

Second Session – Forty-Second Legislature
of the
Legislative Assembly of Manitoba
Standing Committee
on
Legislative Affairs

Chairperson
Mr. James Teitsma
Constituency of Radisson

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MANITOBA LEGISLATIVE ASSEMBLY
Forty-Second Legislature

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LEGISLATIVE ASSEMBLY OF MANITOBA
THE STANDING COMMITTEE ON LEGISLATIVE AFFAIRS

Monday, January 20, 2020

TIME – 1 p.m.

LOCATION – Winnipeg, Manitoba

CHAIRPERSON – Mr. James Teitsma (Radisson)

VICE-CHAIRPERSON – Mr. Andrew Micklefield (Rossmere)

ATTENDANCE – 11 QUORUM – 6

Members of the Committee present:

Hon. Ms. Squires, Hon. Mrs. Stefanson

*Mr. Brar, Mses. Gordon, Lathlin, Marcelino,
Mr. Micklefield, Ms. Morley-Lecomte, Mr. Reyes,
Mrs. Smith, Mr. Teitsma*

Substitutions:

*Hon. Mr. Helwer for Hon. Ms. Squires at
2:11 p.m.*

*Hon. Mr. Wharton for Hon. Mr. Helwer at
2:41 p.m.*

APPEARING:

*Mr. Dougald Lamont, MLA for St. Boniface
Hon. Jon Gerrard, MLA for River Heights*

*Ms. Daphne Penrose, Advocate for Children and
Youth*

MATTERS UNDER CONSIDERATION:

*Annual Report of the Manitoba Advocate for
Children and Youth for the fiscal year ending
March 31, 2018*

*Annual Report of the Manitoba Advocate for
Children and Youth for the fiscal year ending
March 31, 2019, including the summary of the
2018-2019 Child Death Review Roll-Up*

* * *

Mr. Chairperson: Good afternoon. Will the Standing Committee on Legislative Affairs please come to order.

Our first item of business is the election of a new Vice-Chairperson. Are there any nominations?

Mr. Jon Reyes (Waverley): I nominate the honourable member for Rossmere (Mr. Micklefield), Mr. Chair.

Mr. Chairperson: Okay, Andrew Micklefield, member for Rossmere, has been nominated. Are there any other nominations?

Hearing no other nominations, Andrew Micklefield is elected Vice-Chair—Mr. Micklefield. That's Mr. Micklefield to me.

All right. This meeting has been called to consider the following reports: Annual Report of the Manitoba Advocate for Children and Youth for the fiscal year ending March 31st, 2018; and the Annual Report of the Manitoba Advocate for Children and Youth for the fiscal year ending March 31st, 2019, including the summary of the 2018-2019 Child Death Review Roll-Up.

Are there any suggestions from the committee as to how long we should sit this afternoon?

Mr. Andrew Micklefield (Rossmere): Three p.m., unless business concludes before that.

Mr. Chairperson: Is that agreeable? *[Agreed]*

Okay, then we will proceed in that direction.

Does the honourable minister wish to make an opening statement, and would she also please introduce the officials that are in attendance?

Hon. Heather Stefanson (Minister of Families): I'd like to start by thanking Ms. Daphne Penrose for joining us today to discuss the highlights of these reports that you just mentioned, Mr. Chair. The annual report reflects the work of Ms. Penrose's office under new legislation that was passed by our government that has expanded the advocate's role and responsibility for children and youth in our province.

The new act responds to recommendations made by Commissioner Hughes following the inquiry into the death of Phoenix Sinclair, and with that in mind, I would like to acknowledge the recent passing of Mr. Hughes, who contributed to—so much, I think, to public life, both through the Phoenix Sinclair inquiry and other inquiries into important issues in Manitoba and across Canada. The tragedy of Phoenix's life and death are well known to Manitobans and helped galvanize people across our province to work together to help our young people.

Under the expanded powers to publish special reports, the Manitoba Advocate has released four reports: three connected to tragic deaths and one related to Manitoba's youth justice system. The reports made complex and multi-system recommendations to multiple departments within government. Our government takes the findings and recommendations of these reports very seriously.

An interdepartmental committee is working together to review the findings and to develop and co-ordinate actions that address the recommendations with a whole-of-government perspective and approach. This interdepartmental committee reports twice a year on progress achieved to date on the recommendations. This approach ensures that complex and multifaceted recommendations receive the attention and action that is required.

Our government is committed to transparency and openness in this process, which is why we continue to make our responses to the advocate's recommendations public through proactive disclosure. One of the advocate's primary recommendations throughout multiple reports is to strengthen mental health and addiction support for young people. Since October 2019, our government has announced 14 initiatives, totalling more than \$25 million to support stronger mental health and addiction services for Manitobans. Initiatives range from universal prevention supports to approaches that are targeted to those needing direct mental health and addictions services.

We are also deeply concerned about the sexual exploitation of children and youth in Manitoba. Our Tracia's Trust Research Report, released last year, reported key findings that have guided our investments to improve access to indigenous-led healing, care and treatment services to sexually exploited youth.

In November we announced a mental health and addictions services enhancement for StreetReach in Winnipeg, and significant increases to StreetReach services in Thompson.

But we as-work with the advocate to better support vulnerable children and youth. The Department of Families is also facing the most significant changes to child welfare in the history of our country, through the federal bill C-92. Once fully implemented, this new legislation will significantly change how child-welfare services are delivered in Manitoba, and it will also change the role of the advocate in looking out for Manitoba's children

and youth. As our government has been working on adapting our broader child-welfare reforms to this new reality, we have also paused the proclamation of the remaining sections of The Advocate for Children and Youth Act until we have further clarity on what the landscape will look like following the implementation of C-92.

Our government has been working with Manitobans to transform child welfare in our province, and as a result of this work, we are starting to see a decline in the number of children in care. It is important that we continue to work together to support families so that more children and youth can remain safe and at home.

*(13:10)

I want to thank the advocate for all—and all of her staff for their hard work to ensure that the voices of children and youth are heard. Our government looks forward to continuing to work together with the advocate to help improve the lives of our children and young people in our province.

Thank you, Mr. Chair.

Mr. Chairperson: We thank the honourable minister.

Does the official opposition critic wish to make an opening statement?

Ms. Amanda Lathlin (The Pas-Kameesak): I just want to thank everyone for being here today with us, especially Daphne—nice to see you again.

As critic for Families, I travelled far—travelled six hours last night to be here with my colleagues to discuss this very important report: 2018-19 was the first full year in which the advocate and her office had worked with some of our new—some of their new mandates, helping to serve and improve the lives of many more Manitoba children and youth.

We have only seen only a year with having some of their newly expanded mandate that the demand for service increased by 25 per cent. Thousands of more children and youth that needed assistance now have a clear way to access advocacy and assistance. That is why it's critical to ensure the outstanding mandates that were supposed to be proclaimed in spring of 2019 are proclaimed immediately to ensure children and youth who are not in the existing CFS system and have died or have been injured are privy to the same investigation services offered by the advocate. It is important that other government departments and services are held to account. I hope we can use today's discussion to learn about how a full year of working

with new mandates is going to—is going for the Manitoba advocate and identify their reasons for delay in outstanding mandates yet to be proclaimed.

As an indigenous woman, I live and breathe the stories—my community, my family. That is why it's an honour to sit here with all my colleagues to work together to protect our children, including mine.

Thank you.

Mr. Chairperson: We thank the member.

Does the Manitoba Advocate for Children and Youth, Ms. Penrose, wish to make an opening statement?

Ms. Daphne Penrose (Advocate for Children and Youth): Thank you.

Mr. Chairperson: Floor is yours.

Ms. Penrose: Good afternoon. I'd like to thank Standing Committee on Legislative Affairs for the opportunity to appear to—here today. I'm also going to excuse myself because I have a very bad cough, so I'm going to probably stop and have a moment.

I'm pleased to be here today on Treaty 1 territory to discuss the contents of the 2018-19 annual report of my office. This report was released in twenty-'ninetee—in November 2019 to mark the 30th anniversary of the United Nations on the convention of the rights of the child, also known as the UNCRC.

As per my legislation, I will be providing committee members with a summary of the activities of the Manitoba Advocate for Children and Youth office, including the launch of a number of exciting new programs and initiatives. The UNCRC influences and guides the work across all of my office programs, from advocacy services and youth engagement to child death reviews, investigations, quality assurance, research and public education.

The release of this report provides a good opportunity for all Manitobans to learn about the UNCRC and to think about how rights are important to young people in our province, and to understand in what ways their rights are recognized and not recognized, so that we can work together to improve our child- and youth-serving systems. This will ensure that children, youth and young adults in Manitoba have what they need and what they are entitled to have in order to grow and thrive.

