



Third Session - Thirty-Sixth Legislature

of the

**Legislative Assembly of Manitoba**

**DEBATES  
and  
PROCEEDINGS**

**Official Report  
(Hansard)**

*Published under the  
authority of  
The Honourable Louise M. Dacquay  
Speaker*



Vol. XLVII No. 54 - 1:30 p.m., Tuesday, June 3, 1997

ISSN 0542-5492

**MANITOBA LEGISLATIVE ASSEMBLY**  
**Thirty-Sixth Legislature**

| <b>Member</b>              | <b>Constituency</b> | <b>Political Affiliation</b> |
|----------------------------|---------------------|------------------------------|
| ASHTON, Steve              | Thompson            | N.D.P.                       |
| BARRETT, Becky             | Wellington          | N.D.P.                       |
| CERILLI, Marianne          | Radisson            | N.D.P.                       |
| CHOMIAK, Dave              | Kildonan            | N.D.P.                       |
| CUMMINGS, Glen, Hon.       | Ste. Rose           | P.C.                         |
| DACQUAY, Louise, Hon.      | Seine River         | P.C.                         |
| DERKACH, Leonard, Hon.     | Roblin-Russell      | P.C.                         |
| DEWAR, Gregory             | Selkirk             | N.D.P.                       |
| DOER, Gary                 | Concordia           | N.D.P.                       |
| DOWNEY, James, Hon.        | Arthur-Virden       | P.C.                         |
| DRIEDGER, Albert           | Steinbach           | P.C.                         |
| DYCK, Peter                | Pembina             | P.C.                         |
| ENNS, Harry, Hon.          | Lakeside            | P.C.                         |
| ERNST, Jim                 | Charleswood         | P.C.                         |
| EVANS, Clif                | Interlake           | N.D.P.                       |
| EVANS, Leonard S.          | Brandon East        | N.D.P.                       |
| FILMON, Gary, Hon.         | Tuxedo              | P.C.                         |
| FINDLAY, Glen, Hon.        | Springfield         | P.C.                         |
| FRIESEN, Jean              | Wolseley            | N.D.P.                       |
| GAUDRY, Neil               | St. Boniface        | Lib.                         |
| GILLESHAMMER, Harold, Hon. | Minnedosa           | P.C.                         |
| HELWER, Edward             | Gimli               | P.C.                         |
| HICKES, George             | Point Douglas       | N.D.P.                       |
| JENNISSEN, Gerard          | Flin Flon           | N.D.P.                       |
| KOWALSKI, Gary             | The Maples          | Lib.                         |
| LAMOUREUX, Kevin           | Inkster             | Lib.                         |
| LATHLIN, Oscar             | The Pas             | N.D.P.                       |
| LAURENDEAU, Marcel         | St. Norbert         | P.C.                         |
| MACKINTOSH, Gord           | St. Johns           | N.D.P.                       |
| MALOWAY, Jim               | Elmwood             | N.D.P.                       |
| MARTINDALE, Doug           | Burrows             | N.D.P.                       |
| McALPINE, Gerry            | Sturgeon Creek      | P.C.                         |
| McCRAE, James, Hon.        | Brandon West        | P.C.                         |
| McGIFFORD, Diane           | Osborne             | N.D.P.                       |
| McINTOSH, Linda, Hon.      | Assiniboia          | P.C.                         |
| MIHYCHUK, MaryAnn          | St. James           | N.D.P.                       |
| MITCHELSON, Bonnie, Hon.   | River East          | P.C.                         |
| NEWMAN, David, Hon.        | Riel                | P.C.                         |
| PENNER, Jack               | Emerson             | P.C.                         |
| PITURA, Frank, Hon.        | Morris              | P.C.                         |
| PRAZNIK, Darren, Hon.      | Lac du Bonnet       | P.C.                         |
| RADCLIFFE, Mike, Hon.      | River Heights       | P.C.                         |
| REID, Daryl                | Transcona           | N.D.P.                       |
| REIMER, Jack, Hon.         | Niakwa              | P.C.                         |
| RENDER, Shirley            | St. Vital           | P.C.                         |
| ROBINSON, Eric             | Rupertsland         | N.D.P.                       |
| ROCAN, Denis               | Gladstone           | P.C.                         |
| SALE, Tim                  | Crescentwood        | N.D.P.                       |
| SANTOS, Conrad             | Broadway            | N.D.P.                       |
| STEFANSON, Eric, Hon.      | Kirkfield Park      | P.C.                         |
| STRUTHERS, Stan            | Dauphin             | N.D.P.                       |
| SVEINSON, Ben              | La Verendrye        | P.C.                         |
| TOEWS, Vic, Hon.           | Rossmere            | P.C.                         |
| TWEED, Mervin              | Turtle Mountain     | P.C.                         |
| VODREY, Rosemary, Hon.     | Fort Garry          | P.C.                         |
| WOWCHUK, Rosann            | Swan River          | N.D.P.                       |
| Vacant                     | Portage la Prairie  |                              |

## LEGISLATIVE ASSEMBLY OF MANITOBA

Tuesday, June 3, 1997

**The House met at 1:30 p.m.**

*PRAYERS*

**ROUTINE PROCEEDINGS**

**PRESENTING PETITIONS**

**Mobile Screening Unit for Mammograms**

**Ms. Rosann Wowchuk (Swan River):** Madam Speaker, I beg to present the petition of Olive Fedoriw, Bessie Paul, Trina Greeley and others requesting that the Legislative Assembly of Manitoba request the Minister of Health (Mr. Praznik) to consider immediately establishing a mobile screening unit for mammograms to help women across the province detect breast cancer at the earliest possible opportunity.

**Obstetrics Closure—Grace General Hospital**

**Mr. Dave Chomiak (Kildonan):** Madam Speaker, I beg to present the petition of Carla Redmann, Sandy Vermette and Gislene Dallaire praying that the Legislative Assembly request that the Minister of Health consider stopping the closure of the obstetrics program at Winnipeg's Grace Hospital.

**Ms. MaryAnn Mihychuk (St. James):** I beg to present the petition of Walter Gregory, Judy Moreau, Effie Didora and others praying that the Legislative Assembly of Manitoba request the Minister of Health consider stopping the closure of the obstetrics program at Winnipeg's Grace Hospital.

**READING AND RECEIVING PETITIONS**

**Mobile Screening Unit for Mammograms**

**Madam Speaker:** I have reviewed the petition of the honourable member for Swan River (Ms. Wowchuk), and it complies with the rules and practices of the House (by leave). Is it the will of the House to have the petition read?

**An Honourable Member:** Yes.

**Madam Speaker:** Yes. The Clerk will read.

**Mr. Clerk (William Remnant):** The petition of the undersigned citizens of the Province of Manitoba, humbly sheweth that:

WHEREAS medical authorities have stated that breast cancer in Manitoba has reached almost epidemic proportions; and

WHEREAS yearly mammograms are recommended for women over 50, and perhaps younger if a woman feels she is at risk; and

WHEREAS while improved surgical procedures and better post-operative care do improve a woman's chances if she is diagnosed, early detection plays a vital role; and

WHEREAS Manitoba currently has only three centres where mammograms can be performed, those being Winnipeg, Brandon and Thompson; and

WHEREAS a trip to and from these centres for a mammogram can cost a woman upwards of \$500 which is a prohibitive cost for some women; and

WHEREAS a number of other provinces have dealt with this problem by establishing mobile screening units; and

WHEREAS the provincial government has promised to take action on this serious issue.

WHEREFORE YOUR PETITIONERS HUMBLY PRAY that the Legislative Assembly of Manitoba may be pleased to request the Minister of Health (Mr. Praznik) to consider immediately establishing a mobile screening unit for mammograms to help women across the province detect breast cancer at the earliest possible opportunity.

\* (1335)

**Obstetrics Closure—Grace General Hospital**

**Madam Speaker:** I have reviewed the petition of the honourable member for Kildonan (Mr. Chomiak), and it complies with the rules and practices of the House. Is it the will of the House to have the petition read?

**An Honourable Member:** Yes.

**Madam Speaker:** Yes. The Clerk will read.

**Mr. Clerk (William Remnant):** The petition of the undersigned citizens of the province of Manitoba humbly sheweth:

THAT the obstetrics program has always been an important part of the Grace Hospital's mandate; and

THAT both people in the community and a number of government studies have recommended against the further closure of community hospitals' obstetrics programs; and

THAT as a result of federal and provincial cuts in the health budget, hospitals are being forced to eliminate programs in order to balance their own budgets; and

THAT the closure of the Grace Hospital obstetrics ward will mean laying off 54 health care professionals, many of whom have years of experience and dedicated service in obstetrics; and

THAT moving to a model where more and more births are centred in the tertiary care hospitals will be more costly and decreases the choices for women about where they can give birth.

WHEREFORE YOUR PETITIONERS HUMBLY PRAY THAT the Legislative Assembly of Manitoba request that the Minister of Health (Mr. Praznik) consider stopping the closure of the obstetrics program at Winnipeg's Grace Hospital.

**Madam Speaker:** I have reviewed the petition of the honourable member for St. James (Ms. Mihychuk). It complies with the rules and practices of the House. Is it the will of the House to have the petition read?

**An Honourable Member:** Dispense.

**Madam Speaker:** Dispense.

*The petition of the undersigned citizens of the province of Manitoba humbly sheweth:*

*THAT the obstetrics program has always been an important part of the Grace Hospital's mandate; and*

*THAT both people in the community and a number of government studies have recommended against the further closure of community hospitals' obstetrics programs; and*

*THAT as a result of federal and provincial cuts in the health budget, hospitals are being forced to eliminate programs in order to balance their own budgets; and*

*THAT the closure of the Grace Hospital obstetrics ward will mean laying off 54 health care professionals, many of whom have years of experience and dedicated service in obstetrics; and*

*THAT moving to a model where more and more births are centred in the tertiary care hospitals will be more costly and decreases the choices for women about where they can give birth.*

*WHEREFORE YOUR PETITIONERS HUMBLY PRAY THAT the Legislative Assembly of Manitoba request that the Minister of Health (Mr. Praznik) consider stopping the closure of the obstetrics program at Winnipeg's Grace Hospital.*

\* (1340)

## PRESENTING REPORTS BY STANDING AND SPECIAL COMMITTEES

### Committee of Supply

**Mr. Marcel Laurendeau (Chairperson of the Committee of Supply):** Madam Speaker, the Committee of Supply has adopted a certain resolution, directs me to report the same and asks leave to sit again.

I move, seconded by the honourable member for La Verendrye (Mr. Sveinson), that the report of the committee be received.

**Motion agreed to.**

## TABLING OF REPORTS

**Hon. James McCrae (Minister of Environment):** Madam Speaker, on behalf of the Minister of Rural

Development (Mr. Derkach), I am pleased to table the 1996-97 Annual Report for the Surface Rights Board.

### INTRODUCTION OF BILLS

#### **Bill 41—The Regional Health Authorities Amendment and Consequential Amendments Act**

**Hon. Darren Praznik (Minister of Health):** Madam Speaker, I move, seconded by the honourable government House leader (Mr. McCrae), that leave be given to introduce Bill 41, The Regional Health Authorities Amendment and Consequential Amendments Act; Loi modifiant la Loi concernant les offices régionaux de la santé et modifications corrélatives, and that the same be now received and read a first time.

His Honour the Lieutenant Governor, having been advised of the contents of this bill, recommends it to the House. I am pleased to table at this time, as well, a copy of the Lieutenant Governor's message.

**Motion agreed to.**

#### **Bill 48—The Child and Family Services Amendment and Consequential Amendments Act**

**Hon. Bonnie Mitchelson (Minister of Family Services):** Madam Speaker, I move, seconded by the Minister of Labour (Mr. Gilleshammer), that leave be given to introduce Bill 48, The Child and Family Services Amendment and Consequential Amendments Act (Loi modifiant la Loi sur les services à l'enfant et à la famille et modifications corrélatives), and that the same be now received and read a first time.

**Motion agreed to.**

#### **Bill 49—The Statute Law Amendment (Taxation) Act, 1997**

**Hon. Eric Stefanson (Minister of Finance):** Madam Speaker, I move, seconded by the Minister of Natural Resources (Mr. Cummings), that leave be given to introduce Bill 49, The Statute Law Amendment (Taxation) Act, 1997 (Loi de 1997 modifiant diverses dispositions législatives en matière de fiscalité) and that the same be now received and read a first time.

His Honour the Lieutenant Governor, having been advised of the contents of this bill, recommends it to the House. I would like to table the Lieutenant Governor's message.

**Motion agreed to.**

#### **Bill 53—The Local Authorities Election Amendment and Consequential Amendments Act**

**Hon. Leonard Derkach (Minister of Rural Development):** Madam Speaker, I move, seconded by the Minister of Agriculture (Mr. Enns), that leave be given to introduce Bill 53, The Local Authorities Election Amendment and Consequential Amendments Act (Loi modifiant la Loi sur l'élection des autorités locales et modifications corrélatives), and that the same be now received and read a first time.

**Motion agreed to.**

#### **Bill 54—The Animal Husbandry Amendment and Consequential Amendments Act**

**Hon. Harry Enns (Minister of Agriculture):** Madam Speaker, I move, seconded by the honourable Minister of Health (Mr. Praznik), that leave be given to introduce Bill 54, The Animal Husbandry Amendment and Consequential Amendments Act (Loi modifiant la Loi sur l'élevage et modifications corrélatives), and that the same be now received and read a first time.

**Motion agreed to.**

#### **Bill 55—The Manitoba Hydro Amendment Act**

**Hon. David Newman (Minister charged with the administration of The Manitoba Hydro Act):** Madam Speaker, I move, seconded by the honourable Minister of Consumer and Corporate Affairs (Mr. Radcliffe), that leave be given to introduce Bill 55, The Manitoba Hydro Amendment Act (Loi modifiant la Loi sur l'Hydro-Manitoba), and that the same be now received and read a first time.

His Honour the Lieutenant Governor, having been advised of the contents of this bill, recommends it to the House. I am also pleased to table the Lieutenant Governor's message.

**Motion agreed to.**

\* (1345)

### Introduction of Guests

**Madam Speaker:** Prior to Oral Questions, I would like to draw the attention of all honourable members to the public gallery where we have this afternoon twenty-seven Grade 5 students from the Lord Roberts Community School under the direction of Mrs. Terry Welch. This school is located in the constituency of the honourable member for Osborne (Ms. McGifford).

We also have twenty Grade 11 students from Gordon Bell High School under the direction of Ms. Anne Monk. This school is located in the constituency of the honourable member for Wolseley (Ms. Friesen).

On behalf of all honourable members, I welcome you this afternoon.

### ORAL QUESTION PERIOD

#### Manitoba Telecom Services Ownership

**Mr. Gary Doer (Leader of the Opposition):** Madam Speaker, my question is to the acting Acting Premier. Media reports last week confirmed questions that we have been raising in this House that over the last five months the control of the Manitoba Telephone System through stock sales is slipping from the ownership of Manitobans.

I would like to ask the Acting Premier or the minister responsible for telecommunications: What is the present percentage of shares owned by Manitobans, and do they meet the test of the alleged promise that was made a year ago?

**Hon. Glen Findlay (Minister of Highways and Transportation):** Madam Speaker, I guess the minister responsible for telecommunications.

Madam Speaker, Manitobans very vigorously bought MTS shares when they were offered. Manitobans also have the right, any shareholder has the right to do what they want to do with their shares. I am very pleased to

see that the share value of MTS has held very, very well since the shares were issued so that Manitobans have a very good investment and that Manitoba Telephone System is doing exceedingly well in the telecommunications competitive marketplace.

**Mr. Doer:** The minister did not answer the question. Last year the minister, when he made his announcement, said that he and the government will ensure that decisions continue to be made in Manitoba by Manitobans for Manitobans.

I would like to ask the minister: How is he going to ensure that this phone system continues to be owned by Manitoba shareholders, consistent with his promise, or was that just another promise like the promise they made in the last election campaign that they would not sell the Manitoba Telephone System?

**Mr. Findlay:** When the bill was introduced, it was identified in the bill that the majority of the board of directors would be Manitobans, and they are, currently are, and after the annual meeting they still are. But the shares went on the marketplace, and people have the right to do what they want to do. It does not preclude Manitobans from buying more shares than they currently own today. The actual amount the member wants to know, I do not have that information at my fingertips. It may be available; it may not be.

**Mr. Doer:** The government, in Hansard, the Premier (Mr. Filmon), in Hansard, the Minister responsible for Telephones, in Hansard, said that they would ensure, they would guarantee that the telephone system was owned by Manitobans for Manitobans.

How can we trust this government to deal with the Manitoba Telephone System when they have no way of keeping their promise that they made last year; they have no way of keeping their promise that they made in the election campaign, and why should anybody trust this government in dealing with Manitoba Hydro after all the betrayals we had from this government on the Manitoba Telephone System?

**Mr. Findlay:** We said that the shares would be made—the majority of them—available to Manitobans, and Manitobans purchased those shares to the tune of over 70 percent. When the shares were listed, they

were oversubscribed by Manitobans, and the issue of the board of directors still remains in place as the bill described.

\* (1350)

### **Orthotic/Prosthetic Services User Fees**

**Mr. Dave Chomiak (Kildonan):** Madam Speaker, last Thursday in this Chamber we tabled two letters from outside organizations discussing the government's unilateral decision to charge user fees in the sum of \$400,000 on the backs of individuals who need to purchase, for their health reasons, orthotic devices.

Like so many issues in health, be it Connie Curran under the previous minister, the home care privatization under the most immediate predecessor and now this issue, this issue came right out of nowhere, a \$400,000 saving on the backs of sufferers.

My question to the Minister of Health is—he had a different version in the House last week from what he said in the hallway. Can the minister specifically outline what the government's plans are for the \$400,000 clawback, the 400 penalty and tax on users of these devices?

**Hon. Darren Praznik (Minister of Health):** On this particular issue, I certainly appreciate the concerns that were expressed by several of the organizations that were spoken to about the matter, and I appreciate the need, I think, to have consistency, transparency and equity in many of the things we do. I think when you look at the whole area—whether it be devices or whether it be Pharmacare or other services or products that the public provides for, or support for individuals in their health needs—we have not had in Manitoba, going back to the 1970s, a truly consistent approach. One thing I would hope that we can accomplish is a consistent approach, and that may require more work on the part of the ministry to do that.

**Mr. Chomiak:** Madam Speaker, is the minister saying in his comments that the government is not going to impose a \$400,000 penalty, be it in the form of a deterrent fee or a user fee or a tax on the individuals who require these devices for necessary medical needs?

**Mr. Praznik:** Madam Speaker, the context in which this issue arises is one, just to put it in perspective, of the fact that we have had some very significant reductions in transfer payments. I am not trying to get into that issue today, but it is a reality. When you get into those realities, you are often forced to look at ways of making programs more affordable, obviously, to within the budget process and to also look at where you rank compared to other provinces. That was done during our budget process.

One of the observations I make today is the inconsistencies that have been in our provision of those services over 30 years. We have had a response back from our consultation; we have had a proposal. I am in the process now with my colleague the Minister of Finance (Mr. Stefanson). We will shortly be looking at this whole area, because I think the criticisms that the member opposite offers and others have offered, particularly with respect to inconsistencies in the way we do things, are certainly valid, but they have been there for 30 years and they are in need of some work, Madam Speaker, and we intend to look at them.

**Mr. Chomiak:** Madam Speaker, this question could be for the Minister of Finance or the Minister of Health. How do you justify, in this budget, taking a program of \$2.6 million of necessary medical devices to individuals, some of whom could not walk or move without these devices, and take \$400,000 off that budget and still say they are not tax increases, still say you do not charge user fees? How does the Minister of Health or Finance even get to the starting gate on that kind of a proposal and talk about transparency and talk about being fair to the people of Manitoba?

**Mr. Praznik:** Madam Speaker, the way one even gets to consider these types of issues is to put them in the context of the fact that our health budget, indeed our provincial budget in this area, has been generally under increasing pressure over the last number of years because of reduced federal commitment. We have had to make that up. There are a lot of pressures on the department. If you look at the area of physician remuneration, for one, currently, and other areas, all of them lead ultimately in that environment to looking at ways to ensure that you are delivering programs in a cost-effective and, I think, equal basis to what is happening across the country. In that particular area, in

most other jurisdictions it is my understanding that there is a co-payment or deductible, and that is the logic behind having us in line with what is happening across the country.

In going out and having some consultation, some of these issues were flagged, and as I have committed, I want to spend some time with the Minister of Finance and Treasury Board on looking at this whole area to ensure that we have a consistent approach. We do have now, Madam Speaker, deductibles and co-payments in areas like Pharmacare. So there is a principle there, and it is not unreasonable to see how this would happen.

\* (1355)

### **Brandon General Hospital Emergency Services**

**Mr. Leonard Evans (Brandon East):** I, too, have a question for the Minister of Health. There is no regular emergency service medical staff available at the Brandon General Hospital, and beginning June 30, family doctors in the Brandon area will no longer provide emergency services on an ad hoc basis except for their own patients, mainly because of an acute shortage of doctors and unmanageable workloads. Will the minister review this situation and ensure that the Brandon General Hospital is funded adequately to enable that facility to offer 24-hour, seven-day-a-week emergency service?

**Hon. Darren Praznik (Minister of Health):** The member flags an issue of emergency service not just in Brandon but across rural Manitoba and, indeed, even including Winnipeg. His suggestion in the House today about adequate funding for Brandon, I think, I would not accept that necessarily as the answer. I explain why, Madam Speaker—because, quite frankly, across the province we have very different ways of funding emergency physicians and services providing that emergency service in our rural hospitals. One thing that we are very committed to is getting an equitable transparent system in place for emergency across the province. We have brought together the Manitoba Medical Association, the College of Physicians and Surgeons, the regional health authorities. We did that two months ago. We are involved in a 90-day process considering options. I am pleased to report that that

seems to be going well, and I am hoping by the end of June we will have the framework for a province-wide solution that is transparent and equitable.

**Mr. Leonard Evans:** Madam Speaker, by way of clarification—I am not clear—is the minister telling us that he cannot or will not give a firm commitment to provide the money to the Brandon General Hospital that was previously pulled out by his department so that Brandon General Hospital, which is the only major hospital between Regina and Winnipeg, will offer emergency service on a 24-hour basis, seven days a week?

**Mr. Praznik:** Madam Speaker, what I am saying to the member for Brandon East is certainly, we want to have a seven-day-a-week, 24-hour emergency service in Brandon. It makes perfect sense, but the way in which we approach this is not to ad hoc each facility.

I can assure the member that the way in which emergency coverage is now provided in a variety of hospitals across this province is one that is developed in an ad hoc fashion over 20 years or more. What we are finding is that each facility looks at the other to see who has what arrangement. Madam Speaker, that is why I think we have such discontent. So we have brought all of the stakeholders together, the parties together, and we are working on a model that will have building blocks that are transparent, that every physician can know what they are being paid for, that are equitable, and I think will give us a long-term solution that will apply right across the province, including the city of Brandon.

### **Physician Resources**

**Mr. Leonard Evans (Brandon East):** On a related question: Will the minister review the doctor shortage in Brandon, which is having a negative impact on the Brandon General Hospital, and ensure that more doctors are available in Brandon so that the Brandon General Hospital's role as a regional hospital will be protected?

**Hon. Darren Praznik (Minister of Health):** Madam Speaker, the member and I, and I know the member for Brandon West (Mr. McCrae), all agree—I think it makes only common sense that the Brandon hospital is truly a



regional facility. It is the largest one in western Manitoba, and that is why, in fact, on the Brandon health authority there will be a cross-appointment from both neighbouring regional health authorities, because we appreciate that significance.

I can tell him on emergency services and doctor recruitment, the key, in my opinion, to coming to a successful conclusion is to have appropriate transparent and equitable tools for our regional health authorities to be able to recruit the physicians they need.

**An Honourable Member:** Transparent?

**Mr. Praznik:** Ask me a question; I will explain it more.

\* (1400)

### **Public Housing Federal Funding**

**Ms. Marianne Cerilli (Radisson):** Madam Speaker, I have been raising concerns about the federal Liberal government's cuts and offloading of social housing to the provinces, and the increases in poverty, urban decline and eventually homelessness. I have a letter from the federal minister for housing dated March 7, '96, which says, and I quote: Incremental savings in social housing expenditures amount to \$7 million in '97-98 and \$152.8 million in '98-99 will be achieved. These reductions will come from efficiencies anticipated in these years.

I want to ask the Minister of Housing if he can confirm if that actually—in plain English—means a cut, and how that cut of \$152 million will affect Manitoba.

**Hon. Jack Reimer (Minister of Housing):** Madam Speaker, the member raises a very interesting situation, because the correspondence that she was referring to is a letter that was sent by the minister of housing, Darlene Marleau, I believe it was. I think she is still the minister. Anyway, the member is reading it correctly. These are indications of perceived cuts by the federal government in their downloading and offloading of social housing onto the provinces. On top of that number that she has indicated, there is also a number of, I believe it is somewhere around \$240 million that

the federal government has also cut from the social housing program across Canada. It does have an impact here in Manitoba as we have to adjust our Housing portfolio in the expenditure line to compensate for the cutbacks by the Liberal government down in Ottawa. The member is correct in her assumptions.

**Ms. Cerilli:** Madam Speaker, I wanted the Minister of Housing to tell us how this \$152-million cut in the next fiscal budget will affect Manitoba in dollar figures, but given the fact that the Liberals may have more inclination now to listen to how their cuts are affecting social programs in the provinces, I want to ask the Minister of Housing will he now contact the new minister for housing for the Government of Canada and tell him that these cuts to social housing affecting Manitoba must stop and must be reconsidered.

**Mr. Reimer:** I look forward to working with the new minister of housing, whether it is a him or a her. It depends on what Mr. Chretien does with his new cabinet. However, that is one of the items that we will be bringing up. There is a tentatively scheduled housing meeting sometime in this late fall. It was scheduled. I hope it is still on the federal government's agenda to pursue this meeting of Housing ministers. That is something that would be brought up, in all likelihood, because of our concerns to the cutbacks. I look forward to working with the federal government in trying to achieve our goals with social housing and to try to stop this hemorrhaging of their responsibilities and their transfers of funding through the social envelope to this government.

**Ms. Cerilli:** Given that this letter from the previous housing minister also says that the offloading of housing to the provinces is optional, I am wondering if the minister can tell the House: When is he going to decide to accept this offer or not, and what are the conditions in Manitoba for accepting the offer to take over the CMHC social housing portfolio?

**Mr. Reimer:** Madam Speaker, I am sure the member recognized that with the federal election now behind us as of yesterday, everything was on hold for the last approximately a month to six weeks. At that time, we were in negotiations with the federal government in their downloading proposition. I can tell her that a meeting has been convened on senior management

level. In fact, I believe it is within the next week or two weeks that officials from right across Canada on a senior management level will be getting together to discuss the tentative arrangements or possibly tentative agenda for future meetings between the federal government and the provincial government Housing ministers as to how this will unfold. As for Manitoba, we are still in the process of trying to evaluate their program. We were not able to do a proper analysis because of the interruption of the federal election. Now that that has stopped, I am sure we will be able to get back to the bargaining table.

### **Federal Transfer Payments Minimum Cash Payments**

**Mr. Kevin Lamoureux (Inkster):** Madam Speaker, my question is for the Minister of Finance. Last week I asked the Premier (Mr. Filmon) about the transfer payments and what his position was with respect to the tax points versus the cash transfers. Given that last week we had a Western Premiers Conference, over the summer we are going to be having a Premiers' conference, it is important that Manitobans have an idea in terms of what direction ultimately this government wants to take health care.

My question to the Minister of Finance: Is the government's position that there has to be some sort of a cash flow coming from Ottawa, that tax point transfers are not acceptable, that the province will advocate in Premiers' conferences, in First Ministers' Conferences for a minimum base cash transfer?

**Hon. Eric Stefanson (Minister of Finance):** I think, Madam Speaker, what is most important of all with this issue is that the federal government stop any further reductions in funding for health, education and support to families, whether it is in cash or whether it is in transfer of tax points, that there be no further reductions on the heels of what had been 35 percent reductions from the current federal Liberal government—in the case of Manitoba, some \$240 million.

When it comes to the issue of cash or tax points, there are advantages to tax points if they are fully equalized tax points, that there is an adjustment that fully equalizes the tax points, because a tax point is worth a different amount in each province across

Canada. So the one advantage of tax points, if they are equalized, it does give more autonomy and more certainty to provinces, but at the end of the day what we are looking for, first and foremost, is a firm commitment from this federal Liberal government to not further reduce funding for health and post-secondary education and to do everything that they can to start enhancing funding in those areas as they start to work toward a balanced budget here in Canada.

**Mr. Lamoureux:** Madam Speaker, I believe that the commitment is there. The question specific to the Minister of Finance is: What is this government's commitment toward arguing and advocating for cash transfers, not tax points? Cash transfers are what are going to protect medicare across this land, not tax points. What is this government's position?

**Mr. Stefanson:** Madam Speaker, what is going to protect transfers is an ironclad commitment from the federal government, whether it is cash or whether it is transfers. Again, we have just gone through three years in Canada where the current federal government has reduced funding for those very important areas, the most important areas for all citizens of Canada, health and post-secondary education. They have reduced funding by 35 percent when they have reduced all of their other expenses by about 6 percent. Those are absolutely the wrong priorities. They do not reflect the priorities of Manitobans, they do not reflect the priorities of Canadians, and they certainly do not reflect the priorities of this provincial government.

**Mr. Lamoureux:** Madam Speaker, is the Minister of Finance saying that, on behalf of this government, they no longer favour cash transfers, that they would be inclined to accept tax point transfers? If in fact that is the position of this government, the government is wrong. They are not protecting the interests of Manitobans. We ask that they look at the cash transfers and advocating—

**Madam Speaker:** Order, please.

**Mr. Stefanson:** Madam Speaker, the advantage of the transfer of fully equalized tax points is that then shifts that tax responsibility to the province so that the province gets that revenue directly from the taxpayers of Manitoba and from Canada, thereby not having to

depend on the whims of the federal government. I think there should be cause for concern of all Canadians based on the past practices of this federal government that has just reduced funding across Canada by some \$7 billion, some 35 percent in the case of Manitoba in the last three years, \$240 million, so certainly tax points can give you more certainty and more autonomy. But having said all of that, the most important thing at the end of the day is that the federal government lives up to their responsibility and their commitment to provide appropriate funding for health and post-secondary education and support for families, and we will be sure that they do that.

### Education System Standards Testing

**Ms. Jean Friesen (Wolseley):** Madam Speaker, my question is for the Minister of Education.

In my constituency, families have lined up at four in the morning to ensure that their children are placed in alternative education programs, a flexible education program represented in 12 Manitoba schools which depends on a high level of parental participation, multi-age classrooms and an atmosphere of co-operation. It is a situation which any Minister of Education, teacher, trustee, or parent ought to be applauding.

I would like to ask why the Minister of Education has rejected the appeals of those parents to continue their program as they and their trustees have chosen without the intrusion of standard exams that they believe to be inapplicable to their philosophy.

**Hon. Linda McIntosh (Minister of Education and Training):** Madam Speaker, I do indeed very much appreciate the alternative programs that schools are able to have in Manitoba and that school divisions are able to provide for students that parents, again, can have choices in the kinds of learning experiences their children have. I think that is extremely important, and I am pleased that parents are generally happy with the kinds of alternative education they have chosen, or their regular programming. Certainly they should have the learning experience that they prefer. But they should also have the right to be assessed, and pausing at year end to have a simple standards test to assess that learning has taken place and that standards of

achievement have been met, does in no way whatsoever interfere with the alternative learning and teaching experience.

\* (1410)

**Ms. Friesen:** When she is faced with two conflicting principles, that, on the one hand, this is a government which believes that standard tests are the only legitimate form of assessment, and on the other hand, this is a government which listens to parents, could she explain why, when faced with that conflict, it is the views of parents which are tossed out of the window? They have no choice, and they do not have the philosophy they have applied for.

**Mrs. McIntosh:** First of all, I really do not like to have to keep correcting preambles or denying preambles because it wastes question-and-answer time, but I at the same time cannot allow certain things to be on the record. There is no way at any time that anybody in this government has ever said that standards test are the only method of assessment. The member is dead wrong when she says that, but standards tests are an extremely important method of assessment.

Standards tests have been put in place for a variety of reasons. First of all, this is happening not just in Manitoba but in Saskatchewan, British Columbia, all of the other provinces in Canada, North America and, indeed, internationally. This is what is happening in education, and we do have to have standards that are measured. That is a very important part and parcel of learning, but they in no way interrupt any particular form of learning or any particular style of teaching. They simply assess at the end of the experience how much has been absorbed and how much can be applied.

**Ms. Friesen:** Could the minister tell us why she believes it fair that 20 percent of Manitoba students do not have to write the exams because of reasons of weather, but all of those who do write, in fact, can choose whether their marks should count or not, when all the children in alternative programs are required to submit to the government's rigid ideology of standards testing over the express wishes of their parents?

Why is that fair?

**Mrs. McIntosh:** I have indicated that standards tests have been brought back into the learning experience after 20 years absence because it is a worldwide trend for a variety of extremely good—it is extremely good research which has shown what the absence of those tests has done. I invite the member to ask me in Estimates today about the research into standards tests and why they are needed.

I also indicate, Madam Speaker, that here in Manitoba standards tests were brought in at the express request of parents. We had two parents forums, 500 parents, first come, first served. The overwhelming direction that came from those and from other sources—but if she is talking specifically parents, the No. 1 item that parents asked for in both of those, parents from right across the province, not specially chosen parents—the No. 1 thing they requested was a measurable standard.

The member I think would do well—and I hope she will ask me for the detail into the research there. I have to say, Madam Speaker, we have a policy for exemptions that is applied universally in the province. That policy for exemptions is what is being applied this spring in Manitoba.

### **Capital Funds Reporting Process**

**Mr. Tim Sale (Crescentwood):** Madam Speaker, my question is for the Minister of Finance. Through Vision Capital and through the Manitoba capital corporation and other forms of investment in capital, Manitobans, either directly through their government or through groups like the Workers Compensation Board, MPIC and other government-controlled entities, have somewhat over \$20 million or \$25 million invested in a number of Manitoba companies.

Can the Minister of Finance tell the House whether he is satisfied that the accounting for these investments and the results of the investments are well and adequately known to Manitobans?

**Hon. Eric Stefanson (Minister of Finance):** Madam Speaker, the member is generally correct. There are a few capital funds in Manitoba. In fact, if we go back to the task force on capital markets done in Manitoba

about three years ago, it pointed out that one of the greatest needs for business opportunities, businesses to expand is access to capital. So today we do have Vision Capital; we do have the Manitoba Capital Fund. There is an initiative like the Crocus Fund here in Manitoba and so on.

Certainly, collectively, they are doing a very good job of meeting the needs in terms of access to capital, all in different ways. In terms of the information, I believe certainly the information is provided in various cases to the ministers responsible. I encourage the member to ask the various ministers responsible during the Estimates process or directly to their offices for any information, but I am certainly satisfied with the reporting relationship back to government and the information that is provided back to government in terms of those capital funds.

**Mr. Sale:** Can the minister tell the House where in Public Accounts we might find a list of those companies in which investments have been made by the various capital funds in which Manitoba is a partner, what the value of those investments is and the number that has been written off, the companies that have failed, the companies that have succeeded, Madam Speaker? Could he direct us to a source of that information?

**Mr. Stefanson:** I can certainly direct the member to various departments that are responsible. For example, the Vision Capital Fund—the department responsible is the Department of Industry, Trade and Tourism. They have recently been in Estimates. I believe the member for Crescentwood participated in that Estimates process. I believe he asked the minister responsible for some information in these various areas. My understanding is the minister is certainly providing everything that he is capable of providing, recognizing in many cases there are areas of third-party confidentiality that have to be protected.

**Mr. Sale:** The minister did not answer my question. I will put it again, Madam Speaker. Could the minister point out what source in Public Accounts, Volume 4, Volume 2? Where in Public Accounts or in any public record for which the minister is responsible could Manitobans who are interested in finding out the fate of the capital dollars which they have invested over the

last number of years through these various mechanisms, where could a member of the public go and find the names of those companies, successful and unsuccessful? That is the question, not the question of I, T and T.

**Mr. Stefanson:** The funding through Public Accounts will be reflected in the department that is responsible for the individual program. In the case of Industry, Trade and Tourism, the funding for Vision Capital will be reflected as part of their expenditures through the Public Accounts.

Again, the member had an opportunity during the Estimates process to ask questions about various entities. I am led to believe that in some cases there is some information that cannot be provided for reasons that I have already indicated as it relates to third-party confidentiality and so on. Our objective throughout all of this process is to provide as comprehensive information as we possibly can, and when you look at our detailed Estimates process, when you look at our Public Accounts, when you look at our annual reports, collectively we provide a great deal of information to this Legislature and to the taxpayers of Manitoba. I would suggest we provide as much, if not more, information than most provincial governments in Canada.

#### **Disaster Assistance Agricultural Losses**

**Ms. Rosann Wowchuk (Swan River):** Prior to and during the federal election, we heard all kinds of announcements of compensation for flood victims and, in particular, compensation for farmers. However, it is very disappointing to learn that, although there have been many announcements, the discussions for assistance to farmers have reached an impasse.

Can the Minister of Agriculture indicate what the problems are and when farmers can expect to learn the details of the compensation package?

**Hon. Harry Enns (Minister of Agriculture):** Allow me to indicate to all members of the House that farmers in the province of Manitoba are receiving a very generous level of support. When I say that, I compliment the colleagues that I have in my government, and my Premier (Mr. Filmon). We quickly

upped the limits from the \$30,000 to the \$100,000 for every farm home. In addition to that, an additional \$100,000 program to help with the damages to property, farm property, machinery, to help restore the farm yard. In addition to that, there is some further support for the loss of productivity and income through the Western Diversification Program.

Madam Speaker, a great deal of support is being provided to those farmers in need. What my Premier and what my government have said, and what we continue to be at some loggerheads about, that, for the unseeded acreage program, it has to be province-wide. We have recognized and we recognize today that there are other areas of the province that are troubled with getting crop in the ground as a result of high waters, and it has to be province-wide. That is the area of difference, and my hope is that that will be concluded shortly.

**Ms. Wowchuk:** Madam Speaker, can the minister—who is well aware that the farmers in the Assiniboine Valley, Swan River farmers and farmers around the Interlake who have been affected by previous floods also feel that they should be compensated, as are the farmers who are affected by the 1997 flood in the Red River Valley—can he indicate why his government has not raised with the federal government the need to have a retroactive compensation for those farmers as well? Why has that proposal not been put on the table for discussion?

**Mr. Enns:** Madam Speaker, I need not be reminded of the fact that, yes, there were farmers who were in difficulty just a few years ago, particularly in the upper Assiniboine, and certainly I am aware that with some justification they are carefully monitoring what is being offered to farmers in 1997. That is precisely why we insist that it be province-wide. We cannot go back retroactively, but we can at least recognize their difficulties that they may face in the future. I am satisfied that now that the election is over federal officials and provincial officials will hastily come to an agreement on this.

\* (1420)

**Ms. Wowchuk:** Madam Speaker, can the minister indicate what the implications on Manitoba Crop

Insurance will be for farmers who have already bought the unseeded acreage insurance? Are those farmers going to have their premiums repaid or are they going to be double compensated, since they bought insurance already and now there is a federal package being offered? Can the minister indicate what will happen to those farmers? Is it double compensation, or are they going to be punished for having purchased insurance?

**Mr. Enns:** Well, Madam Speaker, the honourable member raises the very question about why, on an issue like crop insurance, on an issue like farm policy of this kind, one ought really not to dabble with the game of politics as the federal minister, Minister Goodale, quite frankly, did in this instance. [interjection] No, the people who bought crop insurance, their contracts will be honoured, or else I may as well throw out my crop insurance program.

Secondly—and I thank Providence and the good Lord that we are getting the kind of weather we are getting—every day, as I speak, thousands of acres are being seeded, and it was far too early to jump into the fray to talk about an unseeded acreage insurance program back when the waters were just beginning to rise. I believe, Madam Speaker, that the largest amount of acres in the Red River Valley—unbelievable as it is to us who saw those raging waters over that land—that land will, in fact, be seeded.

#### **Arizona Fitness Closure**

**Mr. Jim Maloway (Elmwood):** Madam Speaker, my question is to the Minister of Consumer Affairs.

The minister will recall that the issue of fitness clubs selling long-term memberships is not a new one. In fact, we introduced Bill 26 in 1988 to limit such selling, and this government itself, under pressure tightened the rules in 1990. Given the recent closure of the Arizona Fitness club, leaving some consumers out as much as 10 months or more in membership fees, could the minister tell the House when this government learned of the impending closure and what actions they took?

**Hon. Mike Radcliffe (Minister of Consumer and Corporate Affairs):** I will take the actual date as notice and get back to my honourable colleague with that information.

