



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

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

Transcript of Proceedings
Public Inquiry Hearing
held at Delta Winnipeg Hotel,
385 St. Mary Avenue, Manitoba

TUESDAY, MAY 28, 2013

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

MR. G. MCFETRIDGE, for Witness, Ms. Lissa Donner

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1 MAY 28, 2013

2 PROCEEDINGS CONTINUED FROM MAY 27, 2013

3

4 THE COMMISSIONER: All right, Mr. Olson.

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

6 Counsel for the next witness, to my left, is Glen

7 McFetridge. I just wanted to introduce him for the record.

8 THE COMMISSIONER: Welcome to our proceedings.

9 MR. MCFETRIDGE: Thank you.

10 MR. OLSON: The next witness is Lissa Donner, who

11 I understand wishes to be affirmed.

12 THE CLERK: Just stand for a moment, please.

13 Could you state your full name to the court?

14 THE WITNESS: My name is Lissa Mary Donner.

15 THE CLERK: And spell us your first name, please.

16 THE WITNESS: L-I-S-S-A.

17 THE CLERK: And your middle name, please.

18 THE WITNESS: Mary, M-A-R-Y.

19 THE CLERK: And your last name.

20 THE WITNESS: Donner, D-O-N-N-E-R.

21 THE CLERK: Thank you.

22

23 **LISSA MARY DONNER,** affirmed,

24 testified as follows:

25

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

2 THE WITNESS: Thank you.

3

4 DIRECT EXAMINATION BY MR. OLSON:

5 Q Good morning, Ms. Donner. Since 2010 you've been
6 the executive director, policy and planning, Department of
7 Family Services and Labour?

8 A I've been the executive director of the policy
9 and planning branch of the Department of Manitoba Family
10 Services and Labour.

11 Q Okay.

12 A That is correct.

13 Q Branch. And what are your responsibilities in
14 that role?

15 A I oversee a branch of approximately 19 staff.
16 The branch is divided into two units. The unit whose work
17 concerns this Inquiry is our strategic policy unit. That
18 unit has a manager and a group of analysts working under
19 her. They are responsible for providing the staff support
20 for the work of Manitoba's poverty reduction strategy, as
21 well as other assignments from the minister and the deputy
22 of Family Services and Labour. We do work such as the
23 departmental plan, the annual report, policy issues that
24 cross -- cut across divisions within the department.

25 There is a second unit in the branch, in policy

1 and planning. That unit handles our intergovernmental
2 affairs, correspondence, the department website, and
3 Manitoba Parent Zone, which is a website for Manitoba
4 parents.

5 Q Okay. And the evidence you'll be giving today
6 will be talking mostly about the poverty reduction strategy
7 side of things.

8 A Correct, yes.

9 THE COMMISSIONER: Just pull the mic a little
10 closer to you, will you, please?

11 THE WITNESS: Certainly.

12 THE COMMISSIONER: Thanks.

13 THE WITNESS: Is that better?

14 THE COMMISSIONER: Yes.

15 MR. OLSON: Much better.

16 THE WITNESS: Thank you.

17

18 BY MR. OLSON:

19 Q Now, prior to that, from 2008 to 2010, you were
20 the director of finance and strategic development in the
21 child protection division of Manitoba Family Services and
22 Labour?

23 A That is not correct.

24 Q Okay.

25 A I was the director of finance and strategic

1 development in the child and family services division of
2 Manitoba Family Services. At that point in time, Mr.
3 Olson, it was Manitoba Family Services and Consumer
4 Affairs. The name of the department changed.

5 Q I see.

6 A But I worked in the child and family services
7 division, not -- in, in the strategic initiatives branch,
8 never in the child protection branch.

9 Q I understand. What were your responsibilities in
10 that position?

11 A Oh, they were wide. They were pretty wide-
12 ranging. I worked on financial issues of agencies and
13 authorities funded by -- through the child and family
14 services division. I also worked on some legislative and
15 regulatory matters.

16 Q From 1998 to 2008, you managed a consultancy
17 business specializing in research, analysis, and education?

18 A That's correct. I was self-employed for ten
19 years.

20 Q During that time you provided services to clients
21 including Manitoba Treasury Board Secretariat, First
22 Nations and Inuit Health Branch of Canada -- of Health
23 Canada, sorry, Manitoba Health, and Prairies Women Health
24 Centre of Excellence?

25 A Among others, yes.

1 Q Okay. Prior to 1998, you worked in the non-
2 profit sector?

3 A For -- yes, I did.

4 Q From 1997 to 1998, you were the program director
5 of the community services program at Manitoba Adolescent
6 Treatment Centre?

7 A Correct.

8 Q Between 1993 and 1996, you were coordinator for
9 the occupational health clinics for Ontario workers?

10 A That is correct.

11 Q You were manager of finance and special projects
12 in the international affairs department at Canadian
13 Cooperative Association from 1990 to 1993?

14 A Correct.

15 Q And from 1989 to 1990, you were director of
16 planning, policy, and analysis at Social Planning Council
17 of Ottawa-Carlton.

18 A That is correct.

19 Q Okay. Now, we've heard numerous witnesses in
20 this Inquiry testify that poverty is a significant
21 challenge for many families who come into contact with the
22 child welfare system. Is the All Aboard strategy, which is
23 led by your unit, also known as a poverty reduction
24 strategy?

25 A Yes. Its proper title is Manitoba strategy for

1 poverty reduction and social inclusion.

2 MR. OLSON: Before we proceed, Mr. Commissioner,
3 I'd like to enter a number of the documents as exhibits for
4 this witness that she'll be referring to or I'll be
5 referring to in this examination.

6 THE COMMISSIONER: All right.

7 MR. OLSON: The first is the All Aboard:
8 Manitoba Poverty Reduction and Social Inclusion Strategy.

9 THE COMMISSIONER: Does that have a date?

10 MR. OLSON: The date is May 2012.

11 THE COMMISSIONER: All right, that'll be Exhibit
12 51.

13 UNIDENTIFIED PERSON: Ninety, 95, I have.

14 THE COMMISSIONER: How -- what is it?

15 THE CLERK: Ninety-five.

16 THE COMMISSIONER: Oh, 90, 90, I mean. Ninety-
17 five?

18 THE CLERK: Ninety-five.

19 THE COMMISSIONER: We're up to 95.

20 THE CLERK: Exhibit 95.

21 THE COMMISSIONER: Thank you.

22

23 **EXHIBIT 95: ALL ABOARD:**
24 **MANITOBA'S POVERTY REDUCTION AND**
25 **SOCIAL INCLUSION STRATEGY, MAY**

1 **2012**

2

3 MR. OLSON: Just for the benefit of counsel,
4 that's number 24 on the index list.

5 The next document is the All Aboard Committee
6 Contact List as of April 1st, 2013.

7 THE COMMISSIONER: Contact list?

8 MR. OLSON: The All Aboard Committee Contact List
9 as of April 1st, 2013. And that is number --

10 THE CLERK: Ninety-six.

11 MR. OLSON: Exhibit 96, and it's number 29 on the
12 index list, for the benefit of counsel.

13 THE COMMISSIONER: Exhibit 96.

14

15 **EXHIBIT 96: ALL ABOARD COMMITTEE**
16 **CONTACT LIST, AS OF APRIL 1, 2013**

17

18 MR. OLSON: I am told that some of the monitors
19 aren't working.

20 THE COMMISSIONER: Oh.

21 MR. OLSON: Perhaps they're not turned on.

22 UNIDENTIFIED PERSON: These two are working.

23 THE COMMISSIONER: How many monitors aren't
24 working? Could we -- we'll just take a pause and see if
25 you can get them working.

1

2

(DISCUSSION RE MONITORS)

3

4

THE COMMISSIONER: All right, I think we can
5 carry on.

6

MR. OLSON: The next exhibit is the All Aboard
7 Consultations dated March 13 -- sorry, 2013, Data Summary.

8

THE CLERK: Exhibit 97.

9

MR. OLSON: And for benefit of counsel, that is
10 document 28B on the index list.

11

THE COMMISSIONER: Exhibit 97.

12

13

**EXHIBIT 97: ALL ABOARD
14 CONSULTATIONS, MARCH 2013, DATA
15 SUMMARY**

16

17

MR. OLSON: Next is the Rates of Low Income:
18 Market Basket Measure, After-tax Low Income Cut-offs, and
19 Low Income Measure.

20

THE CLERK: Ninety-eight.

21

THE COMMISSIONER: Exhibit 98.

22

MR. OLSON: And for counsel that will be number
23 -- document number 32 on the index list.

24

THE CLERK: Exhibit 98.

25

THE COMMISSIONER: Does this rate -- Exhibit 98,

1 is there a date on that?

2 MR. OLSON: I don't believe it's dated, Mr.
3 Commissioner.

4 THE COMMISSIONER: All right.

5

6 **EXHIBIT 98: RATES OF LOW INCOME:**
7 **MARKET BASKET MEASURE, AFTER-TAX**
8 **LOW INCOME CUT-OFFS, AND LOW**
9 **INCOME MEASURE**

10

11 MR. OLSON: And finally, the last exhibit is All
12 Aboard: Manitoba's Poverty Reduction and Social Inclusion
13 Strategy, Proposed Action Plans 2013-2016, Draft for
14 Discussion, March 2013.

15 THE CLERK: Exhibit 99.

16 THE COMMISSIONER: Ninety-nine.

17 THE CLERK: Exhibit 99.

18 MR. OLSON: And that's document number 26.

19

20 **EXHIBIT 99: ALL ABOARD:**
21 **MANITOBA'S POVERTY REDUCTION AND**
22 **SOCIAL INCLUSION STRATEGY,**
23 **PROPOSED ACTION PLANS 2013-2016,**
24 **DRAFT FOR DISCUSSION, MARCH 2013**

25

1 BY MR. OLSON:

2 Q Manitoba has a piece of legislation known as the
3 Poverty Reduction Strategy Act that we heard a bit about
4 yesterday, that I understand came into effect in 2012.

5 A 2011.

6 Q Sorry, 2011. That is the piece of legislation
7 that your -- that the government works under, under your
8 department?

9 A Our staff provides support to the All Aboard
10 committee, the committee established under the act that's
11 responsible for the implementation of the legislation, yes.

12 MR. OLSON: Perhaps we can pull the act up onto
13 the screen. It's not marked as an exhibit, but it should
14 be. Document 21.

15

16 BY MR. OLSON:

17 Q And if we can go down to the definitions section,
18 the act itself doesn't define the word poverty, does it?

19 A No, it does not.

20 Q Without a definition, what is meant by poverty?

21 A I think in Manitoba generally, the provincial
22 government uses the statistics -- one of Statistics
23 Canada's four measures of low income. We tend to rely on
24 the Statistics Canada market basket measure of low income
25 as our marker of poverty in the province.

1 Q Can you just explain what market basket measure
2 means?

3 A Absolutely. Can I refer, please, to one of the
4 exhibits that you've already tabled --

5 Q Yes.

6 A -- to do that?

7 Q That would be Exhibit Number 98, which is the
8 document 32, I think, in your binder.

9 A Thank you. So let me begin by saying the
10 obvious, Mr. Olson. Whichever measure of poverty we use, I
11 think it's clear that we have -- you know, there are too
12 many poor people in our province and, you know, we're not
13 -- and so, you know, I just think we need to set that tone
14 at the outset before we get into a discussion about this
15 measure versus that measure. Whether it's the 101,000
16 people who are counted as poor in Manitoba using the market
17 basket measure or the 107,000 who are counted as poor using
18 the after-tax low income cut-off, it's still too many.

19 The market basket measure is -- estimates the
20 cost of a basket of goods and services, including things
21 like nutritious diet, clothing, footwear, shelter,
22 transportation, necessary goods and services. It's a post-
23 tax, it's an after-tax measure, so the advantage of that is
24 it's what the money we actually have in our pockets, each
25 of us. And the other advantage of using the market basket

1 measure over the after-tax LICO, which some other -- which
2 some in the --

3 Q And when you say after-tax LICO, you're referring
4 to?

5 A The Statistics Canada after-tax low income cut-
6 off.

7 Q Okay.

8 A The advantage of using the market basket measure
9 is that it is more precise for Manitoba, so when
10 calculating the market basket measure -- or the MBM --
11 Statistics Canada has calculated the actual cost of living
12 in various Manitoba communities, whereas the low income
13 cut-off number, the LICO, is the same for all communities
14 of the same size across Canada. So whether that's
15 Winnipeg, Calgary, Vancouver, or Montreal, they're all
16 communities of over 500,000, so they all have the same
17 after-tax LICO.

18 Q I see. And so using the market basket measure,
19 you said how many Manitoba's -- Manitobans are living in
20 poverty?

21 A In 2010, Statistics Canada published 101,000 as
22 the number of Manitobans living in low income.

23 Q Does that include First Nations people living on
24 reserve?

25 A That's such an important question and I was about

1 to go there next. Unfortunately, particularly for a
2 province like Manitoba, given the huge additional burden of
3 poverty borne by First Nations and other aboriginal
4 Manitobans, Statistics Canada does not survey for income on
5 reserve. So the 101,000 Manitobans includes 15,000
6 Manitobans who identify themselves as aboriginal living off
7 reserve.

8 Q Okay. So on reserve is not included in that
9 number.

10 A Correct.

11 Q So that number could be significantly higher if
12 we included the on reserve number?

13 A It could be, but we are not in the business of
14 primary data collection.

15 Q I see.

16 A We rely on other -- you know, we rely on
17 Statistics Canada to produce these data.

18 Q The act -- if you look at the next section, if we
19 can go back to the act, please?

20 Section 2(1) also talks about increasing social
21 inclusion. What does that mean?

22 A You know, social inclusion is everything from can
23 your kids join the soccer league at the community club or
24 can you not afford it, to can you get a bus ticket to take
25 your kids to the library, can you find a seniors group.

1 Can you -- are you -- you know, it's the opposite of social
2 isolation and social inclusion, and it's, it's very broad
3 in scope.

4 And I'm not sure later if we'll be reviewing the
5 21 indicators of poverty reduction and social inclusion
6 specified in the regulation under this act, but many of
7 them do speak to social inclusion, including things like
8 access to primary care, access to coordinated services,
9 access to child care and early learning, adult literacy
10 programs, et cetera.

11 Q And why is increasing social inclusion important
12 when it comes to reducing poverty in Manitoba?

13 A Both are important. Both are -- I would say that
14 each of them are important, but separately and together.
15 It's important that even those in low income need to have
16 access to the things that many of the rest of us take for
17 granted in our communities. And I know that you'll be
18 hearing from Dr. Marni Brownell later and I believe that
19 she'll speak to the effects of social exclusion and low
20 income on the health of Manitobans.

21 Q Okay. Some of the things you talk about in terms
22 of social inclusion is access to transportation, sports
23 activities for children, those sorts of things?

24 A Yes.

25 Q Okay. Section 2(1)(a), we can look at, it talks

1 about implementing a long-term strategy to reduce poverty
2 and increase social inclusion across Manitoba. And it says
3 the government must do that.

4 A Yes.

5 Q Is that something that's been done?

6 A Yes, it has.

7 Q Okay. And that -- my understanding is that's
8 been done, as evidenced by the All Aboard poverty reduction
9 strategy that was made an exhibit, number 95?

10 A Yes, it was published in March -- it was
11 published in May 2012, I believe.

12 Q Okay. And can you tell me a little bit about
13 this document?

14 A Can you just remind me which tab it is?

15 Q Is tab 24.

16 A Thank you.

17 Q First of all, how was the strategy developed?

18 A The strategy was developed following consultation
19 across government with various departments. This was done
20 prior to the establishment of the formal poverty reduction
21 committee under the act. At that time there had already
22 been a committee of cabinet ministers that had been in
23 place since 2009, but it did not yet include community
24 representatives. So one of the big changes post-passage of
25 the act was the addition of the community reps to the

1 poverty reduction committee which is sometimes called the
2 All Aboard committee. So there was extensive consultation
3 within government.

4 As well, in 2008-2009, before I joined policy and
5 planning branch, there had also been some extensive
6 community consultations about poverty reduction initiatives
7 in Manitoba. So that and, you know, we have to be blunt:
8 this was a -- these are -- government does not have
9 unlimited resources in this time or in any time, so always
10 within that context of available resources this strategy
11 was developed.

12 Q When you talk about community consultations, can
13 you give me an example of who, who from the community would
14 have been consulted?

15 A In, in 2009 or in our most recent endeavour?

16 Q Maybe --

17 A Leading up to this strategy?

18 Q Leading up to the strategy.

19 A Okay, because then I'd be happy to talk later
20 about the broad consultations we've just completed --

21 Q Sure.

22 A -- leading up to the action plans.

23 Q Sure.

24 A So in 2009, I -- this was again before I joined
25 policy and planning so I'm not speaking of my direct

1 experience, but meetings were held across Manitoba. All of
2 the groups active in the field of poverty reduction and
3 social inclusion were invited to participate. I believe
4 there were some written submissions as well. And then
5 later, after I joined -- (inaudible) go back; sorry about
6 that.

7 And then later, after I joined the branch in
8 2010, there were follow-up consultations specifically on
9 the question of indicators. So an indicator is, is
10 something that allows us to measure change over time. So
11 how do we know if we're doing better, how do we know if
12 we're doing worse, how do we know if we're making progress
13 at all. So that's what the indicators are designed to
14 measure, and in, in our regulation we have 21 indicators.

15 Q Right. And we'll look at those in, in --
16 shortly, but --

17 A Okay.

18 Q -- just in terms of who -- which groups or
19 organizations would have been consulted from the community
20 when developing a strategy.

21 A I'd be happy to provide you with a list but I
22 don't have that with me right now.

23 Q Okay, so that's something you could perhaps
24 provide through your counsel?

25 A Absolutely.

1 Q Okay. Thank you. So the strategy itself, can
2 you just give us an overview of what, what it, what it,
3 what it does, what, what it's about?

4 A There's a general introduction. We then talk
5 about the values and guiding principles, many of which
6 you'll recognize from, from the act. Talk about the, the,
7 the fact that solving -- improving poverty -- reducing the
8 amount of poverty in Manitoba isn't something that can be
9 done by a provincial government alone, and so we talk about
10 the importance of partnerships.

11 There's then a section on sort of how are we
12 doing so far. Even before the indicators were finalized,
13 we talked about reduction in the number of Manitobans
14 living in the low income, increases in the minimum wage,
15 increases in child care spaces, et cetera.

16 And then we talk about the strategy was organized
17 around four pillars. The first is safe, affordable housing
18 in supportive communities; the second is education, jobs,
19 and income support; the third is strong, healthy families;
20 and the fourth is accessible coordinated services.

21 The strategy then lists seven key priorities for
22 the next four years, to guide our work. And if you don't
23 mind I'd like to list those because those form the focus of
24 our draft action plans for this year and the basis of our
25 consultations.

1 Building blocks -- the, the first is building
2 blocks --

3 Q Okay.

4 A -- for employment. We know --

5 Q And this is on page 7, right?

6 A Yeah. The copy you have is very poor quality.
7 We provided colour PDFs.

8 Q Yeah, unfortunately, this one appears to be in
9 black and white, so ...

10 THE WITNESS: Page 7, I'm referring to.

11 UNIDENTIFIED PERSON: (Inaudible).

12 THE WITNESS: In the bottom right corner.

13 MR. OLSON: You're almost, you're almost there.
14 Right here.

15 THE WITNESS: Yeah. So the first is building
16 blocks for employment; the second is targeted supports for
17 those most in need; the third is food security; the fourth
18 is housing; the fifth is closing the gap for aboriginal
19 Manitobans; sixthly, creating opportunities for youth; and
20 seventh, early childhood development and parenting
21 supports. And I do want to state that these are not in
22 order of priority.

23

24 BY MR. OLSON:

25 Q I was going to ask you, when you look back at

1 the, the four pillars, are those ranked in any sort of
2 order of priority?

3 A No.

4 Q No, okay. The pillars themselves, each one of
5 these pillars are -- are they of equal importance in terms
6 of reducing poverty?

7 A I'm just thinking about that. Since our
8 definition of poverty is income above or below a certain
9 level, clearly income is the, is the defining feature and
10 raising income is the most important thing.

11 Q Okay. And on that basis, then, is it jobs and
12 income support that is, is a first priority or, or are you
13 saying --

14 A Well, if --

15 Q -- something other than that?

16 A If the -- you asked which of the pillars was most
17 important, not which is the priority.

18 Q Right.

19 A I was responding to your question, which of the
20 pillars is most important.

21 Q Okay. And what's --

22 A Okay.

23 Q -- the difference.

24 A We have, we have seven priorities for action for
25 the next four years, and those are outlined --

1 Q Okay.

2 A -- on page 7.

3 Q And there's -- are any one of them a priority?

4 A I would say not at this point. We have the --
5 the building blocks for employment action plan has been
6 released as the first one out, but that's not necessarily
7 because we believe it is the most important point of
8 action.

9 Q Okay. You can go back to the, the act.

10 A Okay.

11 Q It's 21, I believe, two -- 2(2).

12 A Okay.

13 Q There it is. Says:

14

15 "The strategy must recognize that
16 poverty has multiple causes, and
17 ... address various needs ..."

18

19 A Yes.

20 Q Can you explain how your, your department
21 interprets that section?

22 A I think it's pretty straightforward.

23 Q Okay. What, what do you, what do you understand
24 by poverty has multiple causes in this?

25 A What -- oh, sorry, I've -- I wasn't -- I'm sorry,

1 I misunderstood your question. Sometime -- you know, the
2 causes of poverty are complex, including issues such as,
3 for example, lack of education, the historic situation of
4 aboriginal people in Manitoba. This goes back to the
5 question that we know that certain groups of Manitobans are
6 at higher risk of poverty than others. Those include
7 aboriginal Manitobans, people with disabilities, youth led
8 families. And so in terms of causation, we can, you know,
9 think of everything from people without access to
10 education, children who don't make it through the school
11 system, people dealing with the historic and long-term
12 effects of systemic discrimination.

13 In our most recent round of consultations, we
14 heard so much about addictions and mental health, both
15 leading to poverty and the, the incredible ways that these
16 -- all those things bound up together make it really,
17 really hard for people to find a way out.

18 Q And those are all things, I take it, we'll, we'll
19 look at when we talk about the indicators of poverty?

20 A Absolutely.

21 Q You mentioned recent consultations that were
22 held. Can you talk about that process?

23 A Absolutely. Can I refer to the -- one of the
24 documents that I submitted?

25 Q Sure. Was that one of the documents that were

1 made an exhibit?

2 A I had submitted, I had submitted to the
3 Commission a list of the ten sessions that we conducted
4 across Manitoba. I can just speak to that.

5 Q Okay.

6 A So we held ten sessions across Manitoba in six
7 communities, including Winnipeg, Gimli, The Pas, Dauphin,
8 Brandon, and Thompson. In addition to that we had a survey
9 both online and print, so we heard from approximately 150
10 Manitobans in person at our consultation sessions and an
11 additional 500 people responded to the survey.

12 Q What were the results of the survey?

13 A We're still tabulating, but I can tell you our
14 initial results are -- there are some initial results that
15 are really interesting. Firstly, 40 percent of those
16 survey respondents told us that they had experienced living
17 in poverty at some point in their lives, so that was really
18 important to me, that those people took the time to
19 respond. Secondly, about 15 percent of our respondents
20 told us that they were living in poverty now, which again
21 is really important, that we hear from those folks.

22 We asked Manitobans to rank where they thought
23 government -- where they, where they thought it was most
24 important to invest, and again those results will be
25 formally published in a What We Heard document reporting

1 back to, back to the community, but they tend to focus
2 around the basics, you know, jobs, housing, access to food.

3 Q Those were the main --

4 A Yes.

5 Q -- results, okay.

6 A We, we also, as I said, conducted sessions in six
7 communities, ten sessions across the province. We went out
8 with our draft action plans and really asked people to give
9 us some feedback: Are we on the right track, are we not on
10 the right track, what changes would you suggest?

11 MR. OLSON: Okay. If we could now look at the
12 social inclusion indicators, if we put up Section IV of the
13 act ... Just down a little. Right, oh, too far.

14

15 BY MR. OLSON:

16 Q It says:

17

18 For each fiscal year, the
19 government must ... prepare a
20 statement that summarizes --

21

22 Sorry.

23

24 ... that sets out the poverty
25 reduction and social inclusion

1 indicators prescribed by
2 regulation that will be used to
3 measure the progress of the
4 strategy.

5

6 MR. OLSON: And then in the regulations, which we
7 can pull up on the screen next ... Those'll be in a
8 different number.

9 THE WITNESS: I think they're tab 22.

10 MR. OLSON: It's a short regulation. On pages 2
11 and 3 there are a number --

12 THE COMMISSIONER: Is that an exhibit?

13 MR. OLSON: It's -- no, it's a regulation, Mr.
14 Commissioner.

15

16 BY MR. OLSON:

17 Q There are a number of indicators including high
18 school graduation rate, participation in adult learning
19 programs, average weekly earnings, employment rate, minimum
20 wage rate, et cetera. Can you tell me how these indicators
21 were chosen?

22 A Yes, I can. The first thing is we started with a
23 basket of several hundred indicators and a very long wish
24 list, had all the things that we thought it was important
25 to measure, both within government and among the community

1 groups with whom we consulted. As I said before,
2 unfortunately, we're limited to data already collected, so
3 we don't have the ability to go out and knock on peoples'
4 door and ask them if they feel socially included, right?
5 Or how far they have to go to take the laundry or, you
6 know, how you do that with five kids on the bus in the
7 middle of winter in Winnipeg. It's pretty overwhelming to
8 contemplate. But we don't have data about that, so the
9 first thing is that we were limited to data sources that
10 already exist.

11 The second would be data sources where we can
12 measure change in a four- to five-year period. Strategy is
13 a four-year strategy, then government will issue a new, a
14 new strategy. We have to be able to measure change over
15 four or five years.

16 So those were two of the important selection
17 criteria that, that we used. The data had to come from
18 reputable sources.

19 Q And where does the data come from?

20 A You can see in the regulation, the left column
21 lists the indicator and the right column lists the source.

22 Q Okay.

23 A So they are either departments of the Government
24 of Manitoba or Statistics Canada.

25 Q I see. So that the criteria or the data, data

1 must be measurable.

2 A Correct.

3 Q And it has to be trackable over a four- to five-
4 year period.

5 A Correct. Has to be reliable.

6 Q Reliable.

7 A And taken together as a package, then does it
8 give us a reasonable picture.

9 Q The act also requires that annual progress
10 reports be provided to the public.

11 A Correct.

12 Q Has that been done yet?

13 A The first annual progress report will be, will be
14 published in September 2013 because the first fiscal year
15 -- remembering that government works on fiscal years --

16 Q Right.

17 A -- the first fiscal year for the strategy is the
18 '12-'13 fiscal year, so the report's due six months after
19 the end so that's September 30th. But in advance of that,
20 because we were going out to do public consultations in
21 March 2013, we published preliminary data about each of
22 those indicators and that's been provided here.

23 Q Okay. If we take a look at the act again ...
24 Number 21. Section 2(3) requires that:

25

1 The strategy takes into account
2 that certain groups face a higher
3 risk of poverty and social
4 exclusion, and ensure that all
5 programs and initiatives are
6 accessible to those who need them.

7

8 How does a strategy take into account those
9 higher risks?

10 A In several ways. First of all, we acknowledge
11 that and we track data, so you can't -- if you don't know
12 it, you can't measure it, right? So we, we always produce
13 data separately about people in single parent families,
14 about aboriginal Manitobans, about seniors -- though I have
15 to say parenthetically their low income rate is much lower
16 than the average in Canada now and in Manitoba. So we look
17 at it, and then the -- if you look at our action plans, the
18 draft action plans for the next four years, you'll see an
19 acknowledgement of that in each action plan. And
20 particularly I would draw your attention to two of those
21 actions plans: the closing the gap for aboriginal
22 Manitobans action plan and the action plan entitled
23 targeting supports for those most in need.

24 Q Okay. One of the, one of the things we heard in,
25 in evidence so far from witnesses, and particularly Dr.

1 MacKinnon yesterday from the Canadian Centre for Policy
2 Alternatives, was that it might be helpful to have some
3 sort of centralized organization or facility where
4 individuals can go to gain access to sort of a clearing
5 house for information related to services that might be
6 available in the community --

7 A Um-hum.

8 Q -- or whatnot. In terms of that sort of idea for
9 having -- for gaining access to services that are
10 available, what are your thoughts on that? Or does that
11 sort of thing exist?

12 A I think that there are many wonderful agencies in
13 our community that do a really good job of getting people
14 the services and benefits to which they're entitled. I'm
15 pretty confident that Dr. MacKinnon is correct in that
16 there are also Manitobans who are not getting the services
17 and benefits to which they are entitled. The Province of
18 Manitoba some years took an initiative to address this and
19 if we go back to the strategy document -- you'll have to
20 help me, if you would, with the tab number.

21 Q Number 24.

22 A Thank you. On page ... If I could refer you to
23 page 6 of the strategy document.

24 THE COMMISSIONER: Is this an exhibit?

25 MR. OLSON: This is -- sorry, Mr. Commissioner,

1 this is Exhibit 95.

2 UNIDENTIFIED PERSON: (Inaudible).

3 THE WITNESS: Yes, it is. It is --

4 MR. OLSON: Tab 24.

5 THE WITNESS: -- tab 24. I just want to direct
6 you to the bottom of that page.

7

8 BY MR. OLSON:

9 Q Sorry, which page was that?

10 A Page 6. At the top, it says: Pillar Four:
11 Accessible, Coordinated Services.

12 You've gone too far, go back up. There it is,
13 stop right there. Can you scroll down a bit? Thank you so
14 much.

15 There's reference there to ServiceLink. So
16 ServiceLink is an online tool established by the Province
17 of Manitoba some years ago. So acknowledging that an
18 online tool might not be the friendliest person for -- the
19 -- excuse me, the friendliest tool for many people on low
20 income, it is, however, ideally suited for intermediaries
21 such as social service agencies. You just go online with
22 your client. You enter basic information about that client
23 -- do they have a disability, do they have children that
24 they're supporting, whereabouts in the province do they
25 live, what was their net income in the previous year -- and

1 it will direct you to a list of programs that the client
2 would be eligible for based on the data that you enter and
3 it will direct you to applications for each of those
4 programs.

5 Q So that's sort of a self-directed internet tool
6 that someone could use to find programs.

7 A Absolutely, but I would suggest to you that for
8 many low income people it might be easier for -- you know,
9 if the agencies that they're working with walk them through
10 those steps.

11 Q Okay.

12 A Because, then, of course, you have to fill out
13 the form, right?

14 Q Okay.

15 A So people might need some help and support to do
16 that.

17 Q Right. And in terms of the agencies that might
18 walk someone through using that tool, are there such
19 agencies available, to your knowledge?

20 A Absolutely. There, there are terrific, terrific
21 frontline agencies in, in -- I can speak most about
22 Winnipeg, which is what I know the best, but --

23 Q Yeah.

24 A -- you know, all the family resource centres, et
25 cetera, there are many.

1 Q Section 2(4) of the act -- and we don't
2 necessarily have to go to it, but it --

3 A Okay.

4 Q -- indicates that there be a strategy to
5 coordinate the policies.

6 A Can we just --

7 Q Sure.

8 A -- read the exact language? I think it says the
9 strategies should be coordinated.

10

11 "The strategy must be designed to
12 ensure that programs and
13 initiatives to implement the
14 strategy are co-ordinated across
15 the government."

16

17 Q Right.

18 A Is that the section?

19 Q That's the section. How is that done, or how is
20 that being met?

21 A I can speak particularly of three ways. Let me
22 start at the top --

23 Q Okay.

24 A -- governments and bureaucracy. So we'll start
25 at the top and we'll work our way down. At the top we have

1 the poverty reduction committee, which is also referred to
2 in the act as the All Aboard committee, and I believe that
3 you've tabled in evidence the current membership of the
4 committee.