I would first like to introduce to the members of the committee one of my two deputy advocates who

is here with me today, Ainsley Krone. She is responsible for research and investigations in child death reviews and quality assurance. My other deputy, Sherry Gott, who is responsible for advocacy services and youth engagement, is away ill and couldn't join us today.

It has been 21 months since The Advocate for Children and Youth Act was passed and proclaimed in the Legislature. Through this legislation, an expansion and strengthening of our mandate to advocate in additional domains beyond child welfare came into effect. As a result, more children, youth and young adults call us for help to navigate public systems, including Child and Family Services, disabilities, mental health, addictions, education, youth justice and victim support services, which includes domestic violence and sexual exploitation.

In 2018-19, our office received 3,012 requests for services. While the majority of these cases were served by the child and family services system, 55 per cent of those youth needed assistance and advocacy in more than just the CFS system.

Our call volume to date this fiscal year is far greater than that of last year. In the first three-quarters of this current fiscal year, my advocacy services team has responded to 2,238 calls, which is a 15 per cent increase from the 2018-19. Advocacy officers have already seen a 25 per cent increase in the ongoing complex cases that are referred to advocacy officers compared to this time last year.

I believe our numbers would continue to see large increases if it were not for the fact that this last month we have experienced our fifth flood and, once again, I've had to shutter—shut my main office at—on Portage Avenue and move everyone to a temporary location on Osborne. As a result our phone lines were down for several days and our office staff had to be relocated.

My staff are managing the best they can in responding to children, but floods have made it difficult and harder because the population of young people and families reserve requires us to be accessible and predictable for kids. Location matters.

As the year progresses and as my staff and I continue to do outreach to enhance public awareness of our expanded mandate, it is foreseeable that our call volume and number of cases opened by the office will grow even more. This is true even with the possibility of the changing of the provincial child-welfare system as the federal government has brought in its federal

act respecting First Nations, Metis, and Inuit child welfare.

Overall, the majority of the children and youth and young adults we have seen support—we have been supporting—are facing co-occurring challenges across multiple provincial service systems. As mentioned, our annual report reveals that last year 55 per cent of these children and youth and young adults required advocacy in more than one service area, and 15 per cent were dealing with needs in more than five service areas.

Overall, 53 per cent of the young people we serve were impacted by the mental health and addictions services; 31 per cent were impacted by disabilities services; 29 per cent were impacted by victim support services, including domestic violence and sexual exploitation; 20 per cent were impacted by youth justice system; and 18 per cent were impacted by education system. This includes young people who are struggling with acute life-threatening addictions to methamphetamine.

For example, I want to tell you about Hannah [phonetic]. Hannah [phonetic] is a 17-year-old girl with—and she's a daily methamphetamine user. Her mother had died by suicide when she was a young girl. She had been seen—she has been missing frequently over the last six months and is sexually exploited. Hannah [phonetic] hasn't attended school for a significant period of time.

Her situation has not improved. There has been an increase in violence in her life. Advocacy officers at my office have worked with systems and caregivers to attempt to secure effective addictions treatment both in and out of province. Hannah [phonetic] has faced a number of unnecessary barriers to access treatment and detox.

Hannah's [phonetic] story is not unique. Many of the children and youth struggling with addictions and mental health issues in Manitoba have experienced trauma and are involved in multiple systems, including health, justice, education and child welfare. We have seen cases where youth are receiving treatment out of province—or out of country, at times—for mental health because existing facilities in our province are insufficiently resourced or are full.

It is understandable why families perceive that there is no safe place for youth with complex needs to receive the intensive treatment they need. We hear this from Manitobans and we understand why they believe this. The reality is that there are a

handful of beds available, but often services are not well co-ordinated or systems are insufficient using those services. There are long wait lists. There are prohibitive rules to enter programs and, overall, systems are not child-centered.

This is a message we heard loudly from Tina Fontaine and Manitobans will continue to see this in the two public reports I'll be releasing before the end of this current fiscal year. One report is an investigation into the suicide death of a boy who experienced extreme bullying and who lived with profound mental illness. The second report is an aggregated investigation into 22 girls who died by suicide and whose story clearly illustrates the gaps in the current continuum of mental health and addiction services in our province.

This last year I released four special reports as mentioned, all of which addressed mental health and addiction issues, and I made specific recommendations to improve services for young people in Manitoba. I also collaborated with children's advocates from across the country to publish a national paper on youth suicide which made recommendations to the Government of Canada.

*(13:20)

I'm encouraged by the—that the government has begun, in the last few months, to publicly roll out investments in child and youth mental health. Given the staggering needs in Manitoba, comprehensive investment into the lives of children will benefit us all now and as we move forward.

These recent investments align with what we are seeing in a work with—in our work with children. It is what many system experts in our province have long been calling for, and recent investments are responding in a positive way to additional recommendations in the VIRGO report. And yet, so much work still needs to be done.

In 2018-19, MACY staff travelled outside of Winnipeg 193 times to provide case-related support, visit facilities, engage youth, conduct community outreach, provide presentations, attend conferences and training.

During that year our office delivered 55 public education presentations to service providers and youth-serving organizations and attended 75 events to extend our network and reach out to children and youth in various communities throughout the province.

My office has also been wrapping up for the imminent proclamation of the final two phases of the legislation. Phase 2 is the expanded child death reviews and phase 3 is the central tracking of serious injury.

I want to also take a moment to acknowledge the death this weekend of the Honourable Ted Hughes, who presided over the Phoenix Sinclair inquiry. As many of you will know, the recommendations he made in his final report from the inquiry called for the mandate of my office to be expanded to include all services that receive public funding and which deliver services to children. He was a true public servant, always seeking fairness and justice for all people, and he was instrumental in the work my office is empowered to do today. It is important to understand that The Advocate for Children and Youth Act does not go as far as what he called for in the Phoenix Sinclair inquiry, but it is a good first step. The problem is that sections of my act have been held back and not proclaimed.

Because phase 2 remains pending, currently, investigations after the death of children are only triggered as being in scope for review of my office if the child or their family were connected in some way to the CFS system in the 12 months before the death of the child. Once the criterion is met, we can and do review all designated services that were provided to the child and their family. But the only way that death comes into scope is through CFS. What remains outstanding is the broadening of that scope to include deaths where the mental health, addictions and justice systems had involvement with the child and their family but didn't have involvement with CFS.

In two—

Mr. Chairperson: I'm very sorry to interrupt, but the time for your opening statement has expired.

Is there leave of the committee to allow her to continue? *[Agreed]*

You may continue.

Ms. Penrose: In 2018-19, my office was notified of 199 young people under the age of 21 who died in Manitoba. Over the course of the year, my office completed 199 assessments from which we determined 70 of the deaths were in scope for review by my office based on Child and Family Services involvement. Of those, 15 deaths were children who were in care at the time of their death. My office has completed 57 child death reviews, which we detailed in a companion document, which I released on the

same day as my annual report. I believe members may also have been provided with this companion document.

The investigation in child deaths review program completed 57 reviews of children and youth who died between 2014 and 2018. Phase 2 will allow us to further expand our scope to also be able to investigate and review deaths of children who accessed justice, mental health and addictions services in the year prior to their death. This phase will provide important opportunities for us to examine issues and improve safety and services for all young people in Manitoba, not just those who have had contact with CFS.

The forthcoming proclamation of phase 3 of our legislation will require provincial service areas to report to my office any incident where a child or a youth has been seriously injured. Such incidents include serious injuries that result in hospitalization or sexual assault. This phase will allow my staff to collect information on these serious injuries; analyze, review, investigate and release reports on them. It is my expectation that a set of regulations will need to be developed that clearly outline reporting mechanisms that can be consistently applied throughout all relevant service streams. My office is already being notified of some cases of serious injuries, and staff have been compiling important information that will be vital to the development of such regulations around serious injury reporting.

My office has been ready for the final pieces of legislation to be proclaimed, and we're hopeful that government will set a date for this to happen very quickly.

In 2018-19 fiscal year was an important year of growth and change at the Manitoba advocate office. These exciting changes were guided by the voices of youth and children. One significant change was the addition and the development of two new programs.

Firstly, we launched our youth engagement program in which youth engagement co-ordinators worked with and on behalf of young people across the province to address their concerns based on their experiences with provincial services to ensure that these public systems are responding to their needs. Through this program, which oversees our Youth Ambassador Advisory Squad, also known as YAAS, that they gave themselves that name, an active team of approximately a dozen youth and young adults from communities across the province, consult and advise us on our work.