I can tell my honourable colleague and you, Madam Speaker, that in fact the Consumers' Bureau has been investigating the owner of the fitness club and the business's practices under the Consumers' Bureau, and if there is any determination that any fraud has been committed, appropriate action will be taken.

#### **Fitness Clubs Long-Term Memberships**

**Mr. Jim Maloway (Elmwood):** Madam Speaker, since the sale of the memberships is supposed to be no fewer than two payments for a year, something that was violated in at least one case in this case, could the minister tell the House how often the department checks the sales operations of these clubs?

**Hon. Mike Radcliffe (Minister of Consumer and Corporate Affairs):** Madam Speaker, the Consumers' Bureau deals on a complaint-driven basis, and if the particular constituent to whom my honourable colleague is making reference wishes to supply some information to the department, then the appropriate action would be taken.

#### **Consumer Protection Legislation Enforcement**

**Mr. Jim Maloway (Elmwood):** Madam Speaker, I would like to ask this minister: How and when will this minister start making it clear to businesses in this province that consumer protection laws that currently exist will be enforced so that scams such as occurred at the Arizona Fitness club will not be repeated?

**Hon. Mike Radcliffe (Minister of Consumer and Corporate Affairs):** Madam Speaker, I would state in this Chamber that one must be very, very careful not to make any undue conclusions or unjust conclusions that there have been any misdeeds or inappropriate action until there has been a suitable inquiry and a determination by the appropriate officials of our government. To jump to a conclusion today and to make reckless charges would be very inappropriate of any member of this constituent Assembly. So I would urge that we allow due process to occur before any conclusions be reached.

**Madam Speaker:** Time for Oral Questions has expired.

## NONPOLITICAL STATEMENT

### Music Fest 1997

**Mr. Gerry McAlpine (Sturgeon Creek):** Madam Speaker, do I have leave for a nonpolitical statement?

**Madam Speaker:** Does the honourable member for Sturgeon Creek have leave? [agreed]

**Mr. McAlpine:** Madam Speaker, it is my pleasure to rise in the House this afternoon and tell my colleagues about the success that two schools in the constituency of Sturgeon Creek had at a national music festival. Silver Heights Collegiate and Golden Gate Middle School were invited to participate in a national music competition called Music Fest 1997 in Hull, Quebec. The competition was held on May 21 to May 25. Several bands from Silver Heights Collegiate won in their competition categories. The Symphonic band won a gold medal. The Seniors 3 and 4 jazz band also won gold in their category. The Senior 2 jazz band won a silver medal, and the Senior 1 concert band also walked away with silver. The Senior 1 jazz band won gold.

Golden Gate Middle School was equally successful in competitions at the festival and the school's Gator band won a gold medal and Golden Gate Grade 8 jazz band also won gold.

I would like to ask all members of this Legislature to join me in congratulating all the students and teachers who participated in this music festival. Their success at the national competition is truly admirable and brings pride to all Manitobans.

Thank you, Madam Speaker.

## ORDERS OF THE DAY

### House Business

**Hon. James McCrae (Government House Leader):** Madam Speaker, there may be a disposition to waive private members' hour today.

**Madam Speaker:** Is there leave to waive private members' hour today? [agreed]

**Mr. McCrae:** I move, seconded by the honourable Minister of Justice (Mr. Toews), that Madam Speaker do now leave the Chair and the House resolve itself into a committee to consider of the Supply to be granted to Her Majesty.

**Motion agreed to.**

## COMMITTEE OF SUPPLY (Concurrent Sections)

### FAMILY SERVICES

**Mr. Chairperson (Gerry McAlpine):** Order, please. Will the Committee of Supply please come to order.

This afternoon, this section of the Committee of Supply meeting in Room 254 will resume consideration of the Estimates of the Department of Family Services. When the committee last sat, it had been considering item 3.(d)(1) Residential Care Licensing on page 53 of the Estimates book. Shall the item pass?

**Mr. Doug Martindale (Burrows):** Before we finish this line, I wonder if the minister has answers to any of the questions that were outstanding from previous days for me?

**Hon. Bonnie Mitchelson (Minister of Family Services):** I have a copy and copies that I will table of the memorandum of agreement between the government and the Manitoba Funeral Services Association, and I guess there were some questions on the grants and what changes there were.

\* (1440)

I will read the changes, the increases or decreases or elimination. The Canadian Institute for Advanced Research is no longer receiving a grant. It was the end of a commitment. The Vanier Institute is a new grant, \$15,000. That is a three-year commitment; \$15,000 a year for three years. Winnipeg Child and Family Services, you can see there is a significant increase, \$0.4 million. Child and Family Services of Central Manitoba, there is an increase of \$34,000; Child and Family Services of Western Manitoba, an increase of 79.3 thousand. Jewish Child and Family Services had a reduction of 47.9 thousand. Part of that grant was

converted to a per diem, therefore the change. Churchill Health Centre, a decrease of 62.4, and it was the same thing, a conversion to a per diem for part of the grant.

Ndinawemaaganag, that is a new grant of \$212,000. The Family Centre of Winnipeg got an increase of \$42,000; Marymount, an increase of 4.6 thousand. The Inner City Review Committee, that is a new grant, 6.3. Women's Shelter saw a decrease of 598,000. Facility grants were transferred to the Department of Housing, and they are being funded at the same rate through the Department of Housing.

L'Entre-Temps, an increase of 7,000; Lakeshore Women's Resource Centre, an increase of 5.3; Plurielles, an increase of 12.3 thousand; Native Women's Transition Centre 7,000. Day Care Centres and Homes had an increase of 129,000, primarily for children with disabilities.

Was there anything else outstanding?

**Mr. Martindale:** I think I had asked the minister for the percentages of welfare fraud compared to the caseload.

**Mrs. Mitchelson:** Mr. Chairperson, we do not have that at our fingertips. I will endeavour to get it and put it on the record before the end of today if possible.

**Mr. Martindale:** Going back to the line that we are supposed to be on. I have had concerns raised with me, and so has the member for Wolseley (Ms. Friesen), regarding Alho Guest Home, which is licensed under the licensing branch of this department, and the member for Wolseley wrote to the minister on May 10, 1996. So the complaints have been going on there for a long time. I am wondering if the minister can provide us with an update on whether or not they are meeting current orders and licensing requirements and whether there is any change planned in their status. I understand they might be wanting to not be licensed anymore.

**Mrs. Mitchelson:** Mr. Chairperson, indeed, they are not licensed anymore. Their licence has been pulled, and I think the 16 residents that were there have found alternate locations. It really was a mental health facility

licensed through our residential licensing branch, but it has in fact been shut down and the licence is no longer in place.

**Mr. Martindale:** Is it possible that the same operator could continue to operate with the same kind of clients but have them live in a rooming house licensed by the City of Winnipeg?

**Mrs. Mitchelson:** Mr. Chairperson, I am advised that he could run a rooming house, I suppose, subject to rezoning by the City of Winnipeg, but in fact he could not deliver the kinds of services he was delivering to the kinds of clients that were residing there.

**Mr. Martindale:** I just have a couple of questions about the Vulnerable Persons' Commissioner. Can the minister tell me how many substitute decision makers have been appointed?

**Mrs. Mitchelson:** Mr. Chairperson, a total of 30 substitute decision makers have been appointed to date.

**Mr. Martindale:** Does the minister have a breakdown as to how many of those are individuals who were under an order of supervision and how many who have never been under an order?

**Mrs. Mitchelson:** Mr. Chairperson, there were eight applications for persons without an order of supervision. Three of those are still in process, one was dismissed, three were withdrawn, and one substitute decision maker was appointed.

**Mr. Martindale:** Under subappropriation 9.3(e) one of the expected results is to review and assess approximately 500 orders of supervision under The Mental Health Act. Can the minister tell me if that goal will be met? I guess this is in the coming fiscal year. Do you expect that the Vulnerable Persons' Commissioner will review 500 orders of supervision?

**Mrs. Mitchelson:** Yes.

**Mr. Martindale:** Can the minister tell me how many staff there are who are employed by Family Services working with individuals under the VRDP funding?

**Mrs. Mitchelson:** Mr. Chairperson, there are 20 employees that are cost-shared on a full-time basis, and



there might be a few others, where part of their job is related to VRDP, which would be able to be claimed.

**Mr. Martindale:** How many individuals are those staff working with in total?

**Mrs. Mitchelson:** Mr. Chairperson, we provide direct service to about 600 individuals through our Regional Operations in the department, and there are another 400 that are served through three different agencies that we give some support to: SMD, CPA and CNIB.

\* (1450)

**Mr. Martindale:** Could the minister tell me if those 20 staff are primarily involved in finding employment, including support of employment, and in job coaching?

**Mrs. Mitchelson:** Mr. Chairperson, it is the mix of tasks that staff have to undertake. Part of it is job finding, but they also provide counselling, individual training plans, and help them to access training support dollars. So it is mixture of those kinds of activities.

**Mr. Martindale:** Could the minister tell me how many jobs these 20 staff found for their clients in the last year?

**Mrs. Mitchelson:** Mr. Chairperson, we do not have good statistics or data, but all indications are that about 50 percent of the clients that are worked with are in employment of some kind. Whether in fact all of those individuals are as a result of our staff finding jobs for them or whether they find jobs on their own, we do not have that kind of information, but some, I guess, we do not have hard data. Our guess is that about 50 percent of those that are served do find jobs.

**Mr. Martindale:** Could the minister tell me how this compares with organizations like Sturgeon Creek Enterprises and local ACL groups in terms of finding employment?

**Mrs. Mitchelson:** Mr. Chairperson, the functions of our department versus Sturgeon Creek Enterprises and those agencies are not quite the same. What we do is the counselling, the individual training plans and helping them access training dollars. What they do

through Sturgeon Creek is direct supported employment placements, and they perform job coaching functions. So they are slightly different.

**Mr. Martindale:** When your staff find the training dollars, do they go to organizations like Sturgeon Creek Enterprises?

**Mrs. Mitchelson:** Mr. Chairperson, the department and the staff within the department deal with different types of individuals, so they are not all quite the same. Sturgeon Creek Enterprises would deal primarily with those who have mental disabilities. SMD and CPA might deal with those who have physical disabilities. In the department, we deal a lot with individuals who have mental and psychiatric disabilities. So the roles are a little different. We may use Sturgeon Creek Enterprises, and we may not. I guess it just depends on the individual, the circumstances, and the needs of that individual.

**Mr. Martindale:** Can the minister tell me if the department sets goals for the number of people whom you would like to find jobs for in any given year, since we know that people with disabilities are vastly underemployed, many of whom want to work but find themselves on social assistance?

**Mrs. Mitchelson:** Mr. Chairperson, in the past, we have not necessarily monitored or set goals or followed measured outcomes. As a result of the ongoing work with the federal government and in consultation with the disability community, those will be the kinds of things that we will be doing. We will be focusing on working with those in the community that we know want to work and setting some goals and some objectives and doing some follow-through to see how many individuals actually get into employment and keep their jobs or how many come out of the labour market. So that is part of the process that is ongoing right now with the federal government and the disability community.

\* (1500)

**Mr. Chairperson:** Item 9.3. Community Living (d) Residential Care Licensing (1) Salaries and Employee Benefits \$259,200—pass; (2) Other Expenditures \$33,500—pass.

9.3. (e) Office of the Vulnerable Persons' Commissioner (1) Salaries and Employee Benefits \$220,500—pass; (2) Other Expenditures \$244,000—pass.

Resolution 9.3: RESOLVED that there be granted to Her Majesty a sum not exceeding \$106,865,700 for Family Services, Community Living, \$106,865,700 for the fiscal year ending the 31st day of March, 1998.

Continuing on with Resolution 9.4 Child and Family Services (a) Child and Family Support (1) Child, Family and Community Development (a) Salaries and Employee Benefits \$4,295,700.

**Mr. Martindale:** Mr. Chairperson, I have in front of me a letter from Keith Black, board member of Winnipeg Child and Family Services, dated October 1, 1996. The main reason that he wrote this letter was to inform the staff of his resignation and to thank them for their work.

In this letter he said, and I quote: If it is ever possible to establish a relationship with the government that reflects the reality of your work, things would improve greatly. While there will no doubt be major changes in the next several years, the bottom line is that you have the toughest job in all children's services.

He was also interviewed by the media, and he said he was frustrated by the rocky relationship between Child and Family Services and government and of funding arrangements he called unclear and archaic, and he commented on the poor relations with government. He said there will continue to be tensions unless there are changes in funding arrangements and the level of service that should be provided. Can the minister tell me if these concerns have been addressed since the resignation of Mr. Black?

**Mrs. Mitchelson:** It is always nice again to be in opposition and to take excerpts out of letters, not in the full context. I am sorry I do not have the letters in front of me, but there are two letters; one that went to staff and one that came to me as minister. I am trying to get those right now and will provide them for my honourable friend.

I do want to indicate that yes, there have been some problems between the Winnipeg agency and the

government, extreme frustration over many issues. Funding issues are one issue when we see the kinds of significant increases that have gone into our Child and Family Services system, especially in the City of Winnipeg, with millions of dollars of additional resources being provided on a year-by-year basis, and yet we do not seem to be seeing any significant impact on the number of dysfunctional families or the number of kids that need to come into care.

I am not sure what the answers are. I do not think there are any easy answers, but the reality is that we have as many kids or more kids in care. Their needs seem to be higher, and no matter what additional resources we seem to put in, we do not necessarily seem to be having a positive impact on society as a whole as a result of the things we are doing in Child and Family Services. So that is extremely frustrating for a government, and I know it must be extremely frustrating for those that work in the system, too, because many of them are doing just a fantastic job of trying to resolve the issues.

We do know and we hear from the Winnipeg agency that 70 percent of their caseload is aboriginal, and yet we do not seem to have the aboriginal community working with us in a significant way through our Winnipeg agency to deal with those issues, although we have reached out and I have encouraged, very strongly encouraged partnerships with the Winnipeg agency and some of the nonmandated agencies like Ma Mawi out there to see whether we can, in fact, have a significant or a positive impact on the issues that we are faced with as a result of increasing caseloads being of aboriginal background.

We cannot deal with those issues without the aboriginal community on side helping us to resolve those problems. I recognize that very clearly. One of the issues that is very frustrating for me, and it is probably frustrating for the agency, too, as I say, how many aboriginal staff do you have working in the agency to help you address the issue of a significant number of aboriginal children and families? The answer from the agency is we cannot keep aboriginal workers. That is frustrating to me, as I am sure it is to them, but I think we have to examine why that is happening, and maybe the agency has to look at a different way of recruiting and attracting and keeping

aboriginal employees. They have to be a part of the solution, and we want them to be.

So I guess, yes, Mr. Black was frustrated. I am frustrated as a minister, and we are frustrated as a government that keeps pouring millions and millions of dollars more into the system on a year-by-year basis and not seeing any positive impact. I guess for me the question is, is more money going to mean better service or healthier families? I am not sure we do not have to re-examine exactly what we are doing, how we are doing things. Have we asked child and family service agencies to be all things to all families and children, or do we need to be looking at a better way of delivering that kind of service and support? I am not sure I have an easy answer to that question, but we are working with the agency to try to see whether, in fact, we cannot identify what needs to change and see how we can make that happen.

Are you saying, are the problems resolved? No, they are not resolved completely. I would be silly to try to admit that there is not frustration on both sides; at the board level at the agency; I am sure at the working level in the agency, and I am sure at the level of community where we are not seeing a significant impact and significantly increased numbers of healthier families in our Winnipeg community, Winnipeg society.

So I sense Mr. Black's frustration. He has been a great board member, and my letter to him did indicate that I valued his contribution. We will try our best to identify how we can fix the problems. As I said, no easy answer. I wish I had all the answers.

**Mr. Martindale:** When Mr. Black wrote his letter to the staff, the government would have been in the process of doing its budget for this fiscal year, since the letter was dated October 1, '96, and Winnipeg Child and Family Services, as the minister indicated earlier this afternoon, received an additional \$1,783,400, if my arithmetic is right.

I am wondering if the minister feels that she has made some progress with Winnipeg Child and Family Services. Has the relationship improved? According to the Free Press article, Mr. Black said it was a rocky relationship. Since that time, their budget allocation was increased and, presumably, the minister has had

time to work with this agency to make improvements. What has happened since October 1?

\* (1510)

**Mrs. Mitchelson:** Mr. Chairperson, we are at present and have been going through a joint process to try to determine what the actual budgetary requirements of the Winnipeg agency could be. We are working there as a committee, the department and the agency working together to try to identify what service we are buying from the agency at what price. So that is a process that is ongoing right now.

We also have a committee that is working together looking at options to improve services. They are looking at the foster care issue, they are looking at aboriginal issues, they are looking at emergency care issues, and at trying to see whether we can come to some agreement on how we can best deliver those services in the most efficient and effective way. So there is a process that is ongoing right now, trying to resolve some of these issues and identify exactly for us what we are purchasing from the Winnipeg agency and for them what their requirements are going to be.

(Mr. Peter Dyck, Acting Chairperson, in the Chair)

**Mr. Martindale:** Can the minister tell me if Winnipeg Child and Family Services had a deficit in their most recent fiscal year?

**Mrs. Mitchelson:** Yes, Mr. Chairperson, they did have a deficit of \$4.3 million.

**Mr. Martindale:** Could the minister tell me if the increased allocation of \$1,783,000 is going to cover the deficit or is it going to be used to accommodate more families if their caseload increases?

**Mrs. Mitchelson:** I guess we were only half listening to the full question, but can I indicate that we did get supplementary funding last year to cover their deficit. And the second part of the question was?

**Mr. Martindale:** Well, since the new funding is not going to cover the deficit, is it going to provide services to children?

**Mrs. Mitchelson:** Yes.

**Mr. Martindale:** The minister expressed extreme frustration and listed three items: funding, an aboriginal agency and the number of aboriginal staff. I guess we could talk about funding for a long time, but I would like to move on to the aboriginal agency. If I heard the minister correctly, she said the aboriginal agency is not working with government. Is that correct?

**Mrs. Mitchelson:** No, Mr. Chairperson, I would hate to leave that. That is not what I said, I guess, and I would not want that impression left on the record. What I indicated was that I have really, really encouraged the Winnipeg agency to work very closely with Ma Mawi. When we first set up The Family Support Innovations Fund, I was hoping that partnerships would develop with mandated and nonmandated agencies. I encouraged Ma Mawi and Winnipeg Child and Family to work together to bring forward proposals to use some of that innovative money to deal with the children that they had to deal with and the families they had to deal with, and for some reason or other it was very difficult for the two to get together and develop a partnership. That just cannot happen.

So it is not government not working well with Ma Mawi. As a matter of fact, we have a very good working relationship with Ma Mawi, and my honourable friend probably does know that Josie Hill is over at Ma Mawi now. We talk about Josie Hill quite often and her significant commitment and contribution to a lot of the issues that I have to deal with and a lot of the issues in my honourable friend's constituency. I do really believe that around the prevention and the family preservation issues, our nonmandated agencies have to be as involved as our mandated agencies in finding the solutions.

So I have been frustrated as a result of that kind of activity not happening all the time. It has to work, and we all have to be on the same page when we are looking at support for families and working with families.

**Mr. Martindale:** Is it the minister's view that because there is now a more co-operative relationship with Ma

Mawi and the Winnipeg Child and Family Services that some of the problems in the past are being sorted out?

**Mrs. Mitchelson:** Mr. Chairperson, absolutely. I think it is critical that that happen and it will happen. I think if you look at the document we put out in July of last year that sort of preceded our public hearings around The Child and Family Services Act, it speaks to the community and to mediation, family conferencing. A lot of issues, I think, that were raised in that document were certainly moving in the direction of what a lot of aboriginal people would think would be the right direction to go to preserve families and work with families.

I really believe that we will shortly have some announcements to make that will look at some pilots and some models of delivering service in different ways. So I am not at liberty to discuss those today, but I think you will hear some very positive things in the very near future which I am sure my honourable friend will agree with.

**Mr. Martindale:** The minister expressed frustration about the number of aboriginal staff, I guess really the lack of aboriginal staff being hired by Winnipeg Child and Family Services, and I guess it is the agency's view that they do hire them, but they cannot keep them. Actually, I ran into a graduate of Winnipeg Education Centre when I was knocking on doors during the federal election who has been applying and cannot get a job and would like to be working as a social worker.

I wonder if the minister can tell me why it is that Winnipeg Child and Family Services cannot keep aboriginal staff.

**Mrs. Mitchelson:** Well, Mr. Chairperson, I wish I knew. I mean, that is a challenge for them, and they are going to have to deal with that issue. It certainly is not as a result of any directive from government. They are an agency that runs their own show, so to speak. I do not interfere in the hiring process at the agency level, so they would have to be asked that question. I am not sure what the answer is, but I might ask my honourable friend if he has the name of the person who has graduated and I would ask whether she has applied to Winnipeg Child and Family. I am not sure you would want to share that information with me, but maybe you

could intervene on her behalf and ask her to write or to apply or help her, in fact, to see whether that might be an option for an opportunity for employment for her.

**Mr. Martindale:** I will certainly discuss it with this individual.

\* (1520)

I have the Order-in-Council No. 268/1997 regarding The Family Support Innovations Fund and the amounts of money and the agencies that the money goes to. Can the minister tell me if any of this money is given by the agencies to other organizations or do they spend it all internally?

**Mrs. Mitchelson:** The majority of the money stays right with the agency to deliver those programs with the exception of the family reunification project with Winnipeg Child and Family, and that is a partnership with the Family Centre of Winnipeg. There are three nonmandated agencies that have received funding through The Family Support Innovations Fund; that is, MacDonald Youth Services, Andrews Street Family Centre and Rossbrook House.

**Mr. Martindale:** Can the minister tell me if The Family Support Innovations Fund has been at relatively the same level in recent years or has it been increasing?

**Mrs. Mitchelson:** It has been the same level since it was introduced, \$2.5 million.

**Mr. Martindale:** Since the minister mentioned the family reunification, I had a question later on about that. I assume that this refers to children who were adopted out of province, out of country.

**Mrs. Mitchelson:** No. These are children that are in care that could possibly be moved back into their own families. It targets families living in Winnipeg's core area with children under 10 years of age where neglect issues have been identified, but the family is willing to effect changes in lifestyles and parenting approaches.

**Mr. Martindale:** I have some questions about that, but I will save them for later, so I do not lose my place here. Could the minister tell me if I have an

understanding of the administrative structure here? Can the minister tell me if this is accurate? Is it true that the director of Children's Services reports to the assistant deputy minister who reports to the deputy minister who reports to the minister?

**Mrs. Mitchelson:** Yes.

**Mr. Martindale:** Why are there so many layers of the bureaucracy? Why not have the director report directly to the minister?

**Mrs. Mitchelson:** I guess one of the reasons for that would be that in fact the assistant deputy minister has several responsibilities; not only child welfare but Family Dispute, Family Conciliation and Children's Special Services. That is all amalgamated under one assistant deputy minister. Oh, and Child Day Care also. It is the Child and Family Services division, so there is one assistant deputy minister for all of those areas, and the director of child welfare reports through him. I suppose we could have a structure where the director of child welfare reports directly to the minister, but we would still need some administrative function for all the other areas. It just seemed to be the most efficient way to reorganize the department and bring all services related to children under one assistant deputy minister.

**Mr. Martindale:** Can the minister tell me how many staff there are in the Child and Family Support branch?

**Mrs. Mitchelson:** We have 61 staff years, and that is including 38 staff years at Seven Oaks.

**Mr. Martindale:** Can the minister tell me what these staff do other than the ones at Seven Oaks?

**Mrs. Mitchelson:** Mr. Chairperson, of course there are a variety of activities which are ongoing in this area. The one new focus that we have placed in this area is compliance, having the agencies comply with the standards that are set by the department. So we do have a director of compliance and we have activities that are related to that. We have a co-ordinator of intake and inquiry. We do protection and abuse work, the Child Abuse Registrar. We have program consultants. We have a co-ordinator for foster homes. We have people who work on the Child and Family Services

information system. We have an adoptions co-ordinator and the activities which happen around adoption. We have support staff, records clerks, data entry people, some financial support, accounts clerks. We have a co-ordinator of native services, agency relations manager, training co-ordinator, a co-ordinator for residential care. I guess that pretty well covers the variety of activities that are ongoing in this area.

**Mr. Martindale:** Why is it when there is a controversy or a crisis like moving up the announcement of the closing of Seven Oaks by several months because there is a letter being read on Peter Warren, instead of the minister attending a press conference she sends the assistant deputy minister for Child and Family Services and the director of Child and Family Support to meet with the media and answer their questions?

Why would the minister not attend the press conference and answer the media's questions?

**Mrs. Mitchelson:** Mr. Chairperson, I was just trying to remember whether I was around on that day or not and I guess I was but, in fact, there are two different kinds of activities that might take place when there is an announcement being made or sometimes there is a news conference, sometimes there is a press release. I think in the instance of Seven Oaks, it was in the planning stages but, when the letter came up and there was some criticism, we thought we might as well tell everyone that, in fact, we were in the process of closing down Seven Oaks. There is some sensitivity, of course, around staffing issues because, when staff hear that kind of thing through the media rather than first-hand, sometimes it has a very negative impact and presents some uncertainty for staff.

But anyway, because of the detail surrounding and the technical detail, it was better for staff who had been working on the whole process to provide the detailed, factual information. I could have been there to say, yes, we are closing Seven Oaks, and turned it over. You have seen many announcements that are made where the staff from the department give the technical background and the detail and the minister is there to answer questions after, and I was there to answer questions after the technical part of the announcement and the detail had been made. So that is the way it happens sometimes.

**Mr. Martindale:** Well, I certainly knew that Seven Oaks was going to close and it was fairly obvious that the announcement just got moved up but, on the other hand, this minister, every minister is ultimately accountable for every decision of government and, when the minister is unwilling to make an announcement and answer questions, it looks like the minister is ducking that accountability, and this is not the only occasion that the minister has done that. I can think of two occasions, one other occasion when the minister got the same staff actually to meet with the media.

I am wondering why the minister is not willing to take the questions and ask her staff, like she does in Estimates, if she does not have the detail.

\* (1530)

**Mrs. Mitchelson:** Mr. Chairperson, I cannot really say that I have ducked any accountability in the Department of Family Services or in the Department of Culture when I was the Minister of Culture. Ultimately, I am held accountable and the people of Manitoba will hold the government accountable. My constituents will hold me accountable in the next election campaign. I have been open and up front, and I will argue with my honourable friend that I think that when it is important for staff to be there to answer the detail they will be there, and when it is important for me to be there as the minister because there is a certain policy direction that we are taking as a government, I will be there.

I want to indicate to you that because I have such good staff in my department, from time to time the media call and request those staff be available to answer questions. As a matter of fact, I want to indicate that I know I am going to be on Peter Warren. My time will come sometime in June, towards the end of June, but Peter Warren has also asked for my staff to do a morning show with him because he values their opinion and their ability to talk about some of the details of some of the work that is ongoing in the department.

I want to indicate that not always is it me ducking. It is because there is a specific request for my staff to be present to answer certain questions. From time to time that happens, so I take great pride in knowing that there

is staff in my department that are up to speed and working very diligently to see that change will be made when it needs to be made and that if they are asked to make comment I have every confidence that they can do that. They have the ability to do that, and the more Manitobans are informed with the facts around the change and the way we are going, I think the better off Manitobans will be.

I have no hesitation in saying that my staff is very competent and very capable of being able to provide the facts and the detail around significant change, and I have every confidence that every time they are asked or every time the decision is made that they provide that technical detail, they will do so professionally.

**Mr. Martindale:** It is my understanding that the staff at Seven Oaks Youth Centre were told in 1996 that nothing would happen to Seven Oaks until there were system-wide changes including a review of The Child and Family Services Act. Now we know what is happening with The Child and Family Services Act, but does the minister really consider that there have been system-wide changes which I guess enable the place to be closed?

**Mrs. Mitchelson:** I know that by the time Seven Oaks is closed the changes and the new system will be up and running, and it will not be closed until that happens. We have made a commitment to try to ensure that happens by the end of this year. I want to assure Manitobans that we will not close Seven Oaks down completely until the crisis teams are in place, stabilization is there and the new beds are available, the psychiatric beds and also the treatment beds.

There was a news release, and I am sure my honourable friend saw it last week. We anticipate that the girls' unit may be able to be closed by fall, and it will take a little longer for the boys' unit at Seven Oaks. But we will not, and we have made that commitment. It would be foolish to close down Seven Oaks until we had all of the other pieces in place, and they will be when we ultimately shut the facility.

**Mr. Martindale:** If this information is accurate, the staff are told that nothing would happen until there are system-wide changes. Does the minister consider these

things that she announced in the press release to be the system-wide changes she was referring to?

**Mrs. Mitchelson:** Yes.

**Mr. Martindale:** The staff were told that there would be a review of other community-based facilities. Has that taken place?

**Mrs. Mitchelson:** Yes.

**Mr. Martindale:** What was the result of that review?

**Mrs. Mitchelson:** As a result of the working and bringing together of the treatment facilities, I am talking Marymount, Knowles, New Directions and Macdonald Youth Services, we have had significant discussion around the intake process and trying to ensure that the right kids are in the right beds for the right kind of treatment. We have been assured that all of that will happen, and it will happen at the intake process and also at the discharge process so kids will not be discharged until they are ready to be discharged to something else.

Actually they are very excited about the prospect of being able to do business in a different way. We know that the youth psychiatric beds will be available through the Department of Health. We also know that Marymount—and I think that is public information now—will be the girls' receiving unit. We are still in negotiations but pretty close to determining where the boys will reside. That is why it is taking a little longer on that side, but we are pretty well geared up to ensure that Marymount will have the capacity to look at the girls' treatment beds in the community by fall.

So that consultation, that discussion has taken place, and I think everyone is on board in trying to do things a little differently into the future.

**Mr. Martindale:** Could the minister tell me where the 10 psychiatric beds will be located?

**Mrs. Mitchelson:** Mr. Chairperson, it is not 10, it is four new beds, four psychiatric beds, and they will be at the Health Sciences Centre. Those are inpatient beds. The crisis stabilization beds, there will be six to eight for boys and six to eight for girls. I indicated that

Marymount would be the site for the girls. We are in the process of working on the boys' facility.

**Mr. Martindale:** What is the holdup in finding a boys' facility?

**Mrs. Mitchelson:** We have been working, I guess I can say publicly, with Knowles Centre, and we are close to finalization. We just have not got the i's dotted and the t's crossed.

**Mr. Martindale:** Can the minister confirm the target date for closing the facility entirely?

**Mrs. Mitchelson:** We are targeting December 31, but I would not want that to be a firm date. If it takes a few months longer, I would rather do it right than close it too soon.

**Mr. Martindale:** What is going to happen to the staff at Seven Oaks Youth Centre?

\* (1540)

**Mrs. Mitchelson:** We have been working through our Human Resource branch of the department pretty aggressively with Seven Oaks, and we know that they will no longer be employed at Seven Oaks, but we are hoping that any of those individuals who are trained to fit into the new system—because, obviously, there is going to need to be more community staff support through the different facilities that will be accepting the children who previously went into Seven Oaks. If, in fact, they can be retrained, we are offering that option or opportunity if they are wanting to do that, so we will try our very best to accommodate those who want to continue to work in the youth system.

The union and the department have established a joint Workforce Adjustment Committee to assist employees.

**Mr. Martindale:** It is my understanding that currently Seven Oaks Youth Centre takes youth that other facilities will not, including MATC and the youth centre.

Can the minister assure me that when agencies in the community and the police and anyone else are looking

for a crisis facility that the kinds of facilities that the minister announced in her press release will be available for these troubled youth?

**Mrs. Mitchelson:** I want to point out to my honourable friend that this is not a correctional facility. It is a facility for those who are involved with Child and Family Services, so it is not a holding facility for Corrections.

In the news release, it spells out quite clearly the whole process. We will have six to eight more treatment beds on the girls' side through Marymount. We will have another six to eight stabilization beds on the boys' side. We will have four additional adolescent psychiatric beds. The people who will come together to be part of the mobile crisis team—it will be multidisciplinary. So we have MATC, mental health, child welfare, occupational therapy, psychologists, all of those individuals who will be involved in the mobile crisis team, and the crisis stabilization units I have already indicated will be at Marymount and probably Knowles.

We will have brief treatment teams that within one day of the crisis will provide intensive and timely interventions and do some short-term planning with a view to a long-term case plan. We will have home-based services available if we feel that a family can be kept together and that there is no danger to the child or the family if that family is kept together, and resources can be put in to try to work out the problems. I indicated if we needed short-term psychiatric beds, that those beds would be available through the Department of Health at the Health Sciences Centre psychiatric unit.

So it is a comprehensive plan. It has been worked on for several years now. We have been talking change. How do we best deal with the issues of treating children or youth at risk rather than just warehousing them at Seven Oaks? The original intent of Seven Oaks was not to have long-term placements, but it was to be short-term crisis stabilization, and then they were to move on to treatment.

What has happened, admittedly, over the years is that it has been a facility that has warehoused some of our most difficult children in most need without any real



treatment plan, and with the new focus and the new way of delivering services we will be focusing on a case plan and a treatment plan at the earliest opportunity. So we hope that through this process we will have children that are better served in the new system and they will not just be sitting around doing nothing, receiving no treatment and no ability to resume a normal life, if that is possible.

**Mr. Martindale:** Can the minister tell me if in recent years Winnipeg Child and Family Services underwent an operational review?

**Mrs. Mitchelson:** Yes.

**Mr. Martindale:** Was that review supposed to be made public?

**Mrs. Mitchelson:** Ultimately, yes, it can become a public document. Right now we are working with the agency on some of the issues that were identified through the operational review and that will eventually be a public document.

**Mr. Martindale:** This joint committee, would that be the implementation committee of the agency and provincial staff?

**Mrs. Mitchelson:** Yes, Mr. Chairperson.

**Mr. Martindale:** I have a document—I am not sure where I got it—but it is kind of interesting reading: Winnipeg Child and Family Services Program Description Summary. The initiative is called Family Focused Services, and the program title is Family-Centred Reunification Program. I guess it is kind of dated now, but I notice one of the footnotes had a report called The Final Report on First Nations Children in Care for Winnipeg Child and Family Services written by Bruce Unfried in 1994. I am wondering if I can get a copy of that report.

**Mrs. Mitchelson:** Sure, we can get that. I am not sure we have it here, but we will get it and provide it.

**Mr. Martindale:** Can the minister tell me if this program went ahead? The document that I have says the program is targeted for October 1994. Did the Family-Centred Reunification Program get implemented?

**Mrs. Mitchelson:** Yes, that was one of the projects under The Family Support Innovations Fund, and it was approved. That was the one project that I said was a partnership between the Family Centre of Winnipeg and the Winnipeg agency.

**Mr. Martindale:** I guess I am going to be jumping around a little bit here, but I noticed that when the minister was undertaking The Child and Family Services Act review, I found a description of it on the Progressive Conservative Caucus of Manitoba home page, and I am wondering why it was not on the government of Manitoba home page. I never would have thought of looking for it in the PC home page.

**Mrs. Mitchelson:** My understanding is that it was on both home pages, and if my honourable friend has any different information, maybe he could provide that or share that, but it is our understanding that it was on both.

**Mr. Martindale:** Well, the date that we were browsing or surfing, I guess the ninth month, the 20th day, 1996, it was not on the government home pages, just on the PC home page, but that is ancient history, so we will pass over that little anomaly.

**Mrs. Mitchelson:** Can I just indicate that it might have just been the excitement of my colleague the honourable member for River Heights (Mr. Radcliffe), who was really pleased to chair that committee, that it may have got on that home page before the government one, but we will certainly check that out.

**Mr. Martindale:** I am glad that the minister reminded me about the member for River Heights. I wonder if the minister could have a little chat with her colleague from River Heights and tell him that the next time he sends a letter to his constituents about decline in welfare caseload, if he could print accurate figures or at least tell people what the figures are that he is publishing. Certainly the number of cases indicated in his letter was no where near what the actual numbers are.

Now, the minister did provide some corrected information and tell me that it was single parents, so I wonder if she could advise her colleague that next time he sends out a letter to everyone in his constituency that

he tell his constituents what group it is that he is talking about and indicate that this is only the single parent caseload if he is going to do that again and try to make the government look good with misleading statistics.

**Mrs. Mitchelson:** Certainly, I know my colleague the member for River Heights would certainly want full and factual information provided to his constituents, and I know that he did provide that through the letter. Employment First was targeted at single parents with children a certain age.

\* (1550)

So when he talked Employment First, he was talking about those individuals in that category. The information that he provided was factual, so I would just like to remind my honourable friend that I know my colleague the member for River Heights (Mr. Radcliffe) certainly would never mislead his constituents in any way, that the information was full and factual.

**Mr. Martindale:** Well, we might have to come back tomorrow so that I can have the letter in front of me again. Numerous people have expressed concern about the caseload, particularly by Winnipeg Child and Family Services. I wonder if the minister could tell me the number of children in care by Winnipeg Child and Family? Also, I have a chart of days care comparing districts in Winnipeg and I am wondering, since the chart that I have is '95-96, if the minister could provide me with a more recent chart—and I will pass over the one that I have so the minister's staff can see it.

**Mrs. Mitchelson:** Mr. Chairperson, I will share this with staff in the department. I am not sure whether we have the same breakdown. But I want to indicate a frustration of mine to my honourable friend, and my staff hear it all the time, and I am sure I have discussed this with the agency on several occasions. I mean, days care does not really tell me anything. I do not know what it says to my honourable friend. I guess, it says that there are a certain number of children in care for a certain number of days, but it really does not tell me what the issue is with that child. How many children are high needs, special needs, require significant cost? Are they children that are in the system for two or three or four or five years, or are they

permanent wards forever? Are they in our system for 18 years?

I mean, I get extremely frustrated with trying to analyze the days care issue. You know, I need to know, are they children that go back into their home and are apprehended again? Are they in and out of the system? Are they there for years on end? Are we doing the right kind of case planning around children? Anyway, I just thought I would throw that in as the comment for my honourable friend, because I find it extremely frustrating to try and analyze what we are doing and how we are trying to budget based on days care when we really do not know what the cost of days care is for individual children.

Can I ask my honourable friend where he may have got this from? Was this out of the annual report for the—we do not have this breakdown. This would have come, I guess, from the agency, and I am wondering if it might be something that would be published—would this be in their annual report? We do not have any data or information collected in this manner. So it might have come from the agency.

**Mr. Martindale:** So the minister is saying that you do not have stats on the number of children in care—or, sorry, the days care?

**Mrs. Mitchelson:** Yes, we do, Mr. Chairperson, but it is not broken down in this manner.

**Mr. Martindale:** Could the minister give me handouts on the number of days in care?

**Mrs. Mitchelson:** Mr. Chairperson, we would have to undertake to get that and provide it for my honourable friend.

**Mr. Martindale:** Whenever a child in care dies, the staff often are blamed for not providing adequate service or protection or apprehending a child that might be at risk, but when one talks to the staff, especially the front-line staff, one hears a lot of frustration. For example, the Filmon government has forced them to close their offices for 10 days a year. Sometimes the legal system does things that they have no control over, like, saying that a parent can have legal custody of a child, and they have huge caseloads.

For example, I am told that protection workers have up to 35 cases, whereas the Child Welfare League of America recommends 10 active ongoing protection cases and for active investigations. I have also been told that workers sometimes have 50 to 75 cases, and that this has increased since centralization, but there has been very little increase in staff. I am wondering if the minister shares the staff's concerns about the level of work that is expected from the staff in terms of caseloads per worker and the ability of those staff to effectively monitor those families, or even do home visits or meet with the families, so that they are providing the kind of service that they should be able to provide so that children do not fall through the cracks, so that children do not die in homes that are unsafe. Does the minister share these concerns?

**Mrs. Mitchelson:** Mr. Chairperson, certainly, I share concerns that every child is in a safe and secure environment. I know that no one would go into work in the child welfare system if they did not have that as their first and foremost priority. So, I guess, I recognize and I realize that there are many, many out there that are doing a very good job in some very difficult circumstances and situations.

I always say that it would be wonderful if we did not need a child welfare system. If every family was responsible and did not neglect or abuse their children, then we would not need a child welfare system. Reality is we always will need one. What happens in the child welfare system is that the system is having to pick up the pieces after there has been dysfunction, abuse and neglect in a family, and sometimes the issues are not very easy to deal with. So I certainly respect and admire those that work on a day-to-day basis with some of the most significant issues that need to be dealt with in society today.

Can I indicate that there have been additional resources and additional staff that have been hired at the agency? I am not sort of aware of exactly what those staff positions are doing. I know a lot were hired with The Family Support Innovations Fund initiatives to deal with some of the special projects that are being undertaken. I guess, part of the dilemma that we have, too, is trying to determine really what our mandated agencies should be doing. Have we asked our mandated agency to do too much, or be all things to all

families, or are there certain things that should be done through other systems? The big question in my mind, and it is one that I have asked out loud, I have spoken to the agency about that.

