- you  
15 could -- either now or at 1:45, what would be your choice?

16 MS. WALSH: Perhaps at 1:45, if we take the break  
17 now.

18 THE COMMISSIONER: All right.

19 MS. WALSH: Thank you.

20 THE COMMISSIONER: We'll rise now till 1:45.

21

22 (LUNCHEON RECESS)

23

24 THE COMMISSIONER: Ms. Walsh.

25 MS. WALSH: Good afternoon, Mr. Commissioner.



1 Let's start -- are we back on? Yes?

2

3 CROSS-EXAMINATION BY MS. WALSH:

4 Q Let's start with your comments about ANCR. You  
5 talked about concerns because ANCR doesn't provide services  
6 using the circle of care model.

7 A Correct.

8 Q Is there also a concern that if somebody needs  
9 services beyond -- I think the maximum is 90 days, then  
10 they will necessarily be transferred, for instance, to your  
11 agency and have to tell their story all over again and  
12 start with a whole new set of workers?

13 A Yes.

14 Q Is that a concern?

15 A Yes. It provides the family -- by the time it  
16 reaches our level, the ongoing service agency level, they  
17 are -- because we have to go and re-assess situations and  
18 get to know the family, oftentimes they are repeating a lot  
19 of the information that was shared initially with ANCR.  
20 Although we are provided with a transfer summary from ANCR,  
21 while that's considered, we also take the opportunity to go  
22 and meet with the family as well and have them involved in  
23 the case planning process.

24 Q While they're still at ANCR?

25 A No, after.

1 Q After.

2 A Once it gets started, yes.

3 Q Right. So by virtue of starting with ANCR,  
4 unless their services can be resolved within a short period  
5 of time, they're going to necessarily go through two sets  
6 of agencies and --

7 A Yes, that is correct.

8 Q -- more workers than just staying with the first  
9 worker that they meet.

10 A That's correct.

11 Q And what's the effect of that -- you talk about  
12 people having a certain fear and, and mistrust of child and  
13 family services and you're certainly not the first person  
14 to say that at these hearings. So what's the effect of, of  
15 starting again with a second set of workers at a new  
16 agency?

17 A Some of the families will share some frustration  
18 with having to retell their story, and to retell it and to  
19 trust that our intention is not to remove their children;  
20 our intention is to work with them and try and preserve  
21 their family, and to try and reunify the children if, in  
22 fact, they come over with their children in care.

23 The difficulty for some of the clients is that at  
24 any intake level, whether it be ANCR or Western or whatever  
25 the DIA agency is within that region, is, at times --

1 because they respond to the crisis phone calls, sometimes  
2 at times they do have their children removed. That sense  
3 of fear comes with them when, when you're trying to provide  
4 service in an ongoing agency.

5 Q Would your agency prefer to have access to the  
6 family to be able to deliver services to the family,  
7 prevention services, from the outset rather than --

8 A Yes.

9 Q Okay.

10 A Yes.

11 Q And when I say that, I, I'm not necessarily  
12 saying that your agency would operate as, as the first line  
13 of call, but that once the call came in, the family would  
14 be streamed directly to your agency to receive its  
15 services.

16 A Correct.

17 Q Now, we heard a lot of evidence from Mr. Walker  
18 about the success of the wellness centre on reserve and,  
19 and you've talked about wanting to implement something like  
20 that, as did he, in Winnipeg. What would an urban version  
21 of that centre look like in Winnipeg?

22 A It would be very similar to the model that we  
23 have in Nelson House. What I think differs with the  
24 services we provide in Nelson House is that it is driven on  
25 the needs of the community and it is -- the consultation

1 process is with the community and its members. If we're  
2 going to provide a service to the members of Nelson House,  
3 then we're going to need to consult with members of Nelson  
4 House, and we need to consult on what their needs are and  
5 how they feel the services could be provided to them in a  
6 better way.

7 Q So if you were providing those services in  
8 Winnipeg, if you were doing a wellness centre in Winnipeg,  
9 who would you consult with? I know that Mr. Walker talked  
10 about -- when I asked him who designed all these programs,  
11 where had the vision come from, he said the elders, who  
12 then --

13 A Yes.

14 Q -- took it to the CFS agency, who designed  
15 programs and took it back to the elders.

16 A Yes.

17 Q Could you do a similar process for a centre based  
18 in Winnipeg?

19 A Yes. We could utilize the elders that had, that  
20 had participated in the initial design of the wellness  
21 centre up in Nelson House --

22 Q What --

23 A -- providing they were still alive.

24 Q What about people from the community in Winnipeg  
25 itself?

1           A     Yes. We could utilize them, as well.

2           Q     In terms of the services that your agency  
3 provides, are there any services -- any programs that are  
4 designed to deliver services to protect children who are in  
5 that very vulnerable category of, you know, five and under,  
6 sort of preschool age?

7           A     When we identify that children are at that higher  
8 risk level given their age, our -- when we're receiving  
9 files, I, as a supervisor, go through and we have an  
10 internal mechanism that I utilize that actually identifies  
11 the, the risk level of the family that will read low,  
12 medium, or high based on in part what ANCR provides as  
13 well. And that automatically gets checked off when a file  
14 is coming to our agency, and then that will alert myself as  
15 well as the assigned worker that there needs to be a  
16 quicker response time to that family, and what we'll do is  
17 sit and consult over what kind of services can we provide.

18                     Right now we will provide the intensive in-home  
19 supports, we will provide a support worker to get them  
20 connected with resources within Winnipeg as well, those  
21 that are free of charge, to build a much better support  
22 system for them so they don't have to have a continual open  
23 file with our agency.

24           Q     And do you do that for every family or was that  
25 specifically a response to my question about addressing the

1 needs of a child who was preschool age, for instance?

2 A Those that are preschool age are the higher risk  
3 ones, so those are the ones that I'll identify right from  
4 the get-go, that they need services and they need to be --  
5 you know, probably going to need some pretty intense  
6 services.

7 Q When you talked about assessing their risk, are  
8 you using the SDM?

9 A Yes. Yeah, we do the reassessment, as well.

10 Q Do you use anything else?

11 A We use the safety plan, the safety assessments  
12 that are also attached, and we also then can reassess on  
13 the child strength assessment and the caregiver strength  
14 and needs assessment, as well.

15 Q So you're using the new tools that the province  
16 has rolled out.

17 A Yes.

18 Q Are you using anything in addition to those  
19 tools?

20 A We come from a holistic approach where it's not  
21 -- we, we can put it on paper, but we also consider, you  
22 know, on top of the physical, emotional, intellectual, we  
23 also look at the spiritual aspect of that family and the  
24 children in relation to that family. We do the best we can  
25 to try and fill that gap for them if that, in fact, exists

1 and if that's, in fact, a need that they identify for  
2 themselves, as well.

3 THE COMMISSIONER: Witness, you're not speaking  
4 into the microphone.

5 THE WITNESS: Oh, sorry.

6 THE COMMISSIONER: You're speaking over to Ms.  
7 Walsh and I think it's making it difficult.

8 THE WITNESS: Can you hear me now?

9 THE COMMISSIONER: Oh, sure.

10 THE WITNESS: Okay.

11 THE COMMISSIONER: But I think maybe if you move  
12 the mic over a little towards you, you don't have to sit  
13 forward as much.

14 THE WITNESS: Is this better?

15 THE COMMISSIONER: Yes.

16 THE WITNESS: Okay.

17 THE COMMISSIONER: Well, yeah, long as you're  
18 speaking into the mic as you look out to --

19 THE WITNESS: Okay.

20 THE COMMISSIONER: -- to Ms. Walsh.

21 THE WITNESS: Thank you.

22

23 BY MS. WALSH:

24 Q In delivering services, do you utilize a circle  
25 of care model?

1           A     Yes.

2           Q     And is that same as the model that Mr. Walker  
3 described, based on the medicine wheel and a holistic  
4 delivery of services?

5           A     Yes, it is.

6           Q     What, if any, strategies does your agency use to  
7 address the issues of distrust that we've heard are so  
8 common among families, parents?

9           A     One of the things that -- when I'm introducing  
10 new workers into the field and/or existing workers, one of  
11 the things that we identify in terms of addressing that  
12 mistrust with clients is, first off, we acknowledge that  
13 it's there. And we try to understand from the family's  
14 perspective why it's there, what are the reasons, how do  
15 they see that our agency would be able to continue to build  
16 a trusting relationship.

17                   Part of it is also providing that education to  
18 the families that while part of our, our jobs and our  
19 responsibility is, you know, to remove children in unsafe  
20 situations, another part of our responsibility is to  
21 preserve those families and to reunify in the best way that  
22 we can, and to educate them on using the agency as a  
23 resource for their family, that, you know, our intention is  
24 to work with the family to make life better and to do  
25 things in a good way so we can then eventually close that



1 file and they don't resurface in the child welfare system.

2 Q And what's your success with, with that?

3 A I think we, we've been successful. That's not to  
4 say we've, you know, we've solved all, all the issues  
5 around the mistrust. But I think because we practise in a  
6 way where we are, you know, very open and honest in our  
7 role and our responsibility, and that we take the approach  
8 that the family is better able to identify their own goals  
9 and their own needs versus myself, for example, telling  
10 them what they need to do -- while we address those issues,  
11 we also very much engage with the family to have them tell  
12 us, What do you feel like you need to do in order to  
13 address this issue, and let's work together to be able to  
14 do that.

15 Q Now, there have been a number of changes to the  
16 system since the time that Phoenix and her family received  
17 services.

18 A Yes.

19 Q So what I want to do is I want to focus on the  
20 facts of Phoenix Sinclair and her family, and ask you how  
21 your agency would respond if it received the referral from  
22 the hospital on the day she was born, and specifically to  
23 tell you the following facts and then to have you tell us  
24 what would your agency do, what would the service delivery  
25 look like based on receiving a referral on these facts.

1           And then after you tell me that, I want to know  
2 if there's anything more that you would like to do that you  
3 can't do. In other words, are there any impediments to  
4 doing everything you would like to do and, and what are  
5 they.

6           So what does service delivery look like today,  
7 what else would you like to be able to do that you can't  
8 do.

9           So the facts are as follows: Phoenix was born to  
10 teenage parents who themselves had been in care. They had  
11 not had any real parenting role models. Mr. Sinclair  
12 testified that his parental role models were TV. The  
13 mother, Phoenix's mother, had had a previous child, who was  
14 in care. Both parents had limited education -- they hadn't  
15 finished high school -- and limited or no employment at the  
16 time that Phoenix was born. There were possible  
17 psychiatric or psychological issues with respect to the  
18 mother, substance abuse issues potentially with both  
19 parents, and the parents were not prepared for the birth of  
20 this child, the arrival of this child.

21           So with those facts and the referral from the  
22 hospital, what would service delivery from your agency look  
23 like? And these are Winnipeg residents.

24           A     I think one of the first things that the agency,  
25 probably much like all other agencies, would make contact

1 with the parents. Would also do, you know, the standard  
2 systems checks, as well. But further to meeting with the  
3 parents, we would also then have a look at and take into  
4 consideration and have discussions with some of the  
5 extended family members as well, that knew the parents, to  
6 get better understanding of what has led them to this place  
7 that they are in time. To me, it, it appears that there is  
8 a multitude of issues with the parents, but trying to  
9 understand from their point of view where it is that they  
10 had come from and what is or what has hindered their  
11 ability to, to address some of those issues.

12 With respect to the late Phoenix Sinclair, would  
13 we have removed based on the information that you have  
14 provided me? We probably would have, given that her -- you  
15 know, she's at a vulnerable age, as we all know, given risk  
16 levels. But our approach would have been more looking at,  
17 you know, the parents, the extended family, getting an  
18 understanding of the historic, historical (inaudible) of  
19 the parents, where they were raised, where did they come  
20 from.

21 In terms of providing services to them, we would  
22 have looked at it in a holistic approach. While I  
23 understand and I appreciate the position that they're in, I  
24 would ask the question where does their spirituality fall  
25 into place and do they have balance in their life? We are

1 taught very much so that we are to live within balance, and  
2 when one component of our being is not balanced, then  
3 issues tend to, tend to arouse further on.

4           It's a situation where we could work with mom and  
5 dad at that time and offer them the services that -- one,  
6 that they are identifying, as well as what we felt that  
7 they needed to address as well. If there are some mental  
8 health issues or psychological issues, we would get a  
9 better handle on that. And while I, I appreciate, you  
10 know, consulting with psychologists and therapists and  
11 those in that, you know, professional capacity, there's  
12 also the element of, you know, seeking some guidance and  
13 assistance from our elders within our community and asking  
14 them, you know, for some guidance on that because we as an  
15 agency don't always have the answers. We very much seek to  
16 get that balance and that guidance from those that have  
17 been around longer than we have, and working with them to  
18 see where it is that they, that they want to be.

19           Q     So you said Phoenix would probably have been  
20 apprehended. What would have been the plan?

21           A     The plan would have been where mom and dad are  
22 engaged in that process -- you know, the planning -- but I  
23 think addressing their addiction issues on a more longer  
24 term basis, addressing the psychological issues on a longer  
25 term basis, getting a better handle on what was that like

1 and where does that all stem from, and getting a real sense  
2 of what their spirituality is or were they lacking in that  
3 area.

4           And in terms of a concrete plan, the -- you know,  
5 identifying an addictions program for them, one that's  
6 going to work.       Oftentimes we send our clients to  
7 addictions counselling and those areas to address that  
8 issue.   Oftentimes we see that they don't work, for various  
9 reasons, but it, it -- at times it requires a number of  
10 occasions where they need to go for the treatment before it  
11 actually settles in in terms of what they need to do and  
12 how to make those changes in life.

13           It, it's not -- there is no easy answer to this  
14 situation.   I'm just hypothesizing --

15       Q     Right.

16       A     -- on how things could have unfolded, based on  
17 the information you shared with me.

18       Q     And does your agency involve any kind of in-house  
19 support workers?

20       A     Yes.   Yes, we have in-house, and we would utilize  
21 those to, to work with mom and dad to identify some of  
22 their own issues, to teach them, you know, how to be  
23 parents, to teach them, you know, the developmental stages  
24 of a baby, to teach them all of those things that, you  
25 know, need to be learned when you are becoming parents.