5 Q Right. And that would be --

6 MR. OLSON: Just so we get it out there, that's
7 Exhibit 96, Mr. Commissioner, and document number 29.

8 THE WITNESS: Right. So the committee's
9 established in the act. It must include those ministers of
10 the provincial government whose responsibilities include,
11 you know, areas related to poverty reduction and social
12 inclusion. I believe we currently have ten ministers of
13 the Crown serving on the All Aboard committee, and as well
14 the act requires that we have community members on the, on
15 the committee. We have the two from the previous advisory
16 council on education poverty and citizenship. They are
17 Jenny Wastesicoot, who's a Ph.D. student from Thompson, and
18 Dr. Brian Postl, who's the dean of medicine. We have two
19 other community members, Louise Simbandumbwe, who's
20 director of asset building programs at SEED Winnipeg, and
21 Charles Loewen, who is co-chair of the Winnipeg Poverty
22 Reduction Council and who is the recommended candidate of
23 the United Way of Winnipeg. We did have one additional
24 alternate on the committee. She resigned because she took
25 a position with an officer of the legislature, and I

1 believe it's the intention to replace her.

2

3 BY MR. OLSON:

4 Q Okay. Does this committee meet to ensure that
5 things are being coordinated in a, an appropriate manner,
6 or --

7 A Absolutely. As a matter of fact, they met
8 yesterday.

9 Q Okay. I notice that health and justice don't
10 appear to be part of, of the list.

11 A That's correct, but the minister of Healthy
12 Living is there.

13 Q Okay.

14 A And the minister of Children and Youth
15 Opportunities is there, and as you may know, he takes a
16 keen interest in all matters youth justice and funding for
17 youth justice -- youth prevent -- justice prevention
18 initiatives are within the Department of Children and Youth
19 Opportunities.

20 Q Okay.

21 UNIDENTIFIED PERSON: (Inaudible).

22 THE WITNESS: Yeah, sorry. Okay. I'll get it
23 right and then it'll be time for me to leave.

24

25 BY MR. OLSON:

1 Q If we could go back to the act, Section 4, it
2 says:

3
4 For each fiscal year, the
5 government must take the poverty
6 reduction and social inclusion
7 strategy into account when
8 preparing the budget for that
9 fiscal year and prepare a
10 statement that summarizes a
11 strategy and sets out the budget
12 measures that are designed to
13 implement the strategy.

14

15 Is that -- is this provision unique in any way?

16 A Absolutely. It's the only one in Canada and I
17 think it's one of the strongest elements of this act.

18 Q Okay. And what, what makes you say that? I
19 mean ...

20 A Because it's an assurance that poverty reduction
21 is taken into consideration -- that's the phrase in the act
22 -- in the annual budget process, which is one of the most,
23 you know, critical points of the annual cycle for a
24 provincial government. So the act requires that each year
25 the government publish an official budget paper dealing

1 with poverty reduction and social inclusion. So that was
2 done for the first time in 2012, and again in March of this
3 year, the second poverty reduction budget statement was
4 tabled by the Minister of Finance and I did provide those
5 to the Commission.

6 Q Okay. How is progress on the strategy monitored?

7 A In, in a number of ways. I just want to say that
8 the, the other part to take into account is the work that
9 we do with treasury board secretariat, which, as you know,
10 is the arm of government that is responsible for budgeting.
11 So we work with staff at treasury board secretariat and
12 they take information about poverty reduction initiatives
13 and ensure that briefing documents are prepared for
14 cabinet.

15 Q Okay. Then on to the next question about how,
16 how the strategy is monitored.

17 A So the strategy, the strategy is monitored. We
18 use -- we measure progress on each of our 21 indicators.
19 And as I said, the first formal report will be out in
20 September 2013, but we did publish data in advance of our
21 consultations.

22 Q Okay. So it's basically comparing what happened
23 previously to how things are now.

24 A Absolutely.

25 Q And looking at changes to see whether things are

1 improving or not.

2 A Absolutely.

3 Q Okay.

4 A May I just go back for a moment? I'm not sure if
5 I wandered, but you had asked about how we ensured that the
6 strategy is coordinated. I referred to the All Aboard
7 committee --

8 Q Um-hum.

9 A -- the committee of ministers. I'd also like to
10 refer to the other two mechanisms that we had.

11 Q Certainly.

12 A At the -- there is, I think, very importantly,
13 also a committee of deputy ministers. So for all of the
14 departments involved in the strategy, there are regular
15 quarterly meetings, at least quarterly meetings of the
16 deputy ministers of those departments, and that is chaired
17 by Joy Cramer, who's the deputy minister of Housing and
18 Community Development. And at the staff level we also
19 have, you know, a staff working group.

20 So what we've tried to set up is a system where
21 we've got good communication happening at all levels, where
22 deputies are really engaged in monitoring this, where they
23 can give direction to staff, where we get the feedback that
24 we need, where, you know, it's a place where even in this
25 time of scarce resources we can take a little bit from here

1 and a little bit from there and put it together to make
2 something that will really make a difference for people
3 instead of having departments go off separately without
4 coordinating.

5 Q Okay. Just in terms of whether or not the
6 initiatives are working to reduce poverty, are there any
7 sort of targets set or goals set?

8 A So that you've, you've -- we do not have formal
9 targets --

10 Q Okay.

11 A -- in the strategy, and as you -- I wasn't here
12 yesterday but I'm sure you, you heard from Dr. MacKinnon
13 that is one of the criticisms of the strategy that's been
14 made by community groups. I will say, however, that
15 Manitoba's -- the provincial government's stated objective
16 is to make progress on all 21 indicators rather than, as a
17 couple of jurisdictions have said -- have stated, you know,
18 we're going to set a particular target and hang our hat on
19 that.

20 Q Okay. You said there aren't any formal targets.
21 Are there any informal targets?

22 A Our, our objective is to make progress on all 21
23 of those --

24 Q Okay.

25 A -- indicators.

1 Q So let's look at those 21 indicators.

2 A Okee-doke (phonetic).

3 Q Now, that's going to be document 28B.

4 THE COMMISSIONER: Just a minute. Before you
5 leave that, you, you got into the second grounds of -- or
6 method of coordination.

7 THE WITNESS: Yes, sir.

8 THE COMMISSIONER: You haven't named the third
9 one yet.

10 THE WITNESS: The third is our committee at the
11 staff level. It's called an interdepartmental working
12 group.

13 THE COMMISSIONER: All right. Thank you. I
14 didn't want to pass --

15 THE WITNESS: Thank you very much.

16 THE COMMISSIONER: -- getting to the third one.

17 MR. OLSON: Thank you.

18 THE COMMISSIONER: Right.

19 THE WITNESS: Can, can I just ask a question
20 about the -- you've got the presentation up that I
21 provided, however, we did provide colour copy to you. It's
22 being presented in black and white. It's going to be very
23 difficult for people to understand the graphs and charts in
24 black and white.

25 MR. OLSON: I believe, Mr. Commissioner, you have

1 a colour copy in front of you.

2 THE COMMISSIONER: Is that the, the action plan?

3 MR. OLSON: It's the --

4 THE WITNESS: No, it is not.

5 MR. OLSON: -- All Aboard consultations. I think
6 you, think you just had your fingers on it there.

7 THE COMMISSIONER: Well, that's --

8 THE WITNESS: No.

9 THE COMMISSIONER: -- Exhibit 95. I don't think
10 that's it, is it?

11 MR. OLSON: It's Exhibit 97.

12 THE COMMISSIONER: Oh, I have one in black and
13 white which is quite satisfactory.

14 THE WITNESS: I'm going to open my colour copy.
15 I won't be able to follow it in black and white.

16 MR. OLSON: Certainly.

17 THE WITNESS: It's exactly the same, I promise.

18

19 BY MR. OLSON:

20 Q Okay, so these are the 20 indicators -- sorry, 21
21 indicators that are being monitored.

22 A Yes.

23 Q Maybe we can just take a bit of time and go
24 through each one, and you can explain what they are, what
25 they indicate.

1 A Certainly.

2 Q Okay.

3 A So would you like me to begin with -- shall we
4 begin at the beginning?

5 Q Let's begin at the beginning.

6 THE WITNESS: Okay, if you wouldn't mind moving
7 down to page 2, then, please. Scroll down a bit. There we
8 are.

9 So the, the first is the total units of social
10 and affordable housing supported by the Manitoba Housing
11 and Renewal Corporation. So we have a baseline there.
12 March 31, 2012, there were 30,196 units receiving financial
13 assistance and support by MHRC, and we indicate
14 government's commitment to 1500 more units in the next
15 five-year period, and we report on progress to January 2013
16 showing an additional 1132 units added.

17

18 BY MR. OLSON:

19 Q So you're almost at the goal, is that what that's
20 showing?

21 A Yeah. Number two -- so ...

22 THE WITNESS: I'll just wait.

23 MR. OLSON: Next, next screen.

24 THE WITNESS: This shows households served
25 through Manitoba Housing and Renewal Corporation programs

1 and services because not everyone who's served by MHRC
2 lives in social housing. There are families that get
3 portable housing benefits, rent supplements, et cetera.
4 This also shows the number of suites that were -- received
5 major repair and renovation, and new households -- that's
6 new families entering social housing -- in that period,
7 which was 2,616.

8

9 BY MR. OLSON:

10 Q Okay. And the goal then would be ...

11 A We haven't set a --

12 Q There is no goal, okay.

13 A There is no target on that one.

14 Q I see, okay. And then the next one, households
15 in core housing need by aboriginal status.

16 A Yes.

17 Q What's that showing?

18 A Well, again, it's -- it is hard to -- the, the
19 tall columns which are red in the colour copy, show
20 aboriginal households, and the blue column, the shorter
21 one, shows non-aboriginal households. And it shows the
22 change in core housing need over time.

23 So I just need to refer back to my definition of
24 core housing need because I want to make sure that I get it
25 right. Statistics Canada established -- establishes core

1 housing need and determines that households are in core
2 housing need if the dwellings are not adequate, if the
3 dwellings are not suitable, and if they're not affordable,
4 that is, if the family spends more than 30 percent of
5 before-tax household income on housing.

6 So the general point here is to show, overall,
7 Manitoba's made progress in reducing core housing need.
8 Whereas in 1996, 14.7 percent of Manitoba families lived in
9 core housing need, that was down to 11.3 percent in 2006.

10 Q Um-hum.

11 A However, you can see that the gap between
12 aboriginal and non-aboriginal families remains and it's
13 quite stark. And I do need to point out that these are off
14 reserve households --

15 Q Right.

16 A -- only.

17 Q Is there reason it only goes to 2006?

18 A Yes, Statistics Canada hasn't published --

19 Q Okay.

20 A -- the 2011 --

21 Q That's what I thought --

22 A -- data.

23 Q -- the answer was, but --

24 A Yeah.

25 Q Okay, thank you. And number -- the next --

1 A The next one is -- you know, we were trying to
2 get at a measure -- this is sense of community belonging,
3 and we were trying to get at something that measured the
4 softer stuff around social inclusion. So Statistics Canada
5 does publish this index -- indicator called sense of, sense
6 of community belonging. It's from one of their regular
7 surveys; I believe it's the Canadian community health
8 survey -- it is -- and respondents are asked, How would you
9 describe your sense of belonging to your local community on
10 a scale ranging from very weak to, to very strong. And you
11 can see that if you look at, look at Manitoba, we are
12 better than the, better than the national average, at
13 67.6 --

14 Q Okay.

15 A -- percent of people indicating that they have a
16 somewhat or very strong sense of community belonging.

17 So the next one up is high school graduation
18 rate. I think everybody here would absolutely understand
19 the importance of high school graduation in, in poverty
20 reduction. This shows the data up to and including 2011.
21 I think for the budget paper we were able to include 2012,
22 and the line continues to move in the right direction. So
23 this shows the number of students who entered grade nine,
24 who graduated within four years, I believe. Yeah, with --

25 Q Right.

1 A Students who graduated within four years of
2 entering grade nine.

3 Q And this is for all Manitobans.

4 A This is for all Manitobans, including schools on
5 reserve.

6 Q Okay. What's next?

7 A The next is -- if you want to flip down, it's,
8 it's impossible to read in black and white. And it is, in
9 fact, one of Dr. Marni Brownell's slides and I'm sure that
10 she will speak to it. It, it shows the additional -- some
11 of the risk factors that interfere with or get in the way
12 of students successfully completing high school, including
13 having their family on employment and income assistance;
14 the child, him or herself, being in care; the child having
15 a teen mom.

16 So for -- and just -- it's a stack bar, so you
17 can see that for children who have none of those risk
18 factors, about just 20.5 percent of those children do not
19 graduate from high school within four years. For those
20 children who have all of those risk factors, 88.5 percent
21 of those children do not graduate. So the importance of
22 desegregating the data is it really helps us to understand
23 where we need to focus the work.

24 Q In terms of targeting the population you want to
25 get at --

1 A Yes.

2 Q -- to reduce poverty.

3 A Yeah.

4 Q Okay. The next slide?

5 A Moving right along, then, we'll look at
6 participation in adult learning centres. So not everybody
7 makes it through high school but we know that learning is a
8 lifelong process and we want people to have lots of
9 opportunities to continue their learning as adults.

10 So the bottom line, which is green if you have
11 the colour copy, shows the number of Manitoba adults
12 graduating from high school in adult learning centres. So
13 you can see that in '10-'11 that was -- there were 1438,
14 and you can see that that number has been growing each
15 year.

16 The, the purple line right at the top is the
17 number of courses that adults completed for credit at adult
18 learning centres because the experts in this field tell us
19 lots of people go back not to graduate but to take the
20 course or two that they need for a particular job, right?

21 Q Right.

22 A So taking -- not graduating may -- is not
23 necessarily a failure. They're getting what they need in
24 order to successfully retain the job they want.

25 Q Okay.

1 A Then the red line, which is the second from the
2 top, shows adult learning centre learners, so those are
3 people registered in those adult learning centres. Again,
4 it's gone up from 8745 to 9,281.

5 And then the blue line is the adult literacy
6 program learners, so those are the adults who are not
7 taking courses for high school credit but who are taking
8 basic literacy courses.

9 So we think it's important to report on this
10 because I know improving education for at-risk adults will
11 improve their incomes and improve the outcomes for
12 themselves and their children.

13 MR. OLSON: Okay. The next, next slide?

14 THE WITNESS: Just -- I'll just wait.

15 MR. OLSON: If we can scroll it?

16 THE WITNESS: So this is just a bit of a profile
17 of who's in those adult learning centres. Most -- 46
18 percent, almost half, are 19 to 24, 55 percent are women.
19 Interestingly, over 40 percent are aboriginals, so those
20 are clearly places where aboriginal Manitobans feel
21 comfortable going, where they are going, and they're taking
22 advantage of those programs to get the education that they
23 might have missed the first time around.

24 Forty-one percent are already employed, so
25 they're in there getting additional learning to do, to do

1 better, but the 49 percent are, are not currently employed.
2 Seventeen point four percent are, are single parents with
3 children under the age of 12, highly motivated to improve
4 their own situation and improve the situation of their
5 children. Seventeen percent are -- speak English as a
6 second or additional language, and six percent are recent
7 immigrants.

8 MR. OLSON: Go to the next page, please.

9

10 BY MR. OLSON:

11 Q This gives you the employment rate?

12 A Employment rates because, of course, knowing how
13 many people in our province are working is, is really
14 important. The red bar, which is the tall one for -- on
15 the screen is the male employment rate. The green one,
16 which is the fuzzy grey one on the screen, is the female
17 rate. We still have a gap in this province. We have a
18 gender gap between male and female employment. It's
19 closing but, but slowly over time. And then the blue line
20 that runs around the top shows the employment rate for
21 Manitobans as a whole.

22 Q It looks fairly consistent over the years.

23 A Yeah. Yeah. We've got about just over 65
24 percent of Manitoban adults in the workforce, 71 percent of
25 men and about 60 percent of women.

1 Q Okay.

2 A And then the next slide, which is even busier,
3 for those who are interested in looking at these things by
4 age and stage of life, we've included an age breakdown.
5 Interestingly, you can see how employment among those aged
6 55 and over has increased.

7 Q Okay.

8 A More that they're staying in the workforce
9 longer.

10 Q We go to the next --

11 A Making it harder for the younger folk to enter,
12 one --

13 Q Right.

14 A -- might add.

15 MR. OLSON: Go to the next slide, please.

16 THE WITNESS: Yeah. So this is important and I
17 would like to take some time on it because while -- when we
18 talk about low income, I'll explain that we don't have low
19 income data for aboriginal Manitobans other than that one
20 large group, aboriginal identity. For employment, we do,
21 so we can look at First Nations Manitobans separately from
22 Métis Manitobans separately from all Manitobans, and again,
23 we've included recent immigrants in this slide.

24 So you can see that among those groups, it's
25 First Nations Manitobans, so those with treaty status, who

1 have the lowest employment rate. Under 50 percent of those
2 adults were employed in Manitoba in 2012. The number was
3 47.8 percent. Compared with people who identify as Métis,
4 64 percent of Manitobans who identify as Métis were --
5 adults, that is -- were employed in 2012. Almost 70
6 percent of recent immigrants were employed in 2012, and the
7 rate across the board for all Manitoba adults was 65.4
8 percent.

9

10 BY MR. OLSON:

11 Q Okay.

12 A So again you can see, you know, understandable,
13 we know, we know that the additional burden of poverty
14 borne by First Nations and other aboriginal Manitobans is,
15 is very real in our province. Here what we can see is the
16 difference between First Nations Manitobans and Métis
17 Manitobans.

18 Q Okay.

19 A And really it just -- it helps us to focus,
20 right? It helps to concentrate and it helps us to
21 understand where we really need to focus scarce resources.

22 Q And in this particular chart, it doesn't appear
23 that the trend is upwards for the First Nations.

24 A That is correct.

25 Q That's an area obviously to work on.

1 A Yeah. Yes, it would be.

2 Q The next slide, average weekly earnings in 2012
3 dollars, Canada and Manitoba.

4 A Right, so 2012 dollars, these are constant
5 dollars adjusted for inflation, right? And you can see
6 it's just to show that across -- in general, average weekly
7 earnings in Manitoba are lower than Canada as a whole.
8 That's not a surprise to any of us who have travelled the
9 country. But our average weekly earnings are increasing at
10 a rate greater than the rate of inflation and we can see
11 that. In 2000, the average weekly earnings for all
12 Manitobans using 2012 dollars -- so already adjusting for
13 inflation -- were \$692, and that's gone up to 779 in 2012,
14 and I think that just generally speaks to the health of our
15 economy.

16 Q Right, okay. And then the next slide is average
17 weekly earnings by aboriginal status?

18 A Yes.

19 Q And what does that tell us?

20 A What that tells us is that, well, across the
21 board, Manitobans are doing well and while -- we can also
22 see here that non-aboriginal Manitobans continue to earn
23 more than First Nations and Métis Manitobans. In part,
24 that has to do with the jobs they're doing, the education
25 they have. But, interestingly, you can see that the gains

1 that have been made in average weekly earnings by First
2 Nations Manitobans over the last eight years, where average
3 weekly earnings have gone from -- for First Nations
4 Manitobans went from 548 a week to 701 a week.

5 Q So the gains themselves, where there were gains,
6 they were significant gains?

7 A Well, statistically significant, I can't say
8 without doing the calculations.

9 Q Okay.

10 A So ...

11 Q Fair enough. The next --

12 A But as, as an -- as a layperson eying the chart,
13 yeah, you can see some, you can see some progress there.
14 The gap is there but we also see progress, and that's one
15 of the themes of this work, is that we see progress but we
16 also see where we still have work to go, work to do.

17 Q Okay. Maybe we'll now move on to page 10, the
18 slide, Manitoba's -- Manitobans in low income.

19 A Right. So I'm going to talk you through this
20 because --

21 Q There you are.

22 A -- it's hard -- it's going to be very difficult
23 to follow in black and white. In this -- this chart is
24 designed to show progress in -- change in low income in
25 Manitoba over a ten-year period. We chose to publish both

1 the market basket measure and the after-tax low income
2 measure because some community groups still prefer to use
3 the after-tax LICO and we thought it was important to be
4 transparent about that. We also, for comparative purposes,
5 have included both, have included both for Canada as a
6 whole.

7 So in, in 2000, the market basket measure rate of
8 low income for Manitobans as a whole was 10.8 percent, and
9 that's down to 8.7 percent in 2010. For Canada as a whole,
10 it decreased from 11.9 to 9.9. So overall in Canada, in
11 that ten years, our low income rate decreased by 19.4
12 percent. Again, as I said, I think it's one of the themes
13 of this work. Do we have a ways to go? Absolutely. No
14 one would say that having 8.7 or 8.8 percent of our
15 population living in poverty is the best we can do. It's
16 clearly not the best we can do. But are we making
17 progress? Absolutely.

18 Q Go to the next slide. Low income rate table for
19 at-risk groups Manitoba. Can you explain this, what this
20 means?

21 A Absolutely. So if we just look at the first
22 three columns, the market basket measure columns, we wanted
23 to break it out because, as you pointed out, the
24 legislation acknowledges that certain groups of Manitobans
25 are at higher risk of poverty. So just publishing an

1 overall rate really doesn't give us what we need in order
2 to direct resources, focus what we're doing. So overall --
3 and the, the -- so the first column there, the rate 2010
4 shows the percentage of the population living below the
5 market basket measure low income -- market basket measure
6 poverty line. The ranking is Manitoba's ranking among the
7 Canadian provinces, so one is best, ten is worst. And the
8 change column shows the change -- the percentage change
9 over ten years.

10 So overall our low income rate, 8.7 percent. The
11 rate for Manitoba children using the market basket measure,
12 10.9 percent. So in numbers -- I'm doing this from memory
13 -- that, that represents 28,000 Manitoba children living in
14 low income in, in that year, in 2010. And I just want to
15 say that that is the most recent year for which Statistics
16 Canada has published data. I, I can also say from memory
17 that 12,000 of those children live in two-parent families,
18 and 16,000 of those children live in single-parent
19 families.

20 Q Okay, thank you.

21 A The next line, persons in single-parent families,
22 so that includes both those children and their parents. I
23 believe that there are 27 -- that says 27,000 Manitoba
24 children and parents living in single-parent families in
25 low income in 2010, and that represented a low income rate,

1 using the market basket measure, of 30.8 percent. So
2 clearly that gives us a place to focus. We need to look at
3 that and say, okay, what are the kinds of programs that we
4 need to focus on to help those parents do better so that
5 they and their children can have -- can be lifted out of
6 poverty and be included in our -- in a more fulsome way in
7 our society.

8 The next line is seniors. You'll note that less
9 than two percent of Manitoba seniors live in -- lived in
10 low income in 2010, using the market basket measure.

11 Q So we're doing very well there.

12 A We are, indeed.

13 Q Okay.

14 A Canada took some important measures a generation
15 or two ago with the introduction of old age security and
16 guaranteed income supplement, and seniors today are reaping
17 the benefits of those national social programs.

18 Q What about aboriginal persons?

19 A So again, I just want to point out that is
20 aboriginal Manitobans living off reserve, had a low income
21 rate of approximately double the rate for all Manitobans as
22 a whole. And again tells us -- we already know this; it's
23 not rocket science, it's not news, but it does remind us of
24 the need to focus on that.

25 And I do want to speak about the last line about

1 persons with disabilities. One of the things that concerns
2 me is that that's the only group that we've been tracking
3 where the line's moving in the wrong direction. Their rate
4 of low income has been increasing over time and so I expect
5 that that's something that we will focus some energy on in
6 All Aboard in the next few years.

7 After doing this, we also -- I also wanted to
8 look at low income among youth-led families, which is not
9 on this slide. So those are families where the major
10 income earner is a person under 25 years of age. They also
11 have a low income rate that is well above the provincial
12 average of 23 percent so that tells us, as we develop our
13 action plan for youth, that looking for youth who are
14 already leading families, whether they're young couples or
15 -- whether they're young, young couples with or without
16 children or young single parents, that we need to think
17 about youth not just as people -- kids living at home with
18 their parents, but as -- but already as young people out on
19 their own.

20 Q Okay. The next slide is depth of low income in
21 Manitoba 2000 to 2010. What does depth mean in this?

22 A The depth of low income -- and I just want to
23 make sure -- if you'd indulge me, I want to make sure that
24 I have exactly the right definition from Statistics Canada.
25 And again, this was -- this document was provided to, this

1 document was provided to the Commission. I think you
2 tabled it; it's the definitions of each of the indicators.

3 Q Um-hum.

4 A So depth of low income is the difference between
5 the income of each person living in low income and the
6 threshold. Those are all then combined and an average is
7 calculated. So this tells us -- it's not just yes, no,
8 black, white, are you living in low income or not, but how
9 much below --

10 Q Right.

11 A -- the cut-off. So what this tells us is that in
12 2010 the on average Manitobans living in low income were
13 living 32.6 percent below that cut-off. Canada -- for
14 Canada as a whole, it was 33.3 percent below the cut-off.

15 Q Why is depth of poverty significant?

16 A Well, I think one's life is significantly
17 different if you have -- you know, if you're, if you're
18 right at that market basket measure cut-off versus if
19 you've got, you know, half as much of that or a third as
20 much of that.

21 Q It's, it's a little less difficult to get out of
22 poverty if you're not as --

23 A Well, and it gives you -- you know, you have
24 access to fewer resources, right?

25 Q Right, right.

1 A Life is just much more difficult.

2 MR. OLSON: Okay. Let's move now on to page 15,
3 number -- slide number 14. Right there.

4

5 BY MR. OLSON:

6 Q Percentage of children ages 12 and under for whom
7 there is regulated child care space?

8 A Yes.

9 Q Can you tell me about this slide?

10 A Absolutely. So this is actually something that
11 the Department of Family Services publishes annually and
12 they -- in its annual report. We look at the number of
13 child care spaces, we look at the number of children in the
14 age group zero to 12, and we can see that for -- there are
15 licensed regulated child care spaces for 16.6 percent of
16 children aged zero to 12. We can see that that's gone up
17 from 13 percent had the -- in 2001. For preschool
18 children, the -- there were spaces in 2011-'12 for 23.6
19 percent of those children and that's an increase from 22
20 percent in 2001-'02.

21 Q Okay. In terms of poverty, child care spaces are
22 important so that people can go out and work.

23 A It's pretty hard to go to work if you don't know
24 that there's a safe healthy place for your child to be,
25 especially if you're a single parent.

1 Q Right.

2 A Of course, this doesn't include informal care but
3 Manitoba has a very robust system of licensed child care,
4 and this includes both licensed child care centres and
5 licensed child -- home providers of child care.

6 Q The next slide, percentage of children under 18
7 years of age in CFS care.

8 A Yes, I believe that this information is already
9 -- has already been tabled with the Commission.

10 Q Okay. And it shows that more children are in CFS
11 care.

12 A Absolutely, it shows the increase over time. And
13 again, this is something that the Department of Family
14 Services has reported on annually, in its annual reports
15 for quite some time.

16 Q Okay. And the last slide I'll take you to is --
17 actually, there are two more -- 15b, I think we've already
18 received this information as well.

19 A Yes, you've received it from the department, I
20 believe.

21 Q And then 16, teen birth rates, live births to
22 females, 10 to 19 years per 1,000 females.

23 A Yes.

24 Q Can you tell me about this one?

25 A Well, we know that if you have your babies when

1 you -- if you're a woman and you have your baby when --
2 have your first child when you're young, it makes it really
3 tough. It makes it harder to finish high school, it makes
4 it harder to get into post-secondary and complete post-
5 secondary education. There are women of strength and
6 resilience in every income quintile, and some do. It's
7 just harder.

8 So Manitoba has, I believe, still the second
9 highest teen birthrate in the country, and this shows our
10 teen birth over time. So you can see that we have made
11 some, some progress. The tall column, which is red if you
12 have a colour copy, shows the decrease in teen births among
13 18 and -- 18 to 19 year olds, and the short blue column at
14 the bottom shows the change over time in teen births to
15 girls and young women aged 10 to 17. So it, it's bounced
16 around, but it -- and it, it did -- there was a decrease in
17 2010-2011.

18 MR. OLSON: Mr. Commissioner, I'm nearly done my
19 questioning. I have about ten more minutes. I notice the
20 time. I wonder if I should just continue and finish or if
21 you'd like to take the break?

22 THE COMMISSIONER: I think perhaps you should
23 finish.

24 MR. OLSON: Okay, thank you.

25

1 BY MR. OLSON:

2 Q I want to take a look now at Exhibit Number 99,
3 which is document 26 in your book. This is the proposed
4 action plans 2013-2016?

5 A Yes.

6 Q Can you explain for the Commissioner how this
7 document relates to the strategy?

8 A Absolutely, I'd be happy to. So in the strategy
9 you may recall that we, we showed seven priority areas of
10 action. So, you know, we've got our marching orders.
11 These are the seven things that we're supposed to focus on
12 for the next four years. But how do we do that?

13 So, so what, what we did was we began by
14 publishing draft action plans and then taking those out, as
15 I said, for community consultation in, in March, in March
16 of this year. Those -- the next step will be what we're
17 calling a What We Heard document, so reporting back to the
18 community about what they said. We anticipate that that
19 will be published in the next couple of months, and then
20 each of the action plans will also be finalized and
21 published.

22 But publishing an action plan doesn't end the
23 work, right? It just begins the next phase of the work.
24 Each of those action plans will have associated with it
25 what I hope will be a pretty robust community engagement

1 process. I don't think it's right -- it's not in the
2 spirit of the act that we would go out, get people's
3 opinions, and then say, See you in four years. So each of
4 these action plans will have its own ongoing consultation
5 engagement process. Some of these issues, there are people
6 who have worked on these issues for 15, 20, 25, 30 years.
7 They are -- they have expertise and I think it's incumbent
8 on us to recognize that expertise and to use it.

9 Q So is this just one part -- one action plan?

10 A No, these --

11 Q Or --

12 A -- are the seven.

13 Q These are the seven, okay, I understand.

14 A And the first of those, the building blocks for
15 employment action plan, has been finalized and published by
16 the minister of Entrepreneurship, Training, and Trade. And
17 as I said, that's building blocks for employment.

18 Q Okay.

19 A And that deals mostly with the proposed changes
20 in the, in the employment and income assistance program --

21 Q Okay.

22 A -- as well as associated other things.

23 Q This document itself is just a draft.

24 A Correct.

25 Q Okay.

1 A And we will have all seven of those action plans
2 out this year.

3 Q Okay. If you turn to page 4 --

4 MR. OLSON: If we can put that on the screen?

5

6 BY MR. OLSON:

7 Q It's going to be --

8 A It's pretty hard to --

9 Q No, that's --

10 A -- read in --

11 Q -- that's, that's --

12 A -- black and white, yeah.

13 Q That's right. This is entitled, Action Plan:
14 Targeting supports for those most in need.

15 A Yes.

16 Q And if we go under -- if you -- we keep scrolling
17 down, next heading is, Key Actions under Action Plan:
18 Targeting supports for those most in need.

19 A Yes.

20 Q And talks about sample of actions in progress.
21 And if we scroll down to the next page, it says --

22 MR. OLSON: Stop there.

23

24 BY MR. OLSON:

25 Q It says:

1

2

"Investing \$12.4 million in
preventative child and family
services in 2012/13."

4

5

6

A Yes.

7

Q What does that refer to?

8

A That includes the funds through the Department of
Family Services and Labour through the child and family
services system for preventive activities.