I think we are working with the agency through the operational review to determine really what our functions are. Is there ability to streamline and do certain things differently so that resources can be freed up to do the front-line activity and work? Those are all things that need to be examined very closely and we need to work with the agency on. As I said, no easy answers before. It seems to me though that a lot of the issues are more complex. The issues that the child welfare system has to deal with today are more complex than they used to be, and I will tell you that we need to be trying to deal with issues up front before children hit the child welfare system.

\* (1600)

We need to look at early intervention. Some of the things we are trying to do with the Perry preschool programs, getting parents involved in parenting and understanding. I always say that the biggest responsibility any of us ever undertake is to parent. We need to take those responsibilities very, very seriously, and that should be our No. 1 priority and, gosh, none of us do everything right. We all make mistakes along the way, but it is important for us to have at least the grounding and the understanding that there is help out there, and we can get that help when that help is required in our families.

So the issues around teen pregnancy, adolescent pregnancy, 14-year-old girls parenting and choosing to parent their children when they have never been parented themselves, really leaves us in a double-jeopardy situation where you have not very much of a chance of a very positive childhood experience if you have a parent that does not understand that parenting is a major and significant responsibility. So we have to work to try to ensure that we deal with those issues and do the up-front early intervention so that hopefully we will not see as many children in the child welfare system as we see today.

It is difficult to change our focus from, you know, sort of, the back end, dealing with the issue after it

happens rather than trying to prevent the dysfunction or the neglect or abuse from happening in the first place. Those are the major challenges, not unlike the challenges that are being faced right across this country by all governments of all political stripes. I think we all recognize and realize that dollars spent up front are dollars well spent and will save significant resources at the back end if we can spend them wisely.

So we are all attempting to find the right answers and some of the right programs that might have a positive impact on families and their ability to cope in today's world. I have probably rambled on a little bit, but I think it is important that we recognize that we are dealing in the child welfare system after the fact with families that have broken down, and we need to start to look at how we can do things differently at the front end and relieve some of the pressure on the system at the back end. No question that there are many that work very hard in our system, and we will have to continue to try to find some of the answers.

**Mr. Martindale:** Can the minister tell me if the deficit of Winnipeg Child and Family Services is mainly due to child maintenance?

**Mrs. Mitchelson:** Yes, it is. It is mainly due to special needs circumstances and cost for those services.

**Mr. Martindale:** Is the minister aware that Winnipeg Child and Family Services has an emergency fund from which workers are authorized to draw in order to provide groceries for families where there is no food in the house?

**Mrs. Mitchelson:** We are not aware of the detail, but we do know that through after-hours service there is the ability, some flexibility to provide that kind of service if it is required.

**Mr. Chairperson:** Before we proceed, if we could have a short recess, is there agreement? [agreed] What is short? About 10 minutes? Okay. Recess for 10 minutes.

*The committee recessed at 4:05 p.m.*

### After Recess

*The committee resumed at 4:24 p.m.*

**Mr. Chairperson:** Order, please. Will the Committee of Supply please come to order. When the committee recessed we were on Resolution 9.4 Child and Family Services (a) Child and Family Support (1) Child, Family and Community Development.

**Mr. Martindale:** Can the minister tell me how many children are housed in hotels and motels on average? My understanding is that two hotels are being used and at least one motel. The minister might have more accurate information on that, but I am interested in how many children are staying there.

**Mrs. Mitchelson:** Mr. Chairperson, it averages around 40, but it has been as high as 80.

**Mr. Martindale:** The reason I am asking is that some of these facilities are apartment suite hotels, they are staffed 24 hours a day, and there must be a tremendous cost to this. I am wondering why such a large number of children are being provided temporary accommodation in this way.

**Mrs. Mitchelson:** My honourable friend has raised an issue that is of major concern to our government, and I think the cost annually for kids in hotels is around \$2,500,000, and that is significant. It is of great concern and it is something that has been identified as a real issue, and we are working with the agency to try to resolve it. I know at one point in time the agency indicated that they did not have enough foster homes to place children in, and, as a result, I said: Well, why are you not doing some sort of a recruitment or an advertising campaign? I think they did as a result find some additional foster parents, but I think it is not certainly a place of choice or the treatment of choice. We need to address that issue.

**Mr. Martindale:** Well, I would assume as well that it was a lack of foster homes, and I am wondering if the minister can tell me why she thinks the agency cannot find sufficient foster homes. Could it be related to the reduction in rates that have happened in recent years?

**Mrs. Mitchelson:** It is interesting to note that many of the children that are in hotels are young children. Many

of them are aboriginal children, and I think that comes back again to the need to involve the aboriginal community in a significant way in trying to identify what some of the care options might be. I know in our discussions with Ma Mawi they have indicated that they are prepared to aggressively pursue recruitment of culturally appropriate foster homes, so we are working on it. I would hope that by next year we could report some significant improvement in that circumstance.

**Mr. Martindale:** What is being done to assist or enable Ma Mawi to find more foster homes?

**Mrs. Mitchelson:** Mr. Chairperson, we have requested that Ma Mawi and the Winnipeg agency sit down and develop a course of action that might enable recruitment of foster homes, and they are presently going through a process where I believe Ma Mawi has indicated that they believe they can find 40 foster homes. So that process is underway. They are sitting down, and they are talking at the present time.

**Mr. Martindale:** This minister often talks about family intervention and family unification and keeping families together and preservation and prevention. It seems to me that, if all of these initiatives were working, we would not have so many children in hotels and motels. Why is it we allocate money for these new initiatives but we still have an increasing number of children in hotels and motels?

**Mrs. Mitchelson:** I indicated it is as much a concern to me as it is to my honourable friend, and I think that is probably one of the reasons we put out our document called Families First: New Directions for Strengthening the Partnership. In the document it talks about a community-based approach to dealing with some of these issues. I know I have had the opportunity to sit down with aboriginal women around the table in my office and ask whether they felt there was a desire to participate in a very meaningful process with a community approach where they might become involved early on in the case planning, in the identification of what might be the most appropriate plan, do some family conferencing, family mediation, case planning in a very significant way, and they are prepared to work with us. I think that was one of the reasons we determined that we should probably move in this direction.

Let us, when it comes to trying to maintain or develop healthy families, look at those in the community that have been successful and see how they can share some of that experience and expertise with others that are struggling. Through the community consultations that we have had, I think time and time again there is a desire, neighbourhood by neighbourhood, to have community, community agencies, community organizations involved in the process of helping to provide the kind of support that is needed to strengthen families.

\*(1630)

So I indicated that we will be making some announcements fairly shortly on some pilot projects around the province that will in fact look at this model as a very really option for families.

**Mr. Martindale:** Can the minister tell me if there has been an increasing number of children requiring Level 4 and 5 foster care?

**Mrs. Mitchelson:** Mr. Chairperson, there certainly have been requests from the agency for additional costs for exceptional circumstances of children, so there is not necessarily a higher number of children. It is a price issue or a cost issue, and they are requesting more money for exceptional circumstances.

**Mr. Martindale:** And has the minister agreed to provide additional money for these exceptional costs?

**Mrs. Mitchelson:** That has been some of the issues around their deficit and we have picked up those additional costs through special warrant or additional funding, so I guess the short answer is yes.

**Mr. Martindale:** Can the minister confirm for me that Winnipeg Child and Family Services is contracting with Medox to hire employees for staffing hotels and motels?

**Mrs. Mitchelson:** Mr. Chairperson, yes, they are.

**Mr. Martindale:** Do these staff have any training in child care or anything related to the kinds of children in their care?

**Mrs. Mitchelson:** The agency has the responsibility to ensure that the appropriate staff with the appropriate training are hired to provide the services, and they inform us that the individuals that are performing these services are licensed and have the ability or the capability to deliver that service.

**Mr. Martindale:** Can the minister explain what she means when she says that they are licensed, the individuals are licensed?

**Mrs. Mitchelson:** Mr. Chairperson, I do not whether licensing is the appropriate terminology to use, except to say that these people who would be hired through Medox would have to meet the requirements of any professional or paraprofessional that delivered nursing services or home support services in the health care system, and that would probably be a requirement of being hired by Medox to deliver a service. So I guess that is what I am trying to indicate is that they would have to be qualified based on the standards that would be set by a firm like Medox or any other firm that they might use to deliver those services.

**Mr. Martindale:** Well, it is my understanding that Medox requires that they only have a Grade 12 education and that they are getting paid \$6.50 an hour and that they have almost no qualifications. In fact, I was told that one worked at a hotel, another one was a waitress at a bar. So are these people being hired primarily to do babysitting, or are they actually required to have a child care background or social work background?

**Mrs. Mitchelson:** I guess I will reiterate that the agency has the responsibility to ensure that the staff that are caring for children in care have the right qualifications, and I guess that, if my honourable friend has some circumstances or individual situations that he is aware of that tells him or me that that is not the case, I would certainly have to approach the agency and consider that a very serious concern. So, if there is information that we could share, and we do not have to do it on the record, but I would certainly want to investigate and ask some very direct questions of the agency to get the answers.

**Mr. Martindale:** Well, I thank the minister for that undertaking, and I will try to verify the information and

provide it to the minister. Can the minister tell me if there is any kind of training available for foster parents?

**Mrs. Mitchelson:** Training for foster parents is delivered on an agency-by-agency basis. We fund agencies, I think, 50 cents per day in care for training for foster parents, and then it is the agency's responsibility. But I understand that we have just recently called together the provincial foster care co-ordinators and foster parents to look at some sort of a strategy to see whether we can have a province-wide training process, so that is in the works right now.

**Mr. Martindale:** Do all of the agencies provide the training?

**Mrs. Mitchelson:** My understanding is that there is not a consistent approach agency by agency. Some do more formalized types of training, whereas others do smaller groups, mentoring type of training. I guess that is one of the reasons we have called the co-ordinators together around the province to see whether there cannot be some consistent format that is used for training of foster parents.

**Mr. Martindale:** Could the minister provide for me the list of the current foster care rates in effect in Manitoba?

**Mrs. Mitchelson:** Yes, we will get that and provide it.

\*(1640)

**Mr. Martindale:** Can the minister tell me if there is a policy regarding foster parents having ongoing contact with foster children who leave their homes and go to another foster home or to a permanent placement?

**Mrs. Mitchelson:** It is my understanding that a plan is developed for every individual child based on their individual needs, and in some cases that may happen and in others, not, I guess depending on the individual circumstances.

**Mr. Chairperson:** Resolution 9.4 Child and Family Services (a) Child and Family Support (1) Child, Family and Community Development (a) Salaries and Employee Benefits \$4,295,700—pass; (b) Other

Expenditures \$2,860,400—pass; (c) Maintenance of Children and External Agencies—

**Mr. Martindale:** On several occasions the minister and I have discussed the minister's policy of whether or not she would release recommendations made by the Chief Medical Examiner regarding children who die in the care of a child welfare agency with the caveat, which I cannot remember right now—with the caveat that the recommendations, I guess, do not have any legal implications. I cannot remember what the caveat is. The minister will remind me because the minister always has the caveat, but on several occasions the minister has publicly promised to make public the recommendations. We are still waiting. The minister has not acted on this promise. I am wondering if the minister is finally willing to make public recommendations made by the Chief Medical Examiner.

**Mrs. Mitchelson:** We have been working on this and discussing this with the Chief Medical Examiner, and sometimes the nature of his reports is very difficult. I mean, you are sort of—if we take the onus or responsibility of pulling out of his reports what we believe is not confidential or not identifying, it is difficult from time to time. I guess we have been discussing the nature and the way his reports are written and whether we need a different format so that a certain portion could be released that would be standard. There are still some issues to sort out with this. I want to indicate, though, that we have made a commitment that we will release recommendations, and we will do that. I am not sure exactly what that format will be, and we have been back and forth and up and down. It is not a really easy issue to deal with, but in fact we will be releasing the recommendations. I just wish I had a clearer answer for my honourable friend, but it will happen. It will be at least on an annual basis at minimum, and the format still has not been completely finalized.

**Mr. Martindale:** Well, this kind of reminds me of the minister's commitment to proclaim The Vulnerable Persons Act, which she said she would do soon, and to get a course at Red River College, a full-time training course for youth care workers, which was promised soon. I am not going to hold my breath. I might be

asking the same question next year in Estimates, but I will expect some progress in that regard.

I do have some of the recommendations to the minister from one of the Chief Medical Examiner's reports, and it is not really necessary to say which report or which death it is because

I think the recommendations are good ones. I would be interested in knowing if the minister and if the agency being referred to have made any progress in implementing any of these recommendations. Now I believe these recommendations apply to Winnipeg Child and Family Services where the Chief Medical Examiner recommended that the agency implement the information system in its daily casework. I presume that refers to the computer program.

**Mrs. Mitchelson:** Yes, it does, and that has been done.

**Mr. Martindale:** It was recommended that the Child and Family Support Branch perform an immediate qualitative assessment audit of child protection files in Winnipeg Northwest area to ensure that program standards for case supervision and case documentation are met. Has that taken place?

**Mrs. Mitchelson:** Yes, Mr. Chairperson, that was done.

**Mr. Martindale:** It was recommended that the agency comply with program standards for social assessments with respect to child protection cases. Has that been done?

**Mrs. Mitchelson:** As a result of some of those recommendations or that kind of recommendation on an ongoing basis, we have restructured the branch and put an additional focus on compliance. We have a director of compliance now that is ensuring accountability of the agencies for enforcing or following the standards. What we are in the process of doing right now, though, is trying to make those standards more user-friendly. It is very difficult when you have a set of standards this high. What is the priority, and how do you start or begin to ensure that you are following standards? I think we are trying to put them into a format that the agencies will be able to use more comprehensively as a result of clarity of—with

a particular emphasis on safety issues as a priority in following standards. We are in the process of doing that, and I think we are near completion of the rewriting of those standards so that they will be much more user-friendly and staff in the agencies will be able to follow through.

**Mr. Martindale:** It was recommended that the agency comply with standards of service planning and implementing service plans on all protection files. Is that taking place?

**Mrs. Mitchelson:** Mr. Chairperson, that is the kind of thing that we are focusing on through our director of compliance and that function, and that is to ensure when we identify through an audit of a file that standards are not being followed or things are not being complied with that in fact we bring that to the agency's attention immediately and ask for it to be resolved. But this is all part of the rewriting of the standards that will very soon be shared with the agencies and implemented right across the province.

**Mr. Martindale:** It was recommended that the agency review with its staff the relationship between family violence and the assessment of risk for children. Is that being done?

**Mrs. Mitchelson:** We will be indicating very strongly once we get the new standards shared with the agencies. One of the concerns, I guess, of ours has been is that the risk estimation has not been consistently followed, and we will be demanding that of agencies.

**Mr. Martindale:** The Chief Medical Examiner recommended that the Child and Family Support Branch develop and implement a standard for custody assessments by independent nonagency assessors. Has that taken place?

\*(1650)

**Mrs. Mitchelson:** Mr. Chairperson, I guess one of the compelling reasons for bringing services for children together under one roof was to ensure that Family Dispute, Family Conciliation, and Child and Family Support were all together. There are different programs, and I guess what we wanted to ensure was

that there was an assessment tool right across all programs in different areas of the department. So we have brought all of those areas together, and we want to ensure that there is consistency in our approach program by program.

**Mr. Martindale:** I am not sure I understand the answer to that question. The recommendation was about custody assessments by independent nonagency assessors.

**Mrs. Mitchelson:** Mr. Chairperson, I guess we share the same concern that agencies that are hiring outside assessment are hiring people that are qualified and competent to do the job, and I would imagine that there may be more light shed on that individual circumstance in the months to come that would help us determine what needs to be asked of the agencies. I do not want to get into—

**Mr. Martindale:** I do not want to get into specifics either, and I do not think the recommendation is specific. I think it is a general recommendation that there be standards for custody assessments by independent nonagency assessors, presumably, the standard would apply to all nonagency assessors. Has there been a standard implemented?

**Mrs. Mitchelson:** Yes, Mr. Chairperson, we are creating a standard for quality assessments, but we have not been able to influence who agencies hire to do those assessments. So there could be a standard for the quality, but we do not ultimately hire the assessment people. It is up to the agency themselves to hire that person and ensure that they meet the standards of a quality assessment.

**Mr. Martindale:** So, in other words, the minister is saying that because a child and family service agency may hire someone to do an assessment, the minister does not have any control over it and there is no assurance of quality, because anyone can hang out a shingle saying they are a social worker or a psychologist, and a child and family service agency could hire such a person and the administrator or the branch could not enforce the standards at this time.

**Mrs. Mitchelson:** That is, I guess, exactly the reason we have a concern and why we are trying to work



toward finding a resolution to that problem. We can set the standards but we cannot—I mean, I guess, we cannot necessarily control each individual case. My honourable friend is right that I would just hope that the agencies, when they are choosing people to do those kinds of assessments, would be checking into the background and ensuring that they have the qualified people. So we are concerned and we are trying to find a way to make that happen.

**Mr. Martindale:** But the minister controls the purse strings. Why can you not say we are not going to authorize any funds to your agency to hire X, Y or Z, but we would authorize funding if you hire A, B and C who meet the standards? Why do you not use your funding as a method of compliance?

**Mrs. Mitchelson:** I guess, therein lies the dilemma in the whole child welfare system in the supports that go to families, not only through social workers but for any type of practitioner that does deal with children. It is an issue that has been discussed at the national level. Interprovincially, we have discussed this at ministers of social services meetings indicating that there really is a dilemma around the whole issue of licensing or having some sort of a governing body that is responsible for people that work with children.

We are not unique in the country. There is not any province that has anything in place, and when you see some of the issues that have arisen in Manitoba, in Ontario and British Columbia around children—can I say—falling through the cracks and dying as a result of circumstances that have taken place, I think it is very important that we start to look at what can practically be done. I guess, the issue in this area or this field is that it is not necessarily only social workers that practise—licensing the social worker profession is not necessarily the answer because there are many others that work with children in the child welfare system that are not social workers. So it is what kind of certification or what kind of a recourse is there if someone does not do good practice with children, whether it be social worker or any other kind of work.

I suppose one of the reasons no province has moved on this is because it is a very complex issue. I think when you look at the report that was done as the result of the review of The Child and Family Services Act,

you will see that there is a recommendation, and it is not a legislative recommendation, but it was a recommendation that we need to start to look at some sort of a licensing or certification process. We have agreed as a result of that recommendation to strike a committee of an interdisciplinary committee. We have not struck it yet, but we will be to take a look at the whole licensing and certification issue.

I am not sure it is going to be a short-term easy solution to come to, but we have to start somewhere. I think, it is the kind of information that we have agreed as ministers of social services to talk about at our annual meetings and to see whether there is any information that we can share or any direction that we might be going. Is somebody any further ahead than we are? Is there anything we can learn from that experience? As I have indicated, it is a dilemma for all of us because none of us have anything in place, and it is kind of scary.

**Mr. Martindale:** It was recommended that the Minister of Family Services request that the Department of Justice explore the possibility and legal ramifications of law enforcement personnel sharing with Child and Family Services information that they may have in their files. Has this discussion taken place with the Department of Justice?

**Mrs. Mitchelson:** Mr. Chairperson, in fact, there are amendments in our legislative package that will address that issue.

\* (1700)

**Mr. Martindale:** It was recommended that a computer link be established between the Office of the Chief Medical Examiner and the Child and Family Services Information Systems to facilitate the preparation of future reports. Was that acted on or not?

**Mrs. Mitchelson:** There is not a computer link per se, but we share all information that is available within 24 hours of an incident taking place.

**Mr. Martindale:** What does the minister mean by “an incident”?

**Mrs. Mitchelson:** It would be a child's death.

**Mr. Martindale:** What kinds of information would be shared?

**Mrs. Mitchelson:** Any information that we have in the department and any information that the agency has.

**Mr. Martindale:** During the public hearings regarding amendments to the Children's Advocate section of The Child and Family Services Act, it was very interesting to learn new and very positive things about some of the aboriginal agencies in Manitoba. I guess the one that impressed everyone in the committee the most was Awasis Agency, and it seems that they have made some fundamental changes, I think, without permission from the department but, I guess, the changes must have been good ones and then tacitly approved somehow. It seems to me that the changes that they have made must be working, because Awasis is not in the news anymore and they have not been for a couple of years.

Meanwhile, we have other agencies, namely Anishinaabe who are in the news from time to time, and I understand from a Free Press article that they agreed to have someone from the Child and Family Support branch in their agency in an active capacity. I could go into all kinds of detailed questions about the problems at Anishinaabe, but given the time restraints I would rather ask, I think I am forced to ask, a much more general question and that is: Why can we not transfer some of the very positive learnings and changes and success stories from one agency and implement them in another? Other than, I guess, the fact that they are autonomous agencies, it is a little hard to force those changes on them. But another example would be West Region, where I understand that the average level of the staff has increased about five or six years in the last eight or nine years. West Region is very seldom in the news as well. So can the minister tell me if there is some way, or is she interested, or are you trying to get other agencies to learn from some of the success stories, so that they can turn their agencies around so that the political interference that has been a problem will no longer exist?

In fact, I was quite pleasantly surprised when I found that the chiefs constitute the board at Awasis. I never would have guessed that had I not been told because other agencies—I constantly hear complaints about political interference because the board is made up of

chiefs, but obviously they are doing something very different at Awasis. I am looking forward to finishing the book that they have written about their agency, and the executive director has sent me a copy of his thesis, and I am looking forward to reading that as soon as we get out of Estimates in another week or two. I wonder if the minister can answer this general question about how we can transfer some of these learnings and success stories to other agencies that are perennially plagued with problems?

**Mrs. Mitchelson:** Interesting comments. I wish I had an easy answer to that question, too. I think it does take leadership in order for that kind of—and an open mind to a new way of doing things. I mean, certainly, I think Awasis would be very prepared to share their success with anyone that was willing to look at a different way of doing things.

I think that we have learned something as a government from some of the successes in the aboriginal agencies. I think some of the models that we have presented in our Families First document and the partnerships with community, family conferencing, family mediation, working together to preserve families, looking at extended family, as some of the solutions to the problems are probably certain things that we have been able to learn and discover have worked in the North in some of our aboriginal agencies and very possibly could work in sort of a restructured or redirected Winnipeg agency. So I think there are some positives that not only could other aboriginal agencies learn, but we certainly have learned some things from their positive experiences.

I cannot force Anishinaabe to invite some of the positive experiences or the people from Awasis in, but I think through the individual that is working with Anishinaabe from the department, we can try to replicate, educate those that are working on the front lines at Anishinaabe to some of the successes that have taken place so we can, through that process, introduce the kinds of activities that are happening at Awasis and, hopefully, could be positive for Anishinaabe. So that is one of the reasons we have someone in there. I think us having that ability to share what has worked elsewhere, hopefully, will have a positive impact on what is happening at Anishinaabe.

**Mr. Martindale:** I certainly hope that there is some success in transferring these ideas. Maybe we need to put the executive director from Awasis in there for a while. Something certainly needs to be done.

I would like to move on and ask the minister some questions about MacDonald Youth Services. My colleague the minister for Osborne (Ms. McGifford) wrote to the minister on December 17, 1996, regarding funding for their youth resource centre. They were requesting an additional \$40,000. I see from the grants to External Agencies that their grant is the same this year as last year, so I am wondering if this request for additional funding was met or not.

**Mrs. Mitchelson:** The program has been maintained at MacDonald Youth but it has been through reallocation of resources internally within MacDonald Youth Services which we have worked on with them that has allowed the program to be sustained, so it would not be an increase in their grant. It was sort of reprioritization or reallocation of resources internally.

**Mr. Martindale:** MacDonald Youth Services is happy with this arrangement?

\*(1710)

**Mrs. Mitchelson:** We will continue to work with them. They would like to see a long-term commitment to fix this problem. I think that would be our ultimate objective, too, so we are working with them to try to accomplish that.

**Mr. Martindale:** Can the minister tell me if the repatriation program only has federal money in it or is there a provincial contribution as well?

**Mrs. Mitchelson:** Okay, I am not sure what my honourable friend is asking, because there are a couple of different types of repatriation and one of them is adopted children that were adopted out and were trying to—

**An Honourable Member:** That is the one I am thinking of.

**Mrs. Mitchelson:** Okay. There has not been a request since 1993, but we do have an allocation of \$25,000 in our budget should it be required.

(Mr. Jack Penner, Acting Chairperson, in the Chair)

**Mr. Martindale:** I have with me an article from the Free Press dated September 21, '96, entitled Native Agencies Hit Cut and this has to do with a federal cut of \$2.2 million in funding for preventive services. The story says that Elsie Flett, director of West Region Child and Family Services said she and other agency directors estimate the resulting increase, the number of children in care, will cost about 15 times more than keeping children at home. The story also said that they were going to Ottawa to protest this cut and try and get the funding restored. I am wondering if the federal government did restore this funding or not.

**Mrs. Mitchelson:** My honourable friend raises a real issue, certainly an issue that I have discussed with native agencies, and it just seems to be going in the opposite direction to the direction we are going as a province. We have talked about strategies. I know that they have certainly grudgingly signed their new funding agreements with the federal government with a caveat saying that they are not pleased, but they almost felt like they are being blackmailed into signing these agreements.

I have raised this at provincial meetings, at our meetings with our federal counterparts. I guess, we have been successful in restoring some of the money as a result of our complaints. The big issue will be now that the Liberal government has another mandate in Ottawa—did they restore the money on a one-year basis to get them through an election campaign and will we see that money disappear again? I do not know, but it is a concern that we have and we want to do everything we can within our power, along with the native agencies, to ensure that that money is maintained in that direction, the direction that continues to be taken, because we did feel that if you have to take kids into care to get the funding, that is going in the wrong direction especially in view of the success that Awasis has had in reducing the number of kids in care and developing healthier families.

**Mr. Martindale:** It is just too bad that the independent members of the Manitoba Legislature are not here today to hear this discussion. I would like to ask the minister how many names have been added to the Child Abuse Registry as a result of Bill 35 of last year?

**Mrs. Mitchelson:** We will have to get that information and provide it.

**Mr. Martindale:** I wonder if, in a more general way, the minister could tell me if the law is working the way it is intended, that people who have been convicted are having their names added to the registry?

**Mrs. Mitchelson:** Yes. They are.

**The Acting Chairperson (Mr. Penner):** Item 9.4. Child and Family Services (a) Child and Family Support (1) Child, Family and Community Development (c) Maintenance of Children and External Agencies \$104,264,700—that is a big number—pass; (d) The Family Support Innovations Fund \$2,500,000—pass.

9.4(2) Family Conciliation (a) Salaries and Employee Benefits \$727,700—pass; (b) Other Expenditures \$156,700—pass. [interjection] Pardon? I am sorry, \$156,700. We just about gave you \$100 million. Just about.

9.4(3) Family Dispute Services (a) Salaries and Employee Benefits \$300,100.

**Mr. Martindale:** I would not want to give this minister more money than what is in this budget. I have some questions about shelters. The first one has to do with the length of stay, and it is my understanding that the Pedlar report recommended that the initial allowable stay for a woman at a shelter be increased to 30 days from the current 10 days. I am wondering if the minister, since she has had the Pedlar report for some considerable time, can tell me if this was considered and what the result was?

**Mrs. Mitchelson:** I think Manitoba is held out as a very progressive province with a continuum of services that certainly is not available in many other provinces for not only the shelter system but other services for abused women which might be second-stage housing and counselling services.

There is not any set number of days that a woman remains in shelter. I think what we want to accomplish is to ensure that there is a safe place for a woman to go but that because we have a continuum of services that

can move and support women as they move into second-stage housing and become more independent, that we assess the length of stay based on an individual basis. Shelters do determine on a case-by-case basis how long a woman needs to stay in shelter and where she might go and develop a plan for that woman as she moves out of shelter and into some other form of support service.

If a woman needs to stay in shelter for 30 days, she will be in shelter. If she needed to stay longer, that would be accommodated. There is no set time. I guess, the main goal and objective is to try to ensure that there is a plan that will lead to some independence at some point in time, and sometimes that can happen sooner and on a case-by-case basis than it can in other circumstances. So a shelter is not always the best place for a woman that is abused; it is communal living. There is a lot of stress associated and related and it might be to a woman's advantage to move into some other form of support service, whether it be second-stage housing or some form of independence sooner rather than later for the benefit of that individual. So it is on a case-by-case basis and the stay can be as long or as short as is required.

**Mr. Martindale:** Could the minister tell me if funding shelters includes funding for counselling children and youth?

**Mrs. Mitchelson:** Yes, it does.

\* (1720)

**Mr. Martindale:** Given the funding cutbacks by the federal government, can the minister tell me if shelters in Manitoba are going to have predictable and stable long-term funding?

**Mrs. Mitchelson:** Yes, very definitely, Mr. Chairperson, and in spite of federal reductions we have been able to maintain and, in some circumstances, provide more support. So I am very pleased to say that we have one of the most comprehensive support systems for abused women right across the country. Many provinces call on a regular basis and look to Manitoba as a leader in this area and, in some instances, follow our direction.

**Mr. Martindale:** Can the minister indicate where there has been increased support?

**Mrs. Mitchelson:** The three areas of increased support in this year's budget where support for L'Entre-Temps, second-stage program, or Lakeshore Women's Resource Centre, the crisis office there, and Pluri-elles was the other. The Native Women's Transition Centre got some increase. There is some additional money, another \$100,000, that will be announced as allocated in the very near future to certain projects.

**Mr. Martindale:** Can the minister indicate if there were any plans to restore funding to the Flin Flon/Creighton Crisis Centre?

**Mrs. Mitchelson:** The Northern Women's Resource Service and the Flin Flon-Creighton Crisis Centre have joined forces, and they will be opening a new blended service model in Flin Flon in June, I believe, of this year that will provide a safe home, a short-term stay, counselling services and follow-up.

**Mr. Martindale:** Given that when women leave abusive situations, frequently their lives are in danger, is the minister willing to guarantee these women after they leave a shelter that they will have money in their social assistance budget for a telephone, primarily for safety reasons?

**Mrs. Mitchelson:** We do provide telephone services where it is indicated that there are health issues or security issues.

**Mr. Martindale:** It is my understanding that some provinces are moving to a new system whereby men are removed from the home rather than a woman fleeing from an abusive situation. I wonder if the minister has any information about this and whether any studies have been done as to the effectiveness of this system and whether it is a better, more viable system, or whether there are risks for women in this very different matter of dealing with domestic violence.

**Mrs. Mitchelson:** We do not have a structured program as such, but from time to time we certainly do have the capacity here in Manitoba to remove the male from the home situation. The police can come out and arrest a man and take him away, and the woman can get

a restraining order, so that does happen from time to time now, where the woman and her children may be able to stay in the home with a restraining order. I think it is sort of assessed on an individual basis. Is their safety and security and anonymity required for a period of time, which would mean that a woman and her children might have to be moved out of the home circumstance and start a life somewhere else.

But I think it is—well, it is usually determined on an individual basis based on the circumstances, the situation, and what is in the best interests of the woman and her children.

**The Acting Chairperson (Mr. Penner):** 9.4(a)(3) Family Dispute Services (a) Salaries and Employee Benefits \$300,100—pass; (b) Other Expenditures \$87,600—pass; (c) External Agencies \$5,538,000—pass.

9.4(b) Children's Special Services (1) Salaries and Employee Benefits \$293,000—pass; (2) Other Expenditures \$276,800—pass.

**Mr. Martindale:** I almost missed Children's Special Services.

**The Acting Chairperson (Mr. Penner):** I was just rolling through it.

**Mr. Martindale:** I would not want to do that because, of all the parts of the minister's budget last year, I think the biggest screw-up occurred in this budget line. I have a rather thick file of letters from parents and phone calls from parents. I did not bring it with me today. I am quite sure the minister is familiar with all my correspondence, because most of it was copies of correspondence to her. I am sure that her file is even thicker.

The most amazing thing to me, and I am just going by memory, I do not have any questions written down, but I remember it vividly, I am sure the minister remembers it vividly, is that we approved the budget in late May or early June, and on July 29 people got a letter saying that their respite service was cut for the rest of the year. It was unbelievable that this would happen so early in the fiscal year.

Somebody really, really got the budgeting or something wrong last year. It was a disaster. The

minister knows that as well as I do. Her colleagues in the Conservative caucus got lots of letters, and I am sure there was lots of pressure on the minister. The minister went to Treasury Board, and she should be commended for standing up to the big boys and getting some money out of Treasury Board. Not all her colleagues are willing to stand up to the Minister of Finance and the secretary of Treasury Board, but this minister did, and I think she should be commended for that, even on the record, because she got some more money. I do not think that happens very often, especially now at the beginning of a fiscal year.

We have special warrants and we bail out Child and Family Services and other agencies near the end of the fiscal year, but considering that this was in the middle of the fiscal year, it was almost miraculous. But I do have some questions, and I would like to ask the minister: What happened with the budgeting process last year? Why were these parents all of a sudden told that their respite hours were cut so drastically?

\* (1730)

**Mrs. Mitchelson:** If I can try to explain what happened, Mr. Chairperson, I guess from the year before we tried or attempted to meet the demand that was out there, and I guess the budget was overexpended. Then we got into the new fiscal year and I guess we had not accommodated for a full year's costs for the money that we had allocated on a part-year basis the year before so, therefore, when it was annualized in a full fiscal year, there was not enough money.

So that is what happened. I guess as we went back then and looked at the budget and certainly as a result of the issue being brought forward by parents that were experiencing some problems, we assessed, evaluated, and looked at immediately the situation. I went back and managed to get some additional resources to fix the problem. I do want to indicate to you that the Minister of Finance (Mr. Stefanson) is, quite frankly, very supportive of a lot of the programs and the issues in the Department of Family Services. He certainly understands the issues. I would not want to leave on the record the impression that I agree with my honourable friend when he talks about the big, bad boys.

**Mr. Martindale:** I did not say they were bad. I just said they were big boys.

**Mrs. Mitchelson:** I am not sure what the terminology or phraseology was, just that the Minister of Finance and I have a very good working relationship. Certainly he understands and sympathizes with the issues that we have to deal with in Family Services.

**Mr. Martindale:** I am sure that all those parents who needed respite were grateful as well that the minister had a good relationship with the Minister of Finance and was able to get bailed out of this crisis. Could the minister tell me how much additional money was requested and received from Treasury Board?

**Mrs. Mitchelson:** Midyear last year we got an additional around a million dollars. On top of that, we have another \$1.965 million this year.

**Mr. Martindale:** Could the minister tell me what the additional money will be spent on for this year?

**Mrs. Mitchelson:** It is basically for supplies, equipment, and respite.

**Mr. Martindale:** Is there a list of external agencies that the minister could table or share with me?

**Mrs. Mitchelson:** There are only three external agencies in this area. One would be SMD; the other would be the St. Amant outreach program; and the other is Community Respite Services.

**The Acting Chairperson (Mr. Penner):** 9.4(b)(3) Financial Assistance and External Agencies \$8,844,400—pass.

9.4(c) Child Day Care (1) Salaries and Employee Benefits.

**Mr. Martindale:** I have very few questions here as well. I am not sure that it is because things are all that different. I suspect it is because the minister appointed a review committee and the committee is working cooperatively with the child care community, the Manitoba Family Day Care Association and the

Manitoba Child Care Association, so there are very few complaints at this time.

Does the minister plan to have the current committee that is meeting about regulations continue to meet on an ongoing basis?

**Mrs. Mitchelson:** Yes, Mr. Chairperson.

**Mr. Martindale:** Could the minister indicate when there might be amendments to the regulations?

**Mrs. Mitchelson:** I think the committee is looking at short-, medium-, and long-term issues that need to be dealt with. There will be some that by fall will be changed. Others will take longer, and others will take considerably longer as they work through the process. They will determine what can be achieved and what there is consensus on up front, then what will take more dialogue and discussion to fix.

**Mr. Martindale:** I said I only had one question under Child Day Care. Maybe I should say one significant question. I do have a number of questions, as you can see, but most of them are fairly general. Last year I got numerous complaints, and I am sure the minister's office did and the Child Day Care Branch did about reallocation of subsidy cases. There were quite a number of daycare directors who were upset that they lost supposedly vacant cases, but they all had reasons why these cases were only temporarily vacant. That all died down, and I am not sure why. Is it because people got subsidy cases back? Is it because they learned to live with the new system, having lost those cases and not got them returned?

**Mrs. Mitchelson:** We did not reallocate cases as such. I guess what we tried and what we are trying to do on a pilot basis is, we have 400 portable cases that can be provided on an as-needed basis throughout the system where there is a demand for support for working. Some of them will be used by Taking Charge!, but others have been used, and obviously it seems to be meeting the demand and it seems to be working fairly successfully, but it will be part of the ongoing regulatory review. We are looking at how we can best use the spaces that we have and the resources that we have available with input from parents and from those

that are working in the system. It seems to have worked fairly well, and we will continue to monitor that.

**Mr. Martindale:** Could the minister use the regulatory review committee, the joint committee for future budget decisions?

\* (1740)

**Mrs. Mitchelson:** We always take advice from the community on what they believe the requirements might be in any specific area but, ultimately, budgetary decisions are made through a government and a Treasury Board process. We certainly do value the input from anyone that makes recommendations on where our need might be but, ultimately, it is a government decision on what would be allocated.

**Mr. Martindale:** I believe all of us as MLAs receive an annual report from Red River Community College. They survey their graduates and compile the results. Under Child Care Services they have got a four-year comparison of employed respondents as to the number of employed respondents and training-related occupation and average annual salary. For their child care graduates the average annual salary, I guess this would be recent graduates, newly employed in child care centres, \$20,423 in 1994-95. This is the most recent report that I received. I believe it was \$18,628. Can the minister tell me why the average salary of their graduates—in one case you are talking about 18 graduates; the most recent survey 21 graduates—why has the salary gone down almost \$2,000 a year?

**Mrs. Mitchelson:** I do not think we have an easy answer to that question. Maybe what we need to do is examine the annual report from Red River Community College and try to make some sense of that and discuss this when we have that information together. So it is the annual report of Red River Community College?

**Mr. Martindale:** It is possible I do not have that correct. It could be actually a survey of their graduates that I am referring to, but I will give you the page, and you can always phone Red River College and get more information. If the minister could add that to her list of things that she is going to get back to me on, I would appreciate it.

**Mrs. Mitchelson:** Okay.

**Mr. Martindale:** As the minister knows, we had a very tragic fire in Manitoba within the last year where a child died. I am wondering if the minister has considered requiring sprinkler systems in daycare centres.

**Mrs. Mitchelson:** The sprinkler systems are a building code issue. In some instances they are required. In other facilities, they are not. We are not looking at making it a requirement at this point in time. What we want to do is ensure that there is a plan of action should there be any fire. I mean, there should be a fire procedure or process in place at every facility.

**Mr. Martindale:** So the minister considered making sprinkler systems compulsory but decided not to?

**Mrs. Mitchelson:** Mr. Chairperson, at this point in time we are not looking at making a sprinkler system compulsory.

**Mr. Martindale:** Is there some reason why not other than the cost?

**Mrs. Mitchelson:** Cost is one of the factors. I guess if we have dollars to spend, we would want to ensure that staff are trained and that there is a fire preparedness plan of action should anything occur. I think that our dollars would be best spent trying to ensure that there is a plan of action in place. I suppose in some instances, a centre that has been around for a long period of time and has never experienced any problems or any difficulties, under the circumstances, might not think that a sprinkler system is the highest priority.

**Mr. Martindale:** Well, I am disappointed it is not a priority for your government. The minister has had correspondence, and I have had correspondence from an individual who has children who have a peanut butter allergy. My understanding is, when this parent went to the board of directors of her local daycare where her children were enrolled, asked that the daycare have a rule requiring that parents not send peanut butter with their children, that the board would not agree and would not pass such a rule.

However, it is a life-threatening situation, as the minister knows, that some children who are allergic to

peanut butter could die from contact or ingesting peanut butter. I am wondering in the course of the regulation review if the minister is considering or would consider a ban or restriction on peanut butter in daycare centres?

**Mrs. Mitchelson:** I think the individual issue has been resolved. Certainly the regulatory review committee is examining the issue very seriously. They have been working with Children's Special Services, Education and Training, and we have also been working with children's allergists to try to determine what the best course of action should be. I think education of parents and child care providers is the first thing that really needs to be done to focus on ensuring that children with life-threatening allergies are safe in child care settings. So that is one of the focuses, I think.

Through the process of review and through the regulatory review committee, they have come to a decision that parent education is one of the key factors, that they are not sure that they will ban peanut butter across the board but, if in fact there is a circumstance where a child does have an allergy, it would be banned in that centre? I am trying to get a nod.

\* (1750)

In addition to that, it has been recommended by the allergy specialist at the Children's Hospital that in fact when the regulatory review committee is reviewing the regulations they write into regulation a ban on serving of peanut butter to any child under the age of three years, because it is their immune system that is not developed up until that time, and there is more of a chance of a severe allergic reaction. So he has recommended that, and I think they are considering that seriously as an amendment to the regulation.