1 Q Are you able to even guess at how long a process  
2 you're talking about, how long you would keep a file open?

3 A It would be very difficult because every family  
4 has different circumstances and every family has different  
5 goals, and it's all driven by the family. You could have a  
6 family where they, you know, they're able to make those  
7 changes relatively quick. And you have other families  
8 where they're not able to make those changes quite as,  
9 quite as quickly as another family would be able to.

10 Q The process that you described sounds time  
11 consuming.

12 A It is.

13 Q So that's the second part of my question, is,  
14 does your agency have, basically, the resources to deliver  
15 services the way you want?

16 A We do not.

17 Q And when I say resources, that could refer to a  
18 variety of things, not just monetary, but other types of  
19 resources, staffing. What are you missing?

20 A We're missing a number of things. I'm just  
21 trying to formulate in my mind.

22 Q Take your time.

23 A I think one of the things that in order to do  
24 best practice is we need to have lower caseloads. We need  
25 to have the -- we need to have workers that are trained and

1 that understand child welfare. It's a very complex system,  
2 and it's a system where while I appreciate you go to school  
3 for four years and you get a degree, there's much more to  
4 practising in child welfare than what you're taught in  
5 school. So as Mr. Funke alluded to earlier, get some  
6 training prior to becoming a child welfare worker. Those  
7 training opportunities need to be continual and they need  
8 to be consistent and they need to be ongoing. And training  
9 opportunities, you know, the core competency based  
10 training, I understand it has expanded as well for  
11 supervisors. It's expanding.

12 But I, I also believe that if we're going to  
13 deliver services to a certain population, we need to  
14 understand what it is that service is. Where we get those  
15 -- that education could potentially come from our elders  
16 within the communities that we serve. The practical things  
17 of, you know, the utilization of case aides to help, help  
18 offset some of the workloads that, that our case workers  
19 are carrying.

20 Some of the administrative support would be quite  
21 helpful in terms of doing some of the paperwork demands  
22 that are required of workers. And I think also, you know,  
23 in, in addition to the administrative support not just  
24 specific to workers but to the agency as a whole, to be  
25 able to have that support and that, that guidance and to be

1 allowed to be creative in how we do things. And, and what  
2 I'm specifically talking about when I say creativity is in  
3 Nelson House you can remove a parent from the home. You're  
4 not able to do that in Winnipeg. It's a little more  
5 difficult --

6 Q Yes.

7 A -- to do something of that nature. Rather than  
8 disrupting the children, it would be -- ideally, be nice to  
9 leave the children at home and have the parents removed.

10 Q Can you ever, instead of having the parents  
11 removed, put some kind of a worker in the house to  
12 supervise the parents with the children?

13 A Yes, we can do that.

14 Q And do you ever do that?

15 A We have at times. The difficulty is where do the  
16 resources come from to be able to give 24/7 supervision and  
17 is that going to be something that's going to be  
18 acknowledged and supported throughout. Because we're very  
19 new and the, the new funding model, the EPFA, those are  
20 some issues that, you know, we've identified and that we  
21 have to now work out the practicalities of a rollout and  
22 what is it going to look like.

23 Q In terms of training, you acknowledge that there  
24 is new training and we're going to hear more about that.  
25 Are you familiar with what's new in terms of the training



1 that's being offered?

2 A I've had a brief look at some of the training  
3 because some of my staff are require to take the additional  
4 training as well. So for new workers coming in, I have had  
5 a look at some of the additional training that's provided  
6 and how it's broken down, too.

7 Q And what's your view of that? Do you think  
8 that's going to be beneficial?

9 A I think it will definitely be beneficial. One of  
10 the areas and components that, that I know I took was the  
11 culture and diversity, and I found that extremely,  
12 extremely helpful, being a participant in that training. I  
13 do believe that, you know, that is an area that while I  
14 understand it's integrated into the current training  
15 models, it is something I think that needs to be offered  
16 in, in a model of its own, for lack of better words.

17 MS. WALSH: Thank you. Those are my questions.

18 THE COMMISSIONER: Thank you, Ms. Walsh.

19 Who's going to be next? Mr. Paul? Do I see you  
20 getting ready? Mr. Ray?

21 MR. RAY: Just one moment.

22 THE COMMISSIONER: Mr. Khan, are you getting up  
23 to come forward?

24 MR. KHAN: I am.

25 THE COMMISSIONER: Come forward, then. We'll

1 take you next.

2 MR. KHAN: Mr. Commissioner, I'm in the habit of  
3 waiting to see if other counsel have questions first before  
4 I stand up.

5 THE COMMISSIONER: Pardon?

6 MR. KHAN: I'm in the habit of waiting to see if  
7 other counsel have questions first --

8 THE COMMISSIONER: Well, I think --

9 MR. KHAN: -- before I get up.

10 THE COMMISSIONER: -- they're all relieved to see  
11 you taking up the slack for the moment.

12 MR. KHAN: For the moment.

13

14 CROSS-EXAMINATION BY MR. KHAN:

15 Q Good afternoon, Ms. Hastings. My name is Hafeez  
16 Khan. I'm counsel for Intertribal Child and Family  
17 Services. I have just a few questions for you.

18 The first one relates to, I think, an issue that  
19 all agencies recognize and have to deal with, and that is  
20 the stigma that's often attached to families who, who are  
21 receiving or seek child and family services support. What,  
22 what my agency and other agencies we've spoken with observe  
23 is the stigma in and of itself becomes a bit of a barrier,  
24 barrier or an obstacle in both assisting families who, who  
25 are forced to, to work with agencies through apprehensions

1 or encouraging families to come forth and, and seek  
2 assistance. Does, does your agency -- do you do anything  
3 specifically to try to address that, that issue?

4 A I think one of the ways that we address that  
5 particular issue is, up at Nelson House, because it is a  
6 organization that provides a multitude of service, not just  
7 child and family services, the clients can go to the  
8 wellness centre and they -- you know, the general public  
9 may not automatically stigmatize them that they are a CFS  
10 client. They could be a counselling client, they could be  
11 a health division client, somebody there to see an elder.  
12 So there's different ways that they could explain being  
13 part of (inaudible) at CFS. That's not something they have  
14 to automatically -- it's not automatically known just by  
15 their walking through the front door.

16 And some of the ways is because we come from that  
17 holistic approach. The clients can potentially say, Well,  
18 you know, I'm not necessarily a CFS client. I'm coming in  
19 to get some counselling. I'm coming in to, to see the  
20 nurse. I'm coming in to see the elder. So it'll pull away  
21 from some of that CFS stigma that, that is carried.

22 Q Now, is the stigma less of an issue in, in the  
23 city here in Winnipeg because of the larger population and  
24 people just not knowing each other as well as, as in a  
25 smaller community?

1           A     Well, I think for the most part, like all of our  
2 offices -- and I can only speak for my office, but my  
3 office has, you know, the signs up where we're located, and  
4 just by walking through the front door, people outside in  
5 the general public will know that they are walking to a  
6 child and family services office.

7           Q     In terms of, of a file that, that enters into  
8 your agency, how many workers would normally be in contact  
9 with a family throughout the process?

10          A     They will be in contact with one.

11          Q     Just with one?

12          A     When they walk through -- when their file comes  
13 to my agency, they will -- what happens in our agency is we  
14 intake the file, we ensure all the documentation is in  
15 place, and then I will look at the file, I will review the  
16 file, and then I will assign a worker to that file, and  
17 that worker will remain constant throughout.

18          Q     Until, until the end of it.

19          A     Until the closure of that file, yes.

20          Q     Staffing. I have a question on staffing. I  
21 understand the workloads can be pretty high in the city.

22          A     Yes.

23          Q     You had mentioned between -- can be from 35 to 45  
24 cases per file. Do you notice somewhat of a burnout rate  
25 amongst your staff?

1           A     Yes, I do.

2           Q     And, and what do you do to address that?

3           A     Well, I kind of -- we have -- I have a few  
4 internal mechanisms that I will utilize. If a worker is  
5 having to work overtime, we track that in sheets that they  
6 submit on a weekly basis. And I have a benchmark that I  
7 utilize. If I see that a worker has done overtime in the  
8 last two weeks and it's accumulated to, for example, two  
9 days, what I will do is advise that worker that they need  
10 to take that time back, and that is to avoid the burnout,  
11 or if they are burned out, that allows them that time to  
12 take care of themselves.

13                   Oftentimes they will say, But if I leave, I'm  
14 going to have twice the amount of work when I come back.  
15 That is, in fact, true. However, what we will do is I will  
16 sit down with the worker and we will go over their cases  
17 and we'll start to identify some of the issues as to why  
18 they're hitting burnout, all the paperwork, face-to-face  
19 contacts, you know, computer time, those, you know, aspects  
20 of the job. And a lot of them are the administration's  
21 part of the job. What I will do is then do a list and then  
22 I will utilize one of the case aides that we have in our  
23 office to assist that particular worker.

24                   I will then utilize other resources within our  
25 office. So as an example, if my worker is extremely burned

1 out and is, you know, falling behind on paperwork and those  
2 sorts of things, I will bring it back to the team and I  
3 will ask the team and I will identify, you know, these are  
4 some issues that we're facing right now with this  
5 particular person. It could be a couple of people at the  
6 same time. How can we pull together as a team to help and  
7 to be able to ensure that we are, you know, meeting the  
8 demands of our clients, as well as the standards, as well  
9 as the paperwork. And then we'll pull together very much,  
10 though, as a team to be able to do that, and that includes  
11 myself. If, at times, workers are struggling with doing  
12 closing summaries or transfer summaries, because I, I have  
13 the ability to do that, then I will take on that  
14 responsibility as well.

15 Q Are staff expected to do overtime at the agency?

16 A Are they expected?

17 Q Expected to do overtime.

18 A At times they are expected, yes.

19 Q Services at the frontline level. Would you agree  
20 that at the frontline level the ability to be flexible and  
21 creative is really key to meeting the needs of the specific  
22 community that you're serving?

23 A Yes.

24 Q Now, a common theme at the Inquiry is the issue  
25 of caseloads and resources, of course. Now, my

1 understanding is that that's always been an issue --

2 A Yes.

3 Q -- and, quite frankly, may always be an issue in  
4 the future. Assuming that we cannot do anything about  
5 specific caseloads, what would -- what, in your opinion,  
6 is, is perhaps an alternative or the best thing we could do  
7 to, to meet the needs of the families we're serving? And  
8 if you're not able to answer that question, that's fine as  
9 well, but I was wondering if you had an opinion on that.

10 A I think one aspect is to allow the family to  
11 create their own and to be part of the case planning  
12 process. While we may not be able to manage caseloads and  
13 the increasing numbers of those caseloads, we could  
14 certainly look at how we deliver services in order to be  
15 able to close a family. In that, I mean having the family  
16 more engaged in the process of case planning and have them  
17 identify what their needs -- if you have them engaged in  
18 that process, they're more likely to address the issues  
19 that we've identified together and to be able to move them  
20 out of the system.

21 Q Are you, yourself, involved in the development of  
22 programs at the agency in terms of trying to address the  
23 needs of the families and --

24 A That is something --

25 Q You are?

1           A     -- that we're engaged in right now, yes.

2           Q     And do you find that there are any structural  
3 impediments in the system, impediments to the flexibility  
4 you may have in, in addressing those needs and, and  
5 developing those programs?

6           A     Because I think when we're trying to address some  
7 of those needs and the system that we work in, you know,  
8 within the system that we work in now, it, it's very much a  
9 system where it's a patriarchal system. And going from  
10 that viewpoint, it is where we are telling the family what  
11 to do. My experience has been that if I was more involved  
12 in engaging with the family, then there seem to be far more  
13 success. Is there structural, I really couldn't speak to  
14 that.

15          Q     So you feel that you have the flexibility to, to  
16 develop the programs you think are necessary for your  
17 clients.

18          A     We have the flexibility to develop those  
19 programs. What yet remains to be seen is the practicality  
20 and the implementation of those programs and their  
21 effectiveness considering we're so new in the business  
22 model. In the business plan, sorry.

23          Q     And you would agree that to best meet the needs  
24 of the families, it's, it's important that at the front  
25 line level you maintain that flexibility.



1           A     Yes.

2                   MR. KHAN: Thank you. Those are my questions.

3                   THE COMMISSIONER: Thank you, Mr. Khan.

4                   Will there be anybody else? Mr. Cochrane.

5                   MR. COCHRANE: Good afternoon, Mr. Commissioner.

6

7     CROSS-EXAMINATION BY MR. COCHRANE:

8           Q     My name is Harold Cochrane. I'm counsel to the  
9 Northern Authority, Southern Authority, and to ANCR, okay,  
10 and I've got a few questions just from your testimony  
11 earlier today.

12                   First area is you talked about ANCR not using the  
13 circle of care model. Do I have that correct?

14           A     Yes.

15           Q     Yeah. And it's my understanding that this model  
16 was, was developed specifically for your community.

17           A     Yes.

18           Q     Nelson House.

19           A     Yes.

20           Q     And Mr. Walker talked about that at length  
21 yesterday and --

22           A     Yes.

23           Q     -- he talked about the, the community of Nelson  
24 House -- and this is my word -- and how, how prosperous  
25 that community is in relation to other First Nation

1 communities in Manitoba.

2 A Um-hum.

3 Q Would you agree with that?

4 A Yes.

5 Q Both in terms of partnership agreements its been  
6 able to reach with Northern Flood Agreement and Conawapa,  
7 the hydro dam (inaudible) so forth, right?

8 A Yes.

9 Q Yeah. How many other child protection agencies  
10 are you, are you aware of that use circle of care model in  
11 Manitoba? My understanding is that Nelson House is the  
12 only agency that uses that model because it's, it's, in  
13 fact, built, developed specific for that community.

14 A Yes.

15 Q And I'm not aware of any other agency that uses  
16 that type of a model.

17 A Not to my knowledge.

18 Q And that, that model, that approach that you're  
19 using, again, is geared specific to Nelson House and we've  
20 heard evidence of how beneficial it has been for, for the  
21 people in that community.