10

11

Q Okay. Now, if we look at 2014 and beyond, which
is below, and 2013 as well, it doesn't seem that's repeated
in terms of the action plan.

13

14

A That's correct, because we're not repeating --
those are ongoing initiatives, so we wouldn't repeat them
each time.

16

17

Q Is that a one-time --

18

A Absolutely not. That's the annual funding that
the department provides.

19

20

Q Okay. And when you -- it says preventative child
and family services. What exactly is meant by that?

21

22

A That included -- that includes, I believe, funds
provided to authorities and agencies for prevention
services. I would be pleased to provide you with a
breakdown of the 12.4. I don't have it here.

25

1 Q Okay. That would be helpful, if you could
2 provide that.

3 A Absolutely.

4 Q Do you know if that includes the new funding
5 model?

6 A I believe that it does but, again, I don't have
7 that with me.

8 Q Okay.

9 A So I would appreciate it if you would let me go
10 away and provide you with the accurate information.

11 Q That would be, that would be fine, but that is an
12 annual amount, then.

13 A That is an annual amount. We live in a
14 democracy. Funds are voted annually by the legislature.

15 Q I see, okay. If we scroll down to the next page,
16 to Key Actions under Action Plan: Food security.

17 A Yes.

18 Q As -- the last bullet point.

19 MR. OLSON: Scroll down a little bit more.

20

21 BY MR. OLSON:

22 Q It says:

23

24 "Establishing the Roundtable on
25 Community Action against Child

1 Hunger to work with stakeholders
2 to develop community-based
3 strategies and evidence-based
4 solutions to reduce the number of
5 children who rely on food banks in
6 Manitoba."

7

8 A Yes.

9 Q We heard yesterday -- and I think it was Exhibit
10 94 -- Dr. MacKinnon, from the Canadian Centre for Policy
11 Alternatives, talked about food bank use in Manitoba.

12 A Yes.

13 Q I think the number was about 63,000 Manitobans --

14 A And change, yes.

15 Q And change. Manitobans were using food banks per
16 month.

17 A That was the survey done by the Canadian
18 Association of Food Banks, March 2012. Those were the data
19 collated by Winnipeg Harvest on behalf of all Manitoba food
20 banks.

21 Q Okay. So that's a number you're familiar with.

22 A Absolutely.

23 Q And I believe about half of that number were
24 children?

25 A I don't recall that.

1 MR. OLSON: Okay. Maybe we could put that
2 exhibit on the screen.

3 THE WITNESS: Certainly the 63,000 figure is
4 absolutely correct.

5 THE CLERK: (Inaudible).

6 MR. OLSON: Yes, please.

7 THE CLERK: What number?

8 MR. OLSON: Ninety-four.

9 THE COMMISSIONER: Is this Exhibit 94?

10 MR. OLSON: Exhibit 94.

11 THE CLERK: (Inaudible).

12 MR. OLSON: Twenty-three. If we could just
13 scroll down?

14 THE COMMISSIONER: This is page what?

15 MR. OLSON: Yeah.

16 UNIDENTIFIED PERSON: Right there.

17 MR. OLSON: Oh, sorry, stop.

18

19 BY MR. OLSON:

20 Q Where it says, Assisted who are under 18 years of
21 age, it says 47.6 percent. If you look --

22 A Yes.

23 Q -- above that --

24 MR. OLSON: If we can scroll up a little bit.

25 Sorry, Madam Clerk.

1

2 BY MR. OLSON:

3 Q 2012, the total number is 63,482.

4 A Yeah.

5 Q So approximately half are under the age of 18.

6 A Yes.

7 Q Okay. And those are --

8 A We can -- we need to do better.

9 Q Right. Okay.

10 A And that's -- I mean, that's why food security
11 has been identified as one of the priorities for action,
12 why we have an action plan addressing food security, why
13 the minister of Housing and Community Development has
14 established that roundtable. So in addition to all the
15 initiatives that Manitoba's already undertaking, clearly
16 we, we can do better than this. We need to look at some of
17 the underlying reasons why families use food banks.
18 Housing costs, for example, drive people to food banks.

19 Q Okay. That --

20 A You know, the landlord has to be paid.

21 Q Right. Housing's a big chunk of --

22 A Absolutely. For those people not living in
23 social housing or other housing where their rent is geared
24 to income, housing costs can take a very large chunk of, of
25 a limited income.

1 Q All right.

2 A Absolutely.

3 Q That leads me to my next question about housing
4 costs. We heard evidence as well yesterday from Dr.
5 MacKinnon that the social assistance housing allowance
6 hasn't been increased commensurate with the increase in, in
7 rent costs over --

8 A Um-hum.

9 Q -- the past decade or two. Is that something
10 you're aware of?

11 A I am, but I, I'm sorry, I wasn't prepared to
12 provide that -- sorry -- I wasn't prepared to, to provide
13 that information. I'd be really happy to provide it to
14 you, a summary of increases in the income of Manitobans on
15 employment and income assistance, because it's not just the
16 EIA piece that we need to consider, it's all the other
17 sources of income, including refundable -- federal and
18 provincial refundable tax credits and the national child
19 benefit.

20 Q Okay. So that's something that you could provide
21 through Mr. McFetridge.

22 A Absolutely. I will get it from the department
23 responsible, which is the Department of Entrepreneurship,
24 Training, and Trade.

25 Q Okay. And that's specifically how, how much the

1 employment insurance shelter allowance has increased, I
2 guess, over the past two decades.

3 A It, it's employment and income assistance. We're
4 not talking about employment insurance.

5 Q Okay, thank you for clarifying that.

6 Turning to page 8 under Action Plan: Closing the
7 gap for Aboriginal Manitobans. The indicators tell us that
8 aboriginal Manitobans are more likely to have lower income,
9 lower employment rates, lower educational attainment, and
10 to live in core housing, need more than non-aboriginal
11 Manitobans, and are more likely to be in care of child
12 welfare.

13 A Yes.

14 Q How does a proposed action plan address those
15 gaps?

16 A I think that there are a number of ways in which
17 the draft action plan -- and I, I just want to say it is a
18 draft and there will be changes between this version, which
19 we took out for public consultation, and the final version
20 that is published.

21 THE COMMISSIONER: Just let me interrupt you. I
22 understood you earlier to say there was a document entitled
23 Closing the Gap with respect to aboriginal Manitobans. Is
24 this it? This --

25 THE WITNESS: This is a draft action plan,

1 Closing the Gap for Aboriginal Manitobans, yes.

2 THE COMMISSIONER: It's, it's the document with
3 that heading you referred to earlier, is it?

4 THE WITNESS: Yes, it is.

5 THE COMMISSIONER: Thank you.

6 THE WITNESS: So the, the action plan includes
7 initiatives in everything from education, training, access
8 to employment. There's some, you know, targeted, targeted
9 programs, early learning and child care initiatives, which
10 I believe my colleagues from Healthy Child Manitoba will
11 speak about in, in more detail. So we're, we're trying to
12 address it in a number of ways starting, you know, with the
13 youngest and carrying on.

14

15 BY MR. OLSON:

16 Q Okay. Those are --

17 A Man -- sorry.

18 Q Oh, sorry.

19 A No, that's fine.

20 Q Were -- was there anything else?

21 A No.

22 Q Okay. Those are the questions I have for you.
23 Oh, maybe one more.

24 When you spoke earlier about the statistics about
25 the depth of poverty --

1 A Yes.

2 Q -- did that include, for example, all individuals
3 -- all source of income that individuals were receiving,
4 including, for example, employment assistance?

5 A Yes.

6 Q Okay.

7 A Because it's based on the market basket measure,
8 right, so people --

9 Q Right.

10 A -- report all sources of income.

11 Q So people receiving, for example, social
12 assistance are still below the low income cut-off? Is
13 that --

14 A I can provide you the information about that, but
15 I believe -- because it will vary by family size. The gap
16 will vary by family size and by the type of EIA benefit
17 that the person is receiving. People with disabilities may
18 receive some additional benefits.

19 Q So it depends on individual ...

20 A It depends on family composition and whether or
21 not -- whether the person is in the single-parent general
22 assistance or a person with a disability --

23 Q Oh.

24 A -- category of EIA.

25 Q Are you able to tell me now whether or not --

1 A I believe, in general, that EIA recipients live
2 below the market basket measure cut-off, yes, but --

3 Q Generally.

4 A -- I don't have the detailed information with me.

5 MR. OLSON: Okay, thank you. Those are my
6 questions for you. There may be other questions from other
7 counsel. Thank you very much.

8 THE COMMISSIONER: All right. Before we take our
9 break, we'll canvass to see whether there are other
10 questions.

11 Mr. McFetridge, will you have questions for your
12 client?

13 MR. MCFETRIDGE: Not at this point, no.

14 THE COMMISSIONER: Are there any others in the
15 gallery that wish to ask questions? Mr. McKinnon?

16 MR. MCKINNON: Perhaps one. I'll consult with my
17 client over the break.

18 THE COMMISSIONER: All right. And then -- so
19 we'll take our break, take Mr. McKinnon and any
20 re-examination, and then we'll move to the next witness.

21 All right. We'll, we'll take a 15-minute break.

22

23 (BRIEF RECESS)

24

25 THE COMMISSIONER: Mr. McKinnon.

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

2 For the record, it's Gordon McKinnon. I
3 represent the department and Winnipeg CFS.

4 I just wanted to explore one theme with the
5 witness, Mr. Commissioner, and it arises out of a question
6 you asked the witness, which was -- you referred the
7 witness to Exhibit 99. It's the document number 26 in the
8 Phase 3 productions. And, in particular, you directed the
9 witness to page 8, which is entitled, Action Plan: Closing
10 the gap for Aboriginal Manitobans.

11 UNIDENTIFIED PERSON: What page?

12 MR. MCKINNON: The page number --

13 THE WITNESS: Page 9.

14 MR. MCKINNON: -- is 8.

15 THE COMMISSIONER: Exhibit 99.

16 MR. MCKINNON: That's the introduction to the
17 topic, Mr. Commissioner. I just wanted to take the witness
18 to the pages that follow this because there's a bit more
19 elaboration on the action plan that's entitled Closing the
20 gap for Aboriginal Manitobans.

21 So, Madam Clerk, if you could turn to the next
22 page, it's Key Actions under the Action Plan.

23

24 CROSS-EXAMINATION BY MR. MCKINNON:

25 Q My understanding, Ms. Donner, is that some of

1 these key actions relate to educational initiatives, some
2 relate to other kinds of initiatives. I think in
3 particular, in this Inquiry we're interested in initiatives
4 related to closing the gap for aboriginal Manitobans and
5 I'm going to ask you to comment on some of the educational
6 initiatives that are in this document. I don't know the
7 extent to which you're familiar, and I don't really want
8 you to elaborate in great detail, but just to give the
9 Commissioner a sense of what's currently being done in
10 Manitoba in this area so that there's not a repetition in
11 the recommendations that may come out of this Inquiry.

12 And so I'll direct you, for example, to -- if, if
13 you look at the three columns, the left-hand column, the
14 second bullet is referring to University College for the
15 North. Could you briefly tell the Commissioner what that
16 is?

17 A Certainly. And again, it's not my area of
18 expertise so I'm going to be very brief. UCN is a unique
19 institution in Manitoba because it is both a college --
20 that is, a two-year degree-granting program -- and a
21 university. It has campuses throughout northern Manitoba,
22 with main campuses in Thompson and The Pas, but it has the
23 ability, and it does, in fact, offer programs in many
24 remote northern communities. These programs are important
25 for assisting aboriginal northerners and other northerners

1 to really get access to the kind of training and education
2 that they need to have good jobs and great careers and earn
3 a good living for themselves and their kids.

4 Q In the second column, the third bullet down is
5 talk about the Building Student Success with Aboriginal
6 Parents. Do you know what that program is?

7 A I can tell you that it's about \$600,000 a year.
8 It's 45 school-based programs in 19 school divisions
9 across, across Manitoba. In addition to -- and I'm not
10 sure where they're listed here. There are some terrific
11 initiatives -- community school initiatives in Manitoba
12 where the school is really the hub of -- sorry, I'm doing
13 it again -- the school is really the hub of activity for
14 parents with children, including preschool-aged children.
15 All -- and in addition, for example, all schools which are
16 -- all new school builds in Manitoba, for example, will
17 include a child care centre.

18 THE COMMISSIONER: Which, which bullet was that?

19 MR. MCKINNON: That was bullet three in column
20 two.

21 THE COMMISSIONER: Right.

22 MR. MCKINNON: And then the witness went on to
23 expand even beyond that to talk about other community-based
24 school initiatives that --

25 THE COMMISSIONER: Right.

1 MR. MCKINNON: -- she's aware of.

2

3 BY MR. MCKINNON:

4 Q And still in that same column, column two, the,
5 the last bullet, the Aboriginal Academic Achievement Grant.
6 And, and I know you're not an educator by background and
7 most of my questions relate to that, but just to the extent
8 that you can talk about your understanding of what these
9 programs are.

10 A I believe that this is funding provided by the
11 province to school divisions to enable them to develop
12 targeted programs to help their aboriginal students succeed
13 and graduate and do well.

14 Q Thank you. And in the third column there, the
15 first bullet is the Shine On Initiative which again is
16 related to providing support for aboriginal students in
17 post-secondary. Are you familiar or are you able to talk
18 at all about that?

19 A I can just speak to what's here.

20 Q And, and just for the record, then, what do you
21 understand that initiative to be?

22 A I, I understand that the, the point of the Shine
23 On Initiative is to increase aboriginal -- the
24 representation of aboriginal Manitobans in, in post-
25 secondary education and it's part of other -- you know, it

1 complements other work that Manitoba's had for some years,
2 including the Brandon University teacher education program
3 and the Winnipeg Education Centre.

4 Q And the next bullet, still on that page 9, has
5 reference to adult learning centres providing some special
6 programming for aboriginal people. Are you familiar with
7 that?

8 A Yes, and, in fact, I spoke about that briefly
9 when I was talking about the indicator where we measure
10 participation in adult learning programs and Mr. Olson
11 asked me about the participation of aboriginal people in
12 those adult learning centres.

13 Q And that's what you were referring to.

14 A Yes.

15 MR. MCKINNON: Okay. And over the next page,
16 Madam Clerk, the top half of the page, there are several
17 more bullets there. I'm not going to ask you to go through
18 every one but you can again see, Mr. Commissioner, there
19 are at least four more initiatives that are referenced at
20 where I'm at, page 10, relating to improving educational
21 outcomes for aboriginal students.

22

23 BY MR. MCKINNON:

24 Q Perhaps if I could just get you to talk -- and,
25 and if you don't know, you can't comment and, and I accept

1 that, but in the second column, the third bullet:

2

3 "Working collaboratively with
4 First Nation leaders, continue
5 efforts to encourage the federal
6 government to provide funding for
7 education for First Nations
8 communities that is equivalent to
9 the funding provided to
10 provincially funded schools ..."

11

12 Are you familiar with that initiative?

13 A Not with the details, but certainly both the
14 minister of education and the Premier have made it clear
15 that this is a priority for Manitoba.

16 Q And the final one is the:

17

18 "Increased funding to Red River
19 College to deliver skilled trades'
20 training through mobile training
21 labs serving Aboriginal students
22 throughout the province."

23

24 Are you familiar with that? Is that one you've
25 spoken about as well?

1 A I know that they're doing it and I know that it's
2 very well received, and I certainly heard about the need
3 for more of those initiatives when we did our consultation
4 in The Pas.

5 Can I just go back to the very first bullet under
6 Aboriginal Closing the Gap?

7 Q Yes.

8 A Thank you. Because we, we've sort of focused on
9 education and social services and not so much on some of
10 the more hard core economic development work, and I think
11 it's important that we've included the more -- yeah, the
12 hard infrastructure development work in, in All Aboard, for
13 example, the decision of Manitoba to invest in building
14 that big east-side road.

15 So, you know, we have, you know, communities in
16 our province up the east side of Lake Winnipeg with no road
17 access there. So it's very difficult there for the people
18 in those communities to have access to food at a reasonable
19 price, other things that most of us take for granted.
20 Manitoba's addressing that by building the road up the east
21 side of Lake Winnipeg, but in the course of doing that has
22 made commitments, and these are described in the first
23 point in the first bullet -- sorry, the very first bullet
24 on, on page 9 we have Manitoba has community benefit
25 agreements with local First Nations communities in -- to --

1 in the development of the east side road. So for example,
2 a certain percentage -- and I can't speak to what it is --
3 of the business must be completed -- must be contracted by
4 aboriginally-owned businesses. That means that people get
5 training to do those jobs, and those jobs pay well.

6 Q Okay. And some of that would apply to the third
7 bullet as well, which is the hydro development in the
8 north.

9 A Absolutely. So all new hydro development in
10 Manitoba is done with partnership agreements with First
11 Nations communities.

12 MR. MCKINNON: Thank you, Mr. Commissioner.
13 Those were my additional questions.

14 THE COMMISSIONER: Thank you, Mr. McKinnon.

15 Anybody else? It would appear not.

16 Mr. Olson, any re-examination?

17 MR. OLSON: Nothing further.

18 THE COMMISSIONER: Thank you, Witness.

19 THE WITNESS: Thank you.

20 THE COMMISSIONER: You've completed your time
21 here.

22 THE WITNESS: Thank you very much, sir.

23 THE COMMISSIONER: We appreciate your attendance.

24 THE WITNESS: Thank you.

25

1 (WITNESS EXCUSED)

2

3 MS. WALSH: We can call our next witness, Dr.
4 Distasio.

5 THE COMMISSIONER: Thank you.

6 THE CLERK: Sir, if you could just stand for a
7 moment?

8 THE WITNESS: Oh, sure.

9 THE CLERK: That's okay. Is it your choice to
10 swear on the Bible or affirm without the Bible?

11 THE WITNESS: I'm fine with the Bible.

12 THE CLERK: Okay. Take the Bible in your right
13 hand, then. State your full name to the court.

14 THE WITNESS: Full name is Jino Distasio.

15 THE CLERK: And spell me your first name.

16 THE WITNESS: J-I-N-O.

17 THE CLERK: And your last name.

18 THE WITNESS: D-I-S-T-A-S-I-O.

19 THE CLERK: Thank you.

20

21 **JINO DISTASIO**, sworn, testified as

22 follows:

23

24 THE CLERK: Thank you. You may be seated.

25 MS. WALSH: Before we begin, Dr. Distasio, I'm

1 going to file a number of documents as exhibits that we're
2 going to be referring to during the course of your
3 testimony.

4 THE WITNESS: Okay.

5 MS. WALSH: The first document, Mr. Commissioner,
6 is Dr. Distasio's curriculum vitae.

7 THE COMMISSIONER: Right. That will be Exhibit,
8 what, a hundred?

9 THE CLERK: One hundred.

10 THE COMMISSIONER: If you want to, you can save
11 them all and bring them up at once, if it'll -- that'll
12 save your coming multiple times.

13 THE CLERK: Thank you. Exhibit 100.

14

15 **EXHIBIT 100: CURRICULUM VITAE OF**

16 **JINO DISTASIO**

17

18 MS. WALSH: The next exhibit is a copy of the
19 report entitled First Nations/Métis/Inuit Mobility Study
20 dated March 2004.

21 THE COMMISSIONER: Hundred and one.

22 THE CLERK: One-o-one.

23

24 **EXHIBIT 101: FIRST NATIONS/MÉTIS/**

25 **INUIT MOBILITY STUDY, FINAL**

1 **REPORT, MARCH 2004**

2

3 MS. WALSH: Next is a report entitled Home Is
4 Where The Heart Is and Right Now That Is Nowhere, dated
5 2005.

6 THE COMMISSIONER: 202 -- 102, Exhibit 102.

7 THE CLERK: Exhibit 102.

8

9 **EXHIBIT 102: HOME IS WHERE THE**
10 **HEART IS AND RIGHT NOW THAT IS**
11 **NOWHERE, 2005**

12

13 MS. WALSH: And finally, an interim report
14 entitled At Home/Chez Soi, published September 2012, from
15 the Mental Health Commission of Canada.

16 THE COMMISSIONER: Exhibit 103.

17 THE CLERK: Exhibit 103.

18 THE COMMISSIONER: Thank you.

19

20 **EXHIBIT 103: AT HOME/CHEZ SOI,**
21 **INTERIM REPORT, SEPTEMBER 2012**

22

23 DIRECT EXAMINATION BY MS. WALSH:

24 Q Dr. Distasio, let's start with some information
25 about your background. You have your Ph.D. in urban

1 geography from the University of Manitoba?

2 A Correct.

3 Q You serve as associate vice president of research
4 and innovation at the University of Winnipeg?

5 A I do.

6 Q And you've been an associate professor in
7 geography at the University of Winnipeg since 2009?

8 A Yes.

9 Q Since 2003, you've been the director of the
10 Institute of Urban Studies at the University of Winnipeg.

11 A Right, and I still hold that position.

12 Q You still -- yes. What is that institute?

13 A The Institute of Urban Studies was founded in
14 1969. It serves as the University of Winnipeg's sort of
15 applied research centre, so we engage in a lot of academic
16 research but we do a lot of community-based work. So we
17 work with different organizations throughout Canada, mostly
18 in Winnipeg, and try to produce action-based research with
19 a policy orientation.

20 Q And we're going to be reviewing the reports which
21 you've prepared through some of that work.

22 A Correct.

23 Q You're also an adjunct associate professor in
24 psychiatry at the University of Manitoba.

25 A Yes. That's related to a project, yeah.

1 Q Yes.

2 A Yeah.

3 Q You're not, you're not a medical doctor.

4 A That's what my kids say.

5 Q Okay.

6 A Yeah, I'm not a medical doctor. He's not a
7 doctor.

8 Q And you're an adjunct professor in city planning
9 at the University of Manitoba.

10 A Correct.

11 Q At the University of Winnipeg, you've taught a
12 number of courses in urban revitalization, housing in the
13 neighbourhood, issues in sustainable cities, urban
14 development, human geography, and cultural geography?

15 A Correct.

16 Q You've also taught a graduate level course in
17 city planning at the University of Manitoba on housing and
18 urban development?

19 A Yes.

20 Q And you are and have been involved in a number of
21 research projects.

22 A Yeah.

23 Q Of particular interest to this Commission is a
24 project -- one that was entitled Homelessness Partnering
25 Strategy with the Government of Canada or through the

1 Government of Canada. You were the principal investigator
2 for a study looking at Winnipeg's African community and the
3 Struggle for Housing update?

4 A Correct. Yeah, we're just working on that now.

5 Q That's a current project --

6 A That's a current --

7 Q -- underway.

8 A -- project, yeah.

9 Q And that's looking at Winnipeg, the African
10 community in Winnipeg?

11 A In Winnipeg, yes. Yeah, correct.

12 Q You have received Social Science Research and
13 Humanity Committee grants for a project called Aboriginal
14 Mobility in Urban Canada: Navigating the Landscape of
15 Service Provision in Winnipeg and Toronto?

16 A Correct. I'm -- in that project I play a
17 supervisory role to a student so -- but I'm, I'm involved.

18 Q That's an ongoing project?

19 A Yeah, she's just finishing her Ph.D. now
20 (inaudible).

21 Q You're also a principal investigator for a
22 project called Linking, Learning, Leveraging: Social
23 Enterprises, Knowledgeable Economies and Sustainable
24 Communities?

25 A Yes, I'm an investigator in that project, too, so

1 more of a supervisory role, but we -- yeah, supervisory
2 role on that one.

3 Q And you are a co-principal investigator for one
4 of the reports that we have made an exhibit, the Chez
5 Soi/At Home project on the Winnipeg research demonstration
6 project, and we're going to go through that in some detail
7 in a few minutes?

8 A Yes, I'm, I'm part of that project.

9 Q Through the National Secretariat on Homelessness
10 from the Government of Canada, you were a principal
11 investigator on the report, Home Is where the Heart is?

12 A Yes.

13 Q You've also received University Research Alliance
14 grants to look at a project entitled Rooming House Tenant
15 and Landlord Cooperation?

16 A Correct.

17 Q Beyond a Front Desk: The Residential Hotel as
18 Home?

19 A Correct.

20 Q And Out of the Long Dark Hallway: Voices from
21 Winnipeg's Rooming Houses.

22 A Yes.

23 Q And you've been involved with the Western
24 Economic Diversification Canada study, First Nations/Métis/
25 Inuit Mobility Study: Final Report.

1 A Yes, and that one, it's important to note, was --
2 actually, I think the grant came from the MMF and --
3 Manitoba Métis Federation, Assembly of Manitoba Chiefs,
4 and, and we worked with them through WED at the time.

5 Q Okay, thank you. And that's, that's Exhibit 101.
6 You've -- I won't take you through all of them, but your CV
7 shows that you've written and published a number of papers,
8 reports, book chapters, relating to aboriginal housing
9 issues, poverty, homelessness in urban centres. Would that
10 be fair to -- a fair way of describing many of your
11 publications?

12 A Yeah, close to 15 years of, of work.

13 Q You're also a member of a number of committees
14 and boards. You are a member of the Canadian Commission
15 for UNESCO Sectoral Commission for Natural, Social and
16 Human Sciences?

17 A I am.

18 Q You are on the advisory board of the Canadian
19 Homeless Research Network?

20 A Correct.

21 Q On the board of Habitat for Humanity and the
22 Westminster Housing Society.

23 A Yeah, and Habitat for Humanity is the Winnipeg
24 board.

25 Q And the Westminster Housing Society focuses on

1 what?

2 A Westminster Housing Society focuses on the
3 rehabilitation of inner city properties to create
4 affordable housing for Winnipeggers.

5 Q So as, as we've identified -- have I left out
6 anything significant?

7 A I don't think so.

8 Q Okay. You've conducted research into
9 homelessness, mobility, and housing issues in, in the City
10 of Winnipeg and beyond.

11 A Correct.

12 Q And in doing that, you've had a focus on
13 aboriginal people; would that be fair to say?

14 A A lot of the work that we've done that has
15 focused within Winnipeg's inner city, we find that is
16 disproportionately represented by indigenous populations
17 here. So First Nations, Métis, to a lesser extent Inuit
18 but, but as well -- so absolutely, a lot of the work has,
19 has really brought us into the community.

20 Q How do you define the term "homelessness"?

21 A I teach a few classes and I, I usually put up a
22 big slide that has a very long definition of homelessness
23 that includes almost anybody, but, to me, at the end of the
24 day one of the key things is always the idea that
25 homelessness, for me, is someone who lacks permanency and

1 tenure and right to their -- to the shelter that they're
2 in. So we find in Winnipeg when we've looked at rooming
3 houses and we've looked at hotels, there may be people in
4 housing but they have no right to tenure. They have no
5 lease; they have no control over their space. So it's that
6 volatility that we see all the time that, for me, really
7 defines homelessness because it's, it's never the same
8 thing. It's never static. It's into and out of it. It's
9 the challenges of, of securing permanent, safe, affordable
10 housing, and anybody that lacks permanent, safe, affordable
11 housing falls into that definition of homelessness.

12 MS. WALSH: Let's pull up Exhibit 101, the First
13 Nations mobility study.

14 UNIDENTIFIED PERSON: (Inaudible).

15 MS. WALSH: Yes.

16

17 BY MS. WALSH:

18 Q And, yes, as, as you identified, this was
19 prepared in collaboration with the Assembly of Manitoba
20 Chiefs and the Manitoba Métis Federation.

21 What were the objectives of this study?

22 A Well, it's interesting because the initial
23 objective of this study was to look at the, the mobility
24 of, of First Nations, Métis, Inuit persons moving into
25 Winnipeg and to examine their service utilization pattern.

1 So what kind of services were people using when they, when
2 they move to Winnipeg.

3 However, the -- sort of the focus of the paper --
4 project actually quickly changed because it almost became
5 less about the range of services to the lack of core
6 services, with housing being one of the key ones. And one
7 of the defining outcomes, I think, was that -- I mean, we
8 did 1350 surveys or thereabout, and roughly 50 percent of
9 our initial sample remained unable to find their own place
10 over an 18-month period despite best efforts. So, in fact,
11 50 percent of the sample was part of this hidden homeless
12 population that we then defined.

13 Q So hidden homelessness was something you define,
14 as you identify. Can you just --

15 THE COMMISSIONER: And this, this bears in on, on
16 mobility from reserve to the urban centre of Winnipeg.

17 THE WITNESS: It, it actually encompassed 125
18 different communities that included rural, northern, and
19 remote locations, reserves, and also other locations, so
20 not just reserves.

21 THE COMMISSIONER: But relating to the mobility
22 of First Nations, Métis, Inuit people.

23 THE WITNESS: Right.

24 THE COMMISSIONER: Okay.

25 THE WITNESS: Yes, yeah, sorry.

1 THE COMMISSIONER: I, I follow you.

2

3 BY MS. WALSH:

4 Q So maybe just following the Commissioner's
5 question, what did the study find about the reason for this
6 mobility?

7 A Well, the reasons for mobility, you know, some of
8 the original ones were, were quite consistent with what
9 we'd find in the general population: people moving for
10 family reasons, you know, maybe better housing. But, you
11 know, also within that, there was a variety of family
12 reasons and -- but when, when they arrived in Winnipeg,
13 sort of the, the dynamic changed because it went from a
14 whole range of reasons and factors to housing becoming the
15 most important issue that was lack -- or surfaced that was
16 lacking right when they hit Winnipeg.

17 And I if recall -- and I apologize, some of it, I
18 mean, we're going back ten years. I, I try to keep it in
19 my mind because it was an important report, but I believe
20 it was close to 70 percent, you know, hit the wall when
21 they got to the city because there just was no housing and
22 then it forced people basically into two streams of, of
23 homelessness: those who were hidden and living among
24 friends and family, and those who ended up being sort of on
25 the street and within the shelter system, more of the

1 absolute homeless.

2 Q And who were these people?

3 A Well, again, it was sort of a range of, of
4 different individuals. You know, there wasn't really the,
5 the generic composition of, of a male or a female. It was
6 a range of people that struggled and, you know -- and some
7 of it when we looked at -- you know, there was, there was a
8 lot of challenge with, with individuals, when we kind of
9 looked at the data, with first-time movers to an urban
10 centre. So if people came to Winnipeg and it was their
11 first time moving into a city, there was a lot of challenge
12 for those individuals who weren't familiar with the system
13 here.

14 And you have to put it into context. If you live
15 in a small community or on reserve and you've got a
16 centralized approach to your service supports and network,
17 and then you're thrust into a city of 700,000 where, you
18 know, you have to go to Broadway for one type of support,
19 you've got to go here for another, and you've got to go
20 across town, you've got to go onto third floor, fifth
21 floor, and you're running around, the complexity was
22 overwhelming for people. And that just sort of came up in
23 the anecdotal stories that we, we heard and listened to
24 people through the, the almost two years that we worked on
25 this study.

1 THE COMMISSIONER: Going back to what you said
2 about the reasons for a move, you said not different than
3 the general population, family issues or that kind of
4 thing. I would like to ask you, did economic factors enter
5 into it?

6 THE WITNESS: Well --

7 THE COMMISSIONER: And, and --

8 THE WITNESS: -- I, I think in general sense --

9 THE COMMISSIONER: -- combined with employment
10 possibilities.

11 THE WITNESS: Yes, absolutely. You know, people
12 looking to better their lives, and that's where, again, we
13 looked at, like, just sort of -- in a general sense, it
14 wasn't necessarily all that different, right? If I'm
15 coming to the city, I want to get a better job, I want to
16 look for education, I want to try to find all these things.
17 It's just that when people got here, the tables seemed to
18 turn.

19 THE COMMISSIONER: Yes, but I'm interested as to
20 why, why you found they came, but if anything else you want
21 to expand on that, I'd be interested. If not, then we will
22 go to what they found when they got here.