**Mr. Martindale:** This maybe is not fair to the minister since all her staff at Income Security are not here, but the deputy minister is here, a very knowledgeable person. Is the minister considering contracting out or privatizing any part of Income Security?

**Mrs. Mitchelson:** No, Mr. Chairperson.

**Mr. Martindale:** Is the minister or her government entering into any contracts with Andersen consulting in the area of Income Assistance?



**Mrs. Mitchelson:** No.

**The Acting Chairperson (Mr. Penner):** 9.4(c) Child Day Care (1) Salaries and Employee Benefits \$1,964,500—pass; (2) Other Expenditures \$478,900—pass; (3) Financial Assistance and Grants \$40,503,900—pass.

Resolution 9.4: BE IT RESOLVED that there be granted to Her Majesty a sum not exceeding \$173,092,400 for Family Services for the fiscal year ending the 31st day of March, 1998.

The last item to be considered for the Estimates of the Department of Family Services is item 1.(a) Minister's Salary \$25,700—pass.

**Mr. Martindale:** I know that the Chairperson would not allow that to slip by me. I have some concerns about the minister and how she handles parts of her department, particularly policy decisions in the area of Income Assistance or whatever the new name is now. I did compliment the minister for going to Treasury Board and getting some money for respite for Children's Special Services, but I am not at all convinced that the minister is as understanding or aware of the problems in the area of Income Assistance and poverty. I am not just talking about the rates of assistance, but I am talking about job creation and a whole bunch of things.

For example, this minister has told us that, well, in a press release that about 800 single parents got jobs. As we know, it is a very small percentage of the over 12,000 single parents that are on Income Assistance. We also know that the government, when they announced their so-called welfare reform last year, deemed single parents of children six to 18 years old employable, and we did not quarrel with that particularly, but what we have quarrelled with since then is the inference that single parents with children under six did not have to work or seek employment.

However, we have discovered that there is a huge loophole in this part of the regulations that says that if they have received any kind of employment, training, or upgrading that they are deemed employable. Consequently, I am getting phone calls from individuals with babies as young as 10 weeks where the

employment expectation is on these single parents. It is extremely difficult for them to find employment when they have such young children, unless of course they are fortunate enough to have subsidized child care.

The result is that all kinds of horrendous stories and circumstances are coming to our attention. For example, a single parent, and the minister will be familiar with some of these examples from the media, a single parent who got a job in a doughnut shop making around minimum wage and only getting three to five days a week of work. Consequently her work income was hundreds of dollars less a month than Income Assistance. She had so little money that she could not afford even private babysitting arrangements. So a friend in the same apartment building is looking after the child, and sometimes the only food that was sent with the individual was a banana.

Now I think that there is something fundamentally wrong when an individual with young children is forced to work and their income is less than social assistance, when they should be able to benefit from going to work. They should be at least allowed the work incentive which I believe is \$90 a month, that there should be an exemption from earnings that makes them better off financially rather than worse off.

I know of another example where an individual wanted to go to an adult learning centre, and the worker would not allow the individual to go to the adult learning centre. This example was a very interesting one because it was her grandmother that phoned me and said, you know, I was aware of the minister's announcement and so I said to my 17-year-old granddaughter, who is a single parent, you have six years to get an education and get yourself ready for work so that at least within the six years you can get into the paid workforce because after that there is going to be increasing pressure for you to find work. So this is your opportunity to do something about it now.

Her granddaughter took that seriously, and she applied to go to an adult learning centre, I think, to get her Grade 12, and her worker would not let her. Instead, the worker coerced her into taking a parenting course which she did not want to take. Then when she applied to go to the learning centre she was told she could not because she had taken a parenting course.

Now, it seems to me that there is something wrong here when someone wants to get a formal education and is told to take what is essentially a babysitting course. Now, that individual did advocate for herself, or her grandmother did, and the result was that she was allowed to go to the learning centre. It was only because of publicity. It was only because, you know, this minister did not want it on the front page of the Free Press, because this is one of the examples where the individual might have gone public because she had other people advocating for her.

Now, most of these individuals will not go public, and so when I phone the minister's department, or when I raise these examples in Question Period or Estimates, the minister says, well, give me the names and we will investigate and see if there is something we can do. But we cannot, because these individuals are so intimidated that they are unwilling to come forward. In fact, I tried to arrange a meeting with a group of single-parent women, and they were unwilling to meet with me because they do not trust people in government even though I am not in government. I am official opposition. They were unwilling to meet with me in spite of being told, you know, who I was and what my role was. They are so oppressed, these individuals, that they will not even allow other people to advocate on their behalf.

In the few minutes remaining before we have to adjourn I would like to have the minister respond, particularly to the problem I am raising of the hardships that are being placed on single parents with children under six because of this very unrealistic work expectation being placed on them when we know, if you look at statistics of people in the paid workforce, that there is a natural progression from parenting to paid work when the youngest child reaches six. The statistics will tell you that if you care to look at it, that most people get a job when they are able to because their children are full time in school. But, in fairness, I should give the minister a little bit of time to respond today before we continue tomorrow.

**Mrs. Mitchelson:** Mr. Chairperson, there certainly are a lot of comments that I need to put on the record to rebut a lot of the things my honourable friend has said that are in reality not factual at all. I have some numbers that I can provide for him that indicate how

many single parents with children under the age of six have had the work expectation placed upon them and for what reasons that has occurred, and indicate to him, too, that some of the information that has been in the media—

**The Acting Chairperson (Mr. Penner):** I would like to interject here. Is it the will of the committee to extend the sitting for a few minutes to let the minister respond? [agreed]

**Mrs. Mitchelson:** Thank you, Mr. Chairperson. Some of the comments that were in the media were in fact not factual when we looked into the individual circumstances around some of the issues that were reported. I do want to indicate that there have been less than a handful of women with children under the age of six—I cannot remember the exact number, I do not have my staff here to tell me now, but I think it was somewhere around three or four individuals that had work expectations placed on them because of unique circumstances around the kinds of training and the resources that we had placed into those individuals in order to help them, because of their choice, train or become educated to enter the workforce. So when you look at the thousands on our caseload and you look at the number that have had expectations placed on them, it is a very minimal amount. It is less than five, I know that.

I would like to take some exception to the comments that my honourable friend has put on the record in regards to people not being eligible for work incentive and not being able to get subsidized daycare. I mean, one of the—what is the word I am looking for? If we are going to be placing work expectations upon individuals it is because, No. 1, there is a job available, there is subsidized child care available for those individuals, and when everything is in place then a work expectation is placed on a single parent with children over the age of six. If she refuses to participate when there is a job, when there has been training provided, when there is subsidized child care then, in fact, we can reduce her monthly benefits by \$50. So we go through a significant process. There have been very few women that have had work expectations placed on them or have lost any money as a result of them not participating.

The whole thrust of Employment First is to look at individual case plans, have people thinking that a life of poverty on welfare is not the only choice or option that they have and that they should aspire to greater hopes and dreams and independence than a life of poverty on welfare. If in fact we can work with individual women to develop their self-esteem, their independence, and move towards the workforce rather than welfare, not only do they benefit but it is their children who benefit, too.

So for every single parent that becomes employed, there is at least double that number of lives that are impacted in a positive way as a result of that woman becoming independent and self-sufficient and being able to support her family and feel better about herself. So I would argue very strongly that we have moved in the right direction and that as we continue to work with individual women towards a life of independence and self-sufficiency, in fact not only are we helping them to benefit, but their children will benefit also.

If I had an opportunity—I do not know how long we want to go on—but if we can take a couple more minutes and I can talk about the national child benefit and how that will impact in a very positive manner—[interjection] Can I take one minute? Okay—how that will impact in a very positive way those who are working on low incomes. The whole principle behind, of course, the national child benefit is one, to reduce the depth of child poverty; two, to ensure that you are better off working than on welfare; and the third objective was to reduce overlap and duplication between federal and provincial governments. So if we see the federal government taking all children off the welfare system through the national child benefit and having the benefits continue to low income working parents that are available to those who are on social allowances today, I think you will see a very positive impact on many of those who are working and earning low wages.

**The Acting Chairperson (Mr. Penner):** Item 9.1 Administration and Finance (a) Minister's Salary \$25,700.

The hour now being six o'clock, committee rise.

## HEALTH

**Mr. Chairperson (Ben Sveinson):** Will the Committee of Supply please come to order. This

afternoon, this section of the Committee of Supply meeting in Room 255 will resume consideration of the Estimates of the Department of Health.

When the committee last sat, it had been considering the item 1.(b) (1) on page 68 of the Estimates book. Shall the item pass?

**Hon. Darren Praznik (Minister of Health):** Mr. Chair, I believe we are still proceeding kind of in a general way, and I know the member for Kildonan (Mr. Chomiak) asked for certain areas he wanted to cover in the areas of physician remuneration and some of the labour relations issues, so I am pleased to introduce today my new Associate Deputy Minister for Human Resources and Strategic Planning, Roberta Ellis, no stranger to these committee rooms, and also a very familiar face in government, the former Associate Deputy Minister of Finance, now our Associate Deputy Minister of Internal Operations in Health, Mr. Don Potter. He joins us here, as well, today.

At the back of the room, we have Mr. Doug Hardy and Ms. Barb Millar who are on the professional remuneration staff, part of our negotiating team. They join us here today.

\* (1440)

**Mr. Dave Chomiak (Kildonan):** Mr. Chairperson, I thank the minister for accommodating us with respect to our questioning. I have had discussions with my colleague the member for Inkster, and he is going to be—the initial portion of this afternoon's questions, he will be asking general questions in some of his areas. After he completes his questioning, I will then proceed down the road that we had indicated last week we would be proceeding to question on, so I thank the minister for providing that.

Perhaps at this point then, I will turn the floor over to the member for Inkster to pursue his questioning.

**Mr. Kevin Lamoureux (Inkster):** Mr. Chairperson, I did want to go into a couple of lines of questioning. One is to pick up where I left off with respect to Question Period. I am surprised and quite disappointed with respect to what seems to be the provincial government's position with respect to transfer

payments. We could talk endlessly about, well, this amount of money has been cut, that amount of money has been cut, some has been reinstated and so forth.

I would just as soon put that issue to the side and talk strictly with respect to trying to get a better understanding of what the government's position is exactly with respect to cash transfer payments.

Does the Minister of Health believe that, in order for the federal government to ensure standards, there has to be a significant cash component in transfer payments?

**Mr. Praznik:** Mr. Chair, first of all, two issues and they are related. I gather that from the member's question and the way he has put the question. First of all, the issue of federal support, the means by which the federal government provides financial assistance to the province.

As the Minister of Health, my role is to identify the need, how many dollars I need to provide an adequate, appropriate, efficient level of health care services to the people of the province. As Minister of Health, I go to Treasury Board. How they find that money, I leave to them. I need a certain amount, and my role is to figure out what that amount is.

How the Treasury Board and the Minister of Finance (Mr. Stefanson) are able to secure those dollars, through whatever means fits into an overall financial objective, whether it is cash transfers, taxation, tax points, et cetera, I will leave to him. The minister has that responsibility to find the supply that is necessary to meet the demands of this department. So I will defer that specific policy issue to the Minister of Finance, because it's his role and responsibility to find the dollars I need.

With respect to tools for the enforcement of national standards—and I gather the member's point is that having a direct tie of cash transfers, where there is money that has been moved from taxpayers across the country through the national Treasury to be delivered to provinces, provides a stronger vehicle, at least a morally stronger vehicle. To provide a lever to ensure the provinces are meeting whatever the requirements the federal government so chooses in exchange for receipt of those dollars is a better vehicle, in the view of the member, I gather, than the transfer of tax points

to a province which allows us to collect more of the money raised in our own province, although there can be a legal requirement to those tax transfers.

In fact, the federal Leader, whom I supported in the election, talked about transferring more tax points and as a prerequisite for that making a commitment to meet some uniform standard or level of service across the country. So I guess you can do it with tax points. I guess the member's point really is more along the line of which he views as stronger and probably a greater moral obligation to provide.

But let me say this. The real question for a provincial Minister of Health is what role a federal government has in setting standards. I can tell you that my experience in these months with the federal government—by the way, I have never had the opportunity yet to meet Mr. Dingwall, and I gather after last night, I will not unless it is on a social occasion—but, Mr. Dingwall I think is representative of a fundamental problem in many a federal government. He viewed that he had—[interjection] The member says he liked Mr. Dingwall. I have never had an opportunity to form an opinion on a personal basis.

Mr. Dingwall, who set out some months ago across this land to sell the Liberal government's health care agenda, one would think that he would have taken the time when he arrived in Manitoba to promote his plan, would have put on the top of his list the first visit to the provincial Minister of Health who has the responsibility of providing, administering, delivering the vast majority of health care in the province. Uh-uh. Mr. Dingwall and his staff did not bother to call to arrange a meeting.

I was asked about it by the media. I responded to the media. I made the same point then as I make today. Mr. Dingwall's staff called me, called my office, asked if I could meet with him that day. I was in the middle of a major meeting with regional health authorities, said I would be free in an hour. He said, too late, we are getting on a plane; can we come right now. He had only planned his trip for I do not know how many days. Well, we could not come right now because I had people who travelled a long way for that meeting.

He came back during the election, visited Concordia Hospital. I met with their board shortly after. They

were under the impression that there were all kinds of federal dollars to save Concordia. The federal minister never met with the Winnipeg Hospital Authority, which now has a significant role in delivering services. He went to visit the Concordia Hospital—I imagine it was political reasons—but, again, never bothered to stop in and say hello or to chat.

I would hope whoever the Prime Minister appoints as the new Minister of Health would do the courtesy of visiting their provincial counterparts and entering into some real discussions of how we can work co-operatively. I would say to each of the Health critics in the four opposition parties that they are equally welcome in my office, whatever their political stripe. I am more than prepared to offer my thoughts and opinions that they might find useful, because it comes down to the essence of the member's question, the imposition or enforcement of national standards.

What are national standards? Where will they be of benefit? For us in Manitoba, we have heard the Liberals campaign on a national pharmacare program of some sort. Well, I will tell you, they are never going to find the money to be able to match the program we have today in Manitoba.

Whether we argue whether it is adequate or not adequate, it is still one of the richest in the country. So if they are prepared to write us a cheque for new money to pay for it, I would be glad to accept it, but if they are talking about including it in medicare, they are going to tell me what we have to do with our program and then not put any new money in it but stretch the existing money farther, I think that does nothing to enhance medicare; it serves to diminish it.

The same thing is true in home care. Each province has developed what it can afford and what it finds useful in its own model. For Manitobans to have the federal government walk in and offer some standards in home care, again and not add any new money, I do not think serves any purpose whatsoever. They are just stretching the dollars that are there.

\* (1450)

There are at least six or seven areas that I have identified in my few short months in this job where a

federal government can have a huge and productive role to play in delivering some national direction in health care, some very practical and useful areas. For example, in the pharmacare area, we are as provinces crying out to have a better mechanism for sorting out the value of drugs to include in our Pharmacare program and also to negotiate better prices with drug companies.

I have one on my desk this morning, a case where we are looking at how we are going to handle what we view to be a particular drug that is priced beyond what it should be, and each province's committees are recommending that we put a cap on that drug. Well, I will tell you, if we had a national institution of some sort where we negotiated for drug prices with the power of 30 million people instead of one million people, we would have a great deal more clout in working to get certain drug prices down because we had a common buying approach and could guarantee a certain level and have some negotiating clout. That is one particular area.

In the area of aboriginal health, the federal government has a direct responsibility. When they talk about finding two or three hundred additional million dollars for pilot projects, I would gladly not have a penny of that if it was to be directed into dealing with aboriginal health needs in First Nations communities, developing and funding on a regular basis a home care program for First Nations people, better public health, which they now do provide the service but I would argue not adequately.

So if the federal government is serious about improving the health care of Canadians and developing some national approaches, there are a lot of very legitimate areas which they can be in that I would welcome them in rather than getting into the saviours of medicare when they continue to diminish our funding. We know that is a reality of federal budgets but do not try to be two different things.

Mr. Volpe, I think it is, who is the parliamentary secretary to Mr. Dingwall, who I note was re-elected last night, and I had a brief conversation in Ottawa to this effect. I invited him to visit me, and he might do that after the election, and we will share some of those ideas.

So there is a legitimate federal role. I think the issue of tax points versus cash is one that is best for ministers of Finance to work out. The need for federal governments to set national standards, I think, is passing very quickly as an issue because we are all delivering, by and large, pretty good health care needs out there, and there are areas that the federal government should be involved in that they are not.

So it is a long answer, but I think it puts things, I hope, into a better perspective for the member.

**Mr. Lamoureux:** Can the minister indicate the cash transfer from the block funding for the 1996-97 fiscal year?

**Mr. Praznik:** I am going to quote on a national basis from a renewed vision for Canada's health system which was a conference of provincial, territorial ministers of Health. It is interesting to note here again, you know, if health is truly a federal-provincial partnership, even if the federal role is a declining one in cash, the Prime Minister, surely to goodness, should have acceded to the request of the provinces and territories to co-chair the federal review committee that he put in place, but he did not because, really, what was it? It was a Liberal election ploy to say, we want to be saviours of medicare. He did not want to share the chairship of that to get down to a serious discussion.

But in the document that was put out by the Conference of Provincial and Territorial Health Ministers that federal cash contributions to provincial/territorial medical health expenditures in total from 1977-78, which was the introduction of EPF block funding, they accounted for 25.9 percent of our expenditures. They rose to a high of 27.9. They have been in decline ever since '79-80, and '95-96 they accounted for 15.6 percent of total health expenditures.

Now, I recognize very fully within this mix that part of the federal government's argument going back to the '70s and '80s—that is, wherever they provided dollars on a you-spend-it, we'll-pay-half basis—they had no control over those expenditure levels. Built within the Canadian health care system, I think if you study it going back to the 1940s, you discover that various federal funding contribution plans were predicated on building and funding institutions and that, whether it be

back in 1948 when the federal government provided assistance to municipalities—I think it was 50-cent dollars—to build hospitals, in the early days of medicare it was 50-cent dollars, by and large, for hospital and doctor services, not personal care homes or home care or those things. No one's fault, but we had a funding formula that was institutionally driven, used to pay 50 cents on the dollar, I guess, for those things, but when we got to this new method of funding that created the block with wider parameters, that percentage, obviously, was going to fall, and you want to make sure you are comparing apples to apples.

At the end of the day, you realize that the federal government never had control, by and large, on how money was spent. They had to move to another way to force the economy and savings. It was not until that happened, when the provinces did not have sort of a guaranteed 50 percent commitment for institutions, that they started collectively to start addressing the need to move from institutions to community-based care, where we probably should have been 20 years earlier.

Funding models often do drive systems, and I would hope that they would always be as neutral as possible and also encourage people to find efficient ways of delivering things. What we take great offence to is when a Liberal Party or any party gets up and wants to be the saviour of medicare, impose a host of standards on delivery and pay less and less money and take the money they are paying and add to what we are supposed to provide under their rules with the same dollars. That is what we find offensive.

**Mr. Lamoureux:** Mr. Chairperson, I do not know if the minister is saying it or if I am the only one at the table who is seeing it. He is, in essence, starting now to touch upon the reason why the cash transfer payments are important. You make reference to '77-78 of 25.9, to '95-96 of 15.6. What the minister did not recognize is something which I personally oppose and as a political party in Manitoba that we feel is not in the best interest of health care, and that is, back then they gave the provinces tax transfer points.

Those tax transfer points were very real back then, but governments—and you are not the only Minister of Health—ministers of Health prior to you acknowledged that those tax points might have been there, but they do

not acknowledge that since then, I believe—and I am just going by my figures—it was over \$400 million that have gone into those transfer payments, but those are never recognized.

So how can you enforce when you do not even recognize, and if you continue to move in that sort of a direction, well, the role—because as the minister himself points out, we are now at 15.6, and the lesser amount of money that is being coughed up from Ottawa, the less attention the Ministry of Health is going to give, I would ultimately argue.

I would also argue that it is the federal government that should be paying the lead role in health care in ensuring that there are standards. That is the reason why I believe it is absolutely critical for them to maintain that cash transfer, and I was surprised when the Premier last week had indicated that at least it gave no reason for us not to believe that his position is that it does not matter for him, that he would be quite content with the tax transfer points. I think it is a critical issue, and the reason why it is a critical issue is because we are going into all sorts of discussions in the future with respect to constitutional devolution of powers. We see it in different areas, and I am suggesting to this Minister of Health that it is not acceptable to see any continual shift or decreases to the transfer payments.

I would ask the minister if, in fact—like, the number that I was given is toward that block funding; it is approximately \$603 million for '96-97. The tax transfer payments come up to somewhere around \$432—or not the cash transfer. The tax points are somewhere around \$432 million. Now, that is for the block funding, not just Health. The department or the Treasury Board determines where it is that it goes, so I would ask if maybe the minister could comment on the legitimacy of those two numbers that I have just pointed out.

\* (1500)

**Mr. Praznik:** Without accepting the accuracy of the member's comments on those numbers, we will endeavour over the next while, I will have my ADM, Associate Deputy Minister of Finance, check those numbers with Treasury Board. Obviously, you have to be fair on these things; if there is a transfer of tax points, that accounts for something.

That happens and has to be worked into the system, but ultimately, I think where the role of the federal government exists, the member talks about standards. I have heard that term used ad nauseam with respect to federal governments, and when I ask my staff what standards does a national government have imposed on us or required us to meet in delivery of service, the reality, most of them, if any, have to do really around the area of payment, private clinics, private hospitals, who can pay and how you pay, but when you talk about standards of health care and delivery, you are talking about the way in which you deliver or provide service and what you have to do to meet and accept providing an acceptable level of service.

We do not have any of that going on. I have not detected any interest by a national government in developing a common sense of standards in delivery in the true sense of the word. I have heard a lot of rhetoric. I have heard: We are going to guarantee medicare for all Canadians; we will set standards. I have heard that from his former leader, the former member for River Heights.

The reality of it is, other than paying and co-payments and those types of things, there has been a decided absence of the federal role in developing those standards by most federal governments. To be blunt with you, many of those, of course, are dealt with accreditation agencies with respect to institutions and many of the noninstitutional care areas are relatively new and a lot of work or some work has gone on in sort of developing standards in the true sense, but the provinces have a—there is a real need at the national level. It may be a co-operation of provinces but to develop some of these kinds of common standards of delivery of a particular service.

So if you were delivering a home care program or operation of hospitals or any of these things, these are the kinds of things you have to meet to make acceptable standard, but other than rhetoric the federal government has not been very much involved in those areas anyway.

**Mr. Lamoureux:** Mr. Chairperson, I guess I would beg to differ, whether it is the National Forum on Health which the minister illustrated that he might have some problems with. I can recall reading a federal

report on community health which talks about the role of community health clinics, and if the minister does not have a copy of it, what I will do is attempt to get him a copy of that.

I believe that there has been some guidance, maybe in a limited way, from Ottawa with respect to the delivery of health care, but the leading role that Ottawa should be playing, I believe, is more so of the guaranteeing of those five fundamental principles with respect to the health care services and, ultimately, arguing the best way that they can guarantee that is by ensuring that there is a straight cash transfer.

I would ask the minister if, in fact, then, he can provide me—and even if he can even put some sort of a time frame; like, it would be wonderful if we could get it later today or, if not, some time this week—the actual amount of dollars that is allocated out to the province of Manitoba for '96-97 towards that block funding in which the Treasury Board determines how much goes to health care, along with the tax transfer points, and maybe in brackets put how much the tax transfer points were.

I will say right off hand, if the minister now tries to say that the government acknowledges those tax transfer points, I would say that this is the first Minister of Health who is really doing that. Others might have made reference to it but did not genuinely believe that that allowed Ottawa to have any influence whatsoever in terms of what it was they were doing. That is the impression that I have been given from this government in the past. So I would very much appreciate to get those numbers from the minister if, in fact, he can make them available.

**Mr. Praznik:** Mr. Chair, I am going to leave that to Mr. Potter who will talk to Finance in his old department. I am not going to get into acknowledging what was done because as a Minister of Health, quite frankly, I am more concerned with delivery of service and what I need financially. Mr. Stefanson, the Minister of Finance—his concern is to find out how to raise those dollars through whatever vehicle possible.

The fundamental issue for most provincial ministers of Health, who I have had the opportunity to meet and work with in a variety of capacities in relation to the

federal government, is there is always this very strong and, I think, very real fear in dealing with national ministers, particularly in the area of health, that they try to come in with a one-solution-fits-all approach. They often operate as if they run the whole system when they do not. Even with their financial contribution, they are still under half of the system. How much under half, we may dispute or facts may vary from time to time. They are going to come in and develop and deliver a system that may not be applicable or meet the need of a particular province.

There is a very significant attitudinal problem there, and I have seen it in my short tenure in this office. The fact that Mr. Dingwall would be advancing a national vision of health care and would not bother to come and even talk to me in the province speaks volumes about attitude. I worked for a national Minister of Health for a period in my career, and we always made it a point—my minister, Mr. Epp, always made it a point to be speaking to provincial ministers of Health by telephone regularly, dropping in and seeing them when he was in the province no matter what their political stripe, because he viewed his role very much as a partial funder, a co-ordinator and certainly took very seriously his role in health promotion and protection, which is very much a federal responsibility. So he got it right and everywhere I travel, mentioning I worked for Jake Epp, he is always noted as having been one of the best ministers of Health the country has ever had.

The two Liberal ministers of Health we have had to deal with—and I have not had the opportunity to work with Diane Marleau, but my observations from the side, very much like Mr. Dingwall, that they were off on their own agenda not talking, not working co-operatively, trying to make themselves the saviour of a system for political reasons, rather than dealing with real needs. That is what I take objection to. Over the years, I am sure there were Tory ministers of Health who may have had that same approach, too. Jake Epp, I flag, is a very unique individual who really understood his role and handled it well. I was pleased to work with him.

Mr. Dingwall just represents that same particular view. I have seen it in other federal ministers through other governments and partisan politics. All partisan politics aside, there is always a tendency by a national



minister. I saw it with Mines ministers, for goodness sake, having meetings of ministers and the national minister pretending to play a big role in mining when they only had two issues: co-ordination of environmental standards between federal-provincial jurisdictions and federal tax policy. Everything else was provincial, and yet somehow federal ministers were going to be leading the charge to develop mining in Canada because they are a federal minister.

That attitude just does not work, and yesterday's results in the federal election, for better or for worse, I think, have demonstrated how divided a country we are regionally. We are that way perhaps because of the nature of our system, that the provinces, individually and collectively on every area of jurisdiction, many areas of jurisdiction, have difficulty working with the federal government. I am talking about jurisdiction for which they are responsible because of an attitude in the federation that Ottawa knows best, Ottawa will dictate, Ottawa will buy you off whether you need it or not.

In fact, if you look at the history of the Maritime provinces, with so many of the economic development programs, even western Canada, developed over the years, we are there; we know best; we will come and do; and we will deliver and say that we are doing something; and, if you do this and this, we will provide the money—says Ottawa. Of course, who can afford to say no.

\*(1510)

So you take the money, even if the program was doomed from the beginning. We have a real problem in our federation in sorting out who is responsible for what and working co-operatively in a flexible manner that takes account of the different needs of the country. Taking into account the different goals and objectives and operating styles of various provinces, I think, is much more a practical way of dealing in Canada than the approach we have seen in the past while.

Yesterday's results, I think, demonstrate that again. Yes, we welcome a national contribution in health care that ensures—probably the best way of ensuring a more equitable delivery of health care is using the federal tax power to redistribute some wealth between poorer and wealthier regions of the country; but, when you get into

the specific details of how every system should be run, if you are not prepared to bring the parties to the table and work with them co-operatively, then you are an impediment to improving health, not a conduit of improving health.

The fact that the Prime Minister of this country, when he created a forum to talk about health care in Canada and have the commitment of the provincial governments, the provincial premiers to participate in that forum, if they had a co-chair which was very important to make sure the process was not hijacked for partisan purposes of a national government, but to have a provincial co-chair, whom they all agreed on, by the way. I mean, we all had to put our partisanship aside to agree. I think it was the Health minister of Saskatchewan—is that right?—who was to be the provincial co-chair. I cannot remember.

We put our partisan differences aside, and that was turned down by the national government. They said, no, we cannot do that. You can participate, but you cannot co-chair. So that is why we have the provinces now off doing our stuff. Which is more valuable? The provincial-territorial stuff, because we run the system.

So there is the national government now talking about, lo and behold, a national pharmacare program. For Manitoba, unless they are adding new money, that is not going to be useful to us. Unless by pharmacare they are talking about putting together some sort of agency that can do some assessments of new drugs for registration or is able to negotiate better prices in a mass way, it is not very useful to us. If it is just telling us what we have to do for the same amount of money they give us, it is a step backward.

We have them out there saying we need a national home care program. Well, again, if they are not prepared to contribute with new money to that but are stretching our existing dollars and tying our hands with so-called standards that may not be in any way reflective of the needs of Manitobans or Newfoundlanders or British Columbians, well, then they are an impediment, not a conduit to that.

So my advice to anyone who will listen and certainly to a new national Minister of Health is, be co-operative, work with the provinces and be flexible. We know that

a blood agency is a perfect example. Quebec is not willing to be part of a national blood agency. So, fine, no province has to be. We will find the right grouping of provinces who are committed to making it work, and we will run with it. If it is five, six, seven, eight, nine or 10 provinces, we will, but let us not get hung up on it. Let us just move forward, because if we do the right thing and we do it well, others will join.

But if you want to come in and say, no, this is what we are going to deliver and this is what we are going to establish—and we saw that this winter with the national blood agency, Mr. Dingwall again, trying to take a role to push us into a system that we were not ready to accept or concerned about, not in a co-operative chair role but, basically, telling us where we should be, with many of us, particularly the western ministers of Health saying, whoa, whoa, whoa, we are paying for this; Ontario saying, we are going to be paying for half of it. You are not telling us how to do it. You are the regulator. We will work with you, but we pay for the system.

Again, that is reflective, and I think what happened in the national election is that there is a real, strong sense that the co-operation needed in federalism often rings very hollow. I give the same advice to a new national Minister of Health, and I hope this time to meet that new minister in relatively short order.

**Mr. Lamoureux:** I, having been involved over the last number of years, do believe that there is a problem and the problem quite often comes from the provinces themselves, where there is a natural tendency to have as much influence and power as possible and, quite frankly, are content at seeing responsibilities offloaded.

The provinces, in the past, when they sit down and they all have their own personal agendas—and when I said that the government in Ottawa should be playing the leading role, I think there are certain areas, health care being the one and most important area in terms of where Canadians really want to see national standards.

I look at the Minister of Health and would ask for concurrence, if he believes as I do that Canadians, generally speaking, want to feel that if they are in B.C., Manitoba, Quebec, whatever province throughout Canada, that we have, in essence, a health care system

that follows those five fundamental principles, if that is something which this Minister of Health believes is essential, not as Manitobans, but as Canadians proceed ahead.

**Mr. Praznik:** Mr. Chair, I think what Canadians want when they travel to jurisdiction to jurisdiction is, I do not think they are so concerned with the specifics of the five principles. Those are very important for those of us who build and operate the system.

I think what they are more concerned about is that they can receive quality care in an efficient and convenient fashion that is successful and deals with their health needs and is part of our publicly funded system such that they are not burdened with bills or costs or certainly onerous costs on some of the things for which there is a co-payment or deductible. I think that is what Canadians are looking for, knowing that care is there and they charge those of us who run the system with the responsibility of ensuring that is delivered.

A lot of the very operational issues of the system that affect people in their daily lives are not issues of administration. They are not an issue of publicly funded. Their issues are: Is the service available, can I get access to it. That is why we have issues with emergency services right now. I get very few calls on issues related to the Canada Health Act. I get many, many calls on, is that service going to be there? Is there a doctor available? Why do I have a waiting list? If we are going to overcome many of those things in our system where we need to have rationalization or rethinking on how we deliver services or switches, those have to happen. You have to have the flexibility to make them happen, and provinces are doing that now without the federal government's help.

In fact, they will not even be part of that because it comes with some political pain. I know the Liberal M.P.s who used to represent my area—I think only one currently does, after yesterday. Any issue that came up in health care, they would say: Ah, it is provincial issue; oh, go talk to the province; it is all their decision.

They were nowhere around. They were not walking with us, they were not talking about the need to reform health care because they are tough political decisions in

many cases, but they have to take place. So you find that provincial governments know that when tough things have to happen, the federal government is nowhere to be seen unless it is running in like a white knight attempting to say, we are saving medicare with less dollars.

So federal governments have very little credibility among those who have to operate and run and manage the system. That is why there is a great reluctance—and by the way, I have seen it in many, many other areas of federal-provincial relations. That is why there is very little reluctance, or a great deal of reluctance, I should say, to be saying we need to have the federal government be the great protector and provider of the system.

If they would like to deliver health care nationally in an equal way across the country, be our guests, take it over, run the whole system. I tell you, I would be perfectly content just being the Minister responsible for French Language Services. [interjection] Finance ministers could work that out. I do not think there is a Finance minister in this land who would truly want, knowing that health care costs continue to rise—knowing that they would want to have that continuing responsibility if a national government were prepared to take it over. But there is not a party out there today with any—maybe the Bloc Quebecois ultimately. That is part of their plans. But there is not a party out there today who really understands the issue, a national party who would really like to take over the whole system.

Many of them would like to tell the provinces how to run it. Many of them would like to play the game of being the provider of standards, the supervisor, let us beat up on the provinces every time they have to make a decision and someone does not get a service. Boy, there are lots of people who would like to line up for that role. The bottom line is, if they had to run the whole system, they would not be anywhere near the negotiating table to see that happen.

\* (1520)

**Mr. Lamoureux:** Mr. Chairperson, I can think of two parties, one which happens to be in power that is prepared to say that they want to see some standards,

based on those five fundamental principles, being administered throughout Canada, Why? In Alberta, they want to have a privatized hospital. In Manitoba, money has been held back from the Province of Manitoba for the collection of specific fees, where they have held back transfer dollars.

Now, I look at it in terms of, well, what is it that the public wants to see? The public wants to see a system that is unique in the world, that is spread across the country, so, you know, if I happen to be in this province, I am not going to be charged by walking into an emergency service room; if I want this particular service in Saskatchewan, I am not going to be charged for this particular service while in this province you are not charged for this particular service, that there is some consistency throughout Canada.

I do not argue that, yes, there needs to be a high sense of co-operation that is put in place for the provinces and Ottawa. But the minister should be well aware that what Canadians want, and that means Manitobans, is to have a system which is relatively similar from one coast to the other. The only way that we are going to see that happen is if, in fact, the federal government plays that leading role.

Now, why is that important to bring up in the Health Estimates? Well, Mr. Chairperson, this minister himself says, oh, I want to meet with the Minister of Health. When he meets with the Minister of Health, what is he going to tell the Minister of Health? Is he going to be saying we want more cash transfer payments? Is he going to say, quite frankly, it does not matter to me which way we receive our finances?

In the long term, it is in Manitoba's best interests, I believe, that this minister, when he does meet with the Minister of Health, when he does sit around the cabinet table, that this Minister of Health advocates that it is unacceptable to see a decline in the cash transfer payments. I did not support the cash transfer payment reductions from the past. I would like to believe I have been somewhat consistent with respect to that.

What I expect from the province of Manitoba and the government of the day is a very strong and consistent voice which is saying and speaking very clearly with the importance of the cash transfers, because there are

other jurisdictions with much larger treasury boards, whether it is Alberta, Quebec, most or many would argue Ontario, that would be quite happy to sit at the table and say, fine, you give us all the tax points, transfer the tax points over to us, and we will run our own system. Under that sort of scenario, Mr. Chairperson, I would argue that Manitoba and other provinces would lose out and they would lose out greatly.

That is the reason why, when we look at these important meetings that are going to be occurring over the next few months, that we have to be very clear in terms of what direction this government wants to take. I sat through hours and hours, the member for Kildonan (Mr. Chomiak), hours and hours of the Estimates in the past. We have had Estimates go 61 hours for the Department of Health, probably even exceeded that. I sat through many of those hours. But this is, indeed, a fundamental issue that has to be addressed.

I was really surprised when I saw first-hand just how soft this government is with respect to the cash transfer payments, and it is an issue in which I have full intentions on continuing to question this government on. Unless I am interpreting the government wrong, if they are softening their approach, it is a big mistake.

I think what you should have been doing, this government should have been doing is working together with provinces like Saskatchewan or Atlantic region, regional provinces, trying to build a consensus of the importance of those cash transfer payments and not settling for anything less.

The Minister of Health can comment on that if he chooses, but the specific question is, when the minister meets with the Minister of Health, is it safe for us to assume that the minister will be talking about the benefits of ensuring that those cash transfer payments are not reduced, even if it means looking at other options such as the tax transfer?

**Mr. Praznik:** I noticed that the member for Inkster in his description of positions of federal parties said that there are at least two parties. He included the federal Liberal Party which would like to be able to set standards and impose the principles of the Canada

Health Act. That was not the challenge that I put to the member.

The challenge I put to him was to find me a federal party other than the Bloc Quebecois which today would like to take the whole system and run it, because it is very easy to be the watchdog. It is very easy to be the enforcer of standards. It is very easy to be the person who sits on the sideline and armchair quarterbacks.

Everybody would love to do that. It is much harder when you have to run the system and make the tough decisions that have to be made and deliver the service, and I have not seen a federal party, other than the Bloc Quebecois which would like a sovereign Quebec, which has come out and said, listen, we think we should have a truly national health care system; it should be in federal jurisdiction, and the federal government through a Department of Health will run the whole health care system, and provinces, you are out of it. Whether you work out how you do the budgetary matters, you know, you work those out, and gone, and Manitoba will have no role whatsoever in health, period. That was the challenge I put to the member.

It is very easy to find armchair quarterbacks and sideline supervisors and whatever you want, but I have not detected one iota of the federal Liberal Party wanting to run the system entirely. They would like to run the system by telling us what to do, but they would not want to accept responsibility for decisions that have to be made. That is the difference, and that is a point that I want to make and I want to stress.

I also find it somewhat ironical, coming from the Liberal Party, its requirement for national standards in the area of health, because with one of the greatest areas of health promotion, one of the great killers of our time, smoke-induced illnesses, the Liberty Party, the great self-proclaimed party of national standards, of consistency from sea to sea, imposes a different level of federal tax on cigarettes. Now, let us just think about this for a moment. A consumer in Ontario or Quebec or eastern Canada pays a different level of tax, federal tax, on cigarettes than a consumer in western Canada. There is something fundamentally wrong with that. We are not talking about different levels of provincial tax, but as I understand the system, the federal government

has two tax rates depending on the provincial tax, and I look to my associate deputy minister to confirm that.

So, here, where everyone was spending millions of dollars to promote health, no smoking, health improvement, when we are trying to reduce our cost, when the national government is calling for healthier lifestyles and spending all kinds of time on tobacco-advertising legislation, the same government which stands up and talks about national standards, the importance to deliver the same thing from sea to sea, that a Canadian should get the same level of service or support whether they live in Newfoundland or they live on Vancouver Island or they live in the northern territories, we should get the same from our national government except in tobacco tax. Well, it is okay to have a lower rate of tax in eastern provinces and make it easier for young people to smoke there and die of lung cancer than it is for western provinces, and it is okay for us to collect more money off cigarettes in western provinces to put in a national Treasury to redistribute among everybody, even those taxpayers in eastern Canada who do not pay their fair share on tobacco tax.

You know, I found that, in all the years since it has been brought about, one of the great hypocracies of the Liberal Party at the national level. I raise that with the member because it is so easy all the time to get up and say, I stand on that principle, and we have to have a role in telling other people what to do in their lives, and we have to give a common standard from sea to sea, and yet on a first tough test as a new Liberal government three years ago, they failed to meet their own standard because it was convenient not to meet it. Because they had a different balancing act, that is what they did.

\* (1530)

So I have a hard time dealing with the continued hypocrisy and, by the way, I do not just say that for the Liberal Party. I have seen that regularly. The reality of the country is it is a very different country. It requires different approaches in different parts of it. If this federal election told us one thing, it is a very regionally divided country with very different expectations across the country and very different solutions. When we as

provincial ministers meet, we can agree on common goals. How we achieve them sometimes requires very different solutions.

If you are not prepared to see that flexibility and to work that flexibility through, what you will get is a country that is continually fighting itself into achieving nothing, and, you see, that is the great provincial fear in dealing with federal governments. It really is, that for very little cash, very little money, a declining amount, a national government will come in and tell us how to meet our needs with our voters, our constituents, our citizens, and they will do it in a manner that might sell in downtown Toronto or on the beltway or in one part of this country but does not mean much in another part.

We saw this in national daycare policy. We saw grandiose plans in 1993 for a great daycare program for Canada that the Liberals promised. By the way, the Tories promised it before, and when they got down to putting the details to have a national daycare standard, they could not do it because the needs were so different and the approaches were so different.

So when we talk about these issues and say Canadians want to have the same wherever they be, the needs are different in different parts of the country, and provinces respond to the needs in their communities and the needs of their people, which may be very different from areas to areas and how they provide those services.