22 A Yes.

23 Q And that makes perfect sense to me because it's,  
24 it's developed specifically for the people of Nelson House.

25 A That's correct.

1 Q Does -- now, your agency has offices. It's the  
2 designated intake agency in Thompson?

3 A Yes.

4 Q Yes. And I understand it's also got an office in  
5 the City of Winnipeg.

6 A Yes.

7 Q Is that -- is there any other locations?

8 A We have a location in Brandon.

9 Q In Brandon as well, okay.

10 A As well as South Indian Lake.

11 Q Oh, okay, I see.

12 THE COMMISSIONER: Where?

13 THE WITNESS: South Indian Lake.

14

15 BY MR. COCHRANE:

16 Q And the circle of care model, if I understand  
17 correctly from your evidence and from that of Mr. Walker,  
18 you use it on the reserve at Nelson House.

19 A Yes.

20 Q And it's not used in, in, in Winnipeg -- at your  
21 Winnipeg office, for example; is that correct?

22 A We will utilize it once the file gets over to our  
23 agency.

24 Q On the reserve?

25 A Off reserve.

1 Q Off reserve, so --

2 A In the Winnipeg office and in the Brandon office.

3 Q Okay. So I, I was --

4 A And South Indian Lake as well.

5 Q Okay.

6 A As well as Thompson.

7 Q All right, so I was mistaken on, on that point.

8 You're aware that ANCR is the -- for most times,  
9 the first point of contact for a family and it, it provides  
10 services to, to 19 agencies in the City of Winnipeg,  
11 including your agency.

12 A Yes.

13 Q Yes. And would you agree with me, then, that  
14 it's, it's unfair to be critical of ANCR for, for not using  
15 the circle of care model when that model is developed  
16 specifically for the people and for the community of Nelson  
17 House?

18 A Can you repeat the question?

19 MR. FUNKE: Mr. Commissioner, I'm just going to  
20 rise and object for a moment. I don't think the evidence  
21 of the witness was that she was being critical of ANCR. I  
22 think that her evidence was, is that from the perspective  
23 of their agency, they would prefer to have that model used  
24 from the first point of contact. I, I --

25 THE COMMISSIONER: Yeah, I don't think she was

1 being critical of ANCR. She was saying --

2 MR. COCHRANE: Okay.

3 THE COMMISSIONER: -- how she'd like to be able,  
4 be able to utilize that forthwith when the call came, first  
5 call came in.

6 MR. COCHRANE: Maybe I'm a little sensitive,  
7 then, so if, if the evidence is she's not being critical of  
8 ANCR, I'm --

9 THE COMMISSIONER: I, I think --

10 MR. COCHRANE: I'm fine with that.

11 THE COMMISSIONER: Am I correct?

12 THE WITNESS: I am not critical of ANCR.

13 MR. COCHRANE: Yeah, thank you.

14 MR. FUNKE: I mean, I --

15 THE WITNESS: No, not in that fashion.

16 MR. FUNKE: Just as counsel who led the evidence,  
17 I can advise the Commission that that certainly wasn't the  
18 intent of the evidence. We're not -- that wasn't --

19 THE COMMISSIONER: No --

20 MR. FUNKE: -- intended to be a criticism of  
21 ANCR.

22 THE COMMISSIONER: I didn't take it that way.

23 MR. COCHRANE: Thank you for clarifying that.

24 THE COMMISSIONER: And, and now Mr. Cochrane's  
25 happy to know that it's not so.

1           MR. COCHRANE: I can almost sit down now.

2

3   BY MR. COCHRANE:

4           Q     Second point is -- and maybe I misheard this, as  
5 well so, so let me, let me ask you to clarify this. Now,  
6 you made a comment about the time frame that ANCR holds on  
7 to files, is my, my wording -- you let me know if I've got  
8 it right -- and as a result of the length of that time, I  
9 think you stated that families become afraid -- I don't  
10 know if that's the word you used -- by the time they come  
11 to your agency. Did I misstate that?

12          A     Given the time frame between the first point of  
13 contact to the time that they get to our agency, just to  
14 clarify, the families, depending on the circumstances as to  
15 why they had contact with ANCR --

16          Q     Yes.

17          A     -- they will at times come to our agency as an  
18 ongoing service agency with a set of fear, and that is more  
19 so specifically geared towards if a child at first point of  
20 contact has been removed and then has since been returned  
21 at the ANCR level, but then they come to our agency with  
22 the, with the thought that, you know, we're going to remove  
23 their child as well. So that was some of the issues that I  
24 was talking about.

25          Q     Okay. So you, you're talking, then -- because

1 you know at ANCR there's, there's two streams --

2 A Absolutely.

3 Q -- right? There's the protection stream and then  
4 there's --

5 A Yes.

6 Q -- the family enhancement stream. So you're --

7 A Yes.

8 Q -- talking about the, the protection stream --

9 A Yes.

10 Q -- not about the family enhancement stream.

11 A Correct.

12 Q Okay.

13 A I should have clarified that, sorry.

14 Q Yeah, and -- no, that's fine. And so you -- I  
15 mean, you would agree with me, then, that that, that  
16 shouldn't be surprising because the nature of protection  
17 work, whether it's ANCR, whether it's any other of the 19  
18 agencies in this province, families are going to have that  
19 concern because dealing with CFS in the protection stream,  
20 we've heard evidence, is, is difficult, traumatic for some  
21 families.

22 A Yes.

23 Q So it's not an ANCR specific issue, then, is what  
24 you're saying.

25 A No.

1 Q Okay, thanks.

2 A No, it is not.

3 MR. COCHRANE: Okay. Mr. Commissioner, can I  
4 just have just a second to confer with my client?

5 THE COMMISSIONER: Certainly.

6 MR. COCHRANE: Thank you.

7 Mr. Commissioner, I have no further questions.

8 THE COMMISSIONER: Thank you, Mr. Cochrane.

9 MR. COCHRANE: Thank you.

10 THE COMMISSIONER: Mr. Ray?

11 MR. RAY: No questions. Thank you, Mr.  
12 Commissioner.

13 THE COMMISSIONER: Thank you. Mr. McKinnon?

14 MR. MCKINNON: No questions, Mr. Commissioner.

15 THE COMMISSIONER: Thank you.

16 All right. It looks as though we're at any  
17 further re by you, Mr. Funke, please.

18

19 RE-EXAMINATION BY MR. FUNKE:

20 Q Ms. Hastings, something that was touched on  
21 briefly in your direct examination by Ms. Walsh and then  
22 again by Mr. Cochrane was the idea that the agency is also  
23 the DIA in Thompson.

24 A Yes.

25 Q And DIA means the designated intake agency; is



1 that correct?

2 A That's correct.

3 Q And to that extent, your agency performs --  
4 essentially the same function that ANCR does in Winnipeg,  
5 you provide for northern Manitoba; is that correct?

6 A Yes.

7 Q And one of the other questions that Ms. Walsh had  
8 asked you about was the potential to implement a wellness  
9 centre type approach in Winnipeg and what were some of the  
10 impediments to that. And I understood your evidence to be  
11 it was not simply a matter of funding but also over control  
12 over the supplemental services that are part of that  
13 integrated service model in Thompson -- or, sorry,  
14 integrated service model in Nelson House -- I apologize --  
15 that simply doesn't exist in Winnipeg; is that correct?

16 A Right. That's correct.

17 Q It's not just a matter of, of funding, but it's  
18 also a matter of control over how those other services are  
19 integrated and delivered; is that correct?

20 A Correct.

21 MR. FUNKE: That's the only question I have.  
22 Thank you, Mr. Commissioner.

23 THE COMMISSIONER: Thank you. Ms. Walsh?

24 MS. WALSH: Then I simply have one question  
25 arising from that.

1

2 CROSS-EXAMINATION CONTINUED BY MS. WALSH:

3 Q If you were to develop a form of wellness centre  
4 in Winnipeg, you would need to -- you, the, the CFS agency,  
5 would need to partner with some other agencies, whether  
6 community based or government based.

7 A That's correct.

8 Q Right. And so that's certainly something that  
9 could be done.

10 A Yes, yes.

11 Q And, and that's what you'd want to do.

12 A Ideally, that would be a --

13 Q Right.

14 A -- good scenario for our families, yes.

15 MS. WALSH: Okay. Thank you.

16

17 EXAMINATION BY THE COMMISSIONER:

18 Q How many open files would you have in your  
19 Winnipeg office at any one time, approximately?

20 A I would approximate 175 to maybe 200.

21 Q Hundred seventy-five. And, and how would you  
22 break that down, approximately, with respect to the kind of  
23 service that each file was delivering? That is, some would  
24 be protection files, some would be providing other kinds of  
25 family services. How would, how would you break that down?

1           A     I would say right now, as a snapshot of our -- my  
2     current caseload in Winnipeg, I would, I would guesstimate  
3     approximately 55 percent of my current caseload are  
4     children in care, meaning they are permanent wards or, or  
5     various different legal statuses within Winnipeg, and then  
6     the other half would be the family service files and/or  
7     family enhancement files that we're now starting to  
8     utilize.

9           Q     And you, you, you have frontline workers working  
10    in each area.

11          A     That's correct.

12          Q     And how many frontline social workers do you have  
13    in your Winnipeg office?

14          A     Five.

15          Q     Five.

16          A     Yes.

17          Q     And they, they work both in those -- in the child  
18    in care area --

19          A     Yes.

20          Q     -- and in the enhancement program.

21          A     That's correct. And we have one position -- of  
22    those five positions, we have one position specifically  
23    designated for the children that are placed out of their  
24    communities and placed in Winnipeg, to ensure that we're  
25    meeting the, the standards of face-to-face contacts.

1 THE COMMISSIONER: That's helpful.

2 Mr. Funke, anything you want to ask arising out  
3 of that?

4 MR. FUNKE: No, thank you, Mr. Commissioner.

5 THE COMMISSIONER: All right. I think we're  
6 finished for the -- with you, Witness, and appreciate you  
7 coming and making your contribution.

8 THE WITNESS: Thank you.

9

10 (WITNESS EXCUSED)

11

12 THE COMMISSIONER: Do you want to take a break  
13 before we take your next witness? Are you ready to go?

14 MR. MCKINNON: I'm at your disposal, Mr.  
15 Commissioner. I could start now or we could take our  
16 afternoon break now, whatever you find most convenient.

17 THE COMMISSIONER: Well, it might be a little  
18 early. If you're ready to start, let's, let's go for half  
19 an hour, then take the break.

20 Maybe I should have asked you, Ms. Walsh. Did  
21 you want the break now?

22 MS. WALSH: It's fine. It's just a matter of  
23 coordinating all the, the materials for this next witness.

24 THE COMMISSIONER: Okay.

25 MS. WALSH: So -- and everything is voluminous.

1 THE COMMISSIONER: So -- but you're ready to go  
2 in a minute or two.

3 MS. WALSH: We will be.

4 THE COMMISSIONER: That's fine.

5 MS. WALSH: Just one minute.

6 MR. MCKINNON: Mr. Commissioner, I'm going to  
7 make a bit of an opening statement --

8 THE COMMISSIONER: All right.

9 MR. MCKINNON: -- and then I'll call my witness  
10 to the stand.

11 THE COMMISSIONER: Right.

12 MR. MCKINNON: For the record, Gordon McKinnon.  
13 I represent the department and Winnipeg CFS. Mr.  
14 Commissioner, we will be introducing our evidence in, in  
15 three phases.

16 The first phase will be the evidence of Carolyn  
17 Loepky. Carolyn Loepky is the assistant deputy minister  
18 of child and family services -- and you know Ms. Loepky;  
19 she's been sitting here through most of the Inquiry. Ms.  
20 Loepky will give a high level review of the department and  
21 the changes that have been introduced since 2006 to improve  
22 the CFS system, but it will, by necessity, be a fairly high  
23 level review.

24 The second witness will be Jay Rodgers, and you  
25 know Mr. Rodgers as well as he's already given evidence in

1 Phase 1 of this Inquiry in his capacity as CEO of the --

2 THE COMMISSIONER: General Authority.

3 MR. MCKINNON: -- General Authority, and he was a  
4 former CEO of Winnipeg CFS. So he's, he's given you some  
5 evidence already. I will be calling him primarily as -- to  
6 give evidence as the former executive director of the child  
7 protection branch. That is, at that time he was a part of  
8 the Government of Manitoba and he had -- and these are my  
9 words; he may blush -- but he was one of the lead  
10 architects in developing a response on behalf of the  
11 Government of Manitoba and the department to the various  
12 reports arising out of the death of Phoenix Sinclair. So  
13 he will provide that review, and high level, as well. And  
14 to some extent it's not possible to completely  
15 compartmentalize his evidence. Some of it will spill over  
16 into the, into the current era.

17 The other thing I wanted to make you aware of in  
18 terms of understanding this -- where this evidence is going  
19 is that when we prepared this evidence we had decided to  
20 call Mr. Jay Rodgers as our witness. Although he is not --  
21 he was not my client, he was Mr. Saxberg's client at that  
22 time, we felt he was in the best position to give you the  
23 evidence as to how Winnipeg CFS, which is part of the  
24 General Authority, has responded to these recommendations.

25 He now has, as you know -- or the GA now has a

1 separate standing and so I've been working with the GA's  
2 new lawyer, Ms. Laurelle Harris, and we've decided the most  
3 efficient way to use the Commission's time is for me to  
4 call evidence from Mr. Rodgers on two or three points,  
5 primarily, as I say, dealing with his role as the executive  
6 director of child protection. Then Ms. Harris will take  
7 over and direct him further on some of the things that the  
8 GA has done to assist Winnipeg CFS in responding to these  
9 various reports and recommendations. We're doing it in  
10 that way so there won't be overlap and it'll be a  
11 continuous stream. So I will step down partway through Mr.  
12 Rodgers' evidence, I'll invite Ms. Harris to continue the  
13 direct, and then we'll expose Mr. Rodgers to cross-  
14 examination on his full evidence.

