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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 Victoria/Albert Room, Lower Level, Delta Hotel,  
350 St. Mary Avenue, Winnipeg, Manitoba

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WEDNESDAY, MAY 1, 2013

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

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3

4 THE COMMISSIONER: Morning.

5 MS. WALSH: Morning.

6 MR. OLSON: Morning.

7 THE COMMISSIONER: All right. Mr. Gindin please.

8 MR. GINDIN: Morning.

9 Good morning, Ms. Flette, my name is --

10 THE WITNESS: Morning.

11 MR. GINDIN: -- Jeff Gindin. I represent Steve  
12 Sinclair and Kim Edwards. Did you hear that? I'm not sure  
13 if I'm on here. Did you hear my opening --

14 THE WITNESS: Yes.

15 MR. GINDIN: -- remarks. Okay. Thank you. I  
16 have a few questions for you.

17

18 **ELSIE FLETTE**, previously sworn,  
19 testified as follows:

20

21 CROSS-EXAMINATION BY MR. GINDIN:

22 Q In your testimony, you were discussing CFSIS and,  
23 and the system. And I think your words were, to some  
24 extent, it tracks children. And I had the impression that  
25 you were implying there are certain limitations with that

1 system still; is that so?

2 A Yes.

3 Q And in what way does it not track children? Or  
4 what are the problems that remain?

5 A Well, like, I guess, any system, it does remain  
6 dependent on workers entering the information.

7 Q Um-hum.

8 A And there's no good way, right now, to ensure  
9 that that happens. If a worker doesn't do it, a supervisor  
10 might, but it really does depend on the worker. Also, when  
11 we pull the names off of CFSIS, we find, although, again,  
12 that has improved, with more attention being paid, but we  
13 find a number of files on there that are, are marked open  
14 files that there's been no activity on them. In some  
15 cases, the children have been returned home, but it's not  
16 been entered. So it's not an accurate way of tracking  
17 them. And then it always kind of leaves the feeling that  
18 you can't rely on it yet as a system that will give you all  
19 the information you need.

20 Q So even if the information is diligently put in  
21 by the social workers, there are still problems with that  
22 system; is that so?

23 A Yes, I think so and I'm not sure how one would  
24 get around that. But I think if the system was easier and  
25 friendlier, for people to use, and we could have some

1 assurance that it was equally available for everybody to  
2 use, that would make, that would make a difference.

3 And that's also just tracking children in care,  
4 because we do have, I, I would say, greater problems  
5 tracking the kids that are living in families where  
6 services are being provided and those families are deemed  
7 to be in need of protection services. There is no good way  
8 of, from CFSIS, of tracking those children.

9 Q Are you suggesting that another system entirely  
10 would be preferable?

11 A Well, I, I think we've been on record as saying  
12 that. It's our, it's our information that the changes that  
13 can be made to CFSIS are limited, because of the old  
14 platform --

15 Q Um-hum.

16 A -- and that it isn't important and necessary to  
17 move on. Like, CFSIS came out in '91, '92 maybe and so it,  
18 it, it has limitations on what it can do and how you can  
19 change it.

20 Q Um-hum. Are efforts being made to try and come  
21 up with a better model, or a better system?

22 A Well, we understand, in the Changes for Children  
23 initiative, there was money, I believe it was about four  
24 million, but I, I'd have to look back on that, but there  
25 was money identified specifically for looking at

1 information systems. And within a year or so of the  
2 changes for children initiative being announced, there was  
3 a, an, a project called Information Matters, which was  
4 commissioned, I guess, by the province, but it engaged all  
5 of the authorities and the agencies. And the objective of  
6 that was to look at and recommend a good information system  
7 for CFS. So there was a lot of -- I mean, our, our  
8 authority and our agencies participated in that to a great  
9 extent, as did everybody else. And there were  
10 recommendations around what we needed in the system. We  
11 understood then that province who, you know, was the  
12 recipient of that report was studying it. We've had no  
13 further movement on that itself. There have been,  
14 continually, some changes being made to CFSIS to enhance it  
15 a little bit. Other than in the, I think it was the last  
16 throne speech, there was a comment from government that  
17 they were looking at a new information system. But that's,  
18 that's our information on it.

19 Q And when was that taking place, these discussions  
20 that you've just told us about?

21 A With Information Matters?

22 Q Yeah.

23 A Would have been probably '07, '08. It was just  
24 after the Changes for Children initiative was announced.

25 Q And, and no real progress since then?

1           A     Not, not towards moving towards the new system.

2           Q     Okay. With respect to funding, we've talked  
3 about that, and just so we're clear, does the present  
4 system of funding, in any way, depend on the number of  
5 children in care? Is there a connection there?

6           A     Yes. There is, in the provincial model, it's  
7 based on actual case counts, largely. So it, if your case  
8 numbers, whatever they are, will determine your funding.  
9 It's not just children. It also includes your protection  
10 family files and your family enhancement files.

11          Q     Um-hum.

12          A     But the case load numbers are a determinant of  
13 that funding.

14                On the Federal side, as I said yesterday, it's an  
15 assumption model that is used, not actual case counts, but  
16 the Federal model is a little bit different, in that it  
17 weighs heavily on the child population on reserve and then  
18 makes assumptions that seven percent of those children are  
19 in care. It doesn't look at the actual numbers. So if  
20 your case numbers went up or down, on that model, it  
21 wouldn't change your funding.

22          Q     It doesn't look at the particular community, but  
23 more of a general number that will apply to all the various  
24 communities?

25          A     Yes, in fact, the seven percent came from looking



1 at the province as a whole.

2 Q Um-hum.

3 A And so that is one of our criticisms, that you  
4 have, you know, different needs and different levels of  
5 kids in care in communities and it's not responsive to that  
6 on reserve.

7 Q And the other number that you said the Federal  
8 government presumes was that 20 percent of, of the  
9 population requires some sort of family --

10 A Yes, they assume --

11 Q -- services?

12 A -- yes, they will, they assume that 20 percent of  
13 the families that live on reserve will be in need of CFS  
14 services. And they determine the number of families,  
15 again, based on the child population and assuming that  
16 there are three children per family and that gives them a  
17 number and then they take 20 percent of that and that  
18 becomes the case count that they use. Again, it's not tied  
19 to actual numbers. We're not actually sure where that 20  
20 percent comes from, as I said yesterday.

21 Q Do you feel that, based on your experience, that  
22 it accurately reflects the actual numbers?

23 A In, in some communities it does. With the family  
24 counts, it's -- our family files are probably higher in  
25 most agencies, more so than the children that, in, well, at

1 least half of our agencies, would be within the seven  
2 percent.

3 Q Um-hum.

4 A It also doesn't reflect any, anything to do with  
5 complexity of the case.

6 Q Um-hum.

7 A So, you know, you can have a family enhancement  
8 case that you're providing preventative services to and the  
9 family's cooperating and then you can have a file, a family  
10 file where you're doing an abuse or neglect investigation  
11 and there's complex issues and there's many hours of  
12 service required for that family. It treats them the same.

13 Q All right. You were talking about foster homes  
14 and the licensing of foster homes and how that would be a  
15 huge part of the, of the child welfare system.

16 A Yes.

17 Q And you appreciate that there've been problems  
18 with licensing?

19 A Yes.

20 Q We've heard about that --

21 A Yeah.

22 Q -- in the last week, that often, licenses aren't  
23 renewed for many years and you would agree with me that  
24 that's a pretty serious concern?

25 A Yes, I would and it's also an area where, as an

1 authority, we have spent, and continue to spend quite a bit  
2 of time getting the reviews and getting those to a better  
3 compliance rate, in terms of both renewals and also the  
4 licensing --

5 Q Um-hum.

6 A -- of places of safety that are used.

7 Q And we've heard from Carol Bellringer that there  
8 were significant problems in this area in 2006 and by 2012,  
9 there was still slow progress being made in that area; is  
10 there anything else being done to, to get those renewals of  
11 licences and those kinds of problems fixed up?

12 A Well some of that, for the agency, some of that  
13 is a human resource issue.

14 Q Um-hum.

15 A If, if that particular piece of the service is  
16 unfunded, which it is, and agencies have to do it, so  
17 they're pulling workers, so that continues to be a  
18 challenge. I think it would be very helpful if we had a  
19 recognition, in terms of the funding model, on the  
20 provincial side, that that was an important component that  
21 should be funded. We look at, in Manitoba, there are other  
22 people that run, or provide foster homes. We call them the  
23 third-party providers. So, for example, places like Ma  
24 Mawi, Macdonald Youth Services, New Directions, they run  
25 therapeutic foster homes. And their arrangement is they're

1 given an administrative fee that they can charge, in  
2 addition to the child's per diem, in recognition of the  
3 time and human resource and admin costs involved in  
4 recruiting and licensing and in supporting and training  
5 those foster parents. So we think that there's already a  
6 model that government could use and look at that, in terms  
7 of giving agencies similar resources, because they're not  
8 in there.

9           We had, at one point, the ability to bill  
10 maintenance costs for children in care, to the province.  
11 So for every day of care, you could bill 50 cents that was  
12 put in a pot for foster parent training. That was removed  
13 from agencies' ability and there was a dollar amount rolled  
14 into what was then called the central support grant. So it  
15 was rolled into administration, so it was no longer  
16 separated as foster parent training. And now, with the  
17 model, it's not really in there at all. I mean, you could  
18 look at the service purchase, but we say that is intended  
19 for family enhancement types of things and foster homes are  
20 really a protection service. They're for children in care.  
21 So re-looking at that and finding a better way to resource  
22 that would be helpful.

23           For the south, for the last few months, we have  
24 been, when we're running the reports on licensing, I think  
25 we're at about 73, 74 percent of our foster homes are

1 current, which is an improvement, still not where we want  
2 to be.

3 Q Oh, pardon me, what was that, what was that  
4 percentage again?

5 A Seventy-two, 73 percent have been, the last few  
6 months, where we've been at. And that's the renewal of  
7 licences. So you can look at that and say, well, those  
8 homes have already been studied and they have had all their  
9 checks done and that's true. It still remains that their  
10 licence needs to be renewed. And the places of safety also  
11 continues to be an issue, and getting those done in a  
12 timely manner. So yes, there's some challenges there and I  
13 think that's true across the system.

14 Q And the other issue that was discussed that, was  
15 that this problem with the child abuse registry system, in  
16 terms of getting people's names actually placed on it  
17 quicker?

18 A Yes, I, I can't speak too much to that. We don't  
19 control the registry and we don't -- it would be the child  
20 abuse committees that work, or report names there, or the  
21 court system that would report it. I'm, I can't speak to  
22 how backlogged, or how long that's taking.

23 Q But you'd agree it's important that it be done  
24 quickly?

25 A Yes.

1 Q And certainly if someone's applying to review  
2 their licence, you'd like to know that they're not on the  
3 child abuse registry?

4 A Absolutely.

5 Q Or that they haven't got a criminal record that  
6 they may not have had the last time they renewed? Those  
7 things are --

8 A Well, criminal records are a little bit, we can  
9 run the -- the turnaround time on those has improved, so we  
10 are getting those back more quickly.

11 Q Um-hum. But that is something that takes place  
12 when the licence is actually being renewed, in terms of  
13 checking out if anything has changed, and that kind of  
14 thing?

15 A That's true. We -- the criminal checks are done  
16 at the beginning. There's an expectation on foster parents  
17 that if you are charged, or have a criminal record in  
18 between the year, you just, you self-disclosure and there's  
19 also crim (phonetic) checks that are done at the time of  
20 renewal.

21 Q Um-hum. So to some extent, you're depending on  
22 the foster parents to self-disclose?

23 A In, in between the, the renewals, yes.

24 Q Now, I just wanted to refer you to a particular  
25 statistic that was mentioned earlier and I think we can

1 find it at Exhibit 48, which would be tab A of the  
2 materials from ANCR, at page 47. I think I have that  
3 correctly. Yes, that would be the right page. And before  
4 we get to that, we've heard some evidence from other  
5 witnesses that one of your objectives, and particularly  
6 from Dr. Wright and some other people, would be that we  
7 need more community involvement in the system.

8 A Um-hum.

9 Q That included extended families being considered,  
10 in terms of placing children in care --

11 A Yes.

12 Q -- right? And you, and you agree with that --

13 A Yes.

14 Q -- concept? And according to this statistic  
15 here, I notice that 4,322 children in care, is the number,  
16 at the end -- as of March 31st, 2012?

17 A Yes.

18 Q Is that -- that's in one year? Or is that up to  
19 that date?

20 A That's the number on that date. It's a point in  
21 time number.

22 Q Okay. Now, would you be able to tell us what  
23 percentage of that number are children who have been placed  
24 in care with extended families?

25 A Our last review, when we looked at where the kids

1 are placed and who's placed with kinship. And, and just as  
2 an aside, that is also not tracked well on CFSIS and it  
3 would be a very good thing for the information system to do  
4 that.

5 Q Um-hum.

6 A But our last review of that was we had, I'm not  
7 sure if I'm going to get these numbers right, but I, I  
8 think close to 30 percent that were placed with family and  
9 we had about just under 50 percent, I believe, that were  
10 placed in aboriginal homes.

11 Q Um-hum. So you're saying about 30 percent, as  
12 far as you can recall?

13 A Yes. And to the best -- and we depend on  
14 agencies to disclose that, because we don't have another  
15 source to get that.

16 Q All right. And that would be a good statistic to  
17 be aware of --

18 A Absolutely.

19 Q -- in view of the objectives?

20 A Yeah.

21 Q All right. I just wanted to refer you to -- now  
22 I, I don't know which exhibit this is. This is the witness  
23 summary that was filed early on and you've obviously seen  
24 that. And at page 11 of that summary, fourth bullet down,  
25 we talk about the recommendations regarding the ANCR phone



1 system. You can have a look to refresh your memory, if you  
2 like.

3 A Yes.

4 Q And essentially, you're saying that there were  
5 problems with the phone system; can you expand on that and  
6 tell us what, what you meant there?

7 A Well, one of the things that, you know, one would  
8 want from an intake system is the ability to respond  
9 quickly and the ability to not drop phone calls and to not  
10 have callers --

11 Q Um-hum.

12 A -- hang up because they've been waiting for too  
13 long on the phone. As well as an ability to track your  
14 incoming phone calls, what happened to them, where they  
15 went, et cetera. ANCR had, just prior to us doing the  
16 review, and I, I believe that was still when, when it was  
17 JIRU and still under Winnipeg, but they had installed a new  
18 phone system and we found that they were not using the  
19 features of that phone system very well. We found some  
20 practices where workers could set their phone to a do not  
21 disturb and so when the phone call came, it wouldn't go  
22 through to the worker.

23 Q Um-hum.

24 A So there were a lot of dropped calls, lot of  
25 unanswered calls. And when we looked at ways to improve

1 it, essentially the system was there, the technology was  
2 there, they needed to (a) I guess, acquaint themselves  
3 (phonetic) (sic) and then train the staff on how to use  
4 that and run reports. They do now run them and I'm, I'm  
5 thinking probably Ms. Stoker can provide you with more  
6 detail on that later --

7 Q Yeah.

8 A -- because they do track their phone calls on a  
9 very regular basis now.

10 Q So back then, there was the ability to put the  
11 phone on do not disturb --

12 A Yeah.

13 Q -- and --

14 A At the worker level.

15 Q -- yeah, and is there any way of knowing how  
16 often that was done, or who was doing it? Or ...

17 A Well, I believe, in the review report, there's,  
18 there's quite a bit of information on how frequently that  
19 occurred and to what extent and what that resulted in with,  
20 you know, often fair number of workers on a do not disturb  
21 notice.

22 Q And we're talking about the service model  
23 review --

24 A Yes.

25 Q -- that you were involved in; right?

1 A Yes.

2 Q And that particular paragraph that I referred you  
3 to, which I, I think might be on the screen now, yes, it  
4 is, says:

5

6 "The review found that some calls  
7 were going unanswered because of  
8 the system that was in place at  
9 the time."

10

11 Correct? You agree with that --

12 A Yes.

13 Q -- right?

14 A Yeah.

15 Q And efforts have been made to be more effective;  
16 correct?

17 A Yes.

18 Q And is the -- has the problem been solved  
19 entirely?

20 A I would say pretty close. The last few reports,  
21 there was very few unanswered calls. The ones that were,  
22 went unanswered, they can track peak times, seem to happen  
23 over the noon hour, when you would expect that, because  
24 people would be on, on lunch breaks. But in, in terms of  
25 workers being responding to the calls and calls being

1 answered and not dropped, the number of dropped calls has  
2 gone way down. So I would say, yes, they've made really  
3 good efforts to improve that.

4 Q Since when? When did they start to --

5 A Well, they would have done that -- that was one  
6 of the first things they undertook after we released the  
7 report. In fact, already while we were doing the report,  
8 it was identified and they began a, kind of a find and fix  
9 effort.

10 Q And the date of that report being released again  
11 was?

12 A Let me just look, it's in our -- do you know what  
13 tab that is, Sandie (phonetic)? It's under tab L in our  
14 binder. So that would have been released -- we began it in  
15 '09, I, so I, I think it would have been released either  
16 late '09 or early 2010.

17 Q Okay.

18 UNIDENTIFIED PERSON: 2010, yeah.

19 MR. GINDIN: Okay.

20 UNIDENTIFIED PERSON: 2010.

21

22 BY MR. GINDIN:

23 Q 2010, we're told by your --

24 A Okay.

25 Q -- counsel.

1 A Yeah.

2 Q And so the problems that we're talking about  
3 there, it wasn't until around 2010 that those problems were  
4 looked at in more detail (inaudible) --

5 A No, I would say the problems were looked at in  
6 more detail in '09 already, when we --

7 Q Okay.

8 A -- started the review, because it was easy to  
9 indentify that and efforts were made to train staff and  
10 become more efficient. So by the time our report was  
11 released, I think they were well on their way with that.

12 Q Um-hum. But clearly after the death of --

13 A Oh, yes.

14 Q -- Phoenix Sinclair was discovered?

15 A Yes.

16 Q Okay. Now, in your testimony yesterday, Mr.  
17 Cochrane asked you what recommendations you would like to  
18 see, towards the end of your testimony, I think he asked  
19 you that. You began by saying, number one, better  
20 training. I'm just being brief here. I know you, may have  
21 taken you longer to explain that. But one of the things  
22 you said was better training. That's something that, of  
23 course, you'd need collaboration with the University of  
24 Manitoba --

25 A Well, that was my recommendation, that we --

1 Q -- to achieve, yeah.

2 A -- in fact, have that collaboration, so it  
3 doesn't fall on the CFS system.

4 Q The second thing you mentioned was a better  
5 relationship between CFS and education. I'm putting it  
6 very briefly.

7 A Um-hum.

8 Q And that, of course, would depend on the schools  
9 to cooperate --

10 A Yes.

11 Q -- right? And then you said, your last one was  
12 housing, which is, again, something external to the  
13 internal workings of the child welfare system; correct?

14 A So these recommendations that you've made all are  
15 really societal concerns and external to the child welfare  
16 system itself. I don't think you were asked what  
17 recommendations you'd made internally. Do you have some  
18 that you would make internally to the system itself?

19 A Well, I think throughout the course of the day  
20 yesterday, there were a few times that things were  
21 mentioned. But I would say internally to the system, an  
22 information system is right at the top of --

23 Q Yeah. And you discussed --

24 A -- the change. That would be very beneficial,  
25 would help not just workers do their job, but I believe

1 it's an, a very important tool for child safety and we  
2 should, we should get that done.

3 Q Um-hum.

4 A I think also, internally, the, the whole issue of  
5 case and file documentation, but I believe that can go  
6 hand-in-hand with a good information system where --

7 Q Um-hum.

8 A -- workers are doing their file recordings and  
9 their contacts and their home visits, et cetera. So that,  
10 again, it's done, it's in one place. It's easily  
11 accessible, no matter where, in the province, your office  
12 is located.

13 There has been some work done to improve the  
14 intake systems and that is occurring as we're doing  
15 differential response. The whole completion of that  
16 structured decision making tool starts at the intake  
17 process, so agencies have been looking at redesigning or  
18 changing some of their processes there to make sure that  
19 that happens. I think that's underway.

20 Q Um-hum.

21 A And then I think the other big thing would, for  
22 me, would be the whole area of alternative care when  
23 children are place in out-of-home care, supports to the, to  
24 the system to really be able to resource that and do that  
25 properly.

1 Q Um-hum. Changing the information system seems to  
2 be right on top of the list and you would agree that that's  
3 particularly important because the more information you  
4 have available to you, obviously the better off you are?

5 A Yes, broadly, that's very true and --

6 Q Yeah.

7 A -- it's also very important because of our  
8 service delivery system in Manitoba, we cover First  
9 Nations, we cover rural areas. Agencies have field offices  
10 in all of those sites. It, it's not feasible or efficient  
11 to think about case files being in multiple sites. So a  
12 good information system would house that all somewhere  
13 centrally and it doesn't matter where you're working, you'd  
14 be able to access and have up-to-date information at your  
15 fingertips. So, for many reasons, that's a very important  
16 piece of, or a very important tool that we would have to  
17 work with.

18 Q And of course, that depends, to a large extent,  
19 on documentation, proper --

20 A Yes.

21 Q -- note keeping, proper --

22 A As with any --

23 Q -- information?

24 A -- information system --

25 Q Yeah.



1           A     -- yes.

2           Q     And I think you said that one of the changes  
3 you've seen is that you're focusing now on, on better  
4 record keeping and that kind of thing?

5           A     Well, we have done a lot of training in CFSIS in  
6 the last number of years, I guess particularly since about  
7 '06, '07, when the transition dollars for differential  
8 response were provided because of the structured decision  
9 making tool and because of needing to get people on CFSIS,  
10 in order to be able to access the funding, et cetera. And  
11 we have found the response from agencies has been, our  
12 agencies, has been very good and that workers, when they  
13 complete the training, are actually very positive about it  
14 and, and also see it as a tool that can help them. So I, I  
15 think that would be something that would be welcomed by the  
16 field.

17          Q     Um-hum. You were talking about, I think you were  
18 talking about, when you were talking about training, I  
19 think you mentioned that one of the things you're doing is  
20 that, I believe you said, with respect to supervisors in  
21 particular, that they were now being given training  
22 sessions every six months; is that what you were talking  
23 about?

24          A     No, we, I, I was referring to the standards  
25 training --

1 Q Right.

2 A -- that we're incorporating --

3 Q Um-hum.

4 A -- to be every six months, offer training and  
5 standards at our training centre, so that if an agency  
6 doesn't do any of that themselves, they would be able to  
7 have, every six months, their staff, their new staff, a  
8 refreshing training completed. We do also have a number of  
9 agencies that have trained trainers and that run training  
10 sessions in standards themselves at least once a year.

11 Q Okay. But is there training now before workers  
12 or supervisors begin in their capacity, or is it every six  
13 months after they've started?

14 A You're speaking about supervisor training?

15 Q Yes.

16 A Yes?

17 Q In particular.

18 A There is no formal training. There is -- the  
19 province provides, through its core training, or competency  
20 training, there is a supervisory module that they do.  
21 There is not a requirement that workers have that. It's  
22 not even a mandatory requirement, although, to the best of  
23 my knowledge, most of the southern agencies participate and  
24 send people and there's been a positive response about it.  
25 It, it provides core training for supervisors. So it isn't

1 ongoing training. It's an important piece, but, in my  
2 opinion, we should be doing more and we should have  
3 training available for people who, you know, are aspiring  
4 to move into supervisory positions.

5           One of the challenges we have is with turnover of  
6 staff, which seems to be improving, but for awhile there,  
7 you know, was quite a large turnover. So you would have  
8 social workers with, you know, who were qualified with  
9 abuse (inaudible), perhaps some front line, but not the  
10 depth of experience that we'd like to see in a supervisor,  
11 move into supervisor positions. And so I think, quite  
12 often, maybe a bit overwhelmed. And without some immediate  
13 training as to what does that mean and how is that  
14 different from doing front like work? Training like that,  
15 I think, would be very helpful.

16           Q     So there's room for improvement in that --

17           A     Yes, there is.

18           Q     -- area? And would you agree that training prior  
19 to starting, at least to some degree, would be a good idea?

20           A     Yes, and I think I would roll that into my  
21 recommendation that, you know, we are more engaged with the  
22 Faculty of Social Work. In my opinion, there's no reason  
23 why we can't have a certificate for CFS supervisors and  
24 require workers to have that as they work for  
25 qualification. But that's not available right now.

1 Q And I'm not sure if you were asked this before,  
2 but your view on social workers being registered? I'm not  
3 sure if that was, that came up in your evidence or not. I  
4 don't have it in my notes. Most of the evidence we've  
5 heard, people agree with that as a good concept. And you  
6 know about Bill 9 that's coming out?

7 A Yes.

8 Q Do you agree that that's a good thing?

9 A I agree with that as a good concept.

10 Q Um-hum.

11 A I think we've expressed not so much objections,  
12 they're more concerns about how it's done and who's doing  
13 it. We would have concerns about a college that's very  
14 mainstream, or doesn't understand, or is really involved  
15 with the First Nations or aboriginal practices. But the  
16 concept of social workers being registered and being  
17 monitored, yes. I think Bill 9 still creates some  
18 challenges, in that it's a protection of title legislation.  
19 So you could say, I'm not calling my workers social  
20 workers, I want to call them CFS workers --

21 Q Um-hum.

22 A -- and not have them registered. So I think  
23 those kinds of things need to be addressed. I think --

24 Q Right.

25 A -- they've all been identified by various

1 parties as well.

2 Q But the, but the concept of whoever, whatever we  
3 call them, being registered, which would result in a  
4 complaint process, so that people with complaints had a  
5 board to go to, for example, that could look at complaints,  
6 would be a good thing, provided it's done properly?

7 A I would see it as much more than a complaint  
8 process. There are avenues right now for complaints, so  
9 that would provide another avenue, yes. And I do think it  
10 is important for the profession itself to be monitored and  
11 regulated.

12 Q And the avenues for complaint that exist now,  
13 what would they be?

14 A Well, depending on the complaint, but I, I think,  
15 probably, in most cases, people can go start with the  
16 agency, if they wish. They can complain to the authorities  
17 that cover those agencies. They can complain to the Child  
18 Protection Branch.

19 Q Um-hum.

20 A They can complain to the Ombudsman. They can  
21 comply to the Children's Advocate. So there's a number of  
22 avenues. The Ombudsman and the Advocate's office are more  
23 independent as well. So there are a number of venues right  
24 now that could be used. The creation of a college would  
25 provide another avenue, if the complaint is specifically

1 about the conduct of a social worker.

2 Q Do you have any idea, or any knowledge of records  
3 that document the number of complaints that come in, how  
4 they're dealt with, how many are dismissed, how many are  
5 accepted, how many are disciplined, anything like that?  
6 Are you able to tell us about that?

7 A Well, we track, in our office, and it would be in  
8 our annual report, there is a table in there about our  
9 intake and it tracks the nature of the intake. So it would  
10 say whether they're complaints or not. We, we are not  
11 tracking how many are dismissed, or how many are --

12 Q Disciplined?

13 A -- disciplined. We would track how many of those  
14 calls are be, are dealt with right at intake, so that would  
15 be within a short time period --

16 Q Um-hum.

17 A -- and which ones have to go for further follow-  
18 up on a file, we track that. It, it -- we don't, in the  
19 annual report, although I'm, I think we would have that in  
20 our database, be able to speak to how many of those  
21 complaints involved professional conduct of workers. I  
22 would say off, I would say generally the complaints are  
23 about the case plan for a child, the decisions that are  
24 being made for the child, the foster parents not happy with  
25 the plans, the parents not happy, more of that nature, than

1 the professional conduct.

2 Q You can appreciate, of course, that, that some  
3 people may not feel comfortable complaining about an agency  
4 to that agency?

5 A Yes, we do.

6 Q Okay. Now, you were being asked yesterday, by  
7 Ms. Walsh, about, in particular, children under five --

8 A Um-hum.

9 Q -- who are particularly vulnerable, for all the  
10 reasons we've heard about over the --

11 A Yes.

12 Q -- over the months? And you indicated that --  
13 you were asked how one can deal with an issue like that,  
14 because of the obvious problems with children who aren't in  
15 school and can't be monitored to the same extent. And you  
16 said that it was, it would be easier to protect them in  
17 small communities, because in smaller communities, people  
18 generally know who lives where and that kind of thing; do  
19 you recall that evidence?

20 A Yes.

21 Q Now, when you say small communities, would you  
22 consider a community of less than 2000, for example, a  
23 small community?

24 A Yes.

25 Q And that --

1 A Maybe even smaller than that.

2 Q -- yeah, and so Fisher River would qualify as  
3 a --

4 A Small community.

5 Q -- as a small community? Now, just one last  
6 document that I wanted to refer you to, page 16884, please,  
7 if we could get that up. And as you can see, this is a  
8 letter, I believe, that you would have written to the  
9 Winnipeg Free Press --

10 A Yeah.

11 Q -- and it's dated March 17th, '06, so that would  
12 be around a week after, or so --

13 A Shortly after.

14 Q -- after the discovery of Phoenix Sinclair's  
15 death. And if you can tell us what led you to write that  
16 letter, or what you had in mind when you wrote it, at the  
17 time? That you recall, I know it's awhile back, but ...

18 A I think mostly it was to, you know, we felt a  
19 statement had to be made.

20 Q Um-hum.

21 A I mean, we had a little girl die very tragically  
22 and very horrific and I felt it was important for us, the  
23 authority, the child welfare system, to make a statement  
24 about that.

25 Q Um-hum. And I take it that, I see it was



1 published March 17th, so I presume that you may have  
2 drafted it a few days before, as you worked on that letter;  
3 right? That be fair to say?

4 A That'd be fair.

5 Q Yeah. And if I draw your attention to the third  
6 paragraph, around the middle of it, you say:

7

8 "We are all acutely aware that  
9 Phoenix's death represents the  
10 failure of a system charged to  
11 protect children such as her."

12

13 And you still stand by that?

14 A Yes.

15 Q And when you say, we are all acutely aware, are  
16 you talking about the Southern Authority, are you talking  
17 about the child welfare system as a whole, or?

18 A Well, I, I think I start the paragraph talking  
19 about the child welfare community and to me, that would be  
20 the we that I'm referring to there.

21 Q Okay. Now, just to be fair, the rest of that  
22 paragraph says:

23

24 "We would like to protect every  
25 child that needs our help. We

1                   would like to give every child  
2                   that comes to our attention a  
3                   better chance, a better quality of  
4                   life."

5

6           A     Yes.

7           Q     And clearly, you stand by that?

8           A     Yes.

9           Q     And towards the very end of that letter, which  
10           would be the next page, that would be page 16885, very last  
11           paragraph, you conclude the letter by saying:

12

13                   "We should accept our collective  
14                   responsibility for her death ..."

15

16                   Correct?

17           A     Yes.

18           Q     And do you stand by that?

19           A     Yes.

20           Q

21                   "... and work with one mind and  
22                   one spirit to find strategies and  
23                   solutions that may help to prevent  
24                   such profound tragedies."

25

1 Correct?

2 A Yes.

3 Q And again, you still stand by that today?

4 A Yes.

5 MR. GINDIN: Those are my questions, thank you.

6 THE COMMISSIONER: Thank you, Mr. Gindin.

7 Who's next? Mr. Khan?

8 MR. KHAN: Hello, Ms. Flette --

9 THE WITNESS: Morning.

10 MR. KHAN: -- my name is Hafeez Khan. I'm  
11 counsel for Intertribal Child and Family Services.

12 THE WITNESS: Morning.

13 MR. KHAN: Just a few questions.

14

15 CROSS-EXAMINATION BY MR. KHAN:

16 Q You were asked yesterday some questions with  
17 respect to quality assurance and, and ensuring that  
18 agencies are, are meeting the standards and so on. My  
19 understanding is, for example, with, with our agency, there  
20 is an individual, Mr. Murdock, who reports directly to the  
21 Southern Authority if there are any concerns that arises  
22 (sic). Are there, are there other individuals with similar  
23 positions with the other mandated agencies under the  
24 authority?

25 A Are, are -- who are you -- are you talking about

1 Randy Murdock?

2 Q Yes.

3 A Oh, Randy doesn't report directly to us. He's an  
4 employee of the agency. He may be carrying out the quality  
5 assurance function there and as such, our quality assurance  
6 manager would be working with him, as part of the team to  
7 develop those work plans. We expect the quality assurance  
8 folks at the agencies to have a dual reporting. If they're  
9 finding issues, they report that to their ADM. They report  
10 it to our quality assurance team.

11 Q Thank you. So, so would there be a similar  
12 person with all agencies?

13 A Yes, it's in their core funding and I believe all  
14 agencies, I believe all agencies now have someone in that  
15 role.