The great fear, again, is a national government comes in with some direction that turns out in a part of the country to make absolutely no sense, and you are stuck with it if you want the cash. You know, it is interesting. When the federal government, I think, did try to launch a daycare program and they put 50-50 dollars out there, virtually no provinces took it. Why? Because it was so tied up in things that people did not need, that why would we commit our funding to these things to get these 50-cent dollars when they are not meeting our needs. But here are those wonderful planners out in Ottawa doing it again.

So that is where the reluctance comes from. It is great to get up on the high horse and say we want everything the same from sea to sea, yet when it comes to protecting people's health from tobacco, well, we

will have a different tax rate because that works. That is what happened.

We do not need the hypocrisy. Let us keep working towards, I think, a co-operative way of developing the kinds of efforts across the nation that deliver results. The four Maritime provinces have things that they can do and make eminently good sense for them in co-ordinating their services and building their systems of government that may not make any sense for us in the west. Let them do their thing; let us do ours.

Ultimately, Canadian citizens, wherever they go, will be able to secure, by and large, a core number of services. How that is delivered to them and the vehicles of delivery, one needs flexibility to meet local needs. I think that is one of the great dilemmas of the country, and yesterday's federal election demonstrates, very clearly, that it is a country that has many different approaches—and voted very much for a lot of regional flexibility.

**Mr. Lamoureux:** Mr. Chairperson, in fact, what I had asked the minister was what would he be advocating when he sits down with the Minister of Health, because no doubt he will get the opportunity to meet with him or her sometime, hopefully, in the not too distant future. What will he be advocating when he sits around the cabinet table? What does he believe is in the best interests of the province when it comes to tax transfer points, the federal cash transfer payments? I think those are critical questions.

In responding to the question, the minister made a couple of comments. He talks about, well, why does he not pose the question to me about the feds coming to the table? Why do the feds not come to the table, he had indicated, and take on the responsibilities? To answer his question, he did that right at the end of his remarks when he talked about the Maritimes, that what you need to do is establish a core number of services, and those core services are, in essence, what we are trying to ensure are going to be there and that they are going to be consistent from one region going into the next region.

The federal government, even though it plays that leading role, it does not have to, nor should it be

attempting to directly administer. What it should be doing is making sure that those core services are, in fact, being followed by using, I would like to believe, the cash transfer payments as the levy to ensure that they are being followed. I think that is what is important.

The minister then went and he talked about the whole cigarette discussion, the cigarette tax and the hypocrisy that is there. Well, the minister takes it out of context, completely out of context, because what was really happening with respect to the cigarettes was the smuggling component, and Ottawa was responding to regional interests. Ottawa was responding to exactly the type of thing in which the Minister of Health was concluding his remarks prior to my getting the mike back.

You know, when you get 50 percent of the population in one province that is literally participating either directly or indirectly in illegal cigarettes, I think that is a problem, and Ottawa took some action with respect to it. It also provided other provinces the same opportunity to tap into those lower taxes.

I am glad the province of Manitoba did not jump in, but the minister sidestepped the question itself by going into a couple issues, great debate issues. I am prepared to—well, I should not—today I am not prepared to debate those particular issues. But the question that I pose to the minister is the one that I am most interested in getting more of a direct response to. That is: What is that minister going to be advocating when he meets with the Minister of Health and his colleagues with respect to cash transfers?

**Mr. Praznik:** First of all, in reference to the smuggling issue, what Ottawa was not doing was meeting regional needs. Ottawa was admitting it did not have the will or the ability to enforce its own laws. It was not dealing with smugglers. It was unable to deal with smugglers—

**Mr. Lamoureux:** Do you deal with all speeders?

**Mr. Praznik:** The member says, do we deal with all speeders? Well, we have a lot of enforcement of speeding issue on our roadways today, but I will tell you, we do not then say, well, in some municipalities you can speed, but in others you cannot because, well,

we do not have enough police in the R.M. of Whitemouth or the R.M. of La Broquerie or wherever, so you can speed there, but you cannot speed in the R.M. of Springfield. Now, that is not the way we chose, as a Conservative Party, to enforce our laws.

What the Liberal government did is, they admitted that federal laws, national laws can be enforced or have two separate laws for different parts of the country, and on an issue that is part of healthy public policy, on an issue—and the cost of cigarettes is one that there is fair bit of evidence has an effect upon the rate at which young people begin to smoke.

So we had a national Liberal government say, we will not enforce the law, we will not become unpopular in certain parts of this province, we will not put resources into dealing with a smuggling issue but, instead, we will impose two levels of taxation on Canadians, one if you live in class A provinces, and two if you are in class B or class 2 provinces. You pick which province you want to live in, but then you have a different level of federal tax, and if you are a young person in Quebec and Ontario, well, so what if it means you are more likely to start smoking?

This is the point that I get at. It was not a solution that was based on the kind of rhetoric we hear continually from the Liberal government about consistent national approaches, which they pride themselves on, but one which was their failure to deal with smuggling, and so they basically created two levels of tax. Then they say, we believe in national standards, the same for everybody, except smoking tax. That was my point, that it is considerably hypocritical.

\* (1540)

Now, getting back to what I intend to discuss with the new federal Minister of Health whenever he or she is appointed, first of all, I would hope that they would make the trek across this country to visit with their provincial counterparts and spend some time with them in private, I think, to have some very good discussions. Obviously, we would like to know first of all if the Liberal Party is going to live up to its campaign commitment not to reduce further the payments that they make to provinces. They made a campaign commitment in the early days of the campaign to forgo

some announced further reductions in contribution for health care. They said they would not do that. We would hope that they would live up to that and not abandon that promise to the electors of Canada.

We also would like to be able to know if they plan on increasing their commitment to health care, but I am enough of a realist to know that, if their election pledge was only not to further reduce their contribution, it is very unlikely it is going to be to increase their contribution. So the whole debate as to how one pays it really becomes an academic debate if they are not prepared to put additional dollars into it. Given the fact that there is a declining federal contribution, I would hope that the new federal minister is not going to, by including home care and pharmacare under their financial scheme, impose on us a host of rules that tie our flexibility or are different from what we are providing now, with no increased new dollars to fund our current system.

I would also suggest that the federal government not use money for pilot projects to help establish pharmacare or home care programs in provinces that do not have them today—Manitoba does have them—and say that we are going to help you set up these programs in your province as a pilot, without offering Manitoba some dollars to make up for the fact that we have created those programs on our own ticket today. That is another message I want to deliver to the national Minister of Health, that we would expect that, if they use pilot dollars to set up a home care or pharmacare program in any other province—that is what we are doing in Manitoba for a number of years—they would be prepared to make a contribution to our system and the costs of setting it up. So that is another message that I would want to deliver.

I also want to very clearly say to the federal government that, if there is a role to play in improving the health of Canadians or a segment of Canadians, I would strongly suggest that, instead of running around the country doing some pilot projects in areas that we are already delivering service and do not need pilot projects, and there is plenty of precedent how to do it, they use those same dollars to meet the health needs of probably the most needy Canadians in the area of health, and that is aboriginal Canadians, particularly in First Nations communities.

They have a special fiduciary responsibility there. They have a responsibility through Medical Services branch of Health and Welfare Canada, and it would be my very strong recommendation to a new federal minister, as I have said publicly, that if they do have \$200 million, \$300 million, \$400 million over several years for pilots, et cetera, those dollars go into our First Nations communities for building up and continually funding a home care program that they so desperately need, improved public health work, certainly addressing many of the public health needs that have to be met, like diabetes, rather than wasting the money on pilot projects that are reinventing the wheel, because many provinces have done it already in home care, done it already in pharmacare. Let us put the dollars where we have the greatest need.

So I am not even asking that they flow through the Manitoba Treasury. I am suggesting they target them to a group of Manitobans and Canadians in other provinces who have a desperate health need in beginning to build their health infrastructure where the need is there.

So I have that message to deliver to the national Minister of Health. I also have a list of a variety of areas where a national government can play a significant role, obviously in providing a system for us to deal with the new listing of pharmacare products, whether or not they are efficient in achieving their use.

I know Betaseron is one he has asked me about. There is a role for this at the national level. Another area that comes to mind is the bulk purchasing of drugs for our system, to be able to cut better price deals because we are talking about having listings for 30 million people as opposed to 1.1 million or picking us off each individually as provinces. There is a role for that. There is certainly an area on the aboriginal health side, as I have mentioned, a huge role to be played that is unfulfilled.

So I have a lot to discuss with the new Minister of Health. I am looking forward to doing it. I hope that minister does pay us a visit here. Perhaps I will have to go to Ottawa to see the new Minister of Health, but I do want to have those conversations. I do not want the member for Inkster (Mr. Lamoureux) to leave an impression with those who follow this committee that

the big issue coming up is cash transfers versus tax points on new money, because, given the Liberal commitment in the federal election, they are not talking about any new money. They are talking about not reducing us further in certain years, and they are talking about rejigging the system to put more requirements on us for the same dollars. I do not think that is pretty helpful. That is just playing politics with something that should not be played politics with.

The other point is, where they have had a responsibility to deliver a degree of health services, i.e., on First Nations, they have not met the needs of those communities. So, before they start telling us about standards, before they start telling us about consistent delivery of service, I would like them to show us what they have done, because there is a great list as to what they still need to do among those people for whom they have a jurisdictional responsibility.

I find it very troubling that a national government would talk about, we need standards in home care and we need standards in consistent delivery of service, when you go into many of the First Nations communities in our province where Health and Welfare Canada through medical services has a responsibility for delivery of that care, and there are no home care programs. Their public health programs are weak, and these are areas the federal government have had the power, the responsibility, the jurisdiction to do something and they have not done it.

Then they turn around to us and say, we want to set standards for home care. I look at them and I say, where is the home care in the areas that you are responsible for? We have not done it yet, they say. Well, get off your butt and do it, and if you have set aside money for pilot projects, I am not asking for a penny of it if you are putting it into that need.

So I have a lot of things to say to the new Minister of Health when he or she is appointed. I am looking forward to that meeting.

**Mr. Lamoureux:** Mr. Chairperson, I am going to leave that issue, because the Minister of Health has really not indicated, or I should not say not indicated, really has not given any sort of ringing endorsement for the needs for cash transfer payments, which I find



unfortunate, but it is something which I will pursue at later times and other times when I get to, whether it is Question Period, and so forth.

I did want to move on to the community health clinics. It is an area which I spent some time in last year, because I do believe when we talk about health care reform that one of the areas which this government needs to move more proactively towards is the community health clinics in trying to enhance services. There was an interesting report that came out, from the Nurses' Union, I do not know if it was about a year and a half ago, where it talked about some of those key features for the community health centres, and what you are really talking about is having more and more emphasis and resources, even possibly from other departments outside of the Department of Health—for example, the Department of Family Services and others—involved in some of these community health clinics.

Over the years, we have seen very little movement from this government toward that. I am interested in getting some sort of a response as to what this minister believes the future role of community health clinics is going to be. I would ask him to comment on it in the sense of resources. Does he believe that there are going to be additional financial resources directly given to the community health clinics, so that they can, for example, have doctors, and particularly salaried doctors in most cases—that is ultimately what I would argue, is that community health clinics could have several salaried doctors. There is a need for them to be able to expand, and we have not seen the government taking any sort of a proactive approach at seeing this expansion of services realized. To a certain degree, that is somewhat frustrating, given the number of years that they have been in government.

\* (1550)

The other thing that I would like the minister to comment on is the Health Links program. It is something which I mentioned in, I believe it was the budget or in response to the throne. It is something that I believe, as a program, as a service offered to Manitobans, that it should, in fact, be expanded to include, for example, individuals living in rural Manitoba, a 1-800 number that allows anyone that has

anything to do with health whatsoever to call this number and seek some sort of advice.

It is run through the Misericordia Hospital. It is something that, again, I would argue that additional resources need to be given, and one of the most encouraging things that the Minister of Health could do is make that long-term commitment, because through a long-term commitment, you do not have to worry, for example, about the telephone line. You cannot advertise a telephone number, and then a year and a half later, it is no longer there. That is the type of thing which, again, when we talk about health care reform, we should be looking at it in terms of what the government is actually doing. So I see that as an area, and it is one of those pet issues for me, Health Links.

I am very interested in how this minister believes community health clinics and their roles can be enhanced into the future, in particular with resources, financial resources, that I am most concerned with.

**Mr. Praznik:** I appreciate and have noted several times now that Health Links is a pet project or pet interest of the member for Inkster (Mr. Lamoureux). I guess we all have those in departments we are either ministers or critics of and I appreciate that. From what I have seen of it, a very interesting program and one that makes very logical sense, and I hope over time will develop as one more tool in getting people information in making their health decisions. So how that works into the system, time will tell, and there are probably more opportunities for regional health authorities in other places, but certainly a good concept and one worthy of support.

With respect to the neighbourhood clinics and many of these issues, I guess the answer I would normally give is that they are very much part of our neighbourhood health resource networks, building this in our primary health care model and the kind of planning that is there.

But one of the realities I want to talk about that stands in the way of this happening is the way in which we remunerate physicians. We, by and large, are on a fee-for-service system in the province. Our funding agreement with the Manitoba Medical Association takes into account fee for service. There are issues

about transferring dollars from salary to physician fee for service. If we are funding on salary, you do not get credit for that, I understand, now on our fee for—or we get limited credit. We have not got an agreement about how we transfer those resources under the global amount, which is a problem for us.

We also know that if you are going to move to—and, by the way, I should tell you, I am generally a supporter of reforming our remuneration system. I sense a growing demand in many parts of the province, between rural Manitoba, to move toward, I would not call it a salaried but a contract position, where we are not buying the doctor's time in a salaried sense but buying units of service in a larger contract sense with an expectation that we will have certain deliverables for a certain amount of money that we are paying through the RHA for that position. So I am very supportive of that.

Roberta Ellis, who joins us today, that is part of the long-term planning we are now doing as we begin negotiations with the MMA for our next contract round. I know the Assiniboine Clinic model is out there working through as a pilot. There are a lot of issues that surround that. I know one issue I flag is the word “transparent,” and I noticed the Leader of the Opposition (Mr. Doer) raised his fingers today in the House and pointed out that I had used the term “transparent” seven times in my answers to six questions in Question Period.

But it is such a key to the success of reforming physician remuneration, because one of my fundamental problems as a minister today is we have ad hocked so much out there over 30 years of medicare in this province. We have different ways of doing the same thing in different places. Physicians talk among themselves. It is not an unnatural thing. They compare notes, and one group has a deal here, the other group wants it, even though there may be components that are different.

I know when we brought in the Assiniboine Clinic model as a pilot to try it, some would argue that perhaps it was richer than it should have been, and whether that is true or not time will tell, but the fact of the matter is there was a perception it may have been richer. So, consequently, you had doctors with that

story out there and developing and growing and that led to other problems.

We look at the way we provide for emergency doctors in Winnipeg versus other parts of the province and, again, we get the arguments that it is not fair. We have hospitals that, under their own governance, cut specials deals with their docs, that if they were a wealthy municipality, they funded; poor municipalities did not. They say: Why are you getting and not I?

We went through this in Beausejour when the docs there wanted a special payment and the RHA considered continuing the one that the hospital had given them, which I think had come out of their donation fund. I am not sure about that. Then the Pine Falls doctors said, hey, wait a minute. We are doing this fee for service. We have a bigger volume. Why are we not getting one? The RHA withdrew it, and the doctors went on strike in Beausejour.

So to fix all of these things or provide a tool that leads us into better clinic opportunities, we need to have, and I use the word “transparent,” equitable—not equal, but equitable, that we are paying the same for the same level of service anywhere in the province, that it is transparent in that everybody knows what everybody else is getting, and the building blocks for their remuneration are the same for what they are doing and they are equitable. We need to have that kind of model.

Now, we are working on it at as fast a pace as is humanly possible and our 90-day process on emergency docs. Out of that, we expect to move to the next step which is the ability to fund clinics in a model that is with the building blocks of putting together a package that is the same everywhere in the province, even perhaps with some differentials for northern allowance and those things, but people would know what they are.

Once we are able to do that, quite frankly, I think that is the key then to being able to see a growth and advance in clinics. In rural Manitoba, most of the regional health authorities are already talking with their doctors about putting most of their doctor activities into partner health clinics based in their facilities.

In many places that happens now. That makes the recruitment of new physicians phenomenally easier

because you only have to recruit a person. You do not have to recruit a person with the capital to start a clinic. You do not have to rely on a physician group now recruiting someone else to come in and make a capital contribution to buy a place in their clinic. So that is another tool in solving doctor shortages. You also know that working as a clinic model, you can use other practitioners like nurses in that, midwives, others. So you can get more service with fewer docs which becomes important in some parts of the province where it is hard to recruit.

So all of these things fit together very nicely, but they are very dependent on having a remuneration model that is transparent and equitable and works across the province.

(Mr. Edward Helwer, Acting Chairperson, in the Chair)

We are hoping that we are close to doing that, have the framework for it, and then move on after emergency to the clinic. If we can do that, I think the tool will be then to see the clinic, the primary care clinic, take off across this province. I understand that even in Winnipeg there are current clinic operations that are in financial difficulty, that have resource issues. Some have closed already. So if we can put together the right combination of factors—not everyone, of course, is going to be happy with it, but if we can put together one that is reasonable and fair, I think you are going to see that kind of model take off in Winnipeg.

\* (1600)

In meeting some of the current hospital boards in some of the community hospitals, the concept is even being discussed now, that we know that hospitals are the centre of health care delivery in a community. It is the physical place people associate with health care, rightly or wrongly. That is human nature. If in rural Manitoba many of those hospitals are having physician clinics, primary care clinics built right into their operations now, that is becoming—in my riding we have four hospitals. Three of them have physician clinics. Only the Beausejour one does not today. That same model can develop for some of our community hospitals. If they have underutilized space, if they see that as a place of expanding their role in the

community, putting in a primary care clinic right in that facility is another opportunity to make it more relevant to their community.

So having the model with which to fund it, working out that agreement with the MMA so that we are not moving money out of the fee for service—we have to be able to move money out of fee for service into that model today. We do not have a mechanism to do it. So anything I pay on salary right now I do not get credit for, or it is disputable whether I get credit under our MMA agreement.

We have to work that out, and we have a couple of those tools. Once we do that, I think the tools are in place then to achieve the kind of goal that the member and I share to see the clinic model go. Today there are a few too many impediments to see it work as fast as I would like it to, but once we break those I think you are going to see it go like wildfire across the province.

**Mr. Lamoureux:** I am glad to hear that the ministry is working towards a model with respect to the future for community clinics. I guess what was going on in my mind when he talked about that is to what degree his department would be working with, let us say, the different authorities that are out there, what sort of involvement. Is there any involvement for the public with respect to this particular model?

The second question is, today, do we have any salaried doctors, doctors on a straight-out salary? You are going to get \$90,000 a year; this is your workplace. If so, can he give us some sort of number or a percentage of the doctors? The reason why I ask that is that I have heard some numbers as high as 60 percent as a percentage to work towards ultimately through reform or through change. I am interested if the minister could just provide that information for me.

**Mr. Praznik:** We will put that information together for the member. We will get that information, because I think even if they are on contract and remunerated over a certain amount, that is public information—[interjection] Just fee for service. If they work for the government, it would be public, but we will gather that information and provide it to the member about where we are going and the numbers that are out there today.

I cannot stress enough, though, that—and I know there are many places that do have, I think, somewhere around 19 or 20 percent. We will confirm that where we have salaried physicians working in that particular system. It is a fundamental change. We are on the verge, I would say, of a bit of a revolution in how we remunerate physicians, and it is being driven by physicians because lifestyle, certainty issues—what fee-for-service practice has done, has just created huge pressure, and we are moving, it is really driving the system in a direction physicians are unhappy with. Fee for service, by its nature, really only works in high volume areas. In many parts of rural Manitoba that is not possible.

Also, we certainly want to, in delivering appropriate service with appropriate caregivers, utilize other caregivers in that mix. So you have to have a greater sense of direction and control and a clinic-type model to make that work. All those things come together, I believe, to afford us some opportunities. We obviously want to make sure the medical profession is involved in these changes and part of them. They have a lot of contribution to make as we design these things. But I can tell the member, none of this moves quickly, regrettably. There are a lot of people out there with a lot of different issues and a lot of different frustrations and a lot of ad hoc situations.

One of the things I wish to leave after my tenure of office in this place is to do away as much as possible with the ad hocery and get to very consistent, I use the word again, transparent, equitable means of funding, principled ways of providing and paying for service so that people know if they do such, this is what they shall get, and that it is consistent across the province. Today we do not have that to the degree that we need.

So building that system and those models takes a huge amount of work, and that is why Roberta Ellis, as associate deputy minister of Human Resources, one of her prime responsibilities is physician remuneration, because this is a key building block that we need over the next number of months and years to reform much of the system. You cannot do a lot of the moving to community clinics without changing the physician remuneration. It often will not work with fee for service, because you get in that care provider struggle about who provides, and it is income for one and service for the other.

So you need to have the model. You could do it today on an ad hoc basis but, again, whatever you pay in one circumstance everyone will expect in another. So you want to do it in a manner that is equitable, the same and fair, and everyone knows about it. To do that you have to have people at the table to develop that model, because it has to be a model that is also affordable for the province. You know, if we said we would pay everyone \$300,000 a year, I would have everyone signing up, but it would be not sustainable and affordable for Manitoba. So we have to find the deliverables, what we are expecting, what we are prepared to pay, and we have to find the right number to secure the number of physicians we need.

The member asked, who is at the table? Currently in our 90-day process that was designed to deal with emergency doctors issues, we have the Manitoba Medical Association, the College of Physicians and Surgeons, the regional health authorities and the Manitoba Association of Registered Nurses, and we have also asked some physicians who have been involved in these issues in specific areas with certain expertise.

So I know today if you talked to some in Steinbach or Brandon they would say the process is not moving quickly. I have been in government a long time. I have never seen an internal process move as quickly as this. We have had a number of meetings in my office with this committee or parts of it. We have looked at all the logical options to deal with emergency services. Once we fix emergency, out of that will come the clinic model. We somehow lay the basis for the clinic with emergency. There is certainly a tie.

But we have looked at all the logical options. We have taken out the ones that do not work for us as parties, all of us as parties. We have agreed to that. We have narrowed it down to the ones that have potential. The MMA, I know, has run some of these models by their group of members that they consult regularly to get a sense of their members' feelings across the province.

People are at the table working away as we are flushing out numbers, very high-level discussions. I know Mr. Laplume and my associate deputy have spoken as recently as late last week, and then it is not

just a matter of the people at the table agreeing. You have to go back and make sure your members whom you represent agree as well.

So in those spots across the province where I have heard doctors say—I think Steinbach is one—we are withdrawing services, we want to put pressure on the process; listen, I say to them, that is fine, you can answer your people, but it is not going to speed up that process by one day, because just physically, in getting everyone together and running it through and crunching numbers, it takes time.

We committed to 90 days to be able to flush out an answer. I am hoping that within that 90 days that we are so close to it or have done it that we have a livable model to go forward with, but it is taking a huge amount of work, a lot of time going into it, and I am somewhat disappointed that some physician groups would say that it is taking too long or is too slow. If they are saying that they (a) do not know what is happening, or, (b) have a very unrealistic sense of how long it takes to reach a consensus on something this complex with so many people involved—but we are working for it because we really want to get this developed—the emergency model then leads us into the clinic model, and that leads us ultimately into where we are going on the whole area of physician remuneration for those who do not opt for that. So they are very much connected.

I thank the member for getting us into this very interesting area, probably the most fascinating area we are dealing with at the current time.

\* (1610)

**Mr. Chomiak:** Five-minute break?

**The Acting Chairperson (Mr. Helwer):** Okay, we will take a five-minute recess.

**Mr. Praznik:** Thank you.

*The committee recessed at 4:10 p.m.*

---

#### After Recess

*The committee resumed at 4:17 p.m.*

(Mr. Chairperson in the Chair)

**Mr. Chairperson:** Order, please. Will the Estimates of Health please come to order. The honourable member for Kildonan (Mr. Chomiak) was up.

**Mr. Chomiak:** Thank you, Mr. Chairperson.

So the minister is involved presently in negotiations with the groups that he indicated earlier, the College of Physicians and Surgeons, MMA, MARN, et cetera, to develop within a 90-day time frame some form of remuneration with respect to emergency services as delivered outside of Winnipeg, to develop a model consistent across the province that will serve, as well, and, in addition, as a basis for some form of clinic model development remuneration for the future. Is that a correct summation of the minister's plans?

**Mr. Praznik:** I would say fairly close. As the member recalls, a couple of months ago we had doctors refusing to provide emergency services in Winkler, in Beausejour. They were talking about Dauphin, I believe at one point, a number of places, Stonewall. When we got into it, we were having a host of different solutions being thrown at regional health authorities. We had regional health authorities who had taken over agreements with a number of facilities, often under the guise of being called pilot projects, but I do not think any of them were pilot projects approved by Manitoba Health. I think that became a political term to advocate the special arrangements.

They were different. They were inconsistent. They may have solved the local problem, but they set off one group of doctors saying, well, why do you get it and not us? Why is yours different from us, et cetera, and, we are working a lot more here and you are getting this. To be honest it was quite a mess. It has developed over time, very inconsistent.

So recognizing that we had to come to grips with this and quickly—it is not something that can be left to linger, and it was a great source of frustration with rural doctors—we agreed, we asked and invited all the parties who have a piece of this to come to the table. Let us get a table together, 90-day time frame with a work plan that we could see if we could find a model or models that we could build around the building blocks to

provide a transparent, consistent, equitable, fair system of remunerating physicians to provide emergency services across rural Manitoba.

\* (1620)

Also, my associate deputy points out that it was very critical that a fundamental principle of this was that the complaint was lifestyle, that in many cases, doctors were putting in long hours on call, or call-long hours, without getting very much for it if they did not have the volume, et cetera, and could not then afford to take off additional time because they had not made much when they were on call on the weekend. So we had that problem.

There are also some problems in the bigger volume centres as well. We recognized at the same time that there was a growing demand for a clinic model for physician remuneration for regular service, that many RHAs and doctors working in them were looking at a new way of doing business. So however we strike our options around emergency, some of the same principles, as we are discovering as we go through the process, lay some foundation for going on with the clinic model. So once we can get the emergency model in place and agreed to, I see using the same process to carry on, then, to look at the clinic model.

Now, one little interesting piece that I am sure the member will appreciate, as we develop our models for rural centres, we have some very significant rural hospitals, I think about nine. That then raises the question, whatever we do here also has to be consistent with similar service being provided in our community hospitals in Winnipeg.

So the Winnipeg piece will then have to be next in this, and we can logically see that they fit together. That is what we are working on now, and we are working toward some very tight time frames. I think that gives a little bit better sense to the member.

**Mr. Chomiak:** I thank the minister for those comments. I specifically used the word "remuneration." I notice the minister broadened it, and that was why I specifically used that word.

Does this extend, as well, to northern Manitoba?

**Mr. Praznik:** Mr. Chair, I would like to thank the member for that because I think it is an important principle to note, that the building blocks of a compensation package have to be the same and consistent.

If there is a premium to be paid for northern doctors, given costs or what have you, that that building block be part of the package, that everyone knows that if you were in a remote area, for these factors you would get paid on the same basis as anyone else in the province, plus there would be a premium for northern work, but it would be one more building block you would be entitled to, so that everyone would know that you get it if you are in a remote as opposed to a totally different way of funding.

**Mr. Chomiak:** Does the issue of recruitment and retention also fit into this equation, and how does it?

**Mr. Praznik:** Yes, very much so, Mr. Chair. Part of the issue that doctors flagged with us, particularly in the smaller 34 or so hospitals, or 20 or 30, 26 or 34 smaller centres, basic hospitals, is that the supply of physicians to do rota is very important. If you are doing rota on one in two, for example, it does not matter what you pay someone, you are going to kill them; you are going to burn them out.

So we know roughly the number of physicians we have in rural Manitoba, how many we are likely to have, and as part of this, there has to be, on the part of the RHAs, a reorganization of emergency services to make sure that we are properly using our physicians to provide the right number of centres.

That may change the function of some current emergency centres, which we also have to anticipate, but by getting down to an acceptable level of rota with a proper expectation in remuneration and service delivery, I think it will be easier to recruit physicians. It will not make the difference, but it is one more factor—it is not maybe the only factor, but one more tool, one more factor, to recruit physicians. I know it is very hard to recruit someone if they have to go in a community where their on-call rota is one in two, one in three.

**Mr. Chomiak:** I am not asking this question to tie the minister to this, and I am not going to run out and broadcast this, but from the minister's comments, it implies a reduction in emergency service. Is that a correct observation?

**Mr. Praznik:** No, Mr. Chair, I appreciate the member asking the question because that is a logical question for where we are going.

As we explore the number of hospitals in the province and their usages, we have several hospitals that are under 1,000 visits a year, I believe. We used two factors to sort of assess some cutoffs and—let me go back a step. I think what is key to looking at this model is the volume, because if we are going to pay a certain amount of money for a physician to either be in the hospital providing emergency or on call, we would expect to have enough volume go through during that time to make the physician busy and ultimately pay the cost.

That is one of our preconditions of getting into this kind of discussion on this kind of model, so we have to look at how we classify hospitals in terms of what they do, what volume, whether a physician has to be on call or be available in the facility, and as we look at some of those breakdowns, we have found that we have a category of facility that has less than a thousand visits a year and is located within the recommended half an hour, whatever the time distance is, 50 kilometres of another facility.

So the College of Physicians and Surgeons sets some limits as to where Emergencies should be located. Now, having said that, we also find that those facilities currently operated on fee for service often are very understaffed, do not have a lot of doctors. I am not saying one would do away with them and say you are going to close them today or tomorrow, but, obviously, you are not going to, even in this model, be able to get the volumes to be there, nor necessarily is there need.

One of the things that we have talked about then is developing a standard for an urgency centre that would allow some of them to be able to provide a level of urgency care to meet their community need, but, obviously, this has to fit into the mix and has to work out. Another problem we have that fits into this

calculation is the number of doctors that are available, and if doctors are asking for a one in five, one in six, one in seven rota, they have to draw on a large enough regional pool to be able to do that. These are things that will have to be worked out in each region, but we want to make sure that we have agreed on the tools that will allow people to work them out.

**Mr. Chomiak:** How does the minister reconcile proceeding on this basis in light of the final year of the MMA agreement that the government is in with the MMA and in light of the fact that they are now, I assume, negotiating a new agreement with the MMA to take effect in '98-99?

**Mr. Praznik:** The member asks a question I have asked myself innumerable times. Why, when we have an agreement with the MMA that was to contemplate all of these issues and which the MMA did not ask for under that agreement—additional money is a category for Emergency remuneration—why are we dealing with this now? In fact, some would even argue that the MMA may be in breach of its agreement.

The practical reality is the vast majority, it would appear, of physicians in rural Manitoba have said that they want a new system. Whether the MMA has encouraged that or not, I am not going to speculate on. The fact is it is a very real problem that I have today, that relying on the current contract does not seem to have hit a chord with any of the people providing it.

The second part of this is we are not yet in negotiations with the MMA. That will come later in the year as we begin to develop it, and, obviously, whatever we do now is starting to form the basis of a new agreement. A very practical reason why I am there, I say to the member, the fact is doctors are not relying on that MMA agreement, and I do not think it is probably in our long-term will to take them to court to test them on it.

**Mr. Chomiak:** How does the minister envision this package working with respect to the funding arrangements with RHAs considering that—I am assuming that the funding arrangements with respect to physician remuneration are outside of the funding model that is being proposed for each RHA. Secondly, at what point will the funding for physician

remuneration, whatever form it is, whether fee for service or salary, be moved under the authority of the respective RHAs?

\* (1630)

**Mr. Praznik:** Obviously, we are into negotiations right now. The RHAs are very much involved in that. The member asked how I envision this working. The question of how we provide those dollars from the ministry to pay for either emergency on call or for clinic matters is one that we will probably work out with the RHA. It makes some logical sense to see those dollars, the contract dollars or emergency dollars, move directly. In fact, I think the contract dollars are already there. If we expanded them into a clinic model, those dollars would likely flow to the RHA. Certainly, if we provided a certain amount of dollars for emergency, they would flow as well, and we would expect some offset in our fee for service to make up those dollars.

Those are arrangements we would have to work out, because the key to moving to paying for physician emergency call is to have an offset on fee for service and expecting a certain volume, whether it be by clinic, appointment, walk in, whatever you want to call it, happening in our hospitals to ensure that they are used fully while we have a physician available.

**Mr. Chomiak:** I wonder if the minister could clarify what he meant when he said that the contract dollars and fees are already there.

**Mr. Praznik:** To clarify, in some of the RHAs currently where they would have contract physicians—I am thinking Hamiota would be a good example—those dollars would be flowed now.

If we expand the contract model, which I fully expect to happen, where, for example, in a regional health authority all of the doctors or a sizeable number of the doctors in that region say, we would rather work on a contract than fee for service, then we would have, again, this transparent template building-block system.

Those dollars to meet that need would flow to the RHA. They would administer them with those doctors, because, obviously, they would be setting up the clinic, operating it, doing those types of things.

**Mr. Chomiak:** When the minister refers to contracts, is the minister referring to units of service, say, along the lines that we are familiar with, with respect to delivery of home care in Winnipeg?

**Mr. Praznik:** Mr. Chair, no, somewhat differently. I think what we are trying to avoid is saying salary. What we do not want to do is say, we are buying your services by hour of time, because then we have no control over what deliverables we get, other than you show up.

We are looking for a model where we will provide a block of dollars that are like a salary, but for that we expect not just your time but we expect a block of deliverables that you will—it is a comprehensive plan or contract where a physician would be providing care to a certain agreed-upon number of persons, or providing a certain amount of service, whatever we work out in those kinds of agreements, because that is ultimately is ours and the RHA's only ability to ensure that we are ultimately getting the amount of service that we need.

These kinds of details we have to flesh out and work out and negotiate, but that is kind of the direction in which we are moving now. Yes, just to add to that, by also going to blocks of dollars, which might be administered by the RHA who may sign a contract with a block of physicians or group of physicians who would also retain other staff that would be part of that block, it allows us to see the teams of multidisciplinary providers of care working together on a clinic basis. So there is likely to be a number of nurses, perhaps a midwife, perhaps a mental health worker, whatever that is required to bring together a clinic.

Whether those dollars are administered directly by an RHA, who would put together the team, or a group of physicians who would put together the team, or a group of providers who would organize themselves, there has to be lots of flexibility for that to happen. But it is likely that we would flow the dollars to the regional health authority and let them set that up with care providers in their area.

**Mr. Chomiak:** The minister did clarify my next line of questioning, but just to make certain that I understand it correctly, the plan, obviously not for this year, but the plan for subsequent years is something along the lines



of block funding attached to some kind of deliverables that will be offered to the RHAs, presumably if they meet certain standards, which will then be left to the RHAs to make a determination as to whether they want to hire 12 nurses and one doctor to provide primary care or two doctors—I mean, along those lines.

I mean, I am looking for direction from the minister as to how that block arrangement might work.

**Mr. Praznik:** I hate to use the word transparent again, and equitable and consistent, but the degree of flexibility in the member's example is probably unlikely to be the case. It is probably going to be quite a bit less. There probably will be some very set template around how those will work, depending on units of service or however we define what we are purchasing.

There has to be some flexibility, but it has to be a consistent flexibility in building blocks. That is very important because the last thing I want to see happen out there is that we provide a block of money and we end up getting a whole bunch of different packages developing, and we get into the old "play it off against one another" everywhere else. That is not going to work. So in the amounts we pay for common and equitable deliverables we would expect it to be equivalent.

Now, how RHAs put together those building blocks of a package, they will have flexibility, but the building blocks will be the same across the system. I guess that is the best illustration that I could give to the member. We give them building blocks and they put them together, but the building blocks are the same across the system.

**Mr. Chomiak:** We are talking about emergency services in the initial stages of the building blocks, so perhaps we could just use an example of—[interjection] The minister was talking about clinic, okay. [interjection] Well, that is interesting because I thought the emergency was going to be the basis for clinic, but I see the minister was expounding on the clinic. I did use an example of clinic more than I did emergency. Can we talk examples here?

**Mr. Praznik:** Yes, perhaps I am misleading the member a little bit inadvertently here. The clinic model

is quite different than the emergency, somewhat, because the emergency can happen at the clinic. We are trying to get some principles of consistency; the two are not necessarily alike. Our process of developing the emergency model is the same process with many of the same issues as we move into clinic, but I think the member would like me to talk a little bit about emergency because that is first off the plate. Is that a fair assessment?

I just want to just share some sense of this. When we looked at kind of defining our hospitals, because if you are going to start on this, you have to define what we are talking about—this is for emergency. We looked at the volumes of work and the requirements that the college places for physicians in that facility, and what we discovered is that we have, for lack of a better term, rural general hospital, which are facilities that meet the requirements of having to have a physician on staff, and there are nine of those facilities in the province that are large enough, that are currently required to have a physician on staff.

They are obviously looking for a set fee for providing in-house coverage, present 24 hours a day, and we are looking at numbers as to what that would be. Our expectation, of course, is that we would want, in seeing that paid, a certain number of deliverables, including ensuring that there is a sufficient volume of work that justifies this kind of support, and because they are big, it is likely to very achievable.

Now, again, part of the principle that we are trying to address here, and the member has been around a long time in health care, and I remember from the days when my father was on the Selkirk Hospital, we always made these arguments that people should stay away from the emergency ward unless it is really an emergency. When we look at our numbers in most facilities, a large number of people still go to the emergency ward to see a doctor when it is not emergent or urgent.

So we know the public human nature is such that it is a convenience issue, because you do not have to take time off work, you are hurting now, you can go see the doctor. So rather than fight that, we say, let us make use of this to ensure we have sufficient volumes working through and better service to the public that ultimately we can justify having the physician

remunerated to the degree that they want, because they are providing enough work. What we are making, in essence, is ensuring that when they are there that they are busy and making productive use of the time.

\* (1640)

We see the public who needs the service getting the service, happy because it is more convenient and, ultimately, giving us the ability to pay for it, we hope, through reduction in the fee for service that they would get by seeing a physician outside of it or even at an emergency ward seeing the physician today. So instead of those doctors being paid fee for service, they, in essence, would know that they are going to get a set price for putting in those hours of their time. So that takes care of nine that are relatively easier to do, because they are already of much bigger volume.

Then we looked at facilities that had a much smaller volume. I do not know the workings of where we made the splits. We can get into that detail, I think, when we have concluded an agreement, because those are some of the issues we are working on. But that is a whole host of other hospitals, I think some 28-plus hospitals across the province and, in all of those facilities, their level of service is such that the college does not require to have a physician onsite. They require a physician to be on call. So it is a somewhat different degree of service. Now, many of them have a very significant volume, as well, over a year of which a very small amount is actually emergent and urgent.

Now, again, in trying to get our principles together, if the goal of this is to give physicians lifestyle, and these are the facilities that today are really the tough ones to deal with, because physicians, their volumes are such that a physician may only get one or two calls on a night, have to come down at two in the morning, they get their one fee-for-service billing. Even if there is a bonus or something paid to it, by the time they pay the tax, they say, why have I had to get up in the middle of the night? I have not made enough money; I cannot take the next day off, and if I am on a one and two or one and three or one and four rota, I am going to kill myself here. So these are very much lifestyle issues.

So what we are saying here is, okay, we want to have the physician available to cover. To do that the

physician has to make enough money that they can take off other time during the week to have some free time. So in Ontario, they paid them a certain amount of money per hour to find out that in many of the similar-sized facilities they have doctors with nobody coming in or very limited on call that they are paying a huge amount of money for, at the end of the day, seeing very few people. But, of course, you have to have the emergency service.

So what we are proposing in our discussion is to make the physicians' time useful while they are in that on-call situation, and that would involve—and we are still trying to flesh this out in some way with the parties—having during that on-call period blocks of time when they, in essence, hold clinic in the facility or in their own clinic or whatever we work out so that they receive a set fee. They park their fee-for-service billing number, and over time their deliverable is to have a certain volume.

Now, whether that is a walk-in clinic advertised, whether they choose to put some of their own patients through, whatever, to see them during this time, those are all issues we are sorting out, how we ensure that the deliverables are guaranteed, those are all things we have to flesh out and we are working on now, but the end of the day is, for example, a doctor in Beausejour would be paid whatever amount of money to be on call during the weekend. It may very well work out that on the Saturday they are in the hospital from ten to noon and one to four, and they will see so many patients.

They may choose to have some of their own patients come in. The hospital may advertise that we have a doctor available in clinic every Saturday from these hours or Sunday afternoon. Of course, then we have enough volume coming in. It justifies paying what the physician wants. The physician has earned enough money that on Monday and Tuesday the physician says I worked this weekend; I do not have to open my own clinic; I have seen enough patients; I do not have to open those doors.