23 THE WITNESS: Okay. Well, employment
24 opportunities actually were, were always present, you know,
25 just in terms of people moving for employment, education,

1 housing, family related, so there was a range.

2

3 BY MS. WALSH:

4 Q You talked about, about the overwhelming feature
5 of, of having to look for services. What's the
6 significance of, of services and, and that broad variety
7 that you've just referred to?

8 A Sorry, can you repeat?

9 Q Well, you said that the first thing you were --
10 the first objective of, of this study was to look at access
11 to services --

12 A Um-hum.

13 Q -- and then you realized that the most
14 significant thing that people were looking for and needed
15 help with was housing. But beyond housing, generally,
16 what's the significance of, of access to services? Why
17 were you looking at that?

18 A Well, it was a question posed to us by the
19 funders and, and the core partners, to look at what were
20 people accessing when, when they did move to Winnipeg, so
21 what were kind of the resources that were needed to support
22 that move. And so I think a lot of people had realized
23 that, certainly, when you look at the data, indigenous
24 populations in Canada are, are more mobile than non, and
25 that more and more individuals were presenting themselves

1 in Winnipeg and that it was important to understand what
2 services were, were, were missing when, when there was that
3 transition.

4 And so part of the outcome of this, of this
5 report was that the findings were, were used in some ways
6 to help the Urban Eagle Transition Centre become formed
7 because we said, you know, there's a gap. People are
8 moving to the city, they don't necessarily know where to
9 find a range of services to make that move successful. If
10 there was a one-stop shop that could kind of present people
11 with the ability to connect them into this complex network,
12 that that would be beneficial.

13 Q And we will be hearing from a witness from that
14 centre, I think, tomorrow.

15 A Good.

16 Q So having found that, that looking for a home was
17 a significant concern, what, what did you find about the
18 success of, of locating a home?

19 A Success is sometimes a challenging question
20 because success for somebody could mean that between the
21 first survey and the second survey they remained in the
22 same place. But the thing that we found is, again, that we
23 have to remember that for -- we, we did three interviews
24 with individuals over that 18ish-month period, and at each
25 interval, roughly half of the, the original sample, which

1 was -- I keep getting two projects mixed up -- which was
2 close to 400, half of that sample was always either
3 absolutely homeless or part of a hidden homeless
4 population. So only half, half of the group at any given
5 time found residence, but it was between the surveys that
6 we still saw people moving two or three times. Even when
7 we interviewed them, they said they're living somewhere,
8 but they'd already moved.

9 Q And are you using the term "residence" as
10 distinct from "home" in that case?

11 A It depended. You know, again, if, if -- and we
12 had -- it took us a while to realize, you know, the
13 complexity of, of, of the mobility patterns because, again,
14 we had to begin to figure out a way to separate those
15 individuals living temporarily with friends and family, and
16 to those having their own place.

17 So I think we actually -- and if I go back to the
18 study, what was interesting about it is I think that we had
19 a whole bunch of iterations to the, to the survey itself.
20 We just, you know, from survey one to survey two we had to
21 really take a step back and figure how the heck we were
22 going to deal with these complexities, including the fact
23 that so many people just simply didn't have a place to live
24 or had very complex residential patterns even within
25 Winnipeg, and then people moving back out of the city, back

1 in, and then within the city a lot of mobility that was
2 going on.

3 And I think somewhere in the report we tried to
4 actually capture it with -- using geographic information
5 systems to do some mapping, and I can't remember if it came
6 out in, in this report of the second one, where you just
7 look at it and it's just a complex, you know, spider web
8 of, of movement that just was so chaotic.

9 Q So when you're talking about mobility, it's
10 mobility from a community outside of Winnipeg into the
11 city, and then once they're in the city they continue to be
12 mobile.

13 A Yes. And, and on top of that, you still had the
14 mobility within Winnipeg between our survey periods that
15 included not only movement within Winnipeg but some return
16 mobility back to home community and then back to the city
17 again.

18 Q And I think we're going to talk about this in, in
19 one of the next reports as well, but what's the impact of
20 that -- and maybe it didn't come out of this study but if,
21 if not, it came out of one of your other studies that we
22 filed as an exhibit.

23 A Yeah.

24 Q What's the impact of that kind of mobility on
25 families and children?

1 A Well, I, I think there's two pieces to it. I, I
2 think in one -- and I'm probably not the best witness to
3 speak to this but when we began to look at the
4 international literature on, on indigenous mobility, the
5 one thing that struck me is this term called spiritual
6 homelessness or this longstanding disconnect that
7 indigenous populations have with, with homelands, and that
8 there was this embedded sense of continued movement back
9 and forth that we didn't quite understand. And it took me
10 the better part of a decade to try to figure out is there a
11 way that myself, let's say, as, as an academic, a non-
12 aboriginal person, to try to comprehend the complexity of
13 that association that an indigenous Canadian has with, with
14 a home community.

15 And it's difficult because I, I don't quite have
16 an answer, but we had to try to account for it over, over
17 the course of several studies. And the only thing I can
18 say is that there was a much broader connection that people
19 had to their home communities and that connection to family
20 and that network that developed is much different than just
21 simply somebody moving. Although we could explain a lot of
22 the mobility simply because of the instability of the
23 housing market, the poor housing conditions, the volatility
24 of living within the inner city and impoverished
25 neighbourhoods and the high crime and, and bad landlords

1 and bad buildings, there was something on top of that. And
2 to this day, I, I -- again, as the person of who I am, I
3 can't explain it, but it's there.

4 Q Did that have -- or did you consider what impact
5 that would have on finding permanence in housing?

6 A Well, yes, and, in fact, I think in, in, in the
7 Hidden Homeless report we said that something needed to be
8 done to accommodate this, this movement, this -- whether it
9 was a seasonal movement, whether it was a movement back to
10 home community, but that policies and programs had -- and
11 that's the most difficult thing, how do you account for the
12 fact that somebody may have multiple locations? And how do
13 you allocate resources?

14 And another one was just the, the, the
15 association that people had with, with these family
16 networks in which people were living with friends and
17 family yet it was difficult to provide, like, EIA supports
18 if you were staying with a relative. But we said, you
19 know, you've got to recognize that there's a much more
20 complex pattern of the mobility of persons and the living
21 circumstances, and that policies needed to catch up with
22 that, to recognize this, you know, co-housing type of model
23 where people were sharing residences and the, the, the
24 mobility in connection to the land. And that wasn't
25 certainly for everybody, you know, but it was definitely

1 for enough people that we began to think and say, how can
2 we account for this and is it possible.

3 Q Have you come up with specific recommendations to
4 address that beyond identifying -- which is certainly
5 significant -- that policies and programs need to recognize
6 the fact that people will be mobile, a certain portion of
7 them?

8 A I think everybody recognized it but nobody's
9 really -- to the best of my knowledge, nobody's figured out
10 a way to accommodate that complexity. And I think it's too
11 bad because I, I don't think it would be for everyone,
12 because not everybody moves, not all persons in First
13 Nations or Métis heritage move, but those that do, there's
14 got to be some kind of connection. And I think the
15 challenge, if you ask me, is you've got this inter,
16 interjurisdictional challenge as well as, you know, the
17 federal responsibility, the provincial responsibility, the
18 municipal responsibility, and somehow we've got to figure
19 out a way to make that mobility pattern more seamless. And
20 again I go back to something like the Urban Eagle
21 Transition Centre which was to be kind of this, this hub
22 of, of connecting people when they arrived in Winnipeg into
23 this network.

24 Q Going back to, to the study that's on the screen
25 in front of us, when people did find housing, where within

1 the city was it?

2 A Well, I think it's roughly 85 percent found
3 housing within the boundaries that we call the inner city.

4 THE COMMISSIONER: Eighty-five percent?

5 THE WITNESS: Eighty-five percent of our, our
6 study. Eighty-five percent of the moves or 85 percent of
7 the locations where people were living were within the
8 inner city boundaries. And I'm hoping that the Commission
9 has, has an adequate map that shows, you know, the, the
10 policy area, that we would call it as, as being inner city.

11

12 BY MS. WALSH:

13 Q We've got, we've got the three studies that --
14 filed as exhibits that you've prepared so --

15 A Oh, I think they're somewhere in here, too --

16 Q Yeah.

17 A -- so --

18 Q Yeah.

19 A The inner city boundaries were developed by a
20 consortium of individuals -- and you'll have a witness
21 tomorrow that can speak to this, as well -- a consortium of
22 agencies that, that pull together a geography that really
23 explains a concentration of, of older housing stock within
24 a geographic area of Winnipeg that has high levels of
25 poverty and, and, and challenge.

1 Q So if that's the area where the majority of
2 people found housing, what are some of the concerns with
3 the nature of that housing and, and that neighbourhood?

4 A Well, when we look at the data, it's certainly,
5 you know, fairly well established that the conditions
6 within Winnipeg's inner city are, are distinctive from the
7 rest of Winnipeg. Higher percentage of homes in need of
8 repair, higher concentration of poverty, higher
9 unemployment levels, disproportionate representation of,
10 say, visible minorities, aboriginal populations, as well.
11 So it's certainly a concentrated area of poverty and it has
12 certainly become the inner city -- if you look at the way
13 in which the three levels of government have directed a lot
14 of urban-based policy, they've all referred to the inner
15 city as sort of a targeted area for various types of
16 programs.

17 Q This study, Exhibit 101, found that most people
18 who were renting were spending in excess of 30 percent of
19 their income on shelter. What's the significance of that?

20 A Well, it's a number that we, you know, we always
21 come across, is that shelter payments that people make, and
22 within the mobility study, within looking at people living
23 in hotels and rooming houses, you always find the same
24 thing, that the rates that provincial governments pay, the
25 285 right now -- which has changed slightly over the last

1 decade or two --

2 Q And, and that's the, the shelter rate that you're
3 referring to?

4 A The EIA shelter --

5 Q What size of family would that be for, do you
6 know?

7 A That's a one-person family.

8 Q Okay.

9 A And I think the only change that I've observed
10 that's meaningful is they adjusted the, the rate. This
11 study was done, and the hotel study and a few of the other
12 ones used the rate of \$236. So for the work that we did in
13 the early days, it was \$236 to find a place if you were a
14 single person, if you lived in a rooming house or a hotel,
15 and 285 if you were a single person and wanted a one
16 bedroom.

17 And so when we look at the, the, the, you know,
18 the housing market and you say to yourself, Well, where the
19 hell am I going to find a place for 285? You quickly find
20 that you're in a confined area. And that area,
21 geographically speaking again, is the inner city. And
22 while the provincial officials will say, Well, we just pay
23 the 285 and people have freedom to, to live wherever they
24 want, but that's, that's, that's not correct. It's
25 impossible.

1 The other option on that is if you want to find
2 something which you're not going to find readily for 285
3 unless it's a Manitoba Public Housing project, is you're
4 always asked to supplement. And when you're asking
5 somebody on assistance to supplement the 285 to make 350 or
6 385, even if it's a hundred dollars or \$20 or \$50, there is
7 no other disposable income. And then we talk about it as
8 just feeding this industry of poverty.

9 So from one hand, you know, we -- they take from
10 limited resources, they pay their rent, and then they
11 access the, the, the food bank. They take from one hand
12 and then they're in some other line, and it's just
13 impossible to survive.

14 Q So do you have a recommendation with respect to
15 that concern?

16 A Well, I mean, I support the fact that we need to
17 increase those rates. And the province has done a few
18 things with the portable housing benefit that for -- and I
19 forget the inclusion criteria -- you can get an extra \$200.
20 In our study, the At Home/Chez Soi project, which was
21 federally funded, we supplemented the 285 with an
22 additional to 200 to 200-plus to allow participants in our
23 study the opportunity to choose a neighbourhood slightly
24 better, you know, to give that option of just kind of
25 breaking that, that 285 barrier.

1 And we did a little bit of background work and we
2 talked to some landlords and said, you know, what is the
3 threshold to get somebody better than a scummy place in the
4 inner city that is in a hotel or a ramshackle rooming
5 house? And we kind of came up with the threshold of around
6 500, like, if we could kind of just hold on by our
7 fingernails and, and take a look just a little bit higher
8 level, that just over 500 gave people an opportunity at
9 slightly better.

10 Q How big a house or an apartment would that fund?

11 A Square foot wise?

12 Q Well, in other words, would that be --

13 THE COMMISSIONER: We haven't got to families,
14 yet. You're dealing with single persons, I take it.

15 MS. WALSH: Well, well, that's what I'm getting
16 at.

17

18 BY MS. WALSH:

19 Q Was this just something aimed at a single person
20 or would this be suitable for a family?

21 A Oh, it's not suitable for a family but the, the
22 family rates -- and, you know, I apologize, I don't -- from
23 the top of my head, I can't think of the family rate right
24 now but it's not much better. You know, if you look at the
25 CMHC rental market and the rental zones, and you apply the,

1 the EIA rates by one, two, and three-plus person
2 households, you're still well below the averages. You
3 know, there's just -- there's no way out. Try to find a
4 three-bedroom apartment in the inner city for EIA rates.
5 Try to find a three-bedroom apartment in Winnipeg at
6 whatever rate.

7 Q The study, First Nations/Métis/Inuit Mobility
8 Study, was done in 2004. Today, eight years later, do you
9 know whether it's still relevant?

10 A I think it is. You know, you asked me in the
11 beginning about the Institute of Urban Studies. And it's
12 interesting, the institute was founded in 1969 and one of
13 the first papers that was done was titled An Experiment in
14 Urban Native Housing, done in '69-70 by then-director Lloyd
15 Axworthy, and he looked at the mobility of, of First
16 Nations moving into Winnipeg at that time.

17 And when I found that paper and began to look at
18 it, and I said, Well, holy, you know, the situation hasn't
19 changed from '69, and here we're almost a decade into this
20 because -- published in 2004, commenced in 2002, so a
21 decade later, there's very little evidence that I can point
22 to to say that we've made a meaningful change in the number
23 of families that are on wait lists for quality housing, the
24 fact that the federal government has, you know, hobbled the
25 urban native housing association groups in Winnipeg with

1 the end of operating agreements. There's all these
2 complexities now.

3 We're almost going backwards instead of forwards.
4 Wait lists have not gotten any lighter. The number of
5 children on wait lists for, you know, urban aboriginal-
6 based housing, you know, from Kinew Housing to all the
7 aboriginal service providers, I'm sure they're not going to
8 tell you that the wait lists aren't through the roof and
9 that they've somehow been lessened because, you know,
10 another report has suggested we do something.

11 Q And based on your studies, responsibility for
12 housing from a government perspective has been tri-level?

13 A I think there's been tri-level interest. There's
14 been some tri-level cooperation. But, you know, as we
15 know, I mean, the federal government's on record as saying
16 housing is a provincial responsibility. But again, the
17 complexity in some of the work that I've done in my own
18 personal observation is that you've got a little bit of
19 that intergovernmental wrangling going on because if
20 somebody's moving from reserve into a centre, an urban
21 centre, there's a bit of complexity there because, you
22 know, jurisdictionally, you don't get the same supports.

23 Q Can you talk a bit about your findings with
24 respect to services? And I do note that page 97 of your
25 report has the conclusion, which might help you, though

1 you're doing just fine with remembering a 2004 report.

2 A I mean, again, to me, it still goes back to the
3 point of, of the transitional supports, the transitional
4 supports that are needed to make that transition
5 successful. That there was -- there still remains a bit of
6 a gap.

7 And again, remembering that this study looks
8 specifically at a group moving to Winnipeg, and so what we
9 didn't account for are the additional challenges of those
10 individuals that were already here, right? So this was a,
11 this was a --

12 Q Ah.

13 A -- study of people that had moved to Winnipeg
14 within a -- sort of a six to eightish month kind of period,
15 so we tried to get recently arriving persons moving to
16 Winnipeg and what were their circumstances as they remained
17 in the City of Winnipeg over that 18-month period.

18 Q So it would tell you what someone who's been
19 living in Winnipeg for 18 months was experiencing.

20 A Yeah.

21 Q And from that, could you extrapolate what people
22 who have been living here for longer --

23 A Well --

24 Q -- were experiencing?

25 A You know, but, I mean, one of the things, you

1 know -- and looking at page 98, what was clear is that ...

2 Right. So there was this -- you know, there was
3 an interesting finding. I mean, people did want to
4 increasingly remain in Winnipeg. They saw some advantages
5 to remaining in Winnipeg.

6 Q Okay.

7 A But the other thing -- and I was trying to find
8 it, and I'd have to look back -- was that the number of --
9 the size of households greatly increased throughout the
10 study. So household size increased, meaning more people
11 were living in --

12 Q Together?

13 A -- bigger households. From survey one to survey
14 three, we saw a marked increase in the number of, of larger
15 households sharing accommodation. Again, going back to
16 that same point that a lot of people were either not
17 finding housing and relying on friends and family, or that
18 that model was just something that was being done.

19 THE COMMISSIONER: What was the time sequence for
20 studies one, two, and three?

21 THE WITNESS: Surveys one, two, and three were,
22 were completed around 18 months. There was a little bit of
23 overlap, like, we did find a few people after the 18 months
24 but, generally speaking, we tried to speak with the initial
25 sample every six months --

1 THE COMMISSIONER: Oh, I see.

2 THE WITNESS: -- and see how they adjusted to
3 living in Winnipeg.

4 THE COMMISSIONER: That's -- okay.

5

6 BY MS. WALSH:

7 Q So at the end of 18 months, what kind of progress
8 had been made?

9 A Well, I mean, there was some progress. You know,
10 I mean, there, there were some persons that did a little
11 bit better. I mean, there were some -- but it was really
12 -- the only thing that really resonates with me is that,
13 again, 50 percent of the study sample were unable to find
14 housing at any given time during that period. And I just
15 don't think that that would be the same percentage -- if we
16 looked at the mobility patterns of, of international
17 migrants to Winnipeg over an 18-month period, I'm not sure
18 that we would find the fact that 50 percent of them
19 remained part of a hidden or absolute homeless population
20 during that same time period.

21 Q Well, it's interesting you raise that because
22 that was one of the reasons I identified the project that
23 you're looking at for African immigrants, because I was
24 curious as to whether you had any information as to how --
25 what's happening in the aboriginal population compared to

1 newcomers from other areas.

2 A And, and there's always a tendency to make that
3 comparison. It's a bit challenging. We're still in the
4 early phases so we've just -- we've -- we have five
5 students from the African community working with us right
6 now. They're actually just collecting surveys and doing
7 interviews -- sorry, collecting survey -- doing interviews
8 in the field right now. So we're, we're still -- I haven't
9 really looked at it. But my -- I suspect that there is
10 some, you know, higher concentrations. We, we feel that
11 there's, there's still a fair amount of hidden homelessness
12 within part of the immigrant refugee populations as well,
13 but I just don't think it's as high.

14 Q Let's look at Home Is Where the Heart Is, which
15 is Exhibit 102. Now, this is a report that looked at
16 hidden homelessness among aboriginal people in Winnipeg,
17 Regina, and Saskatoon?

18 A Yes, and, and just, just one little bit of
19 context that's important is that when we realized that 50
20 percent of the sample from the mobility study was part of
21 this hidden homeless, absolute homeless population, we, we
22 looked for some support to really examine hidden
23 homelessness and try to explore it a bit more because we
24 were really confounded by it in the first study. We just
25 didn't know how to, how to respond, so we decided to then

1 do this follow-up study to really zero in on that idea of
2 hidden homelessness.

3 THE COMMISSIONER: And how do you define hidden
4 homelessness?

5 THE WITNESS: Hidden homelessness -- I can't
6 remember if we specifically defined it in here, but hidden
7 homelessness is those individuals that are living with
8 friends or family in temporary locations, potentially
9 living in -- you know, we would include now SROs or rooming
10 houses because, again, they may be in a place but they
11 don't have right to tenure. So right now if you live in a
12 SR -- a single-room occupancy hotel room on Main Street,
13 you may be kicked out at any given time because you do not
14 have a lease. And we've classified that as being part of
15 the hidden homeless because they're at very heightened risk
16 to become absolutely housed at any given time. And you can
17 walk through any neighbourhood in this city where the
18 Province of Manitoba, I might add, is making a shelter
19 payment through EIA and somebody does not have a lease nor
20 right to tenure, yet that person, that landlord is
21 receiving a rent payment.

22

23 BY MS. WALSH:

24 Q So homeless -- hidden homelessness contrasted
25 with an obviously homeless person.

1 A Right. And it was just sort of that, that level
2 up, and the challenge with the hidden homeless is that we
3 found it difficult to estimate. So in Winnipeg, I know we,
4 we kind of struck a chord with a lot of people when we,
5 when we did a media release to this because I, I think I
6 used the number of 10,000 in Winnipeg were part of the
7 hidden homeless population, and we rolled in the fact that,
8 you know, 5,000-plus were living in rooming houses, you
9 know, well over a thousand were living in hotels in the
10 downtown, along with the friends and families, and all
11 these challenges, and when the headline read, you know,
12 10,000 homeless in Winnipeg, people -- they said we were
13 crazy, and we defended it, saying, Well, if I don't have
14 right to this place, how can I call myself housed?

15 Q So having a lease would mitigate what you're
16 talking about. That's --

17 A Partly.

18 Q When you talk about tenure, having, having a
19 lease, I suppose, depending on the terms of the lease.

20 A Right.

21 Q But you're talking about people who were in
22 rooming houses, hotels --

23 A Right.

24 Q -- which would be contrasted with renting a
25 space.

1 A Yeah. And it's, and it's also the volatility of
2 that, that type of dwelling, right? The idea of a, of a
3 Main Street hotel as a primary address, we can look back,
4 you know, the nostalgia of the SRO hotel and say, Well, you
5 know, back in the day lots of seniors retired in hotels and
6 it was a good place. But if you walk through some of the
7 hotels today, it's not a good place, and nobody has a right
8 to tenure and people are kicked out at any given time for
9 no reason, and there's no recourse.

10 Q So the hidden homeless are at risk of becoming
11 the obvious homeless.

12 A Right. And then on top of that we've got a
13 significant number of Winnipeggers who are at risk of
14 becoming homeless simply because their current shelter and
15 income circumstances are pushing them to the margins. And
16 maybe that number is closer to a hundred thousand where
17 people are just barely scraping by, paycheque to paycheque,
18 month to month.

19 Q When you looked at the participants in this
20 study, did they have a source of income?

21 A Well, I, I think a range did --

22 Q And, and when I say a source of income, I would
23 include income assistance in that. For instance, when we
24 looked yesterday at -- and even today, at the statistics in
25 the hunger count publication as to source of income for

1 people relying on food bank, they would include, you know,
2 job or social assistance, disability payments.

3 A Um-hum. If we look across the board, you know --
4 and, again, our sample isn't huge in this stuffy, but 20
5 percent reported having no income.

6 Q So --

7 A Less than -- you know, half the sample made less
8 than 10,000.

9 Q And then --

10 A And so again, you know, just sort of follow up on
11 a context, is that when we began to work with the Mental
12 Health Commission identifying that those most at need with
13 mental health issues moderate to severe in Winnipeg, we
14 actually found that a significant number had never really
15 been plugged into the system, never been plugged into EIA,
16 never been plugged into the medical system, and were just
17 sort of living day by day, you know, room to room, on -- I
18 don't even know how. I just, it's (inaudible).

19 Q And so there's -- you've talked about a portion
20 that had no income. What about social assistance?

21 A I know it's here somewhere and I think in both
22 studies, you know, it was kind of mixed because a lot of
23 people did -- again, in just more of a general sense, did,
24 did say that they, they could not access the system. I'd
25 have to find the number here.

1 Q But --

2 THE COMMISSIONER: You're looking at tables in
3 the Home Is Where the Heart Is?

4 THE WITNESS: Yeah. I thought it was in the back
5 here.

6

7 BY MS. WALSH:

8 Q Based on your experience and your various
9 research projects, though, what's your understanding as to
10 -- well, and I think you have testified to this already --
11 the shelter rates don't necessarily equate with finding a
12 permanent home --

13 A Right.

14 Q -- or alleviating homelessness.

15 A Yeah, I mean, and this is where it gets really
16 challenging because, absolutely, the rates are low, people
17 aren't accessing, but at the same time we haven't built
18 enough new units to kind of keep the system going. So it's
19 kind of a backlog of, of, of the market not functioning all
20 that well. Not only in Winnipeg, but in Canadian cities.
21 We're just not providing an adequate supply of affordable
22 housing.

23 The federal government themselves did provide
24 affordable housing up and to the early nineties. They
25 withdrew themselves completely. Now, at one point Canada

1 was building, you know, 25,000 units of new social housing
2 per year, and we went from that to the nineties where that
3 went to zero. And then within six, seven years we see the
4 headlines out of Toronto in 1999 when the visibility of
5 homelessness in this country is front and centre with, with
6 people living in tent city in Toronto. And then the
7 federal government quickly came in with, you know, \$750
8 million in 1999 to begin to build more shelters, which we
9 realized was not the, the road to correcting the, the
10 increase in, in homelessness in Canadian cities, including
11 Winnipeg.

12 Q What about the private sector in terms of the
13 impact of having, for instance, low shelter rates on, on
14 landlords?

15 A Um-hum. It's hugely problematic. And again, you
16 know, wearing my hat of Westminster Housing, you know, we,
17 we struggle. And the only way for us to provide a sense of
18 affordable housing in Winnipeg's inner city where we're
19 involved in with about 75 units is to actually take
20 donations in -- and thankfully, you know, the -- Charles
21 Huband, who, you know, started Westminster Housing, has a
22 lot of friends that can contribute to balance the books.
23 Otherwise, I don't know, and I'm chair of the board, and
24 I'm not quite sure how we could balance what we're doing.
25 We would begin to fall behind.

1 And this goes back to what we're doing compared
2 to, say, housing for the aboriginal committee that was
3 provided under the urban native housing programs of the
4 seventies and eighties that provided supports and
5 subsidies. Now, if you can call a witness to talk about --
6 maybe, you know, Lawrence Poirier from Kinew Housing to
7 talk about the impact of end of operating agreements,
8 they're finding it now very difficult to rent homes and
9 manage those homes with the affordable rent that's coming
10 in. So if you take \$300 in, it's costing you 450 a month
11 just to kind of bare bones run that house, who's funding
12 the gap?

13 And so for us at Westminster, for example, we
14 fund that gap from what we can charge a low income working
15 individual or a person on assistance, with donations. Now,
16 I will give the province credit because they've come up
17 with a few rent supplement programs that are trying to
18 bridge the gap and so they're making some inroads, so
19 that's something that's relatively new that's, that's quite
20 helpful. But at the end of the day we're still balancing
21 our books on donations. Otherwise, I don't know what we
22 would do. We'd either have to raise the rents to
23 unaffordable levels -- and some of our properties would
24 rent quite nicely -- but that's not our mandate.

25 Q Maintenance and upkeep of, of properties is a

1 reality --

2 A Absolutely.

3 Q -- regardless of who provides the housing.

4 A Absolutely.

5 Q Looking at this study, I see if we go to Roman
6 numeral two at the beginning under acknowledgements, you've
7 listed a steering committee. And I think it's --

8 THE COMMISSIONER: What page?

9 MS. WALSH: Roman numeral two.

10 THE COMMISSIONER: Oh, yes. Okay.

11

12 BY MS. WALSH:

13 Q I think it's important to see who was part of the
14 steering committee. So you've got the Assembly of Manitoba
15 Chiefs, the Aboriginal Council of Winnipeg, from whom we'll
16 hear tomorrow, the Winnipeg Métis Association, Department
17 of Aboriginal and Northern Affairs. Was that provincial?

18 A Yes.

19 Q Aboriginal Student Services at U of W, the Social
20 Planning Council, Indian and Métis Friendship Centre.
21 Those would be centres from Saskatoon and Regina. What was
22 the role of the steering committee?

23 A The steering committee, we met somewhat regularly
24 in the St. Regis Hotel and we had a lot of nice morning
25 meetings and breakfasts there, if I remember correctly. To

1 give guidance to the project, to provide input, to make
2 sure that we were -- we're moving forward. And if you look
3 at the, at the top of the page, we wanted to do something a
4 little bit differently.

5 MS. WALSH: Can we scroll, scroll to the top of
6 the page, please.

7 THE WITNESS: And I just want to point out that,
8 like, as best we could -- and again, as a non-aboriginal
9 person, the idea of trying to do things differently so --
10 just, if you see the language up there, indigenous research
11 methods, we tried to ground the paper in more of a bottom-
12 up approach, more of a community grounded approach, give as
13 much ownership to the community as we could, tried to do
14 things differently. We had the, the survey itself, the
15 questions percolate up from the community. Our two
16 community researchers that are noted there, they kind of
17 met with -- they met with people in the community. We did
18 a talking circle, we engaged elders; we tried to do things
19 differently.

20 And again, for me, this is a big leap. I'm an
21 academic, but I learned very quickly in the mobility study
22 that the work that I, I think I was, you know, maybe led to
23 do was more grounded in the community, was more applied,
24 you know, and I, I took some heat in terms of some of the,
25 the approaches that I used. Non-academic, you know, people

1 -- you look at my CV and it would be much different than a
2 normal academic who has some nice little journal articles.
3 And we tried to do things differently and I'm proud of how
4 we, we structured this, this approach.

5

6 BY MS. WALSH:

7 Q You, you found it effective.

8 A I found it very effective and, and, and again, we
9 kept learning as we, as we moved on from this study on to
10 the next and -- but -- absolutely, yeah, I thought it was
11 effective.

12 Q If we go to page Roman numeral five.

13 THE COMMISSIONER: Counsel --

14 MS. WALSH: Yes.

15 THE COMMISSIONER: -- what are you suggesting
16 about a lunch break?

17 MS. WALSH: Oh. I lost track of the time. My
18 apologies.

19 Well, I'll be another probably half hour with Dr.
20 Distasio, and then we do have a witness this afternoon who
21 has -- he can stay until 5:30. He's left the room, but
22 he's from out of town, he has to catch a 7:30 flight.

23 THE COMMISSIONER: Well ...

24 MS. WALSH: If we can, if we can take -- I mean,
25 I, I don't know, Dr. Distasio, if you're comfortable

1 continuing. I don't know how you're feeling, Mr.
2 Commissioner, about carrying on or if you want to take the
3 break now.

4 THE COMMISSIONER: Well, everyone needs a break
5 at some point.

6 MS. WALSH: Right.

7 THE COMMISSIONER: Is, is -- I had in mind an
8 hour and a quarter, but we can certainly make it an hour
9 if, if -- unless there's some great objection.

10 MS. WALSH: Are you able to come back in an hour
11 for another --

12 THE WITNESS: I can change some things.

13 MS. WALSH: Yes, okay.

14 THE COMMISSIONER: Or is that -- or, or do you
15 want --

16 MS. WALSH: Sure.

17 THE COMMISSIONER: Do you want --

18 MS. WALSH: Then let's do that --

19 THE COMMISSIONER: -- to carry on with the half
20 hour? I don't mind.

21 MS. WALSH: Well, let's -- it's quarter to one.
22 Let's --

23 THE COMMISSIONER: Is there anyone that is not
24 able to carry on for half an hour?

25 Well, it looks as though we'll do that, then.

1 That would suit you better, I take it.

2 THE WITNESS: I'm okay either way, but that's
3 fine.

4 THE COMMISSIONER: Okay.

5 MS. WALSH: Do you want to take a five-minute
6 break --

7 THE COMMISSIONER: No.

8 MS. WALSH: -- Mr. Commissioner?

9 THE COMMISSIONER: Let's carry on, if --

10 MS. WALSH: You're good? Okay.

11 THE COMMISSIONER: -- if we're going to take a
12 half an hour and perhaps finish the witness.

13 MS. WALSH: All right, thank you.

14

15 BY MS. WALSH:

16 Q So the, the research questions are set out at
17 page Roman numeral five. We could scroll to that page. If
18 you could just talk about, about the questions, just to
19 identify what you looked at in the study.