16 Q Yesterday you discussed about what are the some,  
17 some of the factors that causes children to enter care.  
18 You mentioned poverty, domestic violence, housing,  
19 addiction issues. In your, in your experience in the  
20 system, have you noticed a difference in complexity in  
21 cases over the years? Are cases more complex today than  
22 they were --

23 A Yes --

24 Q -- perhaps, say 20 years ago?

25 A -- we would, I think we, I think I would agree

1 with that, that they are. We've noticed that both at the  
2 family level. We've certainly noticed it with the children  
3 we have in care. There are an increasing number of special  
4 needs and high special needs children. Many of them are  
5 gang involved and so there's some very serious safety  
6 issues we've had in the last number of years, a number of  
7 situations where we've had to work with the police to put  
8 those children in places where gangs can't find them. So  
9 that becomes a real challenge for child welfare and not  
10 something that child welfare has particular training or  
11 experience in, kind of learning as we go. We've got  
12 children with increasing mental health needs and not good  
13 access and not a lot of resources for mental health  
14 treatment for children. So yes, I would say we are dealing  
15 with more complex matters.

16 Q I'm sure you would agree that one of the goals  
17 in, in child, child welfare is to address concerns with  
18 families, or, or issues with families before they blow up  
19 into a matter where apprehensions are required?

20 A Well, that's the hope, yes. The reality is that  
21 we don't always know about the families until things have  
22 blown up. That's probably more true, you know, in the  
23 urban areas. But yes, that would definitely be the way  
24 we'd like to work, is if we can intervene sooner and  
25 provide supports and prevent things.

1 Q And so working with families before these issues  
2 erupt really helps to address those concerns?

3 A I believe it could. It certainly would make the  
4 families probably more cooperative and less threatened and  
5 the interventions less intrusive.

6 Q So of course, you would agree that parents are  
7 encouraged to, to seek assistance from either CFS agencies  
8 or collateral agencies when they have, when there are  
9 certain needs?

10 A Yes, we, we would definitely encourage parents.  
11 I think our reality, in a First Nations community, both on  
12 and off reserve, is you know, the historical experiences  
13 that people have had, first with residential schools and  
14 then with CFS. So there isn't an, isn't always an easy  
15 avenue for those parents to come to CFS and ask for help  
16 and there is work that needs to be done and is being done  
17 to try and break that down a little bit. It's still,  
18 unfortunately, you know, CFS is seen as the place that  
19 takes our kids.

20 With, with increasing preventive programs and  
21 with you know, perhaps the differential response model and  
22 the family enhancement programs that agencies may be able  
23 to offer, as well as the partnership arrangements that  
24 we're hoping will really grow, we can maybe change some of  
25 that attitude. But that is a reality for us, in working

1 with families, that we have to work hard to overcome.

2 Q Do you think that most, if not the majority, of  
3 the, of the client parents that the agencies deal with are  
4 individuals who have a general distrust for authority,  
5 perhaps people who have negative experiences with authority  
6 in the past?

7 A Well, I, I wouldn't necessarily characterize it  
8 as distrust with authority, but definitely with CFS.

9 MR. KHAN: Thank you, those are my questions.

10 THE COMMISSIONER: Thank you, Mr. Khan.

11 Ms. Harris?

12 MS. HARRIS: Morning. Morning, Ms. Flette,  
13 I'm --

14 THE WITNESS: Morning.

15 MS. HARRIS: -- Laurelle Harris. I'm counsel for  
16 the General Authority. I just have a very short number of  
17 questions for you.

18

19 CROSS-EXAMINATION BY MS. HARRIS:

20 Q Turning back to, turn your mind back to  
21 yesterday's evidence with respect to evidence based  
22 practice and the assessment tools that the Southern  
23 Authority's now starting to use; why -- you stated that the  
24 move to evidence based practice was a good one; why did you  
25 say that it was a good move? Could you please explain why

1 the move to evidence based practice is a good --

2 THE COMISSIONER: Just one moment, I, I don't  
3 think they can hear you --

4 MS. HARRIS: Okay.

5 UNIDENTIFIED PERSON: Can't hear you in the back.

6 THE COMISSIONER: -- Ms. Harris.

7 MS. HARRIS: Can't hear me? Is this better?  
8 Okay.

9 THE COMISSIONER: Yeah, speak -- yeah, you'll  
10 repeat the question.

11 MS. HARRIS: Certainly.

12

13 BY MS. HARRIS:

14 Q My question was, yesterday you said that the move  
15 to evidence based practice was a good thing. What I'd like  
16 you to do is please expand on that. And if you could  
17 please tell us why, in your experience, the move to  
18 evidence based practice has been a good thing, in terms of  
19 the delivery of child welfare services?

20 A I think it's important when, when you're looking  
21 at how to intervene with a family, or when you're looking  
22 at what kind of programs you want to offer or design, that  
23 you have an attempt to have some ideas how effective those  
24 programs are, and whether they are achieving the outcome  
25 that you're hoping they'll achieve. It would not be, I



1 don't believe, good for practice, to base all your  
2 interventions on subjective measures, although those are  
3 important and we certainly recognize the need for  
4 professional judgment to play a role in this. I think it's  
5 important though for agencies to be looking at their data,  
6 to be looking at, for example, their intake systems and  
7 looking at the data they're collecting, or how many calls  
8 are coming in, how many are dealt with, you know, at the  
9 moment, how many are actually calls that require some  
10 intensive involvement of the agency later, because that  
11 will help you design your intake program to be more  
12 effective, perhaps to be more in touch with the issues that  
13 are coming to intake.

14           When you're looking at foster care programs, it's  
15 important to know how many placement moves are there for  
16 children in care? Is that more likely to happen for  
17 younger children, or for older children? Because those  
18 things are very -- can have harmful impacts on children,  
19 particularly -- well, I guess at all levels, but if younger  
20 children are bounced around a lot from placements, you'd  
21 want to know, is that happening and why is that happening?  
22 So numbers can give you that. Whereas, you can think that  
23 kids are moving around a lot, but you would really not have  
24 anything to back that up, unless you're also looking at the  
25 numbers. So I think the evidence that you can collect, by

1 looking at what you're doing, collecting your data,  
2 measuring outcomes, I guess even at the outset, taking the  
3 time to determine what the outcomes are that you want and  
4 how you, in fact, would measure those and are they  
5 measurable, those are, those things can really enhance the  
6 practice.

7 Q Thank you. Which of the structured decision  
8 making tools is, are currently being used with the Southern  
9 Authority?

10 A We are using the safety assessment that's in the  
11 intake module, which is part of the child and family  
12 service application. We are, at the present time, working  
13 along with the General Authority and ANCR, as part of one  
14 of our agencies, in looking at the safety assessment that  
15 the, the Children's Research Centre has, with a view to  
16 perhaps, down the road, using that safety assessment. So  
17 that's kind of a work in progress.

18 THE COMMISSIONER: What was the first one?

19 THE WITNESS: The, the one we're using right now  
20 is the safety assessment that is included in the intake  
21 module.

22 THE COMMISSIONER: But didn't you say that there  
23 was a tool, one of the tools that -- didn't you say  
24 something ahead of safety assessment? Maybe not.

25 THE WITNESS: No.

1 THE COMMISSIONER: Okay.

2 THE WITNESS: And then the, the next tool is the  
3 probability of future harm. So the safety assessment is  
4 the tool that asks the question, is this child safe right  
5 now? It's the immediate safety.

6 The probability of future harm, we use the one  
7 from the Children's Research Centre. That is a, a tool  
8 that's been tested in research and so it's, whatever the  
9 word is there, verified, I guess. But that tool will  
10 track, or will give a rating as to whether it's low, medium  
11 or high risk that, in the future, there could be harm to  
12 these children.

13 In addition, we use the child -- sorry, the  
14 family strength and needs assessment, which looks at the  
15 family and tries to articulate what the strengths are and  
16 what their needs are. We do the same tool for children, so  
17 the children's strength and needs. And then the case plan,  
18 we develop also, as part of that and the case plan is  
19 driven by those strengths and needs and the probability  
20 assessment. So if you're identifying a need or a strength,  
21 it needs to show up in the case plan as to how you're going  
22 to work with that.

23

24 BY MS. HARRIS:

25 Q Thank you. Would you agree that the use of at

1 least the two tools that you're using right now, the  
2 probability of future harm tool and the strengths and needs  
3 assessment, have improved information gathering for your  
4 front line workers?

5 A Yes.

6 Q And do you, do you have any concerns with respect  
7 to the application of the tools and practice at this time?

8 A Well, it's, it's, it's a reasonably new feature  
9 of our system and we've been, you know, spending a lot of  
10 time training folks in that system. So yes, there would  
11 be, I guess the concern, whenever you introduce a new tool,  
12 that it's being used properly and that it's, that workers  
13 understand what they're using. I think, broadly, we've had  
14 the concern about the cultural appropriateness of the tool.  
15 Does it, does it recognize that, or you know, does it show  
16 a bias in that area? So that's another thing, I think,  
17 that we'll be watching for.

18 We see the strengths and need based tool as, you  
19 know, very helpful, because it does allow workers, when  
20 they're doing it, for example, to identify community  
21 supports, community strengths, family strengths, extended  
22 family resources and so on, that a family may have. But I  
23 think those are things that we will be watching and I think  
24 that we are advocating and supporting an evaluation of  
25 those tools, you know, within the next couple years.

1           Q     And do you have any preliminary data to give rise  
2 to a concern about bias, in terms of cultural  
3 appropriateness, at this time, or is that just something  
4 you're watching out for?

5           A     Well, both. I think on the probability of future  
6 harm, that, that tool is, you can't modify or adapt it,  
7 because it's based on research. And so one of the things  
8 with that tool is if you, you know, if you have a history  
9 that would score you high on that tool. So, for example,  
10 if, let's say you're a, a single mom, so that would be a  
11 risk factor. Let's say that, you know, you, you were  
12 addicted, or drinking, you know, three, four, five years  
13 ago, but you've now been straight for the last three years,  
14 but that history would show up in that tool and you can't  
15 change that history. So that's, that's one of the  
16 concerns, given, you know, our knowledge, in terms of the  
17 families and, and we see many families that have turned  
18 their life around, so to speak, that that tool would not  
19 adequately perhaps recognize. But that recognition is  
20 definitely spoken to and built in and very evident when we  
21 look at the strengths and needs assessments.

22           THE COMMISSIONER:   And what is that tool you're  
23 just talking about?

24           THE WITNESS:   The -- which?   The risk one, or  
25 the --

1 THE COMMISSIONER: Well, I don't know, you, you  
2 talked about the use of that tool and the question related  
3 to a cultural bias, as I understood your question. Was  
4 there -- am I right?

5 MS. HARRIS: Yeah, that's the probability of  
6 future harm tool.

7 THE COMMISSIONER: That's the probability of  
8 future harm tools?

9 THE WITNESS: Yes.

10 THE COMMISSIONER: All right.

11 MS. HARRIS: And --

12 THE WITNESS: It's part of the structured  
13 decision making tool, like, it's a component of it.

14

15 BY MS. HARRIS:

16 Q But what that tool does is it attempts to predict  
17 if a child is -- the, the likelihood of a child coming to  
18 harm at some point in the future. It's not a predictor  
19 that the child is going to be harmed --

20 A No.

21 Q -- but that the child may --

22 A Yes.

23 Q -- be harmed? And the purpose for that is so  
24 that the agency can then devote more time and services to  
25 that particular family; is that right?

1           A     Yes, and you want, you want to have a good  
2 knowledge of the history of a family and you know, be able,  
3 when you're working with them, to say, okay, what are the  
4 risk factors? What's the probability here that, you know,  
5 they're doing okay now, what's the probability of future  
6 harm? You know, I think if a family's been, or a parent  
7 has been straight, or dry, for six months, as opposed to a  
8 family that's been straight and dry for three years, you  
9 would assess the probability a little bit differently.  
10 Over time, that would also change, but I think that's an  
11 important piece of knowledge for child welfare workers.

12           THE COMISSIONER: But your question related to a  
13 cultural bias?

14           MS. HARRIS: Yes, and I think that the witness  
15 has answered the question. What the witness has indicated  
16 is that the information which is gathered, there might  
17 be -- and I'm rephrasing, you can tell me if you agree --  
18 there might be a series of, of, of historic factors in the  
19 family which might be more prevalent in an aboriginal  
20 community, which might just end up become, being marked and  
21 increasing the risk level.

22

23 BY MS. HARRIS:

24           Q     Is, is that a fair re-statement? Or you can  
25 restate it in a way that makes more sense that I'm --

1           A     Yeah, no, I'm, I'm, I don't think I used the term  
2 "more prevalent in an aboriginal community". We see that  
3 with our families and that is one of our concerns that we  
4 not only are measuring kind of the risk elements, but also  
5 the strengths that would exist in those families and in  
6 those --

7           Q     Right.

8           A     -- communities.

9           Q     Okay. You would agree though that nothing about  
10 these tools replaces clinical judgment? You need -- this  
11 tool, these tools gather information and then from that  
12 information, your social workers can then apply their  
13 clinical judgment to the situation and it helps them work  
14 with the families; would you agree with that statement?

15          A     I'm not sure. What, what I would say is, when we  
16 ask the worker to do an assessment, or complete a case  
17 plan, and they're using a structured decision making  
18 approach. They need to use the safety assessment, the  
19 probability, the strengths and needs based, the case plan  
20 and their clinical opinion. We would not want to see  
21 clinical judgment be the main piece. We would like to see  
22 clinical judgment backed up by something, but we see it as  
23 important piece. There are provisions in the tool for  
24 overrides, on an assessment, let's say based on clinical  
25 judgment, but that has to be signed off and verified by a



1 supervisor. It's not readily done. So I wouldn't  
2 characterize clinical judgment as the most important. It  
3 is, it is an important piece though.

4 Q Okay. And so far, what's the feedback from  
5 agencies been with respect to the use of the tools?

6 A Again, from the front line workers that we've  
7 been training, very positive.

8 MS. HARRIS: Thank you. Those are all my  
9 questions.

10 THE COMMISSIONER: Thank you, Ms. Harris.

11 Next? Mr. Ray?

12 MR. RAY: Yes, good morning, Mr. Commissioner,  
13 thank you.

14 Good morning, Ms. Flette, my name is Trevor Ray.  
15 I act for a number of the social workers involved in  
16 providing services to Phoenix Sinclair and as well, for the  
17 MGEU. I have just a few questions for you and primarily  
18 questions of clarification.

19

20 CROSS-EXAMINATION BY MR. RAY:

21 Q And I'd like to start with your comment that you  
22 made about the standards. And as I understood it, you  
23 talked about the Southern Authority enhancing standards,  
24 which I understand to mean making them better from a, from  
25 a service perspective and from a client perspective; right?

1           A     We have the ability, within the Authorities Act,  
2 to develop and implement culturally appropriate standards  
3 for our agencies in the south, with the provision that they  
4 must be consistent with the foundational standards that the  
5 province has. So that is a, a, a piece of work that we are  
6 involved with. At this point, we have two standards, just  
7 -- yeah, two standards that we have done specific to the  
8 south. One is the worker's qualification for entry level  
9 social workers and the other one is a standard on  
10 requirements of agencies to report to chiefs and councils  
11 on their work.

12                 There's a number of other standards that we are  
13 currently involved in trying to -- I guess they're working  
14 on making them culturally appropriate. Some of them are,  
15 like, some of the work going on with the differential  
16 response model. We are looking at the current standards on  
17 case management with a view to how can we make them not  
18 only more friendly to differential response, but more  
19 culturally appropriate. We have some -- we are looking at  
20 the standards around places of safety. We're looking at  
21 the standards around licensing of foster homes, so a number  
22 of areas. But we don't yet have those done. We have a  
23 working group involving reps from the agencies and from the  
24 authorities that are involved in that exercise. We are  
25 hopeful that within, you know, the next few years, we can

1 have made significant progress on that.

2           Just like to add to that though that, you know,  
3 while there's an emphasis on standards, an agency operates  
4 with, and the child welfare system, operates with a lot  
5 more than just standards. So there's programs, there's  
6 policies, there's practices and then, of course, standards,  
7 regulations, legislation. So in looking at, you know, how  
8 culturally appropriate are the service and how far have we  
9 moved in being more culturally appropriate in our services,  
10 I think you'd need to look at all of those pieces,  
11 practice, programs. Like, when you look at our agencies,  
12 there's a, a significant number of things that people are  
13 doing which is quite different from the mainstream system.

14           Q    At, at a very high level, would you agree with me  
15 that, depending on how well you enhance the standard, that  
16 because standards typically -- or many of the standards,  
17 govern the way a social worker is, is supposed to go about  
18 doing their job, would you agree with me that, depending on  
19 the enhancement, that it may increase the workload of a  
20 social worker? I'm not saying that that's necessarily a  
21 negative thing, I'm just -- let me give you, let me give  
22 you an example, if I, if I can --

23           A    Yeah --

24           Q    -- and perhaps it --

25           A    -- go ahead.

1 Q -- it might seem a bit of an, of a, of an absurd  
2 example, but just to make the point, and you can indicate  
3 whether you agree. We know that there are response times  
4 for certain severity of files, like, 24, 48, five day  
5 responses. We've heard that in evidence in phase 1.

6 A Yes.

7 Q And an enhancement of that standard, from the  
8 Southern Authority's perspective, could be to say, although  
9 we, the standard requires a 48 hour response on this type  
10 of a file, we think, the Southern Authority, that it should  
11 be a 24 hour. So you could enhance the standard to make  
12 certain responses a 24, even though the provincial standard  
13 is a 48 hour response; right?

14 A Yes.

15 Q And that could conceivably increase the, the  
16 number of social workers you would require in order to meet  
17 that standard in every situation?

18 A Well, it could, for sure. I, I think that, in  
19 looking at that though, the, the first question wouldn't be  
20 how does it increase workload? The first question would  
21 be, is this necessary to improve child safety? And if it  
22 is, then say, okay, now what does this mean, in terms of  
23 workload and --

24 Q Right.

25 A -- worker time? And so come at it that way. On

1 the other hand, you know, you could make a similar argument  
2 for standards that are unwieldy and unreasonable with many  
3 requirements that really aren't essential for child safety  
4 that we're expecting social workers to do and say, well,  
5 look, could we not streamline those? Or could we not make  
6 those more relevant, because they also create a workload  
7 issue. So while the standards are important and of course,  
8 they're a workload factor there, you know, to me, it's, the  
9 reason for having standards is that you have at least basic  
10 standards that you expect workers to follow and the focus  
11 of those standards is to make sure that children are safe,  
12 at the end of the day. So --

13 Q Absolutely, no, no, no question that that's the  
14 purpose of the standards. I was just asking if you  
15 enhanced them, because, in your view, additional things are  
16 required --

17 A Um-hum.

18 Q -- to, to make either the system work better, or  
19 to make children safer --

20 A Yes.

21 Q -- then that's possible that that would require  
22 you to have more social workers and it could, conceivably,  
23 result in a, in a higher workload for a social worker --

24 A It's --

25 Q -- which is not a bad thing.

1           A     -- yes, it's possible.  I, I guess I just want to  
2     make the point that there are many factors that should be  
3     looked at before one arrives at the conclusion that this  
4     would be more work.  But clearly, one of the, you know, one  
5     of the things we've said many times within in the child  
6     welfare community, I think, and certainly in the Southern  
7     Authority, is that if you're going -- you know, you need to  
8     pay attention to what this means for workers, if you have  
9     these standards and there needs to be the capacity to meet  
10    them.

11          Q     Of course.  I'd like to ask you about the  
12    training initiative that was, that was indicated in your  
13    annual report, the 2011/2012 report and it's contained at  
14    tab A, page 41.  And I, I don't know that you necessarily  
15    have to turn to it, I just --

16          A     All right.

17          Q     -- I can refer you to what I've -- to, to the,  
18    the material.  I think it indicates that in, in that year,  
19    you trained roughly 1,960 people attending training; is  
20    that --

21          A     I think that's a, a --

22          Q     -- a total?

23          A     -- a count of the participants, yes.

24          Q     Right.  Yes, not that you have 1,960 workers, but  
25    there was that many --

1 A Yes, there would have been some --

2 Q -- worker training days?

3 A -- training more than once, yes.

4 Q Right. And that's obviously very commendable.  
5 I'm mean, one of the things workers have indicated  
6 repeatedly is a lack of training. My question for you is,  
7 in terms of your funding arrangement, are you funded to  
8 backfill absences for workers when they attend those  
9 training initiatives?

10 A That's a, that's an agency decision. So  
11 agencies, as you heard yesterday, get funding on a funding  
12 model and there is no backfill money there, unless  
13 you're -- because you're still paying those workers, unless  
14 you've made a decision at the agency not to pay their  
15 salary on the days that they're in training. But really,  
16 when you're talking social workers and they're on a five  
17 day training, you're really not going to backfill. You  
18 would have people covering.

19 Q Right.

20 A We do have a, a policy for, for, oh, I guess we  
21 did send it out in a, in a directive letter, that when  
22 people are covering, an agency cannot have a social worker  
23 covering more than one additional case load in addition to  
24 their own. So we do try to set some limits on that. But  
25 no, they wouldn't be able to, to backfill when they're

1 going.

2 Q Right. So my understanding of your answer is  
3 that they could backfill, but it would be expected to be  
4 covered under the same funding allocation that they already  
5 receive?

6 A Yes, they --

7 Q They would not receive additional funding --

8 A -- no, they would not.

9 Q -- to do that. Thank you. You described the  
10 different types of funding and one of the descriptions you  
11 gave was core funding. Do you know, and, what percentage  
12 of total funding would be allocated to core funding, as  
13 opposed to the funding for service provision?

14 A I, I believe, in the last numbers that I looked  
15 at, and that was when we were getting the figures for this  
16 year from government, at the agency level, the, the, the  
17 money in the service delivery line, so if, if I take  
18 service delivery in core as, you know, the hundred percent,  
19 I'll leave maintenance out of the mix right now, the money  
20 going to agencies on the service delivery line is about 85  
21 percent.

22 Q Eighty-five percent --

23 A So --

24 Q -- for service delivery? So then approximately  
25 15 percent --



1 A -- 15 percent --

2 Q -- would be for --

3 A -- would be in core.

4 Q -- core? Okay. And I understand that the core  
5 funding dollars can't be used to fund service delivery; is  
6 that correct? They have to be used for core --

7 A Well, you, you --

8 Q -- provisions?

9 A -- can't really separate them out that well,  
10 because in the core, you do have, like, your child abuse  
11 coordinator, which is a service --

12 Q Right.

13 A -- division. It's -- the funding for it sits in  
14 the core line and you have the quality assurance, which,  
15 you know, arguably, also is a service provision  
16 responsibility. So what, what you're restricted on is you  
17 can't, you don't have the same flexibility to take money  
18 out of the core line and move it into service delivery. So  
19 you couldn't decide, I'm not going to hire a child abuse  
20 investigator, I'm going to hire three social workers  
21 instead. You could not do that. You need to show that you  
22 have a child abuse person there.

23 Q Right. And is the, is the core amount -- so you  
24 have, let's generalize for a moment, you have funding for  
25 approximately five positions in the, in the core -- was it

1 five positions?

2 A There's five core, there's five key positions,  
3 but core also includes, like, your reception, admin support  
4 for core. It includes your finance clerks and analysts.

5 Q Right.

6 A So there's additional -- but it's, there's the  
7 five keys one there.

8 Q And is it a set dollar amount for each agency?  
9 Each agency would get -- I'll just -- \$500,000 flat rate  
10 for, for the core, or is it --

11 A No.

12 Q -- is it, fluctuate between agencies?

13 A The core funding is based on whether an agency is  
14 small, medium or large and there's criteria that were  
15 agreed to, as to how you would rate that. That has to do  
16 with your number of cases and communities served. And then  
17 if you -- the, the standard, the standard, in the core, is  
18 that the provincial pay scale gets used, MGEU, as the  
19 reference guide and then they set the salary dollar that  
20 you get for that position. So let's say the child abuse,  
21 and the coordinator, I believe they're SP5, so you would  
22 get the second from the top in your funding and regardless  
23 of whether you hire someone who's just starting and will be  
24 paid at level 1 and not at whatever the second from the  
25 top --

1 Q I see.

2 A -- is. And then the same is true with your EDs.  
3 There's a recognition of responsibility and workload, so a  
4 large agency, their ED position would be classified  
5 different than the small agency, which I believe is in the  
6 PM, whereas the larger one would be a different  
7 classification. So there's some recognition there of those  
8 pieces.

9 Q Okay. Thank you.

10 A So that would give you some variables among  
11 agencies.

12 Q With respect to the funding model, I, I'm fairly  
13 certain I understood your evidence about the way it works.  
14 But based on a couple questions that you had, I, it became  
15 somewhat muddled for me. So I just would like to ask you,  
16 the provincial dollars, you've clearly indicated, are based  
17 on a case count. You are funded for one social worker  
18 position for every 25 protection files; right?

19 You're nodding at that?

20 A That's correct, yes.

21 Q That's correct?

22 A Yes, yeah. And protection includes families and  
23 children in care.

24 Q Right. And beyond protection files, there are  
25 other non-protection files that get funded out of that same

1 pot of money; is that correct? And maybe I've --

2 A No.

3 Q I think, if I understood your evidence, it was  
4 that, for example, a social worker has 25 protection files  
5 and then you indicated that other files may come in that  
6 are not protection related and then you don't get an  
7 additional social worker funded for those other types of  
8 files, so you have to take the social worker off of their  
9 protection case work and assign them to do those other  
10 types of files --

11 A Okay.

12 Q -- that was my understanding.

13 A It wasn't, it wasn't the type of file that I was  
14 talking about. The, the only other type of file you would  
15 have in child welfare is the family enhancement voluntary  
16 service file. And those are funded at one to 20. So you  
17 would get that, you know, when, when your case load is  
18 looked at, for purposes of funding, calculate how many  
19 protection files, divide by four -- or sorry, divide by 25,  
20 gives you your workers. You'd look at your family  
21 enhancement files, divide by 20, it would give you your  
22 workers. What I was referring to is the additional  
23 workload that, on the provincial side, is unfunded, which  
24 is the whole area around alternative care, your foster care  
25 units, your foster care workers. They're not in that mix

1 on the provincial side.

2 Q I see.

3 A So if I'm creating a foster care unit of, you  
4 know, three, four people that's responsible to recruit,  
5 licence, train, support foster parents, I would have to  
6 find those resources from somewhere else and it would mean  
7 pulling a worker that might be funded to carry a case, but  
8 now they would not be carrying a case, those numbers would  
9 have to be distributed and it would increase the case  
10 loads.

11 Q That, and that was my, that was my point, is that  
12 simply because you get one worker for 20, every 25 files,  
13 does not necessarily mean that the maximum number of files  
14 a worker would have is 25? They may be assigned other  
15 files, for example, as you've just described, in addition  
16 to their, their regular protection file caseload.

17 A Yes, they may have, there may be other work that  
18 a worker's pulled off. The other thing is, you know,  
19 you're, you're given -- the, the dollar amount is  
20 determined at a point in time in the year. So if your case  
21 load's really climbed during the year, you're not going to  
22 see those adjusted until the next round of the model. So  
23 you could be also carrying more cases there.

24 Q Thank you. You mentioned some difficulties that  
25 you've experienced with CFSIS. One of the things you

1 mentioned was the connectivity issues. And we heard  
2 evidence, in the first phase, about, from social workers,  
3 where -- with one agency, for example, ANCR, who go onto  
4 CFSIS and, and attempt to do a case history review and they  
5 are unable, within CFSIS, to see CFSIS recordings of  
6 another different agency. They can see that the CFSIS  
7 recording is made and that there's an entry, but they  
8 actually can't go in and, and read the actual entry, to see  
9 what type of information is contained in the recording of  
10 that other agency. Are you aware -- are you able to  
11 confirm that that is, or is not a problem? Or are you  
12 aware of that?

13 A Well, it's my understanding that ANCR and the  
14 other designated intake agencies in the province have at  
15 least one person who can see every file.

16 Q Okay.

17 A It is true, at the agency level, that I cannot  
18 go, if I'm working at Intertribal, I cannot go and open a  
19 file that would be open to Peguis and see that. I can see  
20 that there's a file, but I could not go into that file and  
21 read it.

22 Q Right. So would you agree with me that it would  
23 be more, it would be more convenient for a social worker to  
24 be able to go into CFSIS and read that other agency's file,  
25 to determine, well, what kind of a case history have we got

1 here and what do, what am I dealing with now, as the  
2 current social worker? And to determine what the past  
3 history, history has been, perhaps, with another agency and  
4 to do that quicker, if they had that access?

5 A Well, you would be doing that if, now, in fact,  
6 the file is sitting with you in your agency and then you  
7 would be able to go in. But there's no value to having a  
8 worker from ICFS go and find out what's happening on a  
9 Peguis file, for example, if they don't carry that file  
10 themselves.

11 Q Right but they, the -- you're talking about the  
12 physical file? You would be able to go into the physical  
13 file, if it comes to you at, at an agency; correct?

14 A Well, if you, if there's been a file transfer,  
15 that file has now closed at Peguis and opened to ICFS, you  
16 would be able to go in on CFSIS and get it, because it  
17 would now be your case.

18 Q Right. Well, what, what about a situation where  
19 you have a, a closed file to ICFS and a new intake that  
20 comes in?

21 A Well, like I said --

22 Q The intake --

23 A -- the designated intake agencies and, and ANCR  
24 is one of those. There's a number of others throughout the  
25 province. They have at least one person who would be able

1 to access all the files.

2 Q Right. But the individual social worker, at  
3 that, at that moment in time, while they are, perhaps,  
4 speaking to a source of referral, would not be able to go  
5 into CFSIS to, to start looking at the past information  
6 from another agency; correct?

7 A It's my understanding that that happens a lot  
8 more quickly now.

9 Q Okay.

10 A Yeah.

11 Q Thank you. One of -- a little bit about your  
12 evidence, in terms of being able to track children through  
13 CFSIS and you mentioned that there were the CIC files, the  
14 children in care files, are -- you're able to track the  
15 number of kids that way. And then you mentioned family  
16 files and you gave an example, if I understand, where a  
17 family file may have three children attached, or receiving  
18 services through the family file?

19 A Yes.

20 Q And that that presents a difficulty for the  
21 agency to track numbers of kids in care; is that my  
22 understanding of your --

23 A That's correct.

24 Q -- evidence? Okay. So we've heard numbers,  
25 throughout the inquiry, about the number of kids in care in



1 Manitoba and the number, currently, is roughly around the  
2 high nine thousands to close to 10,000; is that  
3 approximately --

4 A Yeah, that would be --

5 Q -- right?

6 A -- correct.

7 Q So in addition to those children in care, are you  
8 able to tell us, because I, I haven't heard a number yet,  
9 how many other children in Manitoba are receiving services,  
10 although not in a child in care file? Do you have an --  
11 because, to me, it, it sounds like it may be much --

12 A Well --

13 Q -- much higher than the 10,000 we're talking  
14 about?

15 A -- well, the 10,000 are just children in care,  
16 yes, so, so those would not be even counted when we're  
17 counting protection files, if we're already counting them  
18 as children in care. Our best count was in '06, when we  
19 did the broad system-wide face-to-face on every child.  
20 That included all the children in care and all the children  
21 in protection families, where we actually got names and  
22 counts of every child. And our numbers on that, on that  
23 matter was we had 3,006 children in care and we had about  
24 4500 children in protection families.

25 Q And your numbers you're talking about are

1 exclusively for the Southern --

2 A Yes --

3 Q -- Authority?

4 A -- that's correct. I don't know the other  
5 numbers.

6 Q Okay. So you're, what you just told me, it'd be  
7 roughly that double the children in, double the number for  
8 at least the Southern Authority, you would have?

9 A Well, I'm, well, I'm not sure doubling is  
10 correct, in terms of the protection files, but the ratio  
11 would probably be close. We, we cannot --

12 THE COMMISSIONER: You said three, 3,006 in care  
13 and how many under protection files?

14 THE WITNESS: There were about, about 4500.

15 I can't go to CFSIS, or ask the CFSIS experts to  
16 give me a list of all the kids that are in protection  
17 families. They, they can give me a list of all the  
18 protection files and the primary caregiver, but the way  
19 CFSIS works, is those kids are then just listed under the  
20 caregiver name. So unless they have their own file or some  
21 provision for that, it becomes very difficult to actually  
22 pull those.

23 MR. RAY: Okay.

24 THE WITNESS: Unlike children in care, if, if I  
25 get a report that, you know, there's 50 kids who have not

1 been seen in time, I can go to CFSIS and get a name -- I  
2 can get 50 names, who the worker is, which agency they are,  
3 so I can get right on in phoning and saying, this kid needs  
4 to be seen. You can't do the same thing with kids in  
5 protection families.

6

7 BY MR. RAY:

8 Q We've heard a great deal of evidence, including  
9 from you, about some of the factors that result in children  
10 in care, children coming into care. And I've seen some of  
11 the national statistics, and I, so I can't direct them to  
12 you, in terms of a document, but, but perhaps you can just  
13 help me with this. In Manitoba, as I understand it, of the  
14 roughly 10,000 children in care, approximately 80, the high  
15 eighties, or 80 percent are First Nation children?

16 A Aboriginal children, would be --

17 Q Aboriginal children.

18 A -- First Nation and Métis.

19 Q Okay.

20 A Um-hum.

21 Q And I've also -- now, considering the other  
22 provinces, are you able to tell us what the rough ratio  
23 would be for B.C., Alberta, et cetera, in terms of their  
24 percentages of aboriginal children in care?