15           The third phase of our evidence will be centred  
16 on the Winnipeg CFS and so we will be calling another  
17 witness you've heard from already, Alana Brownlee, who is  
18 the current CEO of Winnipeg CFS, and we will also be  
19 calling a woman named Karen MacDonald, who is what --  
20 you'll be hearing a lot about this phrase so you may want  
21 to write it down -- a leading practice specialist, and  
22 you'll sometimes hear them referred to as L-P-S or LIPS.  
23 And this is again a fundamental and, and we -- we're -- I'm  
24 going to submit to you a significant change in the way in  
25 which services are being delivered through the authorities

1 and through the agencies -- through the General Authority  
2 and the agencies at the General Authority where they've got  
3 these new classifications of people that are performing  
4 functions which I think you'll be interested to hear about.

5 And these two witness will talk about the current  
6 training regimes and the current approaches that agencies  
7 -- in particular, Winnipeg CFS -- is adopting towards cases  
8 like this.

9 And I'm going to ask these two witnesses to  
10 conclude their evidence by essentially doing a review of  
11 the Phoenix Sinclair case, case specific questions, how  
12 that case would be handled today. And I say to you, Mr.  
13 Commissioner, that all the evidence we're giving is, in a  
14 way, a build-up to that culminating evidence, which is how  
15 would this case be handled today, what would it look like,  
16 how would it be different. So I hope to take you from the  
17 macro to the micro over the course of a couple of days of  
18 evidence.

19 THE COMMISSIONER: You think a couple of days  
20 will do what -- you've got one, two, four witnesses?

21 MR. MCKINNON: We've got four witnesses. I'm  
22 proposing to call Ms. Brownlee and Ms. MacDonald at the  
23 same time and they can speak somewhat as a panel. That's  
24 how they prepared me, Mr. Commissioner, and I found it very  
25 time efficient because Ms. Brownlee can talk sort of about



1 the theory and Ms. MacDonald can talk about the practice,  
2 and it worked very effectively.

3 THE COMMISSIONER: Well, you're certainly  
4 entitled to get the time that's scheduled on the program  
5 and, and -- or, the schedule. I, I, I'm just sort of just  
6 wondering how we're going to make out next week. But  
7 certainly, the department -- I want to hear the full  
8 response the department wants to make.

9 MR. MCKINNON: I hear you. I've talked to Ms.  
10 Walsh about sitting Tuesday evening if necessary, so we're,  
11 we're going to do our best to get it in in the time that's  
12 been allotted. If, if we can't, we can't, but I'm  
13 optimistic.

14 THE COMMISSIONER: If we can't --

15 MR. MCKINNON: A lot will depend on the cross-  
16 examinations.

17 THE COMMISSIONER: You're right, if we can't, we  
18 can't. But I, I do want to hear the department's response.

19 MR. MCKINNON: Thank you.

20 Let me start out, then, by marking a few  
21 documents.

22 THE COMMISSIONER: We'll get all that done and  
23 then we'll take our break before Ms. Loeppky takes the  
24 stand.

25 MR. MCKINNON: That would be, that would be fine.

1 And again, in terms of the documents, I, I had actually  
2 anticipated we'd be starting Monday and over the noon hour  
3 I was dealing with Commission staff so I think we've got  
4 all the bugs worked out but you'll forgive me if we don't.

5 THE COMMISSIONER: Right.

6 MR. MCKINNON: The first document is a 79-page  
7 document which I have prepared and it is a summary of the  
8 evidence that's going to be given by all four of these  
9 witnesses and I think it would be helpful to the Commission  
10 if we marked this as an exhibit, and in that manner, we  
11 won't have to cover every point, Mr. Commissioner. Some of  
12 them we can just refer you to the exhibit.

13 THE COMMISSIONER: All right. And other counsel  
14 will get a copy of that?

15 MR. MCKINNON: All counsel have seen it. It's  
16 been circulated for --

17 THE COMMISSIONER: Thank you.

18 MR. MCKINNON: -- several weeks.

19 THE COMMISSIONER: Oh, fine. So that'll be  
20 sixty-what?

21 THE CLERK: Sixty-three, Mr. Commissioner.

22 THE COMMISSIONER: Sixty-three.

23 THE CLERK: Exhibit 63.

24 THE COMMISSIONER: Thank you.

25

1                   **EXHIBIT 63:     SUMMARY OF WINNIPEG**  
2                   **CHILD AND FAMILY SERVICES EVIDENCE**

3

4                   MR. MCKINNON:    And for the record, that's now  
5 exhibit?

6                   THE CLERK:     Sixty-three.

7                   THE COMMISSIONER:   Sixty-three.

8                   MR. MCKINNON:    As well, Mr. Commissioner, there's  
9 three binders of documents -- and I don't want to  
10 intimidate you with the number.

11                   THE COMMISSIONER:   I think we're past that.

12                   MR. MCKINNON:    Okay.    The first I'm going to --  
13 is labelled, Phoenix Sinclair Inquiry, Department's Phase 2  
14 Evidence, Various Documents, Tabs 1 to 25.   Primarily this  
15 is the document we will be referring to.   If we could mark  
16 that as the next exhibit, please.

17                   THE COMMISSIONER:   All right, that'll be Exhibit  
18 64.   And tabs 1 to 25?

19                   MR. MCKINNON:    Correct.

20                   THE CLERK:     Exhibit 64.

21

22                   **EXHIBIT 64:     PHOENIX    SINCLAIR**  
23                   **INQUIRY:    THE DEPARTMENT'S PHASE 2**  
24                   **EVIDENCE, TABS 1 TO 25**

25

1 UNIDENTIFIED PERSON: Is there another copy?

2 MR. MCKINNON: There's a copy by the witness  
3 chair, in the box.

4 MS. WALSH: We've got -- if you want to give us a  
5 label, that'd be great.

6 UNIDENTIFIED PERSON: Okay.

7 THE COMMISSIONER: Thank you.

8 MR. MCKINNON: And that was number 65?

9 THE CLERK: Sixty-four.

10 MR. MCKINNON: Sixty-four.

11 THE COMMISSIONER: Sixty-four.

12 MR. MCKINNON: The next, next document is  
13 entitled Progress Reports to the Ombudsman. It's CD number  
14 -- numbers 1071, 1098, and 1105. Essentially, Mr.  
15 Commissioner, these are just paper copies of documents that  
16 were produced electronically some time ago.

17 THE COMMISSIONER: All right. So they're  
18 documents that are going to be referred to by the  
19 witnesses, are they?

20 MR. MCKINNON: Yes, Mr. Commissioner, they will  
21 be touched upon by the witnesses.

22 THE COMMISSIONER: And you said progress reports  
23 to the ombudsman.

24 MR. MCKINNON: To the ombudsman.

25 THE COMMISSIONER: All right, that'll be Exhibit

1 65.

2

3

**EXHIBIT 65: PROGRESS REPORTS TO  
THE OMBUDSMAN**

4

5

6 MR. MCKINNON: And the third binder of documents  
7 is entitled CFS Standards Manual 2012, and it is a printout  
8 of the online standards manual of which you've heard a  
9 great deal. It's current as of -- I think the date the  
10 Commission started in March of 2012, but for all relevant  
11 purposes I don't think anything has changed that would be  
12 important to this Inquiry.

13

THE COMMISSIONER: Exhibit 66.

14

15

**EXHIBIT 66: CHILD AND FAMILY  
SERVICES STANDARDS MANUAL, 2012**

16

17

18

MR. MCKINNON: So the preliminaries are done, Mr.  
19 Commissioner. We could take our break now.

20

THE COMMISSIONER: All right, we'll do that.

21

Now, it would be my thought, in that we are  
22 running a bit behind, to sit to five o'clock today. If  
23 anyone -- any counsel find that that's impossible for them,  
24 speak to Ms. Walsh and she'll indicate to me when we come  
25 back after lunch that it, it's an impossibility. But if

1 everyone can stay well sit till five today.

2 MR. MCKINNON: Thank you.

3

4 (BRIEF RECESS)

5

6 MR. MCKINNON: Thank you, Madam Clerk.

7 Mr. Commissioner, this is Carolyn Loepky.

8 Madam Clerk, can you swear the witness?

9 THE COMMISSIONER: Thank you.

10 THE CLERK: Is it your choice to swear on the  
11 Bible or affirm without the Bible.

12 THE WITNESS: Affirm.

13 THE CLERK: All right. State your full name to  
14 the court, please.

15 THE WITNESS: Carolyn Jane Loepky.

16 THE CLERK: And spell me your first name.

17 THE WITNESS: C-A-R-O-L-Y-N.

18 THE CLERK: Your middle name, please.

19 THE WITNESS: J-A-N-E.

20 THE CLERK: And your last name.

21 THE WITNESS: L-O-E-P-P-K-Y.

22

23 **CAROLYN JANE LOEPPKY**, affirmed,

24 testified as follows:

25

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

2

3 DIRECT EXAMINATION BY MR. MCKINNON:

4 Q I'm going to start out, Ms. Loepky, by reviewing  
5 your education and your work history.

6 MR. MCKINNON: And, Mr. Commissioner, that can be  
7 found at tab 1 --

8 THE COMMISSIONER: Yes.

9 MR. MCKINNON: -- in the binder in front of you.

10 THE COMMISSIONER: I have it.

11 MR. MCKINNON: And for other counsel who are  
12 looking electronically, it's Commission disclosure 1147,  
13 page 24479.

14 THE CLERK: Say the page number once more?

15 MR. MCKINNON: 24479.

16 THE CLERK: Thank you.

17

18 BY MR. MCKINNON:

19 Q Now, Ms. Loepky, looking at your CV and starting  
20 perhaps at the back and working forward, you have received  
21 a Bachelor of Education from the University of Manitoba in  
22 1972?

23 A That's correct.

24 Q And you have done your pre-master's in education,  
25 also at the University of Manitoba.

1           A     Yes, I have.

2           Q     And you started working as a classroom teacher in  
3 1972 and a resource teacher in 1978, working in these  
4 positions for 11 years at various schools in the inner city  
5 of Winnipeg. Just if you could, briefly describe the  
6 social conditions in the schools where you were a teacher  
7 and mention the involvement, if any, that you might have  
8 had as a, as a teaching professional with CFS during that  
9 period of time.

10          Q     I worked in both elementary schools and a couple  
11 of junior highs. During that period of time, in the  
12 Winnipeg inner city there were significant issues with  
13 respect to social economic conditions that children came  
14 from with respect to poverty, difficulties with respect to  
15 other social concerns in terms of housing, addictions, and  
16 also a lack of some of the parent supports or recreational  
17 supports that children may have accessed.

18          Q     And as a schoolteacher, did you have any  
19 involvement with working collaboratively or at all with  
20 CFS?

21          A     Yes, with child and family services and also with  
22 public health. There were many times when either a child  
23 or a fellow teacher would identify concerns of potential  
24 abuse or neglect that may have happened with a child. It  
25 was then our duty to work with child and family services to



1 report that and to do any follow-up if there was follow-up  
2 required.

3 Q And that was perhaps your early exposure to CFS  
4 as an educator. I understand that you became a school  
5 principal in 1984. Could you tell us about that?

6 A I was a school principal in a nursery to grade  
7 six school. The school was again situated in Winnipeg's  
8 inner city. Again, in terms of looking at the work that we  
9 did cooperatively with child and family services, it would  
10 have been around issues of identifying or reporting abuse,  
11 and also there were times when we looked at doing some  
12 partnerships because we established some parent programs  
13 and a parent resource centre at the school, and there were  
14 opportunities to provide some education and/or prevention  
15 programs for families.

16 Q Now, if you look at your CV at page 6, there's a  
17 long list of -- in fact, it starts at the bottom of page 5  
18 -- initiatives that you were involved in, Additional  
19 Courses and Seminars. Any of those particularly relevant  
20 to the evidence you're about to give today?

21 A In terms of the additional courses and work  
22 certainly in my role as assistant deputy minister with the  
23 department, many of them have to do with management,  
24 leadership, and strategic direction set for organizations.  
25 And the, the next page in terms of some of the work that

1 I've done with students at risk, both internationally and  
2 locally, have given me a much broader understanding of  
3 vulnerable families, at-risk families, and the results for  
4 children because of that.

5 Q Okay. And then just moving into another phase of  
6 your work experience, I understand that in 1987 you were  
7 seconded to the Province of Manitoba in the Department of  
8 Education and Training and you worked there for 13 years in  
9 a variety of positions.

10 A That's correct.

11 Q Can we just talk briefly about that? Firstly,  
12 from 1987 to 1990 you were the director of a program called  
13 the Inner City Initiative. Can you tell us about that?

14 A This was a tripartite agreement between Canada,  
15 Manitoba, and the City of Winnipeg, and it was referred to  
16 as the Core Area Initiative and it was a multi-year, multi-  
17 funded initiative to look at involving the community in  
18 initiatives, projects, longer term activities to try to  
19 improve the overall conditions within the City of Winnipeg  
20 with a focus on the inner city, education programs,  
21 employment and training programs, and community based  
22 programs.

23 Q And you were there for about three years, and  
24 that would have acquainted you with some of the community  
25 initiatives that were being offered not only by your group

1 but by others?

2 A That's correct.

3 Q Could you give us a bit of a sense of that?

4 A I was involved primarily with the education  
5 component. This was a grants program whereby community  
6 based organizations and/or local schools could develop  
7 innovative ways to address learning needs of children. We  
8 had a community panel that would review the, the  
9 initiatives and make approvals for grant funding for these  
10 organizations, and evaluations would be conducted to  
11 determine the value of these so that if there was potential  
12 to embed these in mainstream activity, that would be done.

13 I was also involved in taking over for one of the  
14 other managers for approximately a year and it was called  
15 the community based program. And this had to do more with  
16 community groups coming forward with, again, proposals to  
17 look at their neighbourhoods and the kinds of activities  
18 that they thought could be addressed for issues like  
19 safety, recreational programs for families and their  
20 children, as well as other programs to try to support  
21 families in those neighbourhoods. Again, these were all in  
22 the inner city of Winnipeg.

23 Q And the last one you talked about, I think, on  
24 your CV, is that the one referred to as the community  
25 programs?

1           A     That's correct.

2           Q     Okay.     And from 1990 to 1992, you were the  
3 director of student support program.     What's that program?

