

**Third Session – Forty-First Legislature**  
**of the**  
**Legislative Assembly of Manitoba**  
**Standing Committee**  
**on**  
**Legislative Affairs**

*Chairperson*  
*Mrs. Sarah Guillemard*  
*Constituency of Fort Richmond*

**Vol. LXXI No. 1 - 10 a.m., Friday, January 19, 2018**

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**MANITOBA LEGISLATIVE ASSEMBLY**  
**Forty-First Legislature**

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**LEGISLATIVE ASSEMBLY OF MANITOBA**  
**THE STANDING COMMITTEE ON LEGISLATIVE AFFAIRS**

**Friday, January 19, 2018**

**TIME – 10 a.m.**

**LOCATION – Winnipeg, Manitoba**

**CHAIRPERSON – Mrs. Sarah Guillemard  
(Fort Richmond)**

**VICE-CHAIRPERSON – Mr. Greg Nesbitt  
(Riding Mountain)**

**ATTENDANCE – 10 QUORUM – 6**

*Members of the Committee present:*

*Hon. Mrs. Cox, Hon. Mr. Fielding*

*Mr. Allum, Mrs. Guillemard, Mr. Lagassé,  
Ms. Marcelino, Mr. Micklefield,  
Ms. Morley-Lecomte, Mr. Nesbitt, Mrs. Smith*

**APPEARING:**

*Ms. Daphne Penrose, Children's Advocate*

**MATTERS UNDER CONSIDERATION:**

*Annual Report of the Children's Advocate for the  
fiscal year ending March 31, 2016*

*Annual Report of the Children's Advocate for the  
fiscal year ending March 31, 2017*

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**Madam Chairperson:** Good morning. Will the Standing Committee on Legislative Affairs please come to order.

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

**Mr. Bob Lagassé (Dawson Trail):** I nominate Mr. Nesbitt.

**Madam Chairperson:** Mr. Nesbitt has been nominated. Are there any other nominations?

Hearing no other nominations, Mr. Nesbitt is elected Vice-Chairperson.

This meeting has been called to consider the following reports: Annual Report of the Children's Advocate for the fiscal year ending March 31st, 2016; Annual Report of the Children's Advocate for the fiscal year ending March 31st, 2017.

Before we get started, are there any suggestions from the committee as to how long we should sit this morning?

**Mrs. Bernadette Smith (Point Douglas):** Two hours, 'til around 12 o'clock.

**Madam Chairperson:** Is it the will of the committee to rise after two hours? *[Agreed]*

Are there any suggestions as to the order in which we should consider reports?

**Mr. James Allum (Fort Garry-Riverview):** I think we would do it in a global fashion.

**Madam Chairperson:** Is it the will of the committee to consider the reports in a global manner? *[Agreed]*

Does the honourable minister wish to make an opening statement, and would he please introduce the officials in attendance?

**Hon. Scott Fielding (Minister of Families):** You know, I've got no official comments per se, just want to welcome—my unofficial official comments are I just want to welcome the Children's Advocate and appreciate her role so far in taking on, obviously, a big challenge. And so, we've enjoyed working together at the Children's Advocate. Jill Perron from our ADM is here, and I believe Jay Rodgers, our deputy minister, will be also in attendance. He's on a federal-provincial conference call right now.

And those are only my opening comments.

**Madam Chairperson:** We thank the honourable minister.

Does the critic for the official opposition have an opening statement?

**Mrs. Smith:** Yes, I do.

So, first of all, I just want to welcome Daphne Penrose as the new advocate. Congratulations on assuming that role. I'd also like to thank our former advocate, Ms. Darlene MacDonald, for her six years of dedicated service. And, you know, I want to acknowledge your wealth of experience as well that you're bringing to the table, your passion as the role of advocating for children and families.

The passing of the advocate for children and youth has been put—has put Manitoba's Office of the Children's Advocate on a new path where the provincial government is faced with an opportunity to improve the lives of children in care. There are too many children in care. I think we all know this; I think we've all seen these statistics rise and we want to see them decrease. It's time for Manitoba to take a deeper, closer look at how we can best support families in the spirit of reconciliation.

Our NDP caucus was pleased to vote in favour of this legislation. We look forward to working with the government, yourself, your staff, the indigenous community of—and of course the families, to help bring the children home and to help reunify families.

The advocate's expanded mandate brings new responsibilities and expectations to your office. I hope that the provincial government will continue the momentum of change by fully supporting the work that you and your office will be doing by ensuring that you have all the resources that you will need to reach this mandate.