25 A I can't.

1 Q Okay.

2 A I could probably get it, or find documents that  
3 would have it. I think the other caution to that is what I  
4 talked about yesterday. When we were doing the national  
5 policy review and we were looking for those kind of  
6 comparisons, it was very difficult to get a meaningful  
7 comparison. You could get a number, but when we then  
8 looked at, well, who's counted as a child in care, like,  
9 for example, in Manitoba, any child that is placed with  
10 kinship, in a kinship placement, if they're in care and  
11 there's, you know, maintenance or an agency with an open  
12 file, we would count that as a child in care. Other  
13 provinces don't count those numbers in their children in  
14 care counts. So you'd need to do some, some analysis of  
15 what those numbers actually represent, to be able to figure  
16 that out.

17 In Manitoba, up until this year, we've also  
18 counted all the, all the youth who are under an extension  
19 of care, as children in care and those numbers have risen,  
20 I think, for everybody. So again, if you're counting  
21 children care, it would include that group, whereas, in  
22 another province, it might not. So while that might be an  
23 interesting thing to do and a good way to see is child  
24 welfare feeling the same pressures everywhere --

25 THE COMMISSIONER: Well, the bottom line is, you

1 don't know what's --

2 THE WITNESS: No.

3 THE COMMISSIONER: -- going on in other provinces,  
4 I think that's --

5 MR. RAY: That, that's --

6 THE COMMISSIONER: -- (inaudible).

7 MR. RAY: -- I was satisfied with that answer,  
8 Mr. Commissioner --

9 THE WITNESS: Okay.

10 MR. RAY: -- that's fine.

11 THE WITNESS: You should stop me.

12

13 BY MR. RAY:

14 Q Well, it's, it's interesting information, but I  
15 have some statistics that I expect we'll hear about in, in  
16 upcoming evidence, about the ratios, in terms of the  
17 percentage or the number of children in care for every  
18 thousand children aged zero to 18 and for Manitoba and  
19 Saskatchewan, they're disproportionately higher than other  
20 provinces and for Manitoba, the numbers I've seen are for  
21 every thousand children, at that age group, we're seeing  
22 approximately 24 children in care and Saskatchewan is very  
23 similar, approximately 22.

24 A Are you talking province-wide?

25 Q Yes.

1 A All children?

2 Q Yes. And for other provinces, we're seeing seven  
3 and a half children, nine children, eight children, 10  
4 children per thousand. So we're experiencing levels in  
5 Manitoba that are considerably higher than other provinces  
6 and I'm wondering if you, in your work on Federal  
7 committees, are able to comment on that, or if you're aware  
8 of those statistics and ...

9 THE COMMISSIONER: Do you, do you know those  
10 figures to be so?

11 THE WITNESS: No, I'm, I'm familiar with our  
12 figures on child pop (sic) on reserve and the percentage  
13 that are in care there, which is --

14 THE COMMISSIONER: Um-hum.

15 THE WITNESS: -- provincial, province-wide, about  
16 seven percent and differences in certain communities. So  
17 I'm not aware of the current numbers across the country.

18

19 BY MR. RAY:

20 Q Okay. Just one final question about the Federal  
21 funding arrangement. You've described that arrangement as  
22 providing a, an estimate, I suppose, or an assumed value  
23 and you said that you get seven percent, is the number that  
24 you were using and that may be, in some circumstances, a  
25 benefit to a First Nation that doesn't actually have seven

1 percent of its children in care. And you've also said, for  
2 other agencies, that may be detrimental, because they  
3 actually have more, a higher percentage of their  
4 children --

5 A Yes.

6 Q -- in care? And are you able to comment about  
7 what those agencies are entitled to do, for those that,  
8 where it results in a benefit, what are they entitled to do  
9 with their funding, given that they're overfunded, I guess,  
10 for lack of a better term? I would, I would --

11 A Well, we never want to use that word.

12 Q -- you -- yeah, poor choice of words, but from  
13 the model's perspective, they would be overfunded.

14 A Well, the -- we would be talking strictly then  
15 Federal dollars, if we're using your example about the  
16 seven percent. It would not be, it would not include  
17 provincial money, which is funded differently. So the  
18 agreements with the Feds and the agreement, the funding  
19 agreement is between the Federal government and the agency,  
20 there are provisions in their agreements that they are  
21 allowed to keep unexpended dollars, but they need to  
22 present a plan for how they're going to spend those and  
23 they have to be consistent with the purpose for which  
24 they're given. I know also that the Federal government is  
25 currently working on a revision to that policy, which will

1 restrict it a little bit more and what they're putting  
2 forward is that agencies will be expected to use that  
3 unexpended funds first in the new year, before they get  
4 additional monies.

5 Q Additional monies?

6 A Yes.

7 Q Okay.

8 A But they have not put that out yet, it's not  
9 final. They're still working on a draft, from what we  
10 understand.

11 Q And for those agencies where it's detrimental,  
12 where they are underfunded, are you able to tell us whether  
13 there's a process for them to obtain additional funds, or  
14 whether they are simply stuck with a lack of social workers  
15 to do the necessary work?

16 A There's no provision in any of those funding  
17 arrangements with the Feds for any deficit within, within  
18 the operational line, which would be core and service  
19 delivery, to be reconciled in any way, or for deficits to  
20 be made up. Having said that, because the funding model is  
21 fairly new, they are, they have made a, kind of a one, one  
22 of arrangement with, let's say Southeast, which is the  
23 agency that has 14 percent of its child pop in care. So  
24 they're doing what they call an anomaly adjustment.  
25 However, that is conditional on the Manitoba region having



1 that money in its budget at year end. It's not something  
2 the agency can count on and it may or may not happen. It  
3 has happened in '10/11 and '11/12 and now '12/13, so that's  
4 been a positive thing. The anomaly adjustment is not as  
5 great as the agency getting funded for the additional seven  
6 percent of the kids, but it does offset some of their  
7 funding pressures. The other thing that that agency has to  
8 do is use its family enhancement and prevention funding,  
9 instead of family enhancement workers, perhaps, they have  
10 to put them into the protection line, because they have  
11 really no choice.

12 Q Right. Because the protection --

13 A Yes.

14 Q -- work has to be, obviously, done?

15 A Because that's the -- yeah, exactly.

16 MR. RAY: Okay. Thank you, Ms. Flette, those are  
17 my questions.

18 THE WITNESS: All right.

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

20 THE COMMISSIONER: Thank you, Mr. Ray.

21 All right. It's time for our midmorning break.  
22 I'm just going to say we're obviously running considerably  
23 behind. So we will be sitting until five o'clock today.  
24 It'll take some emergency to make me relent on that. I did  
25 relent yesterday, but I won't be relenting today, unless

1 there's some very emergent reason for it. So we'll rise  
2 now for 15 minutes.

3

4 (BRIEF RECESS)

5

6 THE COMMISSIONER: Mr. Funke, please.

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

8 Ms. Flette, my name is Jay Funke and I'm here on  
9 behalf of the Assembly of Manitoba Chiefs and the Southern  
10 Chiefs Organization.

11 THE WITNESS: Morning.

12

13 CROSS-EXAMINATION BY MR. FUNKE:

14 Q What I'd like to start off with today is by going  
15 back and reviewing some aspects of the testimony that  
16 you've provided yesterday in your direct and I'd like to  
17 start by going back to your professional history, as you  
18 set it out yesterday and I understand that you first  
19 started in child welfare with West Region CFS; is that  
20 correct?

21 A No, I first started in child welfare with,  
22 working at Rousseau River First Nation. I did front line  
23 there for almost six, seven years.

24 Q Okay. Would -- that was before your position at  
25 the Behavioural Health Foundation?

1 A Yes.

2 Q Okay. And was there another agency that you  
3 provided social work for between Rousseau River and  
4 Behavioural Health Foundation, or was it a direct move from  
5 Rousseau River to BHF at that point?

6 A It was a direct -- I, I worked at Rousseau  
7 through CFS of Eastern Manitoba, which had the mandate, at  
8 that time, to cover Rousseau. But I worked exclusively at  
9 Rousseau as a prevention worker --

10 Q Very good.

11 A -- and I went from -- and then I worked still  
12 through eastern, but I worked for about six to eight months  
13 with DOCFS, that was coming to take over to assist with the  
14 transfer of the work and everything. And then I went to,  
15 yeah, I think then I went to Behavioural Health --

16 Q Sure.

17 A -- and from there to West Region.

18 Q So after BHF, then to West Region?

19 A Um-hum.

20 Q And I understand that shortly after arriving at  
21 West Region, you indicated that you became the interim  
22 executive director and then later became the, formally  
23 became the executive director; is that correct?

24 A Yes, I was first, when I moved to, up, up to  
25 Dauphin, it was for a position of training staff and

1 communities, to -- the agency was not mandated at the time,  
2 they were very new, so it was to do a training initiative.  
3 And I moved up there in I think it was February and  
4 somewhere around May, I was asked to step in as interim and  
5 then became the director.

6 Q Okay. And I understand that at the time that you  
7 started with West Region, you indicated that it was a  
8 relatively small agency at that time?

9 A Well, it was just starting, so it didn't, it  
10 wasn't funded yet. It didn't have a mandate. It had  
11 initial operating dollars, through the agreement that was  
12 signed and it had a group of workers that were being  
13 trained, through the New Careers program. Our mandated  
14 services were provided in conjunction with Parkland Region,  
15 which had the mandate.

16 Q So how many, how many workers and staff, in  
17 total, if you can recall, were -- just generally, I'm not  
18 asking --

19 A That's, like, 30 years ago.

20 Q I know, it's not a skill testing question, I'm  
21 just getting a sense of it.

22 A Well, I would say, I mean, there's nine  
23 communities, so I would say there probably would have been  
24 maybe 20, 25 workers initially and then rapid growth.  
25 Especially, the mandate was granted, I believe, in '85, so

1 there would have been, you know, quite rapid growth after  
2 that.

3 Q And you indicated that there was nine communities  
4 that the agency was responsible for servicing --

5 A Yes.

6 Q -- now, I have a list of the agencies that West  
7 Region currently serves and has that remained consistent  
8 throughout that time, or have further communities been  
9 added to its catchment area?

10 A No, it is still the same nine.

11 Q Still the same?

12 A None have been added, none have moved away.

13 Q Very good.

14 A Um-hum.

15 Q All right. And as I understand it, the services  
16 that were provided by the agency, like other First Nations  
17 agencies, were restricted to on reserve surface, services,  
18 rather, until the implementation of the Authorities Act; is  
19 that correct?

20 A Yes, the mandate was restricted to on reserve.  
21 We did, we did quite a bit of what we called outreach work.  
22 So if a child, for example, came into care with Winnipeg in  
23 the city, we would get involved with Winnipeg and look to  
24 see if we could transfer the child back to community, or,  
25 or with family, but we didn't have the authority to do it.

1 We had to do the transfers and, and --

2 Q Sure.

3 A -- work that out with Winnipeg.

4 Q And I'm going to get back, a little later in my  
5 examination, to some of the special projects that were  
6 undertaken by West Region, but I'd like to move on now,  
7 briefly, if I can, to the work that you then took up with  
8 the Southern Authority in 2003, which is, at which time you  
9 became the executive director of the Southern Authority; is  
10 that correct?

11 A Yeah, title, I think, is CEO, but yes.

12 Q CEO? And of course, we refer to it as the  
13 Southern Authority, but it's properly known as the Southern  
14 First Nations Network of Care; correct?

15 A That's the name we operate under, yeah.

16 Q Yeah. And you had testified yesterday about,  
17 about how the authorities came about, as a result of the  
18 initiative known as the Aboriginal Justice Inquiry Child  
19 Welfare Initiative, otherwise known as the AJI-CWI, for  
20 short; is that correct?

21 A Yes.

22 Q And I understand that, based on your testimony  
23 yesterday, you indicated that the purpose of the AJI-CWI  
24 was to provide First Nations and Métis people with  
25 meaningful control over the development and delivery of

1 child welfare services, to the families and children of  
2 those communities; is that correct?

3 A I think that broadly is. There's a number of  
4 principles that were articulated, but I think, broadly,  
5 that is, was one of the main objectives.

6 Q Sure. And one of the reasons for that, or if not  
7 one of the reasons, it certainly reflects subsequent  
8 research that Dr. Blackstock testified to earlier this  
9 week. And you may not have been present for her testimony,  
10 but I'll, I'll do my best to try and summarize that for you  
11 and ask you if it's consistent with your understanding of  
12 the research as well. She talked about specifically  
13 studies that were done in British Columbia, where  
14 researchers with the UBC and UVIC, did a study to determine  
15 what were the contributing causes to a high rate of youth  
16 suicides in southern B.C. and they determined that 90  
17 percent of those suicides were occurring in only 10 percent  
18 of the communities. And when they eliminated the other  
19 factors, they found that the strongest correlative link was  
20 between the level of self-determination and autonomy that  
21 those First Nations have been able to achieve and a  
22 correlative connection to not only child welfare outcomes,  
23 but also general, general health of the community. So that  
24 was Dr. Blackstock's testimony. Are you familiar, in  
25 general, with that idea that the greater extent to which

1 First Nations are able to achieve self-determination and  
2 autonomy, the better those communities do? They tend to  
3 thrive more.

4 A Generally I would agree with that.

5 Q All right. And that's kind of the idea that's --

6 A Um-hum.

7 Q -- reflected in the AJI-CWI; correct?

8 A Yes.

9 Q That, that First Nations and Métis people have a  
10 right to have meaningful control over the development and  
11 delivery of those services to the families and children in  
12 their community that require them; would you agree?

13 A I would agree. I would maybe phrase that a  
14 little bit different and --

15 Q Certainly.

16 A -- turn it around and say it's the children and  
17 families that require service that have the right to have  
18 their communities involved in that.

19 Q Well, let's talk about that. You had testified  
20 yesterday that the four partners in the AJI (inaudible) or  
21 the MKO --

22 A Um-hum.

23 Q -- which represents the Northern Chiefs, the AMC,  
24 who, at that time, were representing the Southern Chiefs,  
25 my other client organization, the Southern Chiefs



1 Organization, was still in its infancy at that time and so  
2 the AMC was operating on their behalf and, and the AJI-CWI.

3 A That was a motion, a resolution from the chiefs,  
4 to have AMC do that, so yes.

5 Q That's correct, yeah.

6 A Yeah.

7 Q The Métis Federation represented the interests of  
8 the Métis people and then the other partner was the  
9 province; is that correct?

10 A That's correct.

11 Q And early in that process, you testified  
12 yesterday, in the year 2000, memorandums of understanding  
13 were signed between the three First Nations or aboriginal  
14 groups, MKO, the AMC and the Métis Federation, with the  
15 province. Individually, they each signed a memorandum of  
16 understanding; correct?

17 A Yes.

18 Q And each of those memorandums of understanding  
19 used that very language that I referred you to earlier,  
20 which is that the, the purpose and intent of the memorandum  
21 of understanding was to ensure that those First Nations and  
22 Métis people had meaningful control over the development  
23 and delivery of child welfare services to the families and  
24 children in their communities; is that not correct?

25 A I believe that's, that's similar language, yes.

1 Q Yeah. And in fact, it was those very MOUs that  
2 then led to the development of the Authorities Act, which  
3 was later proclaimed and created your organization;  
4 correct?

5 A It was the, the MOUs that signified the political  
6 agreement to start the process.

7 Q Certainly.

8 A There were many steps along the way where  
9 additional agreements were sought, but that was the first  
10 one.

11 Q And certainly, it was the understanding between  
12 those organizations and the province for the guiding  
13 principles that were to inform the legislation; correct?

14 A YES.

15 Q Now, the negotiations that led to those MOUs  
16 being signed, you'd agree with me, involved the  
17 democratically elected leadership of the Southern/Northern  
18 First Nations; correct? It was -- I'm not trying to trick  
19 you. It was the MKO --

20 A Yes.

21 Q -- who signed the MOU and it was AMC who signed  
22 the MOU?

23 A Yes, it was the political body, yes.

24 Q Yeah. It wasn't agencies?

25 A No, it was not agencies.

1 Q And to be clear, agencies and their boards are  
2 not members of the AMC; correct? They're not members of  
3 the Assembly?

4 A No, they are not.

5 Q Now, you had mentioned yesterday that there were  
6 was a number of different community -- sorry, I apologize,  
7 a number of different committees that were struck in order  
8 to do the work necessary to implement the AJI-CWI; is that  
9 correct?

10 A Yes, there were a number of working ad hoc,  
11 longer term committees, looking at different pieces, yes.

12 Q And that included the implementation committee,  
13 which you were a part of; correct?

14 A The implementation committee was a broad  
15 committee and they, for the most part, were the ones that  
16 determined and set up those working groups and those  
17 working groups reported to them and then they reported up  
18 to the joint management group and then up to the  
19 leadership.

20 Q Thank you. And you indicated yesterday that you  
21 were the representative for the Southern First Nations on  
22 that implementation committee --

23 A Yes.

24 Q -- did I understand that correctly?

25 A Yes.

1 Q All right. Can you explain to us how you were  
2 selected for that, that position?

3 THE COMISSIONER: Does that have a bearing on  
4 what we're doing here, how she was selected for that  
5 position?

6 MR. FUNKE: Well, she offered it in evidence  
7 yesterday, Mr. Commissioner --

8 THE COMISSIONER: Yeah.

9 MR. FUNKE: -- as part of her historical context  
10 for providing --

11 THE COMISSIONER: Well, I just, I just want to  
12 keep you on track of what the mission of this inquiry is,  
13 but having said that --

14 MR. FUNKE: Yes.

15 THE COMISSIONER: -- you carry on.

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

17 THE COMISSIONER: Long as you have that in your  
18 mind.

19 MR. FUNKE: I do and I, and I'm tying these  
20 questions back to the evidence of Dr. Blackstock, Mr.  
21 Commissioner, who indicated that self-determination and  
22 autonomy is a fundamental component of ensuring the health  
23 of their communities and that's the theme that I'm  
24 attempting to explore here.

25

1 BY MR. FUNKE:

2 Q Do you remember, Ms. Flette, how it was that you  
3 became selected to represent the Southern First Nations in  
4 that committee?

5 A I think the -- I believe the process was a  
6 request at the agency directors' meetings, of which I was a  
7 director at the time, to be the rep and then that was  
8 okayed by AMC. There was a process to advise them on who  
9 our reps were going to be. I don't believe it was a  
10 formal, like, election process, or anything like that.

11 Q Okay. I appreciate that. You're -- I'm only --

12 A It's awhile now though.

13 Q -- asking you for your recollection. I  
14 appreciate that. Now, you had testified that eventually,  
15 in 2005, the AJI-CWI was rolled out and files were  
16 transferred from Winnipeg CFS to the various First Nations  
17 agencies that had been either created, or had previously  
18 had their mandate, that were now providing services to  
19 families in Winnipeg; is that correct?

20 A AJI was rolled out prior to '05. It was '05  
21 where we essentially completed the transfer of work and  
22 resources. We started the transfer in '03, as soon as the  
23 Authorities Act was proclaimed and we, again, we were able  
24 to give agencies their expanded mandates to cover off  
25 reserve. We began the transfer process in the interlake

1 area, for example, that occurred in November of '03.

2 Q I, I apologize, perhaps my question was, was  
3 vague. I'm speaking specifically of the transfer of files  
4 from Winnipeg CFS to First Nations agencies that were  
5 operating in Winnipeg at that time, with respect to the  
6 date that those files are transferred. My understanding is  
7 that that happened on May 16th, 2005?

8 A Well, there was no one specific day where that  
9 would have happened on. It would have been over the  
10 period, I, I believe that started at the beginning of May  
11 and ended sometime in June.

12 Q Okay.

13 A There were many, many files and --

14 Q Sure.

15 A -- lots of agencies, between the north, the south  
16 and the Métis. So it would have been certainly more than a  
17 day and time. Also leading up to that, I mean, there were  
18 decisions already made about how many resources, et cetera.  
19 That was done by having those, all the files and all the  
20 families, that Winnipeg complete their ADP and selecting  
21 which authority they wanted to go to. And that was done in  
22 '04, I think, those were essentially completed late '04,  
23 because by early '05, we had a breakdown of how many cases  
24 were going where and what that meant, in terms of money  
25 and, and staffing.

1           Q     Sure.  And my understanding was, and, and perhaps  
2 I'm mistaken, or the information that I've been given is  
3 incorrect, but it's my understanding that many of the  
4 agencies had requested that that the transition of those  
5 family files not occur all at once, but rather be phased in  
6 in batches; now do you recall that being the case?

7           A     Well, I, I recall that being a discussion,  
8 because we looked at a number of options about how we could  
9 do that in a manageable way that was not going to put kids  
10 or families at risk, but also insist, or ensure that the  
11 agency that was getting the files could manage the files.  
12 And the idea of moving them in batches was certainly one  
13 consideration that we looked at, the pros and cons of that.  
14 There were a number of reasons why that option was not  
15 chosen, probably primarily because we were also dealing  
16 with the transfer and division of work among the staff.  
17 And so, if we transferred a batch of files over, a worker  
18 would have to go with that batch of files and it would  
19 become almost impossible to manage, on both Winnipeg's end  
20 and our end --

21          Q     Sure.

22          A     -- if we were doing the whole thing in batches  
23 like that.

24          Q     And what you're referring to are the resource  
25 transfer tables; correct?

1           A     Yeah, well, there -- we did two. One was a case  
2 transfer table and one was the resources, which was the  
3 money and the staff.

4           Q     And it became a logistical nightmare, if I can  
5 use that terminology, to try and apportion which resources  
6 were going to be transferred at which time, unless  
7 everything was done all at once?

8           A     Yes, it, it was -- in the end, we thought that  
9 that was not going to be a good, a good model. We had to  
10 not just -- it wasn't just the southern agencies, we were  
11 transferring, like, all the files and so that, the  
12 logistics of that were really difficult to deal with and we  
13 felt, would result in perhaps cases falling in between the  
14 cracks, or a case getting multiple workers assigned, while  
15 the batch transfers were going on. So there were a number  
16 of reasons why that wasn't, why that wasn't done that way.

17          Q     And the concern that the agencies, the receiving  
18 agencies, had was they were concerned about the impact of  
19 receiving all of those files at once and the burden that  
20 that would create, both for the, these new burgeoning  
21 agencies, or at least these burgeoning offices in Winnipeg,  
22 for previously existing agencies, with new staff, new  
23 operations, et cetera, that having all of these files  
24 (inaudible) all at once would create a, an overwhelming  
25 burden for those agencies? That was the concern that had



1 been voiced at the time; correct?

2 A Well, it was certainly one of the challenges that  
3 we were trying to address and minimize and see how we could  
4 best handle that. If an agency was getting a lot of files,  
5 yes, there was a growth factor. That was offset, in some  
6 cases, by existing workers. For example, Southeast, that  
7 got quite a number of files from the Winnipeg transfer  
8 table, but all of the workers that initially went to  
9 Southeast were all seconded, so they came with knowledge  
10 already of some of those families and some of those cases.  
11 So that mitigated it a little bit. It did, I mean,  
12 clearly, and, and I think we identified and acknowledged,  
13 that created the, you know, the HR issues, the growth  
14 issues that an agency would have to deal with, yes.

15 Q Yeah. And we've already heard evidence from a  
16 number of workers, at this inquiry, who were seconded, or  
17 who were concerned about the issue of secondment. There  
18 was also concerns voiced by previous witnesses with respect  
19 to job security, continued benefits, other related issues.  
20 And you're not saying that all of the seconded Winnipeg CFS  
21 employees that were now assigned to the First Nations  
22 agencies maintained their case load, or that the families  
23 that had been assigned to them, while they were with  
24 Winnipeg CFS, were now the same families that were assigned  
25 to them when they went to the First Nations agencies?

1 A Oh, no, that was impossible, because --

2 Q Yeah.

3 A -- the case load could have gone to three or four  
4 different agencies and three or four authorities --

5 Q Absolutely.

6 A -- so it was almost impossible to work, to work  
7 the transfer that way.

8 Q Okay. Just wanted to make sure we were saying  
9 the same thing.

10 A Yes.

11 Q All right. Now, you were part of the  
12 implementation committee and do I understand that, that  
13 this, the, the effective date, or the rollout date of May  
14 the 16th, 2005, that I've been given, that was something  
15 that was under the control of your committee?

16 A Well, I would argue the May 16th date, but laying  
17 out the dates of the transfer and the dates of those  
18 transfer tables and when we were going to meet and do those  
19 processes would largely have been coordinated by the  
20 implementation committee.

21 Q Sure. And I've, I've heard it referred to as the  
22 go-live date. Are, are you saying that that wasn't  
23 commonly referred to as the go-live date of May 16th --

24 A No.

25 Q -- 2005?

1           A     We would set different, what we called go-live  
2     dates, when, when all the transfers had occurred and within  
3     an agency, or within an authority, there was a go-live date  
4     for a certain area. I'm not sure that May the 16th was a  
5     go-live date for Winnipeg. I, I, I could be wrong, it's,  
6     it's been awhile, but the go-live term was when, actually,  
7     all the transfers had, had happened and those cases were  
8     now there and that agency was responsible.

9           Q     Okay. Well, I appreciate your evidence in that  
10    regard. The next thing I want to ask you about is the  
11    authority determination protocol that you had discussed  
12    yesterday and you had indicated that one of the advantages  
13    of the ADP, as it's now known, allows families, who are  
14    receiving services, to choose the authority of service from  
15    whom that, those services are delivered; is that correct?

16          A     Yes.

17          Q     All right. Now, it's my understanding of the  
18    ADP, and correct me if I'm wrong, is that although families  
19    can choose the authority from whom they receive services,  
20    they do not choose the agency that they --

21          A     Correct.

22          Q     -- receive services from? The agency is  
23    determined by the authority, upon review of the ADP  
24    protocol and the information received from the parent; is  
25    that correct?

1           A     No.     There were already decisions made at each  
2 authority and I'll speak for the South.     If we have a  
3 family who comes from a West Region community, for example,  
4 who chooses the South, that case would go to West Region  
5 Child and Family.     So that family would not be able to say,  
6 well, I want the South, but I want, you know, Peguis to do  
7 my case.

8           Q     Sure.

9           A     It would go to West Region.     If they wanted to  
10 switch, and they had a valid reason, they could bring that  
11 forward, but that was not part of the ADP process itself.

12          Q     Sorry, I guess what I'm thinking of is a  
13 circumstance -- and I'm not asking you to comment on a  
14 hypothetical -- but it's entirely feasible that you would  
15 have a family where the father was from one First Nation,  
16 the mother was from another First Nation and they may  
17 choose one or the other agency.     What I'm suggesting to you  
18 is that their choice, in that regard, or their indicated  
19 preference, was not determinative of which agency would be  
20 assigned to them?     Ultimately, the authority was  
21 responsible for making that decision?

22          A     I think that's too broad.     We certainly had  
23 guidelines for workers to use if you had two caregivers and  
24 they, they came from different areas, or were making  
25 different choices, around how to resolve that.     The rule

1 generally being that we want those agencies to work it out.  
2 We want one agency to provide services to one family. We  
3 don't want families split up. If they cannot agree, or  
4 come to an agreement, then the authority would step in and  
5 make the decision.

6 Q And that's ultimately what I'm getting at, is  
7 that it's not, it's not up to the family to choose.  
8 Ultimately, that responsibility lies with the authority?

9 A Yes, however, their preferences and their wishes  
10 were certainly taken into account and in most cases, we  
11 were able to accommodate them.

12 Q Sure. Now, you had spoken yesterday, at length,  
13 on the issue of funding and I'm going to ask you some  
14 questions about that. Prior to the Authorities Act, the  
15 province provided funding under Section 6 of the Act; is  
16 that correct? To First Nations agencies? Section 6 of the  
17 Child and Family Services Act?

18 A Can you refresh my memory on that Section?

19 Q It's subsequently been repealed. Whether or not  
20 it's that particular section or not, you'll agree with me  
21 that the province provided funding to the agencies, prior  
22 to the Authorities Act, directly; is that correct?

23 A Yes, it would have been directly. They funded  
24 primarily maintenance costs for kids that had transferred  
25 to the First Nations agencies, but were provincially

1 funded. And then they provided us money for outreach  
2 services, which was, I think, typically, in most cases, a  
3 grant amount that was done. So there was no funding model  
4 that was provided and it was based on the actual -- a  
5 recognition of the services we needed to provide to  
6 provincial kids. We were not engaged with families, to the  
7 same extent --

8 Q Sure.

9 A -- because we had no, we didn't have the  
10 jurisdiction, off reserve, for that.

11 Q And the funding was more ad hoc in that nature?

12 A Well, pretty much, throughout the system --

13 Q Yeah.

14 A -- that's pretty ad hoc, but yes.

15 Q And since the implementation of, or the passing  
16 of the Authorities Act, we now have a situation where all  
17 provincial funding, to an agency, now flows through the  
18 respective authority, other than maintenance; is that  
19 correct?

20 A That's correct.

21 Q And you'll agree with me that a substantial  
22 component of the expenses that an agency incurs and is  
23 responsible for, is maintenance?

24 A Yes, it is. It's funded separately, it's funded  
25 on actual -- it's, it's not -- it doesn't operate the same

1 as an agency's operation --

2 Q No.

3 A -- funding would.

4 Q It's very different.

5 THE COMMISSIONER: What, what is it -- what, what  
6 are you referring to there? What doesn't operate the same?

7 THE WITNESS: The maintenance funding. Like,  
8 agencies --

9 THE COMMISSIONER: The, the, the which funding?

10 THE WITNESS: For maintenance of children.

11 MR. FUNKE: It's called maintenance --

12 THE WITNESS: Yeah.

13 MR. FUNKE: -- Mr. Commissioner.

14 THE WITNESS: Yeah.

15

16 BY MR. FUNKE:

17 Q Perhaps, Ms. Flette, you, for the benefit of  
18 everyone, you can explain what types of expenses are  
19 covered by maintenance?

20 A Well, broadly, the definition is any costs  
21 related to children who are in out of home care. So it  
22 would cover group homes, it would cover treatment centres,  
23 it would cover foster homes. It would cover clothing for  
24 those children and for daycare, if they're eligible,  
25 respite payment, support workers, anything related to the

1 care of those children.

2 Q And it's a fairly complicated system now where  
3 although the province is responsible for providing that  
4 funding to that agency and provides that funding directly,  
5 approval for certain maintenance expenses flows through the  
6 authority first; is that correct?

7 A Well, there are pieces of it where we are asked  
8 to approve the agency's plan. So, for example, extensions  
9 of care, the agency has to submit the request to us and we  
10 have to agree with it. And if we approve it, then the  
11 province pays it, based on whatever care plan the agency  
12 has provided to the province. The special rates, for the  
13 most part, we have not approved at the authority, even  
14 prior to AJI, but certainly since. Agencies are considered  
15 self-managed. In our case, all of them, except one agency  
16 is self-managed. So they have special needs committees  
17 that they take those requests to and those committees have  
18 to review and sign off and then that goes to the province  
19 for payment.

20 We have been more involved in the last, probably  
21 since the spring now, so maybe for about a year, in a  
22 review of when there's changes to special rates and that's  
23 been more a review and a control factor where the authority  
24 is asked to review those and approve the increases before  
25 the province will pay them. That has not necessarily



1 though resulted in the province rubber stamping. We find  
2 there's still lots of questions --

3 Q Certainly.

4 A -- that come from the province. And at the end  
5 of the day, they are the ones that cross things off the  
6 bills. So --

7 Q And, and I just want to be clear about that. You  
8 said that the request is made for the authority to review  
9 those rates before they're submitted and, and, and, and so  
10 there's no confusion, that request is not coming from the  
11 agency, that request is coming from the province?

12 A That request is from the province and the Feds  
13 have followed suit, so it's really both --

14 Q Sure.

15 A -- yes.

16 Q And with respect to leveling children, in terms  
17 of what they need in, as far as group 2 resources are  
18 concerned, it's my understanding that the province has  
19 exclusive authority over level 5 --

20 THE COMMISSIONER: Well, you know, I --

21 MR. FUNKE: -- approval; is that correct?

22 THE COMMISSIONER: -- I don't have a background on  
23 what these levels and groups are and I'm not going to do a  
24 reassessment of the funding formula at this hearing. So I  
25 don't know what the point is of you going into all this

1 detail of the funding, because the, the -- if you can  
2 explain to me what, what you're driving at, I -- it would  
3 help me, because I just don't have the background of the --

4 MR. FUNKE: Certainly.

5 THE COMISSIONER: -- of the facts that you're  
6 talking about.

7 MR. FUNKE: And, and, and we can explore those,  
8 Mr. Commissioner, to ensure that you have an understanding  
9 of, of what it is I'm asking the witness. I don't want to  
10 leave you with any confusion in the, in that sense.

11 THE COMISSIONER: Well, you are, that's the --  
12 that's where you're putting me at the moment.

13 MR. FUNKE: Well, let's, let's resolve that.

14 First of all, in terms of the significance of my  
15 question, again, it relates to the control over the  
16 delivery of services to child, to children and families in  
17 First Nations communities and who has control over the  
18 delivery of those services to those children and family.  
19 And I'm exploring with the witness, in terms of funding,  
20 which has been a matter of much discussion in evidence  
21 before you, how some of that control works. And I'm not  
22 intending to go through every single type of example of how  
23 funding operates, I'm just picking some general examples  
24 that show how complex the system is. And it's not my  
25 intent to ask you to embark on a systemic review of

1 provincial funding. But there are some issues --

2 THE COMMISSIONER: Or Federal funding.

3 MR. FUNKE: -- or Federal funding. But there are  
4 some issues that you need to be aware of insofar as these  
5 funding issues limit a First Nations agency's ability to  
6 deliver services that are required under both provincial  
7 and authority standards. And that's something that you  
8 very much do need to be aware of.