The same would be true on evenings, that they could see patients from six until nine or whatever, and see enough people that they do not have to come in until noon the next day or open their own office until noon, so they get something for that time. So we are trying to

better organize the workload, in essence, to make efficient use of doctors' time, and doctors tell us, well, if they are going to be on call, they would like to be busy.

The other advantage in this is, I think, then, we offer better service to our communities because the hours in which you can now see a physician are expanded. If you live in Beausejour and work in Winnipeg, you do not have to have a doctor in Winnipeg to see one. You do not have to take a half day off work because you can arrange to see a doctor when they are doing their clinic time. If you are an elderly person who needs family to drive you to see the doctor, you can try and see your doctor on a Saturday or Sunday when family can take you. If you are a mom who has a child who is quite sick in the evening, and you say do I wait until the morning or not, you will not even hesitate now. You will go down to the hospital at eight o'clock with the child so they will not get sick and you have to call the doctor in at two o'clock in the morning.

So there are a lot of advantages in better using people's time. We call this the clinic model. We are trying to flesh out all the details, make sure the parties like it. Conceptually, it is gaining some interest, and over the next few weeks we are hoping we will flesh it out, but I hope I have given the member a sense of the concepts we are trying to achieve.

In studying this, we have also looked at what has happened in other parts of the province. I know the Ontario model, the Scott model, where they simply pay a fee to be there without working to make the thing busy for the physician, just at the end of the day, we are looking at a cost of—[interjection] Yes, to do an Ontario model, it would be something like \$15 million or \$16 million, and we really have not bought any guarantee of more deliverable.

By the way, physicians are saying to us, it is lifestyle. We want to be busy when we are on call, so we want to earn enough money when we are on call that we can take time off later in the week to have some time with our families. Also, if we do this right, it might lessen their patient load during the week so they do not have that demand to put patients through for that Monday or whatever that they want to take off if they have covered a weekend. This is what we are trying to achieve and

flesh this out with the various doctors and hopefully come up with a model that people can live with for some time into the future.

I hope I have given the members a sense of what we are trying to achieve in a very complex area.

**Mr. Chomiak:** I thank the minister for that response. It does reflect some discussions that we have had with people in rural Manitoba. The implication can be from that model that there will be an increased need for physicians outside of Winnipeg. Does the minister agree with that implication?

**Mr. Praznik:** Yes, Mr. Chair, whether or not this would add to the need for physicians in rural Manitoba, we do not particularly envision that to be the case. Part of this obviously is getting—the other part of the equation is getting the right rota. Some areas argue it is one in four; I have seen it as high as one in seven, and that is something to be worked out. That may, in fact, require the grouping of physicians together in some areas to ensure that they have enough physicians to provide an acceptable rota to them.

The member may appreciate that in some areas obviously there are seasonal highs. I know that in my area, the Winnipeg River hospital, Pinawa and the Pine Falls hospitals get very busy in the summer servicing the cottage areas. We have a locum tenens program that we will on those extraordinary circumstances be able to staff to make up some of that difference.

One area that might increase volume for physicians, of course, is if in the areas in and around Winnipeg where convenience becomes an issue for seeing a physician, if physicians have a fairly regular rota in, you know, once a week an evening, for example, if you had a one in five or something or one in seven for physicians during the week, you might find people choosing to see a doctor locally because they can now see their doctor every Thursday night at clinic as opposed to taking time off work.

So we do not expect that this will add to the need. The idea is to try to make good use, efficiency use, out of the doctors we currently have. There will always be issues for recruitment of physicians into various communities, but we think this may give us an ability,

you know, one more tool, I think, to be a little more attractive to recruiting family practitioners to rural Manitoba, but it should not, in itself, cause an increase in the need for physicians out of the ordinary.

\* (1650)

**Mr. Chomiak:** Does the minister see a need for an expansion increase, need for other primary care providers as a result of this model?

**Mr. Praznik:** Mr. Chair, yes, I do, and we get back to one of the member's first questions about some of these facilities, say, that have less than a thousand visits a year to their emergency. If they have that within the 50-kilometre range of another facility or there are areas within 50 kilometres and they are already a low volume, most of those facilities are very small-bedded hospitals, 10 to 20 beds, so they already have issues of maybe only having one doctor or two doctors in their facility.

I know the member, the Chair has one hospital in his constituency, Whitemouth, that is a four or six-bed hospital. It is a six-bed or something hospital. They have one physician in the community. There is no way that that hospital can provide 24-hour, seven-day emergency care with one doctor. You will kill the doctor. So we recognize there still may be in many of these communities—I just want to confirm, it is six beds in Whitemouth. We do know that there is still going to be a need in some of them to have some level of emergency care or urgency care.

One of the things we are talking about now is developing a standard here that would see us have, say, a nurse-run urgency centre in many of these so that the duty nurse would be properly trained and there would be a nurse available there. So for certain emergencies that could come in and be treated by a nurse, similar to what is done now in northern nursing stations, there is a precedent for that.

Also, if we did develop a standard, I could envision that standard having a degree of communications equipment, et cetera. A person or that nurse could immediately be on line with an emergency place, a large facility, to be talking to the doctor who is on call there to be able to make a decision—do we move the

patient; do we treat here; what do we do—so that that urgency centre then can provide a greater degree of coverage than currently is the case.

I know the member did not want to get into raising this big talk about closure, but for many of these facilities, they today cannot provide 24-hour, seven-day-a-week emergency because they do not have the physicians, nor do they have the volume to justify the physicians. So rather than see them die totally, if we can, with using nurses, for example, develop an urgency centre to meet needs in those communities that still are there and have a proper transportation link with ambulance and communication link, we can probably ensure a better degree of service in the long run than what we are going to have if we leave the status quo.

**Mr. Chomiak:** Mr. Chairperson, the minister had indicated earlier he saw this model ultimately—now, he can correct me if I am wrong in terms of quoting him—dovetailing together with the situation with respect to Winnipeg. Is that a correct observation, and could he perhaps elaborate on that?

**Mr. Praznik:** As the member may know, our agreement with the emergency physicians of Winnipeg that serves the community hospitals expired some 15, well, many months ago, and we are negotiating with them or beginning to now as to how we are going to resolve that issue.

Obviously, if our principle is to be consistent and transparent, noting that the nine facilities I have spoken about start to get—and that is one of the things we are looking at, is the level of service they provide in the major rural hospitals. Brandon would be one, for example, that his colleague the member for Brandon East flagged today. That is why in my answer in Question Period I talked about the need for transparency and consistence and equity, because a hospital of Brandon's size, servicing that kind of region, I have not checked the volumes but surely must be pretty equivalent to one of the community hospitals in Winnipeg.

So whatever our model does with those nine larger rural hospitals, Portage, Steinbach, Flin Flon, The Pas, Thompson, it has to have a consistency and transparency with what we do in Winnipeg with our

emergency system there because, obviously, if we are expecting the same volume of work or the same amount of work or units of service from a physician in Brandon and one in Concordia or Grace or a community hospital here, they have a right to know what each other is getting and it should be equitable and consistent.

The Manitoba Medical Association has indicated to us that they have agreed that that should also be part of our planning as we deal with the emergency physicians of Winnipeg. We recognize, as well, that although those nine rural hospitals, including Brandon and the community hospitals, require the same standards, I gather, with the college of having physicians in house, there may be some volume issues that would be addressed. Brandon might be one too that you might need, have enough volume to have two under the same agreement as opposed to one or whatever it would be.

We also recognize that the tertiary hospitals, again, particularly the Health Sciences Centre as a trauma centre, are, again, another different league of emergency service. What I would like to be able to do inevitably is have all of this linked through a common thread that you know what kind of service, what volume of service you are expected to deliver and you are paid on that basis, remunerated on that basis and covered on that basis, and if your volume degree of service changes up to the next ladder, you know that you will move into the next ladder of funding and that there is also an equity between the unit of service being purchased in facilities. That is also very important.

We are trying to do a lot of things with this formula, but I think it is really important that we do that to get that consistent nature. Otherwise, ministers of Health today and into the future will be continually pressured and whipsawed and physicians will be unhappy and the MMA will not be able to deliver agreements with their members because of inconsistency. So we are trying to correct probably 30 years of ad hocery, and that is what we are—it is not perfect, but we are trying our best.

**Mr. Chomiak:** To take it to its natural conclusion, it obviously fits in with questions that were asked earlier by the member for Inkster (Mr. Lamoureux) with respect to community clinics, but one thing I have never understood is how last year's August announcement of the neighbourhood health centres or the neighbourhood

improvement zones—I cannot remember the terminology—how they specifically related, how they were defined and how they fit in with, because they must, what the minister is discussing.

**Mr. Praznik:** Like him, I, too, have the same questions in dealing with this as a new minister coming in, but I gather the planning was that all of these community health centres exist today and operate today, and what we are attempting to do is trying to give them a geographic region within the city with an expectation of deliverables within it. We recognize people have preferences and all those types of things that we have to work in.

What we do not want happening is having a serious of community clinics that are out each operating on its own without some co-ordination, because they are an excellent model, they are an excellent manner in which to expand the delivery of services in communities because they have a presence, a constituency, reputations that draw people to them. We are not trying to reinvent the wheel so much as make sure that all the spokes are plugged in and linked together and that they are not operating out on their own and not part of some plan.

\* (1700)

So they ultimately will be part of the Winnipeg Long Term Care Authority. They will be working with them. That will be the group from which they receive their funding and through which they co-ordinate their planning and how their services are there.

By the way, geographic lines do not always work here either because some of these clinics have constituencies. I think of Klinik with a "K" that has a very special community in the AIDS community, which applies to the whole city, in fact even to some degree the whole province as a place of—I am talking about the Village Clinic, Klinik with a "K." So those are things that have to be taken into account. I am hoping we are able to accomplish that goal.

**Mr. Chomiak:** So the minister is saying the present existing community health centres or community clinics are going to become the neighbourhood models that

were referred in the Next Steps document in last August's paper?

**Mr. Praznik:** Yes, that is correct, and if I just may add this point, this is why our physician remuneration becomes very important because, as these expand, and whether they be these or whether even hospitals start to have community clinics based in them, we need again to have a consistent clinic funding model for physicians and primary caregivers as a necessary tool for them to be able to build their facilities and provide more services.

From what I understand there are a number of private clinics in the city today that financially we do not know if their given age of practitioners may be there, et cetera. So we are going to obviously rely more and more on the system in these, and we have to have a consistent model.

**Mr. Chomiak:** Is the minister saying that in places where there is a gap or where there is a nonservice applied, then the possibility exists for the development of further clinics to fill that gap?

**Mr. Praznik:** Yes, it does. I want to be somewhat careful because one of the things that I am trying to achieve everywhere in rural Manitoba and certainly in Winnipeg is that we make sure we utilize our space efficiently and make it relative. In the foreseeable future, my associate deputy minister does not envision necessarily new clinics being built, but we have capacity in our current system that is underutilized, that cries out to some degrees, logical places for other clinics to be centred.

I know that, in some of the discussions I have had with boards of community hospitals today, they can envision and they see it as a possibility of having a primary health clinic based right in their facility, because today they are viewed as a centre of health care in their community, and it is a logical place from which to deliver.

I know, just looking at this map, most of these clinics today very much are centred, other than Northwest Co-op, somewhat off—most are in the downtown, close to the river area, if the member looks at the map—whereas our community hospitals tend to be the northwest,

northeast, Victoria, Grace, or farther out. So if there is space there, it makes logical good sense to be able to see the next growth in clinics, if space is available, centred there and that facility being more relevant to their community.

**Mr. Chomiak:** I guess we can assume that we are talking about clinics, be it in rural or urban centres, being operated on a 24-hour basis as an alternative service to other forms of care.

**Mr. Praznik:** Mr. Chair, I am not going to agree with or answer yes to that entirely. That will depend on the need for the service. I suspect the member anticipates that as well. If our clinic model in emergency happens, and if clinics inevitably get built into most of the hospitals where they are not already, it is likely that a doctor who is on call is going to practise in their clinic. The hours may not be 24 hours, seven days a week, because there may not be enough volume to support having a doctor stay there all night, but they are likely to have extended hours and a doctor on call.

In Winnipeg, as part of looking at our emergency services, the member has hit upon an area that I want to have explored, the idea that if you have a clinic service based in a hospital, having one of those physicians also part of your emergency team for your emergency delivery gives us a way of dealing with more volume in emergency potentially but, again, it has got to work and make common sense.

One other point that my associate deputy flags, as we are sorting out, emergency medical officers or doctors who do emergency in the pure sense of the word is somewhat of a specialty. But where the potential of reducing our demands on our emergency is if you have a walk-in clinic with extended hours or even 24 hours, depending on service available in a hospital, that takes a large volume of the walk-ins, convenient walk-ins, away from emergency and you may not need as many emergency medical officers in your emergency ward. So I think the member and I are on the same track. We want to see it work and develop and make common sense, but it would be, I think, a very innovative way to approach this.

**Mr. Chomiak:** I was under the impression that was, in fact, one of the major recommendations of the Moe

Lerner report, and I was under the impression that, in fact, that was moving along, which brings me to the theoretical question of how the Moe Lerner report, with its extensive recommendations, fits in with this entire process.

**Mr. Praznik:** Mr. Chair, I notice that Mr. Jim McFarlane, who was seconded to the Department of Health, joins us in the back of the room. This is one of the projects that we have him working on now, and obviously keeping the Winnipeg Hospital Authority informed as they gear up, but reviewing all of the plans, the Lerner report, getting on with really getting it implemented in a logical way.

But the larger question of the clinic in those facilities, we are probably some time away, because many of those boards have to sort out that that is exactly what we want to do. We have to sort out space requirements and all of those type of things, but it is the logical conclusion as you sort of follow this thing through. I hope it is not too far away.

**Mr. Chomiak:** At one time, approximately two years ago, it was bandied about, the possibility of remuneration for physicians being based on a sliding scale similar to what is being done in Ontario and some of the other provinces with respect to 90 percent. Depending on the volume of service offered in an area of the city of Winnipeg, a new practitioner would be remunerated based on a lesser extent than another practitioner based on need, et cetera. I think generally the minister knows what I am talking about. Is that proposal basically dead?

**Mr. Praznik:** Mr. Chair, I am advised that model under our current MMA agreement is impossible. If we go to a contract basis with deliverables, there is ability to work that into the system. That would be part of the negotiations for it, and there is some possibility. I leave that to a table we are not yet at.

**Mr. Chomiak:** Do we have any statistics about doctors leaving to the United States that are on an up-to-date basis?

\* (1710)

**Mr. Praznik:** Mr. Chair, we will table that information tomorrow with the member. We are going to just find

it. We have something from the college. We have also had the Manitoba Centre for Health Policy and Evaluation study a number of these issues.

I had a preliminary report today; we will be probably making that public very shortly. They have some observations, as well, in that area that are there. I am not in a position to release that today, but I know when it is, the member will find, I think, their conclusions as interesting as I have.

Just while I have the mike, the member had asked for a list of the occupancy rates of hospitals. I notice I have been handed it here, and there may be some questions he has on that area. So I would like to table that, Mr. Chair, and there should be copies for the member.

**Mr. Chomiak:** I wonder if the minister, returning to the flowchart, the draft flowchart that was issued earlier on in the Estimates, under the area of the associate deputy minister, from Human Resource Planning projects, can the minister give me a short analysis of each of those specific areas—that is Human Resource Planning, Primary Care Reform, Professional Remuneration, et cetera—of the key components of those areas so that I have some understanding as to the way the structure has been set up?

**Mr. Praznik:** Just one caveat I would attach to the tabling of our occupancy rates; these are not to be numbers that are written in stone for policy making. They are only to reflect trends, and they, on any individual basis, would have to be examined in some detail. The reason I say that to the member is, in some cases, you may find a facility with a very high occupancy rate who will then argue that they are a well-used facility, and you will find out when you study the matter that they have a very low use of home care.

So, in essence, what you have is the decision kind of being made locally, keep people in the hospital and do not use home care, and we will show how efficient we are, in essence. Well, that kind of scenario, the member, I am sure, would agree, is an inefficient use of both the hospital and the home care system. So it only gives you some sense.

The other comment I make is, across these numbers, on average two-thirds of the occupancies are for non-acute-care purposes. So I just flag that as a number.

Now, with respect to each area on that line, we will go through them. Human Resource Planning, part of that responsibility is that we have a host of areas that require movements of staff, consolidations. The member and I have been involved with the urban shared services in the kitchens issue, and I am a very strong believer that if you can treat people fairly and work through the human resource issues, other areas of amalgamations and management, structural change, become immeasurably easier. Many of the criticisms over the years that he and his party have offered of health care reform under our administration, when you sort them out, had to deal with the way human resource issues were handled. We know that we often live under regimes that are not of our making and not of anyone's fault, but they were designed in other times for other purposes and are difficult.

So in that particular area, any major change in human resource, or any human resources issues, we try to flag through Roberta and her little group here to be able to ensure that proper care and attention is being taken to those issues to make sure they are handled well for making the resources position.

One of the other things that is part of that responsibility, as well, and it fits in in many of our other areas, is to make sure in health care that we have the right number of people delivering service, whether it be specialities in the medical field—so that is another area that comes under Human Resource Planning.

Primary Care Reform, again, is the development of the whole model for the primary care clinic. Our staff, who have been working on this for a number of years, are now working under Roberta because, ultimately, it is more than just the model for the delivery of health care. That work has been done. The critical issues now are how do you do the human resource, the labour relations issues, the remuneration issues in putting that model together? So it is now under Roberta Ellis's shop.

Professional Remuneration, again, the whole broader issue, issues of physician remuneration are part of that,

as well as other contract negotiations and a host of areas in health care fit under Roberta Ellis's area.

Negotiation Services, putting together—and this is an area that I flag with some embarrassment, I must admit, that coming into the Ministry of Health we have some excellent people who do our negotiations, but we have not put a lot of thought to developing a good team approach and having the kind of training for our people in negotiation that they are able to manage a number of very complex negotiations in a logical and reasonable fashion. So we are looking at doing some upgrading of our negotiators.

As the member knows, we are negotiating now. We are beginning with MDS on a lab issue. We have issues around contract negotiations. We have service purchase agreements, those things. So we are trying to develop a body within the ministry who can manage these things and handle them in a logical fashion. I know when I was Minister of Mines and of Northern and Native Affairs, my former deputy Michael Fine and I spent a great deal of time developing the negotiating skills of a cadre of people within our shop and developing systems of being able to give them approved mandates to go forward. There is a bit of science to this that I would discuss if the member ever wanted to pursue it, but we wanted to get some rational thinking and approach to our negotiations, and we did. We were quite successful in bringing some agreements to conclusion. So I am trying to develop those skills in the department because there are a lot of areas in which we negotiate.

Adjustment and Training, again, that is part of that Human Resource Planning area to assure that wherever we are doing any change in people's roles, that we have, I think, a fair and reasonable adjustment and training strategy to minimize the effects on people who may face change.

The Academic Liaison is another area. We recognize that the universities, particularly the U of M Faculty of Medicine and the nursing faculty have a big role to play and have played, particularly in our tertiary hospitals, and we are trying to sort out with them how that will be affected by regionalization and how we can ensure that is streamlined somewhat and become somewhat more efficient.



I say this to the member, one of my goals is that we can develop our academic programming such that we can provide more opportunities for people who are learning in the system to work in smaller community hospitals, rural hospitals and other areas, rather than just in the tertiary hospitals. The Winnipeg Hospital Authority now gives us the ability to do more of that, and the regional health authorities give us the ability to do somewhat more of that.

So developing those liaisons and how we fit that piece into the puzzle is one of Roberta's challenges. The Standing Committee on Medical Manpower, which is a recruitment and retention issues, is answering—it has been in existence for some years—will now answer to Roberta Ellis; and the Manitoba Medical Services Council, which is a creature of the last MMA agreement, Roberta in this capacity has been appointed the government co-chair. She replaces Frank DeCock since Frank has moved on to be deputy minister.

**Mr. Chomiak:** The Physicians Resource Committee, where does that fit in all of this?

**Mr. Praznik:** I understand that that is a subcommittee of the Manitoba Medical Services Council.

**Mr. Chomiak:** Are we expecting any recommendations or any reports from that committee and when will that be?

**Mr. Praznik:** I understand that there is some debate going on at that committee now, so I do not know when they will report, but they are working away and debating through their issues.

**Mr. Chomiak:** Is the labour adjustment management committee still in existence? What is the status, and could we get a list of who is on that committee, unless it has not changed significantly in the last year or two?

**Mr. Praznik:** This committee is still in existence, basically the same people. I do not think there has been any significant changes in the last year. The only thing that we have asked, and Roberta in her new responsibilities has met with the management caucus group there and suggested that they may want to rethink their composition to take into account over the next year the new governance structures with the Winnipeg

Hospital Authority, the relationships that will develop with the other governance boards at the faith-based and other facilities, and ensure that they are properly reflecting the structures as they develop between the WHA and the Winnipeg facilities.

**Mr. Chomiak:** Can I get an update as to the voluntary separation plan that is presently in existence?

**Mr. Praznik:** I will be delighted to table that. Tomorrow we will have that for you—hopefully, tomorrow.

\* (1720)

**Mr. Chomiak:** The minister indicated we would have a copy of the one-year agreement that has been negotiated with respect to the employees vis-a-vis the regionalization.

**Mr. Praznik:** I would be pleased to table since it is not too often my name appears with Peter Olfert on a document. I think we have the unsigned copies here. Okay, we have one generic copy—well, I will just explain this: Mr. Chair, I am giving you a copy of the unsigned copy. What we had was, I signed one, Peter signed it; I think we signed 11. I should say 11, or whatever, it is 10, and each one has a signature for the regional health authority.

So there are really 10, currently, originals out there, with each of us having—I guess there would be 30 original copies that we have. So I am tabling you the unsigned copy of this particular agreement, and I have a number of other copies here.

Mr. Chair, I am also told that the first part—I think I have given you the whole package—the first part of it is with Manitoba government employees. There is a separate back page, I guess, that covers the home care attendants. So I guess they are two different bargaining locals within the MGEU. I think if the member has a look at the back, this would be the home care group within it, so everybody is covered in this.

**Mr. Chomiak:** I have not had a chance to read the details, but just in general, this agreement takes us to

the end of the period of the expiry of the master agreement with the MGEU or over the next year period. What is the time frame of this particular agreement?

**Mr. Praznik:** I understand that the master agreement expired on the 31st of March, one day before the RHAs were to take responsibility as employer. So what this agreement does, in essence, is it agrees to extend the current agreement for another year, and that gives a year in which the RHAs can negotiate their own agreement. Some of the bargaining issues can be sorted out, and also provided for the province for up to that year to continue to maintain or administer the collective agreement and pay salary with an accounting with the RHA.

What we did not want happen, and I know if it had happened the member would have been very critical in the House as I would have been if I had been the critic, we did not want anyone being transferred to not get a pay cheque or have some benefit problem, et cetera, because they had moved over. We wanted a smooth transition. This gives the regional health authority a year, in essence, to sort out their own bargaining issues, get their own structure in place to deal with payroll and benefits management, and also to set up their own structures, et cetera, and negotiate their collective agreements with the MGEU. This was a very convenient way of doing it, and the union was certainly very pleased to be part of putting this together. This was a smooth transition. We have not had one complaint, quite frankly, about an employee losing a benefit or not getting a pay cheque.

**Mr. Chomiak:** Can the minister indicate what about those employees that are not a part of the MGEU or are not a part of the master collective agreement, what arrangement has been made with those other bargaining units?

**Mr. Praznik:** I am just advised, Mr. Chair, that the vast majority of our employees were represented by MGEU and were covered. I am told there were a few of our staff represented by the MNU, and we have carried on on this same basis. I think we are working it out with the MNU now and will probably have the same kind of agreement, or time will overcome it, and we have carried out the same practice to no objection.

**Mr. Chomiak:** Mr. Chairperson, those employees that are employed and part of the MMU and other labour organizations, I assume their contracts are with the specific facilities and specific institutions. So is that why they are outside the purview of the agreement?

**Mr. Praznik:** Mr. Chair, perhaps the reason why we look a little unclear on this is the number we are talking about is less than a half dozen, one or two perhaps. So this is why it was—it was just a few people who are under our employ. We transferred our employees over now. With respect to the facilities, regular labour law, of course, applies. There is a successor right, the agreements continue in place, and we have signalled, I think, to the labour community that we would like—obviously, there has got to be an amalgamation of bargain units take place and a whole bunch of the normal kind of structural changes whenever you have a consolidation of facilities under one new management or these must take place. What we have said to both the regional health authorities, as the new employers, and the labour unions representing those employees, including the Manitoba Nurses' Union, we would like them to proceed to negotiate these things.

Where they are not able to do that, we would strongly recommend they use the existing labour relations mechanisms of the Labour Board, and I am hoping that approach will solve virtually all, if not all, of the issues over the next year or so. If there are some that are just not resolvable, we would then proceed to appoint the commission under the RHA act to proceed to do that but, as the member may have noticed, I have not yet appointed the commission. I have not really had a purpose yet to do it. I would prefer that the regular labour relations structures and processes get a first opportunity to solve these issues. They have happened before in the private sector and other places, and there is certainly a history in the labour movement of dealing with this.

So we hope that we will solve most of them by negotiation and some issues being mediated or settled at the Labour Board level where that is appropriate, and perhaps we may need never to appoint that commission, but if we do, we will.

**Mr. Chomiak:** Mr. Chairperson, are the respective RHAs in the process, or going to be in the process, of

negotiating collective agreements with the MGEU, or are they negotiating agreement with the government of Manitoba through this agreement representing—are they negotiating agreement with the government of Manitoba on their behalf?

**Mr. Praznik:** Mr. Chair, as the employing authority of those staff, they in law have the responsibility to negotiate the collective agreement with the unions representing their employees. One practical matter, of course, is that because government is the funder, we will want to have—and the labour side obviously would like to have some consistency across the system, too. So we will have to do some co-ordination from our perspective with the regional health authorities as I am sure that the labour side will also want to do on their particular side. I gather the tables on which we negotiate this are still being worked out as to how we will do it.

The withdrawal of Manitoba Health Organizations, given the fact that they used to represent some 180 boards and today there will only be 13 employing boards, is going to change the structure, and I get the sense that the council of chairs and CEOs of the regional health authority will likely become the new MHO. We will work with them to develop their human resource bargaining so that there is a consistency across the province that makes sense.

From the labour side, each, whether it be MGEU and home care workers or whether it be MNU on nurses and facilities or UFCW and support staff or CUPE, whoever, they are likely going to want to do the same things as well. So some of the larger issues are likely to be negotiated centrally, and the more local issues will be negotiated probably at local tables. That still is going to get fleshed out, but it does not take too much to figure out that that is likely how it is going to end up.

\* (1730)

**Mr. Chomiak:** I am trying to process this and trying to ascertain what parallel situation exists, but presently, as the employer, the government of Manitoba negotiates—I guess the example of school divisions and their bargaining position would probably be the closest parallel, although that is done through MAST, a central

organization, which really does not exist at this point, a parallel that the MHO at one time was, but there is no parallel organization.

I guess I am trying to get a sense of—the agreement you have tabled today extends until the end of next year. The RHAs are responsible. These matters have to be ascertained. They are obviously working on them. So what process is presently underway?

**Mr. Praznik:** The member has the same area that we struggle with, where are we going to—the same questions. How is this going to work in the new world? MHO fulfilled that function in days gone by, representing 180 facility boards and putting that together. Today, or very shortly, we will have 13 boards. We are fully expecting that the sort of council of CEOs and council of chairs, which now meets monthly to do a lot of their co-ordination and planning and work with government, is likely in some form, and they are sorting that out, to become the new version of MHO. They may even take some MHO functions from MHO, benefits management and others. That is for them to work out.

They have in place now, and perhaps I have omitted to mention this to the member, but they have elected from among their group a chair of the chairs and a chair of the CEOs, and the chair of the chairs is Mr. Ed Bergen from the Interlake, and the chair of the CEOs is Mr. Tom Novak, also from the Interlake. So that body, although very unofficial at this time, is starting to grow into kind of a new body for co-ordinating the regional health and labour relations. Co-ordination will obviously be a key part. When we develop any common strategy as a funder with them to deal with these issues, we will be dealing with that body in whatever legal form it takes, as we used to deal with Manitoba Health Organizations. And ultimately the unions representing employees across the system on system-wide issues, obviously rates of pay are one of them, are likely to also deal with that body for a common table negotiation and then regional issues being dealt with at a regional table.

So collective agreements, I would suspect, are likely going to have those two components just like they do now in the MHO negotiations. So I think if you took MHO and replaced it with the council of chairs or

CEOs, you are probably getting a similar kind of a structure.

**Mr. Chomiak:** How does the minister see that relating to the issue of physician remuneration? Will that be ultimately ceded over to the regional health authorities in a similar sense and passed on to be dealt with accordingly?

**Mr. Praznik:** It is such a large part of our budget today and such a key part of the way in which we run our health care system and one in which we expect—it is really in a position of transition. Most of our other collective agreements are not. You are really transferring who is the employer. You are amalgamating bargaining units to fit the new way we organize things on a regional basis and life, after that is done, is going to continue very much as it has been. Physician remuneration is really going through a fundamental period of change, and it is also not a contract under The Labour Relations Act so it is not governed by the same rules.

So I would expect that for the foreseeable future at least we will still be dealing directly through the ministry with physician remuneration, but I can tell you, in practical terms, the council, chairs and CEOs, we are already making sure they are involved in our planning because they are the ones who will have to administer many of the decisions that are reached in agreements that are concluded.

**Mr. Chomiak:** I wonder if the minister has a copy of the list that he annually or regularly tables with respect of the various committees.

**Mr. Praznik:** Mr. Chair, I hope the member is not tired after all the campaigning and getting out the vote yesterday because if he goes through these tonight before he goes to bed, they are lengthy. So I would like to table this list. I have copies for my critics. It also, I might point out, includes the Manitoba Health Board which was an area that the member for Kildonan had asked about specifically. I believe it is the last board that is referenced.

**Mr. Chomiak:** Just looking ahead again at this point about—I am not going to be asking extensive questions from the associate deputy minister the minister brought

today because we will have to move on. I believe the member for Inkster (Mr. Lamoureux) will have a few questions. I anticipate it looks like, frankly, what we are going to be dealing with in terms of the Estimate hours is Wednesday, Thursday and then possibly Monday and then that will probably wrap it up. Very unusual. [interjection] I think just for structural purposes, we should target Thursday for the long-term care, that whole area. [interjection] Yes, home care, as well. I mean, at least Thursday and that might take us into Monday, as well, and then maybe try to work around that—I will have extensive questioning there—and try to work around that for tomorrow and then Monday after that accordingly.

But, tomorrow, we can probably move down, at least from my perspective, deal with some of the—not extensively, but some of the issues with respect to Mr. Potter's area. The SmartHealth issue, probably move through a lot of the appropriations up to the Continuing Care, Long Term Care line item for Thursday, and we will deal with that Long Term Care Thursday, and then Monday probably wrap up in a variety of other areas.

**Mr. Praznik:** Mr. Chair, I very much appreciate the member's direction and comment. I just flag with him the MDS lab consolidation and that contract. Since that is in Mr. Potter's area, if we perhaps can deal with it tomorrow. I will also make sure, he will make sure that we have our staff who are involved in putting the negotiating team together here.

**Mr. Lamoureux:** Just continuing on to sort of the same line there, we are talking about doctors, salaried doctors, and one of the areas of exploration I would like to venture into is the role of some of our other health care workers.

There has always been a great deal of concern with respect to LPNs and what sort of a future role they will have with respect to acute care beds, in particular, our hospitals. I am wondering if the minister has anything that he would like to indicate with respect to that particular issue.

\* (1740)

**Mr. Praznik:** I know this has been an issue that has gone on and on and on. I think every minister has

asked about this. I know our colleague, the member for Kildonan (Mr. Chomiak) has asked me about this in the House. There is no doubt on the current track that we are on that I would suspect most LPNs in their current role in facilities, hospitals, are probably going to continue to be in a diminished role in those facilities.

Ironically, despite the layoffs that have taken place, I understand many of the LPNs who have not moved either to be patient aides or moved on to train to be R.N.s have found employment with other places, the VON, other places. So there is certainly a demand there that is picking up some of that slack.

The problem, I kind of see it as this, and by the way I just point out I have spent maybe not as many hours as I would have liked to on this but certainly a fair bit given the flood and all of the other things we have on. I am trying to understand why we have a battle here going on. There is obviously a big turf issue going on within the nursing profession. I am not critical of the nursing profession. It is inevitable. Any profession that divides itself among a number of different bodies representing care providers of different roles is going to have issues about where those roles meet.

One difficulty, another part that compounds this is within our collective agreements LPNs, who by current definition and decisions of their various professional bodies are not allowed to do certain things, yet their cost to the system is very close to our ends. So what happens is that within that system they are not viewed for the dollars being spent on them to be able to provide as much service as an R.N., so facilities make decisions to eliminate LPNs and replace them with a mix of R.N.s and patient aides, at the end of the day, getting more hands physically working with patients and a skill set that is supposedly greater with the R.N.s and more hands to do physical work with the patient aides than the mix using LPNs.

Now, when you get in, and I spent a whole evening with a representative of the LPNs at my office, they made a point that one of the problems here is the way in which we, by our standards, require facilities to be staffed. We identify the positions or the professional and how many of them a facility requires to meet the standard. So we say you need X number of R.N.s, X

number of LPNs, an LPN cannot practise without an R.N., et cetera, et cetera.

At the end of the day, and I have seen this happen when I was Minister of Labour and Roberta was Deputy Minister of Labour, many times how we set the standard for what people had laid the framework for, either a logical way of handling the matter or an illogical way, and a lot of turf fights. Believe me, in the Labour Department there are all kinds of turf fights in various trades and crafts. I remember my favourite one was the building erectors, the people who now take pre-fab buildings and erect the building, put them together. We never had a category for a building erector. What we had were labourer, we had pipefitter, we had iron worker, we had carpenter, and what was the building erector, right? So you had literally a square hole in a round peg, and you had to try to fit it in and it never worked. Everyone was angry and what have you.

The bottom line is what were you really trying to do? You should not have been trying to protect a craft or a trade. You should be trying to require a certain skill set. That is one of the reasons we brought Jim McFarlane in to work with us, because we have been through Roberta, and Jim and I have been through all these kinds of battles in a host of areas.

So the point the LPNs make, when we sort of start sorting this through and you deal with the arguments, well, it is R.N.s who are involved here and it is not LPNs. LPNs can train to do what an R.N. can, and that is used to keep them out of profession. You come to the conclusion that perhaps what we should be doing when we rebuild standards for our facility is not describe professionals and say you need so many of this because their training program encompasses these skills, but you should say we need people who have these skills and can perform these tasks. Then let the facilities sort out who they want to hire at what price and not identify necessarily the professional category, but identify the skill sets that they require.

If LPNs, through their professional body, are able to meet that skill set, and R.N.s can meet the skill set, it is up to the facility to decide who they hire and what mix, without naming necessarily the name of the professional, because ultimately there is probably overlap. Ultimately if one person takes a week-long

course to be able to deliver a service, should that preclude them from now doing it? They may be better practised than someone who took the training five or 10 years ago. So we concluded that that is probably a better way to go. It is not going to happen overnight. It is a long-term issue.

The second part of this, as we sort it out, is that there is a void developing. As registered nurses up their training, as we eliminate the two-year R.N. program and move to the four-year university Bachelor of Science program, as this government and many others will be wanting to train R.N.s even with a Masters program to maybe do urgency care, to take on expanded roles in the delivery of care, expanded roles in administration and what have you, there is still a need for basic bedside care.

The pure economics of it are such, and the logic is such, that if you are going to increase the training requirements and have someone do a four-year university program, maybe another year as a Masters in a speciality, they are going to have a salary expectation, by and large, that is likely going to make them unaffordable in many of the aspects of bedside care in large numbers. You are obviously not going to use someone like that to maybe wash or bathe a patient unless it is some rare circumstance that requires special training. You are not going to have that person do basic hygiene, you are not going to have them deliver food, you may not have them give medication in many cases, et cetera.

So as R.N.s develop and evolve in the system, there is a void being left, and that void in terms of governance and training and where they are starts right with the lowest untrained, or least trained, level of patient aid, right up to where you eventually meet the R.N. with their four-year nursing system.

For lack of a better term, let us call it practical nursing and patient care, and the LPNs, as an association, may be well positioned to fill that void in some way as a professional body. Obviously, they should be talking and we should be talking with the Manitoba Association of Registered Nurses, how all these people fit together. Maybe within that there is a way to ensure that we can meet two needs, that they can evolve to fill a particular need, in practical nursing and

patient care, and take over role and training, et cetera, and maybe the model that we require for this whole level in our hospitals needs to be developed into a unit model so that people can have always the sense of upgrading to be able to fulfill need as it develops to facility.

I do not know if that is the answer. We are playing with some ideas right now to fit it in to see how it will work out in the future, and as I get some more time, as we get through Estimates, it is an area we have got to spend some more work in, but rather than—I have been asked by some in the LPN association to issue what I would call a ministerial edict saying hospitals must use LPNs. Well, I do not intend to do that for any profession. I do not want to protect any profession by ministerial edict, and that is my word, not theirs. I want the system to have the flexibility to be able to find the right mix of care providers at the best price, and I know in our hospitals today we are short of hands.

We need hands with an appropriate level of training to provide basic patient care. I think if we could put more patient aides with an appropriate amount of training into our facilities today to take the pressure off nurses, whether they be LPNs or R.N.s, however we work that out, patients would be happier because they would figure they would get more attention and their needs being met. We would see an end of the stories about how long someone has to lie in their own urine if they cannot clean themselves, et cetera. We would take some of the workload off our nursing staff who are dealing with that.

\* (1750)

We cannot afford to provide that extra-hands care with Bachelor of Nursing R.N.s. We may not even be able to provide that extra health care with the current cost of LPNs and their level of training. So we know we have to get more hands on the system. We have to find the right mix. I am not going to go and pass edicts or make edicts saying how hospitals have to do it. I want them to be able to find that, facilities to find it. But my commitment to the LPNs as a profession and nurses as a profession is to help develop means of setting requirements and sorting these things out that will give them a fair chance to find their role.

As a professional body, they may decide and make the offer to take over the training and standards for aides, for patient aides, et cetera, to be able to develop a continuum of training. We have no one filling that today. That is a possibility. There may be ways of ensuring that LPNs can become more useful in the system by adding some unit course training that allows them to do the things now they say they are prohibited from doing but are capable of doing. We have got a lot of work to do on this. It is an area that I hope to get some attention at senior levels put on these matters in the not too distant future.

I must admit to the member I cannot do it today, the next few months, because most of my senior staff who I would want working on it are working with a number of other crises in progress, but as we get through those, it will be a matter which will get a great deal of attention. It is not getting it today. We are starting to talk about those ideas, but I have to get some very senior staff on it once we have worked through our latest round of crises.

**Mr. Lamoureux:** Mr. Chairperson, I know that ultimately to achieve quality health care delivery, one of the primary things that has to be taken care of is trying to better define the role of those individuals who deliver that particular service. What we have seen over the years is the nudging out of LPNs from many acute-care situations. Having, as the minister has, talked to LPNs, amongst other nurses, I am not convinced this is an area which is best to move towards in terms of the phasing out of LPNs. In fact, I think we do need to move towards the other end of trying to get more LPNs involved, primarily because I do see them as the bed care delivery, the best person that is in a position to deliver that hands-on bedside care.

Now, I think much like for me, LPNs and other nursing professions that are out there do need to get more direction in terms of how the province is going to be evolving in delivering health care services. I would throw into that equation nurse practitioners. I would ultimately argue that we do not utilize a potential profession anywhere near to the degree in which we should be doing or taking some sort of action.

For example, I would go as far as to say on the record that I do not believe Manitoba needs as many doctors as

we have in certain areas. In other areas, I would argue that there is a role for nurse practitioners in which the government has not taken any sort of action on. I say that on the record primarily and even from within my own political party, I will get some resistance to that particular statement, but I believe the Minister of Health has to play that leading role in trying to better develop the roles that all our health care professionals need to take.

That means you have to start right off from the doctors. We need more specialists. There is a lot of work that needs to be done in that area in terms of doctors, in terms of GPs. There are areas of the province where there is a higher demand, other areas in which one might question the demand. When we look at the nurses, from the Bachelor of Nurses, the BNs, to the LPNs to the nurses aides, we need to look at the entire picture and try to give more direction as opposed to sitting back and letting it evolve in what maybe the minister, or the minister previous, would say some sort of a natural way.

That has not been the case because of a lot of protectionism that is out there from within, whether it is a union, a vested interest group. Ultimately, I think that does have an impact on the quality of care. If the government could do something over the next half year—because we talked a lot about health care reform. I spent some time talking about the institutionalization, the benefits of community hospitals taking away from tertiary hospitals, some of the operational procedures, well, that is just one side of it.

The other side, of course, is the individuals who are providing that care and trying to get a better idea in terms of who should be playing what sort of a role has not really been part of the whole discussion on health care reform to the degree which it should be.