4           A     That was the Department of Education's component  
5 of the Core Area Initiative program.     It was rolled over  
6 into the Department of Education and it was a grants  
7 program that was developed -- a provincial-wide program to  
8 again assist schools in working with students at risk.

9           Q     Okay.     So the next change I see in your CV is  
10 from 1992 to 1999, you were the assistant deputy minister  
11 in the Department of Education.     And I'm not going to ask  
12 you to, to describe that in any detail, but could you  
13 describe, you know, again to the extent that some of the  
14 programs there might be relevant to the conditions which  
15 might intersect with, with CFS?

16          A     There are two that come to my mind that had some  
17 significant and direct impact.     One was the work of the  
18 aboriginal directorate.     That was within my area.     And when  
19 I first arrived at the Department of Education, we were  
20 working on a fairly large initiative along with a community  
21 panel to identify issues -- education issues for aboriginal  
22 children within the province.     And the second one is the  
23 area of special education.     Many of the children that were  
24 foster children also had contact with the education system  
25 with special education programs.

1 Q And from -- in 2000 -- and I, I believe it was  
2 still 2006 -- you started working with what was then called  
3 Family Services and Housing. Could you tell us what that  
4 job was?

5 A I moved from the Department of Education to the  
6 Department of Family Services and Housing. During those  
7 six years, the majority of my time was spent on working  
8 with the department in the integrated service delivery  
9 initiative, the one that has culminated in the development  
10 of many of the ACCESS centres in the City of Winnipeg, as  
11 well as some of the integrated services in the regions  
12 which would be located outside of Winnipeg. I also worked  
13 with a group of approximately 13 service providers who were  
14 working on an integrated and co-located project for  
15 children with special needs and/or disabilities.

16 Q And some of those children, I take it, would have  
17 had CFS involvement, as well?

18 A They would definitely have had child and family  
19 service involvement.

20 Q And from 2006 to present, you were involved  
21 first, I understand, as the executive director of Strategic  
22 Initiatives and Program Support. When did that job start?

23 A That job started in -- I believe it was the  
24 summer of '06 or the earlier part of that year.

25 Q Okay. And then at some point you became the

1 assistant deputy minister, am I correct?

2 A That's correct. In --

3 Q When, when was that?

4 A -- November of, November of '06.

5 Q Okay. November of '06. Perhaps you could tell  
6 us a bit about what these jobs involve.

7 A In my work as the director of Strategic  
8 Initiatives and Program Support, I worked along with  
9 primarily the finance area of my current division, looking  
10 at issues around the budgets and securing approval  
11 documents for the allocation of resources, also some of the  
12 strategic planning that went on, and supported the child  
13 protection branch in some of the initiatives. One of the  
14 larger ones at that time was to work on some of the  
15 provincial approaches around sexual exploitation.

16 Q Okay. And again, the executive director of  
17 Strategic Initiatives was to report to the child protection  
18 branch so that was the direct contact with child  
19 protection?

20 A That's correct.

21 Q And later you became the assistant deputy  
22 minister. Tell me a little bit about what that job  
23 involves.

24 A In November of '06, the division -- or the ADM  
25 for child and family services included the child protection

1 branch, strategic initiatives, early learning and child  
2 care, family violence prevention, and family conciliation  
3 programs. These are all program areas that would affect  
4 children in care in vulnerable families, as well as  
5 providing support services for individuals across the  
6 province. The primary activities that -- or functions that  
7 the division has are the legislation, funding, as well as  
8 policy development. Particular to child protection, it  
9 also includes the development of standards.

10 Q Okay. And at some point in the past and, and  
11 currently, you had the role of the -- what I call the  
12 statutory director. What's that and ...

13 A The statutory director of child and family  
14 services is the individual who is assigned with the  
15 responsibility of carrying out the legislation. There are  
16 particular roles, responsibilities, and powers that are  
17 within legislation to deal with the safety of children and  
18 administering the act itself.

19 Q Okay. And you can look at your résumé if you  
20 will. Which periods of time were you also the statutory  
21 director. If it's not there, I'm going to test your  
22 memory.

23 A It was in '07, probably February '07, for a  
24 period of approximately nine months.

25 Q Right.

1           A     And then I hired another individual to become the  
2 director of that particular branch and to assume the  
3 statutory responsibility. And then again more recently, in  
4 July of '12 the responsibility for the director of child  
5 and family services has again been placed in my role.

6           Q     Okay. And we'll talk a little bit more about  
7 that position when we get to discussing the role of the  
8 authorities later on.

9                     I would like to take you now and ask you to just  
10 describe to the Commissioner the structure of the  
11 department that you're an assistant deputy minister in.

12           MR. MCKINNON:   Mr. Commissioner, I've produced  
13 various charts at various states but I think it would be  
14 most efficient if I just took the witness to the current  
15 structure. And we have a new document which I'd like to  
16 mark as an exhibit. It ...

17           THE COMMISSIONER:   Be Exhibit 64. No, no, 67.

18           UNIDENTIFIED PERSON:   (Inaudible).

19           MR. MCKINNON:   I think I have the extra copies  
20 here, Mr. Commissioner.

21           THE COMMISSIONER:   And it is, what, a chart?

22           MR. MCKINNON:   It's a organizational chart.

23           UNIDENTIFIED PERSON:   I've got two copies here.

24           THE COMMISSIONER:   Thank you.

25           THE CLERK:   Exhibit 67.



1

2

**EXHIBIT 67: PROVINCE OF MANITOBA,  
FAMILY SERVICES AND LABOUR,  
ORGANIZATIONAL CHART DATED APRIL  
2013**

3

4

5

6

7

MR. MCKINNON: Do you need another copy?

8

UNIDENTIFIED PERSON: (Inaudible).

9

MR. MCKINNON: If I can just get the clerk to  
pull Exhibit 67, then, up on the screen? It should be --

10

THE COMMISSIONER: Yes.

11

MR. MCKINNON: -- in the Commission disclosures.

12

THE CLERK: I'm sorry, what's the page number, or  
is it not in the (inaudible).

13

MR. MCKINNON: It will be the five documents that  
should be on a --

14

THE CLERK: Okay.

15

MR. MCKINNON: -- a stick.

16

THE CLERK: Yeah, (inaudible) those.

17

Okay?

18

MR. MCKINNON: I would think it's probably  
current organizational chart, about the fourth one down.

19

Thank you.

20

THE CLERK: I'll make it bigger; you won't see  
all of it, though.

21

1           MR. MCKINNON:     It's been circulated to all  
2 parties.

3

4 BY MR. MCKINNON:

5           Q     If I can start reviewing this document with you,  
6 Ms. Loepky, I'm going to ask you to -- first of all, it's  
7 no longer the Department of Family Services and Housing;  
8 it's no longer the Department of Family Services Consumer  
9 Affairs. It's now the Department of Family Services and  
10 Labour.

11          A     Yes.

12          Q     And there's a new minister, correct?

13          A     Correct.

14          Q     And her name is Jennifer Howard.

15          A     Yes.

16          Q     And there's a new deputy minister. His name is?

17          A     Aurel Tess, acting deputy.

18          Q     Okay. And looking at this organizational chart,  
19 if we go down, the first line is what? Underneath the  
20 minister, that's not, that's not divisions, correct?

21          A     No, the first line under the minister would be a  
22 variety of responsibilities that she has for different  
23 provincial legislation and boards.

24          Q     Things that might relate to her portfolio, for  
25 example, in labour.

1           A     That's correct. Most of them would be issues  
2 that were in labour, with the exception of the Manitoba  
3 Women's Advisory Committee.

4           Q     Okay. And then if we go down to the next line,  
5 that's the assistant deputy minister, and below that line  
6 there's four boxes. Again, what are those four boxes?

7           A     The box above is the acting deputy minister, not  
8 the assistant deputy minister.

9           Q     Sorry, acting deputy minister, thank you.

10          A     And the four boxes underneath are direct reports  
11 to the deputy, who provide again some specialized  
12 functions, generally smaller offices, so there's the policy  
13 and planning office, the disabilities issues office,  
14 Manitoba status of women, and the chief prevention officer.

15          Q     Okay. So if we go one line below that, that's  
16 where -- and make sure I'm using the language correctly --  
17 those are five divisions?

18          A     That's correct.

19          Q     And you are responsible for one of those five  
20 divisions. Which one would that be?

21          A     I'm responsible for child and family services.

22          Q     So that's the second from the right on that line.

23          A     Yes.

24          Q     And which of these five divisions would have  
25 relevance to this Inquiry?

1           A     The child and family services division, which is  
2 mine, and the community service delivery division, which is  
3 to the right of mine on the paper.

4           Q     Okay. And the others, for sake of this Inquiry,  
5 aren't particularly relevant.

6           A     No.

7           Q     Okay. So I want to talk to you, then, about  
8 these two divisions. You've briefly spoken about your work  
9 as the assistant deputy minister of child and family  
10 services, but within that job description there are two  
11 sub-offices. What -- do you call those branches?

12          A     I do.

13          Q     Okay. So what are the two branches that you're  
14 responsible for?

15          A     The two branches are the strategic initiatives  
16 and program support branch.

17          Q     And that's the job you used to have.

18          A     That's right.

19          Q     Okay. And you told us what that job was.

20          A     Yes. And the other one is the child protection  
21 branch.

22          Q     Okay. And you told us a little bit about that  
23 but perhaps, for the benefit of the Commissioner, you could  
24 describe a bit what the child protection branch does now  
25 and then contrast that with what the child protection

1 branch did, say, in 2001, 2002, and 2003 before devolution?

2 A The child protection branch currently has some  
3 responsibilities and functions with respect to licensing of  
4 residential care facilities. It has responsibility to do  
5 some provincial investigations of abuse, and these would  
6 generally be allegations that would be -- come to us from  
7 residential care facilities around employees who may be  
8 accused of abuse.

9 Q So those -- just to make that clear, the director  
10 of child protection is not responsible for abuse  
11 allegations of the kind we've been hearing of in this  
12 Inquiry. That would be allegations against employees in  
13 facilities that you license.

14 A That's correct.

15 Q Okay.

16 A We would also provide some services if there was  
17 a conflict of interest where an agency would ask us to do  
18 an investigation on their behalf.

19 Q Okay.

20 A Then we also manage the child abuse registry and  
21 the adoption registry through the child protection branch,  
22 as well as some post-adoption services. The other major  
23 area that we have responsibility for is the development of  
24 standards, and we heard in the Inquiry of the approach that  
25 we have taken with the development of standards through the

1 protocol that was agreed to by the authorities.

2 Q We'll come back to that later in your evidence.

3 Now, can you contrast that with what this role  
4 would have looked like in 2003 before devolution? What  
5 was, what was, what was different back then?

6 A The responsibility for mandating agencies was one  
7 of the responsibilities that was with the child protection  
8 branch prior to 2003. This now is a responsibility that  
9 the authorities hold.

10 Q Okay.

11 A So the oversight and the responsibility for  
12 mandating agencies prior to '03 was with the child  
13 protection branch.

14 Q And you and I, in our private discussions, have  
15 had some -- made some analogies to school divisions. If we  
16 use that analogy, what's the, what's the role of the  
17 authority?

18 A The role of the authority in, in that analogy  
19 would be very similar to a school division head office. So  
20 they are responsible for implementing provincial policy,  
21 legislation, and any standards of practice that are  
22 province-wide. They have responsibility for the oversight  
23 of the agencies and for any of the requirements that would  
24 be either provincial and/or local, that they would develop  
25 by themselves with respect to policies or standards of

1 practice.

2 Q Now, I have in my notes that you have  
3 responsibility for two key program areas: child welfare  
4 and family conciliation. And I'm not sure that family  
5 conciliation is relevant to these proceedings, but just  
6 might clarify that for us.

7 A Family conciliation services are primarily  
8 dealing with custody issues during divorce and separation  
9 issues. We work along with the courts to try to ensure  
10 that the transition for children is as healthy as possible  
11 under those proceedings.

12 Q Okay. So that wouldn't be particularly relevant  
13 to these proceedings.

14 A No.

15 Q All right. Then you said the other division that  
16 is relevant to these proceedings is community service  
17 delivery, which is the right-hand column on that flow chart  
18 or on that organizational chart. Would you -- at a very  
19 broad level, what's community service delivery responsible  
20 for?

21 A Community delivery -- or, pardon me, community  
22 service delivery is responsible for many of the direct  
23 services that the department offers. For example,  
24 children's special services, which deals with providing  
25 supports and services to families whose children have

1 special needs or disabilities; some autism services; voc  
2 rehab services for adults; and community living services  
3 for individuals who have disabilities. The two areas that  
4 have some child welfare responsibilities are the Winnipeg  
5 rural and northern services area, and rural and northern  
6 would deal with programs outside of the City of Winnipeg.

7 Q That's the -- and that would be -- these are the  
8 branches -- below the division are some boxes; those would  
9 be called branches?

10 A That's right.

11 Q And one of them that's relevant is rural and  
12 northern. That's CFS services?

13 A It has some child and family services as well as  
14 others.

15 Q Okay. And it has other health-like services or  
16 disability services, what kind --

17 A It would be disability services and other family  
18 service services that we offer, children's special  
19 services, family conciliation and the like.

20 Q Okay. And the last box on that chart would also  
21 be relevant.

22 A Yes, that's Winnipeg Child and Family Services,  
23 and you'll notice that there is a direct reporting line to  
24 Peter Dubiensi, who is the ADM of community service  
25 delivery.



1 Q And again, in our private discussions we've often  
2 talked about the uniqueness of, of Winnipeg CFS being a  
3 branch of the department. What role does Mr. Dubiensi  
4 play relative to Winnipeg CFS, if you can analogize to an  
5 agency?

6 A Peter, or the ADM, would primary be viewed as the  
7 board and have that function in terms of support and  
8 responsibility for Winnipeg Child and Family Services, and  
9 the General Authority has overall responsibility very  
10 similar to all of the other agencies that they would have.

11 Q Right. So would, would Peter Dubiensi, for  
12 example, be the person who would review Alana Brownlee for  
13 performance appraisal --

14 A Yes, the --

15 Q -- by way of example.

16 A -- the employer-employee relationship --

17 Q Right.

18 A -- would be between them.

19 Q And the role of the GA with respect to Winnipeg  
20 Child and Family Services, if you could just again explain  
21 what that role would be?