9 THE COMMISSIONER: Well, are you suggesting that  
10 it's within my purview to, to recommend changes in funding?

11 MR. FUNKE: Absolutely. If an agency comes  
12 before you, Mr. Commissioner, and says, we have standards  
13 that we are expected to meet, under the legislation and we  
14 want to do that, but because of exigencies either in the  
15 model, or because of the exigencies that we face in the  
16 communities where we deliver those services, we're not able  
17 to do so, because of the limitations in the funding, I  
18 don't know how you avoid dealing with that in your  
19 recommendations, if it impacts on the availability of those  
20 services to children and potentially puts those children at  
21 risk. I don't know how you escape that. And, and I can  
22 advise the Commission that I anticipate calling exactly  
23 that evidence next week. So that's the context within  
24 which I'm asking these questions.

25 THE COMMISSIONER: Carry on.

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

2

3 BY MR. FUNKE:

4 Q So just as an example, with respect to level 5  
5 funding, and that refers to group 2 resources, and a group  
6 2 resource, correct me if I'm mistaken, is any placement of  
7 a child in a home that is not licensed as a private foster  
8 placement; is that correct?

9 A Well, group 2 resources was a term we used  
10 through AJI, to kind of put those all in a collective  
11 place, because we were -- at the time, it was a project  
12 that we wanted to look at the residential care system. So  
13 group 2 is a wide variety of resources that are licensed  
14 primarily through the residential care component at the  
15 province and not as foster homes. It's not limited to  
16 level 5 and nor are all level 5 kids in group 2 resources.

17 Q No, I'm not suggesting that.

18 A Okay.

19 Q But where an agency wants to place a child in a  
20 level 5, group 2 placement, that goes directly to the  
21 province and the province has a separate application  
22 process for that approval; am I correct?

23 A Any --

24 THE COMMISSIONER: Well, now, have I, have I been  
25 told what level 5 and group 2 are?

1           MR. FUNKE:   Group 2, Ms. Flette just explained  
2 what group 2 is. Level 5, there's a series of levels that  
3 children are ranked on, depending on their level of need  
4 and level 5 is the high --

5           THE COMMISSIONER:   Ranked, ranked by whom?

6           MR. FUNKE:   Well, that's what we're getting at.  
7 The agencies have a self-approval process, that Ms. Flette  
8 just described, that allows them to rank children on levels  
9 1 through 4. Sometimes, if I understand your testimony  
10 correctly, the authorities are asked to review those  
11 special rate approvals, to determine whether or not a child  
12 has been properly leveled, before that then gets submitted  
13 to the province and ultimately is approved. But with  
14 respect to the highest level, the level 5 placements, that  
15 goes directly from the agency to the province and it has a  
16 separate application process.

17

18 BY MR. FUNKE:

19           Q    Am I correct?

20           A    No.

21           Q    Then please, please clarify that then. I may be  
22 using the wrong terminology.

23           A    Well, I think the use of the word "leveling  
24 children", what I understand from what you just said, is  
25 you're referring to a process of leveling a child, based on

1 their needs. In fact --

2 Q Yes.

3 A -- while, while that initially started out that  
4 way, for at least the last 10, 15 years, children receive a  
5 level based on the amount that's paid for them. So if  
6 they're in a certain range that's considered a level 2  
7 range, or a level 3 and it has more to do with the dollars  
8 that are being paid --

9 Q Yes.

10 A -- than it does about the needs of the kids.  
11 There are times where, you know, we would say, from a  
12 purely assessment of needs of the child, we would agree  
13 with some kind of level 2 rating. But broadly, when we  
14 refer to a child in a level 2 placement, or a level 3  
15 placement, we are referring to the amounts that are paid --

16 Q Yes.

17 A -- for that child. So that's --

18 Q You're --

19 A -- quite different than, I think, what you  
20 were --

21 Q Sorry --

22 A -- saying.

23 Q -- thank you for being precise. What we're  
24 really talking about is approval of the per diem rate that  
25 is allowed to be paid for that child, that corresponds to

1 their placement; correct?

2 A Perhaps. The approval of the per diem, agencies  
3 go through a process of developing a case plan and then  
4 attaching dollar values to that case plan. And if that  
5 special rate gets approved, then that would say okay, this  
6 is now a level 3 kid, or a level 4 kid. It, it, again,  
7 it's tied more to the money. We see lots of examples where  
8 a child with what we would consider not so high needs is in  
9 a very high placement for whatever reason. So it isn't --  
10 it's not that they necessarily all tie together and always  
11 make complete sense. So --

12 Q And, and I appreciate that and I don't want to  
13 get too far into the weeds, Mr. Commissioner.

14 My only point is, is that those determinations  
15 are ultimately made not by the authority, but rather by the  
16 province. Maintenance is approved and paid by the  
17 province; am I incorrect?

18 A Maintenance is approved and paid by the province.

19 Q Now, we had talked as well, or you had testified  
20 as well, yesterday, about efforts to try to make the  
21 authority and ANCR more culturally appropriate and have  
22 that reflected in its work, in its workforce; do you recall  
23 that?

24 A Yes.

25 Q And you had indicated yesterday that between 80

1 and 84 percent of the authority staff are currently  
2 aboriginal; is that right?

3 A Yes.

4 Q That's not to say that between 80 and 84 percent  
5 of the authority staff are First Nations, because they are  
6 two different terms; am I correct?

7 A They, yes, they are.

8 Q This is self-identified as aboriginal, which can  
9 also include Métis; is that correct?

10 A Yes.

11 Q And just to be clear, do you know what the  
12 statistics are, in terms of which percentage of the  
13 authority staff self-identify as First Nation?

14 THE COMMISSIONER: You're talking about staff?

15 MR. FUNKE: Staff. The, the Southern Authority  
16 staff identify as First Nation.

17 THE WITNESS: I can't tell you what it is right  
18 now. When we report, we don't break it down. We do  
19 collect that information, but I would have to go and see.  
20 I, I can tell you that most of our staff are First Nation,  
21 but I can't give you what the breakdown would be.

22

23 BY MR. FUNKE:

24 Q Sure. And you'd agree with me that there's a,  
25 there's a meaningful distinction to be made, in terms of



1 culture, between First Nations and Métis?

2 A Well, yes, there is meaningful distinctions  
3 between communities that are First Nation and their  
4 culture, so yes, that, that's true.

5 Q But even beyond that, the reason that there is a  
6 First Nations Authority for the south, a First Nations  
7 Authority for the north and a separate First Nations -- I'm  
8 sorry, separate authority, rather, for the Métis, is to  
9 reflect those cultural diversities between those groups?

10 A I'm, I'm just thinking of your wording, because  
11 I'm not quite sure I would agree with that. But it is  
12 to -- yes, I would agree that we are primarily charged with  
13 culturally appropriate services to First Nations. The  
14 group of kids we look after is primarily First Nations.  
15 The exception would be ANCR, which is an agency that  
16 operates on behalf of all four authorities.

17 Q We'll get to that, but I'm talking about the  
18 authority at this point.

19 Now, in terms of the staff complement that the  
20 authority has, what was the, the initial numbers of staff  
21 that you had when the authority was first created?

22 A Seven.

23 Q Seven? All right. And I understand then, at the  
24 time of, and I don't want to mince words with you, in terms  
25 of the rollout in 2005, what was the staff complement, if

1 you can recall, in 2005, at the time that devolution was  
2 underway and files were being transferred from Winnipeg CFS  
3 to the First Nation agencies in Winnipeg?

4 A Well, I believe we were still funded basically  
5 for the seven initial staff. There were additional dollars  
6 provided for staff, to assist with the transfers. So we  
7 had, like, a case transfer coordinator that could  
8 specifically work around the transfer of cases. I don't  
9 recall what the exact number were at the time. I, I'd have  
10 to go and look.

11 Q That's fine.

12 A It, it would have been more than seven, to assist  
13 with that work --

14 Q Sure.

15 A -- yes.

16 Q And as I understand it, the staff of the  
17 authority currently is approximately a hundred and fifty;  
18 is that right?

19 A Of the authority?

20 Q Yes.

21 A No, we have about 40 staff at most. Some of  
22 those positions are term, or project funded positions.

23 Q Of the 40?

24 A Yes.

25 Q So how many permanent staff do you have then? Do

1 you know?

2 A I'd say probably around 32 or 33, that we would  
3 consider permanent staff.

4 Q Okay. And you would agree with me that the  
5 authority doesn't provide direct family services to  
6 children and family? It, it supervises, or, or is  
7 responsible for the provision of those services through the  
8 agencies under its umbrella; is that correct?

9 A Well the agencies are separate entities. They  
10 have a board, they have EDs. They are mandated, under the  
11 CFS Act, to be providing those services. The authority's  
12 role is to monitor, make sure that the agencies are  
13 carrying out their mandate.

14 Q Okay. But the, the authority doesn't provide  
15 those services directly to the families, is my point.

16 A No, we do not.

17 Q Okay. Now, you had mentioned yesterday that the  
18 authority has the jurisdiction, or the authority, to pass  
19 culturally appropriate standards, if you choose; did I  
20 understand you correctly?

21 A We have the ability, under the CFS Authorities  
22 Act, to develop and implement standards, yes.

23 Q And -- but my point is, is that yesterday, the  
24 words you used, as I wrote them down, were if we choose to  
25 do so; did I misunderstand you, or is, is that what you

1 said?

2 A I, I can't remember if I said that. I -- there's  
3 nothing compelling us. We do have the authority and the  
4 ability to be able to do that under legislation.

5 Q Okay. So now you've talked about two standards  
6 that were implemented today in earlier questioning and I, I  
7 went on your website and I could find three standards that  
8 the Southern Authority has implemented. Are there more  
9 that aren't listed on your website, in terms of the  
10 authority standards that it has proposed and passed since  
11 coming into effect?

12 A Well, I was under the opinion we had two, but if  
13 you found a third one, good. There wouldn't be many more  
14 than that --

15 Q Okay. I can tell you what I --

16 A -- that we've done at this point.

17 Q -- sorry, I didn't mean to interrupt. I can tell  
18 you what I found. You tell me if this assists you. One  
19 was the standard with respect to reporting requirements to  
20 the chiefs?

21 A Yes.

22 Q That was reporting requirements by the agencies.

23 THE COMMISSIONER: Reporting what?

24 MR. FUNKE: Reporting requirements for the agency  
25 to provide reports to the chiefs of the communities that

1 the agencies serve.

2

3 BY MR. FUNKE:

4 Q Am I correct?

5 A Yes.

6 Q That particular standard does not require the  
7 authority to report to the chiefs of those communities,  
8 just the agencies; correct?

9 A Well, the authority would not pass standards for  
10 itself --

11 Q Granted.

12 A -- you know. However --

13 Q But --

14 A -- just to say that we do provide reports to the  
15 chiefs twice a year as well.

16 Q Okay.

17 A But we would not set a standard for ourselves to  
18 do that.

19 Q No, and I'm not suggesting that you should, I  
20 just want to make sure that everybody understands that that  
21 is a standard that doesn't apply to the authority, it  
22 applies to the agencies under your, under your supervision?

23 A They're agency standards --

24 Q Yeah --

25 A -- yes.

1 Q -- that's all. The second one was that there's a  
2 protocol with respect to developing a culturally  
3 appropriate workforce and other requirements for hiring and  
4 social workers; is that correct?

5 A There's a workforce qualification standard for  
6 entry level and it is, it's our standard that is consistent  
7 with the foundational standard that the province has for  
8 workforce qualifications, yes.

9 Q And then third one I found was a standard with  
10 respect to foster parent removal protocol?

11 A That's not a standard. That would be a  
12 protocol --

13 Q All right.

14 A -- for when children are removed from a foster  
15 home, we are responsible for an appeal that a foster parent  
16 might make and we have a protocol and a procedural step for  
17 that.

18 Q And that protocol essentially sets out the foster  
19 parent appeal process set out both in the legislation and  
20 under the foster parent --

21 A It mirror --

22 Q -- regulations; correct?

23 A -- it mirrors that, yes.

24 Q Yeah. And I apologize, if that's not a protocol,  
25 I think it's listed as such on your website, but --

1 A It, it's --

2 Q Okay. In any event, those are the only two  
3 standards then that you're aware of that the authority has  
4 passed, since coming into, into, into effect in 2003 --

5 A Three, yes.

6 Q -- correct? Now, you had said that the authority  
7 has the ability to pass standards, but, but I'm going to  
8 suggest to you that, in fact, it's significantly more than  
9 that. Does the authority not have a duty to do so? And is  
10 that duty not set out under the Authorities Act?

11 A Yes, I wouldn't argue that.

12 Q So it's not that you have the choice, it's not  
13 that it's open to the authority to do that, the authority  
14 has an obligation to do that. In fact, Section 19(c) of  
15 the Authorities Act says that the authority is responsible  
16 to ensure that culturally appropriate standards, for  
17 services, practices and procedures are developed --

18 A Yes.

19 Q -- would you agree? And although the authority's  
20 now been in place for 10 years, only two standards have  
21 been developed; is that correct?

22 A Yes.

23 Q No standards with respect to the delivery of  
24 services?

25 A There's lots of standards. They're not Southern

1 Authority standards.

2 Q That's my point, the --

3 A Yes.

4 Q -- authority has not passed culturally  
5 appropriate standards to ensure that the delivery of  
6 services to First Nations people are culturally  
7 appropriate; am I correct?

8 A The authority has not passed any standards to  
9 ensure that the practices of the First Nations agencies and  
10 the delivery of those services to First Nations people that  
11 they serve are culturally appropriate; that hasn't happened  
12 either, has it?

13 A There's no standard. There's many reviews  
14 though, that we have done and there's many expectations  
15 that we have given to agencies that that is what's  
16 expected.

17 Q But Section 19(c) doesn't speak to reviews --

18 A No, that's right.

19 Q -- doesn't speak to directions, it speaks to --

20 A No.

21 Q -- standards. And third, you'd agree with me  
22 that the, that the authority has not passed any culturally  
23 appropriate standards with respect to the procedures to be  
24 followed by First Nations Child and Family Services and the  
25 delivery of services to those children and families; would



1 that be correct as well?

2 A We don't have Southern Authority standards,  
3 that's correct.

4 Q Okay. Why not? It's been 10 years. That's a  
5 duty that's set out in the Act. Why has the authority not  
6 done more to ensure these standards are in place, to help  
7 guide First Nations agencies in developing these practices,  
8 policies and services, to ensure that the children and  
9 families that they're, they're providing services for are  
10 done in a culturally appropriate manner?

11 A Well, as you pointed out earlier, you know,  
12 starting in '03, there was -- and up until late or summer  
13 of '05, we were very consumed with the business of  
14 transferring resources, with enabling our agencies to be  
15 able to absorb and carry the workload of those resources.  
16 We were very engaged in trying to address the recruitment  
17 and staffing issues. We were very engaged with trying to  
18 get an appropriate funding base in place, with a view to  
19 having adequate staff to fulfill the standards that we  
20 have. So much of our work was certainly consumed with that  
21 and other priorities. And not that standards are not a  
22 priority, but there have to be, in our opinion, certain  
23 things in place, such as resourcing and staffing to be able  
24 to do that.

25 I'll also say that it's not that there was an

1 absence of work. There has been work done and there is a  
2 group, we have a standards working group that is working on  
3 those things. So that's -- and for us, the process of  
4 developing the standards also is a, you know, a, a  
5 consultative process that we go through, like, even the two  
6 standards that we have took quite some time to develop and  
7 then take to the agencies and bring them back for  
8 consultation. So the process of that also is time  
9 consuming.

10 Q I appreciate that you say it's one of many  
11 priorities, but some of the other priorities, such as  
12 recruitment, those have been addressed?

13 A Have they been addressed?

14 Q Have they been --

15 A No, I --

16 Q -- addressed?

17 A -- think we're still seeing -- I think they've  
18 improved. We still have agencies struggling, especially in  
19 the rural areas, to fill positions and we still have, in  
20 some agencies particularly, turnover that's too high.

21 Q And funding? That's been addressed? Not to  
22 your --

23 A Well, we have a --

24 Q -- let me finish, finish my question.

25 A Okay. Sorry.

1 Q Funding's been addressed, perhaps not to your  
2 satisfaction, but we've heard that there's a new funding  
3 model in place and that work continues on that. So there  
4 has been substantial work done by the authority, in terms  
5 of securing that additional funding; correct?

6 A Well, as you saw, we have gotten a funding model  
7 that's given people increased funding. As I also said  
8 yesterday, much of that has just rolled out in this last  
9 year and we've identified areas that we believe are still,  
10 represent shortcomings in that funding model. But yes, we  
11 would agree there's been progress made there.

12 Q Very good. Move on now to ANCR, which is  
13 properly known as the All Nations Caring Network. And  
14 ANCR, correct me if I'm wrong, is currently responsible for  
15 all referrals and intakes in the city of Winnipeg; is that  
16 correct?

17 A Yes, ANCR is the joint intake agency in the city.

18 Q All right. And you'd agree with me that that's,  
19 generally speaking, the first point of contact for a family  
20 that is referred to the child welfare system; is that  
21 correct? In Winnipeg?

22 A Yes, that typically would be true.

23 Q All right. And if I understand your testimony  
24 yesterday, you indicated that approximately 37 percent of  
25 the staff at ANCR are aboriginal; correct?

1           A     That was the, I believe, the data, as of May  
2 2012.

3           Q     All right.     So it may have improved slightly  
4 since then, but as of May 2012 --

5           A     Yeah.

6           Q     -- 37 percent was the indication for aboriginal?

7           A     Um-hum.

8           Q     Again,     that's     not     First     Nations,     that's  
9 aboriginal?

10          A     Yes.

11          Q     And you don't know, of that 37 percent, which  
12 component of that is represented by First Nations workers?

13          A     I don't, but the ED of ANCR could tell you that.

14                 MR. FUNKE:     Sure.

15                 THE COMMISSIONER:     And you're talking about as  
16 between First Nations and, and Métis?

17                 MR. FUNKE:     Well, self-identified aboriginal  
18 people includes Métis and First Nation, perhaps other  
19 classes as well. I'm not --

20                 THE COMMISSIONER:     Well, what other classes?  
21 Because I'm trying to see what you're breaking, what  
22 you're, you're trying to break down here.

23                 MR. FUNKE:     -- I don't really care, for the  
24 purposes of my clients' interests, at this inquiry, Your  
25 Honour, or sorry, Mr. Commissioner, what other group

1 someone who self-identifies as aboriginal may believe  
2 qualifies them to be aboriginal. I am only concerned with  
3 which portion of that self-identifies as First Nations.

4 THE COMMISSIONER: You're saying First Nations,  
5 Métis and, and any others?

6 MR. FUNKE: Any others.

7 THE COMMISSIONER: And who do you understand would  
8 come within that, the group of any others?

9 MR. FUNKE: I, I don't know, Mr. Commissioner.  
10 It's, it's, it's a self-reporting of their status. So it's  
11 impossible for me to know what someone may believe to  
12 entitle them as an aboriginal status.

13 THE COMMISSIONER: What do you understand could  
14 fall into that category?

15 MR. FUNKE: I don't know and I'm not suggesting  
16 that that's relevant. What I'm suggesting is relevant is  
17 of that --

18 THE COMMISSIONER: Are you suggesting there is  
19 such a category?

20 MR. FUNKE: I, I don't know, Mr. Commissioner and  
21 I don't think that's the point.

22 THE COMMISSIONER: Well, it, it may be my  
23 point.

24 MR. FUNKE: Well, then perhaps we can ask the  
25 witness. I'm not giving evidence and if we want to ask the

1 witness, I can do that.

2

3 BY MR. FUNKE:

4 Q But my point is, of that 37 percent, do you know  
5 how many are First Nations? And I think your answer was  
6 no?

7 A Oh, you're asking me? No, I don't --

8 Q Yeah.

9 A -- know.

10 Q That's fine. And you don't know where, in ANCR,  
11 that 37 percent of people are employed; correct? They may  
12 or may not be in front line?

13 A Well, I can't tell you offhand. I do know that  
14 our tracking of it, and the way ANCR tracks those is that  
15 we're looking for equal numbers, I guess, across  
16 management, across frontline and across admin. So,  
17 exactly, so they're not all housed in the admin line and no  
18 one in management or doing frontline.

19 Q Okay. So if we --

20 A So they could give you a better breakdown of  
21 that.

22 Q -- but if that's correct and we assume that  
23 that's an even distribution across the various levels of  
24 service that exist within ANCR, then based on this  
25 statistic, a First Nations family that comes into contact

1 with ANCR, following a referral, has approximately a two in  
2 three chance that the person that they're going to be  
3 receiving services from is not aboriginal; is that correct?

4 MR. COCHRANE: Mr. Commissioner, that may not be  
5 a, a proper question for this witness. Can advise that,  
6 that the next witness being called, after Ms. Flette, is  
7 Ms. Stoker. That question, perhaps, could be better, or  
8 more appropriately put to her. She is the ED of ANCR and  
9 Ms. Flette is not at ANCR.

10 THE COMISSIONER: Does that not make sense, Mr.  
11 Funke?

12 MR. FUNKE: That's fine, we, we can ask Ms.  
13 Stoker that question as well. If this witness is able to  
14 answer --

15 THE COMISSIONER: Well, but as, as well, it, Mr.  
16 Cochrane's point is that, that she can answer it better  
17 than this witness, and is more informed, because of her  
18 employment position.

19 MR. FUNKE: I don't think that's the test, Mr.  
20 Commissioner. I think the test is whether or not this  
21 witness is able to answer the question. If the witness is  
22 able to answer the question, she has an obligation to do  
23 so. If she indicates that she's not able to answer the  
24 question, then I withdraw the question.

25

1 BY MR. FUNKE:

2 Q Are you able to answer the question, Ms. Flette?

3 A Can you repeat the question?

4 Q I asked you if you were aware of the  
5 distribution, within ANCR, of where this 37 percent of  
6 people who self-identify as aboriginal are employed. And  
7 you indicated that it was your understanding that that 37  
8 percent was distributed, largely equally, throughout the  
9 organization; was that your evidence?

10 A I know when we get reports from ANCR, on their  
11 staffing, we ask them to show, in each of the categories,  
12 management, frontline, supervisor and admin, what the  
13 makeup of the staff is there.

14 Q And, and you don't recall, as I understand your  
15 evidence, what that makeup is at this point?

16 A No, I don't know, at this --

17 Q So in fairness --

18 A -- point.

19 Q -- you can't say, in terms of frontline, at the  
20 point of intake, what component of that cohort of workers  
21 self-identifies as aboriginal, or does not?

22 A No, and I'm not sure ANCR could -- like, ANCR can  
23 give the information if someone actually self-declares, but  
24 many -- there's workers who don't, and they're not  
25 specifically asked, you know, are you Métis, or do you



1 self-declare. So it is dependent on what people are  
2 telling them. They do recruit, you know, with aboriginal  
3 preference and they make that known to the people who apply  
4 or get hired as well, but I can't tell you, you know, if  
5 those workers are all at the frontline, or how a staff, or  
6 a new intake -- many intakes, as Ms. Stoker will tell you,  
7 are handled over the phone, so I can't tell you --

8 THE COMMISSIONER: Is it your view --

9 THE WITNESS: -- that.

10 THE COMMISSIONER: -- Ms., Ms. Stoker would know  
11 the answers better than --

12 THE WITNESS: She would.

13 THE COMMISSIONER: -- you do?

14 THE WITNESS: Oh, yes, she would.

15 THE COMMISSIONER: Okay. Let --

16 MR. FUNKE: And I'm, I'm --

17 THE COMMISSIONER: -- well --

18 MR. FUNKE: -- prepared to accept that, Mr.  
19 commissioner.

20 THE COMMISSIONER: -- we're going to accept it  
21 right now.

22 MR. FUNKE: Yeah, yeah, we're in agreement.

23

24 BY MR. FUNKE:

25 Q Now, as I understand it, when a, a referral is

1 made to ANCR for intake, that based on the evidence we've  
2 heard at the Commission, that very often that file remains  
3 with ANCR for the next 30 to 60 days before it's then  
4 passed on to, in the case of a First Nations agency, the  
5 agency will then provide services from that point forward;  
6 is that correct?

7 A Well, there's many factors, I guess, but I would  
8 say those timelines are quite reduced. ANCR does try to  
9 move the file out very quickly. They don't have capacity,  
10 at ANCR, to manage a case. So when they get an intake and  
11 the ADP is done and they know who the agency is, they will  
12 move that file out very quickly. There are delays,  
13 sometimes, if they've had to apprehend a child after hours,  
14 or there might be delays if, for some reason, the agency  
15 that the file is to go to is unwilling or reluctant to  
16 receive it, that may result in a file staying there longer.

17 ANCR also as their family enhancement program,  
18 which, I believe they call early intervention. So families  
19 that are assessed to be able to be dealt with a family  
20 enhancement stream will go there and they, they are there  
21 for about 90 days, receiving family enhancement services  
22 before decisions are made, if they have to go further into  
23 the system as a protection file or follow-up with family  
24 enhancement. So those files would stay longer.

25 Q And currently, ANCR is under the responsibility

1 of the Southern Authority; is that correct?

2 A Yes.

3 Q It was my understanding that, as part of the  
4 implementation process, that responsibility for the  
5 oversight of the intake unit, which is known now as ANCR,  
6 was supposed to rotate amongst the four authorities; is  
7 that not correct?

8 A No, that's not my understanding at all.

9 Q It was not supposed --

10 A There was, there was a decision made, in the  
11 discussions about who would mandate and be responsible for  
12 ANCR and a decision made that it would be the Southern  
13 Authority. Other discussions that it should rotate, I'm  
14 not aware of any agreement like that.

15 Q You're not aware of any discussion that the Métis  
16 Authority was supposed to be the next authority --

17 A No.

18 Q -- to oversee --

19 A Well, I think --

20 Q -- ANCR?

21 A -- I think I just said, there were discussions  
22 around how that should be managed, or if we should rotate  
23 them, but I'm not aware of any agreement or decision that,  
24 in fact, that would happen.

25 Q No agreement between the authorities, or no

1 agreement with whom?

2 A At any level.

3 Q I want to take you back to your involvement at  
4 West Region CFS, particularly with respect to a program  
5 that was described by Dr. Blackstock, in her testimony, as  
6 the wraparound program; are you familiar with that?

7 A Are you talking about a West Region program?

8 Q Yes, yes, during your time at West Region CFS.

9 A I don't believe we ever used the term "wraparound  
10 program".

11 Q Okay.

12 A There's been different words used to describe it,  
13 some of which are wraparound, some are community caring  
14 approach, which were certainly objectives that we had with  
15 the services, particularly preventive services were doing  
16 that. They would, in fact, have that result for families  
17 and kids.

18 Q Sure. And, and they were focused on prevention;  
19 is that correct?

20 A Well, they were -- yes, they were programs with a  
21 preventative nature, but they were often geared for  
22 protection families as well and kids in care as well. So  
23 it wasn't -- when you say preventative, it wasn't to keep  
24 them out of care, per se, it was to assist the family to  
25 have the kids returned, to keep them out, if that was

1 possible --

2 Q Sure.

3 A -- but provide a whole continuum of support  
4 services.

5 Q So Dr. Blackstock, in her testimony on Monday,  
6 talked about different levels of prevention services. She  
7 talked about primary, secondary, tertiary?

8 A Yes.

9 Q And as I understand it, primary, and correct me  
10 if I'm wrong, primary is with respect to a programming that  
11 the general population, very broad in its application,  
12 designed to provide services to community, to prevent  
13 families from coming into contact with child welfare  
14 services in the first place; is that correct?

15 A Yes. I, I'm just, I'm hesitating because I, I  
16 don't know that we would have described all our primary  
17 prevention programs as, as geared for anybody. You know,  
18 we do, as a child welfare agency, have limited resources.  
19 But I would agree that those were geared to the community  
20 at large and families that wanted to participate  
21 could.

22 Q My understanding then is that secondary  
23 interventions are designed to deliver services to families  
24 that come into contact with the agency, or who may come  
25 into contact with the agency, but are not targeted at any

1 specific family?

2 A No, I, I think secondary is, is a little bit more  
3 targeted. It does look at families that have come into  
4 contact, where there is some risk and the effort is to try  
5 and prevent those families from having to go deeper into  
6 the system.

7 Q Sure. And tertiary are family-specific designed  
8 interventions?

9 A Yes. They would deal with your hardest families  
10 and they would be primarily aimed at either reunifying the  
11 family, or assisting the family, again, where things are  
12 not deteriorating.

13 Q Sure. But the point is, is that those  
14 interventions are focused specifically on that particular  
15 family; correct? That's what, that's the category caught  
16 by the --

17 A Well, those --

18 Q -- tertiary?

19 A -- those families would be -- yes, they would be  
20 involved -- for example, if we were running a parenting  
21 program, you would have people from any of those levels  
22 there. You would have families whose kids were in care,  
23 that would be going. But you could also have people that  
24 would fall under the secondary prevention, or the primary  
25 prevention there. So your group could be quite mixed and

1 you wouldn't just have families with kids in care at the  
2 parting program.

3 Q So are you saying that a parenting program is a  
4 tertiary program?

5 A No, that's not what I'm saying at all. You're,  
6 you -- I believe you asked me the question that the  
7 services to the, under the tertiary, would be specific to  
8 those families and I'm saying that --

9 Q Yes.

10 A -- those families would participate in a whole  
11 range of programs.

12 Q I'm -- you're missing the point of my question,  
13 perhaps.

14 A Sorry.

15 Q It's not -- and that was why I asked you the  
16 question about whether or not you would describe the  
17 program -- I'm not talking about whether programs fall  
18 within primary, secondary or tertiary, intervention type.  
19 The efforts aimed at providing services are either primary,  
20 secondary, tertiary, developing -- or depending, rather, on  
21 the scope of their application; am I not correct? In terms  
22 of who they're directed towards and the manner in which  
23 they're directed towards those groups?

24 A Well, I'm not sure I would agree with that. I, I  
25 think that we ran a number of programs that you could say

1 are primary program, prevention programs, but you would  
2 definitely see people that would maybe fall under the  
3 tertiary program line, in those programs. So I don't think  
4 the boundaries --

5 Q Sure.

6 A -- are quite that clear.

7 Q And I'm not suggesting that they're exclusive,  
8 Ms. Flette. I think both you and I know that. I'm just  
9 asking questions generally about what falls under the scope  
10 of primary, secondary, tertiary. I'm not trying to get  
11 into a debate with you.

12 What I am trying to get at is, the program that  
13 you assisted in developing, at West Region CFS --

14 A Um-hum.

15 Q -- where, in that spectrum, of primary, secondary  
16 and tertiary, would you place that program?

17 A I'm, I'm -- I don't follow your question.  
18 Which --

19 Q Okay.

20 A -- program are you talking about?

21 Q The program that we just discussed. You said  
22 that you hadn't heard it -- it wasn't specifically referred  
23 to as wraparound, but you have heard of it referred to in  
24 that fashion.

25 A Well, I don't know which program you're talking



1 about. Like, what we were talking --

2 THE COMISSIONER: Neither do I.

3 THE WITNESS: Yeah.

4

5 BY MR. FUNKE:

6 Q Dr. Blackstock talked about a pilot program that  
7 was rolled out in West Region. She indicated that it was  
8 one that was fairly well renowned and even received  
9 national attention. And she held it up as a hallmark, on  
10 Monday, of good practice.

11 THE COMISSIONER: But ask this witness if she's  
12 aware of it.

13 MR. FUNKE: I am, Mr. Commissioner.

14 THE COMISSIONER: Well, but she --

15 MR. FUNKE: I'm, I'm --

16 THE COMISSIONER: -- she can't answer that  
17 question unless she's aware of -- are you aware of the  
18 program he's talking about?

19 THE WITNESS: Well, I -- it wasn't a program. We  
20 were doing a pilot project --

21 MR. FUNKE: That's what I'm getting at.

22 THE WITNESS: -- on -- well, that's quite  
23 different. It, it was a pilot project on block funding  
24 maintenance and that included many different programs under  
25 all three of those lines of prevention.

1 MR. FUNKE: Very good.

2

3 BY MR. FUNKE:

4 Q So it encompassed all three?

5 A Yes.

6 Q That's all I'm trying to get at. So there was a  
7 specific focus then on the, on, as well, the secondary and  
8 tertiary, but also this primary aspect of trying to reach  
9 out to the community, to try to provide services that  
10 prevented children from coming into contact with the agency  
11 in the first place; is that correct?

12 A There would have been a focus on all three. I, I  
13 believe that our emphasis would have been more on the  
14 secondary and tertiary, because they would involve maybe  
15 more of our families, but we were concerned about other  
16 families that could benefit from the programs.

17 Q Sure. And your evidence was that it encompassed  
18 all three; correct?

19 A Yes.

20 Q Thank you. And I understand that that pilot  
21 project was supported by your board at the time?

22 A Yes.

23 Q Can you tell us, do you recall who was on the  
24 board at the time?

25 A Well, the West Region board has always been the

1 chiefs, so it would have been whoever was chief at the  
2 time.