To complement and bolster much of the existing work of the office, we also have established a child-centered research hub to conduct evidence-based systemic reports. For example, in 2018-19, our research team completed a special report on the use of segregation and pepper spray in Manitoba's youth custody facilities. This report focused on the designated service of youth justice titled *Learning from Nelson Mandela: A Report on the Use of Solitary Confinement and Pepper Spray in Manitoba Youth Custody Facilities*. It found that segregation was used 1,455 times in the course of one year and solitary confinement, which is segregation lasting longer than 24 hours, was used 498 times.

Since the report came out we are starting to see movement in a positive direction. Pepper spray use has dropped dramatically and my office is being notified when pepper spray is being used in the facility. Additionally, we are seeing—additionally, we are being provided with regular updates on the uses of segregation and my team is actively analysing those numbers.

One area that we've seen important improvement is in the drop of prolonged solitary confinement, which has been solitary confinement lasts—24 hours a day and greater than 15 days at a time.

This coming year the research hub will release a public education special report about safe sleep-related infant deaths in Manitoba and unsafe sleep risk factors. The death of a child is one of the most profound losses that a parent, step-parents, families and children and communities can experience. Our data indicates that Manitoba loses, on average, 17 infants each year where sleep-related risks are identified as having possibly contributed to their death. Further concerning is that these numbers appear to be increasing, indeed, last year, 26 Manitoba infants where unsafe sleep may have been a factor. The goals of this project are to explore caregiver understanding of safe sleep, educate the public about the issues and, ultimately, make recommendation to improve infant safety in our province.

In addition to these two new programs, this past year we launched the office's new website and opened the Thompson office, an office we share with the Manitoba Ombudsman. This allows us to serve our province's youngest citizens and to ensure that families who live in the North have equitable access to our services.

Recognizing that many of the designated services provide supports to a high percentage of First Nations,

Metis and Inuit people, Metis—MACY highly values the experience and lived—the expertise and lived experience of indigenous peoples and endeavours to meaningfully engage in—and involve indigenous communities in all activities of our office.

Moreover, in addition to the UNCRC, my team refers to and works to reflect the United Nations declaration on the rights of indigenous people and implements the calls to action and calls to justice listed in the Truth and Reconciliation Commission and National Inquiry into Missing and Murdered Indigenous Women and Girls reports, respectively.

In this spirit last year, we established an elders council who advises my deputies and me in our work with children, youth and families as well as our outputs of our office. We have hired a knowledge keeper as a member of our staff to support all three offices and the children who are served. We have developed a reconciliation framework across the office.

Of particular note last year was a public release of our special—four special reports. Three of these reports were based on child death investigations of Circling Star, Angel and Tina Fontaine, and the fourth was a report about segregation and pepper spray I mentioned previously.

There were 23 formal recommendations that emerged from these special reports and which I issued to the Manitoba government. This was done in accordance with my legislative responsibility to make recommendations to improve child-serving systems.

I was pleased that the government established a deputy minister's table and a working group which comes together to take action on the recommendations from my office. Members of these groups have continued to state their commitment to an all-of-government approach. This holds good for the promise of our abilities to work collaboratively and in the very best interests of young people in our province. My team and I have had a number of opportunities to meet with these tables and, overall, I am encouraged about the potential that this type of framework can have for possible action for children.

* (13:30)

Something that is unique to my office and which I launched this year is public recommendations tracking table on our website. As all of us know, members of the public sometimes express understandable frustration about processes, reviews, recommendations and reports that end up forgotten or

gathering dust. As part of my legislated responsibility to track government compliance with recommendations, as well as my mandate of public education and my commitment to transparency and accountability, the recommendations tracking table on our website provides all citizens with a place where they can follow along with the changes that are being implemented after the release of a public report.

As fellow members of public service and as members of this committee who hold important responsibilities towards ensuring children, youth and young adults have access quality public services, I invite each of you here today to visit our website or get in touch with our office directly to learn more about the issues we're seeing that affect our province's young citizens.

It is my honour and my privilege to serve all Manitoba children and youth as their advocate. I'm committed to ensuring that young people and their families are fully aware of their rights, are well supported as they navigate provincial systems, are engaged in the process of tracking change and empowered to speak up about how these services must evolve to they can continue to meet their needs.

There is tough work ahead for all of us—if we truly want to improve outcomes for young people in Manitoba. I'm optimistic that if we each commit to collaboration and listen honestly to the voices and opinions of young people, we can collectively build a future where all Manitoba children can grow, thrive and succeed.

Thank you very much for your time and attention today. I welcome any questions you may have.

Mr. Chairperson: Thank you, Ms. Penrose, for your extensive opening comments.

The floor is now open for questions.

Ms. Lathlin: Thank you for your opening statement, and as I was reading the annual report, I was really pleased to see that a Thompson office has opened, and I guess it's been nine months now. Can you please tell us how that office is going and how the interaction is going with our community support?

Ms. Penrose: So the Thompson office is going well. It has taken us quite a bit of time to train and get all of our processes up and running up there, for sure, but we are certainly seeing a significant uptick in intakes in—there. Last week, we saw nine intakes come in in the period of a week and kids dropping in. So that's

success. It will take time to get the community knowledgeable about the office and the staff in the office really out there in the community.

We are also working to create a northern group, so that will also assist in bringing young people in, because when young people talk to young people, that's really where credibility starts to build.

Ms. Lathlin: You were talking about intake work as in nine cases have come in. Overall, has—how has the workload been like for your Thompson office?

Ms. Penrose: Yes, it's been steadily increasing from the Thompson office. I haven't done a data analysis yet because we haven't been open for a full year. Also, we—most of our public education this last year in both southern and northern Manitoba, has been about the changes in mandate and trying to make sure that kids know their rights.

In this coming fiscal year, our public education campaign will focus on our other domains to let folks know that we advocate for the rights of children and their families outside of Child and Family Services. And so it was a phased approach that we had for sort of a three-year education strategy, so this year we'll focus on the other domains, up north and down south.

Ms. Lathlin: You were talking about community knowledge. Has there any—been any issues with the opening of the office, and will there be a second one open, say, The Pas?

Ms. Penrose: We haven't encountered any real blips in the opening of the office up north. Again, the only challenge has been one that many departments experience, and we also see in CFS, is just the access to the training and stuff. So we have been going up and a person has been coming down, and that's been working well, as well as it can, and so we really haven't had any concerns.

With respect to a second office, we do have areas around the province where we see a high volume, Brandon being one of them. I can't speak to The Pas because we haven't really looked at what the analysis of that looks like right now. But, definitely, we get—we do get a volume of calls coming in from The Pas and Opaskwayak and the communities around there, for sure.

Ms. Lathlin: How has service and program delivery been different in the North End, city of Winnipeg?

Ms. Penrose: So, one of the things that we find regardless of where kids are at is, whether they're living in the North or in Winnipeg, access to services

is definitely an issue in Winnipeg, but absence of services—an issue in northern Manitoba. And, certainly, we see a lot of kids who have very high needs, with complex needs, who don't have the access to services because they're not available in some communities up North, and then when they are available, there's long wait-lists and/or ill-trained people delivering some of those services, is what we've been hearing.

So, but in Winnipeg, access is—they can access the services and—however, there's long wait-lists and sometimes those services aren't as helpful as they could or should be.

Ms. Lathlin: This is just a question from a personal side. When you were talking about absence of service, did you know there's no—when you're talking about sexual exploitation of our children, did you know there's no rape kits done in the North? They have to come to Winnipeg. And do you agree that's going to give to unresponded—unreported sexual assaults for our youth? And that's just creating more stress on a child who can't get that done in their own community. They have to be put on a plane, and then bused back. So, did you know that?

Ms. Penrose: I didn't know that they weren't doing the medical side of it. I do know that, oftentimes, when children are struggling with profound mental health or mental illness issues and require health care, they are often moved out of their communities. Also, children who have complex needs are moved out of their communities.

So, it certainly doesn't—I mean, even when you speak about access to choice services, regarding pregnancies, are also lacking in the North as well, for women and children. So, it does not surprise me, then, that is happening, and it's unfortunate and it speaks to rights of children, for sure, so.

Ms. Lathlin: Pertaining to that same question, I like to work with our people at the table to ensure that crucial services provided for our children up North, even Snowflake. We were in the middle of an election when I was let known that, and they wanted us to advocate for that service to be done. So, will you be willing to work with us to ensure that it's done, so predators will not get away knowing once a child is told, you can't get this done, you've got to go to Winnipeg, I've personally seen a child back out—so, unreported sexual assault.