As the provincial government contemplates major changes to the Manitoba's child-welfare system, including the easing of regulations on permanent guardianship and implementing a customary-care model, the best interests of the children must be the top priority. I urge the provincial government to use foundational texts like the Truth and Reconciliation calls to action and the United Nations Declaration on the Rights of Indigenous Peoples as a guide to their work and your work.

In an era of reconciliation, Manitoba's children and families deserve better. We must all work together in government, in community, with our advocates, to ensure that we're strengthening our communities, supporting our families and helping our children to be successful and stay in their homes.

So, with that, miigwech, thank you, and congratulations and good luck in your work.

**Madam Chairperson:** We thank the member.

Does the Children's Advocate, Ms. Penrose, wish to make an opening statement?

**Ms. Daphne Penrose (Children's Advocate):** Yes, thank you.

Good morning. I'd like to thank the Standing Committee on Legislative Affairs for this audience today. I'm pleased to be here to discuss the contents

of the two annual reports of my office. I will be going over some of the big changes that are under way at my office and what these changes mean for the services and supports we provide to children and youth across the province.

I would like to introduce members of the committee to the Deputy Children's Advocate, Ainsley Krone, who's joining us here today, who is behind me. I would also like to draw to your attention the packages that we have provided to each of you today that contain samples of the reports and the work of my office released during the fiscal years that these annual reports cover. And you'll note that the packages contain hard copies of some of our reports as well as web links and some of the multimedia resources we've released in support of our ongoing projects.

\* (10:10)

The special reports we release publicly emerge from the stories and the systemic themes we hear directly from children and youth. These initiatives allow us to share the voices of young Manitobans with the public. We do so because we know that good public policy comes when those who have power understand how their decisions impact even the smallest Manitobans.

It is a bit of an unusual situation to be here to speak to the two most recent annual reports of my office, as I was appointed as Children's Advocate in April of 2017. So the statistics and many of the projects described in those two reports occurred under the previous advocate.

With that being said, many of the projects and initiatives continue well beyond the fiscal calendar years. Moreover, as you'll see, much of the 2016-17 Annual Report focused on the legislative changes that are set to occur when The Advocate for Children and Youth Act is proclaimed this year.

The work to bring in the new mandate, once it was passed in June 2017, did occur under my leadership, and I anticipate some of our discussion today will be about these very exciting changes.

The greatly expanded mandate for the advocate reflects many years of analysis, multi-level discussions, interprovincial and cross-territorial comparisons and evidence-informed best practice from within Manitoba and across Canada. The legislation takes significant steps towards answering 20 per cent of the recommendations made in the final report of the Phoenix Sinclair inquiry.

This is an exciting and important change that sends a clear signal across our province, that, as legislators and system experts, we know that when we invest in stronger advocacy for young people we will see public systems become more efficient and measurable outcomes will improve for our vulnerable Manitobans.

The Advocate for Children and Youth Act is a special piece of legislation. It received support from all three parties in the Legislature, and it demonstrates Manitoba's commitment to the United Nations' Convention on the Rights of the Child.

The new mandate also represents an incredible opportunity for centralized data collection on publicly funded intervention, and it will allow us to look at how effective and efficient those services are when Manitobans require them.

One of the most important changes that will come with our new mandate is that children and youth will no longer have to be involved with the child-welfare system to qualify for advocacy services from our office. This has been one of the biggest barriers of the mandate and the most frustrating. When children call us needing advocacy services and because they don't have a child-welfare file open, we can't formally assist them as advocates, although we do.

I've worked in—I've worked with children and in the child-welfare system for almost 30 years, and one key message I want to highlight is that we have to realize that child-welfare services are not the only cause or the only solution when children and families are struggling. Certainly, there are significant issues in Manitoba regarding how CFS services are delivered in many cases, and those issues must be fixed.

However, for far too long what we continue to see is that social workers and child-welfare agencies are expected to provide services that should be provided by other services and government departments. We need the creative solutions that emerge from highly integrated, cohesive public systems and streams, and we must move well beyond casework as usual.

We need to see CFS services delivered differently. CFS workers need to see the family and extended family as the experts in their own life. We need to ensure workers are trained on how to assess risk and safety and how to mitigate risk and plan for safety. CFS needs to require workers to begin to gain

the skill and the knowledge to help families develop natural and professional family support networks and safety networks so that children can remain in their own families and in their own communities.

We also need to realize that CFS is not the appropriate system for everything. We have to stop seeing child welfare as the default because children and families are unable to access services from other government departments. Often those systems are being allowed to walk away from challenges or put up eligibility barriers to screen out families, while CFS is a system which is required to always remain open and must always make room for one more child and one more family.