3 Q Certainly. And it's my understanding, as well,  
4 that the West Region board continues to be chiefs; is that  
5 right?

6 A Yes.

7 Q And the chiefs didn't attempt to interfere in the  
8 operation of that pilot project, did they?

9 A Well, I'm going to say that the chiefs are on the  
10 board and they supported the pilot project.

11 Q Very good. Now, I -- the next area I want to  
12 talk to you about is with respect to the governance of the  
13 Southern Authority and that topic may take some time.

14 Mr. Commissioner, and I note that it is now 20  
15 after 12:00 and it might be --

16 THE COMMISSIONER: Well, how, how much --

17 MR. FUNKE: -- an appropriate time --

18 THE COMMISSIONER: -- how much time?

19 MR. FUNKE: Well, I expect that I'll at, be at  
20 least another half hour to 45 minutes before I'm finished.

21 THE COMMISSIONER: Finished everything?

22 MR. FUNKE: At least.

23 THE COMMISSIONER: Or that subject?

24 MR. FUNKE: No, everything.

25 THE COMMISSIONER: Well, in light of the time it's

1 taking, I think we better adjourn until quarter to 2:00  
2 then.

3 MR. FUNKE: Very good.

4 THE COMMISSIONER: Stand adjourned until 1:45.

5

6 (LUNCH RECESS)

7

8 THE COMMISSIONER: All right. Mr. Funke?

9 MR. FUNKE: Good afternoon, Mr. Commissioner. I  
10 can advise, Mr. Commissioner, that the reason I invited the  
11 court to take a break when it did, or sorry, the Commission  
12 to take a break when it did, was because the next area of  
13 questioning that I want to embark on is a matter involving  
14 litigation between Southern Authority and my clients. And  
15 I'm not ask -- and it's not intention to ask questions  
16 relating to the subject matter of the litigation, nor to  
17 ask the, the witness to comment on that. But I am going to  
18 be asking questions that do pertain to some of the  
19 circumstances that are related to, or may have given rise  
20 to the litigation. Now, I've warned counsel for Ms. Flette  
21 that it's my intention to pose some questions to her in  
22 that regard. And before we proceed, I think that Mr.  
23 Cochrane wishes to make some submissions on that act.

24 THE COMMISSIONER: All right. Mr. Cochrane?

25 MR. COCHRANE: Mr. Commissioner, you don't have

1 the information before you as to the nature of the  
2 litigation, but suffice it to say that the litigation has  
3 commenced. It commenced prior to the commencement of this  
4 inquiry. I'm going to object, obviously, to any questions,  
5 any issues relating, or could impact that litigation,  
6 because I think that's entirely inappropriate. I don't  
7 know where, exactly, Mr. Finke's going with his questioning  
8 at this point, but if it relates, in any way, to the  
9 litigation, then, in my view, that is improper to have  
10 addressed here at the inquiry, given that we are in court.

11 THE COMMISSIONER: Well, do you -- is, is your,  
12 are your questions, Mr. Funke, going to relate to the  
13 nature of the litigation?

14 MR. FUNKE: It's not my intention to ask Ms.  
15 Flette to comment on the central issues in the litigation,  
16 which are a disagreement between her organization and my  
17 client, as to the application of the Authorities Act. So  
18 I'm not going to engage in that. I'm not going to ask the  
19 witness to offer her position on that, or to explain --

20 THE COMMISSIONER: Well, are you, are you going to  
21 question her outside the realm of the litigation?

22 MR. FUNKE: Well, I intend to question her on  
23 facts that do have, have a relation to the litigation. For  
24 example, one of the areas that I want to question her on is  
25 on the composition of the board, how the board is

1 appointed. The questions that I want to ask her on (sic),  
2 arise directly from the material that the authority has  
3 filed with the Commission. And so I want to explore some  
4 of the issues that was, were addressed yesterday in her  
5 direct testimony, with respect to the appointment of the  
6 board and how that arose. I, I do not want to ask her --  
7 well not -- nor am I going to ask her, about the  
8 appropriateness of that process. The appropriateness of  
9 that process is the subject of litigation and that would  
10 not be appropriate and I don't intend to ask her to comment  
11 on that.

12 THE COMMISSIONER: Does that make you more  
13 comfortable, Mr. Cochrane?

14 MR. COCHRANE: If, if the questions are simply to  
15 reconfirm what's contained in the Authorities Act with  
16 respect to AMC's role in the appointment of board members,  
17 at the Southern Authority, no problem.

18 THE COMMISSIONER: And to cross-examine on  
19 evidence that came out yesterday. I, I -- we, we've,  
20 we've --

21 MR. COCHRANE: Yes, but --

22 THE COMMISSIONER: -- had the evidence and  
23 counsel's entitled to cross-examine.

24 MR. COCHRANE: That's right. Now, I should -- in  
25 my view, we didn't, we stayed clear of that issue

1 entirely --

2 THE COMISSIONER: Okay.

3 MR. COCHRANE: -- because of the reason I'm  
4 objecting today.

5 THE COMISSIONER: I just, I, I think I heard Mr.  
6 Funke say that he's going to deal with, with part of that  
7 which did come out yesterday in, in, in chief; is, is that  
8 not what I heard?

9 MR. FUNKE: Absolutely. And, and I can indicate  
10 to the court that that comes from tab A of the materials  
11 filed by the Southern Authority, which is the annual  
12 general report, that refers to the appointment process and  
13 the Act and the material that was filed on behalf of the  
14 Southern Authority with the Commission. So it's clearly in  
15 evidence and it's my intention just to ask some questions  
16 to clarify that. But as I said, I'm not going to ask the  
17 witness to comment on the litigation. It would be  
18 inappropriate for me to do that and I, it's not my  
19 intention to do so.

20 MR. COCHRANE: Mr. Commissioner, if, if the  
21 intent then is, again, to reconfirm what's in the  
22 Authorities Act, I have no problem with that. If the  
23 intent is to reconfirm what is in the annual report, which  
24 is at tab A, again, I have no issue with that. If,  
25 however, he's going to go a bit further and step over those

1 parameters, then I would, I would rise again and I would  
2 object to those type of questions.

3 THE COMISSIONER: Well, let, let's let him begin  
4 and you certainly have reserved your right to rise again if  
5 you feel it's, it's going into an area that you, you object  
6 to.

7 MR. COCHRANE: Thank you.

8 MR. FUNKE: Thank you, Mr. Commissioner. And  
9 with the Commission's permission, what I was going to  
10 suggest to Ms. Flette and I anticipate that she'll do this  
11 in any event, but what I was going to suggest is that when  
12 I ask a question, don't answer it until Mr. Cochrane's had  
13 an opportunity to consider whether or not he takes issue  
14 with the question.

15 THE COMISSIONER: Well, he won't be taking issue  
16 if you stay within the parameters he's just  
17 outlined.

18 MR. FUNKE: Well, he and I may have a difference  
19 of opinion, Mr. Commissioner, in terms of whether or not  
20 I'm within those parameters or not and I --

21 THE COMISSIONER: Oh, I see --

22 MR. FUNKE: -- I want to be --

23 THE COMISSIONER: -- all right.

24 MR. FUNKE: -- I want to be exceedingly fair to  
25 the witness.



1 THE COMMISSIONER: All right. All right.

2

3 CROSS-EXAMINATION CONTINUED BY MR. FUNKE:

4 Q As the executive director of the Southern  
5 Authority, you are, of course, aware of the provisions with  
6 respect to the appointment of the board, under the CFS  
7 Authorities Act --

8 A Yes.

9 Q -- correct?

10 A Yes, I am.

11 Q And specifically Section 6 of the CFS Authorities  
12 Act says that:

13

14 "The board of directors of the  
15 Southern Authority [shall be] ...  
16 appointed by the Assembly of  
17 Manitoba Chiefs Secretariat Inc.,  
18 [based] on the recommendation of  
19 the southern First [Nation]  
20 members of the [Assemblies]."

21

22 Is that correct?

23 A Yes.

24 THE COMMISSIONER: Now, is that, is that the CFS  
25 Act, or the Authorities --

1 MR. FUNKE: CFS --

2 THE COMMISSIONER: -- Act?

3 MR. FUNKE: -- Authorities Act.

4 THE COMMISSIONER: The Authorities Act?

5 MR. FUNKE: The Authorities Act --

6 THE COMMISSIONER: Yes.

7 MR. FUNKE: -- Section --

8 THE COMMISSIONER: Yeah.

9 MR. FUNKE: -- 6.

10 THE COMMISSIONER: Yeah, all right.

11 MR. FUNKE: Madam Clerk, if you could please  
12 bring up Exhibit A, or sorry, tab A in the authorities'  
13 exhibit, I don't know the exact number of the exhibit at  
14 this point. That's the correct one, tab A. Number 48 on  
15 your list.

16

17 BY MR. FUNKE:

18 Q And do you --

19 THE COMMISSIONER: And just tell me again what --  
20 I don't have my copy of the Authorities Act here, what does  
21 Section 6 say again?

22 MR. FUNKE: Section 6 says that:

23

24 "The board of ... the Southern  
25 Authority [shall] ... be appointed

1                   by [the attempt] the Assembly of  
2                   Manitoba Chiefs Secretariat Inc.,  
3                   on the recommendation ..."

4

5                   THE COMMISSIONER: Yes, bring that --

6                   MR. FUNKE:

7

8                   "... of the southern First Nations  
9                   members of the Assembly."

10

11                   THE COMMISSIONER: Thank, thank you. Mine's up in  
12 my office. Let me just, let me just read that.

13                   THE CLERK: Mr. Funke, are you asking about  
14 Exhibit 48? (Inaudible)?

15                   THE COMMISSIONER: The recommendation of the  
16 Southern ...

17                   MR. FUNKE: You've got it exactly right.

18                   THE CLERK: Okay.

19                   MR. FUNKE: Page 14, if you don't mind, Madam  
20 Clerk. Sorry --

21                   THE COMMISSIONER: All right.

22                   MR. FUNKE: -- it would be page 12 then, I  
23 apologize. One more page, Madam Clerk. There you  
24 go.

25

1 BY MR. FUNKE:

2 Q Now, as you can see on the screen, your annual  
3 report, your most recent annual report, sets that out under  
4 the board of directors appointment process; correct?

5 A Yes.

6 Q In fact, you've paraphrased it, but essentially  
7 you're saying the same thing, the report says:

8

9 "The CFS Authorities Act states  
10 that the Board of Directors of the  
11 Southern First Nations Network of  
12 Care ... shall be appointed by the  
13 Assembly of Manitoba Chiefs  
14 Secretariat Inc. on the  
15 [recommendations] of the Southern  
16 First Nation members of the  
17 Assembly."

18

19 And as we previously discussed, and you agreed,  
20 agencies are not members of the assembly, are they?

21 A No, they're not.

22 THE COMMISSIONER: Just a minute, now what, what  
23 board of -- what page is that of tab B?

24 MR. FUNKE: This is tab A that's on the screen in  
25 front of you --

1 THE COMISSIONER: Tab A --

2 MR. FUNKE: -- Mr. Commissioner.

3 THE COMISSIONER: -- page what?

4 MR. FUNKE: Page, it'll be page 12 of the report.

5 THE COMISSIONER: I have it.

6 MR. FUNKE: Thank you.

7

8 BY MR. FUNKE:

9 Q At the bottom of that page, it indicates the  
10 legislative basis for the, for the appointment of the board  
11 of the Southern Authority. It then goes on to discuss the  
12 current appointment process, which is set out in the by-  
13 laws of the Southern Authority, Section 3.05, approved on  
14 September 12th, 2009. Now, the current appointment  
15 process, as it's set in your by-laws and reflected in your  
16 annual general report, is slightly different. And the  
17 first bullet indicates that:

18

19 "Each Agency nominates an  
20 individual who meets the  
21 qualifications as per Section  
22 3.03."

23

24 And to be fair, Section 3.03 is not reproduced in  
25 your annual report, is it?

1 A That would be from the by-laws --

2 Q Yes.

3 A -- Section 3.03, yes.

4 Q But it doesn't appear in your annual report, is  
5 what I'm saying, the actual wording of the by-law under  
6 3.03?

7 A Yes.

8 Q And Section 3.03 essentially sets out what can be  
9 described as eligibility requirements; is that correct?

10 A Yes.

11 Q Okay. The next bullet says that:

12

13 "Each Agency submits in writing  
14 the name of the individual being  
15 nominated and the written consent  
16 [or] approval of the appropriate  
17 Tribal Council or Chief and  
18 Council. This same process is  
19 followed for re-appointment of  
20 [the] current board members."

21

22 A Yes.

23 Q

24 "Once the above process has been  
25 completed, the [Southern First

1 Nations Network of Care] will  
2 submit the name(s) of qualified  
3 individual(s) to the Assembly of  
4 Manitoba Chiefs Secretariat ...  
5 for appointment to the Board for a  
6 four year term."

7

8 Is that correct?

9 A Yes.

10 Q Okay. So in this model then, the nominations are  
11 being submitted to the AMC by the authority itself; is that  
12 correct?

13 A Well, the names are being submitted to AMC for  
14 appointment.

15 Q And the scheme that's been developed has the  
16 agencies nominating those individuals; correct?

17 A The agreement that we reached between AMC and  
18 ourselves, at the time, about the process of how to bring  
19 names forward, the agreement was that agencies would first  
20 bring the names forward. The requirement, when the names  
21 come to the authority office is that those individuals are,  
22 have been agreed to, in writing, and signed off by the  
23 chiefs of that agency, so that it is coming from the  
24 leadership. Our role, in that process, is to vet them and  
25 by that, I mean run the crim checks and the child abuse

1 checks, et cetera. And the we send the letter to AMC,  
2 along with the chiefs' -- the letter signed by the chief,  
3 if it's a single band agency, saying here is this name  
4 that's come forward from this agency. And we verify that  
5 they've been cleared from their checks, the record check  
6 and crim check.

7 Q Well, I wasn't going to ask you a question about  
8 what your discussion with AMC was, but you brought it up.  
9 You say that there was an agreement with the AMC with  
10 respect to this process?

11 A There was an agreement.

12 MR. COCHRANE: Mr. Commissioner, now we're moving  
13 beyond the boundaries of what I thought was going to be the  
14 extent of the discussion. So far, we've confirmed what the  
15 Authorities Act says. We've confirmed what's in the annual  
16 report. That's the point to which I was comfortable with  
17 having the discussion. Going beyond this, we're now  
18 stepping over, in my view, into the realm of the, of the,  
19 the subject matter of the litigation.

20 THE COMISSIONER: Well, I, I don't know what the  
21 litigation is, that's my problem.

22 MR. FUNKE: I can advise you, Mr. Commissioner,  
23 that the subject matter of the litigation is whether or not  
24 the appointment process that I have just outlined, with the  
25 witness, and as set out in the annual report, is in



1 compliance with the legislation, or whether or not it  
2 frustrates the right of the AMC and the Southern First  
3 Nation members of the Assembly to appoint board members  
4 that do not comply with the by-law for eligibility that Ms.  
5 Flette had earlier described.

6 THE COMMISSIONER: And you're asking a court to  
7 decide that?

8 MR. FUNKE: No, the Southern Authority has asked  
9 the court to decide that.

10 THE COMMISSIONER: The Southern Authority is the  
11 plaintiff?

12 MR. FUNKE: The Southern Authority is the moving  
13 party. They brought an application, in the court, to  
14 determine the rights, under Rule 14 of the Queen's Bench  
15 Act, to determine what the import of the legislation is,  
16 what the rights of the parties are under the legislation --

17 THE COMMISSIONER: Well, you would agree that I  
18 shouldn't be answering those questions?

19 MR. FUNKE: You should not be considering that.

20 THE COMMISSIONER: And why should I hear any  
21 evidence that relates to that question?

22 MR. FUNKE: I'm not -- I wasn't asking the  
23 witness to comment on that. The, the witness indicated  
24 that there was an agreement --

25 THE COMMISSIONER: Yes, she --

1 MR. FUNKE: -- between --

2 THE COMISSIONER: -- did, but -- and -- but Mr.  
3 Cochrane say that, that that's leading you into the  
4 litigation material.

5 MR. FUNKE: Well, it may or may not.

6 THE COMISSIONER: Well, in light of what you've  
7 said that the litigation is, it sounds to me as though  
8 that's where it's going. What, what question do you want  
9 to ask her about her having said there is an agreement,  
10 there was an agreement in place?

11 MR. FUNKE: Well, I, I want to know when that  
12 agreement occurred and whether it was reduced to writing.

13 THE COMISSIONER: Any problem with that?

14 MR. COCHRANE: Absolutely, Mr. Commissioner,  
15 that, that question gets us into the realm of that  
16 litigation. I mean --

17 THE COMISSIONER: All right.

18 MR. COCHRANE: -- here -- the litigation --

19 THE COMISSIONER: Well, look, everyone's -- I'll,  
20 I'll take Mr. Cochrane, then I'll, I'll take Ms. Walsh and  
21 then I'll take Mr. McKinnon and then Mr. Funke, you won't  
22 be ruled out, but obviously these people all want to speak  
23 on this issue.

24 MR. FUNKE: They all have an interest, Mr.  
25 Commissioner.

1 THE COMISSIONER: They all have an interest?

2 MR. FUNKE: They do.

3 THE COMISSIONER: Yes, well, I'm sure -- I know  
4 Commission counsel does and, and I can understand Mr.  
5 McKinnon's client. So let, let's -- you, you've made your  
6 point, Mr. Cochrane, that, that asking those questions  
7 about that agreement goes to the heart of the litigation.

8 MR. COCHRANE: It, it, it definitely impacts the  
9 litigation. It's not necessarily to the heart of it, but  
10 it definitely has a bearing on, on the litigation.

11 THE COMISSIONER: All right. Well then, Ms., Ms.  
12 Walsh?

13 MS. WALSH: I only wish to, I only wish to  
14 comment, Mr. Commissioner, that we are bound, we, the  
15 inquiry, you, in your mandate, are bound by the terms of  
16 reference of the order in council. At this point, I don't  
17 know what the relevance of this area of questioning is, but  
18 I would remind counsel that we do have to keep within the  
19 terms of the terms of reference set out in the order in  
20 council and aside from that, or in addition to that, we  
21 have a duty to the public to make sure that we conduct  
22 these proceedings in an economically appropriate fashion,  
23 both with respect to the public money that's being spent by  
24 our sitting here and the amount of time that it takes to  
25 conclude these proceedings and, and get your final report

1 out. So, of course, whatever extra time or money is needed  
2 to adduce relevant evidence is important, but that's why  
3 relevance is so critical.

4 THE COMMISSIONER: Well, besides the question that  
5 I'm to answer, arising out of the phase 1 evidence, the nub  
6 of where we're going from is the safety of Manitoba  
7 children. That's what this is all about. So thank you.

8 MS. WALSH: thank you.

9 THE COMMISSIONER: Mr. McKinnon?

10 MR. MCKINNON: Really just the same point that  
11 Ms. Walsh made. I, I think Mr. Cochrane has raised the  
12 issue of this being essentially a matter that's before the  
13 court in an, in a, in another proceeding. I'm raising an  
14 issue of relevance, as Ms. Walsh just did. I, I don't  
15 think it's relevant how the board of the Southern Authority  
16 is appointed to what your mandate is, Mr. Commissioner.

17 MR. FUNKE: Well, that's a different matter and  
18 I'm certainly prepared to respond to, to both Ms. Walsh and  
19 Mr. McKinnon's comments in that regard. And I think it  
20 goes back to my earlier comments that I made this morning,  
21 which is that having heard the evidence of Dr. Blackstock,  
22 where the empirical data and research indicates that the  
23 welfare of First Nations children, there is a distinct  
24 correlative effect between the process towards self-  
25 determination and autonomy and how far a community has

1 progressed towards those goals, is directly to the overall  
2 welfare of the community, including the child welfare  
3 outcomes. And to the extent that that assists in ensuring  
4 the safety of children in those communities, then it is my  
5 client's position, and I submit to you, Mr. Commissioner,  
6 it is relevant to this inquiry, to examine, to what extent,  
7 First Nations leadership and communities are engaged in the  
8 process of developing and delivering those services to  
9 their communities. And the subject of my questions and the  
10 thrust of my questions is designed at determining what is  
11 the level of involvement for those leaders, in the  
12 development and delivery of those services? And to that  
13 extent, their relationship with the authority is relevant  
14 to this inquiry. I am trying to respect the concerns that  
15 Mr. Cochrane has raised and I agree with me, this is not an  
16 arena where we should be fighting that battle by  
17 proxy.

18 THE COMMISSIONER: But he says that he questions  
19 you now want to ask impact on the litigation.

20 MR. FUNKE: I agree, my response was with respect  
21 to the position --

22 THE COMMISSIONER: Yes, and, and my response to  
23 that is that I would be prepared to hear you on the, based  
24 upon your relevance argument, and reserve my consideration  
25 of whether I, at the end of the day, think it is relevant.

1 But I, I'm not prepared to let you move into the, into the  
2 area if it impacts on the legislation.

3 MR. FUNKE: That's fine then --

4 THE COMMISSIONER: So that's where we are.

5 MR. FUNKE: -- I appreciate that, Mr.  
6 Commissioner. And as I indicated, it's not a question I  
7 intended to ask the witness, but she made reference to it  
8 and so I asked the question to follow up.

9 THE COMMISSIONER: Well, you, you were prepared to  
10 get along without that question?

11 MR. FUNKE: I was, I, I, as I said, it wasn't my  
12 intention to ask that. She offered the information and I  
13 asked a question in follow up.

14 THE COMMISSIONER: Well --

15 MR. FUNKE: So if you don't want me to pursue  
16 that, I won't.

17 THE COMMISSIONER: -- I, I think you should not.

18 MR. FUNKE: I won't.

19 THE COMMISSIONER: And I'll leave Mr. Cochrane  
20 the, the availability to rise again, if he thinks you're,  
21 you're getting into forbidden territory.

22 MR. FUNKE: Absolutely. And I would invite him  
23 to do so, Mr. Commissioner.

24 THE COMMISSIONER: Right.

25 MR. FUNKE: As I say, I want to be fair to the

1 witness.

2

3 CROSS-EXAMINATION CONTINUED BY MR. FUNKE:

4 Q Leaving aside the issue of any agreement, it's my  
5 understanding that subsequent to the change in the by-laws,  
6 where this appointment process was formalized, the Assembly  
7 of Manitoba Chiefs has appointed other board members to the  
8 board; is that correct? In, in the five individual  
9 respondents to the litigation?

10 MR. COCHRANE: Mr. Commissioner, we're, we're  
11 getting right back into the litigation issues that -- the  
12 litigation itself relates to the appointment of five  
13 individuals that do not -- and this is subject to dispute,  
14 do not meet the qualifications of board members, as set out  
15 in the by-law. He's getting right back into the same --

16 THE COMMISSIONER: When --

17 MR. COCHRANE: -- issue.

18 THE COMMISSIONER: -- when, when's the, when's the  
19 matter going to be argued in court?

20 MR. FUNKE: It's adjourned sine die.

21 THE COMMISSIONER: Why, why is it adjourned sine  
22 die?

23 MR. FUNKE: I can simply indicate that it's been  
24 adjourned sine die as a result of agreement between the  
25 parties and I'm not, I should not say anymore than that,

1 Mr. Commissioner. What I can advise you is that it's not  
2 my intention to look beyond the circumstances that I'm  
3 questioning Ms. Flette on. I'm just setting out the facts.  
4 These are not facts in dispute. No, as a party to this  
5 litigation, is disputing that the AMC appointed these  
6 people to the board. Whether or not they ought to take  
7 their positions is a matter of dispute and I'm not going to  
8 ask the witness about that. But the fact that, that they  
9 passed the resolution and appointed these individuals is  
10 not in dispute.

11 THE COMMISSIONER: Well, Mr. Cochrane says that  
12 it, it is a relevant point, with respect to the litigation.

13 MR. FUNKE: It's a fact from which the litigation  
14 arose, but it's not a fact in dispute in the litigation.

15 THE COMMISSIONER: Well, Mr. Cochrane doesn't  
16 agree with you and I, I, I feel I should not be allowing  
17 this to go into an area that you, that, that, that the, the  
18 applicant has chosen the court as its forum to have that  
19 resolved. And if you lift the sine die and the matter gets  
20 heard before we're through, and then we're clear to deal  
21 with it, I would. But I, I, I think we ought, I ought not  
22 to be going there, when the matter is before the court in  
23 litigation and that's my ruling.

24 MR. FUNKE: I appreciate that, Mr. Commissioner.  
25 Just for clarify then, perhaps you can assist me. Are you



1 saying then that you're not allowing me to ask this witness  
2 any questions with respect to the current governance of the  
3 authority?

4 THE COMISSIONER: I'm not allowing you to ask her  
5 any questions that bear on the litigation.

6 MR. FUNKE: And I will try my best to do that.  
7 The concern I have is that Mr. Cochrane and I may yet  
8 disagree on what bears on the litigation and what doesn't.

9 THE COMISSIONER: Well, if, if you both got two  
10 sides to an argument, I'm going to, to go on the side of,  
11 of not allowing questions that, that counsel for the  
12 applicant believes, and, and can make a reasoned argument  
13 why it does impact on the legislation.

14 MR. FUNKE: And I will respect that.

15

16 BY MR. FUNKE:

17 Q Ms. Flette, you'll agree with me that currently,  
18 the board of the authority has been suspended by the  
19 province; correct?

20 MR. COCHRANE: Mr. Commissioner --

21 THE COMISSIONER: That, Mr. Funke, I can't see  
22 how that's got anything t do with what I'm here to, to, to  
23 deal with in this Order in Council. That's -- there's  
24 obviously a dispute here and, and the fact that there's  
25 been a suspension of the board has to be part of what

1 you're arguing about in court.

2 MR. COCHRANE: Well, and Mr. Commissioner, it's,  
3 frankly, it's wrong to say that there's been a suspension  
4 of the board. That's an improper characterization. This  
5 is getting into the area where the discussions that are  
6 taking place, that is the subject matter. What this boils  
7 down to, Mr. Commissioner, is it's a, it's, frankly, it's a  
8 political dispute that has no place at this inquiry. So to  
9 raise it in here is not only irrelevant, it's, it's  
10 improper.

11 MR. FUNKE: And my response to that, Mr.  
12 Commissioner, would be that my clients' efforts to secure  
13 the promise of self-determination and autonomy and to give  
14 effect to the words of the agreement between the province  
15 and my clients, in the memorandum of understanding, is very  
16 much a matter of relevance to the future child welfare in  
17 this province, particularly as it relates to the children  
18 and families that are served by my clients. That is my  
19 position.

20 THE COMMISSIONER: I understand that, what, the  
21 argument you want to advance, based upon the Blackstone  
22 evidence and quite properly so and you will certainly be  
23 heard on that. But insofar as the, the facts of the  
24 litigation are concerned that you would like to use to  
25 support your position in this hearing, I'm going to have to

1 rule that, that I can't accept that, in light of the fact  
2 that it, it bears right on the point in dispute and I --

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

4 THE COMISSIONER: -- we're just going to have to  
5 leave it there and I, I won't hear it.

6 MR. FUNKE: I have your point, Mr. Commissioner,  
7 thank you. I'll move on.

8

9 CROSS-EXAMINATION CONTINUED BY MR. FUNKE:

10 Q Ms. Flette, the next area I want to discuss with  
11 you is the enhanced prevention focused approach, or what  
12 we've been told is the EPFA. And you had offered some  
13 testimony yesterday with respect to that. And in your, in  
14 your testimony, you indicated that there were certain  
15 templates that were developed for a business plan to be  
16 prepared by the agencies, in order to avail themselves of  
17 the new funding that was available under the EPFA model; is  
18 that correct?

19 A Yes.

20 Q All right. Now, as I understand it, before the  
21 money could flow under those business plans, certain  
22 criteria had to be met; is that correct? You indicated two  
23 of them yesterday. You said that there was a repayment of  
24 the CSA, so what's prominently known as the children's  
25 special allowance and that the agencies had to become CFSIS

1 compliant, or at least agree to become CFSIS compliant,  
2 under those business plans, before the money would begin to  
3 flow to the agencies; is that correct?

4 A Yes, that, along with the business plans  
5 themselves, were conditions.

6 Q Absolutely. And you had to meet the template  
7 criteria, in order to have your business plan approved.  
8 There was a further requirement though, as I understand it,  
9 as well, and correct me if, if I'm wrong --

10 THE COMMISSIONER: Just speak up a bit, Mr. Funke.

11 MR. FUNKE: Oh, I'm sorry, Mr. Commissioner.

12

13 BY MR. FUNKE:

14 Q There was a further requirement, before the money  
15 would flow into the EPFA and that is, is that for each of  
16 the communities that was served by a particular agency that  
17 was seeking EPFA funding out of the business plan, chief  
18 and council, in each of those communities, had to sign off  
19 on the business plan as well, before the funding would  
20 flow; is that correct?

21 A No, the requirement was that the agency ED had to  
22 sign off and that the board of directors of the agency had  
23 to sign off and if the agency wished to, they could get  
24 support letters from their chiefs and councils, which many  
25 did, and submitted them, along with their business plan.

1 The requirement for letters of support were only in  
2 those -- from the chiefs, were only in those agencies where  
3 there was an administrator and that, in the south, would  
4 have been Southeast and ACFS.

5 Q And do either of those agencies service the  
6 Brokenhead First Nation?

7 A Southeast.

8 Q Very good. You were saying that, as far as you  
9 understand, however, that no agencies that were not under  
10 administration were required to obtain those letters?

11 A They were not required. Many did, but the  
12 requirement -- and that was a requirement primarily or  
13 solely from AMC, that those letters be there. That was no  
14 a requirement for those other agencies, unlike the ones  
15 where they were under administration.

16 Q So if other agencies say that they were required,  
17 you would say that was not your understanding of the model?

18 A Yes.

19 Q Okay. Thank you very much for that. Now, your  
20 testimony yesterday was that you felt that the imposition  
21 of those business plans has improved the delivery of  
22 services and improved child welfare outcomes; is that  
23 correct?

24 A I think, I think I said that there's potential  
25 for those business plans to do it. We are seeing some

1 changes, which we think are improvements through the  
2 collection of data. Those business plans are forcing  
3 agencies to identify and articulate outcome statements, as  
4 well as how they see measuring them and how they want to  
5 achieve them. So we have them set target dates on one of  
6 those templates, which I believe will serve to improve  
7 service and focus programs and services that agencies are  
8 doing.

9 Q You'd agree with me, at this point, that that's  
10 your personal view and that that may be based on anecdotal  
11 reviews of the responses, but you're not suggesting that  
12 there's any research data, or empirical evidence to suggest  
13 that, at this point, you're able to demonstrate that, are  
14 you?

15 A We don't have any research to demonstrate that.  
16 We've only just -- I mean, the money, most of the money has  
17 just moved in this last year, so it's, it's kind of early  
18 for us to be looking at that. But what we're seeing, and  
19 yes, anecdotally, and hearing from agencies, you know, seem  
20 to point towards improvements in the service.

21 Q You're forecasting future change, is what you're  
22 saying?

23 A Well, perhaps I'm just saying there's a potential  
24 for services to be improved through this process.

25 Q And, and there's a potential that it may not

1 improve services?

2 A Well, yes.

3 Q Now, you said yesterday, as well, that as part of  
4 the work to develop the EPFA model, the joint working group  
5 made a number of recommendations and that, as I understood  
6 in your testimony yesterday, you said that a number of  
7 those recommendations remain unfunded in this --

8 A Um-hum.

9 Q -- model; is that correct?

10 A Um-hum.

11 Q Perhaps you could tell us, if you can, which of  
12 those recommendations, that you recall were made, that are  
13 currently not funded in the model? And, and again, I don't  
14 expect you to be exhaustive and complete, but if you can,  
15 if you can provide us with some examples?

16 A Well, I can give you some examples. We had  
17 included the ability for agencies to build resources, so  
18 some kind of capital contribution. That did not get funded  
19 by either level. We had included capacity and treating in  
20 the core funding line, the ability to hire culture,  
21 cultural advisors, or cultural experts, if you will, to  
22 assist the agencies in developing their programs and  
23 services. We had recommended the funding of foster care,  
24 like, the alternate care programs. That got funded in one,  
25 but not, not in the other model. So those are some

1 examples of areas. I think we had also, in a number of  
2 cases, recommended the complement of workers to cases be  
3 less. I think we were using one to 20 for protection and  
4 one to 15 for family enhancement. That got changed on both  
5 models as well. So those are some examples of things that  
6 would have gone forward.

7           We don't -- from the working group, we don't know  
8 what actually went to the treasury boards, because  
9 internally, governments would be developing those  
10 documents.

11           Q     Now, one of the other, I believe it was a  
12 recommendation that wasn't funded, is with respect to the  
13 provision of a foster care coordinator; is that right?

14           A     Well, there is a foster care coordinator in the  
15 model on the Federal side.

16           Q     Funded by the Feds, but not --

17           A     Um-hum.

18           Q     -- funded by the province; correct?

19           A     Um-hum.

20           Q     And that's of particular concern for many First  
21 Nations agencies, because they do have the power to license  
22 their own foster homes, up to, I think it's a limit of four  
23 beds per home; am I correct?