Ms. Penrose: Certainly, when a child reports a sexual assault, the movement through the systems, not only

health system, but our victim support services systems, is something that is certainly coming to the front of our radar, for sure. When children are sexually assaulted or sexually exploited, oftentimes, going through the process of the court, going through the systems process, the medical process, is extremely debilitating for them. And we do—not only—we have to make sure for all children, that we are doing it child centred, not system centred. And so, I think valuable work needs to be done there, and I would—anytime a child's rights are being questioned or violated, I would always step up and stand up.

Ms. Lathlin: Thank you for your response.

Back to our programming needs, as a northerner, one of my favourite questions always: how have you found that the programming needs in the North are different than in the south? How so?

* (13:40)

Ms. Penrose: So the programming needs in the North, with respect to Child and Family Services, are unique in that one of the things that we've always found is training is very difficult. There's a high turnover of staff and maintaining skilled, capable staff to deliver services within CFS is very difficult, and so that continues to be an ongoing challenge. Oftentimes, it's cheaper to—or the ability to fly people down to the south as opposed to—or to go to Thompson from The Pas, for example, is—it's easier and more readily available to bring people all the way down to Winnipeg for training than it is to just go across. And so that is some of the challenges that we see, and, as I said before, just the absence of some services in the North for kids and the absence of placements for kids in the North is also something that is also a difference.

We do have placement issues here, as well, that meet the needs of kids, but certainly in the North and having to remove children from their communities is a concern for sure.

Ms. Lathlin: In regards to our new mandate, the number of requests for advocacy services significantly increased. Following your new mandate, have you increased the number of staff to adequately respond to the increased demand?

Ms. Penrose: So we did get new staff to complement the new mandate, and we are able to continue to deliver advocacy services that are effective. Certainly, we feel that we have what we need. When the data starts telling us something different, I will begin to

talk loudly about that, but as of right now, I think our—I think we have the resources we need.

We have seen considerable uptake in multi-domain service requests. Before we could only advocate in the area of CFS, so most people who come to us actually come to us thinking that we can only deal with the CFS issues, and then when we start talking, their issues are actually not only about CFS, or not at all about CFS, but actually trying to access the other systems that they need to access in order to thrive. So we have seen a significant uptake in, sort of, multiple domain or highly complex cases.

Ms. Lathlin: You've indicated that you have increased your number of staff. Is it enough? Is it going to be another CFS organization over-workload?

Ms. Penrose: So, you know, we're monitoring the amount of work and the number of staff that we have, certainly. You know, there's a number of areas that we can look at and we're really concentrating on the ones that seem to be thematic and present in our advocacy cases and in our child death reviews.

Certainly with the change in legislation that's coming, we're getting—and the change in funding, we're getting a lot of calls to the office about those changes, and in times of change, people will tend to reach out because they are uncertain about what's happening, and trying to navigate those systems is going to be difficult for people.

So, always making sure that we are present and opening our doors, and not only advocating formally, but informally for people when they're calling about things that are outside of our mandate, making sure we're doing everything that we can for those kids who phone, so that we're never saying, hey, this is not in our mandate; we can't help you. We are always helping, no matter who's phoning.

Ms. Lathlin: How many cases did you receive in 2018, 2019 that were still out of scope with your mandate?

Ms. Penrose: So I can't speak to exactly how many we had that were still out of scope because we are really trying to not consider anything out of scope. We are trying to help families, but we still certainly do get a lot of calls around custody access issues. When children are being used as weapons in proceedings of divorce and not having their voice heard, that certainly is a big one for us. We do continue to navigate, making sure that we're not getting stuck in the adult argument, but making sure that children have what they need in that process.

The other area where we receive phone calls is about health and access to health. So those are areas that we continue to pass on information about people that they can contact, and so on and so forth. So I don't know the exact number, though, right now.

Ms. Lathlin: Again, to you, currently, the Manitoba Advocate for Children and Youth can only investigate children—child deaths if there has been any CFS involvement in the one year before the child's death. ACYA is supposed to expand the scope of Manitoba Advocate for Children and Youth to review and investigate deaths where there has been involvement of addictions, mental health, justice services, within one year of the death, even if CFS was not involved. As the report says, it has not yet been proclaimed.

So my question is: Do you know approximately how many more deaths Manitoba advocate, children and youth would be investigating once this is proclaimed?

Ms. Penrose: So there was approximately 170 deaths of children under the age of 18 last year; 199 if you include 18 to 21. If those remaining pieces of the legislation were actually identified, we have anticipated—I think it was about 30 per cent. I'm not a hundred per cent sure on those stats, but the important piece is, is that not only children from CFS who have had involvement with CFS deserve the right to a voice. And we have had parents call whose children have not been in touch with CFS, who have asked, why not their family, why not their child? Why don't they get a voice? And it is very difficult to say, it's coming; it's coming, but it doesn't—it won't include their child.

This piece of legislation outside of CFS, the ability for families who have been trying to access mental health but no contact with CFS, that has nothing to do with bill C-92. These are other families in our provinces. And when injuries happen, serious injuries happen, when kids are receiving mental health services or addiction services or justice services, those children and those trends and those themes, they need to be monitored to find out: how can we do it better? How can we prevent these types of injuries from happening?

So these remaining two pieces of the legislation really are outside of the pending changes that we're seeing inside child welfare. And even if changes do come in the future, we can't compromise the children of now and give their families no voice and give those children no voice. We have to recognize the situations that they've gone through and make sure that we see

the changes that could come and the lessons that we could learn from them.

We did have the opportunity to glance into one child, the report I was talking about, the investigation into the extreme bullying and mental illness. That family had just a tiny bit of Child and Family Services towards the end of this young person's life, and we were able to see there is a difference of what happened there. It wasn't, you know, problems with CFS assessments and case plans and evaluations, you know. And so, what we saw in that family was very different than we see in families and children who are involved in CFS, and that's why it's important. That's why it's important to see the rest of the families and acknowledge their right to a voice as well.

Ms. Lathlin: In terms of proclamation, have you been given a timeline as to when this will be proclaimed? *[interjection]*

Mr. Chairperson: Miss—sorry, Ms. Penrose.

Ms. Penrose: Darn.

I have not been given a date.

Sorry.

Ms. Lathlin: How much do you anticipate your caseload to increase once your office has the ability to investigate serious injuries of children who have been in contact with the mental health, addictions and justice systems?

Ms. Penrose: So, with respect to the increase in workload, for BC and Alberta, this—serious injuries is the largest piece of work that that they do in their offices. And, based on our child-serving population, we expect our numbers to be even higher than that which they see in BC because our child-support systems serve more children than they do out there, and BC serviced about 1,200 serious injuries last year, so we anticipate our serious injuries to be quite a bit more significant than that.

* (13:50)

Ms. Lathlin: Again, what implications does the delay in proclamation of both these new mandates have on our children and youth in Manitoba?

Ms. Penrose: I think the delay is twofold. The delay for the families is very difficult. Why this—why them and not me is very difficult for parents. The other side of it is being able to understand some of the gaps that have contributed to a child's death and to be able to make recommendations about that in a way that is based on data and file information and experience of

the experts involved and the families involved, and then to be able to make meaningful recommendations at the end of that process is important.

The purpose of the reviews is to identify gaps in programs and services that contribute to a child's death, and if we can identify that, then we have the capacity to make some changes, so I think it's really important.

Ms. Lathlin: Again, for you, has the Department of Families 'adequately' explained what the delay is?

Ms. Penrose: I—what I have been advised is because of the changes with respect to bill C-92, very much what we heard here today, they are not proclaiming it immediately.

Ms. Lathlin: Have they provided you with any clear timeline on when the two sections will be proclaimed—just another way to ask.

Ms. Penrose: I have not. I don't know.

Ms. Lathlin: My next question is for Minister of Families (Mrs. Stefanson).

Does the minister agree that we should be extending protection for Manitoba children not currently in a child-welfare system?

Mrs. Stefanson: Well, and certainly we did—and thank you for the question—but we did bring forward legislation that includes that. I have said, and I said in my opening statement, that the reasons for this: we have a significant change on the landscape of child welfare across the country, arguably the largest change to child welfare in the history of our country, and until we can see what that landscape looks like in order to transition to, you know, the new landscape, we're concerned.

I'm very concerned because of the lack of planning that has taken place with respect to the federal government. I'm very concerned about children falling through the cracks, and so I want to ensure that, you know, we're focusing our efforts on that for right now, but we do—we will—you know, we have committed to ensuring that down the road those areas of the act will be proclaimed, but we need to get through C-92, and where that's at right now.

Ms. Lathlin: In regards to bill C-92, could the minister explain why she feels bill C-92 will impact the unproclaimed new mandates of the advocate?