22 A The General Authority would have the overall  
23 responsibility for the oversight of Winnipeg Child and  
24 Family Services, to ensure that they were implementing  
25 standards, policies, and generally be responsible for the

1 quality assurance aspects of that agency.

2 Q Okay. I think I'm done with this organizational  
3 chart. Is there anything else you want to add before I  
4 move to the next --

5 A No, I think that covers it.

6 MR. MCKINNON: The next topic I would like to  
7 take the witness to, Mr. Commissioner, is that of workload.

8

9 BY MR. MCKINNON:

10 Q Ms. Loepky, we've heard a great deal in this  
11 Inquiry about the issue of workload and I'm going to start  
12 by asking you to comment on some of the additional supports  
13 from the department to agencies related to support for  
14 frontline workers or sometimes referred to as workload  
15 relief.

16 MR. MCKINNON: And, Mr. Commissioner, the  
17 document -- and I'm going to be referring to this document  
18 fairly extensively and it's the only one I forgot to put in  
19 the binder. It's CD1033. I'm not sure if Ms. Loepky has  
20 added it to the binder.

21 THE COMMISSIONER: Would that be in Exhibit 64?

22 MR. MCKINNON: It might be in Exhibit 64. If  
23 not, I have extra copies.

24 THE COMMISSIONER: Oh, I see, those things are  
25 all in here. Well, the third document here is the audit

1 trail.

2 MR. MCKINNON: I think it would be best if I  
3 filed this and marked it as an exhibit, Mr. Commissioner,  
4 so that -- it, it probably deserves to be marked in the  
5 sense that we'll be referring to it quite extensively, and  
6 it's only one page long.

7 THE COMMISSIONER: Oh, I see.

8 UNIDENTIFIED PERSON: It's not in there.

9 MR. MCKINNON: It's not in there?

10 THE COMMISSIONER: Yes, yes. I've been following  
11 that document with her CV and so on, but I see that it's  
12 actually -- what you are referring is in here. I couldn't  
13 figure that out. But I, I get, I get there's two forms of  
14 it. So we're now going to what document, the workload?

15 MR. MCKINNON: Going to ... We're going to a  
16 document that's Commission disclosure 1033. I'm going to  
17 mark it as the next exhibit so you have a paper copy, Mr.  
18 Commissioner.

19 THE COMMISSIONER: All right.

20 THE CLERK: Exhibit 68.

21 THE COMMISSIONER: Exhibit 68.

22 MR. MCKINNON: Now, there's a lot of --

23 THE COMMISSIONER: What do we call this?

24 MR. MCKINNON: We're calling this Additional  
25 Positions Since Changes for Children.

1 THE COMMISSIONER: Additional Positions Since  
2 Changes for Children. (Inaudible).

3 MR. MCKINNON: Right, and I'll explain what that  
4 means in a minute, or I'll get the witness to.

5 THE COMMISSIONER: All right.

6

7 **EXHIBIT 68: CHILD AND FAMILY**  
8 **SERVICES ADDITIONAL POSITIONS**  
9 **SINCE CHANGES FOR CHILDREN**  
10 **(2006/07 TO PRESENT)**

11

12 BY MR. MCKINNON:

13 Q Ms. Loepky, the title of this document is Child  
14 and Family Services Additional Positions Since Changes for  
15 Children, 2006/07 to Present. Before we get into that,  
16 when approximately was this document prepared?

17 A This document was prepared prior to any of the  
18 changes that occurred with the new funding model.

19 Q Okay. So these are the changes that occurred  
20 between the various reports being released and the  
21 introduction of the new funding model.

22 A That's correct.

23 Q Okay. And just so that the record's clear -- I  
24 should have asked you this earlier -- when you assumed  
25 responsibility as assistant deputy minister of child and

1 family services, I think you said that was November of  
2 2006?

3 A Yes.

4 Q And these reports that are the subject of this  
5 Inquiry were released approximately September and October  
6 of 2006.

7 A That's right.

8 Q So, again, for the benefit of the Commissioner,  
9 what was job one when you became the assistant deputy  
10 minister?

11 A When I became the assistant deputy minister,  
12 government had announced their response to the review  
13 recommendations, and this was a public document that was  
14 produced, which I think you're going to hear more about  
15 from Jay Rodgers, and one of my tasks --

16 Q And this public document was entitled Changes for  
17 Children.

18 A That's right.

19 Q And, and just before you get into your tasks,  
20 could you give the Commissioner some sense as to the  
21 significance of that document, Changes for Children?

22 A Well, government took the reviews and the  
23 recommendations that came from the reviews very seriously.  
24 There was an immediate response and the recommendations  
25 were reviewed. They were identified by theme and

1 government made a commitment to address the recommendations  
2 with a financial commitment that was publicly announced in  
3 and around October of that year.

4 Q Of 2006.

5 A Of 2006. And as the new ADM in the division, my  
6 job was to work along with the authority CEOs, the two  
7 co-chairs that were provided as an additional support to us  
8 to start the implementation, and to develop the, the work  
9 plans, to look at all of the actions and activities that  
10 needed to be implemented, to do it in a comprehensive,  
11 sequential, and well-planned way so that we were making  
12 sure that the intent of the recommendations were well  
13 articulated and implemented.

14 Q And just -- I'm trying to get you to comment on  
15 the scale or the sense of the significance of this Changes  
16 for Children document in terms of other initiatives that  
17 have been taken before and since. How important was this?

18 A Well, this was probably one of the biggest  
19 responses that had ever been done in child welfare in  
20 Manitoba, biggest in the sense of it had a full range of  
21 recommendations that were made from a policy service model,  
22 development, funding, and also looking at some  
23 administrative issues that needed to be addressed.  
24 Government also made that early decision to allocate \$42  
25 million over two to three years to implement their

1 recommendations.

2           So the, the first response by government was a  
3 commitment to make the resources available to implement  
4 recommendations and also to do it in a very public way.  
5 The initial announcement included some of the  
6 accountability procedures that we had to follow with  
7 respect to the implementation process.

8           Q     Okay.

9           THE COMMISSIONER:   Is that document in evidence  
10 now?

11          MR. MCKINNON:   The document is at tab 11 of the  
12 binder that I've been asking you to refer to.

13          THE COMMISSIONER:   Oh, yes, I see it. Um-hum.

14          MR. MCKINNON:   And I was just going to get the  
15 witness to look at her copy at tab 11 and confirm this is  
16 the ...

17

18 BY MR. MCKINNON:

19          Q     This is the Changes for Children document that  
20 you would have -- and I'm speaking figuratively here now --  
21 found on your desk when you became assistant deputy  
22 minister.

23          A     That's right.

24          Q     And you talked about the scope and scale of it.  
25 I'm going to ask you then to comment on a few of the

1 details.

2 MR. MCKINNON: Keeping in mind that Mr. Rodgers  
3 will be speaking to this in greater detail subsequently,  
4 Mr. Commissioner, I'm just going to take this witness to a  
5 couple of highlights.

6 THE COMMISSIONER: Yes, I, I, I know this  
7 document. I read it but I, I didn't quite realize which  
8 one it was, but I know the document.

9 MR. MCKINNON: Okay.

10

11 BY MR. MCKINNON:

12 Q At, at page 10 of that document, Ms. Loepky,  
13 it's ...

14 MS. WALSH: 21103.

15 THE COMMISSIONER: Have you not got it?

16 MS. WALSH: No, no, I'm just giving the clerk the  
17 -- it's in our disclosure -- so she has the page number so  
18 she can put it on the screen.

19 MR. MCKINNON: They're just asking me to pull it  
20 up on the screen, Mr. Commissioner.

21 MS. WALSH: I've done that.

22 MR. MCKINNON: It's done?

23 If you could just scroll down so I can see what  
24 page you're on? Thank you.

25



1 BY MR. MCKINNON:

2 Q If you look at that page that's on the screen in  
3 front of you -- you may have the paper copy, Ms. Loepky --  
4 there's reference there -- and, and I want to get into the  
5 issue in particular of workload. There's reference to \$15  
6 million in new funding for workload relief. Could you just  
7 explain what that is?

8 A In the review recommendations there were a number  
9 of recommendations that had to do with workload. Workload  
10 was identified as one of the first initiatives that we  
11 wanted to undertake to support the system, and it had to do  
12 with providing resources for authorities and agencies to  
13 allocate for workload and it was up to the authorities and  
14 the agencies to make some decisions as to how they would  
15 actually allocate those resources. There was a commitment  
16 also to look at some -- the whole information system that  
17 we had.

18 Q Okay, I don't want to go into all --

19 A Okay, sorry.

20 Q -- those other things.

21 A Okay.

22 Q Just -- I want to concentrate now on workload and  
23 we'll come back to information management later.

24 The reference to \$5 million -- well, I think it's  
25 \$15 million ... If you could just explain what that \$15

1 million was, and it talks about over three years. What was  
2 that?

3 A The, the 15 million over three years was a five  
4 million dollar infusion for workload relief immediately.

5 Q And that was five million dollars added to base  
6 or --

7 A Yes.

8 Q -- was it a one-time-only payment?

9 A No, it was added to the base.

10 MR. MCKINNON: And if we go back to Commission  
11 disclosure 21321, page 21321 -- and that's the one I just  
12 filed as Exhibit 68, Mr. Commissioner.

13 THE COMMISSIONER: Yes.

14

15 BY MR. MCKINNON:

16 Q The number in the column on the left-hand side,  
17 63.5, do you see that number?

18 A Yes.

19 Q What's that?

20 A That was the number of positions that were  
21 identified by the authorities and agencies, that were the  
22 initial positions that were being created as a result of  
23 the first five million dollars that was put into the  
24 system.

25 Q So again, in terms of, of how those positions

1 were allocated, the, the department allocated the money to  
2 the authorities?

3 A The authority CEOs and the department worked  
4 together to look at a method to distribute the money to the  
5 authorities, and then the authorities had the  
6 responsibility to look at their agencies and how they were  
7 going to distribute the resources.

8 Q And if we look at all those numbers, we can see  
9 how those positions were distributed. The darker lines are  
10 how they were distributed amongst the authorities. So  
11 there was some process agreed to between the department and  
12 the authorities as to how to allocate those monies and how  
13 many positions they would purchase?

14 A That's correct.

15 Q And that was the department's involvement. The  
16 next was how the authorities allocated that money to their  
17 agencies, and that would have been between the authorities  
18 and the agencies?

19 A Yes.

20 Q Now, we heard evidence here today from NCN, which  
21 is the fourth, fifth, sixth one down on the, on the chart.  
22 You will see they got no new positions from this five  
23 million dollars. You see that?

24 A Yes.

25 THE COMMISSIONER: Where, where's that?

1 MR. MCKINNON: If we look at the same chart --

2 THE COMMISSIONER: Yes.

3 MR. MCKINNON: -- 68, Exhibit 68, the workload  
4 relief, first column on the left-hand side --

5 THE COMMISSIONER: Yes.

6 MR. MCKINNON: -- under the First Nations --  
7 Northern First Nations Authority, they got 12.5 positions.

8 THE COMMISSIONER: Yes.

9 MR. MCKINNON: And those were distributed amongst  
10 the agencies. For example, Awasis got one position, et  
11 cetera.

12 THE COMMISSIONER: Yes.

13 MR. MCKINNON: And the NCN line shows no  
14 positions.

15

16 BY MR. MCKINNON:

17 Q Correct?

18 A Correct.

19 Q And that would have been a decision, I take it,  
20 that was made between the Northern Authority and its  
21 agencies.

22 A Yes.

23 Q Now, the next column to the left -- so what we're  
24 talking -- we just described how five million dollars was  
25 distributed, creating 63.5 new positions all across

1 Manitoba. The next column, moving to the right, is  
2 entitled Additional Relief, and the total at the bottom of  
3 that line is 17, correct?

4 A Correct.

5 Q Tell me about that column.

6 A The, the second amounts that were allocated were  
7 allocated to the Northern Authority because there were some  
8 issues that had been identified with the after hours  
9 component for NCN and --

10 Q Right.

11 A -- so that was one of the areas that was  
12 supported. The Southern First Nations and the General  
13 Authority each received an additional allocation of eight  
14 or the equivalent of eight positions. For ANCR, it was  
15 the, the Southern Authority identified the need for the  
16 additional abuse unit that we heard about.

17 Q Okay, I just want to stop you there because we  
18 have heard evidence that ANCR was having some problems in  
19 2007, I think. That would have been the eight positions  
20 to, to add an extra unit to ANCR.

21 A That's right.

22 Q Okay. And --

23 A And --

24 Q Keep going.

25 A And in the General Authority, there were some

1 issues that had resulted as a response to some provincial  
2 responsibilities that Winnipeg Child and Family Services  
3 was performing, the licensing of some foster homes that  
4 were able to be utilized by all authorities, and so this  
5 was a response to those additional responsibilities that  
6 the agency took on as a central responsibility.

7 Q So again, it was recognition that there needed to  
8 be additional staff hired at Winnipeg CFS in around 2007,  
9 2008, whenever --

10 A That's correct.

11 Q -- that was. And if we look at those two  
12 together, the 12.5 and the eight, that's 20.5 new employees  
13 hired at Winnipeg CFS shortly after Changes for Children.

14 A Yes.

15 Q And can you comment -- I don't know if you can --  
16 the extent to which that was addressing some of the concern  
17 we heard expressed by the union, by Darlene MacDonald and  
18 others, about workload at that agency following devolution.

19 A Yeah, I --

20 Q Are you able to comment on that?

21 A I believe in terms of looking at the allocations  
22 that were made in that first and second distribution of  
23 resources did provide some relief to Winnipeg that they had  
24 identified.

25 Q Okay. And I'm going to then keep going through

1 this chart. If we move to the next column, it's entitled  
2 Joint Training Team. Could you tell me what that is?

3 A The joint training team was the response that was  
4 developed by the CEOs and the department. We looked at a  
5 way to provide the, the infrastructure to support  
6 authorities to implement training programs for their  
7 agencies.

8 Q And this again is responsive to some of the  
9 recommendations that we're going to hear about relating to  
10 the need for more training.