20 A Right. So we wanted to identify -- again,
21 building on the, the mobility study, we wanted to identify
22 who were the hidden homeless within the aboriginal
23 population, what was the pattern of migration in these
24 three cities. Were there some parallels to Winnipeg? Was
25 the hidden homeless experience Winnipeg only? Was it

1 prairie focused? What were the issues related to the
2 availability of housing, housing services, that either
3 contributed to the problem or helped it? And how were
4 governments and organizations supporting and addressing the
5 needs of, of persons who were part of the hidden homeless
6 population in the three cities.

7 Q Were those questions formulated with the steering
8 committee?

9 A Yeah. Yeah.

10 Q So we'll go to the, the conclusions, but on the
11 way there, if we could turn to page 66 of your report.
12 Under the heading, Service Providers, you talked about the
13 data that was collected. And if we go to the next page,
14 page 67:

15

16 "Participants told researchers
17 that the two most important issues
18 facing Aboriginal persons in finding
19 adequate shelter were the lack of
20 financial resources and availability
21 of shelter in general."

22

23 A Um-hum.

24 Q And that:

25

1 "It is important to note that both
2 service providers and those
3 persons seeking adequate housing
4 maintained that by not being able
5 to supply a damage deposit or
6 supply sufficient references [that
7 was] a significant barrier in
8 accessing housing."

9

10 So those are, those are things that we haven't
11 even talked about.

12 A Right. And those became really important, as
13 well, in, in working in the Mental Health Commission study.
14 They, they've held true, that the challenge right now --
15 and especially in Winnipeg -- you have to put it in
16 context. In a city where the vacancy rate is less than one
17 percent, the challenge in accessing that market is you have
18 to have the, the best: the best references, quick no
19 decision on damage deposit, landlords do not want to wait
20 for EIA to approve a damage deposit, they don't want
21 anything. And what we learned in the commission study is
22 we need to get rid of all these barriers. So, bang, good
23 reference letter from us, open -- any barrier we can find,
24 let's get rid of it.

25 In here, though, it was just repeated: I don't

1 have good references, or I've, I've moved from a northern
2 remote community, or I've got some bad references.

3 And again, what people need to realize is, is --
4 well, in this study in particular, we were working in
5 particular right with persons who had a history of being
6 homeless. And if you've ever housed -- tried to re-house
7 somebody, you have to just accept the fact that they've got
8 a -- as I like to say, a complex residential history.

9 And so we needed to find ways to navigate that,
10 but doors were slammed. Doors were repeatedly slammed.
11 Don't have good reference, you know, no damage deposit,
12 you're out. And we have to raise the fact that -- and I
13 think it came up in both that racism still played a role in
14 shutting persons out of the, of the housing market.

15 Q And how was that identified?

16 A That was just more identified in anecdotal
17 discussions with people. And it always came up. Very
18 difficult for us to sort of quantify --

19 Q Sure.

20 A -- beyond the fact that people just expressed
21 that was their feeling, that was their view.

22 Q And scrolling down towards the bottom of the
23 page, the last paragraph, you say:

24

25 "Affordable housing, lack of urban

1 knowledge and accessing support
2 services were the most commonly
3 cited reasons for the experiences
4 for those who are new to the urban
5 setting."

6

7 A Um-hum. And again, it parallels work out of the
8 mobility study because what I said earlier was that one of
9 the most challenged groups in coming to Winnipeg and facing
10 challenges were First Nations first-time movers to an urban
11 centre. And it seemed to us that as we looked at the data,
12 it almost took several attempts for somebody to become a
13 bit more successful in their long-term housing. And so you
14 have the first-time First Nations movers into an urban
15 centre that seemed to face greater likelihood of becoming
16 homeless, but if somebody had repeat moves to an urban
17 centre, they seemed to fare a bit better.

18 Q So what do you think is the reason for that?

19 A Well, and I think it comes into this, because I
20 think they just weren't prepared for the complexity of
21 accessing a very unresponsive, un -- you know -- humanistic
22 network, but it took them a few tries, sort of a -- my --
23 that's -- and that's my kind of view and I, I, I think
24 there's something to it.

25 And the data supported us when we kind of looked

1 at it again, that it was that repeat mover that just seemed
2 to have a bit more success and felt, well, maybe, you know,
3 you come to Winnipeg for that first time, you're young, you
4 don't quite know what's going on, you're, you're -- maybe
5 you're a student or here for whatever reason and there's a
6 lot of challenge. And then you end up not being successful
7 and then coming back again that second and third time.

8 So we did identify in both studies a lot of
9 repeat movers back. And again, we weren't sure if that was
10 just part of that circular mobility that I talked about,
11 kind of that connection to home and community, or whether
12 it was just kind of a repeated attempt to try to find
13 success in moving to a prairie urban city.

14 Q And the participants, the people that you are
15 talking about, who were they? Were any of them people with
16 children?

17 A I sometimes mix both, but I, I think we had a
18 range. You know, we did find, though, I think, in the, in
19 the hidden homeless one that sort of a sub-group that
20 required a bit more support were actually single males that
21 sort of fell through the system even further because there
22 were less supports available for, for single males. But we
23 found a range.

24 But again, when, when you look at the homeless
25 population, it is still disproportionately represented by

1 single persons although the sad reality is, you know, there
2 are increasing numbers of families present in our shelters,
3 and that's evident in the fact that our, our main shelters
4 have included family accommodations within -- I guess it's
5 Siloam Mission and, and Salvation Army in particular.

6 Q If we turn to page 69, the quote you have here
7 is, "I am a gap worker, I fill the gaps."

8 A Yeah.

9 Q And you talk about -- if you scroll down to the
10 next paragraph, please:

11

12 "Service providers were asked
13 if they could identify any gaps in
14 the current system or what other
15 programs were needed that would be
16 of benefit to persons accessing
17 their programs."

18

19 And that's where you got the quote from a
20 frontline worker.

21 A Um-hum. You know, what I've learned over the
22 years is that there is just this embedded informal network
23 of referrals and sources that people just -- I don't
24 understand how they, they, day in and day out, work where
25 they do, but they somehow managed to navigate the gaps in

1 the system. So you'd have a frontline worker at a, at a
2 shelter here in Winnipeg and they would know how to find,
3 you know, a medical person or they would know who to call
4 at this place, or how to connect somebody into these
5 supports and services, that had nothing to do with what
6 they were doing. And I really wanted to do some work on
7 this because it's just how people have learned to respond
8 to a system that's broken. It's just find whatever you
9 can; try your best every day. Otherwise, you know, the
10 shelter becomes full.

11 Q So is that a form of ad hoc service provision?

12 A Yeah, absolutely. And I think in the mobility
13 study we talked about actually how people found services
14 and supports, and a lot of it was not necessarily from
15 traditional directories. Some referral, a lot of word of
16 mouth, a lot of walk-by, and a lot of this informal
17 referral from an agent staff who wasn't quite related but
18 knew, you know, to phone somebody at such and such, and
19 they'd help you, and they'd get on the phone and try and
20 connect. And it's a pretty complex network, but it -- I
21 guess in the patchwork of services and systems that we
22 have, it's the best we, we can do.

23 Q Before I take you to your conclusions and
24 recommendations, you just said a system that's broken.
25 What, what system are you referring to?

1 A From this study, basically -- I mean, the
2 emphasis would be on the housing system.

3 Q Okay.

4 A You know, we just, we just cannot figure out a
5 way to stem the growth in the homeless population and those
6 who are inadequately housed and those who are housed in
7 really poor conditions. We just have failed.

8 Q Your conclusions start at page 72. You've got
9 four areas that were explored. You want to take a minute,
10 but you can tell us what are your conclusions and, more
11 importantly, what recommendations did you have when you
12 wrote this report in 2005 and what recommendations can you
13 give to the Commissioner?

14 A I mean, I think these ones are still valid. I
15 mean, we, we again have not resolved the lack of affordable
16 housing in a meaningful way. In fact, we've probably
17 eroded that. And what's interesting, if you look at the,
18 the cities that are involved, prairie cities from 2005 to
19 now have actually been on an upward trajectory. You know,
20 housing prices in Regina, Saskatoon are outpacing those in
21 Winnipeg, and so both cities have increasingly become even
22 more unaffordable than they were. And I don't think any of
23 those cities have made meaningful inroads into addressing
24 that. And so, you know, we've said that, again, there's
25 got to be some kind of solution to, to building or

1 supporting the, the, the construction of new affordable
2 housing.

3 But as I mentioned very briefly before -- and
4 I'll go back because I give the province the credit -- the
5 rent supplement program that they're offering right now is
6 a very solid way to increase the ability of, of non-profit
7 organizations to deliver housing in a, in a more affordable
8 manner.

9 The lack of support networks, you know, again,
10 stem from the fact that you've had a lot of movement of
11 people into and out of communities. People weren't
12 necessarily aware of where they could go to get the right
13 supports. And, you know, again, so the Urban Eagle
14 Transition Centre becomes an interesting model that I think
15 you need to explore a bit more because I think they would
16 have a better ability to, to communicate how that can work.

17 And two and three kind of go together, you know,
18 because that information -- and it was interesting because,
19 you know, an example is that Manitoba Housing says, you
20 know, you can get on a wait list wherever you are in the
21 province, and you can say you want to move to Winnipeg and
22 when a unit comes up in Winnipeg they will contact you
23 anywhere. I remember that. I don't know if it's true, I
24 mean, but that information challenge -- and again, when I
25 go back to the mobility study, the fact that, you know, it

1 was word of mouth, it was kind of these informal referral
2 networks, it was kind of a patchwork of how people found
3 what they needed, again said to me that information is
4 needed both in rural northern remote communities, reserves
5 included, and in sort of destination communities because
6 the mobility patterns of, you know, indigenous populations
7 of Manitoba are complex. You know, from the far north into
8 Thompson, from, you know, central Manitoba or, or southern
9 Manitoba into Winnipeg, there are complex patterns that
10 exist, and if you add the prairie city component, it gets
11 even more complicated.

12 The, the fourth piece, I, I think probably the
13 Commission has covered it in terms of the discrimination
14 that was just -- seemed so apparent all the time in
15 people's minds. And again, it's something that we weren't
16 able to quantify but we felt that it was important for us
17 to say.

18 Q Did the study look at whether there was any
19 significance to services for aboriginal people being
20 provided by aboriginal service providers?

21 A Yeah, you know, it was, it was kind of -- it was
22 interesting to me because it was a bit of a mixed bag, you
23 know, that there were some that felt more comfortable with
24 non-aboriginal service agencies and some that did not. But
25 I think there was definitely support that the aboriginal

1 community needed to, to provide more control of the
2 services and supports, including housing.

3 And, you know, in another report that we did that
4 worked with the Manitoba Urban Native Housing Association,
5 we did a housing plan with them for the city and, again,
6 they're just inundated with requests, right, for families
7 and individuals, and they're providing housing in self-
8 contained housing for a lot. They have a big stock of nice
9 single detached homes. But the need overwhelms what they
10 can do, and they are increasingly -- and again, I can't
11 speak to the situation today, but up until a few years ago,
12 they were just strapped with the challenge of running that
13 type of housing.

14 Q So if you could give us a wish list of very
15 practical recommendations?

16 A Well, I think that the number one is I think
17 we've got a good network in Winnipeg. We've got, you know
18 -- and again, I speak just from the housing piece, maybe
19 from the side of homelessness. We have a good range of
20 aboriginal-based housing providers who I think just need
21 more tools and resources to do what they're doing, you
22 know, and I go back to that one report that was supported
23 by IUS in 1969 and one of the outcomes of that report was
24 the, the, the formation of Kineo Housing. And Kineo
25 Housing is Canada's oldest urban native-run housing

1 association. They've got a lot of skill. I just think
2 they don't have the, the necessary resources to meet the
3 overwhelming needs that they, they face on a daily basis.
4 I don't even know how somebody answers the phone there and
5 for the 500th time that day says no, or, you know, we'll
6 put you on a wait list, you know.

7 And so I think we've got capacity and we've got
8 some knowledge in the community, and I think there's
9 wonderful agencies doing tremendous work. And, and I was
10 talking with one of your witnesses tomorrow about this, and
11 in my involvement in the Mental Health Commission study,
12 one of the service agencies that's been -- we've worked
13 very closely with is the Ma Mawi Wi Chi Itata Centre. And
14 so Ma Mawi Wi Chi Itata is primarily an aboriginal-based
15 agency, but in the mental health study they were asked to
16 provide services and supports to persons who are homeless
17 with mental health issues who were from both an aboriginal
18 and non-aboriginal background. And so when I talk to those
19 in that group who are non-aboriginal, they speak of the
20 wonderful experience they had being served by an aboriginal
21 agency. I said, well, that's, you know -- and that's a
22 rarity in, in the city.

23 And so they'll talk about, oh, you know, went,
24 went to a sweat and met with an elder and I got all this
25 stuff going, and it, it's quite wonderful. And I thought,

1 boy, you know, that's -- that, that doesn't occur very
2 often. But it speaks to the fact, I think, that there's a
3 huge amount of capacity in this community to address the,
4 the gaps in providing the supports for people to be
5 successful in keeping and finding quality housing.

6 And I think that's the issue here, because the
7 challenge in Winnipeg and in our inner city is that we have
8 a huge number of homes in need of major repair. We've got
9 this concentrated area of poverty, and for the last
10 probably hundred years we just have not been able to, to
11 resolve this spatial mismatch that we have in Winnipeg.
12 And I think we do need to have the provincial government
13 step up and provide additional supports to create and
14 maintain more housing. They are doing a few things, but
15 it's not enough. And the City of Winnipeg has to step up.

16 But I think leadership has to come from those
17 that are already there, so I go back to -- again, to the,
18 to the -- again, the housing organizations within the MUNA
19 umbrella who -- they represent a number of organizations,
20 and we've got to figure out ways to deal with that.

21 Q And just finally touching on, on your reference
22 to there being wonderful organizations that, that have
23 capacity, is it your experience that anything needs to be
24 done to enhance that capacity?

25 A Well, you know, I mean, in all the work that I've

1 done, the same thing over and over, is stop funding
2 programs and supports on these ad hoc one year, two year
3 basis. I mean, the worst thing I -- and personally, I just
4 came off a call with trying to address some grant question,
5 and it doesn't make a difference to us in terms of, you
6 know, whether we get the money today or next month at the
7 university, right? But to these organizations that are
8 continually applying for funding, waiting for dollars,
9 writing long-winded reports about this, that, and the
10 other, and then the next year the program changes and, you
11 know, new government, new this, it is too complicated.
12 They need to simplify the support for building and
13 maintaining affordable housing in Winnipeg by community-
14 based organizations that know it best, to deliver it to
15 the, to the individuals that they know best.

16 THE COMMISSIONER: And what they need is more
17 money to make that possible.

18 THE WITNESS: More money, but, you know, it --
19 and it's longer term money. They need sustained ongoing
20 funding that's not interrupted by, you know, one person who
21 decides at the end of the month that, you know, we're
22 changing direction. They've got to have some kind of
23 window where they can get things done.

24 THE COMMISSIONER: Well, who are you -- who, who
25 is it you have in mind who will say, We're changing

1 direction at the end of the month? Who are you talking
2 about?

3 THE WITNESS: Well, I mean, again, through my
4 lens of looking at the homeless stuff, I mean, from 1999
5 when the federal government started the SCPI program -- and
6 I forget what it stands for, I apologize -- to where we are
7 now, that whole homeless stream has evolved dramatically.
8 So it's kind of changed, and every time that we come back
9 to a new plan to address homelessness in Winnipeg, it's a
10 new set of parameters and we've changed the tables or, you
11 know, a new program comes in and, and some sunsets.

12 But, again, at the end of the day, I think that a
13 lot of these groups just don't have core long-term funding
14 to do what they need to do. And there's one-off programs,
15 and they're good, but I think it causes a lot of challenge
16 for groups. Writing grant applications, writing renewals,
17 hoping something gets extended, you know, staff coming and
18 going. Including our mental study, which is, is running
19 out and we're still waiting to see if it gets renewed. So
20 we've got -- now I'm seeing it firsthand. I've got --
21 there's three service teams all waiting to see whether or
22 not somebody's going to step up and fund it long term. In
23 the meantime, everybody's looking for jobs.

24 MS. WALSH: Those are my questions, Mr.
25 Commissioner.

1 THE COMMISSIONER: Thank you. Are there other
2 questions to be asked? Mr. Haight?

3 MR. HAIGHT: Mr. Commissioner, on behalf of the
4 Manitoba Métis Federation and the Métis Child and Family
5 Services Authority, I'd like to seek leave -- we only have
6 intervener status for this phase -- to ask one or two very
7 brief questions. Dr. Distasio's 2004 report has been
8 referenced in the paper that was submitted to this Inquiry
9 on behalf of the MMF and the MCFSA, and I just wanted to
10 take one question asked by Commission counsel and expand it
11 just a bit.

12 THE COMMISSIONER: I will allow you to do so.

13 MR. HAIGHT: Thank you, sir.

14

15 CROSS-EXAMINATION BY MR. HAIGHT:

16 Q Dr. Distasio, you were asked by Commission
17 counsel about the issue of aboriginal families, Métis and
18 First Nations, spending 30 percent of their income on
19 shelter, and that your 2004 study had found that that was
20 the case. I would just like to ask your opinion, in, in
21 your view, based upon your experience looking at housing
22 issues, as, as to whether that is overspending on housing.

23 A Sorry, can you repeat that? If they're spending
24 more than 30?

25 Q If they're spending 30 percent or more on

1 shelter, is that overspending on shelter?

2 A Yes. And it's always a tough one, right? But
3 it's kind of that one benchmark that gets cited a lot in,
4 in policy discussions, that if your household is expending
5 more than 30 percent, than most likely they've got an
6 affordability issue.

7 MR. HAIGHT. And that's it. Thank you, sir.

8 THE COMMISSIONER: Thank you, Mr. Haight.

9 Ms. Dunn?

10 MS. DUNN: Just have one question, Mr.
11 Commissioner, if I might?

12

13 CROSS-EXAMINATION BY MS. DUNN:

14 Q And I'm not sure, Dr. Distasio, if you know the
15 answer to this question, but it's specifically the question
16 related to families whose children go into the child
17 welfare system. Often as -- well, as a result of that
18 change in, in family location, they often lose their
19 housing that they do have, and when the children come out
20 of care and back into home, that creates a difficulty for
21 the family to reunite in housing. Have you done any work
22 in that area or do you know anything about that specific
23 area?

24 A I can't specifically, other than I know that in
25 the -- for example, in the At Home project, the mental

1 health project, a lot of the mandates of the three
2 organizations were to, to work on family reunification.
3 And for us it posed a little bit of a challenge -- and
4 again, you always learn about these things, right? We, we
5 thought we would just get a whole bunch of one-bedroom
6 apartments and try to move people from the street into
7 secure housing and provide the supports, but then a lot of
8 the organizations said, well, you know, our mandate is, is
9 to, to bring people back together. So we basically tried
10 to accommodate where we could from, from our perspective,
11 but I can't really speak too much to that.

12 MS. DUNN: All right. Thank you, Mr.
13 Commissioner, that's my question.

14 THE COMMISSIONER: Thank you, Ms. Dunn.

15 All right. I think there's no, no other
16 questions. Any re-examination?

17 MS. WALSH: No, Mr. Commissioner.

18 THE COMMISSIONER: Witness, you're completed, and
19 thank you very much.

20 MS. WALSH: Thank you, Dr. Distasio.

21

22 (WITNESS EXCUSED)

23

24 THE COMMISSIONER: Now, what do you think, we
25 should adjourn till 2:15 or --

1 MS. WALSH: Yes. If that suits you, that would
2 be --

3 THE COMMISSIONER: I think that's the sensible
4 thing to do --

5 MS. WALSH: Okay.

6 THE COMMISSIONER: -- considering the afternoon.

7 MS. WALSH: Thank you.

8 THE COMMISSIONER: All right. We stand adjourned
9 until 2:15 this afternoon.

10

11 (LUNCHEON RECESS)

12

13 THE COMMISSIONER: All right, Ms. Walsh.

14 MS. WALSH: Thank you, Mr. Commissioner. Our
15 next witness is Dr. Nicolas Trocmé.

16 THE CLERK: All right, if you could just stand
17 for a moment. Is it your choice to swear on the Bible or
18 affirm without the Bible?

19 THE WITNESS: Affirm, please.

20 THE CLERK: All right. State your full name to
21 the court.

22 THE WITNESS: Nicolas Maurice Trocmé.

23 THE CLERK: And spell me your first name.

24 THE WITNESS: N-I-C-O-L-A-S.

25 THE CLERK: And your middle name, please.

1 THE WITNESS: Maurice, M-A-U-R-I-C-E.

2 THE CLERK: And your last name.

3 THE WITNESS: Trocmé, T-R-O-C-M-E.

4 THE CLERK: Thank you.

5

6 **NICOLAS MAURICE TROCMÉ**, sworn,

7 testified as follows:

8

9 THE CLERK: Thank you. You may be seated.

10 MS. WALSH: Mr. Commissioner, again I'm going to
11 start by entering a number of documents as exhibits. These
12 are documents we'll be referring to during the course of
13 Dr. Trocmé's testimony.

14 THE COMMISSIONER: All right.

15 MS. WALSH: Starting with his CV.

16 THE COMMISSIONER: That'll be --

17 THE CLERK: Exhibit 104.

18 THE COMMISSIONER: Exhibit 104?

19 THE CLERK: That's correct.

20

21 **EXHIBIT 104: CURRICULUM VITAE OF**

22 **NICOLAS (NICO) TROCMÉ**

23

24 THE COMMISSIONER: Thank you. You can do as we
25 did this morning and bring them all at once, if you like.

1 THE CLERK: Okay, thank you.

2 MS. WALSH: Next is a report entitled Early
3 Childhood Development Report, The Royal Society of Canada
4 and The Canadian Academy of Health Sciences Expert Panel,
5 November 2012.

6 THE COMMISSIONER: 2012?

7 MS. WALSH: Yes.

8 THE COMMISSIONER: Exhibit 105.

9 MS. WALSH: Yes.

10 THE CLERK: Exhibit 105.

11

12 **EXHIBIT 105: EARLY CHILDHOOD**
13 **DEVELOPMENT REPORT, THE ROYAL**
14 **SOCIETY OF CANADA AND THE CANADIAN**
15 **ACADEMY OF HEALTH SCIENCES EXPERT**
16 **PANEL, NOVEMBER 2012**

17

18 MS. WALSH: Next is the Canadian Incidence Study
19 of Reported Child Abuse and Neglect, Major Findings, from
20 the Public Health Agency of Canada, 2008.

21 THE COMMISSIONER: Exhibit 106.

22 MS. WALSH: That's number 65.

23 THE CLERK: One hundred and six.

24

25 **EXHIBIT 106: CANADIAN INCIDENCE**

1 **STUDY OF REPORTED CHILD ABUSE AND**
2 **NEGLECT, MAJOR FINDINGS, PUBLIC**
3 **HEALTH AGENCY OF CANADA, 2008**

4

5 MS. WALSH: Next is a report entitled, Kiskisik
6 Awasisak: Remember the Children, Understanding the
7 overrepresentation of First Nations Children in the Child
8 Welfare System. This was our production number 66.

9 THE COMMISSIONER: This is already Exhibit 66?

10 MS. WALSH: No, it was -- it's not --

11 THE COMMISSIONER: Oh.

12 MS. WALSH: -- an exhibit. It's just that
13 counsel received Phase 3 documents with numbers.

14 THE COMMISSIONER: I understand.

15 MS. WALSH: So just to allow them --

16 THE COMMISSIONER: Exhibit 107.

17 MS. WALSH: Yes.

18

19 **EXHIBIT 107: KISKISIK AWASISAK:**
20 **REMEMBER THE CHILDREN.**
21 **UNDERSTANDING THE OVERREPRESENTATION**
22 **OF FIRST NATIONS CHILDREN IN THE**
23 **CHILD WELFARE SYSTEM, ASSEMBLY OF**
24 **FIRST NATIONS**

25

1 MS. WALSH: Next is the National Child Welfare
2 Outcomes Indicator Matrix from the Centre for Research on
3 Children and Families, dated June 2009. It was our number
4 63.

5 THE CLERK: Exhibit 108.

6 THE COMMISSIONER: Exhibit 108.

7

8 **EXHIBIT 108: NATIONAL CHILD**
9 **WELFARE OUTCOMES INDICATOR MATRIX,**
10 **CENTRE FOR RESEARCH ON CHILDREN**
11 **AND FAMILIES, JUNE 2009**

12

13 MS. WALSH: And we have Re-involving the
14 Community: The Need for a Differential Response to Rising
15 Child Welfare Caseloads in Canada, prepared by Nico Trocmé
16 and Claire Chamberland. It was our 67.

17 THE COMMISSIONER: Exhibit 109.

18 MS. WALSH: Yes.

19 THE CLERK: 109.

20

21 **EXHIBIT 109: RE-INVOLVING THE**
22 **COMMUNITY: THE NEED FOR A**
23 **DIFFERENTIAL RESPONSE TO RISING**
24 **CHILD WELFARE CASELOADS IN CANADA,**
25 **BY NICO TROCMÉ AND CLAIRE**

1

CHAMBERLAND

2

3

MS. WALSH: And then it -- an article entitled, Differentiating between child protection and family support in the Canadian child welfare system's response to intimate partner violence, corporal punishment, and child neglect, published in the International Journal of Psychology in 2013. That was 68A in our list.

9

THE COMMISSIONER: Exhibit 110.

10

THE CLERK: Exhibit 110.

11

12

EXHIBIT 110: DIFFERENTIATING

13

BETWEEN CHILD PROTECTION AND

14

FAMILY SUPPORT IN THE CANADIAN

15

CHILD WELFARE SYSTEM'S RESPONSE TO

16

INTIMATE PARTNER VIOLENCE,

17

CORPORAL PUNISHMENT, AND CHILD

18

NEGLECT, INTERNATIONAL JOURNAL OF

19

PSYCHOLOGY, 2013

20

21

MS. WALSH: And finally, the PowerPoint presentation that Dr. Trocmé prepared for this Inquiry, Protecting and promoting the well-being of First Nations children through child welfare systems in Canada: Background considerations for the Commission of Inquiry

25

1 into the Circumstances Surrounding the Death of Phoenix
2 Sinclair, prepared by Dr. Nico Trocmé. And that was our --
3 64 on our internal list.

4 THE COMMISSIONER: That'll be Exhibit 111.

5 THE CLERK: 111.

6
7 **EXHIBIT 111: PROTECTING AND**
8 **PROMOTING THE WELL-BEING OF FIRST**
9 **NATIONS CHILDREN THROUGH CHILD**
10 **WELFARE SYSTEMS IN CANADA:**
11 **BACKGROUND CONSIDERATIONS FOR THE**
12 **COMMISSION OF INQUIRY INTO THE**
13 **CIRCUMSTANCES SURROUNDING THE**
14 **DEATH OF PHOENIX SINCLAIR, BY NICO**
15 **TROCMÉ**

16
17 MS. WALSH: Those are all the documents.

18 THE CLERK: This is 105 through 111.

19 THE COMMISSIONER: Correct.

20 THE CLERK: Thank you.

21 THE COMMISSIONER: Thank you.

22 MS. WALSH: And, Dr. Trocmé, you have a binder of
23 the documents, plus they will all come up on the monitor in
24 front of you.

25 THE WITNESS: Right, thank you.

1

2 DIRECT EXAMINATION BY MS. WALSH:

3 Q Starting with your background, you hold the
4 Philip Fisher chair in social work at McGill University?

5 A That's correct.

6 Q You are the director of the McGill Centre for
7 Research on Children and Families?

8 A I am.

9 Q Since 2005, you've been a full professor in the
10 School of Social Work at McGill University?

11 A That's correct.

12 Q You also serve as an adjunct professor in Factor-
13 Inwentash?

14 A Inwentash.

15 Q Thank you. The Faculty of Social Work at the
16 University of Toronto.

17 A Yes.

18 Q And you earned your Ph.D. from the Faculty of
19 Social Work at the University of Toronto.

20 A That's correct.

21 Q You also taught in the Faculty of Social Work at
22 the University of Toronto from 1988 to 2005?

23 A Yes.

24 Q You were the scientific director from 2006 to
25 2008 and, before that, the director from 2000 to 2005, of

1 the Centre of Excellence for Child Welfare at the --

2 A Yes.

3 Q -- University of Toronto? You were a research
4 fellow with the Institute for the Prevention of Child Abuse
5 in '92 and '93.

6 A Yes.

7 Q You also have worked as a frontline social
8 worker --

9 A That's correct.

10 Q -- in the 1980s.

11 A Yes.

12 Q Currently you sit on a number of boards and
13 committees. You are a member of the McGill Research Ethics
14 Board?

15 A Yes.

16 Q The editorial board of the journal, Child
17 Maltreatment?

18 A Yes.

19 Q Your CV shows a number of awards that you have
20 received in the field of child welfare work and research
21 grants. We'll come back to your research in your moment.

22 You have served as a member of the National
23 Statistics Council for Statistics Canada?

24 A That's correct, yes.

25 Q You were a co-chair of the Alberta Child

1 Intervention Review?

2 A Yes.

3 Q A member of the Child Welfare Outcomes Expert
4 Reference Group of the Ontario Ministry of Children and
5 Youth?

6 A That's correct.

7 Q A member of the Child and Youth Advisory
8 Committee of the Mental Health Commission of Canada?

9 A Yes.

10 Q And a member of the Expert Panel on Early
11 Childhood Development of the Royal Society of Canada.

12 A Yes.

13 Q And in that regard we have filed, as Exhibit 105,
14 the report that was prepared recently from that society.

15 You've been involved as a principal investigator
16 in many research projects. What are some of the issues
17 that you are currently investigating?

18 A The point of -- the project that I've been
19 involved with the longest and I'm still currently involved
20 with is different, different cycles of the Canadian
21 Incidence Study of Reported Child Abuse and Neglect, as
22 well as some of the work I'll be speaking to later on
23 around the National Outcomes Matrix.

24 Of late, my focus has expanded to issues around
25 dissemination, knowledge mobilization, training students in

1 conducting research in this area. So some of the more
2 recent grants we've had have been knowledge mobilization
3 grants to expand some of the work we've been doing.

4 Q You mentioned your work with the Canadian
5 Incidence Study of -- report on child abuse and neglect.

6 A Yes.

7 MS. WALSH: We filed the 2008 version of that
8 report; that is Exhibit 106. Perhaps we can bring that
9 report up, just so that the Commissioner ...

10 You've got that report, Mr. Commissioner?

11 THE COMMISSIONER: Yes, I have.

12 MS. WALSH: Okay, then we probably don't need to,
13 to pull it up at this point.

14

15 BY MS. WALSH:

16 Q You were also the principal investigator in the
17 previous iterations of that report in 2003 and --

18 A 1998 --

19 Q -- previous --

20 A -- and then previously in Ontario in 1993.

21 Q And, and we'll come back to, to your findings in
22 those reports. You were also involved in the preparation
23 of the exhibit that we've marked as 107, Kiskisik --

24 A Awasisak, yes.

25 Q Yes, thank you.

1 A Which was a -- so we've been conducting the
2 Canadian incidence study for a couple of decades now, as
3 well as oversampling or more specialized studies within the
4 Canadian incidence study, and one in particular in the 2008
5 cycle was the one looking at First Nations children and
6 families investigated by child welfare authorities. That
7 report is essentially a subset of the larger Canadian
8 incidence study.