Mrs. Stefanson: Well, I think it's—what my concern is is that the number of kids within the CFS system who, you know—because there is no plan in place for

those children my concern is that there will be more children that will fall through the cracks within the CFS system itself. So that's under the area of the act which is proclaimed, and that's under the purview of the children's advocate, and so we want to ensure that we're focusing on those kids.

Again, this is something that's entirely out of our control. It is something that is being brought in by the federal government, and I'm, you know, I'm concerned about those kids.

Ms. Lathlin: Does the minister agree that the purpose of the new mandates are to provide greater oversight into public services and departments other than CFS and to allow the investigation of child deaths other than those that occur through CFS?

Mrs. Stefanson: And I've already stated, I mean, if we didn't believe that that's where we should go we wouldn't have brought in legislation that allows the—that will, you know, once proclaimed, allow the children's advocate to be able to investigate those areas. And, certainly, you know, we know there was many years prior to us coming into government where there was the opportunity after the Phoenix Sinclair report—of which this was part of that report—there were many years where that didn't take place under the previous government, and we did, upon coming into government, within our first term, we did bring in that legislation.

And so we want to ensure that we can expand that scope when the time is right and appropriate. For right now, with this change in the landscape of—under C-92 we need to see what that is going to look like before we start moving forward and making those expansions to other areas. We need to ensure the safety of those kids.

Ms. Lathlin: I know you and I have talked briefly about bill C-92. Can you share any new information of how this is going to be rolled out since it's been out there since January 1st?

Mrs. Stefanson: It's a really good question. And, in fact, you know, I have reached out to the federal minister, both the previous one and the new one, asking for what the plan is for the rollout, and I haven't received anything. We had a meeting with our federal—or, our provincial counterparts across the country. Everyone has similar concerns as we do with respect to this. And with the absence of a plan is where we're very concerned that kids will fall through the cracks.

And so I have brought this to the attention of the federal minister. We were to meet this weekend. Unfortunately, he had to cancel that meeting. And, you know, I'm hoping that, at some point, we can get together as a federal-provincial-territorial meeting with the federal government. We will be calling on them for that, as well. And we have, in fact, as, from across the provinces, we will be asking for that meeting. I think it's absolutely critical. It should have happened before, and we were asking for those meetings before the legislation was proclaimed on January 1st of this year. In the absence of a plan, we just have no idea what we're going to be facing here.

Ms. Lathlin: I agree with you. It should have been worked out prior to January 1st, especially when we're dealing with our most vulnerable citizens.

In regards to, again, bill C-92, I understand that there will be—likely be jurisdictional issues arising from C-92, but the remaining two mandates to be enacted primarily deal with children who are not in the CFS system. So, are there any other concerns from the minister and her department that have led to the delay in the proclamation?

Mrs. Stefanson: Yes, no, I think, I mean, what would—what has come in in the interim here is C-92 and we're focusing on seeing what that looks like in terms of what the role of the advocate is moving forward. I have actually asked the federal minister what, like, where he sees the role of children's advocate moving forward, whether or not they're looking to have a national children's advocate, and I—we haven't received any information back on that, so, maybe they're expecting that, you know, our provincial children's advocate is going to be taking on those roles and responsibilities. I don't know. Because, again, I've been asking those questions, and frankly, you know, there's more questions than we're receiving answers.

Ms. Lathlin: In regards to a question that I had earlier, in regards to informing you about rape kits not being provided for our children up North, and rural Manitoba, can you elaborate as to why, you know, reproductive health is not provided, and is there, like, say, abortions, like, is that going to be provided for our people in northern Manitoba?

Ms. Penrose: So, this is one of the possibly out-of-scope areas for the office, around health issues for young people and women in northern Manitoba. And, certainly, it is of concern to us. We did—prior to the proclamation of the ACYA in March of '18, we certainly did do a review that spoke a little bit

about reproductive access and access for children and some of the complexities that are present there.

But, certainly, it's a difficult area for us because it is out of scope with respect to health care but, certainly, something worth visiting as we continue to look forward and talk about the impacts of sexual abuse and sexual exploitation on our vulnerable children and their access to proper mental health care as they proceed through those very traumatic—

Mr. Chairperson: Sorry, I don't mean to interrupt, but Hansard apparently has gone down, so we're just going to get a quick recess until we can get that figured out, because we want to make sure everything's on the record. Thank you.

We'll just recess for a few minutes. See you at 2:05.

The committee recessed at 2:00 p.m.

The committee resumed at 2:11 p.m.

Committee Substitution

Mr. Chairperson: Order, please. I would like to inform the committee that under our rule 85(2), the following membership substitution has been made for this committee effectively immediately, and that's Mr. Helwer for Ms. Squires.

* * *

Mr. Chairperson: We will now continue. I believe the issues with Hansard had been worked out and we're now running the feed through downstairs, if you're interested in the technical issues.

In any case, I believe Ms. Penrose had the floor, so I will revert to her again.

Ms. Penrose: Did I have the floor? *[interjection]* Was I? Okay, what was the question?

Mr. Chairperson: Ms. Lathlin, could you repeat the question.

Ms. Lathlin: Yes, as soon as I find it.

Mr. Chairperson: Very good. Ms. Lathlin has the floor.

Ms. Lathlin: Okay. Actually, I believe it was—*[interjection]*—about lack of reproductive—oh, and then you were saying at different health scope—*[interjection]*—yes, okay. Does that ring a bell?

Mr. Chairperson: Ms. Lathlin, can you perhaps restate the question for the record?

Ms. Lathlin: Okay, I'll do it more—could you elaborate on the issues surrounding the lack of services regarding pregnancies and reproductive services that you just referenced?

Ms. Penrose: So I can't speak specifically in an evidentiary-based way about the lack of reproductive and pregnancy services because I haven't done that research. But, certainly, what we see in northern Manitoba with respect to northern kids, is a lack of access to, you know, health-care services such as mental health and treatment for other issues. And we also see some concerns around disabilities where kids are being transported south because of lack of access to proper services.

So—but I can't speak in an evidentiary way about lack of services. We do have some capacities around research and our response—my responsibility to ensure that the rights of children are upheld, and certainly we have done research that is out of scope of the office to speak to the rights of children under the UNCRC, and certainly access to health care, should trends and patterns come to our attention.

We do that specifically in the safe sleep study. We aren't just looking at children who have, or infants who have passed away with safe sleep risk factors that fall in-scope, but we're also looking out of scope with respect to our capacity to do research as part of our responsibility under our mandate, and so that is certainly some of the capacities that we have looked at out of scope, trends and patterns, and learn from those pieces.

Ms. Lathlin: Again to you, Daphne, in regards to mental health, an issue that I hold very dear to my heart, something that I've been immersed in for the past few years with my young daughters: Of the 199 deaths, 10 per cent were suicide. In the cases you review, you specifically reference that children struggling with mental health issues had a difficult time accessing services to help them, both because there weren't enough resources available, or it was too difficult to navigate.

Do you feel that the mental health investments announced by the government will address the issues you have identified?

Ms. Penrose: So I'm really going to be speaking to this quite specifically in the next coming months because we have so many reports and we've heard from so many children in their experiences, both through their deaths and in advocacy services around mental health and access to mental health and

availability and effectiveness of the mental health services that are being provided.

Certainly, I think that the announcements that have been made are definitely moving in the right direction, but I think, you know, there's a long way to go, and we have a significant concern with mental health and readily available access to services that are needed when kids need them. You know, we have a system that needs to pivot from system-serving to child-serving, and that's going to take some time, and it needs to be really focused on how do we change our services to meet kids' needs and their evolving needs.

Ms. Lathlin: One more question for you with mental health, and it goes to both to you and the minister.

As a mother who's been medevac'd out five times with my two teenagers for self-harm, both to Winnipeg and Brandon, once in the back of a RCMP truck cruiser going 135 from The Pas to Winnipeg—I've never made it to Winnipeg in five hours before—do you feel—and as an advocate for our children—to work with the government to really, truly start to get—have psychiatric services and real assessments happen in northern Manitoba? Because when we're medevac'd out with a sleepy teenager who's severely depressed, when the assessment happens at 9:30 in the morning when the psychiatrist finally comes, it's only 10 minutes and you're talking to a groggy teenager who just has yes-or-no answers, and in terms of meeting us halfway, it was hard for me to leave my child in Winnipeg while I had to return home to The Pas while she stayed here in the mental health unit here at the Children's Hospital.

So my concern is, and speaking on behalf of many families in northern Manitoba struggling with children with mental health, I really need to see some real action to have these services in northern Manitoba—Thompson, The Pas—where they can get properly assessed at home, near home, because taking away the child from the community to come here is only adding on, and we're not moving forward to address the child's mental health.