11 A Yes. There were a number of recommendations  
12 through the various reports that talked about the need for  
13 additional training in the system and also for a more  
14 formalized system of training.

15 Q And the decision to do this at the authority  
16 level, could you describe why that was done at that level?

17 A It was important for the authorities to have some  
18 of their own specialists to work along with their agencies  
19 because each of them may have unique and/or common  
20 interests with respect to training, and this was done so  
21 that there could be communication between the various  
22 authorities. If they had some common needs, they could  
23 implement some common programs and also then look at more  
24 efficiencies in terms of the use of the resources that they  
25 had.

1 Q And you call this the joint training team. What  
2 was the reference to joint training?

3 A Primarily recognition that there was opportunity  
4 for collaboration and coordination.

5 Q Between the authorities.

6 A Yes.

7 Q Okay. And I'm still going to keep you on this  
8 same chart. The next infusion of staff is called the  
9 foster care initiative and that's a total of 16 new  
10 positions. Could you describe that to us?

11 A These 16 positions were distributed between the  
12 four authorities. They were targeting the development of  
13 new foster care resources and the recruitment of foster  
14 families into the system. This was done both jointly and  
15 also with each of the authorities taking some of their own  
16 initiatives around recruitment.

17 Q And the thinking of having this done at the  
18 authority level as opposed to the departmental level or the  
19 agency level, could you describe why it was considered  
20 appropriate for this to be done at the authority level?

21 A Well, the, the whole intent of our governance  
22 model is for the authorities to take on many of the  
23 responsibilities for the delivery and the development of  
24 the system. Therefore, with each of the authorities,  
25 again, being able to develop an approach that would be



1 unique to themselves and to accomplish some of their own  
2 goals around either increasing the number of foster care  
3 providers, looking to develop culturally appropriate  
4 providers for children in care, that was something that we  
5 thought was important.

6 Q Okay. Anything else about that foster care  
7 initiative you wish to speak about?

8 A No. Those positions still remain today in the  
9 authorities.

10 Q Okay. The next initiative is five positions for  
11 FASD specialists. I understand that's fetal alcohol  
12 spectrum disorder. We haven't heard a lot about that at  
13 this Inquiry but I understand this was also a topic that  
14 received a significant number of recommendations coming out  
15 of the reports that were released in 2006.

16 A Yes, it did.

17 Q Just -- if you could tell the Commissioner very  
18 briefly what this initiative was, and although it's not  
19 particularly relevant to Phoenix Sinclair, it is, it is  
20 relevant to those reports and what, what the initiative  
21 was.

22 A We know that when there's addictions issues with  
23 families and with mothers that -- during pregnancy, if a  
24 child is exposed to alcohol, that there can be some  
25 repercussions in terms of development of children as a

1 result of that. The initiative that we undertook here was  
2 to again provide some specialists that the authorities  
3 could hire so that they could work along with their  
4 agencies in developing any plans or programs, either from  
5 an education perspective or directly supporting agencies  
6 with childcare plans that might have to be developed with  
7 children who were diagnosed with fetal alcohol spectrum  
8 disorder.

9 Q And again, just to repeat a theme, this is being  
10 done at an authority level as opposed to a departmental  
11 level. What's the thinking behind that?

12 A Again trying to support the authorities in  
13 building their infrastructure so that they have a fuller  
14 range of services that they can provide to the agencies  
15 that they have oversight for.

16 Q The next is ten positions and it is under the  
17 heading of CQI Support, which I understand, which I  
18 understand means continuous quality improvement. Am I  
19 right about that?

20 A That's right.

21 Q Again, if you could tell the Commissioner what  
22 that is.

23 A The continuous quality improvement positions were  
24 allocated again to the authorities, to provide specialist  
25 support for them in their duties and responsibilities that

1 they have for the oversight of agencies. Each of the  
2 authorities then were able to develop their own model that  
3 they wanted to implement along with their agencies. And we  
4 see some variation in that based on some of the unique  
5 circumstances and/or approaches that an authority wants to  
6 undertake.

7 Q And we've heard a lot about quality assurance.  
8 Is this quality assurance or is this something different  
9 than quality assurance?

10 A No, this would be similar. It would be the -- a  
11 type of quality assurance.

12 Q And, and the emphasis to continuous quality  
13 improvement, what's the difference between quality  
14 assurance and continuous quality improvement.

15 A Well, I think one of the things that we looked at  
16 at the very beginning was that the work that we undertake  
17 in agencies, authorities, and the department has to be  
18 continuous. It cannot be a one-time activity and then be  
19 left for a number of years. It's not the nature of our  
20 work and it requires constant attention.

21 Q Thank you. Now, is there anything else you want  
22 to talk about in terms of the continuous quality  
23 improvement?

24 A I don't think so.

25 Q The next one is a fairly large number, 54.5 new

1 staff, and it's under the heading of Differential Response,  
2 Family Enhancement. Can you tell the Commissioner again  
3 about that one?

4 A This is definitely one of the larger initiatives  
5 that we undertook. There were many recommendations in the  
6 reviews that talked about moving towards prevention and/or  
7 early intervention approach to try to support families  
8 prior to them coming in -- becoming involved for having to  
9 have apprehensions or children in care.

10 We did this in three phases, working along with  
11 the authority CEOs, developing what we first looked at as  
12 an education and research component so that we looked at  
13 other jurisdictions that had been already implementing this  
14 as an approach to child welfare; developed some initial  
15 principles and conceptual frameworks that we wanted to work  
16 with; and then did a group of pilot projects that were  
17 testing some of the areas that the authorities wanted to  
18 get some information about before they launched into a full  
19 rollout of their program.

20 Q And, and you, you start -- you mentioned the  
21 authorities again. What role did the authorities play in  
22 the process that you just described?

23 A Well, they'd have a very large role in the  
24 design, in the research, and in formulating the approaches  
25 that they were going to be undertaking within their

1 authorities and agencies.

2 Q And I don't know if you can answer this question,  
3 but are you able to comment on the extent to which  
4 frontline staff were consulted during the, the process that  
5 you just described?

6 A I wouldn't be comfortable indicating quantities  
7 but I do know that in the 25 pilot projects that were being  
8 done, many of them were done at agencies along with  
9 supervisors, frontline staff, managers.

10 Q Okay.

11 A So there would have been involvement through the  
12 pilot projects and the development of the evaluations for  
13 those pilots.

14 Q And these 54.5 positions, did they become  
15 permanent?

16 A Yes, they did.

17 Q And, and just for the record, all these positions  
18 we've been talking about became permanent and part of base  
19 funding.

20 A Yes.

21 Q Okay. The next item on the chart that I've been  
22 taking you through is Standing Committee Office. What is  
23 standing committee office?

24 A Well, in the legislation, standing committee is  
25 defined and the representation of standing committee is

1 defined, as well as its role and function, which is the  
2 four CEOs and the director of child and family services.  
3 With the concurrent --

4 Q I'm just -- let me stop you just there. The four  
5 CEOs are the four CEOs of the authorities.

6 A Yes.

7 Q North, South, General, and Metis.

8 A Correct.

9 Q And the other was the department. Who, who from  
10 the department?

11 A The director of child and family services.

12 Q And from time to time that's been you?

13 A Yes.

14 Q And you've attended at meetings of standing  
15 committee in that capacity.

16 A Correct.

17 Q And so that standing committee which are, are  
18 individuals that otherwise have full-time jobs doing all  
19 kinds of other things.

20 A Yes.

21 Q And they meet periodically --

22 THE COMMISSIONER: That's in the Authorities Act,  
23 is it?

24 THE WITNESS: Yes.

25 MR. MCKINNON: Yes.

1

2 BY MR. MCKINNON:

3 Q And they meet periodically. Tell me what the  
4 standing committee office is?

5 A The office is a group of staff, 15 staff that  
6 were funded to support the work of the standing committee  
7 members. So if there is joint work that needs to be done,  
8 that staff is used to support that work. If there is, from  
9 that joint work, some implementation support that's  
10 required at the authority level, then that staff can  
11 support the work that goes on there.

12 Q Because -- and, and we're going to talk about  
13 this I think a little bit later in terms of things like  
14 standards, but would the staff -- the, the standing  
15 committee office and the 15 staff that you've listed here  
16 on this page, would they play a role in that kind of work?

17 A They would play a role.

18 Q And what role would they play?

19 A They would support the working group that may  
20 have other membership from the authorities and/or other  
21 agencies, and provide facilitation, coordination, do some  
22 research for the group, and potentially also write up some  
23 documents that might become part of the general use of all  
24 of the authorities.

25 Q And we're going to come back a little bit later

1 to the standards development protocol, but that would be --  
2 again, part of standards development is a consultation  
3 process and they would be involved in that.

4 A Yes.

5 Q The next initiative -- and I shouldn't call it an  
6 initiative, but the next line on this page is just -- it  
7 just has a total of 45 positions, and it says, External  
8 Positions Funded Through C4C, and you'll see the number is  
9 45 positions, correct?

10 A Correct.

11 Q And I understand if you look at the bottom of  
12 this page --

13 MR. MCKINNON: Madam Clerk, if you could just  
14 scroll up?

15

16 BY MR. MCKINNON:

17 Q -- those are the 45 positions that are referenced  
18 in that line.

19 A Yes.

20 Q And they're under two headings: external youth  
21 suicide prevention strategy is on the left-hand side and  
22 that's 14 positions --

23 A That's correct.

24 Q -- and then the other one is external FASD.  
25 That's fetal alcohol syndrome again.



1           A     Yes.

2           Q     And that was 31 pages (sic).    So just, if you  
3 could, describe what those positions are and why they're in  
4 this chart.

5           A     The CEOs and the department were involved in the  
6 development of two major provincial strategies where other  
7 government departments were also a party to.    So one of  
8 them was the youth suicide prevention strategy and the  
9 other was the fetal alcohol spectrum disorder strategy.

10          Q     Now, we talked about fetal alcohol spectrum  
11 disorder a minute ago in terms of the authority funding on  
12 that, and you described that that arose out of these  
13 external reviews.    What about the suicide prevention issue?  
14 Did that -- was that an issue that was identified in the  
15 external reviews?

16          A     Yes, it was, but it also had some other genesis  
17 in terms of the number of youth suicides that were being  
18 experienced by some communities.

19          Q     So this was seen as an important issue by  
20 government independent of the recommendations that were  
21 contained --

22          A     Correct.

23          Q     -- in these reports.    Okay.    And the way -- I  
24 won't ask you to go through every one of these, but these  
25 are -- just describe what these agencies are.

1           A     These would be community-based agencies that  
2 provide support and services to families and/or to  
3 children. It could be a position that would be in another  
4 government department that would take a leadership role in  
5 implementing a particular area of the strategy, and some of  
6 them are provincial-wide programs -- for example, Roots of  
7 Empathy -- which are implemented in schools and/or daycare  
8 centres and the like. So these -- the funding that was  
9 allocated through Changes for Children may have been a  
10 portion of the overall budget that had been allocated  
11 through our resources and also resources from other  
12 government departments.

13          Q     Okay. Now, if we look at -- and, and just for  
14 the record, these are non-mandated agencies below --  
15 referring to these 45 positions, those would have been  
16 positions in non-mandated agencies.

17          A     Yes.

18          Q     The other two hundred and -- other than those 45,  
19 the remainder of the 231 positions that were created and  
20 referenced in this exhibit, they would have been either at  
21 agencies or at authorities.

22          A     Correct.

23          Q     And as you said at the beginning of your  
24 evidence, these 231 positions were created before the  
25 rollout of the new funding model.

1 A That's right.

2 Q We have heard some evidence -- and we'll get into  
3 it a little bit more with you in a minute -- about the  
4 rollout of the funding model, but I'm going to ask you how  
5 many new positions were created across Manitoba as a result  
6 of the funding model?

7 A As a result of the funding model at the very  
8 beginning, we estimated that there were approximately 200  
9 positions that were created as a result of the funding.

10 Q So that's at the beginning, and so if, if I can  
11 use this approach, there were approximately 200 positions  
12 under the new funding model, we've got 231 positions here,  
13 so approximately 431 positions, all but 45 of which were  
14 either at mandated agencies or authorities.

15 A Yes.

16 Q And the reason we keep talking about  
17 "approximately" with respect to the funding model is that  
18 number will change from time to time because the new  
19 funding model is case sensitive.

20 A Correct.

21 MR. MCKINNON: I'd like to move, Mr.  
22 Commissioner, into the issue of funding now.

23 THE COMMISSIONER: All right.

24 MR. MCKINNON: If I can -- Madam Clerk, I'm going  
25 to mark another document as an exhibit. It's entitled

1 Child and Family Services Division, Agency Funding Summary,  
2 2013-2014 Fiscal Year.

3 THE COMMISSIONER: This would be Exhibit 69?

4 THE CLERK: Sixty-nine.

5 Exhibit 69.

6

7 **EXHIBIT 69: CHILD AND FAMILY**

8 **SERVICES DIVISION, AGENCY FUNDING**

9 **SUMMARY FOR 2013-2014 FISCAL YEAR**

10

11 BY MR. MCKINNON:

12 Q So just before we get into the details of the  
13 funding model, do you have a copy of this document in front  
14 of you?

15 A Yes, I do.

16 Q Can you tell the Commissioner what this document  
17 is?

18 A This is a summary of the funding that is provided  
19 to the agencies, both the mandated and non-mandated  
20 agencies, and it's the resources that are approved through  
21 my division.

22 Q And we've heard evidence at this Inquiry about  
23 organizations like Ma Mawi. Could you indicate, for  
24 example, using this document as a reference, what  
25 involvement, if any, your division has in the funding of

1 those kinds of organizations?

2 A Well, each of these organizations that's listed  
3 in this document would have a service purchase agreement  
4 with my department and my divisions, and we would be  
5 identifying, in the service purchase agreement, the  
6 programs, services that they would be implementing with the  
7 resources that we were providing. So as an example, if you  
8 look at the Health Sciences Centre, the Child Protection  
9 Centre, we provide approximately \$1.4 million.

10 Q And just -- if you could slow down. Health  
11 Sciences Centre -- so it's in alphabetical order, so about  
12 a third of the way down the list is the Health Sciences  
13 Centre, Child Protection Centre, and what's your comment  
14 about that one?