9 Q So maybe just tell us while -- since I've brought
10 it up --

11 THE COMMISSIONER: Just raise that microphone a
12 bit, will you?

13 THE WITNESS: Yes, yeah.

14 THE COMMISSIONER: Thanks.

15 THE WITNESS: Is that better?

16 THE COMMISSIONER: Yes, it is.

17 THE WITNESS: All right, good. A little bit less
18 S.

19 THE COMMISSIONER: Yes.

20 THE WITNESS: Good.

21

22 BY MS. WALSH:

23 Q If necessary, you can pull it closer to you --

24 A Okay.

25 Q -- as well, if you need to. The clerk will let

1 you know if it becomes too loud.

2 The, the Canadian incidence study, then, that
3 you've done on three occasions starting in, in '97, what
4 was that study looking at?

5 A It's looking at the profile of children and
6 families investigated because of child abuse and neglect
7 across Canada. It might be helpful just to understand why
8 we do this study. Essentially, there are no national
9 statistics on reports of child abuse and neglect kept in
10 Canada. So the only way we can come up with national
11 figures is to go directly to child welfare workers and
12 gather the information from them. So we essentially
13 randomly sample agencies from across Canada, randomly
14 sample workers, and get them to give us the information we
15 need to be able to document what types of investigations
16 are conducted, what the outcomes of the investigations are,
17 what the profiles are of the children and the families.

18 Q And the Kiskisik report was prepared as part of
19 that work.

20 A Was prepared as part of that. So with the 2008
21 study, what was different from previous studies is we had
22 involvement of 22 First Nations organizations that had
23 child welfare investigation mandates and who participated
24 in the study and were able to provide us with more detail
25 than we had from previous studies on reports of child abuse

1 and neglect.

2 Q And that report was published in 2011.

3 A That's correct.

4 THE COMMISSIONER: That's the Kiskisik report?

5 MS. WALSH: Yes.

6 THE WITNESS: Yes.

7 THE COMMISSIONER: Yes.

8 THE WITNESS: Published with the Assembly of

9 First Nations.

10 THE COMMISSIONER: Yes.

11

12 BY MS. WALSH:

13 Q Just going back to the research project that
14 you've been involved in, the National Child Welfare
15 Outcomes Matrix that we filed as Exhibit 108, that's also
16 something that you've been involved in?

17 A That's correct.

18 Q And just very briefly -- we'll come back to that,
19 but very briefly, what did that focus on?

20 A This was an initiative from the provinces and
21 territories to try to come up with a common set of
22 indicators that they could use to track how well children
23 are doing in the child welfare system, and it's been an
24 ongoing, fairly slow-moving initiative where the provinces
25 have been, on a pilot basis, sharing aggregated

1 administrative data to try to see if they can come up with
2 a profile of children and families that's comparable across
3 jurisdictions. At this stage, it's still at that pilot
4 stage, unfortunately, so we have no data as of yet that's
5 published out of that initiative.

6 Q And we'll come back to that towards the end of
7 your testimony. So we've invited you to testify today to
8 give the Commissioner the benefit of your research and
9 analyses in, in the four following areas: first, the
10 overrepresentation of aboriginal children in the child
11 welfare system and, in particular, as the data in Manitoba
12 shows, the overrepresentation of aboriginal children in
13 care --

14 A Um-hum.

15 Q -- and the reasons for that overrepresentation.

16 Next we're going to ask you to talk about the
17 significance of differential response as a model of service
18 delivery, particularly in light of that overrepresentation,
19 to look at what the model needs to be effective, what its
20 challenges are.

21 Third -- and this probably is tied in with, with
22 the second topic -- the significance of disentangling, to
23 use your phrase, protection from well-being in working with
24 families in delivering services.

25 And the fourth and final area is to discuss your

1 work with the national outcomes matrix and studies of
2 evaluations of service delivery in the child welfare
3 system.

4 Now, you have prepared a presentation for us.

5 MS. WALSH: If we can -- that's Exhibit 111, but
6 Dr. Trocme's going to take us through it.

7 THE COMMISSIONER: Yes.

8 MS. WALSH: So, Mr. Commissioner, if you --
9 you've probably got the hard copy. It may be easier for
10 you to follow along with the screen.

11 THE COMMISSIONER: I'll see.

12 MS. WALSH: The option's yours.

13 THE COMMISSIONER: Yeah. Just one second, here.

14 THE WITNESS: I don't think that's the right one,
15 but if I can -- can I just get up for a second? Excuse me.

16 Okay, well --

17

18 BY MS. WALSH:

19 Q Sure.

20 A -- I'll get started, and, and just stop me with,
21 with, with questions as I go.

22 Q Okay.

23 A So I, I've pulled these slides together
24 essentially --

25 Q Oh --

1 A -- based on --

2 Q Sorry, I'm going to, I'm going to just interrupt
3 you --

4 A Sure.

5 Q -- right, right from the outset --

6 A Good.

7 Q -- because that's what lawyers do.

8 In terms of following the work of this Inquiry
9 and being familiar with the circumstances surrounding
10 Phoenix Sinclair's death and the child welfare services
11 that were delivered to her, what information do you have?

12 A Fairly limited amount of information, so quite
13 intentionally, given that I was coming in for Phase 3,
14 really looking at the broader systems issues, I have not
15 followed -- first of all, not being in Manitoba, I haven't
16 been exposed to the same amount of, of media scrutiny so I
17 haven't really followed the Commission and the case as it's
18 been presented in the media.

19 There were a few background documents that you
20 shared with me at the beginning that I read fairly quickly,
21 mainly to understand the -- what were the broad questions
22 that I then addressed in this presentation, but I'm really
23 not in a position to answer questions either about the
24 specifics around the Phoenix Sinclair tragedy, nor, really,
25 can I answer questions about the organization of child

1 welfare services in Manitoba. So I haven't done a review
2 of services in Manitoba or review of Manitoba statistics in
3 any particular way.

4 But I really will be focusing on the broader
5 conceptual level. I will be focusing primarily on Canadian
6 data, so at least it's not -- it's somewhat related to the
7 situation in Manitoba and, where possible, try to link it
8 to what I understand about the specifics in Manitoba, but I
9 really can't comment beyond that.

10 Q Good, thank you. All right, please proceed.

11 A So as you mentioned, there really are three
12 things that I've been asked to, to do, to get started here.
13 One is to look at the overrepresentation of First Nations
14 children in the Canadian child welfare system, so I'll
15 start with that. One of the things that we'll -- I'll
16 point to very quickly when we get to that is that these are
17 children and families coming in under circumstances that
18 are somewhat different from the other children and families
19 coming into the child welfare system, primarily involving
20 situations of neglect.

21 And it's really around that, that, that I then
22 will move to the second point, which is that it's important
23 to understand that the priorities of the child welfare
24 system involve different objectives, one being child
25 protection in the sense of the narrow protection of the

1 physical safety of the child and the second being child
2 well-being, which is a much broader mandate, one that isn't
3 necessarily as specifically addressed in some -- in, in
4 the, in the structure of the child welfare service delivery
5 models currently in Canada and, generally, I would say, in
6 North America.

7 And then finally, because of something that has
8 been referred to in a number of other ways, I also want to
9 speak very briefly to the outcome indicator matrix, which
10 is a series of outcome indicators that a number of
11 jurisdictions, including Manitoba, are working with in
12 terms of looking at ways to monitor how kids are doing.

13 But really the primary focus of my presentation
14 is going to be on the first two points, the
15 overrepresentation and then looking at that profile,
16 understanding what the implications are with respect to how
17 one should structure a child welfare system.

18 So if I can start very briefly with the First
19 Nations component of the Canadian incidence study with just
20 some very basic notes about what we're actually tracking in
21 this study, this is a study that essentially goes to a
22 random number of agencies from across Canada from which we
23 gather data to come up with a nationally representative
24 sample, from which we then develop our estimates for the
25 number of investigations conducted across Canada.

1 In 1998, just through the process of random
2 sampling, we had three First Nations agencies that were
3 included in the study.

4 In 2003, we started to look more seriously at
5 trying to get information specifically from First Nations
6 agencies without setting up a full infrastructure to do
7 that. We had eight agencies involved.

8 It's really in the 2008 cycle that we were able
9 to expand the sample, ended up with 22 First Nations and
10 one Métis agency, so these are agencies that are mandated
11 agencies that do investigations that participated in the
12 study. Our estimate is at the time there were about 85
13 such agencies across Canada. We sampled 22 out of the 85,
14 and then we randomly sampled 89 out of the 330 provincial
15 and territorial agencies.

16 The analysis that we presented in the Kiskisik
17 Awasisak report compares the investigations involving First
18 Nations children -- the 3,000 investigations involving
19 First Nations children, to the 12,240 investigations
20 involving non-aboriginal children. The data I'll be
21 presenting are annual estimates, so from that number we
22 then come up with an annual estimate.

23 We gather information on a three-month period so
24 these are annual estimates that I'm quite confident about
25 with respect to them being accurate annual estimates. They

1 are, however -- they're not national estimates. So for
2 this particular report, because of the way the data was
3 sampled, we're not able to come up with national estimates.
4 Some of the other data I'll be presenting for all of Canada
5 involves national estimates.

6 So moving beyond the methods side of it, what did
7 we find overall? The first piece is just to look at the
8 rates of investigation in those agencies that participated
9 in the study. And for investigations involving non-
10 aboriginal children, the rate of investigation was 33.5 per
11 thousand, or little over three percent. So three percent
12 of children in the catchment area as covered by those
13 agencies were investigated as a result of an allegation of
14 abuse or neglect. And of those investigations, 35 percent
15 of those were then substantiated.

16 With respect to First Nations children and
17 families, the rate of investigation was 140.6 per thousand,
18 or 14 percent of children in families, every year, in the
19 areas covered by the sampled agencies, were investigated
20 because of reports of abuse and neglect, and 42 percent of
21 those investigations were substantiated.

22 So from the very outset it's clear that there's a
23 pretty dramatic overrepresentation of First Nations
24 children and families being reported to the child welfare
25 system, to the extent of the, the rate of investigations

1 being a little more than four times higher for First
2 Nations families compared to non-aboriginal families.

3 If you look at the substantiated investigations,
4 that ratio is -- goes up to five times. So the number of
5 substantiated investigations was just under 12 per thousand
6 or 1.2 percent for non-aboriginal family and 59.5 per
7 thousand or close to six percent for aboriginal families,
8 five times more cases of maltreatment investigated and
9 substantiated.

10 So this really was the opening question for us.
11 I mean, this is something that doesn't surprise anyone.
12 There's plenty of other sources of data to show that there
13 is a dramatic overrepresentation. The main advantage with
14 this particular study is we're able to analyze much more
15 closely and compare the profiles of the First Nations and
16 the non-aboriginal children's families, start answering the
17 question of why is there such a discrepancy, and around
18 what types of cases is that discrepancy most marked?

19 The next slide looks at cases of substantiated
20 maltreatment -- and stop me if I'm going too quickly or if
21 you have any particular questions -- broken down by the
22 primary form of substantiated maltreatment. So what we
23 mean by maltreatment is physical abuse, physical neglect,
24 emotional maltreatment, sexual abuse. What is striking, in
25 dark blue, you see cases involving substantiated

1 investigations involving First Nations children, and in
2 grey, the non-aboriginal children. And what we --

3 THE COMMISSIONER: (Inaudible) interrupt you for
4 a minute. Before you got to this slide and completed the
5 last one, you raised the question of why the
6 overrepresentation.

7 THE WITNESS: Yes.

8 THE COMMISSIONER: Are you going to come back to
9 that?

10 MS. WALSH: Yes.

11 THE WITNESS: I absolutely will.

12 MS. WALSH: Of course.

13 THE COMMISSIONER: I see.

14 THE WITNESS: Yes.

15 THE COMMISSIONER: Carry, carry on.

16 THE WITNESS: Good.

17 THE COMMISSIONER: Thank you.

18 THE WITNESS: Please hold me to it.

19 THE COMMISSIONER: Yes, I will, I assure you.

20 THE WITNESS: So to a certain extent, one of the
21 reasons --

22 THE CLERK: (Inaudible).

23 THE WITNESS: What this next slide points to is
24 that this is not an overrepresentation that is consistent
25 across all forms of maltreatment. If you look, for

1 instance, at sexual abuse, there is a slight
2 overrepresentation. The rate is at one per thousand
3 compared to .4 per thousand for non-aboriginal families,
4 but where the overrepresentation is most dramatic is in
5 cases involving neglect, where rates of substantiated
6 neglect are eight times higher, and rates involving
7 exposure to intimate partner violence.

8

9 BY MS. WALSH:

10 Q Can I --

11 A So from --

12 Q Sorry.

13 A Yes?

14 Q Can I ask you how you define neglect?

15 A We use the definitions that are applied across,
16 across the provinces. So neglect essentially involves
17 situations where there's been failure to supervise, which
18 would be the most common form of neglect, or physical
19 neglect, so where the needs of the child are not being
20 adequately met. Educational neglect is included in some
21 provinces, not in others, under the category of neglect.
22 We've removed emotional neglect from that. We include
23 emotional neglect in with emotional maltreatment. So the
24 neglect, really, situations that are physical in nature,
25 either in the sense that the needs of the child are not

1 being adequately met or the child is not being adequately
2 supervised.

3 And if I can just allow myself an editorial
4 comment, the concept of neglect is, is a complex one
5 because for a family living in extreme poverty -- and
6 situations where neglect are associated not just with
7 poverty but with extreme poverty -- there's actually very
8 little documented investigating substantiated neglect
9 outside of families who are extremely poor.

10 It is quite debateable as to whether the
11 responsibility for the neglect should be attributed to the
12 parent versus to the community that that parent lives in.
13 What's clear is that the child's needs are not being
14 adequately met. For whatever reasons, at least in North
15 America, we've decided to hold parents responsible for
16 that, that primary caregiving at the level of physical
17 neglect.

18 For supervision, it's a very similar issue. A
19 child who comes home from school to a situation where there
20 is no parent to look after them, the school may very well
21 know that that's the case. The parent may be working in a
22 Tom Hortons or McDonald's trying to make ends meet, be
23 working in the afternoon, be unable to be home. For
24 whatever reason, we've decided to attribute the
25 responsibility for that to the parent as opposed to the

1 principal of the school who sends the child home knowing
2 that there is no one there to look after the child.

3 So I'm sorry for the, the deviation, but this is
4 relevant in some respects down the road with respect to
5 understanding what we can do about the overrepresentation
6 of First Nations children and families, that these involve
7 situations where it is debateable as to who really is
8 responsible and in the best position to meet the needs of
9 these children. Certainly, the parents are in -- are --
10 play a critical role, but there are many opportunities as
11 well for other members of the community to also provide for
12 these children and families.

13 Q Thank you.

14 A So sorry for the --

15 Q No, no, that's very helpful.

16 A -- the deviation.

17 Q Very helpful.

18 A Intimate partner violence, what we mean here is
19 situations of exposure to intimate partner violence;
20 emotional maltreatment may include emotional abuse,
21 emotional neglect; physical abuse are situations where a
22 child's been either hit leaving a mark or also -- and we'll
23 see a little later this involves -- actually, the majority
24 of physical abuse cases are situation where a child's been
25 hit without any particular mark being left, but where

1 there's consideration essentially of inappropriate use of,
2 of punishment; and sexual abuse includes the range of
3 sexual abuse incidents. We have detailed information for
4 each one. We have 22 subtypes of maltreatment that we
5 track as well as the, the five primary ones described here.

6 So then just to summarize and back to, to a
7 certain extent heading down the, the direction of the
8 question of why, clearly, one of the reasons for the
9 overrepresentation is that these families are coming into
10 contact first and foremost because of concerns around
11 neglect as opposed to concerns around, say, physical abuse
12 or sexual abuse.

13 Q Okay.

14 A We're able, then, to look a little more closely
15 at the profiles of these children, their families, and the
16 circumstances they live in, and the next three or four
17 slides look at those. Same pattern here where we're
18 comparing, in dark blue, First Nations children where
19 maltreatment has been substantiated, to non-aboriginal
20 children where maltreatment has been substantiated. And
21 what you can see from this first slide is that while we
22 don't have any direct measures of poverty -- unfortunately,
23 it's actually very difficult to get information about
24 family income from child welfare workers -- we know that
25 these are families -- First Nations families are ones where

1 there is -- it's much less likely that the family has
2 access to income coming from full-time work, 33 percent of
3 those families versus 58 percent for non-aboriginal. These
4 are families that are much more likely to be dependent on
5 social assistance, employment insurance, or other types of
6 benefits, 49 percent for First Nations compared to 26
7 percent for non-aboriginal.

8 And to keep in mind as we're doing these
9 comparison, we're comparing First Nations cases involving
10 abuse and neglect to other very -- other families where
11 abuse and neglect has also occurred, families generally
12 living in very poor conditions. So compared to your
13 typical non-aboriginal child welfare situation, which are
14 already situations where there's typically a lot of
15 difficulty and a lot of poor living circumstances, the
16 cases involving First Nations children stand out as being
17 -- as facing even more adversity in terms of their access
18 to income, to housing, so the proportion of cases involving
19 overcrowded housing, four more children living in the home,
20 a single caregiver, in terms of all of those indicators,
21 it's clear that the cases substantiated maltreatment
22 involving First Nations children and family are one where
23 there -- from the perspective of the household, anyway,
24 these are families facing greater difficulties in terms of
25 housing, access to income, access to support.

1 If we look at the caregivers themselves, this
2 slide looks at the female caregiver, the next slide at the
3 male caregiver. We see that here again in terms of risk
4 factors, if you like, these are caregivers that are facing
5 more difficulties. The First Nations female caregivers are
6 more likely to have themselves been in foster care, in
7 group care. They're much more likely to have a drug or
8 solvent abuse problem, much more likely to have an alcohol
9 abuse problem, much more likely to lack social supports,
10 and much more likely to be victims of domestic violence.

11 Again, I have to keep reminding all of us that as
12 we look at the state of the non-aboriginal situation, there
13 are already parents face enormous adversity. The, the
14 first -- the cases involving First Nations parents are ones
15 that stand out in terms of the level of adversity they face
16 compared to the non-aboriginal maltreatment cases.

17 Similar profile for the male caregivers, the main
18 difference being that the male caregivers are much more
19 likely to be perpetrators of domestic violence as opposed
20 to victims of domestic violence, but similar
21 overrepresentation in terms of drug and solvent abuse, lack
22 of social supports, alcohol abuse, history of foster care
23 and group, group care.

24 If we compare the children themselves the
25 differences are not as marked in terms of evidence of

1 problems. At the level of the children, for, for, for most
2 of the problems we look at whether or not the children, for
3 instance, are running away from home, whether there's
4 alcohol abuse, drug abuse. A few differences. They're
5 statistically significant, but they're certainly not as
6 clinically significant in terms of their size, whether
7 there's fetal alcohol syndrome diagnosed. This is probably
8 the one area where the difference is the most marked.
9 Number of concerns noted, in fact, there are slightly more
10 concerns noted in those situations involving non-aboriginal
11 children than First Nations children, and multiple concerns
12 roughly the same proportion. So the children themselves
13 don't necessarily look that different, at least at the
14 point of initial investigation, but the families and the
15 household circumstances look dramatically different.

16 Q Can I ask you just about the ages of the children
17 that you studied? Did, did it cover a range of ages?

18 A Yes, thank you. Zero to 16. And the reason we
19 stop at 16 is there's enormous variation across the country
20 with respect to the mandate for investigation and so 16 is
21 the lowest common denominator from that perspective.

22 Q And was there anything specific, for instance --
23 I mean, in this case -- Phoenix, when she received
24 services, was between the ages of a newborn and five. Has
25 your research focused at all on that age group?

1 A We have, and we've done at least one set of
2 analyses looking at younger children. There, again, the,
3 the differences in terms of the profile of the children did
4 not stand out. The main difference was that the caregivers
5 of the children had profiles that were of much higher risk.
6 So the younger the children, the more concerning the
7 profile of the parents.

8 We didn't do the analysis comparing First Nations
9 and non-aboriginal by age, so that's analysis we haven't
10 done. But just looking overall at younger children, the
11 child welfare system tends to get involved with younger
12 children because of concerns about the parents, whereas
13 with adolescents, the child welfare system is more likely
14 to become involved because of concerns about the adolescent
15 or about the adolescent-parent relationship.

16 Q Thank you.

17 A This is the last slide where I'm comparing the
18 two, the two groups in terms of their profile, and a few
19 noteworthy points here. Again, there aren't as many
20 differences. One of the questions we ask is, is this a
21 single type of maltreatment or are there multiple forms of
22 maltreatment involved. Not much of a difference between
23 First Nations and non-aboriginal. Whether or not there's
24 any documented emotional harm, we do find that there, there
25 are higher rates of emotional harm documenting cases

1 involving aboriginal, First Nations children and families.

2 On the other hand, with respect to physical harm
3 -- so these are cases -- and I just want to stress this
4 because I'm going to come back to this in a few minutes.
5 These are cases of substantiated maltreatment. And so just
6 to keep in mind, in, in over 90 percent of cases of
7 substantiated maltreatment there's no documented physical
8 harm -- and this will bring us into the discussion of
9 protection versus well-being -- and no difference, really,
10 between First Nations and non-aboriginal children and
11 families.

12 If we look at physical harm that was serious
13 enough to require some type of medical treatment, we find
14 again no difference between the First Nations and non-
15 aboriginal, being at three percent and two percent. So
16 negligible difference between the two. Keep in mind,
17 again, that this is the profile overall of cases involving
18 substantiated maltreatment.

19 So given these differences, how does the child
20 welfare system respond? And here again we find that the
21 initial overrepresentation is then further multiplied as
22 time goes on. So I'm going to -- if you can move over to
23 the right to look at the last category, these are the
24 proportion -- the number of children who end up going into
25 formal out-of-home placement. So this would be a

1 traditional foster home or group home.

2 Their rate of placement -- and this is placement
3 during investigation -- the rate of placement for non-
4 aboriginal children was 1.1 per thousand. So one -- so 0.1
5 percent of children in the community were investigated,
6 substantiated, and then placed in care. For First Nations
7 children the rate of placement was 13.6 per thousand. In
8 other words, it was 12 times higher.

9 So the initial overrepresentation in terms of
10 investigations, which was a little over four times, is
11 further multiplied when we look at placement where a First
12 Nations child is 12 times more likely to come into care
13 than a non-aboriginal child as a result of child abuse and
14 child neglect.

15 Q So do you know why that is?

16 A Well, we've looked at that, and the reasons
17 essentially correspond to the profile I've, I've presented
18 to you. So if we -- when we analyze the differences
19 statistically, what we find is that there actually is no
20 difference in the rate of placement for First Nations and
21 non-aboriginal children in families if we take into
22 consideration the differences in profile. In other words,
23 for a non-aboriginal child coming from a home where there
24 are concerns around neglect, substance abuse, lack of
25 support, housing problems, those children are just as

1 likely to come into care as are First Nations children. So
2 the, the, the reason for the overrepresentation has much
3 less to do with the fact that these children are First
4 Nations, per se, but has to do with the fact that these are
5 children in families living in circumstances where some
6 type of action is required. And at, at this particular
7 point the main form of intervention, unfortunately, is
8 removal, because that's the main service that's available
9 in terms of, of action for these cases.

10 So in answer to the question, why are First
11 Nations children overrepresented, they're overrepresented
12 because they're living in poor housing conditions, their
13 parents are struggling with histories of alcohol and
14 substance abuse, there is a lack of support to these
15 children and families, they're coming into care at much
16 higher rates essentially because these children are living
17 in far worse conditions than are non-aboriginal children.

18 So if I can summarize in terms of four main
19 points, first of all, what we find is that the
20 overrepresentation of First Nations children in the child
21 welfare system is amplified at every stage. So we start
22 from four times as many children being investigated, five
23 times as many children being substantiated, 12 times as
24 many coming into care.

25 We don't have data on how long they spend in

1 care. That would really be the next study. But I know
2 from data coming from the United States looking at
3 essentially an equivalent population where there's been a
4 longstanding documented overrepresentation of children,
5 which are African America children, we know that those
6 children tend to spend a lot longer in out-of-home care
7 than do white children.

8 So I don't know -- I don't have any data for
9 length of time in care, but I would suspect that First
10 Nations children probably are spending longer in care, so
11 that 12 times overrepresentation might be further amplified
12 by the fact that they might not be returning home as
13 quickly. That's speculation.

14 But certainly at the front end of the system what
15 we see is that at every stage these are children and
16 families that seem to require a more intrusive type of
17 service from investigation to substantiation and to
18 removal.

19 THE COMMISSIONER: Will you be offering any views
20 as to why those -- why aboriginal families are living in
21 those more adverse conditions and circumstances than
22 children being raised in non-aboriginal homes?

23 THE WITNESS: Not really. And I'm -- it moves
24 very quickly beyond the data that we have access to. I can
25 speculate. I can speculate by pointing to the fact that

1 these are families who -- where the rates of poverty, for
2 instance, are dramatically higher, whereas we heard this
3 morning -- well, I guess we didn't hear this morning
4 specific to First Nations families, but a fair amount of
5 evidence that these are families where housing problems are
6 far more significant. These are families often living in
7 communities where there are higher rates of violence, and
8 these are parents where there is -- are long histories of,
9 of, of the parents themselves having been removed, having
10 spent time in foster care, and having much more -- greater
11 likelihood of either having problems with alcohol abuse or
12 substance abuse.

13 Beyond that, however, I can only speculate as to
14 whether those are -- you know, what are the underlying
15 causes for that. I really don't know. What I can say is
16 the way the child welfare system's responding to it is that
17 these are -- a typical case involving a First Nations child
18 is overall going to be a more complex one compared to a
19 non-aboriginal case. It's going to be one where there are
20 more difficulties in the home, fewer supports available to
21 those parents, and the high rate of removal represents the,
22 the high risk factors in those, in those families and in
23 those communities.

24 THE COMMISSIONER: And do you -- are you aware,
25 is there research that answers that question rather than

1 having to speculate as to what the reason might be?

2 THE WITNESS: So would -- is there research that
3 looks at the reasons for higher rates of poverty in
4 aboriginal communities.

5 THE COMMISSIONER: And substance abuse.

6 THE WITNESS: And substance abuse. There -- I'm,
7 I'm sure there is. It's not research that I review
8 particularly systematically and it, it, it has many of the
9 complexities that we deal with in terms of the research
10 we're doing on families once they come into the child
11 welfare system, which is that when you're doing those types
12 of analysis it gets -- it's complicated to make sure you're
13 comparing apples and apples rather than apples to oranges.

14 There's one particular study that is fairly often
15 referred to, and we certainly have made use of, coming out
16 of British Columbia where they weren't looking at the
17 placement of children in care but they were looking at
18 suicide rates in different communities, comparing different
19 aboriginal communities. And in that case they found
20 dramatic variation in rates of suicide. They found that
21 the major factor that seemed to explain that variation was
22 the extent to which those communities had control over
23 their own resources. So those communities that, for
24 instance, ran their own, you know, police, ambulance
25 services, essentially where -- had high level of control

1 over their services, had much lower suicide rates than
2 those communities where there were -- where there was less
3 control over services.

4 The, the challenge, however, in interpreting
5 those types of studies is I don't think at this stage
6 anybody knows exactly what is the -- how -- why some
7 communities get to the point where they're self-sustaining
8 and able to run their own services effectively and why
9 others aren't able to do that.

10 THE COMMISSIONER: Thank you.

11 THE WITNESS: Yeah.

12

13 BY MS. WALSH:

14 Q Carry on, please.

15 A So I'll segue into the next part of the
16 presentation just by reminding ourselves that these are
17 situations primarily involving neglect, which is linked to
18 concerns around poverty, caregiver risk factors, as opposed
19 to concerns specifically around the safety of children
20 themselves. And then -- really, then opening up the
21 question of whether these are situations where short-term
22 investigation or protection focus strategies are really
23 best equipped to meet the needs of these children and
24 families' neglect as opposed to other forms of --
25 maltreatment as the one that has -- that tends to be most

1 chronic in its presentation and most likely requiring a
2 different type of approach than physical abuse or even
3 sexual abuse. And so that's really what I'd like to start
4 to address in the next part of my presentation, if I can
5 move on, unless you had other questions around this first
6 section.

7 Q Just -- my only question is apropos of what the
8 Commissioner asked you. Much of your research in the area
9 of the overrepresentation of First Nations or aboriginal
10 people in the child welfare system has been conducted with
11 Dr. Cindy Blackstock. Is that --

12 A That's correct.

13 Q And she testified several weeks ago. Are you
14 aware of whether she's looked at -- she's certainly looked
15 at, at the reasons and articulated and echoed in her
16 testimony many of the reasons that you identified, but has
17 she gone one step beyond that, that you're aware of?

18 A I'm sure she has. So I'm sure her, her reading
19 of some of the literature on why rates of poverty, rates of
20 unemployment, and rates of substance abuse are so much
21 higher in First Nations communities, I think she would most
22 likely be in a better position to answer some of those
23 questions.

24 Q So that hasn't been part of what you've done
25 together.

1 A No.

2 Q Okay.

3 A So we've -- I've been very narrowly focused on
4 child welfare systems and how they respond to children and
5 families who come into contact with them. And
6 unfortunately my, my abilities or my, my attention is
7 somewhat narrowly focused on those questions. I think
8 there are clues here with respect to factors that we
9 certainly need to pay attention to.

10 I can't -- for instance, if you look at housing,
11 housing in, in, in our studies systematically comes up as
12 one of the risk, risk factors for children coming into
13 care. Why there are more housing problems for First
14 Nations children and families than for non-aboriginal ones,
15 I, I really can't answer that question. Clearly, it speaks
16 to issues that go beyond the control of children and
17 families, and families don't intentionally select to live
18 in poor housing. They most likely live in poor housing
19 because of limited access to good housing and limited
20 income.

21 Families don't intentionally decide to live in
22 poverty, so I would speculate that this speaks to issues
23 that go beyond the control of the parents and the children
24 but I really can't speak to it systematically with respect
25 to understanding what is driving high rates of poverty,

1 high rates of substance abuse in First Nations communities
2 compared to non-aboriginal communities. But there are
3 probably -- if, if more are needed, I can probably identify
4 a few additional experts who could speak to that.

5 Q And just one more point. In, in analyzing or
6 addressing issues of poverty, homelessness, substance
7 abuse, is it fair to say that they're really all
8 interrelated?

9 A They are definitely interrelated, but they are
10 also not the same thing.

11 Q Right.

12 A So the risk factors, for instance, for substance
13 abuse, poverty doesn't help, but poverty is not the only
14 explanation. Clearly, there -- in the case of First
15 Nations communities, they're -- one would think that the
16 history of our relationships with those communities might
17 very well be part of that, and what we're looking at right
18 here, which is the overrepresentation of First Nations
19 children in care, we have a rate of overrepresentation that
20 is -- that goes far beyond, for instance, the number of
21 children who were brought into residential schools
22 historically.

23 So one cannot help but wonder whether or not some
24 of the difficulties we're seeing now risk being further
25 amplified if we aren't able to find some appropriate

1 alternative to -- I think it would be an exaggeration to
2 say mass removal in the sense that the majority of First
3 Nations children are not removed from the care of their
4 parents, but a significant proportion are. Thirteen
5 percent of children being investigated, and between one and
6 two percent coming into care every year is an enormous
7 number. And certainly the numbers in Manitoba speak very
8 much to, to that problem, and Manitoba's not the only
9 province where this is getting to a point where one really
10 must be concerned about the impact not only on the
11 children, but their families, their communities, and
12 overall on the potential historical impact down the road.

13 Q Thank you.

14 A So I'm going to move away from the comparison
15 between First Nations and non-aboriginal, and speak a
16 little more broadly to what we know about how we intervene
17 in cases of child abuse and child neglect and, in
18 particular, one concern I have with respect to a general
19 failure to fully acknowledge the complexity of the types of
20 cases coming into contact with the child welfare system.