So, as a parent, would you—and an advocate—work with the government to ensure that at least some psychiatric, you know, assessments are done for our children at home, and I think that will go a long way and number of suicides, depression will be treated; it will go down.

Ms. Penrose: So, thank you for that question; it's an incredibly valuable question.

So, this last year, we have looked at now a total of 26 investigations. Three are internal and the remainder are going to be made public. The services that are provided to children in the mental health system absolutely require something very different than what we have right now, for sure. Part of what we're seeing is the upstream resources need to be invested so children get some of the regulatory coping skills that they need to help regulate themselves in situations, learn different ways of coping and strategies to do so, and there have been some investments that have been made in that—been made in that upstream, and certainly more needs to be made.

We do have some really good feedback from folks about what some of those options are, and, you know, the ability to do assessments up north and as close to possible is where the kids are at is really important. The ability to have more access points when kids are not in that crisis is incredibly important.

* (14:20)

It's interesting because even in the move five blocks from my office from 346 Portage Ave. over here to 270, we have four to eight walk-ins a day at 346. We've been over there for a month and we haven't had a kid walk in our door yet. And so it is all about where you're located. We have parents walk in, but not kids. It is all about where you're located for kids, and the ability to have access to those interventions that may not be that critical point, but certainly the assessments, the treatment opportunities, and they have to be child focused, not system focused so that we have this program or this program or this program that the child fits into, but what does the child need and how do we navigate—help children navigate those services when they get back home? And how do we make sure that families have the ability to follow up and know what the resources are?

And to transition from assessment to meaningful interventions is the part that we really need to figure out. How do we get better at that? Families are coming in; if they knew how to navigate the resources that are available to them, they would. And sending them home with a plan is sometimes very difficult for a family when there's no resources in their community. And so how do you execute that plan, and what does that look like, in making sure it's a plan for success?

And so—and then what we see is the one access point to critical care is down here in Winnipeg, and it's one access point, but it's also the access point to other situations when kids aren't at the critical point but nearing and parents are very concerned.

So we see this continuum that needs to be developed, and, certainly, we are having lots of conversations with many experts about what can we do to pivot our system to a child-centred system. And there have been very good ideas that have come forward and meaningful programs that have been executed in other countries and that kind of thing. So we are working as we near end to our two reviews that we are doing. We are working, and the government will be part of those meetings to provide some thoughts on where they're going with some of the recommendations with the VIRGO report and is what some of the work that they're doing lining up with what we're seeing with these kids.

So I think there is opportunity that we have to move forward to really put out some meaningful recommendations. The responses to the recommendations, we're seeing a whole-of-government approach, which is promising. So I'm optimistic about what that's going to look like as we go forward. We're seeing movement in some areas, and that's positive, but we're not there, and certainly I'm under no illusions that, you know, that children's rights in the North and children's rights, period, are being seen as valuable as they should be. But we're starting to definitely go in the right direction, and I'm optimistic about some of what this review can bring because we've had—we've involved a lot of experts with their thoughts included in it, so.

Mrs. Stefanson: I want to thank the member for the question. I think it probably falls under health care, and I'm sort of responsible for Families, but I think Ms. Penrose said it quite well that we do take a whole-of-government approach when it comes to some of these challenges, and, you know, we do have our deputy ministers' working group that gets together and looks at how can we find better ways to deliver, you know, better services sooner and closer to home. And so that's certainly what this committee is set up to do.

I will say, within my own portfolio, and Ms. Penrose, I think, touched on this a little bit, but community living disabilities area. First Nations children are unable to access those in their—on their—in their home First Nations. And, you know, that, I mean, as you know, is a, you know, the responsibility of the federal government, but we have been working to ensure that we can get those services to those individuals, but, you know, it would be better for them to be able to have access to those services in their home communities, there's no question.

Ms. Lathlin: I just have a comment. I just wanted to thank my colleagues across for providing us with dollars for mental health kits in one of our schools in The Pas, Scott Bateman Middle School. So I appreciate that, and I can't wait 'til how that's going to be rolled out, and if there's any assistance I can give, I'll gladly do so. Thank you.

Mr. Chairperson: Thank you, Ms. Lathlin.

Mrs. Bernadette Smith (Point Douglas): So I just want to commend you on the work that you're doing on behalf of our children here in Manitoba, and just, you know, say how sorry we are that you've again had to experience, you know, another flood—fifth flood—which makes it difficult for, you know, families, especially children, to access your services because they don't know where the office is now, or maybe it's moved and they change their mind and how critical it is to have continuity for our children and families.

So, I'm sorry I was dealing with a bit of a crisis in my community, but I did kind of hear a bit of you talking about bill C-31 and I just want to hear again, you had said that your office is prepared to implement the two sections of the proclamation that have not been proclaimed yet. Is that correct?

Ms. Penrose: Yes, we are. We are ready.

Mrs. Smith: And if those two sections were proclaimed tomorrow, would it be in the best interests of the children of Manitoba?

Ms. Penrose: Yes.

Mrs. Smith: My next question is for the minister: Having heard, you know, the advocate who's been working on the front line to, you know, work with families and children, and knowing that they're ready for these two sections and that they've also indicated that some of their work is outside of bill C-92, when can we expect this government to implement these two sections so that, you know, the best needs of Manitoba children, as well as families are, you know, at the centre of the work that we're doing here in Manitoba?

Mrs. Stefanson: I believe your colleague has asked this question already and I have offered my answer to the question. We continue to be very concerned about what the changing landscape is in the CFS system nationally and, you know, we're concerned about what that is going to look like in terms of a workload within as we change and transition and further devolve the system out to communities.

Again, there is no plan in place. We're very concerned that kids are going to fall through the cracks and, you know, we're going to have to ensure that we have the focus on what's in the best interests of those kids and that until we get through this changing landscape, then we can look after that to proclaiming other areas of the legislation. And we—I just think that that's—and we think that that's the responsible approach to this when we don't have any say in what the federal government is doing and the legislation that they bring in.

But when it has a significant impact on children in our province and will potentially—we have no idea what that will look like again, but we need to ensure that we maintain our focus on ensuring that, you know, that those kids don't fall through the cracks in this whole process.

Mrs. Smith: Again, I just want to reiterate that some of these children and families do fall out of the scope of bill C-92 and we don't know how long that landscape is going to take to unfold, and we have children and families who are definitely going to fall through the cracks if we don't proclaim these two sections.

So, you know, again, I'm going to ask the minister, because the minister is saying that there's going to be children that are going to fall through the cracks, but what about these families that this advocate has talked about who's saying, well, why am I—why not my child? Why just them? How can we say to Manitobans that we have the best interests of every single child in this province when we're not proclaiming these two sections, and the advocate is clearly lobbying and saying, like, this needs to be put in place tomorrow?

And I get that we don't have, you know, what's going to happen with bill C-92, but I think out of the urgency for, you know, the children and families who aren't in the scope of bill C-92, we have a responsibility in this province to ensure that all families and all children get the services that they need, and these two sections are going to open that up so other families can be included in that.

So I'd ask the minister again to really spell out, you know, what about the other families who aren't in bill C-92. Where is—where are they going to fall in terms of falling through the cracks, and how is the Province going to allow them to access services through these proclamations that aren't proclaimed yet?

Mrs. Stefanson: Well, the Hughes report, the Phoenix Sinclair inquiry that precipitated the changes in legislation came out many years ago and, as I recall, the NDP was in power at the time and had every opportunity at that time to ensure that the expansion in the Children's Advocate role could have taken place back at that time. That didn't take place.

So, we recognize that things don't happen overnight, that we do have a changing landscape when it comes to bill C-92. We are concerned, you know, much more concerned now with the lack of planning by the federal government in this area that children will fall through the cracks, and so we will maintain—we need—I think it would be somewhat irresponsible to start looking at other areas when we've got this right in front of us, this changing landscape.

* (14:30)

And so the member opposite may not like my answer, but that is my answer, and I have answered that—her colleague's questions before. This is typically a committee that—you have the opportunity—I think it's the only one on the record with the advocate, and I know we can continue to have this political discussion that's probably more appropriate in another—at another table, but you know, we have Estimates, we have all of those opportunities. This is an opportunity, I think, to really ask the advocate, you know, her—what her, you know, where she's—says and about her reports.

Mrs. Smith: Well, we did hear from the advocate, and we did hear the advocate say that, you know, she'd like to see these two sections proclaimed, and that there are kids outside this bill C-92, so I just want to make that clear, that it—that is something that I'm very focused on, and our caucus is very focused on, making sure that all children in Manitoba are able to access the services of the advocate, and as of right now, only children that are under CFS system care are able to access it.