**Mr. Praznik:** It is most evident the longer I am around this portfolio, and I have not been there long yet, but I have watched this for many years. The member is very right in the sense that there are many professions that are probably under utilized, but I will tell you, when you start talking about it, from one side of it you get into all the reasons why you cannot. For everyone who tells you one reason why you should, there are about three who tell you a different reason why you cannot.

You get caught in these battles. What is very interesting about it is, if you try to move forward in one area, the next thing you usually get is some public attack saying you are putting people at risk because you are doing this particular area.

It is a really tough battleground in which to be in. That is why, to some degree, you have to have a sorting out of these things in a fair manner. I always have trouble when people protect their turf, and ultimately their income that goes around it, by keeping other people out in an unfair manner. That is why I have trouble with requirements and standards that say you must have a certain type of person here.

I remember when I was Minister of Labour, Workplace Safety and Health—I know Jim McFarlane will remember this—we had an issue about a first-aid regulation in one of our regs about remote mining sites requiring a nurse, having to have a nurse on staff. If you are going to pay someone 50,000 bucks a year or whatever to be around for a hundred employees, the economics did not make any sense. What we were trying to accommodate when I tried to flesh it out is we needed a certain first-aid skills set. So what we did, in fact, is we put the skills set in the regulation and how a company filled that was their business, whether they trained some of their staff to provide it who were working staff, or whether they hired someone was their business. It said to me, putting in just the title of the position, they did not guarantee better service, but it sure protected a job or created one.

So the same rule I think has to apply somewhat in our institutions and facilities. We have to move more toward standards that require skill sets and let those professions out there, their professional bodies, make sure they are training their staff to meet the skill sets, and let people find their way in the mixed skill sets, because I know that as sure as God made little green apples, if you do not do it that way, you will continually be fighting to describe professionals, one professional group to the exclusion of another.

There will always be good arguments why you should do that, and there will be good counter arguments why they should not, and people like him and I, as MLAs, will be always caught in the middle of those fights. So I would like to change the focus over the next while not

to be in the middle of those fights but say: What do I really need? What does the hospital need, and let people figure out how they are going to meet that.

**Mr. Chairperson:** Order, please. The time being six o'clock, committee rise.

## EDUCATION AND TRAINING

**Mr. Chairperson (Marcel Laurendeau):** Good afternoon. Would the Committee of Supply come to order, please. This section of the Committee of Supply has been dealing with the Estimates of the Department of Education. Would the minister's staff please enter the Chamber at this time.

We are on Resolution 16.1 Administration and Finance (c) Planning and Policy Co-ordination (1) Salaries and Employee Benefits \$354,300 on page 33 of the Estimates book.

Is there leave for the honourable member for Crescentwood to ask his questions from the front seat? [agreed]

**Mr. Tim Sale (Crescentwood):** When I had the privilege of serving in the Department of Education, I had some dealings with the Council of Ministers of Education, sat on a number of its committees and worked specifically in an area. I wanted to ask the minister if she could update the committee on what has happened in that area. We were developing at that time—well, it was to be a series of publications with Statistics Canada and a joint project of the council of ministers and Statistics Canada. There were, I think, initially three annual volumes prepared that I have seen, but since that time that project does not seem to have moved forward from simply the advance statistics, which I think the minister actually has a copy of in front of her at this point. It seems that there is only one publication a year, if that, whether it is even annually.

The initial plan was that this was to become a much more expansive project that would in the long run subsume a great deal of the educational research publishing that Statistics Canada does. The hope, at least initially, when I was part of that working group was that there would be a much more major effort, I



guess, over a period of time to pull together the council, the ministers across the country and StatsCan.

I would appreciate an update on the degree to which that objective has been achieved or partially achieved or, perhaps, not achieved.

\* (1440)

**Hon. Linda McIntosh (Minister of Education and Training):** Mr. Chairman, I thank the member for the question. Apparently, the initiative that he had discussed or was asking about ran into some difficulties in its early stages. The initial agreement, I am given to understand, ran into difficulty as to its focus. So the council then did a strategic planning initiative across Canada with all the provinces. The net result of that was the Canadian Education Stats Council, which put out some stats, but there was still a sense that the stats were disaggregated, that it was too slow in coming out and that they still were not giving information that the provinces could really use effectively.

So what has now been agreed upon, sort of the step 3 or phase 3 of this evolution, is that Stats Canada itself, with the agreement and input from the council, will develop a centre for educational statistics along the line of the justice model that they use for justice. It is felt that would address the problems or the insufficiencies that were identified in the first two attempts. If you need more detail, I will try to give you that.

The background here and the history predated me, but the current process they are entering is fairly familiar.

**Mr. Sale:** Is the proposal then that the CMEC will essentially stop doing statistical publication work and that this will become something akin to the Centre for Justice Statistics, and basically that will be the Canadian source rather than having two sources which were not necessarily in sync?

**Mrs. McIntosh:** That is correct, and the only difference would be that there might from time to time be some particular project that the ministers themselves decide they want to do that is over and above that, but it is felt that this would be the vehicle through which

the statistical analysis and data would be gathered regarding educational initiatives. The answer is, basically, yes.

**Mr. Sale:** I am glad to have that clarified. It is distressing that, from 1987 until 1997 is a whole decade, and I think we were quite hopeful that StatsCan, Ivan Fellegi, and I have forgotten Kathy's last name, but she was the director of that branch of tourism and education statistics. We really thought we might be able to get some decent information about Canadian education outcomes and critical policy-relevant data, and I was disappointed to see that happen.

I am always hopeful that StatsCan will continue to do the good work that it has sometimes done in the past, but it has not done a good job, in my view, in education statistics at all. I would just, without wanting to make a partisan comment—no Minister of Education, so far as I know across this country, has solid outcomes data of any kind even yet. We do not really know the retention rate in Manitoba. We do not really know the drop-out rate, because we do not know the drop back in rate.

We have lousy measures of literacy and numeracy. We have the private-sector study such as the Southam study of three or four years ago telling us that 20 or 30 percent of our young people are functionally illiterate based on their study. Yet we have many, many excellent educators, including members of the staff of the department and superintendents of school divisions, saying that, in fact, no more than 5 percent of the graduates of our high school system are functionally illiterate and that that is quite amazing given that the level of learning disabilities and functional impairment is usually argued to exceed 5 percent. So, for as long as we have been in the business, which is 100 years in Manitoba, 120 years, we have not had the kind of reliable data. It disappoints me that StatsCan and the council were not able to work out a program that would have given ministers solid policy-relevant data.

My question to the minister in this case is, and she and I were talking in the hall earlier about a new government, and she expressed some hopes that there might be some people on the end of the phone now that might be just a tad more responsive than they were in the past. Is the province, or are the ministers collectively, considering putting a clear framework of

expectations around what StatsCan would do and what the province's view of policy-relevant data would be? What would be that data set? What do you want StatsCan to be able to tell us on a reliable, longitudinal basis so that we finally will have good data on which to make the difficult policy choices that governments across the country have to make?

Very specifically, I am really troubled by the continuing, I think it is misinformation but that may be too strong a term, concerning the quality of the outcome of our education system, because I simply do not accept the notion that we have functional illiteracy rates of 25 percent and 30 percent of kids coming out of high school. I simply do not believe that to be the case. Yet I know the minister has no other data source than those kinds of studies at this point, and when we talk about dropout and completion rates, I do not believe that 25 percent or 30 percent are dropping out of Grade 12, and yet that seems to be the only data we have—old StatsCan data. I am very concerned. So the specific question, Mr. Chairperson, is: Has the government or have the governments collectively taken forward a position to StatsCan about what would constitute an adequate data set?

**Mrs. McIntosh:** Mr. Chairman, again, the short answer is yes to the question the member has asked. We want to have data that will be useful to us in helping us plan policy, and when we see solid news printing something that says 25 percent illiteracy rate, like the member opposite I question that. That is a piece of information that in and of itself does not provide usefulness in terms of how to address what kinds of illiteracy, what the causes are, et cetera, et cetera. I do not believe that some of the learning disabled people are illiterate, and there are some assumptions that are built into illiteracy when they do all of this statistical reporting that is not made clear. You know, what are they looking at? Just because you may be dyslexic does not mean you are illiterate. It may mean you are a very bad speller, but it does not necessarily mean that you cannot read or that you are functionally illiterate. It may mean that it is going to take you a lot longer and that you will not maybe excel, but it does not mean you are functionally illiterate.

\* (1450)

On the other hand, we do need to get a handle on where we need to direct our resources for people who have left school and may not be able to read and write to a level that enables them to function. So we are—and ministers across the nation have talked about this and are concerned about this and are hoping very much that the agreement we now have with Stats Canada will give us an improved reporting system.

The member mentioned Kathy Campbell [phonetic]. I think that is whom you mentioned. She is no longer there, so I have not had the chance to meet her. The new staff people who are there, hopefully, will be there for some time to come now, and we will not have turnovers so we can get some consistency in following through. Hopefully, we will have ministers stay for longer periods of time as well, because we were having turnovers as ministers were coming in and going out. I noticed the last couple of meetings we have actually had the same ministers, which has been good for consistency sake in terms of guiding the work that is being done there. They have had an internal readjustment at StatsCan, we have been told, and we have had a cordial relationship with them, with CMEC, but they are reinventing themselves and that is leading them to reinvent their relationship with us as well. That means giving a new mandate via the council.

So in essence, the Centre for Education Statistics, which it is being called, will take its direction from the council. That is chaired by Ivan Fellegi and John Carlyle. They are deputies on behalf of the CMEC ministers, and they will have a large say. So our own deputy is one of those two.

Just a little additional piece of information that might be of interest. We have a little booklet called Profile of Elementary and Secondary Education in Manitoba, that is going out. Has it been released yet? It has gone out just recently, that contains provincial K to S4 statistics. Do you have a copy of it? Okay, so you are familiar with it.

That little booklet is a start. It is an indication of the kind of desire we have to put data, statistics, figures and so on out to the field so they have an awareness as well. We hope to expand the contents of that booklet each year so that we can move into the release of contextual and indicator information, and all kinds of other data

that we think the field might be interested in receiving. That is locally, provincially and, of course, we do have the national project SAIP, et cetera, that is in addition to our work with StatsCan.

We are also working as a national co-ordinator for the OECD's international students' outcomes project which is, again, not local or national but international.

We have had some good support, which we very much appreciate, from the stakeholder organizations here. When I say that, I generally mean the four; MTS, MASS, MAST and MASBO. They have offered to help in working through any privacy and confidentiality concerns that might arise as we get into dissemination of statistics and data. We appreciate that input, and we will be using them to help us with those two concerns.

If the member has more, we will try to answer them again.

**Mr. Sale:** Mr. Chairperson, with respect, the minister did not answer the question I asked very specifically, which was: Is the department going to define a statistical data set that it wishes, hopefully in conjunction with other departments across the country, that will set expectations for StatsCan so that there will be, finally, some agreement about what data are wanted and what the policy relevance of those data are?

She references the little publication which she says is a start. The difficulty is almost every Department of Education across the country puts out something like that. I think Quebec was the first province to do it in the mid-'80s. In fact, about 1984 they started, I believe, but there is no consistency of either design or statistical base across the country at all. Probably Quebec still has the most comprehensive publication, although Alberta and Ontario both have good publications too. Ours is very modest by comparison.

The fundamental question is: We have had a decade now, more than a decade of discussions which have gone, I do not think it is unfair to say, nowhere. I do not think we have published very much that is fresh for 1997 that was not pretty much available in 1988-89. I do not lay that particularly at the council ministers' or at StatsCan's door, but the bottom line is nothing has happened here to speak of.

Is this a resource problem? I do not know, but the minister is saying we are making another fresh start. StatsCan is committed, but what are they committed to do? Our experience with them in education, and I have had some experience with them in other fields, is that they are not very open to somebody else's ideas about policy-relevant data. They tend to have a fairly closed-shop view of the world. They think they do know how to do their work, and they do not much like questions from others to interrupt their day.

So I am glad to know that Mr. Carlyle is a co-chair with Ivan Fellegi. Are we actually going to have some expectations on the record? Would the minister be prepared to share with Manitobans what it is she thinks is the policy-relevant data set that she would want to be available through the work of StatsCan, so that we might all get involved in saying let us get this done finally, let us finally make some progress?

**Mrs. McIntosh:** Mr. Chairman, I had indicated when I first responded that the short answer to the question is yes. In terms of yes, we will be asking for the data, the specific question you asked and then fleshed out with detail the fact that it is Ivan and John who are going to be leading as co-chairs from CMEC, and that StatsCan was reinventing itself, which included its relationship with us, which was my tactful way of trying to indicate that we will be giving them specific direction.

We will be prescribing data sets and indicators, and the CESC will define the data set and set the policy. StatsCan will be the contractor. We do not have all of the things that we will be asking for yet because the ministers, once again, will have to be giving direction to the committee, but I do have a few that I can indicate to you that the deputy is just looking for here right now.

But that rocky road you talk about, and I agree with you, I did not realize how long back it had been, but I know that in talking about putting out the report on education that the ministers put out last year, there was a lot of discussion at that time, okay, we want to put out a report on education. We had great deliberations over a report on education which I thought when it went out was fine, but it was not in depth. It was more just a sort of a general overview and not the kind of in-depth analysis that people might want if they were going to do

research or establish policy. It was more of an interesting piece for laypeople to get a quick photograph. There was not the kind of detail in that that the member is asking for or that we would require. I knew they had the little bits of trying and not succeeding, then now this, what I call, third attempt.

The deputy has just handed me a short list of some of the things that we will be asking for. This is not an exhaustive list because the ministers, as time goes on, will be constantly identifying, but just a preliminary short list of the types of things would be: academic achievement, citizenship satisfaction, consumer satisfaction, et cetera, with the system, school to work—like a school to work transition, student mobility, accessibility; those kinds of items.

\* (1500)

One thing that has been talked an awful lot about with the ministers is this whole business of mobility. I do not just mean student mobility, but mobility of professionals as well, and those kinds of things. We are seeing effects from people moving a lot, and we would like to get a handle on the impact of that. We would like to have it be so that ultimately a student could move from jurisdiction to jurisdiction without losing—having gaps in instruction or finding they move some place, they have already learned something that he has not learned or she has not learned or vice versa. Kids who move around a lot are subject to that.

So those are some of the types of items that we would be asking for from StatsCan, but that is by no means an exhaustive list. Does the deputy have some more there?

There is one that is being developed and it is the academic achievement. That one, it is one indicator at CMEC, that is, academic achievement as found in SAIP, the Student Achievement Indicators Project which the member may be familiar with. That project, which actually has been helpful in identifying certain components of learning that need to be stressed is with 13- and 16-year-olds. It is not done by grade; it is done by age. So all 13-year-olds will take a math exam, or a language, or a science. Those are the three areas for the SAIP tests. Similarly, so will 16-year-olds. We found very useful information out of that. For example, we

discovered that the traditional gap for girls in learning science at age 13 has disappeared, that the science tests given this year for 13-year-olds in Canada showed something that education in Canada has been striving to achieve—not just in Canada but in North America as well—that girls be encouraged to excel in science. This test showed for the first time nationwide that there was no discernible difference between the achievement of boys and girls at age 13.

That is a very useful thing for us to know, because it indicates with some indicators that some of the encouraging work to inspire girls has been successful. But it also showed that, by age 16, when the 16-year-olds were tested at the same time, that there was still the gap for the 16-year-old girls. The girls were behind the boys in science. So we can see then, we were able to learn then when the progress had been made, because if the 16-year-old girls were still behind and the 13-year-olds were not, then in those three years, somebody had been doing something right in the schools to encourage girls.

That kind of information is coming through. The other thing we have learned is that mathematically, and this is something again that provinces are working on because it seemed to come right across the nation that the French Immersion mass, there was a discrepancy. They were lower. We are looking at possible reasons for that. One could be that because the language skills are acquired first, that it levels off. We know that, in the lower grades, for example, the English skills, you will see the learning curve go out fairly straight and then take a sharp rise. We may find with the math, we need to look at that as well and make sure that is the reason, that it is a lag time that does eventually catch up, and that it is not a permanent behind situation. So we are getting some information from those SAIP, academic achievement indicators, through the statistical data done at CMEC, that is extremely useful. That is just one project, and there are dozens that we should be doing that are not in place yet.

**Mr. Chairperson:** Shall the item pass? The item is accordingly passed.

16.1(c)(2) Other Expenditures \$127,200—pass; (d) Human Resource Services \$384,400.

**Mrs. McIntosh:** While staff is on its way, if I could table some information that we discussed the other day. The member had asked for some material on the year-over-year expenditure patterns, and we said we would go back and get the information. I have that here. I could perhaps simply table it and then she could ask me later or I could table it and she could ask me now, whichever she is most comfortable doing. It is this whole package here.

I am pleased to introduce Mr. Jack Gillespie who has joined us. Jack Gillespie is director of Human Resource Services for the Department of Education and Training.

**Ms. Jean Friesen (Wolseley):** I wanted to ask about the situation in the Apprenticeship department where last year, I believe 13 people were let go, redeployed, fired, whatever euphemism is used. Some were hired back, and I believe there has been an unsettled personnel situation since then in the Apprenticeship branch. I wondered if the minister could give us a sense of how many people were actually let go and what the reasons were, what the implications have been for apprenticeship programs, and what the situation is at the moment in personnel terms in the Apprenticeship branch.

\* (1510)

**Mrs. McIntosh:** Mr. Gillespie is checking on that information now and he will be providing it to me in just a moment. I just indicate to the member that, in any department as large as this one, we will have periodic adjustments in the labour force, and many of those people whose jobs are changed or not required do relocate within the department to other positions. I have to commend Mr. Gillespie, personally as well, for the personal commitment he makes to people whose jobs are changing in that he spends a lot of personal time with them helping them successfully redeploy, relocate or adjust to changed conditions in their particular job.

The Apprenticeship branch, as the member knows, the federal government has withdrawn completely from its purchase of seats, has completely withdrawn all its apprenticeship money. Hence, we have had the Apprenticeship task force that has just completed some

work. It has made recommendations to us that we are looking at. Whether or not that will alter the way in which the Apprenticeship staff functions is too early to say, but in terms of the particular numbers for the Apprenticeship branch, Mr. Gillespie has just advised me that this is the Advanced Education component of the department.

The member makes reference to numbers last year, '96-97. It is not with the K to Senior 4 side of the department. We will have to get the actual numbers, which we will do, because we do not have the advanced education component here today. We were thinking of K to Senior 4. But just as an overall indicator, many of those employees have already been redeployed. All persons are assigned a case manager, and we were able to find placements for them rather quickly.

We will get the actual numbers, but I just indicate that when a person receives a layoff notice it does not necessarily mean that they get laid off. It just is an indication of an adjustment that is being made in the department for a variety of reasons, and it indicates and signals that redeployment may well take place or a transfer to some other position. In this case, we were able to find placements quickly, and a lot of that is due to the effort put forward by Human Resources in the department.

**Ms. Friesen:** Well, I understood that this section of the department dealt with all human resource services, areas, and I am quoting from the Estimates here: Areas of conflict or potential conflict between management and staff.

I am not clear why the minister, with the staff here, is not able to answer the questions about the loss of personnel in the Apprenticeship department. It was the largest single reduction in the department, and as I understand it, and this is why I am asking, it is not clear how many were hired back. There was an initial firing of X number, and then there was a rehiring of Y, and I am wondering if the minister could put those numbers on the record and give us a sense of what the implications have been for Human Resources, for job allocation, for ability to deal with the programs of the Apprenticeship department.

I notice that the minister gives the argument of the federal withdrawal and, yes, that is true, but it is also true that the department has taken on an added responsibility. The firing of 13 or 15 staff, however many it was, at the time when it was anticipated that the provincial government must take the place of the federal withdrawal, it seems to me quite unexpected.

The minister also says there are periodic adjustments within departments. Yes, that is also true, but this was about a third of the staff. So a periodic adjustment, which had application to a third of the staff, also does not seem to me to be the only response possible. So I ask again for the specific numbers and for how in fact the government can expect to take on the job of apprenticeship training and apprenticeship issues with staff which is about a third less than it used to be.

**Mrs. McIntosh:** The member is quite right. Human Resources is for the entire department, and we are currently going through the K to S4 staff. We could get the information. First of all, she is asking questions on last year's Estimates, not this year's. We do not have last year's work here. That is for starters. Secondly, she is asking about a program that is in Advanced Education and Training.

While Human Resources covers both, we were under the impression, at least I was, doing K to Senior 4, so we do not have all the Apprenticeship figures here. I do have, and I can indicate to the member, some information. I have indicated the actual numbers will be brought forward to her here, but I can indicate that she has made some assumptions that perhaps should not be taken as fact. She is assuming that we have fewer people around to deal with Apprenticeship, when I think it is pretty clear from reading that we have combined Workforce 2000 and Apprenticeship and reduced, which I would think the member would have noticed because it is an important issue to her that we are no longer doing the Workforce 2000 for individual companies on a regular program as we were before. Those two staffs have been combined. It is called Workforce 2000 and Apprenticeship. I think the member knows that. So to assume, then, that all of the people in there are going to be—the Workforce 2000 people are going to be sitting there with nothing to do when they are now combined with Apprenticeship is a wrong assumption.

\* (1520)

I would also indicate that I have last year—she is asking last year's statistics—and I will indicate that I have some information from last year still here. That was March 5, 1996, over a year ago. There were 43 people who were verbally notified that their positions were impacted under the workforce adjustment process. The member is talking about last year, longer than a year ago. Thirty-six of those people were given a layoff date. They were not fired. They were given a layoff date. Two were scheduled for a September layoff date, and five people were notified their positions would become part time rather than full time.

As of a year ago, as of the end of that month, in 1996, 22 people had already been placed in permanent positions. Nine people had been placed in term positions. One person had elected to retire, and two people had said that they would accept the immediate layoff and do other things. One person was not issued a letter of layoff because she went on long-term disability. As of a very short period of time after those 43 people were served their verbal notice, there were only five people at that time not placed, and that was a year ago. I do not have the figures from after March '96, to indicate where those five people have been placed, but when the member says they were fired and then rehired, she is wrong. They were given layoff notices and redeployed. That was to comply with civil service regulations. Civil service regulations require there be a notification period that way. I think the member supports the human services requirements, and we will go back and get last year's Estimates figures since she has asked for them in Apprenticeship, which is our advanced training. I do not need to have the deputy for that here, although it would be preferred if I did. Mr. Gillespie can handle that.

We can also deal with, if the member wishes, under the Apprenticeship, I am not sure what number it is, when we have all of the staff involved with Apprenticeship here so that I can get more than just the number of people. But we will get the number of layoffs from Apprenticeship before the end of the day today, and the figures that we will be talking about will be the '96-97, but we certainly are not expecting the job in Apprenticeship to be done with fewer people, because we do have that combined workforce now. We

also have an Apprenticeship review, which I indicated to the member will give us suggestions as to a new way to set up delivery of Apprenticeship if we feel it is appropriate, in light of the fact that we have no federal support anymore.

I just wanted to make sure those assumptions that appeared to be in her question were corrected, and we will provide that other information for her.

**Ms. Friesen:** The minister should be careful not to read assumptions into my questions. My questions were for numbers, and I can appreciate the minister does not have the numbers here, and I appreciate her willingness to table those numbers.

**Mrs. McIntosh:** You said we had fewer staff and we could not do the job.

**Ms. Friesen:** I said it would be unusual to have fewer staff to do a job which was much larger. [interjection]

**Mr. Chairperson:** Order, please. Could I ask both honourable members, if they are going to put some comments, to come through the Chair and to wait until they are recognized before they put anything on the record.

The honourable member for Wolseley, to pose her question.

**Ms. Friesen:** Thank you, Mr. Chairman. If we accept the minister's explanation that there are the same numbers of people to do a job, which has expanded, in part as a result of federal cutbacks, could the minister tell us in this section of Human Resources what training has been provided to those people who previously did not deal with Apprenticeship and now are expected to?

**Mrs. McIntosh:** Yes, and we do accept that the minister is meaning what she says, and I suppose that I am making an assumption when the member says if we accept what the minister says, that by implication or assumption, she is implying that we should not accept what the minister says. Of course, that is exactly what she is doing.

I have indicated to the member, and perhaps she might care to listen very carefully to this answer. We

have a task force, which has just reported, which is giving us recommendations on how Apprenticeship should be delivered in Manitoba. Should we accept those recommendations then we will have a new model for the delivery of Apprenticeship in Manitoba. We will then know how many staff we require and what kinds of roles they should fulfill.

The reason I suggest the member listen closely is that I have now said this three times, indicating that it is not possible for me to say at this time how many people we will require until we know what kind of model we are going to use or what kind of delivery service we are going to be providing.

Now perhaps if she could tell me how I could know how many people I will require when I do not yet have a model, I would be amazed, for starters. We would certainly simplify our job here.

You see, our problem is we like to plan before we hire so that we know exactly who we need. We also like to plan before we assign staff positions so that they are properly assigned. I think the people of Manitoba would rather like us to plan before we assign people or to decide how many people we need. Because we have a study before us that will suggest changes to us, I think it would be wise for us to consider that report and those recommendations before we begin assigning staff or before we begin making the assumptions that I thought I heard in the member's question when she said: How can you do this job with fewer people when you really need more people? To me, there was a bit of an assumption in that question, a very large one.

I say to the member, again, that perhaps I am mishearing her when she asks how can we do more work with fewer people. I think she is meaning that we have more work and fewer people. I think most people listening would probably think that too. I am saying to her, we do not know yet the degree of work that we are going to have or the number of people or the types of jobs that will be required. But we will get her the number on what we have in place right now in knowing what we are delivering right now. In anticipation of the recommendations being studied, accepted, modified or rejected, we may, in fact, down the road, be looking at a different way of delivering this.

I would be pleased to share with her our views and ideas when that comes, but I do not think that the implication I hear her making that we are not paying attention to this issue in some way, and again, I am making an assumption which I am sure the member would say is wrong, I do not accept that assumption if it is being made.

We have a task force that has reported. We are looking at their recommendations now. They will be looking at the number of challenges we face, including the elimination of federal funding. I am not blaming last year's reductions on the federal funding. I was explaining to the member that, because of the federal funding we have undergone this review which will, amongst other things, offer to us recommendations on delivery which may affect the number of people. As I explained to the member, last year's Estimates about which she is asking questions this year, involved combining Workforce 2000, which she did not like and I am sure would be glad to see us get rid of a component of that with Apprenticeship, and therefore not requiring as many people.

There are a number of things going on with Apprenticeship. We have seen a continued increase in the number of new apprentices over each of the past four fiscal years, and this is a good thing. It may be possible to deliver Apprenticeship in absence of federal support in a more effective way, in a better way, and maybe even in a more cost-efficient way to more people. That would be our goal.

\* (1530)

**Ms. Friesen:** The issue we are dealing with here is Human Resources. My concerns were for the Apprenticeship branch which, as I understood it initially and perhaps completely, lost about a third of its people. The minister argues that the number remained the same because other programs were collapsed and a joint branch was set up.

My question dealt with the past, and that is: Those people who now were put into a position of dealing with Apprenticeship, what kind of training was received by those people in order to prepare them for this new role?

**Mrs. McIntosh:** The member has asked a new question that she had not asked before. I am pleased to provide the answer that we have through Human Resources, because we do not have the Apprenticeship people here. It is Advanced Education and the training that they do on the job. I do not have those answers here. As far as the Human Resources are concerned, the combined workforce that was created is a highly skilled workforce and the aptitudes and abilities were in the skill sets of the people in that new combined grouping. As the people moved into new sets of duties, we did reduce the number of directors, I think, from eight to five, and made other more common-sense combinations of disciplines.

The day-to-day work in the job, of course, is done by the people there. But they went in with a skill set that was very useful and appropriate for their—consolidation is the right word. As I indicated, of the people who were verbally notified to comply with civil service guidelines, their positions were impacted under that adjustment a year and a half ago. We are talking last year's Estimates, that the member wishes to go through again at this time, that within a month of them receiving those, all but five people were successfully placed in other positions, and the people currently working in Apprenticeship have done an outstanding job.

I am not personally familiar with the kind of on-the-job training they might have received from their directors. We can deal with that when we get to Apprenticeship, but I think that Human Resources placed people well in terms of their aptitudes, abilities and interests. That is what they do.

If you want to know specifically the new day-to-day operations of Apprenticeship, we can do that when we get to that section in Advanced Education, but I can tell you that they have been working very hard, everybody working very hard as we move to a new model. That involves a lot of people working with the task force, with the advisory council, with the trade advisory committees.

We have had six new trades designated in Manitoba in the last year. They have been done very successfully, and the people who are doing them appear to be very well equipped to do that, because we have had many letters of compliment.



So when we get to the section on Apprenticeship we can give you more detail on the day-to-day operations and exactly how those people acquired their knowledge, but Human Resources placed them in the consolidated workforce with a very good set of skills that were applicable for the jobs that the people were being assigned to do.

**Ms. Friesen:** As I understand the minister, she is saying no special training was required, because the skill sets were all that the new jobs required. I wonder if the minister could tell us what managerial—

**Mr. Chairperson:** Order, please. The honourable minister, on a point of order?

**Mrs. McIntosh:** No, no, just the member has incorrectly—she has misheard an answer. Maybe if she reads Hansard, she will see it more clearly. What I said, and I think it is important, because she has made a comment, sounded a little, tiny bit sarcastic, tongue in cheek, but I would not want to give that as a—it did sound like that, Mr. Chair.

**Mr. Chairperson:** The honourable minister does not have a point of order. It is clearly a dispute over the facts.

**Mrs. McIntosh:** No, no, it is not. I want to correct the answer. She has repeated my answer incorrectly.

**Mr. Chairperson:** The honourable minister can correct that when the honourable member for Wolseley is finished putting her question. The minister can respond to that question at that time. At this time we will allow the honourable member to conclude her question.

The honourable member for Wolseley, to conclude her question, please.

**Ms. Friesen:** I was trying to summarize what I believed to be an accurate statement of what the minister said and accepting what the minister said. My question was to ask about another aspect of the Department of Human Resources, which is managerial effectiveness, to ask what kind of staff training has been done throughout the department in managerial effectiveness in the past year.

**Mrs. McIntosh:** I think it is very important, when I state clearly the answer to a question and the member summarizes it incorrectly, and, I suspect, knowingly incorrectly, to leave a false impression, when the member does that, Mr. Chairman, I think it is important that it be corrected immediately rather than left to stand in Hansard for a whole series of paragraphs before it is corrected.

**Mr. Chairperson:** Order, please. The honourable member for Crescentwood (Mr. Sale), on a point of order.

#### Point of Order

**Mr. Sale:** Mr. Chairperson, we have had a reasonably civil discussion here this afternoon. The minister just said that the member for Wolseley (Ms. Friesen) intended to leave a false impression on the record. I believe she said, I think intentionally. I believe she has no grounds for that statement, that it is not appropriate. She should withdraw it, and we should go back to having the kind of civil exchange that I think has been going on. The words were, I believe, intentionally.

\* (1540)

**Mr. Chairperson:** I am going to take the member for Crescentwood's point of order under advisement so I can peruse Hansard just to clarify the statement.

The honourable minister, on the same point of order.

**Mrs. McIntosh:** Point of order, Mr. Chairman.

**Mr. Chairperson:** Order, please. I have already taken that point of order under advisement.

**Mrs. McIntosh:** May I speak on that point of order?

**Mr. Chairperson:** No, I have already taken that one under advisement.

**Mrs. McIntosh:** I am not allowed to give my point's consideration for—

**Mr. Chairperson:** I will allow the honourable minister to put her points on it, and I will review it at that time. The honourable minister.

**Mrs. McIntosh:** On the point of order?

**Mr. Chairperson:** On the point of order.

**Mrs. McIntosh:** Yes, I indicated that I believe, and I do believe that, Mr. Chairman, that there are often summaries that are made by that particular member, and in this case I believe it was a conscious summary: So the minister did not feel the members needed any new training. I believe that that was done consciously, and I would ask you to take that into consideration when you consider the point.

**Mr. Chairperson:** I thank the honourable minister for confirming what is on Hansard. At this time I no longer have to take it under advisement. I would ask the honourable minister to take off the record that the member was intentionally directing the House. If the honourable minister wants to challenge the member within her statements, that is fine, but it is not proper to intentionally say that she has misled the room, so I would ask the honourable minister to retract that statement, please.

**Mrs. McIntosh:** I said I believed that she did that. It is a statement of opinion.

**Mr. Chairperson:** I would ask the honourable minister to just take off—from what I understood from what the minister and the member for Crescentwood were saying, you were saying that the member for Wolseley was intentionally putting something on the record. I would ask the honourable minister to remove that from the record.

**Mrs. McIntosh:** Mr. Chairman, out of respect for the Chair, I will withdraw the comment.

**Mr. Chairperson:** I thank the honourable minister.

\* \* \*

**Mr. Chairperson:** Now, the honourable minister, to conclude her response.

**Mrs. McIntosh:** Mr. Chairman, I hope that we will indeed be able to get back to civilized discussion. We had a very good exchange the other day. The member did not resort to any sort of tones of voice or anything

like that, and we had a really good exchange, and I hope that we can do that today as well because I think it is better for everybody involved if we could avoid those kinds of comments, those kinds of—well, you know what I am talking about, Jean. Here we go.

The answer to this question is that we had eight individuals laid off, one supervisor—this is the information the member was asking—two Apprenticeship counsellors and five administrators.

I do have my Apprenticeship people here if the member wanted to go straight into Apprenticeship, then we could go into the kind of training the members did receive because clearly in my answer to her I said that whatever training the members had received, they had received on the job in their new assignment and that Human Resources had not done the training, because Human Resources had placed them with all of the skill sets and all of the potential and capability required for that job. Any other things they needed specifically would be picked up in the workforce itself. I could not give her those details until I had the Apprenticeship people here to talk about what kind of training had occurred in the workplace itself. That is what I said.

\* (1550)

I did not say: So the minister says they did not need any training. That is not what I said. It is an incorrect summary, and I hope that people reading this will go back in Hansard to where you summarized it, where the member summarized it, Mr. Chairman, incorrectly. I can only conclude that she did not hear my first three answers on that and therefore summarized it incorrectly because obviously she would not do it intentionally or sarcastically. And I hope that we will not go through the kind of session we went through last year; we will have a nice one this time.

The managerial improvements' opportunities this past year in kindergarten to Senior 4 and post-secondary—

**Mr. Chairperson:** The committee will take a five-minute recess.

*The committee recessed at 3:47 p.m.*

### After Recess

*The committee resumed at 3:52 p.m.*

**Mrs. McIntosh:** Mr. Chairman, to complete my question, the member had asked what managerial improvement opportunities took place this past year. Now she is talking about the year that we are in or the year that we have just come through. So I indicate that now across departments, since we are not just dwelling on K to S at this point—at least in her questioning—we have had management improvement opportunities this past year for project management, for information technology renewal, including retraining on computer skills. We have had several hundred retrained. I am not sure I am being heard. I guess it does not matter. I am not sure. Did the member hear my answer so far? [interjection] Okay.

So I will conclude then that information technology renewal involved retraining in computer skills, and we had some several hundred that were retrained through Human Resources in the department. We also had business planning take place, so that Human Resources does do some training and they organize training sessions, et cetera, but we also know that there is an expectation placed upon the branch itself. We believe that there is a responsibility in the unit with branch managers, in most instances, to set goals, provide plans and opportunities for improvement, upgrade, the acquisition of new skills, those kinds of things.

In Apprenticeship, any specific actions such as professional development, professional upgrade, we can delve into them when we get to that section under 16.5(f). It is difficult in this setting to be jumping from one line to another. If the questions are simply on layoff—who has been hired, who has been let go—then it is appropriate with these staff. But when the member starts asking about training and management, and what is happening in Apprenticeship, then she is completely off line and the answers then, we do not have the proper staff here for them.

If she wants to know what the branch managers have done in terms of setting goals, providing plans, opportunities for improvement, upgrading and acquisition of new skills, et cetera, then perhaps, she could wait till those people are here and we could

answer it properly, because it is post-secondary and the Human Resources people do not have all of that information. I have indicated, just to indicate to her, that they do training or assisting in Human Resources. They do project management, technology renewal, et cetera, in Human Resources, and they place people, not just for the skills they have but also for the aptitudes that they show and that might require some training once they are into their new skills. That could be asked under 16.5(f).

We have numerous branch-level workshops, as well, Mr. Chairman, since we believe that unit managers have responsibility for that. The human resource unit has strategic human resource planning, has financial and administration workshops on accounting and financial reporting, et cetera, and so, perhaps she is not generally aware of what Human Resources does and that is why her questions have been off target a little bit.

If she wants to know in terms of the people—[interjection] Yes. If you want to know the number of people who have been, as you say, hired and fired, I can indicate—now you have not asked for this year, yet, but I am presuming you would like to know that, as well—and the '97-98 year, we notify people according to civil service instructions that their job may be impacted. It is not necessarily a firing. I know it is a more dramatic word to use. It has more emotional impact and it has a bigger hit if reporters are listening to say, fired, but it is not necessarily a word that is appropriate when you notify a person that their job may be impacted because, as I have indicated in showing last year's figures—I do not know if the member can hear me properly when she is busy doing other things, but perhaps she can—but, as I indicated last year, those people who were notified were all redeployed or placed in other positions.

So this year we have nine people who have been notified: four have already been placed; one has retired; and four are in the process of being placed in new positions. So that is for this year, and Mr. Gillespie does that very well in terms of a personal interest in the people whose jobs are affected in some way or another because of changes in mandate or direction or circumstances that government faces.

Training sessions, we have had—and this is through Human Resource—206 participants in the e-mail Internet training, 177 participants in the Internet training, 92 in the advanced Internet, and 475 participants as a total in those three sessions. We get very positive comments about the training. Just even having the opportunity, people indicate they are grateful for that. The pace and difficulty do not always fit for people due to the wide variation in previous experience with computers. Some people come in, and they have already got a great experience or have had a lot of time on computers; others have had very little. Our instructor gets a lot of good comments too, which is always nice, and I would like that to be known.

Some sessions had difficulties with the equipment, and, in some cases, the computers were not the latest and up-to-date models. So, while they were all right for training, they were not as current as they could be. We would like that to change, but all of these things cost. There is also a clear recognition that training is not enough. They also need access to computers or the Internet to practise on them, because they need the practice time as well, and others need more opportunity to apply those skills in their new positions, on-the-job use of the technology.

We have an Aboriginal Management Development Project that is done through the Human Resource Services Branch, and this, again, is part of the answer to the question: just what does Human Resource do? As I say, they do not do the onsite training or the day-to-day setting of goals and so on, but they do have some training that is applied that will help advance skill sense.

\* (1600)

The Aboriginal Management Development Project, we participate in that very enthusiastically. It was announced by the honourable Mr. Toews on September 25 of 1996, and that was done at the 1996 Assembly of Manitoba Chiefs conference on employment equity. It is a two-year project which selects and trains an intake of aboriginal employees in order to allow them to compete effectively for management positions within the civil service. The department nominated two candidates for this program with a view to having people selected then for the service. Clayton Sandy

was a person selected for the program, and he is currently involved in a rigorous management training program. Well, he is now with the Department of Education as a very highly respected staffperson and, indeed, highly respected—I received many positive comments back about that particular gentleman.

So we have a client population of many thousands of persons of aboriginal background, and we are committed to developing management skills in their current aboriginal employees, thereby providing them with career development and promotional opportunities. To facilitate this, the Native Education branch and Human Resource Branch are forming a partnership to expand that program into a department-based initiative.

We, in talking about the consolidation of Apprenticeship and Workforce 2000, indicate to the member that that consolidation did indeed take place last year, which resulted in the downsizing of staff, but we eliminate, through that, program overlap. We refocus the available resources of each program to support workplace skills training in Manitoba, and it enables us to better focus our resources for high-priority workplace skills training. So we indicate that we build upon existing partnerships.

We will create new ones to continue the revitalization of provincial apprenticeship training, and the structure of that is not yet known. I will just emphasize that again. It is time No. 5 of saying it; I do not wish to have to say it a sixth time. The final structure of how the apprenticeship will be delivered and the types of people, the current staff, perhaps new people, we do not yet at this point know, because we are only now beginning to examine the apprenticeship task force and we are very pleased with the people that we have in apprenticeship now. They will be instrumental in helping us decipher the recommendations of the report, but it is not possible for me—last time saying it, I hope—to predict how that outcome will be decided until it has been investigated and decided. We are in the process of doing that now. I hope that is clear and can be summarized correctly by the member opposite.

**Ms. Friesen:** Mr. Chairman, my specific question dealt with management across the department. I had moved from apprenticeship, as I indicated to the minister, and

I have a number of notes here on various kinds of training sessions that are offered by Human Resource within the department.

I was interested in the Aboriginal Management Development Project. The minister said that two people had been selected by the department, but I think she only gave the name of the one. I wonder if she could tell us who the other person was and whether that project continues across departmental levels for the future. She mentioned extending it to a departmental-based initiative, but I did not get the sense from that that it continued necessarily as a government priority across departments.