24           A     A foster home is four beds, unless you have a  
25 sibling group in there, it can be --



1 Q Yeah.

2 A -- extended.

3 Q Yeah. But the agency, the First Nations agencies  
4 now have the ability to individually license those homes;  
5 correct?

6 A Yes, they've had that ability since they were  
7 first mandated in the '80s. It's now both on and off  
8 reserve, so yes --

9 Q That's correct. And obviously, there is a  
10 desire, from the perspective of First Nations agencies, to  
11 license foster homes under their own mandate, so that they  
12 can, to the greatest extent possible, ensure that there are  
13 culturally appropriate foster homes available for their  
14 children; is that correct?

15 A They have the ability to license foster homes.

16 Q And to the extent to which the, the process to do  
17 so requires a foster care coordinator within the agency,  
18 because there's a significant amount of work that has to be  
19 involved --

20 A Um-hum.

21 Q -- in approving a home as a foster home; is that  
22 not correct?

23 A Yes.

24 Q So, to the extent that that position is not  
25 funded by the province, that creates an additional burden

1 on the agency, in trying to secure those culturally  
2 appropriate foster homes; is that not correct?

3 A Well, yes, and I think it goes quite beyond just  
4 the foster care coordinator, when we look in the Southern  
5 Authority, I believe, in our last report, which would have  
6 been around March of 2012, within the Southern agencies,  
7 there were close to 1500 foster homes, so, you know, even  
8 if you split that among agencies, but they'd need more than  
9 a coordinator, they would need staff to actually go and --  
10 it's quite labour intensive to do a licence and then, in  
11 addition, the support and their, the, the training for  
12 those foster homes. So --

13 Q Sure.

14 A -- it's -- you would need someone just to  
15 coordinate all that work, but you'd definitely need a staff  
16 complement.

17 Q Somebody to do the work, in addition to  
18 coordinating it?

19 A Yeah.

20 Q Yeah. Now, we've heard before that the funding  
21 model for core positions, in terms of the new model, is a  
22 split between the province and the Feds, 60 percent is paid  
23 by the province and 40 percent by the Federal government?

24 A Yes.

25 Q How does that correspond to foster

1 coordination -- sorry, funding for the foster coordinator?  
2 You say it's, some funding's provided by the Federal  
3 government, none is provided by the province. Is the  
4 position fully funded by the Federal government, or is it  
5 only partially funded by the Federal government?

6 A That position is not in the core funding, it's  
7 sitting in the service delivery funding and so there is no  
8 split in cost sharing there and it's fully funded by the  
9 Federal government.

10 Q For the purposes of supporting federal children?  
11 Or sorry, I shouldn't say that. Children who are  
12 federally, are, who are Federal responsibility?

13 A Well, it -- they fund the full position, so I'm  
14 not sure that they're, they'd put the restriction on, but  
15 that would be probably their hope, that that's what it  
16 would be used for.

17 Q And those other positions that are required to  
18 actually do the work are not funded at all?

19 A In the Federal model they are. They're funded on  
20 a one to 30 basis for every 30 kids in care.

21 Q Every 30 children who are Federal responsible, or  
22 all children?

23 A Every 30 kids in care, who are Federal  
24 responsibility.

25 Q Exactly. So it's a ratio of Federal children,

1 not all the children that the agency's responsible for?

2 A Yes, it's only the Federal portion of it.

3 Q Yeah, okay, thank you. Now, given what you've  
4 said both today and yesterday about disparities in funding,  
5 or absences of funding, it's common practice, is it not,  
6 for agencies to often have to move money around from  
7 different line items in their budgets, in order to cover  
8 the costs of providing these other services that are  
9 nevertheless required, in order to provide for the children  
10 that the agency is responsible for; is that not correct?

11 A Agencies have some flexibility, yes.

12 Q Now, obviously, if they're reallocated money and  
13 there are services that they feel they are required to  
14 provide, in order to meet the needs of their children and  
15 that funding is not adequately provided, that creates a  
16 financial burden on the agency?

17 A Yes.

18 Q And that, somewhere along the line, compromises  
19 need to be made, in order to operate within their funding  
20 allocations?

21 A Yes, they would have to figure out how they were  
22 going to do that work.

23 Q And as I understand it, agencies are not allowed  
24 to carry a deficit from one year to the next?

25 A No, our requirement, with the business plans, is

1 that when you present a five year plan, it can't be a  
2 deficit plan. So you might have a deficit one year, but  
3 you would be expected, at the end of the five years, to be  
4 balanced.

5 Q You have to zero out --

6 A Um-hum.

7 Q -- at the end of five years? Now, we also talked  
8 yesterday about and I thought you referred to it both as DR  
9 and as FE funding.

10 A And what?

11 Q FE, family enhancement and DR, differential  
12 response?

13 A I --

14 Q I don't know if you used those terms  
15 interchangeably, or if I --

16 A -- no.

17 Q -- just missed the distinction?

18 A I, I think I was clear that our definition of  
19 differential response is as a service model and it includes  
20 both family enhancement and protection services.

21 Q Okay. Can you tell me, in terms of the overall  
22 budget that the agencies receive, what portion of that  
23 reflects the DR money, differential response money?

24 A Well, there is no differential response money.  
25 Again, it's a model, so everything that's service delivery

1 really would reflect differential response. What you  
2 probably are wanting to pull out is the family enhancement  
3 portion.

4 Q Thank you for, for clarifying that. What portion  
5 of that would represent the family enhancement funding?

6 A Well, in, on the provincial side, it would be  
7 based on how many FE cases the agency had. And going into  
8 the funding model, because that was not a category that was  
9 there prior to the funding model, there were projections  
10 made as to how many FE cases each agency might have and on  
11 that basis, they were given money for FE funding. So on  
12 the provincial side, if those cases go up, they would get  
13 more money in FE. They were done on the one to 20 funding  
14 line.

15 Q Now you're talking about positions?

16 A Well, that is the bulk of FE funding. I mean,  
17 there is service purchase dollars in there as well that are  
18 funded, they're calculated a bit differently, not on  
19 positions.

20 Q That's exactly what I'm getting at.

21 A Okay.

22 Q So the, the -- and you're, you've anticipated my  
23 question exactly, that the majority of the money that's  
24 provided under FE is for positions for workers to provide  
25 those services, but you called it service purchase dollars?

1 Or, I, I didn't quite catch the language you used, but the  
2 money that is provided to the agency for the purchase of  
3 other services and goods that families may need, as part of  
4 that FE budget. You used a, you used a term for it and I  
5 didn't quite catch it. Purchase dollars?

6 A They get money that's called service purchase  
7 dollars, yes --

8 Q Service purchase dollars, yes.

9 A -- that allows them to either partner up, and  
10 purchase, or do their own program development, or in some  
11 way, use those dollars. Those dollars are available both  
12 under FE and protection. They replace what used to be  
13 called the services to families dollars.

14 Q Sure. We're not talking about a substantial  
15 amount of money, are we?

16 A Well, not a -- on the provincial side, those  
17 numbers are based on kids and cases. So if you, for  
18 example, on the FE side, it's \$1300 per case, per year. So  
19 if you have a substantial case load there and it would be  
20 calculated the same way on the protection side, so they  
21 would take your cases, your, and look at \$1300, that would  
22 be your budget. On the Federal side, they're calculated a  
23 little bit differently.

24 Q So it's \$1300 per case, per year? And per case,  
25 by that, you mean per family; right?

1           A     For FE, it would be per family, yes.

2           Q     That's right.

3           A     Yes.

4           Q     So if you have a family that's involved with the  
5 agency and requires services, doesn't matter how many  
6 children are in that family, you have a total of \$1300 that  
7 you can use for providing counselling or services that they  
8 may need, or even goods that they may need --

9           A     Um-hum.

10          Q     -- is that correct? One of the things that Dr.  
11 Blackstock spoke about on Monday, when she testified, was  
12 when they were working in Vancouver and she was providing  
13 services both through the province and through Squamish  
14 First Nation, to, to children and families who were at risk  
15 of coming into care, she talked about the simple things  
16 that can often make a difference, going out, buying  
17 Pampers, buying groceries, those types of things. Things  
18 that, that strike at the very core factors that the  
19 evidence seems to suggest bring children into care:  
20 Poverty, housing availability and substance abuse. Would  
21 you agree with me that \$1300 a year per family doesn't  
22 afford an agency the ability to do very much to strike at  
23 those fundamental contributing factors that lead those  
24 children to come into care?

25          A     Well, I would agree that it would always, you



1 know, we would certainly argue for an increased budget  
2 there. We'd like to also argue though that, you know, that  
3 is part of the importance of having a community get around  
4 this issue of child protection and of supporting families.  
5 In my opinion, it should not be only the child welfare  
6 agency that is providing those things.

7           And many of our agencies have, you know, even  
8 prior to a funding model, have, particularly in the  
9 communities, very good partnership programs with, let's  
10 say, the welfare administrator, on cost sharing some of  
11 those costs. So it's, it's not a new thing and I think it,  
12 it's, it's not, it's not going to be adequate if the  
13 expectation is that CFS now has that money, they should be  
14 providing all of those things, because yes, you wouldn't  
15 have enough money in there.

16           It's also clear though that there are families  
17 that the risk level is well beyond offering, you know, a  
18 bus pass or a washer and drier, that that's going to reduce  
19 the risk. So not every family is going to necessarily  
20 access those services. So it is a challenge for agencies  
21 to decide, at the beginning of the year, how they're going  
22 to budget that money, what they're going to pay, what  
23 they're not going to pay and make some of those decisions.

24           Q     No one's suggesting that the agencies have to go  
25 it alone, but the agencies are unique, in the sense that

1 they are the only ones who are mandated to ensure the  
2 welfare of those children; is that correct?

3 A They have a mandate to ensure the safety and  
4 protection of the children, yes. But again, I don't, I  
5 think it would be unfortunate if we interpret that to mean  
6 that they're the only ones who should be doing it.

7 Q No, and I'm not suggesting that, but I am  
8 suggesting that if that funding isn't going to come through  
9 the agencies, through the funding model that's developed by  
10 the province and by the Federal government, that funding  
11 needs to come from somewhere and it needs to be delivered  
12 to those families through some avenue. The only avenue  
13 that's mandated to do that right now is the child welfare  
14 system; you would agree with me?

15 A I don't --

16 Q I'm not, I'm not --

17 A -- I'm, I'm not quite -- well, I'm just thinking,  
18 because I'm --

19 Q -- I'm not suggesting --

20 A -- I'm not arguing with what you're saying, but  
21 I'm not quite agreeing with you either, that it should be  
22 the role of CFS to make sure that families have all of  
23 those things. There are other programs that can provide  
24 them. I think it is the role of CFS to work alongside,  
25 with those programs and figure out ways to get families

1 what they need and the supports they need.

2 Q I'll move on. When you were talking earlier  
3 about the ratio of 20 to one, under differential response,  
4 in the family enhancement dollars, just so that we're  
5 clear, that ratio is calculated not on the number of  
6 families in the community, but rather, the number of  
7 families who are engaged with the agency under those, under  
8 those preventative programs; is that right?

9 A Again, you have to look at the differences  
10 between the two funders. On the Federal side, so on  
11 reserve, it's, it's that 20 percent assumption model. They  
12 don't really distinguish too much between FE and  
13 protection. So they will just look at your child pop,  
14 figure out what 20 percent of your families are and that's  
15 your number.

16 Q That's the Feds?

17 A Yes --

18 Q Yeah.

19 A -- and provincially, there's more attention paid  
20 to protection and FE and, but it's based on case counts  
21 there.

22 Q And that's based on the case counts from the  
23 previous year; am I correct?

24 A Well, yes, it's actually about a year and a half  
25 lag, um-hum.

1 Q And so they forecast your funding for this year,  
2 based on the number of families that you serviced under FE  
3 last year?

4 A That we would have had at the end of '12 --

5 Q Yeah.

6 A -- yes.

7 Q Okay. And so those dollars are not designed to  
8 provide services and what Dr. Blackstock has described as  
9 being primary prevention, which is efforts designed at  
10 preventing children and families from ever coming into  
11 contact with the agency in the first place. These dollars  
12 and services are only available to families that are  
13 involved with the agency, either on a voluntary basis, or  
14 in circumstances where it has not resulted in the  
15 apprehension of the child; is that correct?

16 A Well, I think, I think agencies can make some  
17 decision about, again, the discussion earlier about who can  
18 participate in those programs. But I would agree that  
19 agencies are going to first try and protect those dollars  
20 for the families that they are actually working with, yes.

21 Q In terms of, at the authority level, has the  
22 authority spearheaded or coordinated any type of prevention  
23 programs in communities that would address those core  
24 contributing factors, such as poverty, poor housing and  
25 substance abuse?

1           A     I don't think -- no, we would not have  
2 spearheaded any programs. What we have done though is work  
3 with agencies specifically and identifying, through their  
4 business plan process what the programs are that they're  
5 planning to do and if there are, there's advocacy or, or  
6 lobbying that we can do on their behalf, or if we can  
7 assist them, you'll see quite a range of programs, even  
8 within an agency, if they have multiple First Nations that  
9 they're serving and some of the arrangements and agreements  
10 they have. In the communities themselves, those resources  
11 are primarily available through chief and council, so  
12 that's where, that's who the agencies would be dealing with  
13 there. In the city, we've tried to -- again, the, the  
14 authority itself would not directly spearhead, but we are  
15 sitting on many working groups and committees that would  
16 look at issues of intersectoral (phonetic) work.

17           Q     In discussing the, the notion of these  
18 contributing factors and the interrelationship between  
19 various departments of the government and families who  
20 often have complex and overlapping needs, doesn't the child  
21 welfare system, as it's currently structured, because it is  
22 unable to address housing issues for children who are not  
23 under apprehension, does it not, in effect, create an  
24 incentive towards apprehension, because the agencies can  
25 only provide housing for those children after they come

1 into care?

2 A The agency doesn't provide housing for the  
3 children at all really. I mean, that's done through  
4 placement in foster homes, or group homes and I think my  
5 point yesterday is that we are spending money that  
6 contributes to those housing costs for other people and if  
7 we had perhaps more effective or other ways to really look  
8 at, is there a way we can use some of those dollars to  
9 support family, so that those children can stay at home,  
10 that, that would be more, I think, effective for us than  
11 trying to engage in a housing program.

12 Q I guess what I'm getting at is that you certainly  
13 have been involved in child welfare for many, many years  
14 and it'll come as no surprise, certainly to you, that  
15 agencies often cite the lack of appropriate housing as a  
16 child --

17 A Yes.

18 Q -- protection concern?

19 A Um-hum.

20 Q And to the extent that the agency is, does not  
21 have funding available and does not have other avenues to  
22 pursue, in terms of addressing those housing issues, aside  
23 from apprehending and placing the child in foster care,  
24 that's what I'm getting at, does that not then essentially  
25 create an incentive towards apprehension? Not that the

1 agency's happy about it, but it, it's a situation where  
2 there are very few options.

3 A Well, I think that, in most cases, housing would  
4 not be the sole reason why we would apprehend kids.  
5 There's usually other risk factors and housing contributes  
6 or heightens those risk factors.

7 Q I just have a few questions with respect to the  
8 SDM, the structured decision making tool --

9 A Um-hum.

10 Q -- and I thought, when you were being asked this  
11 question yesterday, I understood your answer to be that,  
12 that you said that the SDM doesn't need to be applied to  
13 every child following an apprehension, but only to every  
14 family upon a referral; did I understand you to say that?

15 A Yes, the SDM is not -- it's a group of tools, but  
16 it's not intended to assess the risk or the probability of  
17 future harm, or so on, for a particular child. It is  
18 intended for the family and decisions about how to work  
19 with the family, or what kind of measures are needed to  
20 protect children are then made with that, the results of  
21 those tools guiding the decision.

22 Q But is it not correct that a strength and needs  
23 assessment and a safety assessment needs to be performed on  
24 every child and that those are components of the SDM?

25 A Well, the safety assessment has been there for

1 well before the SDM came around, so yes, I would agree that  
2 a safety assessment has to be done. We don't consider that  
3 as part of the group of SDM tools right now. So those  
4 tools, we see as being applied to families. That doesn't  
5 mean that we're saying no safety assessments are done on  
6 children. Of course they are and strengths and needs would  
7 be done when a, you know, every child needs a case plan, so  
8 you would still be doing a strength and needs assessment.  
9 It just wouldn't be part of that group of SDM tools.

10 Q But you would agree with me though that the SDM  
11 tools make specific reference to a safety assessment in  
12 making, as part of its structured decision making process?

13 A Yes.

14 Q Yeah, okay. So it's, it is captured within the  
15 SDM model?

16 A A safety assessment is --

17 Q Yes.

18 A -- but like I'm saying, the SDM is intended for  
19 families.

20 Q But as well, there's not just a safety  
21 assessment, there's also a strength and needs assessment  
22 that has to be done for each child, as part of the SDM?

23 A For the children and the, and the caregivers,  
24 yes.

25 Q Okay. And you said that as a result of



1 improvements -- again, correct me if I have this wrong, but  
2 I thought your testimony yesterday was that as a result of  
3 improvements, meaning the structured decision making model,  
4 there's now less reliance on individual judgment and the  
5 exigencies that can arise from that and more reliance on  
6 the structured decision making tool. And as a result, that  
7 tends to lead to better outcomes; was that -- and I know  
8 I'm paraphrasing, but was that --

9 A Yeah.

10 Q -- the thrust of your evidence yesterday?

11 A Well, I, I think I, what I'm wanting to say there  
12 is that clinical and professional judgment, in and of  
13 itself, is not the deciding thing, but it is an important  
14 factor, along with the other elements of that tool.

15 Q But it's my understanding, and correct me if I'm  
16 wrong, that upon an initial referral, when an agency does  
17 an initial SDM assessment of probability of future harm,  
18 there is no mechanism by which the social worker is able to  
19 intervene in the result and reassess the score down? The  
20 worker can reassess the score up on an, an initial  
21 assessment, but cannot reassess the score down. So in  
22 terms of the assessment of future harm, with respect to  
23 neglect, or abuse, whatever the number is at the bottom,  
24 the worker can override that if they have concerns that it  
25 is more severe than that number would seem to reflect, but

1 cannot reduce the results if they think that the number  
2 over represents the risk of harm, in terms of neglect or  
3 abuse?

4       A     I'm not certain of that.  Guess my, you know, my  
5 response would be you wouldn't want to reduce if your, if  
6 your tool, which is based on research, is telling you, this  
7 is the score, why you would want to downgrade that.  You do  
8 have an ability to address that if you've gotten, let's  
9 say, a high risk score, but you know things now about the  
10 family, in terms of the changes in their life and some of  
11 the changes and how long it's been since that past history  
12 was in effect.  Where you can speak to that in the  
13 strengths and needs assessment and your case plan can then  
14 reflect that.  So you can have a high score on a  
15 probability of future harm, perhaps, but you can have a  
16 family that's made significant changes and your strength  
17 and needs and your case plan would reflect that.  You  
18 wouldn't be apprehending those children necessarily.

19       Q     We'll, we'll hear evidence from an individual  
20 who's been trained in the use of the SDM, in terms of their  
21 concerns, but for one example I can provide you, is if, if  
22 the concern is, is that the SDM has a racial bias built  
23 into it --

24               THE COMMISSIONER:  What kind of bias?

25

1 BY MR. FUNKE:

2 Q A racial bias, that has not been properly  
3 accounted for, in terms of the development of the tool, or  
4 its adaptation for use in Manitoba, particularly with  
5 respect to First Nations communities and if an individual  
6 who was conducting that assessment of future harm felt that  
7 the results were inaccurate, because of that inherent  
8 racial bias, are you saying that it is inappropriate for  
9 that social worker to use their professional judgment to be  
10 able to intervene in those circumstances and say no, this  
11 assessment, in my professional view, is inaccurate. You're  
12 saying that would be inappropriate?

13 A No, I'm not saying that. What I am saying is  
14 that that social worker would then be able to speak and  
15 address that, whatever they're feeling about that, in the  
16 strengths and needs and in the case plan, because that is  
17 part and parcel of the SDM. It is not just the probability  
18 of future harm. So if a social worker felt that and said,  
19 this is the result, I don't agree with it, here's why,  
20 here's the strengths and needs, here's my case plan, that's  
21 how they would address that.

22 Q I don't know that I agree with you, but I'll --

23 A Yeah.

24 Q -- I'll leave your answer at that. The last area  
25 of questioning I wanted -- well, two more areas. You had

1 talked briefly about CFSIS, the Child and Family Services  
2 Information System --

3 A Yes.

4 Q -- and different challenges that it (inaudible)  
5 facing. And has anyone at the authority, are you aware of  
6 any concerns at the authority, raised by agencies, that you  
7 are responsible for monitoring, with respect to the use of  
8 that system on reserve and concerns about the ownership of  
9 data, relative to the First Nations membership and the  
10 sharing of that information with the province? Has that  
11 concern been raised to you, or to the authority, that  
12 you're aware of?

13 A Well, I know that it, it has been one of our  
14 concerns and our discussions with the province and some  
15 arrangements that, or agreements we've reached around when  
16 and how that data can be used, for example. So yes, I  
17 would say we would share the concern that when we're  
18 providing data into the CFSIS system that we're providing  
19 primarily for child protection/child safety reasons, that  
20 that data should not be freely used for research or things  
21 like that. We have an agreement now with the province that  
22 if someone wants to use the data that refers to our  
23 families, our communities, they have to have our permission  
24 to do it. We will ask the agency. We have a couple of  
25 examples right now on people wanting to do FASD studies,

1 where some agencies have agreed and some not and so they  
2 cannot use the data for agencies that have not agreed, to  
3 try and safeguard that data and I think that is a valid  
4 concern. I think that it's overridden by the need for a  
5 child's safety, which is primarily what we see as CFSIS as  
6 being and so for us, it's important that we have that tool  
7 and then build in the other safeguards.

8 Q Is it not equally plausible, however, for a Child  
9 and Family Services agency, operating on First Nation to  
10 have its own information system that simply interfaces with  
11 CFSIS and provides a mechanism by which that information,  
12 which is collected and maintained on First Nation, to be  
13 provided to the CFSIS system, but allow that control to  
14 remain with the First Nation, as opposed to the province?

15 A I have difficulty seeing how feasible that would  
16 be. First of all, with CFSIS, it's not, because CFSIS is  
17 too old and it won't interface with other programs. If a  
18 new system is built, that is, perhaps, one of the things  
19 that could be looked at. We do know that it is important  
20 for the system to have access to the data on CFSIS and it,  
21 you know, First Nations families move and so if they land  
22 in the city, someone that's going to be providing service  
23 should have access to the data that relates to child safety  
24 and child protection. So, you know, that's an interesting  
25 notion if IT people can figure that out and a system can be

1 built that would support that.

2 Q Well, you said that you thought that CFSIS was  
3 too old and wouldn't support such an interface; you're not  
4 claiming to have sufficient IT expertise to be able to make  
5 that assessment on your own, are you?

6 A Well, I don't think I said that either. I do  
7 know that the Information Matters project, that we were  
8 very involved in and there is, you know, a big binder of a  
9 report there, looked at those, because some agencies are  
10 using certain programs, for example, the facts (phonetic)  
11 system, for some of the child maintenance stuff and there  
12 was, there was a review done, to see if that could  
13 interface with CFSIS and the response, and I believe it's  
14 also contained in that report and those were IT experts,  
15 saying the platform's too old for CFSIS, we can't easily do  
16 it.

17 Q Simply can't support an interface?

18 A It doesn't appear that way.

19 Q Well, then I suspect that the province and I may  
20 differ on whether or not my clients' sovereignty concerns  
21 is worth spending the money to ensure that that would be  
22 possible. I'll move on to another area.

23 One of the questions that Mr. Ray asked you about  
24 was access to CFSIS, in terms of enabling one agency to be  
25 able to access records entered on CFSIS by another agency.

1 It's my understanding that Section 76(3) of the CFS Act,  
2 dealing with the confidentiality of records, imposes an  
3 obligation on the agency with whom those records reside, to  
4 ensure that they are maintained in a confidential matter;  
5 is that not correct?

6 A You're talking the hard copy records? Is that  
7 what you're talking about?

8 Q Well, not only that, but also with respect to  
9 access to data on CFSIS.

10 A Well, if they're in CFSIS, I would argue they're  
11 CFSIS data and I'm not sure individual agencies can claim  
12 ownership of that data. The security provisions in CFSIS  
13 though, are such that if it's not your case, you can't go  
14 look at it, both within the agency itself, if I'm a worker  
15 trying to access a case that's not mine, I can't do it, but  
16 also between agencies and between authorities. So --

17 Q And I don't mean to stop you but --

18 A Yes.

19 Q -- isn't that, doesn't that go exactly to the  
20 point of Mr. Ray's question and that's the point I'm --

21 A Sure.

22 Q -- trying to make, is that to -- in order -- it's  
23 not that that information is not on CFSIS, it's that there  
24 are safeguards imposed on CFSIS, because of the  
25 confidentiality proceedings under the Act, that says the

1 agency is not to release those records, except as it  
2 complies with the exceptions under 76(3). And agencies  
3 can't just freely access information from other agencies  
4 because they want it. They have to make a request and the  
5 agency has to consider whether or not it falls within --  
6 the agency that, that holds the record, has to make a  
7 determination whether or not access to that record is  
8 appropriate under 76(3) and then agrees to disclose it.

9 A I think 76(3) is different, but --

10 MR. FUNKE: Okay.

11 MR. COCHRANE: Mr. Commissioner, that, that  
12 really is, if I understood correctly, he's asking her for  
13 her interpretation of, of a legal Section in the CFS Act.  
14 I don't know if that's proper. But I can tell you that one  
15 of the exceptions under 76(3) is that agencies can share  
16 amongst themselves. In other words, one agency can share  
17 information with another agency. I'm not sure if that's  
18 where he was going, but if he's asking her to provide an  
19 interpretation of Section 76(3), she's not able to do that.

20 MR. FUNKE: No, I'm asking her whether or not --

21 THE COMISSIONER: Well, I think she said she,  
22 she's told us how she thinks it works and that's, that's  
23 all she can do. She can't go beyond what she knows.

24 MR. FUNKE: And I'm only asking that question  
25 because it was a matter that was broached by Mr. Ray and



1 I'm trying to seek some clarification on that, to explain  
2 why that might not be possible.

3

4 BY MR. FUNKE:

5 Q And if you're not comfortable answering that  
6 question, then, then don't answer it.

7 A Well, I'm, I'm not referring to Section 76, but  
8 understanding how CFSIS works, and what you can or can't  
9 access and the reasons why the security provisions are put  
10 on is to protect -- you know, people who don't need to know  
11 shouldn't get in on a need to know.

12 Q Confidentiality; right?

13 A Exactly.

14 Q Right. Now, you had also indicated that one of  
15 the problems that CFSIS has is that it, it is not well set  
16 up to provide a report of the actual numbers of children in  
17 care at any given time; is that correct?

18 A Well, no, it can provide a number of reports on  
19 children in care.

20 Q I thought you said that one of the limitations of  
21 CFSIS was that it was difficult to report actual numbers  
22 of --

23 A It's --

24 Q -- children in care?

25 A -- no, it's difficult to report numbers of

1 children in protection families. They're not children in  
2 care.

3 MR. FUNKE: Okay. Well --

4 THE WITNESS: Yeah.

5 MR. FUNKE: -- thank you for the clarification.

6 THE COMMISSIONER: Yes.

7

8 BY MR. FUNKE:

9 Q So in terms of children who are in protection  
10 files then, it's not, and I don't want the Commission to be  
11 left with the impression that the agency doesn't know where  
12 those children are, or isn't in a position to ensure their,  
13 their safety, it's a, it's a limitation with the  
14 information system, as opposed to a failing of the agency  
15 to be able to know where those children are located; is  
16 that correct?

17 A Well, we would definitely expect the agency to  
18 know where those families and children are. I think with  
19 the limitations of the system though, it makes it harder,  
20 because it has to be done manually by an agency and it  
21 would be a much bigger help if they could easily run their  
22 reports off the CFSIS system.

23 Q My concern is, I don't want anyone to be left  
24 with the impression that we have numbers of children out  
25 there who are lost to the system, simply because CFSIS

1 can't produce a report that gives us an accurate number of  
2 children that are receiving preventive services.

3 A Um-hum.

4 THE COMISSIONER: Well, I understood you to say  
5 yesterday the concern was children in the family that were,  
6 were not themselves children in care?

7 THE WITNESS: Yes, that's correct.

8 THE COMISSIONER: Yeah.

9

10 BY MR. FUNKE:

11 Q And the last area I want to talk about is  
12 improved training and you had made comments yesterday about  
13 ensuring that BSW graduates are qualified to do protection  
14 work; is that right?

15 A Yes, I, I think my comment was broader, and that  
16 was, when we hire a graduate with a BSW, I believe we  
17 should have some confidence that that person can step into  
18 CFS work.

19 Q And part of the underlying problem is that not  
20 all graduates with a BSW have received training dealing  
21 either with protection, or have received any education with  
22 respect to First Nations people and culture; is that  
23 correct?

24 A I think most BSWs have probably received  
25 training, or taken courses with respect to First Nations

1 and culture. However, the faculty BSW program is a generic  
2 program, so it doesn't, it doesn't look at specializing  
3 workers, social workers, to work in CFS, or in Justice and  
4 things like that. My point was I believe we should be  
5 looking at that model. CFS is one of the biggest employers  
6 of social workers and I would like to see the faculty have  
7 a program where people, going into CFS are equipped to that  
8 when they come out.

9 Q Certainly. And it's not your position that a, a  
10 worker without a BSW is not a competent and capable  
11 frontline --

12 A No.

13 Q -- worker and neither is it your position that  
14 every graduate with a BSW is therefore automatically  
15 competent and capable to be a frontline worker?

16 A No, and I think my recommendation comes from the  
17 fact that while we believe they're competent and capable,  
18 we, we spend considerable time training them to be CFS  
19 workers and I would like to see some of that burden lifted  
20 and done by the Faculty of Social Work.

21 Q In terms of that training, you're also referring,  
22 in part, to standards training; is that correct?

23 A Yes, it could include standards training, yes.

24 Q Okay. And the authority, as I understand it,  
25 does provide standard training to the staff of the agencies

1 that you are responsible for monitoring; is that correct?

2 A Our standards training have been primarily  
3 attended by the staff of our agencies, yes. But we --  
4 they're not -- it, it's not closed training, where others  
5 can't participate.

6 Q I guess what I'm getting at is that the agencies  
7 don't do their own standards training. If, if workers at  
8 the agencies are going to receive standards training, they  
9 get it from the authority; is that correct?

10 A No, I think I was also clear that we, we provide  
11 it and we try to do it every six months, but many agencies  
12 have also trained, trained trainers to do it and, in fact,  
13 do it.

14 Q And when was the last time the authority provided  
15 that type of standards training?

16 A Believe it would have been in the late fall when  
17 we did the last one.

18 Q And do you know when the one before that was?

19 A Oh, I'd have to check our training calendar. I  
20 don't know if it's in the annual report or not, but --

21 Q The reason I'm asking is that your evidence was,  
22 is that, I thought you said they were incorporating a  
23 protocol where that will be done every six months, but  
24 that's not yet in place. I thought that was your evidence?

25 A No, we would like to get to the place where we

1 have a protocol or standard that requires agencies to have  
2 new workers receive the standards training within six  
3 months of them beginning employment. And so, us offering  
4 it, at least on a six month basis, would allow them to meet  
5 that, but they could also do it through their own training.

6 Q And my question to you is has the authority been  
7 doing that? Have you been providing it on a six month  
8 basis?

9 A I believe so.

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

12 THE COMISSIONER: Thank you, Mr. Funke.

13 Mr. McKinnon?

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

15 Ms. Flette, my name is Gordon McKinnon, I'm the  
16 lawyer for the department and for Winnipeg CFS.

17

18 CROSS-EXAMINATION BY MR. MCKINNON:

19 Q I'm going to essentially go backwards through  
20 your evidence so that some of the things you've spoken  
21 about most recently, I'm going to just ask you for some  
22 clarification on. In response to Mr. Funke, he was asking  
23 you to comment upon the service purchase amount of \$1300  
24 per family, relating to FE children, FE standing for?

25 A Family enhancement.

1 Q Family enhancement. Thank you. And you  
2 acknowledged that there was funding of \$1300 per family  
3 that was in family enhancement. My question for you is, am  
4 I correct in my understanding that while there's \$1300 per  
5 family, that \$1300 doesn't have to be spent on that family?  
6 That is, if there's one family that needs no purchase  
7 services, the money, that \$1300 can be pooled and spent on  
8 another --

9 A Yes, and --

10 Q -- family?

11 A -- I, I believe that's how most agencies are  
12 treating that.

13 Q And when Mr. Funke was asking you about the  
14 business plans and, and you talk, you spoke about the  
15 potential for improvement, you said he -- you said you  
16 thought there was potential for improvement resulting from  
17 the process of developing a five year business plan and you  
18 explained why. And then in cross-examination, he said to  
19 you that it may not improve and you answered yes to that as  
20 well. My question to you is, what's your opinion as to  
21 whether or not it will improve outcomes to have a five year  
22 business plan?