So, I mean, we have a lot of kids that are dealing with mental health issues. We have a lot of kids that have, you know, that are in different systems that could benefit from this. So I just want to make that clear. That's just a comment.

And my next question is to the advocate. I've had a lot of calls into my office around block funding and, you know, families not being able to access the services that they otherwise would be able to access. I'm wondering if the advocate's office has seen an uptake in their services with, you know, kids, you

know, accessing services, and I'll give you an instance.

I have a family I'm dealing with right now that's a neighbour of a family, and she took the children in. The mother is, you know, dealing with some addiction issues. The kids came over for a sleepover and the mum didn't come back, so the neighbour has been dealing with CFS, but she can't keep them long term, and she's agreed to keep them in her care, but they're not under CFS care because they haven't been taken into care. So, right now, that mom, who also has two of her own children, now has four children. They both work; both parents work, and they're not able to access any services under CFS.

So I'm wondering if you're seeing an increase in people who are coming in to access services that aren't able to access services because of the block funding model that's been instituted.

Ms. Penrose: So we have seen some areas of work definitely change and some increase with respect to block funding. I have met with the Province to provide them with examples of some cases where block funding appears to be a barrier with respect to receiving services and they are responding to those.

One thing that I will say is that block funding appears to be interpreted differently by different agencies, and so—and we have seen incidences where big changes are being made in agency, and again, any time there's a change in agency and services are being cut in one area because they're focused on another area, that initiates concern for people who are undergoing that change, for sure.

We are focused on case-by-case resolution of it, for sure. You know, even access to supports beyond guardianship, those are definitely something that we're focusing on. Supports for foster families is also something that we continue to advocate for. But that change is heightened by the change of—the changes to the legislation that we're seeing rolling out now as well, so there's a lot of crossover in those two, and it is a very difficult and complicated time for children and families who are receiving services because of the changes that are now starting to roll out, both with funding and the change in legislation.

Mrs. Smith: Can you elaborate more on what services have been impacted by these changes?

Ms. Penrose: So, what we're seeing is some agencies seriously decreasing support services or respite services to families; that's been the—one of the primary ones that we've seen. Again, I did have a conversation

with the department about that and they were going to follow up with the agencies who were making those massive changes, but we continue to see agencies who have really put their focus elsewhere, and it is important to be always mindful around how the funding rolls out and trying to really keep children at home as often as possible, and being able to be creative and innovative about how do we do that. But it's also important to be mindful of the fact that you have a responsibility to the children that we have in care, and agencies have to be cautious of that, and training with respect to the funding model and that kind of thing is extremely important, and for agencies who understand that when you make sweeping changes, it impacts children significantly.

And also, you know, making sure that when we put a—all of our resources here that we're not leaving kids on the other end of that continuum on their own, and making sure that we continue to focus on outcomes for success for our children who are aging out of the system and supporting them in the most appropriate way that we can.

Mrs. Smith: So, I want to go to—you were speaking about children having to access treatment beds outside of the province and kids not being able to access treatment within the province. Can you give us a ballpark number of what you're seeing in terms of, you know, able to access beds here in the province and then having to leave the province?

Ms. Penrose: Yes, so, usually that occurs when there is a very high-needs child who we don't have—who has, sort of, moved through all the resources that we have within Manitoba. We see out of country, for mental health, I have asked and will be asking further for some information on that. I'll be asking for stats specifically when we put out our reports in the coming months, certainly. But, we have—we speak to it in our upcoming reports, and I don't have the stats specifically right now, but I hope to accrue them before we put out our reports.

Mr. Chairperson: Thank you.

Ms. Malaya Marcelino (Notre Dame): I was wondering, does your office see child poverty as a significant factor in any of the cases that you've investigated or see any patterns related to child poverty?

Ms. Penrose: Certainly, socio-economic factors play a part in many of the cases that we are involved with, and lack of ability to even access things like, you know, when a plan is made for a child at a treatment

centre, for a child to go to addictions treatment. You know, I spoke about it in Circling Star's report. You know, he was probated to attend AFM. Well, his AFM in the summertime was two and a half hours away. And, certainly, that can cause some barriers, right? If a family is struggling with financial issues, and, you know, for a lot of our kids, housing and food security are issues, and that absolutely becomes an issue in the family and puts strain and crisis on the family.

Many of the families are also struggling with substance abuse and misuse issues, and certainly you can see how all of those things together can cause difficulty for children who live in that environment, and, you know, oftentimes, when we see real crisis and strain on families, we see an escalation of domestic violence and children who are not thriving as well as they have a right to thrive. So, yes, that underlying poverty issue is certainly relevant for many, many, many families.

Ms. Marcelino: I'm really so encouraged by how your office keeps repeating how it's child-focused, not system-focused, that this is the lens that you're wanting us to listen to and to take. I'm wondering if you could also maybe sharpen that lens a little bit more. Are you seeing that the cases that you're investigating are really—have a northern focus or an indigenous child-focus or gendered focus?

* (14:40)

Ms. Penrose: So I think that, you know, when we look at our child death reviews and all of the services that are provided, certainly we look at each child and their unique uniqueness that brings them to who they were and the value in—certainly in advocacy, too. Each child's story is unique and beautiful and vulnerable, and all of the things that come with each child's story, and certainly we see them as—we see it as that, and we often see those children coming to a system that has a couple of options for them, but never, you know, turning to them and saying: So what is it you like? How can we treat you? What of our options, and how do we marry you with those options and get you hooked up into those options that are going to work best for you?

And so we make a lot of recommendations and continue to talk about being child centred, and being child centred means being child centred for each child that comes to the door, and that's the purpose of child centred, and to listening. And a lot of times it's making hard decisions about how you run your practice with children, so it's always including all of those things.

Committee Substitution

Mr. Chairperson: I would like to—order, please—I would like to inform the committee that under our rule 85.2, the following membership substitution has been made for this committee effective immediately: Mr. Wharton for Mr. Helwer.

* * *

Mr. Chairperson: Thank you, and Ms. Marcelino, do you have another question?

Ms. Marcelino: Ms. Penrose, does your office have any outreach or any interactions with any immigrant settlement services, like either government or community agencies that provide resettlement services for migrants, refugee families, or immigrant families?

Ms. Penrose: Yes, we've had some folks approach our office through advocacy services with respect to those issues.

Ms. Marcelino: And just—my last question was a little bit about the report that might be coming out soon, this spring, that you were alluding to briefly in your opening statement, something about the 22 girls and the suicides.

Could you—are you allowed to speak to that a little bit, specifically northern indigenous girls committing suicide at—and young women committing suicide at very alarming rates. Is that what your finding is?

Ms. Penrose: So, when we look at the 22 females who ended their life through suicide, we definitely have seen some patterns and trends that I will speak about in the report. The report includes children and youth from 11 to 17, so—and across the province and across all four authorities and CFS agencies.

Again, what's missing from that report is the rest of Manitoba children who have also—the rest of the female population who have also passed away that didn't fall in mandate. They are outside of this, so while we'll make recommendations to a system where we're analyzing CFS involvement as the primary thing that causes them to come to our attention, needs and indicators could be very different for other kids who are ending their life in north and south with respect to mental health issues.

Mr. Dougald Lamont (St. Boniface): Thank you for your work.

I was wondering if you had any comments on the Auditor General's report on foster homes especially. I know that there were some alarming statistics, that

only 47 per cent of the records were accurate. There were shortages of foster homes; they weren't being investigated, and large numbers of children were in emergency care. So I just thought if you had any comments on that, or if it had reflected or if you'd seen any impact from those—what he found in your work.

Ms. Penrose: So I did have an opportunity to look at the report that was created by the Auditor General, and what I would say is, from somebody who worked in the system who spent a lot of years providing services and being a CEO at an agency, certainly those issues are not new issues. They are issues that continue to be of concern, especially for parents whose children are going into the system.

EPR has been reviewed by the advocate previously, my predecessor, and certainly recommendations were made in that report as well. So, for sure, there is definitely concerns with respect to that.

What I think is really important is where we are going—move forward and with the new legislation, and how do we improve services for children and make sure that they have access to the resources available? There is not a new skilled group of people that are going to emerge out of this unless they're trained, and really, the resources are developed.

And, really, you know, when you create a new system, you create a system in a way where you responsibly make the changes, and you bring the children to them. You never bring the children and tweak the system and make it work. You fix the system and you bring the children to it.