21 And unfortunately this, in some respects, I
22 guess, is not particularly good news in terms of
23 recommendations, which is that these -- in particular, the
24 First Nations children and families coming into contact
25 with the child welfare system are coming into contact

1 because life is not good for these children and it's --
2 life is not good for them. And if we look more carefully
3 at understanding some of the issues, clearly, they speak to
4 something more than a need for better reporting or more
5 investigation. It really speaks to what kind of services
6 we need to be providing, and at what level, with what level
7 of intensity.

8 First of all, I want to start off just by
9 reminding us with respect to what is happening across
10 Canada in terms of a number of trends. I've been mapping
11 out using data from the uniform crime survey from
12 Statistics Canada. This just tracks the number of
13 filicides, so children under the age of 12 killed by their
14 parents. On the left-hand side you see the, the actual
15 number, which hovers somewhere between 30 and 40 children
16 per year killed by their parents. The trend -- it's not
17 that -- necessarily that evident with this particular
18 graph; I actually have a slightly more recent one, but
19 because this is the one we distributed earlier on ...

20 The trend is towards a slight decline in eighties
21 to mid-nineties. There was an average of 43 filicides per
22 year, and the average now is about 32 per year. So just to
23 keep in mind that as we think about why the child
24 protection system is becoming involved, while these are by
25 far the most tragic, the most concerning situations, they

1 are relatively rare and, in many respects, I would say
2 relatively atypical. And I haven't yet seen any, anyone
3 who's been able to or who's even suggested a method of
4 predicting when these situations will arise.

5 So out of these 30 filicides per year, these
6 include situations where a young, extremely depressed
7 mother might kill her child. It'll involve situations
8 where a father might destroy his family in a situation of
9 extreme domestic violence. It might involve a situation
10 where undetected psychosis suddenly leads a parent to
11 killing their child without realizing they're killing their
12 child.

13 These are very different circumstances, one from
14 the other, and generally they involve younger children
15 simply because of vulnerability of, of infants, but
16 extremely difficult to predict and relatively rare
17 tragedies, which we need to keep in mind as we think about,
18 again, what is the mandate or what are the mandates of the
19 child welfare system and what is it that we're looking for
20 with respect to the efficacy of child welfare services.

21 The overall trend for children coming into care
22 in Canada has been increasing. This actually is, is --
23 well, relative to the United States which is our typical
24 comparison, the number of children coming into care in the
25 United States has levelled off -- in fact, has been

1 decreasing -- whereas the number of children coming into
2 care in Canada has continued to increase, and I think this
3 has surprised many of us and we're not sure why that's
4 happening although I, I think it would be fair to say that
5 one of the reasons is the sheer impact of the much higher
6 removal of First Nations and generally aboriginal children,
7 but I can't -- that's, that's speculation at this
8 particular stage.

9 This is a -- this slide compares rates of
10 children living in foster care on census day. So this is
11 the first time we've had, with the 2011 census, data on the
12 number of children living in, in foster care. These,
13 again, are rates per thousand children. I, I have to add a
14 cautionary note which is, this is the first time that
15 Statistics Canada has asked the question with respect to
16 foster children so, in the past, essentially foster
17 children were lumped into a general category of other and
18 there was no way of knowing how many of them were foster
19 children so we don't know exactly how parents respond to
20 this question.

21 For instance, if someone is looking after their
22 nephew or their granddaughter and they're looking after
23 them as a foster parent, whether or not they'd identify
24 that child as their nephew versus a foster child, we don't
25 know. So just keep in mind that we -- this is, this is

1 data that has not been analyzed extensively from Statistics
2 Canada, but it still gives us an interesting and, I think,
3 quite concerning portrait with respect to the variation
4 with respect to the number of children in foster care,
5 with, for instance, Quebec and Ontario averaging between
6 three and four children per thousand in foster care on
7 census day as opposed to, in contrast, Manitoba, Northwest
8 Territories, and Saskatchewan, and the Yukon where the
9 rates are hovering around 12 to 18 per thousand.

10 Overall, there seems to be a pattern with respect
11 to -- if you look at the proportion of First Nations
12 children in each one of these provinces --

13 Q Yes.

14 A -- children with larger -- provinces with larger
15 proportions of First Nations children tend to have more
16 kids in care. This information, I haven't had a chance yet
17 to disaggregate it by First Nations versus non-aboriginal,
18 and I'm actually not sure if that level of disaggregation
19 is available right now in the census data. But it does
20 speak to a -- I think, a concerning variation. I, I can't
21 -- I mean, I can think of some reasons as to why this is
22 the case; I'm not sure that these are justifiable from a
23 public policy perspective that we would have such
24 variation.

25 THE COMMISSIONER: Before you leave that, does

1 your figure on the preceding graph dealing with children in
2 care in Canada, do you break that down on, on a provincial
3 basis?

4 THE WITNESS: I, I don't. I don't, and that --
5 part of that is because the -- quite frankly, the, the
6 quality of the data I have by province is, is not where I'd
7 like it to be to be able to provide that level of breakdown
8 and perhaps, as a slight note, this is one of -- an area of
9 concern, I think, for a lot of us, which is that a very
10 simple question such as how many children are in foster
11 care is one at this particular stage that most provinces
12 and territories don't -- aren't able to respond to in a
13 systematic enough way that you can actually do those
14 comparisons. They all count children in care differently
15 and there really isn't a good understanding of national
16 trends with respect to children in foster care.

17 THE COMMISSIONER: And, and do you have any
18 statistics broken down on a provincial and territorial
19 level with respect to overrepresentation of aboriginal
20 children in care?

21 THE WITNESS: No. So our data, unfortunately,
22 because it's a sample survey -- so we randomly sampled
23 communities from across Canada -- we don't have enough
24 communities in any one province to provide that level of
25 breakdown, with the exception of oversampling studies that

1 we ran in Alberta, British Columbia, Ontario, and Quebec.
2 And even in those provinces we have to be careful on how
3 quick we break things down because the sample sizes start
4 getting small. The incidence study really is designed to
5 develop national estimates and it's a fairly limited and,
6 honestly, a poor answer to a much more significant problem
7 which is that we, I think, collectively do a very poor job
8 at gathering information about children who are in the care
9 of the state in Canada.

10 If we -- if you came across a parent who wasn't,
11 wasn't able to say how many children they have living at
12 home, how old their children are, or how their children are
13 doing in school, you would probably have serious concerns
14 about that parent's ability to look after their child.
15 Most provinces aren't able to answer those questions about
16 children who are living in state care.

17 MS. WALSH: The --

18 THE COMMISSIONER: Thank you.

19

20 BY MS. WALSH:

21 Q We heard evidence at the beginning of Phase 2
22 from Dr. Alex Wright, with the Faculty of Social Work at --

23 A Yes.

24 Q -- U of M. You may be familiar with her work.
25 And she emphasized the importance of evidence-based

1 research govern -- to govern best practice. Your comments
2 about the lack of study are surprising to a layperson in
3 light of, of a recommendation or an acknowledgement of the
4 importance of evidence-based service delivery for best
5 practice.

6 A Unfortunately, this has been the case in Canada
7 for a long time, and I wouldn't say that, that there really
8 isn't one province that does a particularly better job than
9 another one, necessarily. Actually, Quebec does a pretty
10 good job at collecting, collecting data.

11 But even -- for instance, one of the pieces of
12 information I'll speak to the (inaudible) when we get to
13 the national outcomes matrix but since we're on the topic,
14 one of the pieces of information I've been interested in is
15 knowing how many children who live in foster care end up
16 graduating from high school or at least what grade they're
17 in. Again, a pretty simple question.

18 Graduation maybe is not that simple a question
19 because it gets complicated at how old do you graduate, but
20 just to know what grade they're in. And even in Quebec
21 where the data is, I'd say, superior to most jurisdictions,
22 we're unable to answer that question. Generally speaking,
23 the information systems currently available in most
24 provinces and territories cannot answer what, again, we
25 would expect to be pretty basic question for any parent,

1 which is, what grade is your child in? We have that
2 information for any one child, you go into the file, you
3 can pull it out. But at an aggregate level, provinces
4 aren't able to answer the most basic questions about
5 children in care.

6 And probably the one that -- you know, that's a
7 particularly dramatic example, but from my perspective as
8 more of a statistician, the one piece of information that
9 where -- that is probably most important to understand
10 beyond rates of removal is duration of time in care and
11 where they end up when they go -- once they come into care.
12 And there again, very few jurisdictions can tell you, on
13 average, how long children spend in out-of-home care, nor
14 can they tell you what proportion of children end up going
15 back home versus what proportion of children end up growing
16 up, essentially, in out-of-home care.

17 Pretty fundamental questions that -- I'm not even
18 sure I would call it evidence-based policy and it's so
19 basic that it even -- I don't even want to use the word
20 evidence. I mean, it's just --

21 Q Right.

22 A -- a fundamental problem with the way child
23 welfare information is gathered in, in all provinces and
24 territories.

25 Q And do you think that's something that should be

1 addressed?

2 A Absolutely. I, I don't understand how -- you
3 know, all we can do is continue to have these snapshots
4 where we get worse and worse news about, for instance, the
5 proportion of children in care in Manitoba who are First
6 Nations. But if we want to try to understand why that's
7 happening, we have to have much finer data so that we're
8 focusing on the right issues and the right -- you know, the
9 right priorities. And if these kids are coming into care
10 because of physical abuse -- for instance, neglect -- if
11 they're coming into care for shorts periods of time or long
12 periods of time, those all have enormous implications with
13 respect to where you end up concentrating your, your
14 efforts.

15 Q Thank you.

16 A One last set of slides before I move, move into
17 pulling together the second section. This is the forms of
18 substantiated maltreatment as they've changed over time
19 across Canada. In this particular slide, we can see, in
20 dark blue at the bottom, cases of sexual abuse, then cases
21 of physical abuse, neglect, emotional maltreatment,
22 exposure to intimate partner violence, and a new type of
23 investigation that we weren't tracking in previous cycles,
24 which were situations where no specific allegation was
25 being made but the investigation was being done as a result

1 of risk of maltreatment.

2 And I just want to jump ahead to the same type of
3 slide. This is for Ontario. And the reason I want to look
4 at this slide is that Ontario is the only jurisdiction for
5 which we have data going back to 1993. 1993 is not too far
6 away from when I used to practise as a social worker and so
7 the proportion on the left-hand side is essentially what --
8 at least in my experience as a social worker, what I
9 typically was dealing with were 39 percent of, of
10 substantiated -- of maltreatment investigations were cases
11 involving physical abuse, 28 percent were cases involving
12 neglect, 24 percent were cases involving sexual abuse, and
13 nine percent were cases involving emotional maltreatment.

14 Move forward to 2008 and we see that the
15 distribution of cases has changed radically. Not only have
16 the number of investigations gone up, but if you think
17 proportionately at what typically a social worker is
18 dealing with, we see that forms of maltreatment that
19 weren't even being considered in '93 -- exposure to
20 domestic violence and risk of maltreatment -- are now some
21 of the leading forms of investigation, whereas sexual
22 abuse, which used to be at 24 percent of cases, has dropped
23 to four percent of investigations. The point here being
24 that the nature of the work that we do in child welfare has
25 changed radically over the last couple of decades.

1 Q So can you extrapolate from the Ontario data to
2 other provinces?

3 A I have no reason to believe that what we see in
4 Ontario is any different. If we go to the overall -- I'm
5 just going back one to the overall picture, going from '98
6 to 2008 across the other provinces, we see a somewhat
7 similar phenomena, just -- particularly, it's a little more
8 dramatic since we can go further back in, in Ontario to
9 '93.

10 Q Okay.

11 A I would say that the -- right across Canada the
12 nature of what we call a child welfare case and a child
13 welfare investigation has changed dramatically over the
14 last couple of decades. There have been some changes to
15 legislation and, in fact, I think some of this increase may
16 have been driven by some of those changes to legislation.
17 There have been some changes in our practice, but I'm not
18 sure that those changes take enough into consideration the
19 extent to which the profile of children and families
20 receiving child welfare services has been transformed over
21 the last couple of decades. And I'd like to get to that
22 more specifically with the next slide, if I may.

23 THE COMMISSIONER: Yes, by all means.

24 THE WITNESS: In this slide, we've -- and we've
25 -- we, we've cut this up in a number of different studies,

1 but -- to arrive at, at, at the similar analysis. But in
2 this slide what we've tried to look at is trying to
3 differentiate those cases where the immediate safety of the
4 child would be the predominant concern versus cases where
5 something else might be the, might be the concern.

6 So, for instance, if we look at situations where
7 there was severe harm -- so where there was a mark on the
8 child, an injury that was sufficiently -- of sufficient
9 concern to require medical attention, that's three, three
10 percent of cases of substantiated maltreatment. If we add
11 to that situations where a child's been neglected and the
12 child is particularly vulnerable because of their age -- so
13 children under four -- that's another nine percent of
14 cases. We add to that situations where there have been
15 concerns around sexual abuse, that's another three percent
16 of cases.

17 These are arguably situations where the urgency,
18 the risk to the child warrants a rapid protective
19 investigation. The question is, for the other 86 percent
20 of cases, why is it that we're involved and do we need
21 access to the same set of services or should we be looking
22 at these case differently? In many respects, this is the
23 argument underlying the move towards differential response.
24 So this is data that we've presented many times at
25 different -- across Canada and has been, you know, one of

1 the drivers for moving towards differential response.

2 I'd like to just give some thought to that 80 --
3 other 86 percent, because there's -- I think the language
4 is not as clear as I think it should be. There's a
5 tendency to think of the other 86 percent as being less
6 serious cases, less severe cases, maybe cases where we're
7 getting involved because of concerns -- potential future
8 concerns. But that's not what the literature tells us.

9 The other 86 percent are situations where there
10 may not be a risk of immediate harm but where there -- the
11 child's development and well-being have been endangered.
12 Now, endangered development and well-being is not a minor
13 thing. In fact, this is just kind of a summary of what
14 extensive literature has shown looking at, in particular,
15 at the effects of neglect and emotional maltreatment, both
16 on children and the characteristics of parents and
17 families. You compare neglected children to any other type
18 of child -- physically abused, sexually abused, children
19 living in poverty, children living in a range of
20 circumstances -- neglected children stand out.

21 Emotionally neglected children, physically
22 neglected children stand out. You can measure them any
23 which way you want. You can measure their language
24 acquisition at age three, at age four. You can measure
25 rates of anxiety and depression as teenagers. You can look

1 at their aggressiveness. You can look at how they do at
2 school, at educational delay, dropout. Any which way you
3 measure them, at any age, neglected children are the ones
4 that have the worst outcomes, by far.

5 So it's not as if this concept of endangered
6 development and well-being is somehow something less
7 severe. In fact, in terms of its impact on children, it's
8 probably the most concerning form of maltreatment in many
9 respects. And you don't want to, you don't want to be
10 trading one against the other, but the idea that
11 endangering development and well-being is somehow a less
12 serious situation is a misnomer.

13 And, and I, and I, I've used this comparison as
14 we've met, and often enough, in many respects it speaks to
15 some of the confusion that -- a confusion in our use of
16 language in child welfare that you don't find in other
17 sectors. So, for instance, in, in an emergency room,
18 people are very clear and understanding the child who shows
19 up with a gaping wound is an urgent case requiring
20 immediate intervention. A child showing up with signs,
21 perhaps, of having a form of cancer will not be seen right
22 away by the ER physicians; they'll be sent to a specialist
23 maybe two or three days later. We're all -- we all
24 understand that the first case is a more urgent situation,
25 but the second one is a more severe one.

1 For whatever reason, in the child welfare field
2 we haven't done a good enough job at separating out
3 concerns around severity, especially severity with respect
4 to the endangerment to the child's cognitive development,
5 their social development, their emotional development, and
6 urgency which would be typical in situations, for instance,
7 involving physical abuse or sexual abuse where the, the
8 leading question is first and foremost a forensic one: Is
9 this injury on the child a healthy sign of a developing
10 child who is a little too adventurous and fell off a jungle
11 gym and broke her arm -- it's unfortunate, but everything
12 else being considered, this is exactly what we want
13 children doing, we just hope they don't break their arms,
14 but we want them exploring, we want them being adventurous
15 -- or is this a broken arm as a result of an intentional
16 injury created by a parent? So there the forensic
17 question, which is it, is absolutely central.

18 On the other hand, in cases of neglect, the
19 concern is much more around assessing the day-to-day life
20 of that child. It's the day-to-day chronic exposure to a
21 disorganized family environment. It's the day-to-day
22 exposure to a parent who doesn't have the energy, the
23 resources, to meet the needs of that child that is
24 devastating of that child's long-term development.

25 The child with the broken arm, that gets fixed

1 fairly quickly. The child whose sense of self, whose sense
2 of -- whose, whose stimulation, whose sense of learning is
3 harmed by chronic exposure to neglect, the damage can be
4 permanent. And so that's the difference that we're trying
5 to make sure people understand as they look at the
6 distinction between protection and endangered development
7 and well-being.

8 Q What's the impact of that distinction on service
9 delivery?

10 A I think one of the major -- well, there's two,
11 two consequences, the first being that we should not be
12 thinking of the chronic maltreatment cases as being less
13 serious. That being said, there are also ones where we
14 don't necessarily need to come in with the same sense of
15 urgency in the sense of having to respond within 24 hours
16 or within a short period of time.

17 So the concern in these chronic cases isn't
18 whether or not you intervene within the next day or the
19 next week. The concern is what kind of services will you
20 provide within the next couple of years. So it, it
21 lightens the load to a certain extent with respect to
22 needing to respond with that same urgency.

23 On the other hand, and the second aspect in terms
24 of implications, it is pretty unlikely -- and I can speak
25 to what we know about effective interventions with these

1 families. It's pretty unlikely that a short-term
2 intervention is going to change things. So these are
3 situations where these chronic patterns of family
4 difficulty and family dysfunction are not going to change
5 as a result of a rapid intervention, but will require, most
6 likely, sustained and long-term -- a sustained and long-
7 term service response.

8 So those, to me, are -- on one hand, there isn't
9 the same urgency, but on the other hand, these are
10 situations that require a level of service that is matched
11 to the difficulties that these parents and families are
12 having, ranging from extreme poverty, mental health
13 problems, spousal violence, substance abuse, et cetera.

14 Q And perhaps I'm getting ahead of you, but who
15 should be delivering those services, or who could be
16 delivering those services?

17 A Well, let me skip to the next slide.

18 Q Okay.

19 A And just start by reminding ourselves that, at
20 this particular stage, anyway, child welfare legislation in
21 all provinces and territories, in fact, recognize that
22 safety and well-being are the paramount principles. So
23 it's not as if the legislators weren't conscious of the
24 importance of focusing on both priorities, although I think
25 in practice it's been difficult to ensure that, that well-

1 being is always given the, the same priority as safety is.

2 There is a tendency to think safety first. It's
3 not a safety first. It's -- safety is the primary concern
4 in some situations, well-being is the primary concern in
5 other situations. So it's a matter of being much clearer
6 in the same way, again, that hospital emergency rooms
7 function on a very clear triage system. In a similar way,
8 the child welfare system needs to be able to recognize
9 that, that similar level of triage is required.

10 In terms of who should provide the services, I
11 can't really answer the question in the sense that there
12 really isn't any research out there that has compared, for
13 instance, the efficacy of services provided by child
14 welfare agencies directly versus services provided by
15 community agencies or other service providers.

16 What there is, is research on what level of
17 service is required to make a difference. And there what's
18 clear is that the services needed need to be provided by --
19 whether it's public health nurses or social workers or
20 other types of professionals, there need to be people who
21 have the mandate to provide the types of services, have
22 caseloads that are reasonable -- again, it depends on the
23 intervention, but typically these vary from 10 to 20 cases
24 -- but where all they're doing is providing those type of
25 in-home services. They generally need to be in-home

1 services.

2 They range between -- the shortest intervention
3 that has been shown to be effective, that I've seen so far,
4 is one that was 12 to -- six to 12 months. Many of them
5 are more along the lines of 12 to 24 months in terms of the
6 duration of, of -- again, with some variation, weekly type
7 services. Now, whether or not that should be provided by,
8 as I say, a child welfare agency or community agency, I'm
9 not really aware of any research that has compared the two
10 types of agencies.

11 Q Regardless of who delivers the services --

12 THE CLERK: (Inaudible) just stop, stop for a
13 second (inaudible).

14 MS. WALSH: Yes, okay.

15

16 BY MS. WALSH:

17 Q Regardless of who was delivering the services,
18 what are some important features that those services need
19 to have?

20 A Well, as I mentioned to start off, the question
21 of the intensity and the duration are critical, so these
22 are not services that are effective over a short period of
23 time. Ideally -- again, this maybe is a product of, of the
24 way researchers tend to approach it, but the services have
25 been to be most effective are what we call manualized

1 interventions, interventions where there's a training
2 manual very specific to that type of intervention, where
3 the people who provide the service receive training
4 specifically around that intervention and those training
5 sessions can vary between one -- in one particular
6 intervention it's actually a five-week training component
7 just to learn how to deliver that particular service.

8 They're all in-home -- well, there are a few
9 exceptions. Most of them are in-home services, the
10 exceptions being some of the cognitive behavioural services
11 for victims of sexual abuse where the non-offending parent
12 and the child end up going to an agency to receive
13 services, but all the others are home-based services.

14 And there's a note, I think, that needs to be
15 taken into consideration -- and this has been a challenge,
16 I think, for some community service providers or for the
17 relationship between child welfare and community service
18 providers is it's -- these are very difficult families to
19 work with. These are families who will not show up for an
20 appointment. These are families who, you know, will show
21 up once, forget to show up the next time, have some kind of
22 crisis the third time, might show up the fourth time. What
23 tends to happen when these families are referred to
24 community-based services is that they're the ones who are
25 least likely to actually receive the services. The better

1 organized, more motivated families are the ones who end up
2 getting some of the more voluntary community services, and
3 these very high-risk families, when they get referred
4 outside of the child welfare system, often fall between the
5 cracks because they don't have -- they're not organized
6 enough to know -- to, to be able to access services where
7 they have to get themselves to another agency to
8 participate in a parenting program.

9 So unless the community service provider has the
10 resources and the mandate to provide that level of outreach
11 and it very clearly has a mandate to prioritize these very
12 complex families, then there is a risk that these families
13 fall by the wayside and that they, that they receive --
14 they end up being the ones that are least likely to receive
15 the services. So --

16 Q So that's --

17 A -- while they can be --

18 Q -- significant.

19 A -- provided by either, I think it has to be by an
20 agency or an organization that has the resources and the
21 mandate to work with these very complex families and
22 workers who have the time and the, the ability to do home
23 visits, to work with children and families in their own
24 home. It doesn't necessarily mean all -- always has to be
25 at that basis, but the idea that these are families that

1 will show up to a kind of a typical family service agency
2 with set times and appointments is one that is unlikely to
3 function well.

4 Q And when you say mandated, does that mean
5 legislated necessarily?

6 A No, I'm sorry, thank you, that's an important
7 distinction. No, I don't mean mandated in the sense that
8 they -- that these have to be non-voluntary services or
9 mandated in the sense of court order, but you need workers
10 and agencies that put priority on working with these high-
11 risk families.

12 So where the mandate of the agency, the funding
13 of the agency is one that recognizes that these are
14 families and children who need extra help, where the effort
15 to reach out to them is recognized as being part of the
16 mandate of that agency, so where the funders in particular
17 -- I know, for instance, of some services in Quebec that --
18 Quebec has tried to be -- to emphasize using community
19 agencies, but where the community agencies, in fact, are
20 not funded to do home visits. They work on 15-minute slots
21 and they don't have -- they're not allowed, essentially, to
22 go out and work with a family in their own home. Well, so,
23 their mandate in that sense, as long as they serve enough
24 families, that's all that counts.

25 Q Right.

1 A But they're not evaluated with respect to whether
2 or not they're accessing the highest-need families.
3 They're just evaluated on the basis of the number of
4 families who come in, and so typically what will happen is
5 that the better functioning families, the ones that are
6 better organized are the ones who access these services,
7 and the ones who need them the most are the ones that don't
8 get them.

9 MS. WALSH: Mr. Commissioner, would this be an
10 appropriate time to take the mid-afternoon break?

11 THE COMMISSIONER: Yes. Now, I understand we've
12 got Dr. Trocmé until 5:30?

13 MS. WALSH: Is that right?

14 THE WITNESS: Yeah.

15 THE COMMISSIONER: Well, perhaps over the break
16 you should check with your colleagues to see if any of them
17 have questions and how long they might be, so you can judge
18 yourself accordingly.

19 MS. WALSH: Yes.

20 THE COMMISSIONER: So to be fair -- they haven't
21 had questions up to now and I'm not asking for more, but if
22 they have, they're entitled to them. So --

23 MS. WALSH: Yes.

24 THE COMMISSIONER: -- just do a little survey so
25 you know how long you can be.

1 MS. WALSH: Thank you.

2 THE COMMISSIONER: Are we ready to move to the
3 matrix yet, or close to it?

4 THE WITNESS: I could --

5 MS. WALSH: The matrix is --

6 THE WITNESS: If you give me two minutes, I can
7 wrap up on -- I mean -- so there's then room for questions
8 afterwards, why don't I just wrap up? I think I have one,
9 one or two slides on this part of the presentation.

10 MS. WALSH: Well, we can, we can deal with that
11 when we come back.

12 THE WITNESS: Okay, sure.

13 MS. WALSH: That's, that's not a problem. I will
14 -- I'll talk to you after I've canvassed the group just to
15 see where we're at.

16 THE COMMISSIONER: And we'll, we'll adjourn For
17 15 minutes, but this time it will be 15 minutes.

18 MS. WALSH: We should call it ten.

19 THE COMMISSIONER: Call it ten, and we'll be here
20 in 15, all right. No more.

21

22 (BRIEF RECESS)

23

24 BY MS. WALSH:

25 Q Before we move on, Dr. Trocmé --

1 MS. WALSH: I don't think I'm on. There we go.

2

3 BY MS. WALSH:

4 Q Before we move on, the services that you're
5 talking about that require sustained, intense service
6 delivery, is this what's described as prevention or early
7 intervention services?

8 A It's what, what is sometimes -- it's a bit of a
9 misnomer. It sometimes is called prevention or early
10 intervention services, and I would say it's a misnomer in
11 the sense that these are situations where problems have
12 already arisen, very serious problems, so there really
13 wouldn't, strictly speaking, be prevention services or
14 early intervention. These are situations where a pattern
15 of, of dysfunctional parent-child interactions is already
16 in place.

17 Could I -- could we look at -- in the report we
18 did for the Early Child Development Royal Commission?

19 Q Exhibit 105.

20 A If we look at page 86, that might help in making
21 that distinction.

22 MS. WALSH: That was number 68 on our list.

23 THE WITNESS: So if you --

24 MS. WALSH: So page 86?

25 THE WITNESS: If you -- yeah, put in 86 in that

1 little box up at the top, it should --

2 THE CLERK: Eighty-six?

3 THE WITNESS: -- take us, yeah, take us there,
4 close to there. And maybe scroll down one more page.

5 There we are. Just to that -- there.

6 MS. WALSH: You have that, Mr. Commissioner?

7 THE WITNESS: Again --

8 THE COMMISSIONER: Yes.

9 MS. WALSH: Yes, okay.

10 THE WITNESS: Just as the language around
11 severity and urgency is often confusing, the language
12 around what we mean by prevention or early intervention
13 services is confusing. This is the way -- in this
14 particular review, this is the way we thought to organize
15 services. It's a pretty typical public health approach to
16 making the distinction.

17 We really looked at -- for this particular review
18 of interventions with respect to child maltreatment, so
19 child abuse and child neglect, we really looked at three
20 types of interventions, what we call prevention before the
21 occurrence, so these are situations where children have not
22 yet been maltreated; and then services that are designed to
23 prevent the recurrence of maltreatment, so these are
24 situations where a child has been abused and neglected,
25 they've been identified as having already been through some

1 abusive or neglectful incident where the objective is to
2 prevent that incident from recurring; and then prevention
3 of impairment, so again these are situations where a child
4 has been abused or neglected and the focus is on minimizing
5 the effects of maltreatment on that child. And so this is
6 probably a more helpful way, I think, to, to think about
7 these, these services. So, so in terms of the services
8 that fall within the direct purview of child welfare
9 systems, those would be services focussing on the
10 prevention of recurrence and the prevention of impairment.

11 Public health type services are the ones -- or
12 educational services are the ones that can focus on
13 prevention kind of before the occurrence, especially -- in
14 there we make a distinction between universal services, so
15 those that are accessible to everybody, and targeted ones
16 that typically will target high-risk families.

17 When we're looking at the services, if we think
18 about differential response, in particular -- so if we
19 think about trying to separate out services that are
20 focusing on the immediate protection concerns versus those
21 that are targeting the chronic needs of these children and
22 families, I wouldn't call those -- we could call it
23 prevention of recurrence, prevention of impairment, but
24 they're not prevention services in the sense that you
25 expect this chronic situation to deteriorate and become one

1 of physical abuse.

2 What we know is that these situations are harmful
3 to children not because they're at risk of becoming worse
4 but because they're -- those situations are at risk of just
5 continuing as they are. The concern in these situations of
6 chronic neglect or emotional maltreatment isn't somehow
7 that there's going to be some future escalation. It's just
8 living in an environment where -- that is unpredictable for
9 an infant, a young child, an adolescent, is extremely
10 difficult and is extremely harmful.

11 So the concern there is not early intervention,
12 but you've already -- in the case of the child welfare
13 system, you've got situations where that pattern has
14 already been identified and established, and the question
15 is what can you do to change that pattern both in terms of
16 preventing the reoccurrence and, most importantly,
17 preventing impairment.

18 So for some of these children the chances of
19 change at the level of parents might not -- might be
20 minimal, and the question is, well, what other supports can
21 you put into place so that these children have a chance of
22 doing well in their lives and maximizing their
23 opportunities?

24

25 BY MS. WALSH:

1 Q So then the prevention before occurrence, looking
2 at this chart, that would be services or programs aimed at
3 supporting families and children before they come to the
4 attention of the child welfare system.

5 A That's correct. And those are -- in terms of
6 what we know with respect to what are the most successful
7 services, the ones that have the best track record and the
8 strongest evidence with respect to their efficacy are the
9 prevention programs before occurrence that are targeted.
10 And there's a number of those, but the -- and actually at
11 the end of this document we, we describe about a dozen
12 different evidence-based programs and I could -- we could
13 look through a couple of those. I can give you an example.

14 Q Sure, why don't we, while, while we're still on
15 this document.

16 A Sure. So that's pages 106 and on.

17 Q And even if we start at page 104, I think, there
18 are some conclusions --

19 A Those are the kind of broader recommendations.
20 But let's, let's go to 106 and --

21 Q Okay.

22 A -- then back to 104, just so I can give you a
23 couple of examples.

24 So this, for instance, the Nurse Family
25 Partnership is, is the most -- the program that has been

1 evaluated the most systematically in a number of different
2 jurisdictions. In this particular -- this program targets
3 high-risk first-time mothers, and, and a key component to
4 this is -- well, both terms, high-risk and first-time --
5 trying to change the parenting of someone who has never
6 parented before.

7 In the case of this program, they actually start
8 working with these mothers during pregnancy, so trying to
9 change that potential pattern of problematic parenting is
10 fairly easy. Trying to change that pattern when someone
11 has already been actively parenting for several years and
12 with several children, is much harder as, as you can well
13 imagine. So the opportunity here -- and we know who these
14 families are. We know who these -- you know, these are
15 families living in poverty, often isolated. The child
16 welfare system knows some of them because some of these are
17 the people who grow up in their care so we know who these,
18 these young parents are.