15 A This is a service that we fund, and they deal  
16 with support to children and families who have suffered  
17 abuse, so we have a number of doctors and clinical support  
18 staff who work along with agencies to do that, as well as  
19 some education around abuse.

20 Q If I can just bring it back to the Phoenix  
21 Sinclair case because you picked this one as an example,  
22 the Child Protection Centre at the Health Sciences Centre,  
23 I believe that in 2003 Phoenix Sinclair attended the  
24 hospital --

25 A Yes.

1 Q -- and she was seen by this unit.

2 A That's correct.

3 Q And there's a letter in our -- that was  
4 introduced in our evidence from one of the physicians in  
5 this unit.

6 A Correct.

7 Q So that's an example of funds coming from the  
8 child and family services division going to purchase  
9 services at the Health Sciences Centre.

10 A That's correct.

11 Q Okay.

12 THE COMMISSIONER: Just outline again the  
13 distinction between mandated agencies and non-mandated.

14

15 BY MR. MCKINNON:

16 Q Will you help the Commissioner on that one?

17 A Yes. Mandated agencies would primarily be the  
18 child and family services agencies who, in legislation,  
19 have the duty, the power for the apprehension of children,  
20 and this would be something that they would be doing along  
21 with court processes.

22 Q So the fundamental difference between a mandated  
23 agency and a non-mandated agency is that the mandated  
24 agency has the statutory power --

25 A Yes.

1 Q -- to apprehend a child --

2 A Yes.

3 Q -- against the will of the parents.

4 A Correct.

5 Q All other non-mandated agencies could not remove  
6 a child from a parent.

7 A No, they could not remove a child from a parent.

8 Q They may have duties to report, but they wouldn't  
9 have that power to remove a child.

10 A No. Every -- the duty to report is the  
11 responsibility of every citizen in Manitoba, and so non-  
12 mandated agencies would have that responsibility in the  
13 same way as any other resident.

14 Q And just so we don't lose the point, the Health  
15 Sciences Centre Child Protection Centre, is that \$1.405  
16 million?

17 A Yes, it is.

18 Q Okay. And if you go about four lines down, I  
19 believe that's Ma Mawi. That's the organization that we've  
20 heard a fair bit about at this Inquiry?

21 A Yes.

22 Q And what would be the grant from your division to  
23 that organization?

24 A Their grant is 5.5 million.

25 Q And why would you be giving money to that

1 organization? What's the purpose of that?

2 A Again, this is an organization that provides a  
3 lot of services to families, to children, to specialty  
4 areas like men's groups and youth groups. So Ma Mawi  
5 offers a lot of community-based programs, and in addition  
6 to that, it also runs some residential care facilities for  
7 us. The costs for supporting children in the residential  
8 care area is not included in this because it's -- those  
9 dollars come from another appropriation.

10 Q Okay.

11 THE COMMISSIONER: And are these all non-mandated  
12 agencies?

13 THE WITNESS: The -- they're all non-mandated  
14 agencies, but you will see in the listing the four  
15 authorities --

16 THE COMMISSIONER: Yes.

17 THE WITNESS: -- and the dollars that the  
18 province provides for the support of the agencies flows  
19 through to the authorities. So the dollars for the  
20 agencies that the authorities oversee is included in this  
21 listing.

22 THE COMMISSIONER: Just let me make a note of  
23 that.

24 MR. MCKINNON: Mr. Commissioner?

25 THE COMMISSIONER: Yes?



1 MR. MCKINNON: Just -- I'll wait till you finish  
2 your note.

3 THE COMMISSIONER: Yes.

4 MR. MCKINNON: If you look, for example, again at  
5 this Exhibit 69, they're alphabetical order, First Nations  
6 of Northern Manitoba.

7 THE COMMISSIONER: Yes.

8 MR. MCKINNON: That \$26 million --

9 THE COMMISSIONER: Yes.

10 MR. MCKINNON: -- that would not be \$26 million  
11 for the authority.

12 THE COMMISSIONER: No.

13 MR. MCKINNON: That would be for the authority to  
14 distribute to itself and to its agencies.

15 THE WITNESS: Yes.

16 THE COMMISSIONER: And most of those agencies  
17 would be mandated agencies.

18 MR. MCKINNON: They would all be mandated  
19 agencies.

20 THE COMMISSIONER: All be, all be mandated.

21 MR. MCKINNON: Yes.

22 THE COMMISSIONER: Yes.

23

24 BY MR. MCKINNON:

25 Q And again, just to make sure the point is clear,

1 Ms. Loepky, who has the responsibility, under our system,  
2 to mandate an agency?

3 A That is the authorities.

4 Q So the authorities mandate the agency and, and  
5 they are required to ensure the agency is meeting the  
6 expectations of the authority with respect to provincial  
7 standards --

8 A Yes.

9 Q -- and any standards that they may impose.

10 A Correct.

11 Q And other than the four agencies -- sorry, the  
12 four authorities that, that are mentioned in this table,  
13 the other organizations that are listed on this table are  
14 non-mandated agencies.

15 A That's correct. As an example, you'll see  
16 Project Neecheewam, that our previous witness talked about,  
17 is also listed in this document. So there is operational  
18 support provided for them in the amount of \$682,000.

19 Q And we've also heard about -- we'll go right to  
20 the bottom of the list -- the Boys and Girls Club was  
21 involved at the very beginning of the Phoenix Sinclair  
22 case. They get a small grant, as well.

23 A That's right.

24 Q Now, this list of organizations that are funded  
25 by your ...

1 UNIDENTIFIED PERSON: (Inaudible) sorry.

2 MR. MCKINNON: Just wait a minute, Mr.  
3 Commissioner.

4

5 BY MR. MCKINNON:

6 Q This list of organizations in Exhibit 69 that are  
7 funded by your division, is that it for government? Is  
8 there any other organizations, community organizations,  
9 self-help organizations, that are funded by other branches,  
10 divisions, and departments?

11 A Yes, there are. These are only the ones that are  
12 funded from my division. There are other government  
13 departments who would have a similar kind of list that they  
14 would be -- that they would generate in terms of agencies  
15 and programs that they would support in the communities.

16 Q Now, I've got this out and I, I'll take you to  
17 the next line -- sorry, not the next line. The third line  
18 from the bottom, Financial Assistance, Child Protection.  
19 Can you tell the Commissioner what that is?

20 A This is the line that describes the amount of  
21 resources that are allocated for the care of children. So  
22 this is for children who are in care, either in foster  
23 homes or in residential care facilities.

24 Q And we've heard this referred to at various times  
25 over the last few days and weeks as child maintenance. Is

1 that correct?

2 A That's correct.

3 Q And give the Commissioner a bit of an idea of  
4 what child maintenance is, why it's only given to children  
5 in care, what it purchases. And, and it's obviously a very  
6 significant amount of money, it's \$280 million.

7 A Yes.

8 Q So give the Commissioner a sense of what that is.

9 A Child maintenance dollars are provided to the  
10 foster family who takes on the responsibilities for the  
11 care of a child. So this would pay for the clothing, for  
12 any recreational activities that might be organized for the  
13 child. If there are special circumstances and the child  
14 has some needs that have been identified in the childcare  
15 plan, it would support that. For example, if there were  
16 some clinical or therapeutic needs; if there was the  
17 requirement for respite for the foster family to ensure  
18 that they're given a rest for the work that they're doing  
19 in terms of supporting the child. It could be for some  
20 daycare costs that would be built into the care plan for  
21 the child.

22 Q And at the risk of oversimplification, when a  
23 child is living with their parents, who's responsible for  
24 those costs?

25 A A parent.

1 Q And when the child is taken into care, who has  
2 the legal responsibility to provide that care and those  
3 kinds of services that you just described?

4 A That's the legal guardian, who becomes the  
5 government.

6 Q Thank you. Now, I'm about to move into the  
7 funding model itself. We've already heard that there are  
8 two funders of child welfare in Manitoba: The Province of  
9 Manitoba through the department, and the Government of  
10 Canada through Aboriginal Affairs and Northern Development  
11 Canada, whatever their current name is. I don't even know  
12 if I can remember.

13 A I think you were correct.

14 Q Is that correct name?

15 A Yes.

16 MR. MCKINNON: Now, I want to start with the big  
17 picture and I'm going to produce another document, Mr.  
18 Commissioner. It's just a line graph.

19 THE COMMISSIONER: This will be Exhibit 70, I  
20 guess it was?

21 MR. MCKINNON: And it should be in the -- on the  
22 stick that was given to you by Commission staff.

23 THE CLERK: Exhibit 70.

24 THE COMMISSIONER: Thank you.

25

1                   **EXHIBIT 70:       TOTAL CHILD AND**  
2                   **FAMILY       SERVICES       FUNDING       IN**  
3                   **MANITOBA, 2001/02 TO 2011/12**

4

5 BY MR. MCKINNON:

6           Q     And do you have a copy of Exhibit 70 in front of  
7 you --

8           A     I do.

9           Q     -- Ms. Loepky?

10          A     Thank you.

11          Q     Thank you.       Now, can you explain to the  
12 Commissioner what this chart illustrates?

13          A     This is a description of funding that has  
14 occurred from 2001 to 2002, to the end of the 2012 fiscal  
15 year.    The line at the bottom of the graph shows the  
16 federal contribution to funding over that period of time?  
17 You'll see that it started at approximately 50 million and  
18 is now 124 million.

19                Then if you look at the line above, that's the  
20 provincial allocation and it starts at 165 million and  
21 moves, in the fiscal yearend 2012, to four hundred and  
22 almost twenty-three million dollars.

23                So the federal increase here would be  
24 approximately 145 percent and the provincial increase in  
25 funding over that period of time would be approximately 155

1 percent. So the overall increase to funding in the  
2 Province of Manitoba for child welfare is approximately 145  
3 percent from the year 2001-2 to the current year.

4 Q And 145 percent doesn't sound like a lot but it's  
5 really -- if you look at it another way it's two and a half  
6 times.

7 A Correct.

8 THE COMMISSIONER: Mr. Funke?

9 MR. FUNKE: Mr. Commissioner, I'm going to object  
10 at this point. I attempted to adduce evidence specifically  
11 on the history of the funding by the province earlier, in  
12 the evidence we attempted to call last night. The province  
13 specifically objected to that, objected to me discussing  
14 historical funding models.

15 I'm just wondering what the basis is for this  
16 evidence, where the province objected to my attempt to call  
17 evidence on this very issue.

18 THE COMMISSIONER: Well, just a minute, don't go  
19 away.

20 MR. FUNKE: I'm just backing ...

21 THE COMMISSIONER: Yeah.

22 MR. MCKINNON: We're just putting this in as a  
23 fact, as a conclusion. We're not intending to call  
24 evidence as to how we got to each number, just to give the  
25 Commissioner a broad context to what's happened to funding

1 in Manitoba over the last ten years.

2 MR. FUNKE: But to suggest that the increase as a  
3 percentage of funding relative to the feds in comparison to  
4 the province gets at the notion of whether or not the  
5 increase is significant or is not significant, and without  
6 allowing us to explore the sufficiency of prior funding  
7 relative to new funding, it's my submission that drawing  
8 comparisons either as percentage increases over time with  
9 respect to the stream from the province or the federal  
10 government, or particularly with respect to a comparison  
11 between the two, invites the very type of analysis or  
12 conclusions that they objected to me asking the Commission  
13 to make yesterday.

14 THE COMMISSIONER: Well, do you agree, Mr.  
15 McKinnon, you objected to, to Mr. Funke putting in what  
16 you're doing now?

17 MR. MCKINNON: No, I don't agree, Mr.  
18 Commissioner. I think I'm just putting in a conclusion. I  
19 think Mr. Funke wanted to get into the whole history of  
20 negotiations and, and what happened. What I'm trying to do  
21 is, is show you where we are today relative to where we've  
22 been in the past, and its conclusions. How we got there  
23 is, is not, I don't think, particularly relevant.

24 THE COMMISSIONER: Well, I might have to call on  
25 the assistance of Commission counsel to sort this out. We



1 may have to draw up the transcript from where that  
2 objection was made yesterday, for me to really be able to  
3 deal with this.

4 I, I can tell you this: I find this very helpful  
5 information that I think I must have. If I've excluded  
6 something similar that you wanted to put in, I'm prepared  
7 to back up and take a look at that, but I'd have to be sure  
8 that that's what it was you were trying to put in. Mr.  
9 McKinnon's right, I wasn't interested in a long historical  
10 review how these things worked out.

11 MR. FUNKE: There were two objections that Mr.  
12 Paul raised last night, Mr. Commissioner. The first  
13 objection was with respect to the historical analysis of  
14 how the funding model was developed. But then we tried to  
15 attempt to look at specific funding that was provided under  
16 the old model to the agency. Mr. Paul rose and objected  
17 and said, How is the historical funding that the agency  
18 received relevant to the Inquiry? And I tried to explain  
19 to you why I felt that was -- why that was relevant, and I  
20 was directed to, to not deal with that and move on to the,  
21 to the new funding model, and I did that based on the  
22 direction that I received.

23 THE COMMISSIONER: Well, Commission counsel,  
24 perhaps we'll adjourn now and, and see if you can sort this  
25 out with, with both counsel. If we need the transcript,

1 we'll have to get it and go at it again in the morning, I  
2 guess.

3 MS. WALSH: Certainly. We can take a brief  
4 recess and, and I'll meet with counsel.

5 THE COMMISSIONER: Well, I think we might as well  
6 conclude for the day --

7 MS. WALSH: All right.

8 THE COMMISSIONER: -- in that we're close to  
9 quarter to five, and give you a chance to see what you can  
10 work out in that area. And if -- I'll certainly sort it  
11 out myself at some point if I have to, but I think you're  
12 best positioned to do some preliminary sorting out of the  
13 issue for me.

14 MS. WALSH: I'll do that.

15 THE COMMISSIONER: Thank you.

16 MR. MCKINNON: Thank you.

17 THE COMMISSIONER: We'll rise till 9:30 tomorrow  
18 morning.

19

20 (PROCEEDINGS ADJOURNED TO MAY 10, 2013)