**Mrs. McIntosh:** I may not be taking these in the exact order in which they were asked, but the Aboriginal Management Development Project was a Civil Service Commission initiative at which Department of Education and Training participates. Clayton Sandy was selected jointly by the Civil Service Commission and the department. Two people were nominated. This other person was unsuccessful. Clayton Sandy was successful in being selected for the program. I do know the name of the other individual, and if the member wishes I guess it could be provided, although as an unsuccessful candidate, it may be embarrassing for her to have her name forced to be revealed in a public setting. But there were two people nominated; one was selected, the other was not. If the member really requires it, I could provide the other name. I would prefer to allow that individual her privacy. That person can still participate in the other initiatives that are going on.

We have the three kinds of initiatives. There is the government-wide initiative, the cross-departmental initiatives and the unit-level training. I have already provided the answer to the cross-departmental one or the one that the department is involved in in terms of human resources and the 475 participants in the electronic training sessions, and the Aboriginal Management Development Project is a sample of one the Department of Education is involved in in this government-wide initiative, like, right across. The unit- or branch-level training, we would have cash flow management, that type of training for the particular unit. The business planning project management, those

are things that were done in the department on a department-wide training initiative.

\* (1610)

Those are the kinds and types of items that we provide for the people who work in a unit, in the department or in conjunction with other departments or government-wide. So I say we give credit to the Civil Service Commission as well for its leadership in some of these, particularly the aboriginal initiatives, et cetera, where they have had some good initiatives that have been followed through by departmental staff with enthusiasm and very good co-operative ventures. It gives an indication of the types of items that we look at.

**Mr. Chairperson:** Shall the item pass? Pass.

16.1.(d) Human Resource Services (2) Other Expenditures \$69,400—pass.

16.1.(e) Financial and Administrative Services (1) Salaries and Employee Benefits \$881,300. Shall we wait for the staff to change over?

**Mr. Sale:** Unfortunately, this has become kind of an annual exercise. This is the third set of Estimates in which I have raised questions about information system issues. I want to again put on the record just a bit of the history as I understand it, that in the mid-1980s the information system ceased operating effectively for a number of reasons, some of them to do with previous government and some of them to do with the then current government.

The Minister of Education, Honourable Roland Penner, made, I believe, a wise decision to acquire an off-the-shelf system to be customized to Manitoba's needs. That system was subsequently installed in somewhat over 200 schools and is in widespread use in North America, and the minister knows, I think, and certainly her staff know that there are a number of student record systems, highly customizable, cheap, debugged, operating on microcomputers, not requiring mainframe, or at least if they require much in the way of mainframe, it is very insignificant. For example, the whole city of London, I believe, operates on a microcomputer system, and that is a school population that is roughly half of our total provincial population.

So I first wanted to ask the minister, of course, a question of fact and I hope she can answer it, although she may have to ask her staff to get the information. How much money has been spent between 1988-89, when the Trevlac system was acquired—for a total cost, I believe, in the order of \$220,000—as a provincial site licence, from that time forward specifically for a student information system. Mr. Chairperson, I am not asking her to include the costs of the Hewlett Packard minicomputer system, the hardware, which I have some memory of, roughly a million dollars. I am asking about the development of the student information system itself and what has been spent to date from 1988-89, in round numbers, to the current time. I believe there is some \$700,000 budgeted for it this year. It was a million last year.

**Mrs. McIntosh:** Mr. Chairman, we are actually in 16.1(e) which is Financial and Administrative Services, and this particular section is 16.4(c), but we have the manager here. He was up in the balcony, so he has come down, and I will introduce, if I may—I do not think I introduced Mr. Jim Glen and Mr. Greg Baylis. Mr. Baylis is the manager for EIS at MIS.

You do not want the hardware or software costs, so I have to indicate that the other costs since that time have been internal, like staff costs and so on, and the costs outside of that would be the hardware. So we do not have any site licences, that type of thing. We have a number of things that have been done by the staff in consultation with the field, but they have not involved beyond the staff's regular salary. It is considered part of their assigned duties. There will be costs if we include the hardware, but the rest—and I can provide some samples, if the member would be interested, in terms of tabling some of the work that has been done in consultation with the field.

\* (1620)

I think I have four copies of this. I could, for example, table this which gives—it is an EIS update. I do not know if the member gets these. This is Volume 2, No. 1 for April of this year and then I have the EIS collection, data collection system, four of these that might be helpful. There are numerous magazine articles and that type of thing. [interjection] All right. I can show you just in terms of the type of work that is

being done, but it is part of the ongoing work of the department, and therefore not considered an extra cost. For example, we had an EIS workshop, and the work covered in that, we had information on students, like the September 30 reports for the Schools' Finance Branch. We had an overview of the September 30 data collection reporting requirements for September 30 of 1997, reporting deadlines, future data collection. We had course code requirements in the School Programs division, changes to course code reporting and subject table handbook.

We had professional certification of student records and high school marks. Under that would be the processing marks and list of contacts, the EIS collection, the Management Information Services branch, providing the information on hardware and software requirements, technical aspects of electronic data transfer, vendor commitments and responsibilities, assignment and distribution of the MET numbers, demonstration of software, role of consultants.

We had a third piece on teacher information, reporting of teacher information and education, administrative Services branch, changes to reporting requirements, PSP forms, monthly staff updates and application forms, processing of teacher information, lists of contacts, et cetera, the EIS collection, Management Information Services branch involved in explanation of the process, demonstration of software in this particular workshop. So they have workshops dealing with those kinds of things, but nothing that would result in a bill or a cost.

Just looking down this one sheet here, I do not see anything that I could add to that right now. So the member may wish to ask additional information. I will try to provide it.

(Mr. Mervin Tweed, Acting Chairperson, in the Chair)

**Mr. Sale:** To clarify then, Mr. Chairperson, the Estimates data for the last number of years have included expenditures. The minister is saying those are all hardware or related software expenditures, they were not for external contracts or other services. What then is the approximate total? I am not asking for absolute accuracy. What is the approximate total that

has been spent on hardware and related software for the EIS project?

For clarification, Mr. Chairperson, I think that the staff and minister understood, I am asking for the cumulative total to date, approximate.

**Mrs. McIntosh:** I have the figures and some information as to what is happening with those figures. The total figure over the years, over the last three years, way back, \$1.6 million is the amount that has been spent, and that is on the Hewlett-Packard departmental microcomputer database software. We also have about \$400,000 in other software over the years and we have six SYs or staff years for the past four years, which would be around \$900,000.

\* (1630)

But I have to indicate that, in terms of what we are doing with the money, we have got the hardware, we have got the software, and we are right at the moment ready to match this data collected, and I will talk about that just for a few moments. We are ready to match the data collected so far with financial data. We have a committee called the education indicators committee; John Carlyle is chairing that committee. We are now at the point where we can start deriving indicators from that particular committee. We also have the assistant superintendent from Winnipeg School Division No. 1, Doug Edmond, who chairs the EIS committee.

Well, there is a comment made, I would just like to pause and read from. It is in the MASBO business magazine, 1997, and they are talking about what we are doing here. Howard Griffith—there is a quote—educational technology consultant for the division and teacher at Virden Collegiate, said: Because the MSR is only a database collection tool for student information, Virden Collegiate maintained its Trevlac program, which also includes timetabling and attendance-keeping functions—and I know the member is familiar with this—to file student enrollment reports. Trevlac had modified their program, the School Administrator, to create exporting formats that conform to the Manitoba guidelines. It was the matter of getting an exporting facility that allowed us to take the existing data fields in the Trevlac program into a form that the MSR could read, said Griffith. Our biggest frustration

was the program was new, et cetera, et cetera, but overall things went relatively smoothly.

Benefits of the MSR are many, said Didlock [phonetic], another individual. Clear, reliable student information is readily available from the master file. Data inputting is not duplicated. There is a definite reduction of paper reporting. Reporting and data collection are consistent. The provincial student number, MET number, ensures that student information is not duplicated if a student relocates. The records' validation utility, which is part of the MSR, verifies data and corrects errors before the information goes to the department, eliminating time spent on discovering and correcting errors and so on.

It is very, very complimentary about the work that is being done, and it is—this is my only copy, but, if you are interested, it is in the MASBO magazine, 1997.

Maybe I should just indicate, first of all, that the EIS is a multiyear project. It began in 1993, designed to provide an integrated provincial database of education-related information.

I know the member may be familiar with some of what I am about to tell her, but I think there are some other things in here that have not been put forward, at least in the Estimates I was in last year.

We know the benefits of EIS to be the reduction in the number of requests for information from schools and divisions, et cetera; the ability to more accurately identify student results and trends and track student flows and access the education system by evaluating inputs processes, outputs; getting data on student development and progress, et cetera, also to increase and validate information.

Well, to date, EIS has provided a database of school division and subject information. It has been providing that. It has been providing an advanced capacity for processing provincial exams, the ability to collect and report on high school marks.

September of last year we had 104,000 students electronically enrolled. That participation became mandatory in September '97. So each of the students that has been electronically enrolled, which is 104,000

of them, has been assigned a provincial student number, and that number is following the student.

We have this up and running now. By the end of this '97-98 academic year, we will have all of the K to Senior 4 students on the provincial database, and are able now to associate provincial exam, high school marks information with individual students using their student number.

We are also in the process of implementing maintaining certification workload information on that for the province's teachers, the active teachers. This system is designed for a lot more than just one function, and that is being implemented now and should be finished within about a two-year period, 24-month period. We are putting together an enhanced student enrollment process to gather information about French language programs and senior years marks, and school divisions have been provided or they are being provided with software, the EIS collection. Either they have got it or they are in the process. That is this particular brochure and—[interjection] Yes, we are having problems with private vendors taking that information, and we are going to have to licence it to keep it from being stolen, but it allows more comprehensive validation of data at the local level.

So we have got a method of entering student and teacher data required by the department. We can manually enter into EIS collection or import it for school or school division software applications. Once the information is in the EIS collection, staff can modify, check and report. They can also export to other formats. So you have got the manual data entry, the administrative software, the other applications, all in the school EIS collection.

Similarly, in the school EIS collection you can have student enrollment, student marks, teacher and professional personnel activities gathered into the EIS collection at the school level. Each type of information will have a separate file, it has got a separate data file, and that is sent from the school to the division office. So again, the school EIS collection, student enrollment, the teacher and professional development activity going straight through into the division head office or board office or anywhere, that is set up for an internal one.

The data files received from the schools are entered into the EIS collection in the school division offices, in the board offices, and the school information is consolidated into one division file for student marks, student enrollment, teacher activity, et cetera. So again, then, you have the division EIS collection, spinning off for school-student enrollment, school-student marks, schools-teacher training or teacher professional development activity, and then down again you can siphon off the other activities, the division student marks, et cetera, and it can all come in through it.

So that is being done now, and it is a fair bit of work that has actually been done. It has not been idle in the length of time that people have been working on it, and I have given you the software costs as well in giving you the total cost. That is just an overview. I hope that brings you up to date. I can try to answer more if it does not.

**Mr. Sale:** I thank the minister for that summary, and it does bring me up to date that there have been some areas of what sounds like significant progress. I hope—I do not want to make any statement that makes the minister feel like I am being critical, but if she could answer questions more quickly, we could stay with the issue more easily, I think, rather than broad answers because, at this point, I am really trying to just discover some specifics.

Now, the last information was very helpful, so I am not being critical of that, but I have some very specific questions which I hope we could get just quite specific, factual answers to and get through that.

\* (1640)

The first one is the issue of—well, let me put it in the context of this green document. We recommend that EIS collection be used to the school office level to collect and forward data to the division office even if the school is using the school administration software package. One of the principles of data system development has always been that if the end user is supportive of the system and can get some value out of the system, they are much more likely to put accurate data in and to actually use the system the way it is intended, because there is a benefit for them at the end of the day.



It is something we tried to do in acquiring the softer approach that we took in the '80s, to provide immediate benefit to the school and be able then to extract from the school's system the data the department needed.

Reading this cold, the implication is that we are back to duplication, that schools are required or, at least, strongly encouraged to take a data file probably on a diskette format, fill that in at the school level, and send it in to the division electronically or manually, however it is done—which really says to me, at least if I were school administrator, why am I bothering to run a Trevlac system and do all the work to keep that up to date if you are going to want me to fill in another data file for EIS purposes? Am I understanding this correctly that the strong recommendation is we have two systems here, please use ours to get the data we want and do whatever you want to do with your data?

**Mrs. McIntosh:** Mr. Chairman, I have a chart that I would like to table, I think, might help answer the question for the member, and I will try to keep it brief. It is sort of a fine art that I do not always get down well in terms of—but if I answer really briefly, then maybe I will not give enough details. If I give too much details, I will have talked too long, and I am never quite right on the mark.

I have a chart that I think might help, if I could table it, and just indicate that school divisions will have, you know, many, many different systems. It could be Columbia; it could be Trevlac; it could be something else. They have 12 or 13 different ones that they have chosen because it really, really suit their needs. We do not wish to impose any one system on them.

What we have got though—I am not a techie, so I am not easily conversant with some of these technological factors, but I do understand that these are not in conflict, that they are complementary. They are not duplicating; they are complementary. If you have the chart you can maybe take a look. I do not know if that chart itself is helpful to you, but there are two sets of software, yes, but they do different things. Our software is in essence an edit of what they enter, so it rolls it up. It saves, I understand from staff, thousands of phone calls a year to double check on things, and that is about the briefest explanation I can give, but I

am assured that it is a complementary item as opposed to a duplicating one.

**Mr. Sale:** I will try to be as clear as I can. When the EIS collection software is sent to a school division and then presumably sent to schools, it may be in electronic format. I presume that is the idea that it will be a diskette that will produce a number of fields in which data is to be entered. The possibility exists, I think, in the Virden example that the minister read from MASBO that if you have conversion software that is appropriate, or extraction software that is appropriate, you can extract some or all of the required data and transfer it to the EIS fields appropriately. Presumably the fields are marked in some form that makes this possible, and I am not a techie either, but I think I am understanding that there are separate data entry requirements.

\* (1650)

If I were running the Trevlac system at my school or Columbia or whatever other there are, I would still have to enter data from that system or other data into the EIS system. The staff are shaking their heads, so that is maybe an easy no, and if that is a no, then could we explain the statement that is in the green sheet: Use the EIS collection to collect and forward data even if the school is using the school admin software package. That is what I am not understanding.

**Mrs. McIntosh:** Maybe the simplest way to put it—it is the way that I can understand. I do not know if it is ours reads theirs. As I say, it is edit if our software will read theirs directly and verifies it. So they do not have to re-enter it. It is there. Our stuff will automatically read it directly, verify its accuracy, make sure it is not a duplication.

In terms of the quote that you have got there, they can enter it in whatever form they wish, and all they are asking then is that they run that data through our collection as well. So we do not have to verify it at our end then. It is essentially like—this is not a very good analogy, but in my mind, it is not unlike you type a letter on your word processor and you run a copy off your printer for yourself, and then you run a copy off another printer in another office for somebody else.

You have done a double function, but you have not had to re-enter.

I do not know if that is a particularly valid analogy. You are not duplicating the work for you, but you are providing the information to another recipient.

**Mr. Sale:** I wonder if the minister would be agreeable to her staff providing a briefing section on the system to whomever among our staff and caucus might be interested, so that we could see in a hands-on sense how this system works and what its capabilities are. That might shorten this process and bring us all up to speed on the progress that has been achieved.

**Mrs. McIntosh:** Yes, Mr. Chairman, we would be pleased to do that. We have a workshop prepared that I think might be very helpful that we gave in the schools, and some of the feedback from that is: most informative seminar, great; we have a support team from department to schools; the presenters are well informed in their areas; I appreciated the ease with which you switch to each category; it helps us to talk or listen to each level of data needed, et cetera; it seems like a nice, simple program to use; can barely wait.

Those kinds of comments make me feel good, especially when I see the nice, simple part, because anything electronic, to me, that is just so critical. But there is a lot of good feedback from this seminar, and we can probably repeat it, and we would be pleased to do that for all MLAs.

We will set it up and notify the members of the Assembly, hopefully at a time that is easy for people, and that would be good for all of us, I think. I thank the member for the suggestion.

**Mr. Sale:** I think I would then just like to ask a couple of questions about the actual student information number. Is the number, first of all, generated by the EIS system, or is it generatable at the school level on enrollment?

**Mrs. McIntosh:** Very simply, the student registers, we receive the name, we assign a number, and the number goes back to the division as that student's number. There are a whole series of checks that are gone through to make sure that it is not a number that is

already in use or that the student does not have another number, et cetera, but basically, we assign the number and send it to the field.

**Mr. Sale:** Is that number accessible to the student? Does it show up on student report cards or whatever else? In other words, it is a number that follows the student through their career in Manitoba schools presumably from nursery, if they enroll at nursery, and I guess that is a second question, but is it assigned at first enrollment, first contact of that child with the Manitoba school system? Secondly, is it a number that the child or parents or others would see and have access to, or is it a hidden identifier?

**Mrs. McIntosh:** The number is given to the student at their earliest entrance into the school, so if they start in kindergarten that is when they would get it, or whenever it is they do come in. That is the same number that then stays with them. We do not force it to be revealed; each division can decide. We do not compel it to be unknown to parents and students, so parents and students can know the number. That is perfectly all right, but it is up to schools and divisions and parents together to decide.

**An Honourable Member:** It is administrative.

**Mrs. McIntosh:** Yes, it is an administrative number. Students do not have to use it, for example, when they come to register. At university maybe you have to use a number or something to register, but this number is not used in that way.

**Mr. Sale:** That was my question: Was whether the number was used for administrative purposes in terms of registering or presenting at another school for enrollment or whatever, whether this became something like an MHSC number that was essentially a billing number in effect? So the minister is saying, no, it is not used for that purpose.

Is the EIS system an on-line system or is it essentially a batch system?

\* (1700)

**Mrs. McIntosh:** I sometimes feel when I start listening to these people talk that I am listening to a different

language because there are so many words invented in our language as a result of technology. [interjection] Well, no, it is wonderful to hear, but, to me, it is still a little bit like learning a foreign language. Simply put, and this part I do understand, the school division sends it to us in batch; we then put it on-line. It is an on-line system. For us it is an on-line system, so we will put it into on-line when we get it from the divisions. They cannot access it from the division.

**Mr. Sale:** That was my concern, the question of whether the system was accessible from schools because obviously then there are all the questions about encryption and safeguarding data lines, et cetera, and it becomes a very different kind of system.

In the EIS system, is there any intention to collect data which might be more personal than marks are, such as disciplinary cautions or codes? For example, we have unfortunately children in our system that commit weapons offences. We have violent children in our system. I am not raising these to raise fears, but I am asking really are these sorts of data intended to be collected for EIS purposes, or is it purely administrative marks and student identifier system?

(Mr. Chairperson in the Chair)

**Mrs. McIntosh:** It is not our intention to be adding personal information into the database. Right now, we do not have any indication that we are planning to do anything more than the academic things that pertain to the learning experience in progress in learning, yes, demographic details, those kinds of things; like, how many new Canadians, for example, who have English as a second language. We do not wish to identify that with names and the numbers, but rather those would be survey-type information that could be used for the collection of data.

We had a question, for example, the other day in terms of how many students have been expelled from public versus private schools, that kind of question which we do not collect in terms of John Brown and Mary Smith. We are conscious of the privacy of people as you are, too, I know. We might though someday have wish to put in information on citizenship, where we take a look at students' learnings in terms of

citizenship, which might then include how many students have been expelled.

I am just picking up on the concept that you have mentioned—how it might appear someday perhaps, how many students have been expelled or suspended because they did not understand or respect the authority's rules and regulations in a school, which would have an indication of citizenship applications. We would not want to have those associated with names and numbers again. Those would be survey instruments. They are the kind of data that might be useful for us to have, but it is not our intention to attach that to individuals. We would rather have it generic, if we have that kind of stuff down the road.

**Mr. Sale:** I have found this helpful, the briefing, and I look forward to the session. I just say the minister may want to make it available to everybody, but if she wanted simply to let us know about a session that was going on that we might be able to attend at a convenient time, that is also an option, and I appreciate the opportunity.

I have just one last question. One of the hopes that we had in the '80s was that—I am sorry, two questions—divisions would begin to be able to quickly transfer school records electronically because of the extreme mobility, particularly in inner city schools, and between urban and rural areas where kids can sometimes go through four schools a year and their records never do catch up to them.

It sounds to me like the EIS will provide only a very bare bones kind of information for them in terms of the kind of information that might be helpful to a school division from a programming perspective, because initially you are going to provide them with age, grade, marks, basic sociodemographic information but pretty basic, I suspect. I do not know if you will be indicating single-parent status for example in the initial go-round. So it sounds to me like we still have not cracked the problem of quickly getting records from school A to school B in electronic format which we initially had hoped would be able to be accomplished. It sounds like that is still down the road.

\* (1710)

**Mrs. McIntosh:** It may not be, at the present time, that every school can forward information immediately to another school. Sometimes the students do not show up unfortunately in another school for a while, and there will be a gap there where they suddenly are gone from one school—the member knows the kinds of circumstances I am discussing. But once arriving in the new school, the one thing that they can do is the school can contact the department—if they have the student's name, they can phone us. We can immediately, the same day, electronically have all the information go over to them. We can tell them where they came from. The number of times they have been—what schools they have been to and who to contact. We can look in our own electronic records to see that and say, your student came from Clifton or whatever and before that he was at school X and here are the contact names, et cetera. It will be wonderful when the day comes that they will be able to know, if the student says where he is from—just to be able to go punch a number to that school and get it.

We have a steering committee and a stakeholder committee in terms of EIS. We have some very—Doug Edmond, as I mentioned before, is superintendent from Winnipeg 1 who chairs the EIS steering committee membership. He is from MAST. We also have Marinus Vanosh, Bruce Cairns, Tom Alrigg [phonetic], et cetera, people from various other groups on that.

Then we have a stakeholder committee membership as well. These are the types of topics, the question the member asked, that we seek advice from. The stakeholder committee has secretary treasurers, Wayne Shimizu from Seven Oaks. It has Ron Bannister, Ian MacIntyre. These people are teachers. So we have got a whole list of very capable names there to sort of guide us. Those are the types of questions and answers that they try to prioritize for direction.

**Mr. Sale:** This is the last question. There was a mountain of records, and everybody will know that I am referring to the mountain of old records that wound up just waiting for something. Has there been a decision reached about whether anything will be done with those or whether they will simply be written off to history at this point? There were as many, I think, as 10 years of unentered various format records from high schools stored at the department in a whole lot of

formats, paper, tape, old diskettes, microfilm, et cetera. Has there been a decision about that?

**Mrs. McIntosh:** We have student marks, the member is correct, stored for about 10 years back, about a 10-year collection in the student records in the Russell office. We have been trying to knock them off, so to speak, in about two-year batches at a time. We figure it will take about five years doing it that way. We are using STEP students, et cetera, to transmit that from the paper because we do not want to leave them stored in boxes forever, and they have been there—as the member knows, he is more familiar with it than I am. So if we take it a two-year amount and a swat and get rid of it, and we do that every year for five years, we should have it gone.

**An Honourable Member:** What does get rid of it mean? What are you doing with it?

**Mrs. McIntosh:** I mean, to get it put into electronic form, so that it is stored the same way our other material is. That will not take into account all the old student records that are in the little museum in Cartwright, Manitoba, that they keep at their little old desks and they are wonderful to see, but official records. I am just thinking those paper ones are wonderful to peruse but very impractical to store and are not a safe way to store them either.

**Mr. Sale:** Just to clarify then, they are being entered into the IS system on a catch-up basis over however many years it takes to do that, and that is the final decision that has been made in that regard.

**Mrs. McIntosh:** Starting with the newest and working backwards and we expect around five years using STEP students and that type of personnel to do the work.

**Ms. Friesen:** Mr. Chairman, we wanted to move away from Schools Information System, EIS, and to deal with the Auditor's Report on the Education department. I do not know if the minister needs to add staff or anything at this stage.

**Mrs. McIntosh:** We do not have the Auditor's Report here, but the staff members who are here are quite familiar with it, so I think we will be able to answer the member's questions.

**Ms. Friesen:** Mr. Chairman, the Auditor took a fairly thorough look at a number of sections of the department in the Provincial Auditor's Report for 1995-96, Volume 1, and the department had the opportunity to respond to some of those. I wanted to discuss with the minister some of the findings and recommendations. In a sense, it really exists in note form, I think, and it is very much the Auditor's Report with some small responses from the department, and I wondered if the department's responses were more extensive than this.

The Auditor has, I think, some mixed findings about the department. One of the areas which he praises the department for is for improving its annual reporting, for becoming much speedier in its production of its annual report, and I certainly concur in that. But there are four other areas that the Auditor had some concerns about, some of which the department answers, some of which they, perhaps, have only very short answers. The first of these is legislation, the second is program responsibilities, the third one she picked up on was the nature of accountability information to be reported, and the frequency and timing of accountability reports. This is from page 68 of the report.

\* (1720)

Under legislation, the Auditor had a series of expectations and his criticisms of the department were based upon his assumption—and I am using the term “his” generically. It may well have been the previous Auditor who did this, so it is a generic term that I am using—that The Education Administration Act, The Public Schools Act and The Public Schools Finance Board Act do not clearly set out the principle and elements of a public schools accountability framework. He made some recommendations that the department clearly set out the principle and elements of public schools accountability. The department responded that, in Bill 33 and Bill 47 and in Advisory Councils for School Leadership, it was doing that, had done that. What I did not understand from the department's response was whether the department believed that this was all that was required. There is not a sense in the Auditor's Report—and I recognize it is the Auditor's Report—that the department has plans to expand upon this, that it recognizes that Bill 33 and Bill 47 left gaps, that there is more to meet the Auditor's requirement.

So I am looking, first of all, for some discussion on that from the department in terms of future plans of this section of the department, and we are looking at Administration and Finance and a section of the department whose responsibility it is to comply with central government policies and regulations. So the question relates to the area of legislation and the principles and elements of a public school's accountability framework. Does the department, does the minister believe that the response that is given on page 69 of the Auditor's Report, that we have tabled Bill 33, we have tabled Bill 47, et cetera, is sufficient to meet the concerns of the Auditor?

**Mrs. McIntosh:** The Provincial Auditor, we think, has done a very good thing in getting into an effectiveness audit, and we really like the direction the Auditor has taken. Ours is the first department, I believe, that the Auditor has begun to work with this particular thrust to look at full effectiveness, and we welcome it and hope to be a leader for other departments as this thrust continues through government.

Bill 33 gives the minister the power to ask for information, the full extent of information required for any piece of accountability. What we do not have yet in place, and it is a difficult thing to put in place in terms of time and thinking, is the framework within which we are going to demand accountability or require accountability from the field. So the power is now there in legislation to request the information. The decisions are needed to be made now as to what is the correct information to request in order to really be effective and accountable. So that, I think, answers both parts of the question. The Provincial Auditor has taken this new direction of effectiveness audit. We like it. We hope to be the role model for other government departments with this, and we do have the power to ask for what we need, but as yet we are still determining what is the correct information to request to be fully accountable. We need to decide the nature of the accountability, how the reporting should be done, and how frequent should the reports be, et cetera. Those are all questions that we are having to explore to go to the next step.

**Ms. Friesen:** Under this same heading, the Auditor had three concerns. One was the key function of defining—and I am quoting from page 70 here—

developing and mandating implementation of the provincial curriculum is not clearly set out in legislation. No. 2 was, quoting from the report of the panel on education legislation reform, the Auditor noted that the panel noted that there is confusion as to whether the minister alone has the authority to develop and improve curricula or whether a school board also has these powers. And thirdly, the issue of the lack of a uniform provincial curriculum within public schools has hampered the department's ability to conduct system-wide comparisons and evaluations of the public school system.

I would like to ask the department at this stage, because it is not addressed—those three issues are not specifically addressed in the response, because the response only refers, and this is obviously in chronological terms, to Bills 33 and 47. The department has two more bills this time and, I wonder, again, does the department believe that the powers that it would have, if those bills were passed, and under Bills 33 and 47, whether again those are sufficient to meet the concerns of the Auditor?

\* (1730)

**Mrs. McIntosh:** We believe the legislation is clear and that, yes, indeed that curriculum can be mandated even to things such as school-initiated curriculum, et cetera, which ultimately will come to the minister for approval which then can be mandated for use by other schools as well. So we believe the legislation does provide that authority.

**Ms. Friesen:** The Auditor recommends quite clearly that the department communicate in a separate policy document the revised roles, responsibilities and interrelationships of each stakeholder. I see that the department has got the Auditor's Report now. This is on page 70. I wondered if the department intended to follow this recommendation and, if the department does follow it, when we could see that document.

**Mrs. McIntosh:** Since the Auditor's Report, the one that we are talking about, Bills 33 and 47 have passed. They have sections in them that impact upon comments and suggestions made by the Auditor. So both of those bills have passed which give the minister certain authorities. What we do not have—and we do not

believe it requires a legislative change—is the administration framework within which to do those, to put a framework together whereby we can get a thorough public accountability framework. Out of that, we can see things such as school plans, et cetera, accountability processes such as those.

The Auditor's Report predates the passage of Bills 33 and 47. We do not think at this point we require additional legislation beyond that, but we do have additional things we need to do to flesh that out and have those accountability measures there.

**Ms. Friesen:** Mr. Chairman, as I read page 70, in the recommendation at the bottom of that, I think my understanding of what the Auditor was getting at was a publicly comprehensible document that might be—he does not say it. He does not talk about parents here, but he does say, communicate in a separate policy document the revised roles, responsibilities and interrelationships of each stakeholder.

So my sense of that recommendation was not that it was an either/or situation with legislation, but it was in addition, that it lay out everything that had happened. That was why I was asking could we expect that from the department, and if so, when.

**Mrs. McIntosh:** The member is referring, I believe, at the bottom of page 70, to some directions from the Auditor which we take very seriously, that we like. We approve of them. We have actually done most of them or are in the process of completing others. Just to clarify, the Auditor says: We recommend that the department more clearly define in legislation, regulations and policies, responsibilities and reporting relationships of key stakeholders in the public schools accountability framework.

\* (1740)

We have more clearly, since the Auditor wrote this, defined in legislation through Bills 33 and 47 and in the regulations attached to those, which have been done and passed by various stakeholder bodies for comment and input and possible revision; we have developed or are in the process of developing policies. I indicate, for an example, we are currently developing a policy document on assessment of students. We send things

such as this—if the deputy would be good enough to pass me this—out to the field, what is known in certain circles as the endless paper blizzard from the department.

However, we are reporting regularly on student progress and achievement and those go out in the form of documents to the field, as the Auditor has indicated we should be doing, and while there have been numerous reports in terms of the quantity, we have been really pleased as we go on. More and more, we are hearing positive comments about the quality and the content of those reports in terms of their clarification for the field. We talked about the handbook the other day for differentiated instruction, and we are getting more and more positive responses as we get more and more skilled in sending out reports.

We will soon have a document, a policy on assessment of students ready to go out, and it fits in under the—we recommend in separate policy documents, revised roles, responsibilities, inter-relationships of each stakeholder. In terms of the regulations attached to a lot of the new legislation, the regulations in and of themselves are sometimes reflective of a policy, practice or a method, a code of behaviour or actions to be taken that fall, I think, very clearly in with the requests made by the Auditor, and most of those we have been doing in conjunction with various and sundry stakeholders.

So we may not have a big separate policy book that has everything in it, but we do have our basic action plan which is one I know the member is familiar with, the *Renewing Education: New Directions* document, and inside there we have duties of schools boards. This was part of an action plan that we sent out to the field, and it indicates the things that we need school boards do. So it is clear, as the Auditor recommends, in terms of accountability that they have to implement provincial curriculum as directed by the minister. That is now in legislation and in the process of happening. The school boards have to administer and manage the affairs of the school division, set divisional budget, special budget levy, provide advance release of the draft budget to the public and receive input, and that is now in legislation. These were all plans a couple of years ago when my predecessor was minister and they are now actually things that are happening.

School divisions this year for the first time had to have public consultations on their budget, something that in 1990—what was it, 4, 5, 6?—that Mr. Manness indicated the beginning of 1995. These were his plans; they are now done. The minister now, as part of the school division duty, can receive and report to the minister on any educational matter, including school plans, that the minister feels is essential information for the minister to have, requires principals upon request by parents to start a process for Advisory Councils for School Leadership. These are all accountability things that we believe fit under this section on page 70. Some are very specific. I will not go through them all, but some are very specific in terms of accountability: Provide pertinent and meaningful information about the school division as required by the Advisory Councils for School Leadership to meet their mandate in serving schools. The minister can say I want information and receive it, the parents can say I want information and receive it. So the accountability goes in both directions from the local school authorities.

But if you look on pages 20 and 21 in *Renewing Education: New Directions*, you will see all the plans that we had down in terms of prescribing and mandating assessment and evaluation, et cetera, that were plans at the end of 1994, beginning of 1995, that have, since this Auditor's Report has been written, now been more clearly defined in legislation, regulations and policies, the responsibilities, the reporting relationships of the key stakeholders in the public schools accountability framework, and the Auditor knew at the time of the writing of the Auditor's Report the contents of our plans.

The next phase would be to tie the outcomes that we are learning from school divisions to the dollars that are spent, which is a pretty critical tie. I will maybe stop there because the member may have more questions.

**Ms. Friesen:** What I was trying to do was to underline the issue of communication which I think the Auditor is addressing here as well. He is addressing in one sense the accountability framework, and the minister has talked about regulations and acts and actions plans and all of that, but I think the Auditor is concerned, beyond that, about the communication in a document that is understood, accepted by all the stakeholders. So that is really the issue I was drawing to her attention. It

seems to me that that might be a very timely thing for the department to undertake.

I am wanting to go on in the Auditor's Report to look at the second item that he raises, and that is the nature—well, it is page 71, and that is the planning and performance information provided by the department to the Legislative Assembly. The Auditor has concerns about the Estimates supplement and the annual report, and on page 72, for example, he says that: We found that the acts and regulations governing the reporting requirements for public school programs do not clearly outline the requirement for the members of the Legislative Assembly to be provided with sufficient and appropriate planning and performance indication.

What he is concerned about, in particular, is that relationship that the minister was indicating she was going to address, and that is the relationship between the objectives and the activities and the results.

\* (1750)

I wonder if the minister would take some time to tell us how the department is actually going to address this issue of reporting to the Legislative Assembly, particularly Estimates. Public school program costs, for example, are fragmented throughout the Estimates supplement, and I am quoting again from the Auditor. He mentions also that the obstacles to the successful completion of activities were not mentioned, something which he anticipates all departments would do, and the relationship between support to schools, Schools Grants program support, et cetera, and the actual outcomes are not there in Estimates.

Now, obviously, there has not been time between the Auditor's Report and the production of this year's Estimates for the department to begin to move in that direction, but I am interested in how the department is going to comply with this, one assumes for the coming year.

**Mrs. McIntosh:** Mr. Chairman, the member raises a very good point because I mentioned earlier that the Auditor has taken a new approach with our department, an effectiveness audit approach which we very much like and it is a brand new field in terms of a way of assessing—and I say brand new. Actually, Alberta

Education has been doing this for about a year, maybe two, in terms of the way in which it has adjusted its reporting in this area.

The Auditor is essentially advocating a business plan being revealed in our reporting. The Auditor does not use that terminology, but along the line of the discussion we had earlier with the member for Crescentwood on EIS, he is looking to have us build upon data and information which will have to ultimately take into account all of the concerns that we have about privacy of individuals, et cetera.

We have a next phase that we need to enter. The member has correctly identified it, and we will be working in conjunction with advisers in terms of the best way to approach this. I will maybe stop there for a minute.

**Ms. Friesen:** I do have another question, but I think it is one of the fundamental ones that the Auditor raises. There may not be time to answer at this time, but I will put it on the record and then if the department staff want to look at it.

I was interested in the minister's response because I have seen the Alberta ones, the three-year rolling business plans that they do, and it certainly was not what I had anticipated the Auditor was looking for, so I am interested that that is the department's interpretation.

On page 74, the Auditor talks about the difficulty for anybody looking at Estimates, and this of course goes beyond the Legislature. The estimated total operating revenues and expenditures for the public school program were not disclosed in the document, and he means in Estimates. Without this information, the reader is unable to obtain the complete picture of the public school program. Direct grants from the Consolidated Fund in '94-95 only represented 50 percent of annual school division revenues. Other significant sources of public school program funding are not described, such as the Provincial Education Support Levy and the special levy set by school boards on property assessments.

It goes on to say that the FRAME budget provides good information on expenditures, total budgeted



revenues and expenditures of all public schools, but what you do not get from the Estimates process or from the way in which the department has historically reported Education funding. You do not, either as a member of the Legislature, as a member of the public, or as a member of the school board get a sense of the overall picture. It is a fundamental issue of Education funding, and I do not know if the minister wants to start the response to that, but I am looking for the plans of the department to respond to that particular issue.

**Mr. Chairperson:** I think we may want to call it six o'clock, seeing as we have only got a couple of minutes.

That way the department can give the minister the time to answer this question tomorrow.

The hour now being close to six o'clock, committee rise.

Call in the Speaker.

#### IN SESSION

**Mr. Deputy Speaker (Marcel Laurendeau):** The hour now being six o'clock, this House is now adjourned and stands adjourned until 1:30 p.m. tomorrow (Wednesday). Bonsoir.

# LEGISLATIVE ASSEMBLY OF MANITOBA

Tuesday, June 3, 1997

## CONTENTS

### ROUTINE PROCEEDINGS

#### Presenting Petitions

|  |      |
|--|------|
| Mobile Screening Unit for Mammograms<br>Wowchuk      | 4329 |
| Obstetrics Closure—Grace General Hospital<br>Chomiak | 4329 |
| Mihychuk   | 4329 |

#### Reading and Receiving Petitions

|  |      |
|--|------|
| Mobile Screening Unit for Mammograms<br>Wowchuk      | 4329 |
| Obstetrics Closure—Grace General Hospital<br>Chomiak | 4329 |
| Mihychuk   | 4330 |

#### Presenting Reports by Standing and Special Committees

|                                   |      |
|-----------------------------------|------|
| Committee of Supply<br>Laurendeau | 4330 |
|-----------------------------------|------|

#### Tabling of Reports

|  |      |
|--|------|
| 1996-97 Annual Report, Surface<br>Rights Board<br>McCrae (for Derkach) | 4330 |
|--|------|

#### Introduction of Bills

|   |      |
|---|------|
| Bill 41, Regional Health Authorities<br>Amendment and Consequential<br>Amendments Act | 4331 |
| Bill 48, Child and Family Services<br>Amendment and Consequential<br>Amendments Act   | 4331 |
| Bill 49, Statute Law Amendment<br>(Taxation) Act, 1997                                | 4331 |

|   |      |
|---|------|
| Bill 53, Local Authorities Election Amendment<br>and Consequential Amendments Act | 4331 |
|---|------|

|   |      |
|---|------|
| Bill 54, Animal Husbandry Amendment and<br>Consequential Amendments Act | 4331 |
|---|------|

|  |      |
|--|------|
| Bill 55, Manitoba Hydro Amendment<br>Act | 4331 |
|--|------|

#### Oral Questions

|  |      |
|--|------|
| Manitoba Telecom Services<br>Doer; Findlay | 4332 |
|--|------|

|  |      |
|--|------|
| Orthotic/Prosthetic Services<br>Chomiak; Praznik | 4333 |
|--|------|

|   |      |
|---|------|
| Brandon General Hospital<br>L. Evans; Praznik | 4334 |
|---|------|

|                                   |      |
|-----------------------------------|------|
| Public Housing<br>Cerilli; Reimer | 4335 |
|-----------------------------------|------|

|   |      |
|---|------|
| Federal Transfer Payments<br>Lamoureux; Stefanson | 4336 |
|---|------|

|                                       |      |
|---------------------------------------|------|
| Education System<br>Friesen; McIntosh | 4337 |
|---------------------------------------|------|

|                                  |      |
|----------------------------------|------|
| Capital Funds<br>Sale; Stefanson | 4338 |
|----------------------------------|------|

|                                      |      |
|--------------------------------------|------|
| Disaster Assistance<br>Wowchuk; Enns | 4339 |
|--------------------------------------|------|

|                                       |      |
|---------------------------------------|------|
| Arizona Fitness<br>Maloway; Radcliffe | 4340 |
|---------------------------------------|------|

|                                     |      |
|-------------------------------------|------|
| Fitness Clubs<br>Maloway; Radcliffe | 4340 |
|-------------------------------------|------|

|   |      |
|---|------|
| Consumer Protection Legislation<br>Maloway; Radcliffe | 4340 |
|---|------|

**Nonpolitical Statement**

Music Fest 1997  
McAlpine 4341

**ORDERS OF THE DAY**

**Committee of Supply**  
(Concurrent Sections)

Family Services 4341  
Health 4369  
Education and Training 4406