Mr. Lamont: Do you know—I know that there'd been some changes in overall—the overall number of children in care, but do you know if we're still apprehending children at a rate of about a newborn a day? Is that still happening?

Ms. Penrose: I actually can't speak to that in a data-informed way. What I have come to understand, anecdotally, is that apprehensions of newborns is not as high as it was. But I cannot speak to that in an evidentiary, data-based way.

Mr. Lamont: And, again, you spoke about the shortages of services. You were talking about mental health. Are there—and addictions, what are the services that are falling short that requires people to be sent out? What is it that we don't have here right now that's requiring children in care to be sent to other provinces or out of the country?

Ms. Penrose: So, one of the things that we are really struggling with here is the longer term addictions treatment for kids who are struggling with serious addiction issues. The access point to detoxes, youth crisis stabilization unit and certainly, you know, that's a very small number of kids that can go there. There is, you know, how entry happens there is still something that definitely could use some continuous improvement in those areas.

But after kids leave there, then what? How do you triage them into something different? Because perpetrators, offenders, drug dealers—they're all waiting for those kids to get out, and how do we protect them from that?

And so it's a continuum of service, and I continue to call about that continuum of service. If you have a heavy back end, but you don't have anything in the front, it—you require more back-end services. If you have a front end, but nothing in the back end, then you're going to end up with an overpopulated front-end service. So, you can't get away with not providing the whole robust package.

Mr. Lamont: But you don't have any details about the numbers? Just because I actually was contacted by somebody in another part of Canada who said that a CFS—that a ward of CFS was—had arrived at their facility with two workers, so that they're not, I mean, I guess they don't just send kids on their own either. So that—we're talking about some quite substantial costs that are involved in sending people for treatment elsewhere.

Ms. Penrose: I would assume that, and yes, I mean, I've never heard of kids being transported out of province or in-province on their own. Certainly, if we do hear that kind of thing, we—we're pretty quick to advocate that somebody attend with them.

By way of monetary costs, I haven't got those. What I do know is it is difficult to, you know, send your child to some place, whether it's Winnipeg or whether it's Utah or Saskatchewan or wherever kids are being sent, it's difficult for them to be away from their family and it's difficult for them to transition back. And—but at the end of the day, if the treatment they need is elsewhere, then they have to go elsewhere, and so that's the issue we need to figure out, is why is that happening.

Mr. Lamont: I know you've discussed sexually exploited youth at length. I'm just wondering, what more could we be doing to help secure the safety of sexually exploited youth. I mean, what—I mean, there's

a broad range of things. It's not an easy issue because, as you said, there are people out there waiting to—who are predators, essentially. What could we be doing better as a government, whether at any level, what could we be doing better to protect young people?

* (14:50)

Ms. Penrose: So access to treatment facilities is really important. More focus on the offenders is critical as well. You know, understanding that, you know, people sometimes have bad intentions with children, and there does need to be a serious response and treatment for offenders as well, and being able to provide placements that are very knowledgeable and skilled in dealing with kids with co-occurring issues is very important. You know, placements is critical for these kids' healing and getting better and being on their journey of becoming sober and free of exploitation.

Mr. Lamont: I did just want to get it clear. I did think—earlier the children's advocate made it clear in her testimony proclaiming phase 2 and 3 have nothing to do with bill C-92, that phase 2 and 3 extends the role of the children's advocate by definition beyond CFS. It would actually allow to cover all who—all children in Manitoba, whereas bill C-92 is primarily about First Nations children in care, and as I understand, the entire pace of change under that bill be driven by First Nations through negotiation on a case-by-case basis, but there are a thousand children in CFS who are not indigenous who are in the system. There are tens of thousands of children, more, of course, who deserve a voice but who are not in CFS.

So I think we have to acknowledge that people and children are falling through the cracks right now, because the children's advocate cannot investigate their deaths, and then when they're failed by the justice system, addictions or mental health.

So I'd just—I'd like to say to the minister that there is no reason this legislation should not be proclaimed today. If this government is concerned about C-92, I think it's actually more important to proclaim phase 2 and phase 3 because they will actually ensure that there's a broader safety net to cover every single child. It's long overdue. The NDP is no longer in charge, so the failure to act on this is on this government's head.

So I would just like to say that. Thank you very much for your testimony, and I would like to—yes, this is an incredibly important proclamation of legislation that needs to be moved forward. Thank you.

Mrs. Smith: Sorry, I forgot to ask a question about youth. Shared a bit of a story about a 17-year-old that's struggling with meth and struggling to get access to services, and are you seeing an increase in children that are addicted to methamphetamines?

Ms. Penrose: I wouldn't say we are continuing to see an increase. What we're seeing is a high number of kids that are struggling with using methamphetamines. It's about the same attending our office that we've had before, so we haven't seen a rapid increase. What we see is the continued same issues around appropriate resources and placements for those children.

Mr. Diljeet Brar (Burrows): It's again about new Canadians and your outreach programs. As you said, you are approaching them through immigrant settlement services. But not all new Canadians are accessing immigrant settlement services, so do you have a plan to reach those segment of the population who are still not reached and made available the programs so that they can access the programs better?

Ms. Penrose: Yes, so our public education campaign that we're developing for our second year. Our first year we spent educating the system, inside the system, about the changes to the system and trying to reach out to kids to talk to them about their rights. And so this next year is going to be about the rest of the folks who have absolutely the right to access our services beyond Child and Family Services. So we're really going to focus on that. We're focusing on some French communities as well as newcomer organizations to talk to them about the mandate, so, certainly, that's all in our plans over the next 24 months.

Hon. Jon Gerrard (River Heights): Clearly suicide is a major, major problem. Let me ask you: What is your approach, if you have a young person who walks into your office and says that they're suicidal, how do you approach it?

Ms. Penrose: So basically what we do is we talk to the young person about where they're at, we talk to them about other options. Some people, some young people, walk in thinking that their only option is ending their life. So we talk about other options. We work with them to connect to the mental health system. Sometimes we do exactly what other CFS workers do and support workers. Sometimes we have to take them to the hospital. I call their workers to come down and sit with them while they wait for a psychiatrist to come and assess them.

And the unique thing that they can access our office for, though, is being able to navigate once they have a plan and the assistance to access that plan. So we have done those things with kids and families who have come back to us and say, we need help navigating, we don't understand this plan, we don't know how to access these services. We will continue to work with them to make sure that they get what they need. And we continue to bring it up in forums like this and publically to talk about, you know, where resources are and aren't meeting.

Part of my legislated responsibility is to speak publicly about designated services, and so, certainly, you know, I put out a statement of concern last year about public health—I mean, mental health services and addiction services, and continue to be concerned. And certainly suicide has been on the top of our radar this last year, and you'll see those reports coming out about what we learned.

Mr. Gerrard: What do you do if that same child says—or young adult, because you're up to 20—says I've been to A-B-C-D-E-F-G-H-I-J, right, and nobody's helping. I've been to the emergency room and they've turned me away. I have at the hospital a—there's an order not to admit me because the doctors don't think it's helpful. What do you do with a child like that?

Ms. Penrose: Well, we—that is not a unique question, unfortunately. It is—it's a unique question, but it's not a unique circumstance to our office. We do see that, and typically what we do is we will call a systems meeting to talk about what are the options, what are the other options? And, unfortunately, sometimes what happens is there are none, and the kids have to go on wait-lists. And we continue to ask and we continue to go back to systems, saying, okay, now what? Okay, now what?

And, we need to refocus the system from saying these kids are resistant to treatment to re-evaluating what they're doing. When patients come to a hospital with cancer and their treatment isn't working, they re-evaluate and offer a different treatment. When kids come with mental health issues, they need to start re-evaluating and looking at alternative treatments. And that is part of what we're seeing is we need to start pivoting to how do we serve a child. If what we have isn't working, how do we pivot towards what is working? And there are lots of ideas, but it's going to require some change in how services are being delivered.

Mr. Chairperson: Thank you.

We have very little time left to—shall I put the questions to the committee, if that's acceptable?

Some Honourable Members: Agreed.

Mr. Chairperson: Okay, hearing no further questions, Annual Report of the Manitoba Advocate for Children and Youth for the fiscal year ending March 31st, 2018—pass; Annual Report of the Manitoba Advocate for Children and Youth for the fiscal year ending March 31st, 2019, including the summary of the 2018-2019 Child Death Review Roll-Up—pass.

I want to thank all the members for their co-operation this afternoon and thank the advocate for being here and answering the questions, and the minister also. Thank you very much.

The hour being 3 p.m., what is the will of the committee?

Some Honourable Members: Committee rise.

Mr. Chairperson: Committee rise.

COMMITTEE ROSE AT: 2:59 p.m.

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