23 A Well, my opinion is that it will certainly  
24 improve it. I think anytime you set outcomes and measure  
25 how well you're reaching them and the process of planning

1 your services and what you're going to do and having a  
2 rationale for doing it will speak to improved services.

3 Q Thank you. And when Mr. Funke was asking you  
4 about culturally appropriate standards, you would agree  
5 with me that there are provincial foundational standards?

6 A Yes.

7 Q And those provincial foundational standards are  
8 by agreement between the authorities and the director of  
9 child protection, reviewed by standing committee?

10 A There's a protocol in place for how foundational  
11 standards are developed and that includes the involvement  
12 of the four authorities and the Child Protection Branch and  
13 we have a inter-authority standards working group --

14 Q Right.

15 A -- that meets monthly. Standing committee gives  
16 that group a work plan and its priorities for what  
17 standards are to be developed. When that group has come  
18 forward with a draft standard, they'll bring it to standing  
19 committee and each member of standing committee is then  
20 responsible to take that to their agencies for feedback and  
21 comment.

22 Q Right.

23 A And when that comes back, if there's any changes  
24 that need to be made, then if standing committee, if  
25 everyone's in agreement, it goes to the province with a



1 acknowledgement that we've all reviewed and we're in  
2 agreement with the standard.

3 If we cannot reach agreement, at standing  
4 committee, with all the parties, a consensus agreement,  
5 then, at the end of the day, the director of child welfare,  
6 who's responsible to see that foundational standards are  
7 there makes the decision.

8 Q And, and the point I'm making here is that with  
9 this protocol that's in place, you get a vote, the, the --  
10 your equivalent chief executive officer of the Northern  
11 Authority gets a vote, the chief executive officer of the  
12 Métis Authority gets a vote, the chief executive officer of  
13 the General Authority gets a vote and the director of Child  
14 Protection. Those are the five members of --

15 A Yes.

16 Q -- standing com.

17 A That's correct.

18 Q So that there's an, a, a process whereby if you  
19 have an objection, because a foundational standard may, may  
20 be culturally inappropriate, you can raise that at the  
21 foundational standard level, you don't have to wait until  
22 it becomes a standard of the Southern Authority?

23 A Yes, and I think there are quite a number of  
24 examples, as we were doing the, getting the standards sort  
25 of up to date and taking out the remnants package and so

1 on, where exactly that process was happening and you can  
2 see it reflected in standards.

3 Q Because again, the point I'm trying to make is  
4 that the province has been respectful of this notion that  
5 the authorities, and the cultural component that they bring  
6 to the table, they've been respectful. They haven't  
7 imposed foundational standards that you, or your  
8 colleagues, have found to be inappropriate from a cultural  
9 perspective?

10 A Yes, I think the province has been more  
11 respectful and I think the authorities are also quite  
12 assertive that that doesn't happen. So I think that  
13 protocol, for the most part, has worked and, and we  
14 continue to operate with it.

15 Q Thank you. And Mr. Funke was asking you about  
16 when the go-live date was for Winnipeg CFS, to go live with  
17 the devolution and your evidence was you thought it was May  
18 of '05 early and he was suggesting to you it was May 16th.  
19 I just wanted to draw to your attention Exhibit 12, which  
20 has been filed in these proceedings.

21 Madam Clerk, it's not production 12, it's Exhibit  
22 12. And this is a brief synopsis of Winnipeg CFS.

23 And if, Madam Clerk, if you could scroll down to  
24 2005?

25 And this was the evidence of Alana Brownlee from

1 day 1 of this inquiry, Mr. Commissioner. You'll see the,  
2 the, the dates are May 2nd, 2005 and October 24th, 2005,  
3 are the dates when then, all the, all the, all the files  
4 were transferred --

5 A Between --

6 Q -- does that --

7 A -- those dates.

8 Q Yes. Does that conform with your recollection?

9 A Yes, October would have been the date we finished  
10 up doing the Animikii cases, but yes, it would be in that  
11 time period.

12 Q And the, and the bulk of them would have been in  
13 May and June --

14 A Yes.

15 Q -- of 2005?

16 A Yes.

17 Q And Mr. Ray asked you about file access between  
18 agencies, specifically in reference to CFSIS and Mr. Funke  
19 asked you a little bit about that as well. I just wanted  
20 to clarify this very simple point, that -- and, and I think  
21 Mr. Funke made this point and you agreed with him, but the  
22 reason that one agency is not allowed to access the file of  
23 another agency on CFSIS is not related to a functional  
24 limitation of CFSIS, that's a security protection for  
25 confidentiality?

1           A     Yes, that's correct.

2           Q     And Mr. Funke was asking you about the cultural  
3 bias that may be contained in the structured decision  
4 making tools. My understanding of your evidence is that's  
5 something you're mindful of and watching for?

6           A     Yes, I think that was, with any risk assessment  
7 tool, that would be a concern that we would have. We did  
8 have quite a number of discussions with the Children's  
9 Research Centre on that issue and as I said, we are looking  
10 to evaluate that tool. I can't remember when the date is,  
11 probably in two or three years, to see if, in fact, that's  
12 occurring, or how that's going. But I think that is a  
13 concern and something that we're all mindful of, including  
14 the workers who are using the tool.

15          Q     And he, Mr. Funke suggested to you that under the  
16 probability of future harm tool, that the worker could  
17 increase the risk factor, but not decrease the risk, risk  
18 factor, in terms of the probability of future harm tool and  
19 my, my recollection is that you agreed with that?

20          A     I said I wasn't sure and I wasn't sure why we  
21 would want to decrease a risk factor, if the tool is giving  
22 us a certain risk factor.

23          Q     I just wanted to clarify two points on that for  
24 the Commissioner's benefit. One is that a probability of  
25 future harm tool is not a tool that's used to apprehend a

1 child?

2 A No.

3 Q Thank you. And the other point is that there's a  
4 tool called a probability of future harm reassessment and  
5 that's a tool that's used later on, after there's been some  
6 involvement with the family?

7 A Agencies are required to do a reassessment with  
8 the SDM tools every 90 days, so it would include that, yes.

9 Q And on a reassessment, the, there is an ability  
10 to lower the risk factors if, in the judgment of the social  
11 worker, there's been progress --

12 A Yes --

13 Q -- is that your understanding?

14 A -- if there's mitigating factors that could do  
15 that, yes.

16 Q And there's been a lot of discussion about  
17 entering information on the CFSIS computer system run by  
18 CFS, the information system and, and I just wanted to try  
19 and close a loop on that. With the new funding model,  
20 there's a very high incentive on agencies to enter their  
21 data on CFSIS, because that's what the problem will be  
22 looking for to see whether it's an active case to be  
23 funded; would you agree with that?

24 A Yes, I would agree with that and we have been  
25 reminding our agencies of that and -- in the south anyway,

1 and so it has, say assisted, but I think everybody's taken  
2 that to heart, that that's important.

3 Q And my suggestion to you is that's a good thing,  
4 that is, that the funding model is based upon cases and the  
5 funding model encourages case work, because if there's no  
6 activity on the case, there's no funding and it encourages  
7 posting on the information system for the same reason?

8 A I think the more we tie together and connect all  
9 those elements of policy, practice, standards, regs,  
10 funding, the more they're integrated, the better it is for  
11 service.

12 Q Now, talking about this phrase, differential  
13 response, and I think there's some confusion --

14 A Um-hum.

15 Q -- as to exactly what differential response is  
16 and I'm not going to claim that I understand it, but I'm  
17 going to put my understanding to you and ask you if I've  
18 got it right. Family enhancement is one component of  
19 differential response?

20 A Yeah.

21 Q Differential response essentially says this, that  
22 when a, a case comes to the attention of an agency, rather  
23 than just automatically going to a protection method of  
24 dealing with that case, we now have a new approach, which  
25 we're calling differential response. An the new approach

1 is, that file may end up as a protection file, or it may  
2 end up as a prevention file. That's the differential that  
3 is referred to in the differential response?

4 A Yes, and the SDM package of tools is key in  
5 making that decision at the point of intake.

6 Q And the SDM tools come up with this probability  
7 of future harm assessment. And the point there is if  
8 there's a high risk of harm, that would not be an  
9 appropriate case for prevention, that case would be more  
10 appropriate to go to protection; is that correct?

11 A If the total SDM package came up with a high  
12 risk, that's correct.

13 Q Okay.

14 A But the probability is not the total tool.

15 Q I, I agree.

16 A Yeah.

17 Q But you're trying to stream cases --

18 A Yes.

19 Q -- too. And, and the issue there is safety. The  
20 issue is, can this child be left safely in the home and can  
21 be, can resources be brought in, which is family  
22 enhancement, or do we need to get more involved? That is  
23 protection. That's the threshold issue?

24 A Yes, I think it's on the risk factor. You know,  
25 you can bring the same supports and resources into a

1 protection family, but you would, you would still deem them  
2 to be protection and provide more oversight of those cases.

3 Q And am I correct in my understanding that this  
4 concept, differential response, this is all new, since 2006  
5 and, and Phoenix's -- I'm not saying there was never  
6 protection before, but differential response and the way  
7 it's, it's funded is all new?

8 A The service model --

9 Q The service model --

10 A -- in Manitoba --

11 Q -- is new?

12 A -- is recent, yes.

13 Q And would you agree with me that that service  
14 model could not have been possible under the funding model  
15 that was in place prior to, to the most recent funding  
16 model?

17 A Yes.

18 Q There wouldn't have been sufficient resources to  
19 do this kind of a fundamental change?

20 A Yes, it didn't recognize that work.

21 THE COMMISSIONER: And that new funding model came  
22 at what date?

23 THE WITNESS: It became effective October  
24 2010.

25 THE COMMISSIONER: October 2010?



1 THE WITNESS: Yes.

2

3 BY MR. MCKINNON:

4 Q And as I say, I'm working backwards here, so I'm  
5 getting to more and more general things, but at the  
6 beginning of your testimony, you spoke about the number of  
7 agencies that the Southern Authority had. I'm going to ask  
8 you about the number of office. And I don't know if you  
9 know the figure off the top of your head, but just so that  
10 the Commissioner's clear, you have more than 10 offices?

11 A Yes, we have, not counting ANCR, we have 60 sites  
12 with our nine agencies. And then with ANCR, there's their  
13 main office and then there are two resource centres.

14 Q Okay. Thank you. And how many of those -- leave  
15 ANCR out for now, because we all know that's a Winnipeg  
16 based intake. Leaving that aside, there's 60 sites; how  
17 many offices in Winnipeg?

18 A We have nine agencies that operate in Winnipeg,  
19 so there'd be nine office sites in the city.

20 Q Okay. And --

21 THE COMMISSIONER: Nine of the 60?

22 THE WITNESS: Yes.

23

24 BY MR. MCKINNON:

25 Q -- and the rest would be -- are they -- all the

1 rest on various reserves --

2 A No.

3 Q -- or some in rural communities as well?

4 A Yes, some in rural communities. Thirty-six would  
5 be on reserve, because we have 36 First Nations. Couple of  
6 our agencies also have their head office on reserve, so  
7 that would count as a separate site and then there's sites  
8 in Brandon, in Ashern, in Portage La Prairie, so yeah, it  
9 would include urban sites as well.

10 Q Okay.

11 A Sorry, rural sites.

12 Q And, and again, just to make it -- I think it  
13 might be helpful to the Commissioner. So a family -- and,  
14 and let's take the, Phoenix Sinclair's family and let's  
15 take the year 2003 as an example, at that time, Steven  
16 Sinclair was the identified caregiver. How does an ADP  
17 work? What, what would happen in, in those -- in, in a  
18 situation like that? How does the worker administer the  
19 ADP? What does it tell the worker? And then, let's assume  
20 that, that Steven Sinclair elected the Southern Authority  
21 as his authority as choice, how do you then decide which of  
22 the 10 or 12 offices in Winnipeg that case will be referred  
23 to?

24 A It would refer to the agency that the caregiver  
25 is affiliated with. So Steven Sinclair's affiliated with a

1 community in the interlake, or Anishinaabe Child and  
2 Family, it would go to that agency, unless there were some  
3 compelling reasons not to send it there. For example, if  
4 there's a clear conflict of interest, if a case is a  
5 relative of the executive director, or things like that, we  
6 might make some exceptions and send it elsewhere. But  
7 typically, that's how we would decide it.

8 MR. MCKINNON: Okay. And if I could have the  
9 clerk pull up Exhibit 48, I think it's tab A and it's graph  
10 18. I'm sorry, I don't have the page number.

11 THE COMMISSIONER: I remember those graphs.

12 THE WITNESS: Um-hum.

13 THE COMMISSIONER: There were, there were two on  
14 the page.

15 THE WITNESS: Yeah.

16 UNIDENTIFIED PERSON: Forty-seven.

17 MR. MCKINNON: Perhaps page 47? I'm, I'm trying  
18 to find the --

19 THE COMMISSIONER: Yes, I think that is it, page  
20 47.

21 MR. MCKINNON: -- not the, not the youth in care  
22 one, I'm trying to find the one with the total funding.  
23 It's graph 18, not figure 18.

24 THE WITNESS: (Inaudible).

25 MR. MCKINNON: Am I in the right document?

1 UNIDENTIFIED PERSON: Page 5.

2 THE WITNESS: Are you looking on tab E, where we  
3 have the increases with the funding model?

4 MR. MCKINNON: It could be on the wrong tab, but  
5 it was the one --

6 THE WITNESS: Yes.

7 MR. MCKINNON: -- sorry, it is --

8 THE WITNESS: It's 38913.

9 MR. MCKINNON: -- it's Exhibit 48, tab E, sorry,  
10 not tab A.

11 THE COMMISSIONER: Page?

12 MR. MCKINNON: It's page --

13 THE WITNESS: Twenty-four.

14 MR. MCKINNON: -- 38913 of the production.

15 THE COMMISSIONER: Right.

16 MR. MCKINNON: The page number of the document  
17 doesn't show. Oh, there it is, 24. Thank you. Sorry I  
18 took so long to find that.

19

20 BY MR. MCKINNON:

21 Q But I just wanted to ask you to confirm that the,  
22 the result of the new funding model is that the provincial  
23 dollars for every one of your 10 agencies was increased?

24 A Yes.

25 Q And as well, the Federal dollies, dollars, for

1 every one of your 10 agencies was increased?

2 A Yes.

3 Q And some of them went up quite significantly?

4 For example, ICFS is up a hundred and twelve percent?

5 You're nodding, you have --

6 A That's correct, yes --

7 Q -- to say yes.

8 A -- that's correct.

9 Q And some of them less so. I think the lowest  
10 increase is 21 percent?

11 A Yes.

12 Q And I'm going to suggest to you that there are,  
13 first of all, there, there are two reasons that might  
14 explain that. One is that, that the formula and, and, and,  
15 and the, the funding at 25 to one, and for, for protection  
16 cases and 20 to one for prevention cases, is, is just more  
17 generous than it's ever been in the past; is that fair?

18 A Funding's never, in the past, been based on case  
19 counts --

20 Q Right.

21 A -- so, for the most part, it has made it more  
22 generous, yes.

23 Q The impact has been --

24 A Yes.

25 Q Okay. And to the extent that there is a change

1 in the Federal approach, although you've, you've pointed  
2 out the flaws in the Federal funding, it's still more  
3 generous than it was before the funding model?

4 A Yes.

5 Q Thank you. And with respect to that wide  
6 variation from a 21 percent increase to a hundred and  
7 twelve percent increase, that might be explained by a  
8 couple of factors. One is the absolute lack of a funding  
9 model before resulted in inequitable funding between  
10 agencies?

11 A Yes.

12 Q And the other rationale would be that the core  
13 funding now provides a, a, a, a better base for smaller  
14 agencies, by ensuring that they have those five core  
15 positions?

16 A Yes, the core funding, and that was, I guess, one  
17 of our important pieces in the funding model, where we're  
18 saying, doesn't matter how big or small an agency is, there  
19 are certain core pieces that must be there and that must be  
20 funded. So the core funding amounts certainly did  
21 contribute some of those increases.

22 Q And another component of the funding model is the  
23 five year plan which, again, I'm suggesting to you is a  
24 good thing and I think you've already agreed with me on  
25 that, can you describe what process you used, in the

1 Southern Authority, to involve bands, chiefs and  
2 communities in the preparation of those plans?

3 A Well, we -- the agencies prepare the plan. So we  
4 expect the agencies to involve the various groups that they  
5 have. If they're a multi-band agency, for example, that  
6 they work either with their local committees, or their  
7 chiefs in councils. They would, they would prepare the  
8 plans, based on, you know, what they would need as an  
9 agency overall, but also for each of their communities.  
10 Where -- I'm trying to think if we had some exceptions.  
11 But I think, in most cases, there were also letters that  
12 came from the agency's leadership, as well as from the  
13 boards, supporting the plan, that the agencies had walked  
14 through the plan with them.

15 Q And again, still talking about the funding model  
16 and how it came into being, I want to take you to  
17 Commission disclosure 1024 --

18 THE COMMISSIONER: Mr. McKinnon, I'm wondering if  
19 you're going to be long. If you are, we will take the  
20 break now. If you're just about through, we'll wait, but  
21 I, I think --

22 MR. MCKINNON: Just about through, Mr.  
23 Commissioner.

24 THE COMMISSIONER: All right. Fine. I'm sure  
25 there are people are ready for a break, but --

1 MR. MCKINNON: Okay.

2 THE COMMISSIONER: -- if you're nearly through,  
3 we'll just wind you up.

4 MR. MCKINNON: I, I, I, I'm at your disposal. I  
5 can --

6 THE COMMISSIONER: No, we, we'll --

7 MR. MCKINNON: -- about five minutes, I would  
8 think.

9 THE COMMISSIONER: Five minutes? We'll, we'll  
10 take, we'll finish.

11 MR. MCKINNON: Okay. CD1024, do you need a page  
12 number, Madam Clerk? Two one zero eight seven.

13

14 BY MR. MCKINNON:

15 Q Now, this is a resolution of the Assembly of  
16 Manitoba Chiefs. Now, I believe you made reference to this  
17 in your evidence in direct and, and it seems like it was a  
18 week ago, but I think it was yesterday. Now, there's,  
19 there's some confusion about the date. It says July 10th  
20 of '06 in one spot and it says July 13th, 14th and 15th of  
21 '10 in another spot; what's your understanding as to when  
22 this resolution came into existence?

23 A It would have been in July 2010. It was just  
24 prior to the Feds making the announcement that the funding  
25 formula was going to be effective in October.



1 Q And your familiar with this --

2 A Seen this --

3 Q -- document, you --

4 A -- resolution.

5 Q -- you don't need me to, or ask the clerk to  
6 scroll through it? The --

7 A Don't think so.

8 Q -- the impact, or the effect of this document was  
9 an endorsement by the Assembly of Manitoba Chiefs of the  
10 proposal to go to this new funding model?

11 A Yes, it was.

12 Q Finally then, still on the funding model, my  
13 understanding, from your evidence yesterday, is that there  
14 was a group called a joint working group and you were a  
15 participant in that joint working group?

16 A This is with respect to the funding model?

17 Q With respect to the funding model --

18 A So, yes.

19 Q -- yes.

20 A Okay.

21 Q And there were many others who were participants  
22 in that joint working group that was working out the nuts  
23 and bolts of this --

24 A Yes.

25 Q -- new funding model? The province was a party?

1 A Yes.

2 Q The other authorities were parties?

3 A The --

4 Q Certainly aboriginal authorities?

5 A Yes.

6 Q The AMC had representatives?

7 A I don't believe AMC had a representative on the  
8 working group.

9 Q I have minutes, perhaps they're -- I've got the  
10 wrong title then, but group -- people like Trudy Lavallee  
11 (phonetic), AMC, CFS policy analyst?

12 A Well, Trudy would have been, she was a staff at  
13 AMC and she would have been on that regional advisory  
14 committee that commissioned the working group.

15 Q Right.

16 A And she participated in the working group that  
17 looked at principles of the framework.

18 Q Okay.

19 A I don't think Trudy was on the finance, on the  
20 funding model working group.

21 Q And I don't want to get too far into the  
22 weeds --

23 A Um-hum.

24 Q -- what I'm trying to get at is, is the AMC was  
25 a, a, a, a, a party to the development of this funding

1 model --

2 A Yes, everything the working --

3 Q -- in the broadest --

4 A -- group --

5 Q -- in the broadest sense?

6 A Well, everything the working group did came back  
7 to that regional committee.

8 MR. MCKINNON: Thank you, those are my questions,  
9 Ms. Flette.

10 THE COMMISSIONER: Thank you, Mr. McKinnon.

11 Now, who is left, besides Mr. Cochrane and Ms.  
12 Walsh, to question this witness?

13 Ms. Dunn, do you have questions?

14 MS. DUNN: Just a couple, Your -- or Mr.  
15 Commissioner.

16 THE COMMISSIONER: Well, you, you confer with  
17 Commission counsel over the --

18 MS. DUNN: Yeah.

19 THE COMMISSIONER: -- break and then we'll go to  
20 Mr. Cochrane and, for anything and Ms. Walsh and then we'll  
21 commence the next witness. So we'll take a break now for  
22 15 minutes.

23 Thank you, witness. You'll be back.

24 THE WITNESS: All right.

25

1 (BRIEF RECESS)

2

3 MS. WALSH: Mr. Commissioner, Ms. Dunn has two  
4 quick questions.

5 THE COMISSIONER: All right. Ms. Dunn?

6 MS. DUNN: Ms. Flette, my name is Catherine Dunn  
7 and I'm counsel for Ka Ni Kanichihk in --

8 UNIDENTIFIED PERSON: (Inaudible).

9 MS. DUNN: -- sorry, in the city of Winnipeg.  
10 Can you hear me?

11 THE WITNESS: Yes.

12

13 CROSS-EXAMINATION BY MS. DUNN:

14 Q And I have two questions for you this afternoon.  
15 The first relates to a simple question, is there a policy  
16 or directive in place right now, through the authorities,  
17 or if you don't know that, through the Southern Authority,  
18 which allows aboriginal community-based agencies to  
19 partnership before non-aboriginal community-based services  
20 organizations are used? So, for example, if a client  
21 family, or a client came to Southern Authorities, through  
22 one of your direct agencies, for, say, alcohol treatment,  
23 you could be sent, for example, to the Behavioural Health  
24 Foundation, which is not -- and I may be wrong about this,  
25 but it may not -- it's not an aboriginal community-based

1 organization, versus, say, Pritchard House, which does have  
2 more aboriginal -- or, or Native Addictions Council. Is  
3 there a, a policy in place which would prefer the  
4 aboriginal community-based organization over a non-  
5 aboriginal community-based organization?

6 A We don't have a policy at the Southern Authority.  
7 Practice-wise, agencies do that.

8 Q Okay. Do you -- is it your opinion, after a  
9 lifetime in child welfare, that using aboriginal community-  
10 based organizations is a, is an extremely good thing for  
11 healthy families in the aboriginal community?

12 A If it's a good aboriginal organization, providing  
13 a good fit of service, yes.

14 Q Yeah, assuming that the quality is the same?

15 A Yes.

16 Q Okay. The only -- the other question that I had,  
17 since the Southern Authority took over, has there been any  
18 children die in care under, under the authority of the SCO?

19 A Yes, we report every year on the child deaths and  
20 if you look at our annual report, that's, that we have from  
21 last year, I believe we did three or four year tracking of  
22 those deaths --

23 Q Okay.

24 A -- and we show how many children were in care and  
25 how many kids were in families getting service and we also

1 show the cause of death for those children and you'll, you  
2 will see that most of them are due to natural causes and  
3 then I think suicide would be our next one. But we  
4 track those --

5 Q Okay.

6 A -- numbers.

7 Q In -- with respect to children, are there any  
8 children involved who have died with respect to an issue  
9 around child services delivery? So not fragile children,  
10 who are medically disabled, or like, for example, children  
11 who committed suicide, has there been a relationship, in  
12 your view, to child service delivery in those cases, or any  
13 other cases where child welfare delivery is at issue?

14 A Well, if the child is in care, or in a family  
15 that's getting services from the agency, then, you know,  
16 the review of that child death would point out if, in fact,  
17 there were shortcomings or some failures on the part of the  
18 agency, or a non-compliance with standards, whether that  
19 would directly impact the death. Don't know if we have any  
20 that are that definitive, but certainly, if they're getting  
21 service and they're involved with system, those services  
22 would be reviewed.

23 Q So there have been some of those situations, or  
24 there haven't?

25 A Well, I'm not certain what your question is. We

1 have had children in care who have died and we've had  
2 children receiving services who have died. I'm not sure  
3 where you're going with your question.

4 Q My, my question --

5 THE COMMISSIONER: Well --

6

7 BY MS. DUNN:

8 Q -- is, is simply a simple one. If you relate it  
9 back to Phoenix Sinclair, there was an issue about whether  
10 she received appropriate child welfare delivered services.  
11 Has that same issue come up with respect to the children  
12 who have died in care with the Southern Authority?

13 A That question is asked on every review of a child  
14 death.

15 Q And what is the answer?

16 A What were the services and how --

17 Q Yeah.

18 A -- appropriate were they? Well, I don't think, I  
19 don't think you can just speak to one answer. Like, you  
20 might have a service that, the finding might be that there  
21 should, you know, there should have been, or could have  
22 been more contact with the family, that there could have  
23 been an earlier response to some of the indicators, in,  
24 let's say, in the case of suicide. But to say, you know,  
25 this directly caused the death, I don't believe we've

1 had --

2 Q That's not my question and correct --

3 THE COMMISSIONER: Well, well, I, I must confess,  
4 I don't understand the question.

5 MS. DUNN: Okay. The -- let me try and rephrase  
6 the question then, Mr. Commissioner.

7

8 BY MS. DUNN:

9 Q Children die in care for a number of reasons,  
10 completely unrelated to the delivery of child welfare  
11 services, for example, a, a medically fragile child will  
12 simply die because of say, a medical reason; correct?

13 There may be other children who, for example,  
14 have died as a result, perhaps, of the lack of child  
15 welfare delivery. For example, in the case of a suicide?

16 THE COMMISSIONER: Well, but the suicide may not  
17 have occurred because of the lack of child welfare  
18 delivery --

19 MS. DUNN: It --

20 THE COMMISSIONER: -- services.

21 MS. DUNN: -- very true. I'm just wondering  
22 whether there's ever been any documentation where that has  
23 been an issue.

24 THE COMMISSIONER: Where what has been an issue?

25 MS. DUNN: Where child welfare services delivery,



1 with respect to a child who died in care, has been an issue  
2 for the Southern Authority. If not, that's fine, I  
3 mean ...

4 THE COMMISSIONER: Do you understand the question,  
5 witness?

6 MR. COCHRANE: Mr. Commissioner, I, I believe Ms.  
7 Flette has already answered the question and her, her  
8 answer was that in every single review on child death,  
9 those services are looked at in every single case. And  
10 she's answered that she can't give a, a one answer to that  
11 question. It's, it's fact specific in each and every case.

12 THE COMMISSIONER: And is a matter of record; am I  
13 correct?

14 THE WITNESS: Yes.

15 MS. DUNN: Okay. Thank you.

16 THE COMMISSIONER: Thank you.

17 Now, Mr. Cochrane, have you any further  
18 questions?

19 MR. COCHRANE: I only have one, one, one point,  
20 Mr. Commissioner.

21 THE COMMISSIONER: All right.

22 MR. COCHRANE: And that is the issue of  
23 culturally appropriate standards. Ms. Flette was asked  
24 about that by a number of the lawyers that followed,  
25 followed myself. And the reason I wanted to get onto this

1 was because I noticed that there is a, a headline printed  
2 in the Winnipeg Free Press this afternoon, resulting from  
3 this afternoon's testimony. And the headline is: Southern  
4 Authority Child Welfare Services Not, quotation, Culturally  
5 Appropriate.

6  
7           Nearly 10 years after devolution,  
8           standards used today, by the  
9           Southern Authority, are no more  
10          culturally appropriate than those  
11          -- sorry, when they were, when the  
12          province, provincial government  
13          was still in charge of child  
14          welfare services in Manitoba.

15  
16           I wanted Ms. Flette to respond to that, because I  
17          didn't hear that evidence today. That certainly wasn't my  
18          recollection of what, what was said at the inquiry today.

19

20 RE-EXAMINATION BY MR. COCHRANE:

21           Q     So, the first point, Ms. Flette, is that the  
22          Southern Authority itself, as an organization, does not  
23          provide direct child welfare services?

24           A     That's correct.

25           Q     So a headline like that certainly is misleading,

1 when it talks about the Southern Authority child welfare  
2 services, first point.

3 Second point is, believe it was Mr. McKinnon who  
4 went through and, and talked about how the standing  
5 committee has a role -- and, and by the way, you are part  
6 of the standing committee, as is the CEO from the Northern  
7 Authority, First Nations Northern Authority and the CEO  
8 from the Métis Authority -- in the approval of the  
9 provincial foundations standards; is that correct?

10 A Yes, we're involved and the process of developing  
11 them and then agreeing, or signing off on them before they  
12 go to the province.

13 Q So when we're looking at a, at the issue of:

14

15 Standards used today by the  
16 Southern Authority and we'll -- no  
17 more culturally appropriate when  
18 the provincial government ran the  
19 system.

20

21 The question, to me, then is, are the agencies,  
22 which provide the service delivery today, or that provide  
23 the, the, the services directly to the families, are they  
24 providing more culturally appropriate services today?

25 A Well, maybe I can answer that in two parts. One

1 is, I would say the standards including, or especially  
2 speaking of the foundational provincial standards, are  
3 considerably more culturally appropriate than they were,  
4 let's say, 10, 20 years ago. I'd like to say primarily,  
5 but certainly partly because of the involvement and the  
6 recognition by the province of the need to widely consult  
7 and make these standards acceptable and doable. So I think  
8 we've made lots of progress there. They may not be  
9 Southern Authority specific standards, but I would not  
10 characterize them as being completely not culturally  
11 appropriate.

12           Secondly, I think I also made the point, with Mr.  
13 Funke, that standards are only one component, that there's  
14 a lot of things that define the service of an agency,  
15 including the programs, the policies, the practices and so  
16 on, that speak to culturally appropriateness of those  
17 services and I would say that in our agencies, we see  
18 constant improvement and constant increase of cultural  
19 integration into the services and programs that they are  
20 providing.

21           Q     And I think it's fair to say and you mentioned  
22 this earlier, that you know, we've, we've made some good  
23 progress. There's still a way to go and I think we all  
24 recognize --

25           A     Yes.

1 Q -- and agree with that; correct?

2 A Yes.

3 MR. COCHRANE: Okay. So, Mr. Commissioner,  
4 that's all I really wanted to address. The Free Press was  
5 very quick to get out the headline and I hope that they're  
6 just as quick to correct the story. Thank you.

7 THE COMISSIONER: I'm sure they are still with us  
8 and will have heard the evidence in the last few minutes.

9 Ms. Walsh?

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

11 Ms. Flette, hang in there. Starting with  
12 recommendations that are contained in the reports that this  
13 inquiry has to consider, relating to funding, because a  
14 number of questions have been addressed to you about  
15 funding.

16 That's, Mr. Commissioner, what you've got in  
17 front of you is the legislation.

18 THE COMISSIONER: Yes, I, I know that. I'm  
19 going to give it back to you.

20 MS. WALSH: Oh, good, okay. I am going to be  
21 referring to it, but we'll pull it up --

22 THE COMISSIONER: Oh --

23 MS. WALSH: -- on the screen.

24 THE COMISSIONER: -- all right.

25 MS. WALSH: We can pull it up on the screen.

1 THE COMMISSIONER: All right.

2 MS. WALSH: Yeah.

3 THE COMMISSIONER: But I've got the reports here.

4 MS. WALSH: The Section 4 report, which is  
5 Commission disclosure number 1, at page 88 of our  
6 disclosure, if we could look at that please?

7 Mr. Commissioner, if you've got the hard copy,  
8 that's page 87 of the, the hard copy.

9 THE COMMISSIONER: Thank you.

10 MS. WALSH: This is under the heading: Broader  
11 System Recommendations for Manitoba:

12

13 "RS1 That the Provincial  
14 Government work collaboratively  
15 with the Authorities to determine  
16 sufficient funding to adequately  
17 resource the child protection  
18 system in Manitoba to address  
19 workload, training, and necessary  
20 case-support services for front  
21 line workers and supervisors."

22

23 CROSS-EXAMINATION CONTINUED BY MS. WALSH:

24 Q So, of course, the question is, has that been  
25 done?

1           A     Well, I believe the funding formula has very much  
2 moved us ahead on that.

3           Q     Okay. And that's, that's the, the response to  
4 this recommendation has been the new funding formula that  
5 you've talked about today?

6           A     Yes, I'm just hesitating because I'm trying to  
7 think of the timing of this, but yes, it would apply to  
8 this.

9           Q     Okay. Is there anything else?

10          A     Well, my comment was just going to be that the  
11 work on a new model for the Federal funding began before  
12 the inquiry started. But because of the timing of the need  
13 to have a new funding model provincially and what we were  
14 working on Federally, we were able to combine those, so it  
15 would be the response to this.