19 In this particular intervention, they use public
20 health nurses, which is interesting because public health
21 nurses have a -- they're not necessarily just only public
22 health nurses. Social workers can, can present things this
23 way. But the opening of the, of the relationship between
24 the parent and the public health nurse isn't to talk about
25 something you're doing wrong, but to talk about the health

1 of your child, and, and parents are, are generally happiest
2 to start by talking about the health of their child and,
3 you know, that seems a safe place to start.

4 And these public health nurses work both prior to
5 the birth of the child and then for 24 months. This is a
6 pretty sustained intervention, and for the first few months
7 they're meeting sometimes two, three times a week, and then
8 weekly, and then every two weeks, and then monthly, so it's
9 a sustained, very intensive intervention.

10 It's been evaluated a number of different times
11 with randomized control trials, and the most significant
12 evaluation was one that had not only dramatic results in
13 its first evaluation, but there was a 15-year follow-up and
14 it was extraordinary to see, 15 years later, the impact of
15 this intervention. So rates of employment of the mothers,
16 rates of school success for the kids, avoidance of
17 delinquency, and the impact over 15 years was, was
18 astounding. So this is often seen as being the, the gold
19 standard for prevention prior to the occurrence, with
20 dramatic results.

21 The other thing I would note with this, however,
22 is that one of the concerns with how this program has been
23 rolled out is that it's often been -- the idea of having
24 public health nurses come in and support high-risk families
25 is one that a number of jurisdictions have adopted, but it

1 very quickly gets watered down, you know, while -- if I was
2 to be sitting here and saying, well, we don't really quite
3 have enough money to ensure that antibiotics are available
4 to all the children who need them, but we'll give them half
5 doses and that should be okay, I think you'd quickly hound
6 me out of this room, saying, well, what kind of expert is
7 this? You can't cut antibiotic doses in half. It's
8 absurd.

9 And yet, for reasons that I, I fail to fully
10 understand, we, we don't hesitate to cut these types of
11 services in half and think, well, a bit of it is better
12 than none. And there's actually no evidence that a bit of
13 it is better than none. It very well may be that a bit of
14 it is worse than none, as is the case with antibiotics. So
15 just a --

16 Q Well --

17 A -- editorial comment on the side, but that speaks
18 to when you're looking at evidence-based programs like this
19 one, there's a reason why it's 24 months post, post-birth
20 with this level of intensity, and there is no evidence that
21 a diluted version is going to be effective.

22 Q And you may have just answered my next question,
23 but with respect to these programs that you're saying are
24 truly prevention, early intervention oriented, what do they
25 need -- services and programs of this sort -- to be

1 effective?

2 A Well, a number of characteristics of this
3 program, I think I mentioned earlier, certainly was one --
4 what we would call manualized program. So the, the
5 techniques for intervention are written up in a manual, the
6 public health nurses are trained to implement the program.
7 In some of the other examples that we have here, there
8 might be clinical supervision that's provided as well. We
9 want to make sure that the people delivering the program
10 are doing it in, in as full as possible way. So that would
11 be certainly one component, making sure this truly is a
12 service that you can identify, you know, a clear program.
13 It's not just popping in and visiting with these children.
14 And there's a developmentally specific set of strategies
15 that are used. So that's one component.

16 The second is that it's going to be intense
17 enough. So this can't be a ten-minute visit every three
18 weeks. These are hour or hour and a half long sessions
19 where work can really be done with that parent, with that
20 young child, and then it has to be sustained over a long
21 enough period of time. You can't expect to see the kind of
22 change that you need to see over six weeks or over two
23 months. These aren't quick miracle drugs; they involve
24 both intense and sustained structured interventions.

25 Q Thank you.

1 A I won't go through all of the different programs
2 here --

3 Q No, we've, we've got it.

4 A -- but just to note that while the best evidence
5 is that these early intervention programs target and early
6 intervention programs work very well, the evidence on the
7 efficacy of these programs once problems have arisen is a
8 little more mixed, and there are a number of interventions
9 that are reviewed here. In particular, what used to be
10 called Project 12-Ways is now called SafeCare, which is a
11 behavioural skills management program involving weekly
12 visits over a six-month period in cases of neglect. That's
13 been shown to be effective.

14 Some very specific programs to help children who
15 have been traumatized, especially victims of sexual abuse,
16 but also children who have been exposed to intimate partner
17 violence, those also have been shown to be very effective,
18 but they're also ones that are manualize intense, not
19 necessarily as long-term as the Nurse Family Partnership
20 program.

21 A very similar program to the Nurse Family
22 Partnership program involving social workers was tested in
23 New Zealand, the Early Start program. The social workers
24 involved there received five weeks of training prior to
25 starting. They worked with 10 to 20 families, depending on

1 the complexity of the families, and the interventions
2 lasted on average 24 months.

3 Keep looking, but each time you find a program
4 that has been demonstrated to be effective, it's a program
5 that has those three characteristics: There's a defined
6 treatment, a manual, something that's really -- that's
7 specific about what you're actually doing with this family;
8 there's the intensity; and it's sustained over a reasonable
9 period of time.

10 It, it doesn't take an expert to -- you know, to
11 -- if you're looking at a situation where a chronic pattern
12 of difficulties between a parent and child is well
13 entrenched, it's going to take more than three or four
14 visits to, to make a difference, and these are parents who
15 really need to learn new ways of parenting their children.
16 These are children who need to be supported in finding
17 different ways of being -- and change can be slow, but the
18 risk to these children is enormous if some type of
19 intervention is not in place.

20 Q So given your earlier testimony about the factors
21 that you know contribute to overrepresentation of
22 aboriginal children in the child welfare system, what is
23 the impact of this study on, on that evidence?

24 A Well, given that these are situations where --
25 that are characterized by neglect -- so given the, the

1 chronic nature of neglect, one of the implications would be
2 that the type of response needed would be at the level of
3 some of the programs I've described, that you really would
4 need intense, sustained intervention.

5 Added to that, these are situations where
6 substance abuse is a significant concern and, you know,
7 that in and of itself also needs some type of intervention
8 that is going to be more than someone coming in to check to
9 see if you're alcohol-free or drug-free time to time and
10 there has to be a real service provided, and these are not
11 services that are light or easy services to provide.
12 They're, they're, they're complex and they require, again,
13 a level of intensity that is typically not available.

14 Q And if these early intervention prevention
15 programs are offered according to what you say is, is
16 necessary, would you expect to see a decrease in the
17 representation of aboriginal First Nations children in the
18 child welfare system?

19 A Absolutely. Absolutely. And these -- I think
20 this is where the language around, you know, early
21 intervention or prevention comes in. I think what people
22 there are talking about is the idea is to try to prevent
23 the placement of these children out of their home, and
24 there's no doubt that if you can provide services with this
25 level of intensity, you could avoid the placement of some

1 of these children.

2 And even for children who end up coming into
3 care, I mean, coming into care because there's a crisis of
4 some sort might be the only solution, but then what? Where
5 are these children going to go? And if you don't -- if you
6 aren't able to provide services to their parents -- so even
7 for children in care you're going to need to be developing
8 these types of services in order to increase the
9 probability of those children going back home.

10 Right now, there's one particular study out of
11 the United States that looked at what happens when kids do
12 go back home, and there's been a big push, as there is
13 here, to get kids home as quickly as possible. And they
14 generally found that kids who go home too quickly don't do
15 as well as kids who spend longer in care. And the
16 conclusion from that isn't that out-of-home care is
17 superior; the difficulty is essentially no services were
18 being provided to these parents while the kids were in care
19 so the, the chance that anything would change is, is
20 minimal.

21 So, you know, without a clear strategy -- whether
22 the child is at home or in care, without a clear strategy
23 to change that family environment, the outcomes are
24 inevitably going to be poor. If you do provide those
25 services, it both increases the probability that these

1 children can stay home and it increases the probability
2 that children who are in care can end up going back home.

3 Q Thank you. So can we go back to your --

4 A Sure.

5 Q -- to your presentation?

6 MS. WALSH: And that report is in our evidence in
7 its entirety so the Commissioner will be able to review it
8 at his leisure.

9 THE CLERK: I didn't (inaudible).

10 MS. WALSH: We were at number 22.

11 THE WITNESS: Third -- go over two more, one
12 more, there we are, slide show.

13 THE COMMISSIONER: We're returning now to 111, I
14 think, isn't it? Is that what we're doing?

15 MS. WALSH: Yes.

16 THE COMMISSIONER: Yes. Yeah.

17 THE WITNESS: So I just had one more slide to
18 look at with respect to this question of disentangling
19 urgent protection and chronic need, and then after that we
20 can talk a bit more about the outcomes matrix. But this
21 essentially kind of summarizes the, the main -- kind of the
22 main conclusions that we draw from our analysis, is that
23 there really are two very different types of, of situations
24 being investigated by child welfare services.

25 There are those where a forensic approach is

1 absolutely essential, where the question of, you know, is
2 this a playground injury or is it an intentional injury,
3 are these drawings from this child just a child who's a
4 little precocious sexually or is this a child who's been
5 sexually abused. The answer to that question has enormous
6 repercussions, and for many of those situations, urgency is
7 absolutely critical.

8 For the vast majority of families that are seen
9 by the child welfare system, the problems are much more
10 along the lines of chronic family problems and this really
11 is the argument for saying, well, should, should both these
12 cases be going through the same system or should we be
13 doing a better job in terms of triage and really develop a
14 service response that is more specific to both the forensic
15 cases and the chronic family problems.

16 This is really, then, the argument for a
17 differential response approach and there's two aspects to
18 that. There's been a lot more focus, I find, in some of
19 the literature and some of the discussions with respect to
20 the, the family enhancement or the community stream, but I
21 want to stop and speak for a minute to the protection side
22 of it because there, there are -- both are important.

23 If you think back at that slide -- (inaudible) go
24 back to it for a minute, excuse me. This slide here.

25 So when I was a social worker practising in

1 social work, roughly a quarter of the situations I was
2 involved in involved child sexual abuse. I was trained to
3 investigate child sexual abuse, trained to work with those
4 situations, and had a reasonable amount of experience in
5 working with those situations.

6 By now, roughly about four percent -- a typical
7 caseload for a social worker who's been working for a year
8 or two, some of them will never see a child sexual abuse
9 case, and then they'll get their first case with very
10 limited experience. So one of the concerns with the --
11 with combining all of these into one particular response is
12 that the protective aspect, that forensic aspect gets
13 drowned in the broad range of cases coming in where the
14 concerns are far more chronic.

15 There's one particular study done in Missouri
16 where they showed that the -- that once differential
17 response was introduced, that those cases that went into
18 the protective stream had both higher rates of police
19 collaboration and higher rates of charging. So when social
20 workers are focusing primarily on that forensic question,
21 they're -- they have the time, they have the training, they
22 had the expertise to deal with the protective and forensic
23 aspects of what they're doing. If you mix them all
24 together, chances are that they're -- they won't
25 necessarily have the expertise for those types of cases.

1 So there's pretty good evidence that one of the
2 advantages with doing a better job at differentiating
3 between the two types of cases is you actually have better
4 quality protection investigations, and that's one of the
5 things you would be expecting from a move in that
6 direction.

7

8 BY MS. WALSH:

9 Q So that contemplates different workers doing
10 protection work and -- as opposed to family enhancement
11 work.

12 A Absolutely. Absolutely.

13 Q And I think that's what you said as not mixing
14 their caseload.

15 A That's right. I mean, again, these are very
16 specific -- a very specific skill set to learn to think in
17 a forensic fashion and fairly critically about the evidence
18 being provided. It's not a broad assessment. It's one
19 that is very -- it's focused on fairly negative questions,
20 as opposed to a broader family assessment which is going to
21 try to take into consideration a much broader array of
22 assessments of strengths and limitations of a family.

23 Q So while we're --

24 A And when you're doing a protection investigation,
25 you're not trying to figure out strengths and limitation.

1 You want to know -- you want to see what the evidence is,
2 see if there's a coherent story, you want to be trained and
3 really understanding what the child is saying. It's a very
4 different type of investigation.

5 Q So then I'm just trying to picture what, what
6 this would look like. You've got workers dedicated to
7 doing protection work who have expertise in that kind of
8 forensic analysis and, and investigation. Then the workers
9 who are doing family enhancement, are those the workers who
10 are addressing the chronic neglect, chronic need situations
11 that you're discussing?

12 A Absolutely. Now, again, just to pick up on the
13 earlier point about, you know, who's in the best position
14 to deliver that kind of service, I -- again, I don't know,
15 and there really hasn't been research that's compared the
16 disadvantages of having that provided by a child welfare
17 worker working for a child welfare organization or a
18 community-based worker. But whoever it is, it has to be
19 someone who has the, the resources, the time, and the
20 mandate to provide that level of, of intensity and
21 sustained services.

22 And this is not just -- I think one of the ways
23 in which people get tripped up when they're thinking about
24 differential response -- and differential response is not a
25 service, it's not a -- you know, all it is, is, is a front-

1 end triage system. So if all you're focusing on is the
2 triage, it'd be similar to, you know, again, back to the
3 emergency room where we have a great triage system but we
4 actually have no services to provide. I mean, doesn't make
5 any sense to provide, you know, emergency room triage if
6 there isn't a physician to actually provide the services
7 down the road. So --

8 Q So if you have a tool that assesses your
9 differential response, you still need services.

10 A That's right. A tool doesn't -- is not a
11 service. A tool is, is, is, is a decision aid which might
12 orient the services, but the question -- the key issue is
13 not what kind of tools do you have -- although certainly
14 you want to make sure you have tools that allow you to make
15 this distinction between different types of cases -- the
16 key question is, what kinds of services are you providing,
17 what kind of funding is made available to ensure those
18 services are being provided with the intensity and the
19 duration that's required given the complexity of the
20 situation.

21 Q And then one more question so that I understand
22 terminology.

23 A Um-hum.

24 Q When we talk about early intervention and
25 prevention, that's not necessarily the same thing as family

1 enhancement in the sense that I just asked you about, of
2 addressing chronic neglect situations. So I guess --

3 A Sorry -- yeah.

4 Q So in looking at some of the literature that's
5 been in our disclosure about differential response, we see
6 a focus on early intervention and, and prevention,
7 sometimes being used alternately with the term family
8 enhancement. And what I'm hearing from you today is that
9 that's not really the way that at least you are, are
10 looking at it, that early intervention and prevention is,
11 is preventing that chronic neglect --

12 A Correct.

13 Q -- and family enhancement --

14 A Family -- yeah, so if the family --

15 Q -- addresses the --

16 A -- enhancement stream --

17 Q -- chronic neglect.

18 A -- is, as, as I've argued, is, is, is a service
19 stream that requires the type of service that is
20 appropriate to families where chronic neglect, chronic
21 maltreatment is, is present, and these are situations that
22 are just as devastating to the child as, you know, cases
23 going in the protection stream. So it's not as if the
24 family enhancement stream is a less severe one, it's just
25 that they're different types of situations requiring a

1 different type of intervention.

2 One isn't -- it's not a matter of prioritizing
3 one over the other. You need to fund both to meet the
4 differentiated needs of those children and families in the
5 same fashion that for -- you know, the child in the
6 emergency room scenario where the concern is potential
7 cancer is going to need a level of treatment that is going
8 to be very different from the child who is coming in
9 because of an open wound.

10 Q And then you also need to fund prevention and
11 early intervention programs.

12 A Prevention and early intervention programs you
13 need to fund, but they're targeting a different group of
14 families.

15 Q Right.

16 A And --

17 Q Right.

18 A You need to fund them just because they make good
19 sense from a fiscal perspective. There's no doubt that the
20 most -- you get your biggest bang out of your intervention
21 buck if you're targeting families early, prior to these
22 problems arising. So it's just, it's just easier to get a
23 more dramatic effect if you're, if you're funding a
24 prevention program, meaning a program that is preventing
25 maltreatment from even occurring. Once maltreatment has

1 occurred, these -- inevitably, situations are more complex,
2 there's already been some damage done to the child, that
3 parent-child relationship is one that's so much more
4 complex and difficult to change.

5 So from a fiscal perspective, it makes enormous
6 amount of sense to be paying attention to true prevention;
7 targeted prevention is generally where, you know, most of
8 the literature lies in terms of efficacy, but those are
9 different from -- just because you provide those services,
10 we still have a number of families where problems do arise
11 so you also need to have a service stream for situations
12 where children have already been through abuse or neglect
13 and where there is a need for --

14 Q Thank you.

15 A -- service that either targets the prevention of
16 the recurrence or the prevention of impairment.

17 Q I think that's, that's helpful, thank you.

18 A Okay. Okay?

19 Q Sure.

20 A So we'd like to -- should I move on then --

21 Q Yes.

22 A -- to the --

23 Q Yes.

24 A -- the outcome --

25 Q Please.

1 A -- matrix? So this is just a bit of a change in
2 focus. You had asked me to speak a bit about the national
3 outcomes matrix, which was a collaborative effort of the
4 provincial and territorial directors of child welfare who
5 were seeking a framework for tracking outcomes for children
6 and families.

7 We initially got involved in this project a
8 number of years ago. We started by just looking at
9 information systems and legislation, and tried to come up
10 with a framework that made sense given the objectives set
11 forth in the child welfare statutes in Canada, but also
12 tried to look for indicators that are relatively easy to
13 get out of existing information systems or with minimal
14 changes.

15 So the -- just to note that the particular
16 outcome indicators that we describe are, are, are far from
17 being the best, but we wanted to make sure that we started
18 by looking at ways in which we can use existing information
19 to provide some sense of how kids are doing. In an ideal
20 and future world, we would be delving down into much more
21 detail and getting richer information about how the kids
22 themselves are doing and this will make sense in a minute
23 when I kind of go through what some of those indicators
24 are.

25 What we -- the first thing we did was just come

1 up with an overall framework to clarify what is it that we
2 want to track when we're looking at how well kids are doing
3 in the child welfare system. And we really wanted to focus
4 on four key domains, the first being the safety of the
5 child; the second being their well-being; the third being
6 for those children who end up coming -- either being placed
7 in out-of-home care or at risk of going into out-of-care --
8 out-of-home care, the extent to which we can provide some
9 sense of permanency for them; and generally, also, services
10 that provide support to families and communities at risk.

11 And so those were the four domains that we were
12 interested in tracking. The idea was to try to come up
13 with two or three indicators for each of the -- each domain
14 that all provinces and territories could agree upon so that
15 we're tracking the same information, which then has the
16 advantage of allowing for comparisons as well across
17 jurisdictions.

18 What I'm going to do is just run through what
19 some of those indicators are. The three criteria we used
20 in selecting indicators was, one, that they'd be linked to
21 one of these four objectives; two, that they'd be easily
22 understood; and three, that they'd be measurable using
23 available data, part of the argument there being that
24 social workers are already spending a fair amount of time
25 entering data into, into information systems. For us to

1 turn around and say, We'd like yet more data from you,
2 didn't seem like the right strategy. We really were trying
3 to figure out, given the kind of information they were
4 already entering, could we do a better job at tracking
5 what's happening to kids, and then eventually we might be
6 able to persuade people to enter -- to start measuring
7 outcomes in a more extensive way, but we really wanted to
8 try to look at what was currently available.

9 What we ended up with was ten indicators that
10 make up the national outcomes matrix. Looking at safety of
11 the child, two key indicators we want to track -- and we've
12 had some success in tracking, certainly, one of them, which
13 is recurrence, so the proportion of children who are
14 investigated and then where the case is closed and then
15 re-opened as a result of a new concern and is -- and that
16 concern is confirmed, so is it ten percent of cases or 80
17 percent of cases where there is a recurrent situation of
18 substantiated maltreatment.

19 The second indicator that we're having a little
20 more difficulty getting information on is looking at those
21 cases that are recurrent and the extent to which those are
22 situations where there's been serious harm to the child.
23 I'm still not sure why, but it's actually very difficult to
24 get information about physical harm on -- with respect to
25 children receiving child welfare services. Again, if you

1 go into individual files, you can get it, but to try to get
2 that at information systems is more difficult.

3 In terms of well-being, there are two indicators
4 that we've been focusing on and this is where, ideally, in
5 the future it would be nice to have a broader range of
6 measures available. There, there aren't at this particular
7 stage any standard measures of child development, for
8 instance, that are used across Canada. So we really looked
9 at two very crude, but good starting point, indicators.

10 The first is how, how are kids doing at school,
11 so what proportion of kids are at the grade you expect them
12 to be at given their age, what proportion of the kids
13 graduate from high school when you're looking at older
14 kids.

15 And secondly, what proportion of kids seem to
16 have some kind of difficulty with behaviour, and there's a
17 number of ways to look at that. In Quebec, we've been
18 looking at that simply, again a very crude measure, but is
19 the proportion of kids who end up coming into contact with
20 the youth justice system.

21 Terms of permanency, we're interested in three
22 key indicators. The first is the rate of placement, so
23 what proportion of children end up coming into care; the
24 second one being, once they come into care, how often do
25 they move; and the third being how long do they spend in

1 temporary care prior to a permanent arrangement being made.

2 Maybe I'll just make a comment (inaudible) goes
3 on the placement and moves in care with respect to just
4 what this particular set of indicators is about. These are
5 not designed to be clinical indicators so we're not looking
6 at this information at the level of the individual social
7 worker. What we're interested in is the -- at the level of
8 program managers, policy makers, tracking this information
9 at the aggregate level.

10 And the, the reason I, I need to emphasize that
11 is, for instance, looking at the rate of placement, our
12 general assumption is that social workers -- and there's
13 pretty good evidence to support this. Social workers, when
14 given a choice, prefer not place a child and we wouldn't
15 want to create situations where a social worker might be
16 thinking, My placement statistics are, are a little too
17 high this month, and, and start not placing a child because
18 their stats are too high. These are not meant to be guides
19 for making decisions about individual cases. The reason a
20 child ends up coming into care is because whatever the
21 needs were, were not being addressed, and so you certainly
22 wouldn't want to avoid making a placement decision when
23 it's required.

24 Likewise for moving care. Everyone can agree
25 that, at an aggregate level, moving kids often is not good

1 for, for kids, but, generally, a child is moved in an
2 individual situation because things have fallen apart,
3 because there's a good reason to move the child. So it's
4 not a set of indicators designed to guide that decision.

5 On the other hand, you know, the question becomes
6 if a child is moving often, what were the decisions on a --
7 upstream that weren't properly made? So was the original
8 matching of the child or the original services put in place
9 not the right types of services.

10 Q So these are things you would expect a program
11 manager or an assistant program manager to be tracking.

12 A To be tracking. So for instance, to look at,
13 well, you know, what proportion of kids do we end up
14 placing in our jurisdiction compared to another
15 jurisdiction. If we're placing a lot more, can we explain
16 that on the basis of differences in the populations served,
17 differences in the types of services available, or
18 differences in the way we're practising.

19 Are we moving kids more often than others or less
20 often than others, or, as a result of a new policy, a new
21 intervention, is there any evidence that our placement rate
22 has gone down or that we're moving kids left off -- less
23 often, or they're getting them into stable and permanent
24 situations either back home or with extended family faster
25 than before. And so that's the way these indicators should

1 be looked at.

2 The final group of indicators that we look at is
3 how often families move, so simply looking at address
4 changes for families. Indicators, ironically, of parenting
5 have been harder to come by. Again, it seems ironic in a
6 child welfare system that is all about -- you know, one
7 would think, all about child well-being and parenting that
8 it actually is very hard to come up with, with
9 administrative data, anyway, that is a good indicator of
10 parenting. At this stage we've been a number of
11 jurisdictions gathering kind of risk assessment type
12 information, looking at a number of risk factors including
13 substance abuse, mental health problems, so that might be
14 one indirect way of measuring that.

15 And then the last indicator which is actually
16 particularly relevant to the current situation that we're
17 interested in looking at and we've managed to get from a
18 number of jurisdictions, is, broadly speaking, ethno-
19 cultural placement matching. More specifically the one
20 that we've been focusing on across Canada is proportion of
21 aboriginal children placed in aboriginal homes. And we see
22 that really as a community level indicator, not as a child
23 level indicator.

24 I'll go back to my earlier example about -- that
25 the social workers, given the choice, would prefer not to

1 remove a child. Likewise, given a choice between an
2 aboriginal home and a non-aboriginal home, most social
3 workers will place an aboriginal child in an aboriginal
4 home. The problem is the lack of aboriginal foster homes.
5 For us, what this is, is a measure of, is the extent to
6 which child welfare agencies have successfully engaged
7 various ethno-cultural communities -- In particular, in
8 this case, aboriginal, and more specifically First Nations
9 communities -- in working in partnership with them to look
10 after their children. So this is really --

11 Q That's interesting.

12 A That's how we present it very much as a community
13 level indicator as opposed to a child level indicator, our
14 assumption being that agencies that have made engagement
15 with the community a priority will be more successful in
16 finding alternate care arrangements for children within
17 their community rather than having to place them outside of
18 their community.

19 So these are the ten indicators that a number of
20 provinces and territories are currently gathering
21 information on, with some -- more success on some, less on
22 others. It's still at a pilot level in that we're, we're
23 -- when we start looking at comparing them across, we're
24 still not sure if we're comparing apples to apples or
25 apples to oranges and so we're still kind of moving on

1 trying to get that information.

2 Q And do you know, is Manitoba participating?

3 A Yes, it is. Yeah.

4 Q Is --

5 A I think that's it.

6 Q I think that's it.

7 A Yes. Email address and website.

8 Q Ha.

9 THE COMMISSIONER: I noticed that.

10 THE WITNESS: There's a fair amount of
11 information on the website, the Child Welfare Research
12 Portal, summarizing some of the research coming out of
13 Canada.

14

15 BY MS. WALSH:

16 Q Now, I think during the course of, of your
17 testimony you gave a lot of information in terms of what
18 needs to be done to support the things that, that you say
19 are important. Are there any other recommendations that
20 you want to leave with the Commissioner?

21 A Well, keeping in mind that I, I, I don't have --
22 I'm very far from having a full understanding of what was
23 presented, especially during Phase 2 I don't really know
24 the Manitoba system that well -- I mean, I have some sense
25 of it -- there are -- but I have seen -- been --

1 participated both in the evaluation and in the development
2 of recommendations in a number of jurisdictions so I've,
3 I've, I've seen similar processes occur in a number of
4 different situations.

5 My -- you know, my, my general experience is that
6 attempts to reorganize services are extremely complex and
7 rarely bear the fruit that we would hope. Manitoba has
8 been one of the leaders in Canada in, at least at a
9 structural level, trying to engage First Nations community
10 provision of First Nations services and, again, not looking
11 at the details of it, I, I would nevertheless be very
12 hesitant to think that that pathway isn't a good one.

13 Manitoba and a number of other provinces have
14 started to head down the implementation of differential
15 response programs, all the evaluations of differential
16 response programs that I've seen have been positive or
17 neutral, and I think there continues to be a very strong
18 case for heading down that direction.

19 So the idea of kind of rethinking either of those
20 strategies would be one that, on the face of the evidence
21 that I'm aware of, wouldn't be a direction that I would,
22 would recommend. I, I think there are very few people
23 right now -- well, actually, none that I can think of --
24 who are advocating for a move away from a differential
25 response strategy. This is, I think, now considered to be,

1 really, the standard.

2 The challenge is that changing who provides the
3 services or reorganizing who provides the services and
4 reorganizing the front-end decisions is not the same thing
5 as providing services. And so the question to me, anyway,
6 is, well, with all these front-end changes in the way this
7 province and others have been reorganizing their services,
8 what do we know about the actual services being provided?
9 So it's not just a matter of better triage or orienting
10 families towards one -- from one service provider to
11 another, but the question is are we actually providing
12 something more than a reporting and investigation service.
13 Are we actually providing some kind of ongoing service?

14 And this, I think, has been the area that a
15 number of us have been very concerned about, generally,
16 looking at child welfare systems. And I don't mean to be
17 overly negative, but I think really one of the burning
18 questions that we have to face in looking at child welfare
19 systems is to ask ourselves to what extent we have evidence
20 that we're, in fact, doing more good than harm.

21 And this becomes an issue when you look at the
22 impact, for instance, of an investigation and reporting,
23 reporting and an investigation on many families. In a
24 number of situations, a report to child welfare ends up
25 leading to a loss of services, not a gain of services. The

1 public health nurse, the physician, the teacher who makes
2 the report, usually, in making that report, ends up losing
3 their relationship with that family. And that's rarely
4 replaced with a service response that is commensurate or
5 better than that original relationship. So this is a real
6 challenge with respect to how child welfare systems end up
7 working with communities.

8 We can't be asking professionals to be referring
9 to child welfare systems, to be reporting cases, if we
10 can't assure them that that report will actually lead to a
11 gain in services, to better services, to more intense
12 services, to something more than they can be doing. And
13 this, I think, is one of the crises facing child welfare,
14 not only in Manitoba but in, in many jurisdictions, which
15 is that we focused so much historically of our energy on
16 mandatory reporting and investigation, and we haven't given
17 as much consideration to what we actually provide after
18 that investigation.

19 There is actually a dearth of evaluated programs
20 in Canada looking at the efficacy of treatment services for
21 children and families who have been referred to child
22 welfare. And that's really the question that we need to be
23 asking ourselves, is, you know, beyond the triage, do we
24 actually have -- you know, is this kind of a Wizard of Oz
25 situation where there's nothing much behind.

1 I'm, I'm being overly dramatic in my
2 presentation. I've worked in child welfare for a long
3 time, I know how hard people work for these families, but
4 if you don't have the tools and the resources to provide
5 the intensity of services required, I think it's
6 questionable as to whether or not, given this incredible
7 expansion in child welfare services -- we've gone from
8 about 100,000 investigations in Canada to over 200,000 in a
9 decade and that's a pretty dramatic expansion, but I see
10 very little evidence that the actual service response has
11 kept pace with the dramatic increase in reports, and that,
12 really, to me, is the key question, is, what kind of a
13 sustained, intense services are available to these children
14 and families.

15 These are the most vulnerable children in Canada,
16 these are some of the most complex families to work with,
17 and it's not just a reorganization of the front end of the
18 child welfare system that's going to make a difference.
19 What's going to make a difference is what kind of services
20 are provided in the long term.

21 There is some evidence with respect to which
22 types of, of interventions are effective. The vast
23 majority of the interventions we provide, we actually have
24 very little evidence base for, and this, to me, is where we
25 need to be focusing our energy, is what services are we

1 providing with what intensity, what kind of resources are
2 available to support those services, and what kind of
3 evidence do we have that those services are effective.

4 MS. WALSH: Thank you.

5 THE WITNESS: Tall order, but anyway, you asked
6 me.

7 MS. WALSH: I did.

8 THE COMMISSIONER: Any of your colleagues have
9 questions?

10 MS. WALSH: They didn't earlier, but ...

11 THE COMMISSIONER: No, well, I guess not.

12 Well, then we can thank you, Dr. Trocmé, very
13 much for your time and your professionalism in presenting
14 this evidence to us. It be considerable assistance to us.

15 THE WITNESS: Thank you, Mr. Commissioner.
16 Thanks for the opportunity.

17 THE COMMISSIONER: Thank you very much.

18 MS. WALSH: Thank you.

19 THE WITNESS: Thank you.

20 THE COMMISSIONER: All right. So we'll let you
21 go.

22

23 (WITNESS EXCUSED)

24

25 THE COMMISSIONER: And we'll agree to resume at

1 9:30 tomorrow morning?

2 MS. WALSH: Yes.

3 THE COMMISSIONER: All right. We stand --

4 MS. WALSH: Thank you.

5 THE COMMISSIONER: -- adjourned till that time.

6

7 (PROCEEDINGS ADJOURNED TO MAY 29, 2013)