16          Q     Well, and this recommendation came out in the  
17 fall of 2006 --

18          A     Yes.

19          Q     -- so --

20          A     Yeah.

21          Q     -- yeah. Then, from the report entitled:  
22 Strengthen the Commitment, Commission disclosure number 3,  
23 at page 331. And if we scroll down to the bottom please,  
24 we can tell the Commissioner what page.

25                THE COMMISSIONER:     This is, is this 3(c),

1 Strengthening the --

2 MS. WALSH: Yes, at page 146 of your copy, Mr.  
3 Commissioner.

4 THE COMMISSIONER: Oh, is this the Section 10?

5 MS. WALSH: No, it's the Strengthen the  
6 Commitment.

7 THE COMMISSIONER: Yeah, I -- that's fine, I don't  
8 have that, but that's all right, I, I, I can see it on the  
9 screen.

10 MS. WALSH: You've got it?

11 THE COMMISSIONER: Yeah.

12 MS. WALSH: Okay.

13

14 BY MS. WALSH:

15 Q So this one recommended that the funding model be  
16 changed from one that's based on the number of children in  
17 care, to one that provides funding based on the needs of  
18 the system. And I'm, I'm paraphrasing, to deliver child  
19 welfare services including flexible services that:

20

21 "... will be offered through the  
22 differential response that will  
23 prevent children from coming into  
24 care."

25



1           It also recommended that:

2

3

"... the provincial government  
4           enter into discussions with the  
5           Federal government to develop a  
6           plan to ensure consistent funding  
7           models that will provide services  
8           equitably across the province  
9           regardless of the status of a  
10          child and regardless of where the  
11          child lives."

12

13

So, have these things been addressed?

14

A       Well, I think the funding model that we currently  
15       have is still based, in part, on kids in care. It is based  
16       on cases, as well as kids on (sic) care. So you could  
17       argue that it, it does become more relevant to the needs of  
18       the system and being able to have enough workers, based on  
19       the case counts there. I don't think I would characterize  
20       it as needs based funding yet, but I think it does try to  
21       do that and certainly has improved that from the previous  
22       funding mechanisms.

23

Q       Would you still like to see funding that is more  
24       based on needs, rather than numbers of children?

25

A       I think there would be some merit for us working

1 towards that, yes.

2 Q And is that something that you intend to continue  
3 to work towards?

4 A Yes, because I think we're, you know, again,  
5 always if you have a model that's based on kid count, or  
6 case counts, you know, you want to be careful that you're  
7 not driving cases up, in order to access funds. So if we  
8 find other solutions, or ways or doing that, I think that  
9 would be very helpful.

10 Q And the new funding model, I understood your  
11 evidence and -- to be that it does ensure more consistent  
12 funding, regardless of where a child lives? That was one  
13 of the --

14 A Yes --

15 Q -- major --

16 A -- it equally applies --

17 Q -- features?

18 A -- to all agencies, First Nations and others, um-  
19 hum.

20 Q So regardless of the child's status, or --

21 A Yes.

22 Q -- their residence?

23 A That's correct.

24 Q So that has been achieved by the new funding  
25 model?

1 A Yes.

2 Q The other report that makes reference to funding  
3 is the report prepared by the auditor general, which is  
4 Commission disclosure 6, at page 690.

5 THE COMMISSIONER: Is that her 2006 report?

6 MS. WALSH: It is and that's, and without going  
7 into all of that again, but simply so that we have the  
8 reference, there were a number of matters that the auditor  
9 general found lacking, with respect to funding and in her  
10 follow-up report, which is Exhibit 43, at pages, starting  
11 at page 32, through 34 -- page 32. There we go. She  
12 describes -- just scroll through.

13

14 BY MS. WALSH:

15 Q And again, I don't think that we need to take the  
16 time to go through this, but the report does identify that  
17 a number of her recommendations have been implemented. She  
18 also identifies that there are recommendations with respect  
19 to funding, for maintenance, that remain in progress, that  
20 is not yet implemented?

21 A Yes, that's correct. The current funding model  
22 addressed primarily the operation side of it. We have  
23 currently work underway with the province and the  
24 authorities, around looking at maintenance, looking,  
25 perhaps, at standardizing rates, various initiatives for

1 how that can be done better. So that still functions  
2 pretty much the way it did, in terms of agencies being  
3 reimbursed. But I believe there's some work to move ahead  
4 on that.

5 Q Are, excuse me, are there actual meeting  
6 scheduled to address these various funding concerns that  
7 you say remain?

8 A Yes, with respect to the funding formula, we've,  
9 we've recently, we've recently just had a regional advisory  
10 committee meeting and we meet at least quarterly. We're in  
11 the process now of establishing a working group to work  
12 through the costing of some of the recommendations we're  
13 making and that group has a meeting date set, I believe.  
14 So yes, there is work moving ahead. And with the province,  
15 on the maintenance, yes, we have a number of meetings being  
16 planned and/or in progress, around looking at maintenance  
17 rates and how to improve that.

18 Q Thank you. The five positions that receive core  
19 funding, that are mandatory --

20 A Um-hum.

21 Q -- do those have to be staffed by five separate  
22 individuals?

23 A I would say yes, although those, those  
24 individuals could also carry other functions. So, for  
25 example, if you have a quality assurance manager, the

1 agency could assign other tasks to that person. Because  
2 that's relatively new, people have just, agencies have just  
3 hired those positions and we've told them that we're going  
4 to monitor, this year, how that goes. Because we're  
5 concerned about a conflict of interest if, let's say that  
6 the, the person who's been put in that role is also a  
7 service manager, they would, in effect, or could, in  
8 effect, be QA-ing their own work.

9 Q Um-hum.

10 A So we want to make sure that isn't happening,  
11 that agencies have good ways of dealing with that. I'm  
12 just trying to run through them. I think, for the most  
13 part, they've separated them, but I do know there are some  
14 agencies that have tied them in to other functions.

15 Q Part of my, of the reason for my question is  
16 whether having five separate individuals, to staff those  
17 positions, which are not frontline service positions,  
18 whether that's a burden for some of the smaller agencies?  
19 Or realistic for some of those smaller agencies?

20 A Well, I, I don't think -- first of all, two of  
21 those positions are the ED and the CFO. So everybody would  
22 have had those anyway. And the other three, they really do  
23 tie to frontline service and I think that agencies have  
24 welcomes the quality assurance, the abuse investigator and  
25 the, the human resource personnel, because it's given many

1 of them, especially the small ones, capacity they didn't  
2 have before.

3 Q Then for my next questions, I want to put some  
4 context to the, the importance of hearing from you on this,  
5 because in the evidence that we had in fact, in phase 1, we  
6 did see the ADP that was filled out for Phoenix and her  
7 family.

8 If we turn to our Commission disclosure please,  
9 page 37529.

10 And you can see that the first choice that was  
11 checked off was First Nations of Southern Manitoba. If we  
12 scroll down, please, through the document, this, this was  
13 signed in July of '03, when Stan Williams was the case  
14 worker, just to remind everyone. It was signed by the  
15 father, Steve Sinclair.

16 Can you scroll through it please? And oh, sorry,  
17 just go back, stop there. Thank you.

18 It indicates that:

19

20 "Based on the Authority of Service  
21 chosen by the family the Service  
22 Provider will be: Anishinaabe  
23 Child and Family Services of  
24 [Winnipeg]"

25

1           So Phoenix would have been, would have received  
2 services by an agency under the Southern Authority, had,  
3 had a plan proceeded?

4           A     Yes, based on the ADP, at the time of transfer,  
5 in '05, if that case was still open, it, it would have gone  
6 to ACFS.

7           Q     Dealing with, with the SDM, I just want to make  
8 sure that I understand your evidence and when you talk  
9 about the SDM, you're talking about it as a tool that  
10 involves a number of different --

11          A     Components.

12          Q     -- components; is that --

13          A     Yes.

14          Q     -- is that right?

15          A     Yes.

16          Q     Okay.

17          A     Um-hum.

18          Q     And is it mandatory to be used by the agencies  
19 under your authority?

20          A     We've made it mandatory for them, yes.

21          Q     Okay.    And I think you identified that there  
22 could be problems, for instance, if someone has turned  
23 their life around, that the assessment of risk could, could  
24 have some problems, but that that might be mitigated by the  
25 strengths and needs assessment?

1           A     Yes, the probability of future harm, which is  
2 that risk assessment, would definitely give weight to that,  
3 I guess, to the past history. So it would affect the  
4 rating of risk, but it can then be mitigated with the  
5 strengths and needs assessment that the worker does and,  
6 and the professional judgment component and the subsequent  
7 case plan.

8           Q     So it's, it's the professional judgment component  
9 that I'm still not certain about, with respect to your  
10 evidence, because my notes have a, a number of different  
11 things and, and I'm not saying that I quoted you verbatim,  
12 but you talked about it being an important factor, but not  
13 the deciding factor, but then you also said that the SDM, I  
14 think, is just a tool and that workers still need to use  
15 their clinical judgment. My question is, what are workers  
16 told about the role of reliance on their own clinical  
17 judgment?

18          A     The way we present the SDM and the way we train  
19 staff in the use of the SDM includes professional judgment  
20 as one of the components. So we don't want a worker to  
21 dismiss everything that the SDM has the rating and say,  
22 well, in my judgment, I don't think that this is the case.  
23 But we also want them to bring their professional judgment  
24 to the table and say, you know, I think maybe there's  
25 something wrong with this, or I believe that this can be



1 mitigated in this way. So it becomes one of the  
2 components. But we, we are concerned that it isn't -- that  
3 the rest of the tool, and the findings of that tool, are  
4 not dismissed because a worker doesn't agree with it.

5 Q But if a worker is properly trained --

6 A Yes.

7 Q -- and supervised, then there should be nothing  
8 wrong with their relying on their own clinical judgment; is  
9 that fair?

10 A Well, we -- yes, and we don't have a problem with  
11 relying on their judgment. I think what we're saying is  
12 that is not the only thing that you should be looking at  
13 and making a decision. So if your professional judgment is  
14 these children are safe, but everything in the risk  
15 assessment is telling you different, it's those two that  
16 have to go hand in hand.

17 Q Would you expect that there would be a conflict  
18 between professional judgment and the numbers that come up  
19 on the SDM very often?

20 A Not if workers are properly trained. I, I don't  
21 think it would become a very big issue. But I think if we  
22 have workers who are not, or who have decided to rely on  
23 their professional judgment solely, it could be. But in --  
24 I think if workers are doing it properly and they're  
25 trained properly, and they're competent workers, that we

1 shouldn't have big disagreements and there should be a way  
2 to resolve those disagreements in the case plan for that  
3 family.

4 Q And in saying that, you're making an assumption  
5 that the tool itself is appropriate?

6 A Well, I think we've, we've made that assumption  
7 in selecting that tool, at this point in time. I think  
8 we've voiced our concerns and I think we've also built in a  
9 review and evaluation of the tool at some point.

10 Q Training for supervisors, for supervisors  
11 employed by agencies under the Southern Authority, is  
12 specific training, training specific to supervisors, is it  
13 mandatory?

14 A We don't have mandatory training for supervisors.  
15 Some of our agencies have made the core training for  
16 supervisors mandatory for their supervisors. Not everybody  
17 has done that. Although I believe that all of agencies  
18 have sent supervisors to that training.

19 Q Any reason why it wouldn't be mandatory?

20 A Well, I guess it could be. I mean, it's, it  
21 isn't right now and we're seeing really good participation,  
22 so really, we haven't found it necessary to, you know,  
23 issue a directive making it mandatory. I guess if people  
24 weren't using it, or deciding they didn't need it, we  
25 would.

1 Q Are you keeping track of that?

2 A Yes, we do, we keep track of who's going.

3 Q Okay.

4 A Um-hum.

5 Q Can we pull up the Child and Family Services Act  
6 please?

7 I'm more than halfway through.

8 A All right.

9 Q We can turn to Section 7 please. You'll just  
10 have to scroll through, if you don't mind. That's perfect,  
11 thank you.

12 I still want -- I want to make sure that, that we  
13 understand what you've described as a new model of service  
14 delivery, being differential response.

15 A Yes.

16 Q Okay. Looking at Section 7 of the Child and  
17 Family Services Act, it reads:

18

19 "7(1) According to standards  
20 established by the director and  
21 subject to the authority of the  
22 director every agency shall:

23 (a) work with other human service  
24 systems to resolve problems in the  
25 social and community environment

1                   likely to place children and  
2                   families at risk; [and]  
3                   (b) provide family counselling,  
4                   guidance and other services to  
5                   families for the prevention of  
6                   circumstances requiring the  
7                   placement of children in  
8                   protective care or in treatment  
9                   programs;"

10

11                   And then we get to protection, protect children  
12 later on at (e).

13                   Now, this Section of the Act was in effect when  
14 Phoenix was receiving services --

15           A     Yeah.

16           Q     -- for instance --

17           A     Yes.

18           Q     -- is -- are -- am I right? So my reading of, of  
19 the legislation is that the responsibility to deliver  
20 preventative services and to work with collaterals in the  
21 community has always been one of the primary mandates of  
22 agencies. And I guess my question is, what's different?

23           A     Well, I would agree that it, it's been one of the  
24 primary responsibilities of a mandated agency to look for  
25 preventive ways to do things and provide services that

1 hopefully can keep children out of care. With a  
2 differential response model, we have a formal process now  
3 where you can go and check, at the point of intake, what  
4 was the decision, where did that case go? Were the proper  
5 assessments done to make that determination? And then the  
6 family would be sent to a stream of service. And with the  
7 differential response model and the funding model, it's  
8 actually more consistently funded now, to support the  
9 differential response model, to provide prevention workers,  
10 which weren't there before, to provide some dollars for the  
11 purchase and partnering and so on. So there's a lot of  
12 improved elements that make it more feasible and likely and  
13 easier for agencies to meet these requirements.

14 Q So, in part, the, the preventive services that  
15 were mandated under the act weren't funded to the same  
16 extent they are now; is that --

17 A Yeah --

18 Q -- your evidence?

19 A -- yes, many were not funded at all.

20 Q Okay. When we talk about the \$1300 -- and I, I  
21 want to come back to making sure that I understand about  
22 this stream, the, the, the family enhancement stream, but  
23 the \$1300, Mr. Funke asked you questions about how far that  
24 would go and I think you acknowledged that if you're  
25 looking at paying for addictions treatment, for instance,

1 and daycare, \$1300 isn't going to go that far for one  
2 family; was I correct in understanding you?

3 A Yes. I, I --

4 Q And that --

5 A -- just -- yeah, go ahead.

6 Q -- that -- well, sorry, let, let me see if, if I,  
7 if I also understood you to be saying, but that's, in part,  
8 why we can't expect the child welfare system, or we  
9 shouldn't expect the child welfare system to fund those  
10 services. So it's not that those services aren't  
11 necessary, it's just a matter of which budget they have to  
12 come out of?

13 A I don't think it's, it's good if the child  
14 welfare alone is solely expected to fund all of those  
15 support services to a family. I think it's good if child  
16 welfare has some capacity to do that.

17 Q Um-hum.

18 A There are other resources out there, as I said.  
19 For example, daycare, a family with a child in care, for  
20 example, or a child that's getting services, may well be  
21 eligible for the daycare subsidy. So there's other  
22 mechanisms that can pull those dollars together and the  
23 agency should be expected to have a role in trying to  
24 ensure and broker those kinds of resources for families.

25 Q So is that an example of how the family

1 enhancement stream would work, that as you say, a worker  
2 would, would help broker the procurement, and I, and I hate  
3 to use such mercantile language for, for something like  
4 this, but help a family find a daycare --

5 A If --

6 Q -- not necessarily funded by the system, the  
7 child welfare system?

8 A Yes, or, or contribute, or subsidize, or  
9 contribute, perhaps, to the funding. Or if the daycare  
10 fees are paid, to assist with transportation costs for the  
11 mom to take the child there. So I think if people are  
12 working in partnerships and whether it's around larger  
13 programs or specific cases, there should be a good  
14 partnership and an understanding that everybody is  
15 responsible for this.

16 Q Would -- is it fair to say that even in the  
17 protective stream, protection stream, a worker should look  
18 for supports, such as daycare, where appropriate for a  
19 family?

20 A Well, I would say especially there, because  
21 those, for those children that are still in the home,  
22 they're more at risk of coming into care and it would make  
23 a lot of good sense to put a lot of effort into seeing if  
24 there's ways that, and services that can be brought to bear  
25 that would prevent that.

1 Q So do workers understand that regardless of which  
2 stream they're working in, these are the kinds of supports  
3 they need to be thinking about for families, supports like,  
4 for instance, daycare?

5 A I would say broadly, generally, yes, they  
6 understand that. I think training certainly is emphasizing  
7 that and building skills among the workers, so they know  
8 how to build partnerships and actually carry out those  
9 kinds of functions is there, yes.

10 Q So that is in the training?

11 A Yes.

12 Q Okay. Mr. Funke talked about the child welfare  
13 system being the only mandated system that's there, to  
14 provide supportive services like assisting with daycare. I  
15 think what he was referring to was the fact of the  
16 legislation, just to clear up --

17 A Okay.

18 Q -- any confusion. And, and I think that's fair,  
19 that that requirement isn't found in other legislation in  
20 the province, to, to assist families in that way?

21 A Yes, I think we have a requirement to assist  
22 families. I, you know, I don't think there's a requirement  
23 or a mandate to provide daycare to every family and I think  
24 that's the point I was trying to make. We don't argue that  
25 we should have a role in that and where we need to support



1 that, but it needs to be broader than just the child  
2 welfare system that's --

3 Q Right.

4 A -- looking at that.

5 Q So the last question I want to ask on this topic  
6 is, what, what does the family enhancement look like? Is  
7 there -- for instance, does the Southern Authority have a  
8 program manual that says here's what the Southern -- or  
9 here's what the, the family enhancement stream looks like?

10 A Well, family enhancement, like, the services and  
11 programs themselves are frontline services, so they're  
12 delivered at the agency level. And what we've done with  
13 the agencies is developed a manual. We've developed  
14 various templates. There's instructions, guide, guides for  
15 how to use them. We've done training on how to develop  
16 programs in your community. We've done training on how to  
17 do needs assessments in your community, so that you're  
18 developing programs that actually target, kind of, the  
19 reasons kids are coming into care. On our website, there  
20 is a website for the, the agency staff, that provide a lot  
21 of resource material, the training manuals, the documents,  
22 et cetera. So anything we an do.

23 Agencies have DR coordinators that we've, that  
24 were hired as part of transitioning the system over. We  
25 meet regularly with those coordinators, probably on a

1 monthly basis, go over how things are going and what kind  
2 of other additional supports they might need. So  
3 everything we can do to support that.

4 I think that when you look on, on, at the  
5 documents that are on that website site, you would see, you  
6 would see a good description of how we see that unfolding.

7 What you're seeing in the communities, and when  
8 we get supports from the communities of what they're doing,  
9 you'll see a wide variety of programs, based on what the  
10 needs in that community are. For example, in one  
11 community, there's a very high incident of minor moms and  
12 so that, some of the programs the agency has targeted in  
13 that community, around DR, or family enhancement, are very  
14 much geared to that group. Whereas another community  
15 really doesn't have that kind of incident and may be  
16 directing their programs more to gang involved youth, for  
17 example. So you'll see those differences.

18 Q Is the agency, or are the agencies consulting  
19 with the community then, in, in putting in place the family  
20 enhancement stream?

21 A I believe they are and in developing their  
22 programs. Most of our agencies have local CFS committees  
23 in each community that they serve and that is really the,  
24 well, the, I guess the main place where they would do that  
25 kind of consulting. But they also speak with their

1 workers, with foster home, with the schools, so other  
2 partners and providers, yes.

3 Q So those consultations, would they include  
4 members of the community?

5 A Yes, they would done (inaudible).

6 Q And agencies?

7 A Yes, they would be done within the community.

8 Q Non, non-CFS agencies?

9 A Could, they could include non-CFS, yes.

10 Q Okay. You spoke about a website, perhaps  
11 we'll -- I, I don't know if you are aware of the website,  
12 but perhaps we'll hear other evidence of, of what that  
13 website is and I think that will be helpful.

14 Okay. The last area I want to talk with you  
15 about is the work of West Region. West Region, you  
16 described, I want to make sure that I understood it, was a  
17 pilot project of block funding?

18 A Yes.

19 Q Okay. And you said it was community-based,  
20 culturally appropriate services that were delivered?

21 A Yes.

22 Q You said that it involved placing treatment  
23 workers in each community; is that right?

24 A It -- at the regional level, we organized a  
25 treatment team and those individuals would go to the

1 communities. The larger communities would have one  
2 treatment worker for the community. The, some of the  
3 smaller ones might share a treatment worker, but they would  
4 be expected to be out in the community, yes.

5 Q Treatment of, of what, for instant?

6 A Counselling, mental health counselling, that type  
7 of treatment.

8 Q You also talked about therapeutic foster homes?

9 A Yes.

10 Q It was a 10 year pilot and part of your mandate  
11 was the reinvest the savings into preventative programs --

12 A Um-hum.

13 Q -- is that right?

14 A Yes, that's correct.

15 Q And in fact, it was quite successful, wasn't it?

16 A Yes, it was.

17 Q Let's, let's look at Exhibit 47, tab 82. This is  
18 from the -- how, how do you pronounce it? Wen:de?

19 A Wen:de.

20 Q Wen:de? Wen:de?

21 A Wen:de.

22 Q Wen:de, thank you. From the Wen:de report, page  
23 119.

24 This was put into evidence, Mr. Commissioner,  
25 through Ms. Blackstock, this --

1 A Yes.

2 Q -- report.

3 THE COMMISSIONER: Yes.

4

5 BY MS. WALSH:

6 Q But I think it's also been brought forward  
7 through your counsel.

8 If we turn to page 119 please. It's hard to  
9 read, but I have a bigger copy. There is a discussion on  
10 this page and the next page, about -- if we scroll down  
11 please -- the cost-benefit analysis of the West Region  
12 program and it said that they were asked, the authors were  
13 asked to focus on answering a further question, as follows:

14

15 "What are the realistic savings  
16 that can be expected by reducing  
17 the numbers of children in care?

18 A brief economic cost-benefit  
19 study of a handful of the West  
20 Region Child and Family Services  
21 agency's programs, in the Province  
22 of Manitoba, informs the analysis  
23 with plenty of tangible evidence  
24 that the monetary cost savings and  
25 cost avoidance from prevention are

1           substantial.    Though this agency  
2           could rely on a substantive human  
3           resource base and an operational  
4           infrastructure in place, which  
5           allowed the staff to implement  
6           such programs, most agencies do  
7           not have the capacity to carry out  
8           such preventive initiatives within  
9           their existing funding levels.  
10          Nevertheless, the calculations  
11          demonstrate a critical need to re-  
12          direct policy costs in favor of  
13          primary and secondary preventive  
14          services as a principal component  
15          of the casework model, while still  
16          adequately reacting to more  
17          complex cases of high-risk family  
18          conflicts."

19

20                 And then they go on to specifically analyze some  
21 of the cost-benefit calculations from your  
22 program:

23

24                 "The fiscal savings from the  
25                 Vision Seekers program, which has

1                   been operating in the ..."

2

3                   Help me for the --

4           A       Skownan.

5           Q       Skownan, thank you.

6

7                   "... First Nation Community in  
8                   Manitoba for around five years,  
9                   totals in excess \$25 million. The  
10                  program takes a human development  
11                  approach to its residents' needs  
12                  on the matter of education and  
13                  employment. It offers life skills  
14                  workshops, adult education, a  
15                  community-centered                therapy  
16                  program, a career-trek program for  
17                  young adolescents and their  
18                  parents, all from a holistic  
19                  Aboriginal family and community  
20                  healing perspective. This is a  
21                  fine example of preventive work  
22                  that fully engages a community at  
23                  all        levels        -        children,  
24                  adolescents, youth, parents and  
25                  Elders. It appears to return \$6.2

1           in savings in present value terms  
2           to the [system] for every [dollar]  
3           spent.     When savings to other  
4           agencies are [included], notably  
5           social assistance savings, a  
6           benefit to cost ratio of [\$16.50]  
7           appears to be returned ..."

8

9           Another program, the:

10

11           "The Gaa Gii Kweng (GGK)  
12           therapeutic foster care program  
13           has also demonstrated substantial  
14           economic cost savings for twenty-  
15           five special needs children in the  
16           federal children in care program.  
17           The net present value of the cost  
18           savings in custodial care for  
19           these 25 children from internally-  
20           managing a therapeutic foster care  
21           service totals \$2.0 Million"

22

23           They go on to talk about the Reclaiming our  
24           voices project, which:

25



1                    "... involves a three-day retreat  
2                    for individuals who have  
3                    significant issues with addictions  
4                    and maintaining sobriety."

5

6                    And they found:

7

8                    "Over this period of time, the  
9                    savings in foster care from  
10                    preventing children from entering  
11                    formal care, as well as returning  
12                    some children home, have exceeded  
13                    \$14 million."

14

15                    And it goes on, that entire page sets out  
16                    substantial saving to the system from the prevention based  
17                    program --

18                    A     Yes.

19                    Q     -- that you operated. My question is, why aren't  
20                    we continuing to apply this model on an ongoing basis? Do  
21                    you know?

22                    A     Well, the model at West Region has continued  
23                    where --

24                    Q     There?

25                    A     Pardon?

1 Q There?

2 A Yes, at West Region.

3 Q Okay.

4 A Why it hasn't moved to other agencies, I'm not  
5 sure. I know there is, in our discussions with those  
6 agencies, there was reluctance, on those agencies, to cap  
7 their maintenance, which was a, a primary consideration  
8 when we entered it. I mean, we had done our homework, in  
9 looking at where we could have savings, et cetera. So we  
10 were fairly confident that we could cap our expenditures  
11 and still have money for preventive programs if we managed  
12 the whole maintenance program better. So just some of the  
13 reluctance of agencies, or perhaps a hesitation to move to  
14 capping it was one. I'm not sure why government didn't  
15 push it. I mean, it just made so much sense and everybody  
16 would acknowledge it. I mean, we had trouble even moving  
17 it, even at West Region, you know, moving it out of a pilot  
18 status. A mean, a 10-year pilot is pretty long.

19 Q Um-hum.

20 A But the reason it kept being called a pilot,  
21 because they didn't have Treasury Board authority to, to do  
22 it, or to pay maintenance in that way. But they were  
23 impressed and they liked the results. And so why it didn't  
24 move further, I don't know. Some of these programs that  
25 are listed in here still operate, but with West Region,

1 since the funding model came out in 2010, they're, they're  
2 having a difficult time sustaining this, because they are  
3 actually, you know, where we would like to see agencies in  
4 10 years time with our preventive programs. They've ramped  
5 them up, they're delivering them and the model really still  
6 assumes everybody's coming in at an entry stage on, on  
7 their preventive programs. It's one the reason, when you  
8 look at that table on increases, West Region's is the  
9 lowest, at 21 percent. But for them, they're having to, I  
10 guess, really scale back. They're not able to sustain  
11 this. Because they relied on maintenance money and the  
12 reinvestment of maintenance and when they now stopped doing  
13 that under the funding model and say you're now getting  
14 prevention funding through the model, you're getting family  
15 enhancement, so we're no longer going to let you use your  
16 maintenance in the same way, it creates a problem for them.

17 I think that the West Region experience and the  
18 evaluations, the one that we did initially and then this  
19 comes from an evaluation that Dr. McKenzie (phonetic) did  
20 probably 10 years or almost like that, later, when he went  
21 and looked at it again, I mean, to me, they clearly speak  
22 about the savings and the value of doing this. And they  
23 talk here about the economic values, the dollars and cents,  
24 but those were, in large part, calculated by looking at, if  
25 those kids had entered care --

1 Q Um-hum.

2 A -- what would their cost, over the next 10 years,  
3 have been? So it's not that we wouldn't have spent that  
4 money. So there's a cost to families and kids too,  
5 because, arguably, these kids are better served by being  
6 able to stay in their families and their communities, with  
7 their families getting proper supports and it saves the  
8 system a lot of money. So it's, it's really kind of mind  
9 baffling why we're not moving there. And if we're looking  
10 at maintenance changes, you know, we've always taken the  
11 argument, partly based on our, my experience with West  
12 Region, is some of the things we do don't make sense, you  
13 know? Like, we will, like I said the other day, we will  
14 take a child from its from and you know, and there may be  
15 valid reason for intervening, but we cannot get the money  
16 to adequately support that mother and the services she  
17 needs to be able to reduce the stress on her and allow her  
18 to parent her children. But the same day that that child  
19 goes into a foster home, those all, dollars are all there  
20 through maintenance. So we're saying that does not make  
21 any sense. Yes, there's families where you cannot  
22 contemplate the child staying at home, because the risk is  
23 too great, but in many families we work with, neglect is  
24 the bigger issue and I would argue that neglect is  
25 something that, in many cases, we can do something about,

1 but we have to have the resources to put into that family.  
2 And when those are not there -- and it's not because -- I  
3 would argue, it's not because we don't have the money,  
4 because we pay the money --

5 Q Right.

6 A -- to foster parents.

7 Q Right. But you're paying the money to a child  
8 who's now come into care, instead of paying the money to  
9 the --

10 A Yes.

11 Q -- parent, which --

12 A Yes.

13 Q -- and thereby preventing, possibly --

14 A Yes.

15 Q -- from coming into care?

16 A And it, it really, arguably, costs us more to pay  
17 the foster parent the maintenance costs to support that  
18 child, plus all these other add-on things, and yet we do it  
19 without question and we don't stop to think about what  
20 we're doing there, you know, that we support the child in a  
21 stranger home, to great extent, but we are not prepared to  
22 do the same thing for parents.

23 MS. WALSH: Okay. Thank you, those are my  
24 questions.

25 THE COMISSIONER: Well, witness, after two full

1 days, or close to it, you're completed.

2 THE WITNESS: Dead.

3 THE COMMISSIONER: Thank you.

4 THE WITNESS: Yes, thank you.

5 THE COMMISSIONER: Thank you very much for the  
6 contribution you've made to the work of the Commission.

7 THE WITNESS: Thank you.

8 THE COMMISSIONER: You can leave.

9

10 (WITNESS EXCUSED)

11

12 THE COMMISSIONER: Yes, Mr. Cochrane?

13 MR. COCHRANE: Mr. Commissioner, it's about, it's  
14 now close to, well, it's 20 to 5:00 now --

15 THE COMMISSIONER: Yes.

16 MR. COCHRANE: -- and I know this morning, you  
17 said you wanted to go until at least 5:00. I was going to  
18 suggest, given the late hour and the amount of information  
19 we've had presented today, that it might be in, in our best  
20 interests to start fresh tomorrow morning with Ms. Stoker,  
21 who is, who is the next witness.

22 THE COMMISSIONER: Yes, I, I think you're right.  
23 But, having said that, we've got to take a look at where  
24 we're going with the time this appears to be taking. We  
25 were to have been through Ms. Stoker this afternoon, as I

1 understand the schedule and as I understand the schedule,  
2 the times allotted were worked out by agreement with  
3 counsel. So I'm going to ask Commission counsel, tomorrow,  
4 perhaps before we get started in the afternoon, when  
5 everyone comes back from lunch, to take an extra 15 minutes  
6 and sit down with counsel and discuss these timeframes.  
7 I'm quite mindful of something that was said here today  
8 about the economic cost of all this inquiry and it going on  
9 the time it has. And it's been, it's important work, it's  
10 got to be done and done properly, but I'm quite committed  
11 to getting phase 3 started on the 27th of May and I'm  
12 looking to, at the fact that we've got an open Friday on  
13 the 10th, we've got an open Friday on the 17th and it may  
14 be that we have to consider some night sittings, from 7:30  
15 to 9:30, to, to get through this phase. I also notice that  
16 the last two days, before we adjourned for the one week  
17 break, the 15th and 16th looked like it was some phase 1  
18 work that was leftover. That might be the kind of work we  
19 can do in the evenings and, and get through all the phase 2  
20 work by the end of that week. But I'd like you to confer  
21 with counsel as to, to get through this, are the, are the  
22 time schedules that are proposed here still realistic? And  
23 should be planning to sit on Friday the 10th and Friday the  
24 17th? And is there a need to, for some evening sittings to  
25 put us through, put us in a position where we start phase 3

1 on the 27th of, of May? There are a number of witnesses,  
2 as I understand, coming from out of town. They're -- we've  
3 always, we've already had two from out of town who have had  
4 problems. We've got a witness right back and witness  
5 Blackstock accommodated us by staying until 6:15 or so, in  
6 the evening. So those are problems that are realistic and  
7 have got to be looked at. So I'll, I'll ask you to have  
8 that meeting tomorrow and then we can report back to me at  
9 the end of the afternoon tomorrow. And tomorrow, perhaps  
10 my commitment to sit until five o'clock will hold, but  
11 certainly, tonight, and Mr. Cochrane's quite correct, that  
12 it's just not realistic to start another witness.

13 MS. WALSH: Thank you, we'll --

14 THE COMMISSIONER: So, so --

15 MS. WALSH: -- have those discussions.

16 THE COMMISSIONER: -- with that, we'll adjourn now  
17 until 9:30 tomorrow morning.

18

19 (PROCEEDINGS ADJOURNED TO MAY 2, 2013)