For example, I've not been shy when expressing my concern about the devastating effects that methamphetamines are having on our youth and their families. We see youth coming into our office all the time begging us to put them into treatment and to stop themselves from using. They speak of the power that the drug has over them, and they talk about not being able to stop on their own.

Sadly, we have to tell these kids that there isn't a detox centre available for them that is set up to see them through the possibly 90 days of withdrawal they're going to endure to get to the other side. Yet we see addiction treatment beds empty in our province because these youth don't meet the criteria of the program or because the program isn't meeting the kids' needs. Somehow this just seems to have been accepted. Well, this is not good enough for our kids. We have to do better.

In these situations, the CFS system is left to place the child, search for the child the next time they use, provide food and a place to sleep when they surface from a binge that has lasted days. Even then, they try to encourage them to stop using, even though the kids tell us, over and over and over, they can't. The reality is they use methamphetamines again not because they want to, but because the physiological addiction is so great they cannot control it. Families are being devastated and asking why no one in our province seems to figure out a way to help their child.

In order for families to provide safe environments for their children, they need all government departments to provide the support services to children and youth and to come to the table and begin to work with families who are struggling. We must stop pointing fingers. We must stop gatekeeping. We must stop pushing work to the

wrong departments. Each department must be required to be part of the cohesive solution and provide services they are required to provide. This includes safe housing, better approaches to domestic violence, access to education programs when they're needed, access to addiction treatment programs that really meet the needs of our youth, access to proper mental health services when they're needed, supports and intervention for sexually exploited children and youth and adequate services for our disabled children.

When these services are not available, CFS, although not the right system, will need to step in and provide services. This often increases the families that are open to CFS and the number of children in care. Again, this is not good enough. We need to do better. Our children deserve it.

Of all of the positive changes anticipated with the advocate for youth—for children and youth act, one of the most exciting is that it will allow Manitobans to demand a broader service response from systemic—from systems outside child welfare. My office's ability to examine and investigate a broad spectrum of public services and to hold those service streams accountable for action in the best interest of children is desperately needed in Manitoba. This legislation holds the potential to tangibly and drastically improve outcomes for Manitoba children who are struggling so significantly to be on par with their young counterparts across Canada.

All of us in this room know significant changes to public systems are planned or are currently under way in our province. The health-care system has been overhauled, CFS reforms are rolling out, a new mental health strategy is likely to emerge from the consultations that have been occurring over the last number of months. While the financial health of the Province is extremely important, we have to ensure that the changes to public services reflect a deep understanding that each one of those changes, every cut, has a direct impact on people. While the financial health is important, what I need to say is most often the people who feel the cuts the most drastically are the children.

As Manitoba's Children's Advocate, it is a central focus of my work to ensure that I'm listening to the voices of young people and that I'm collecting data on how these changes are affecting youth. Equally important is that I share that information with the government so that we can get in front of

changes that could affect children dramatically. The expansion of my mandate beyond child welfare means that I will be more strongly positioned to provide information about the impact of government decisions in the lives of children and youth.

One note of caution I can already share with you emerges from what I heard and saw in a one-day consultation my deputy and I were invited to participate in with respect to the mental health strategy. In addition to a lack of understanding of the evidence already available specific to Manitoba, I asked the consultants if they plan to speak to youth about the mental health services. Sadly, the consultants informed us that they were not planning to speak to youth because they did not anticipate having enough time to do so before the summary report was due to the government.

\*(10:20)

I can tell you, those of us in the room who work with youth were dismayed to hear that the youth voices were being excluded from the mental health strategy that aimed to provide services directly to them.

As we know, the government is currently reviewing the CFS legislation. Some excellent community stakeholders have been appointed to assist the government in this important task. My hope is that the government will ensure it is consulting directly with children and youth as part of this review.

And, while it might be most convenient for those of us who are well switched on in today's digital age to rely on such things as online surveys, doing so will certainly omit the voice of our most marginalized and vulnerable children. In our experience, youth are more likely to offer input when they can do so face to face when people are engaging them in thoughtful conversation.

With that in mind, I'd like to highlight one more specific report and put it in your package today. It's the report that's called Don't Call Me Resilient: What Loss and Grief Look Like for Children and Youth in Care. This report actually began as a focus group with youth and evolved into the report that I'm providing you today. It's an open and honest account by youth about their experiences in care, their recommendations for change, and this report remains one of the most popular and often requested publications around the province.

**Madam Chairperson:** The time for the opening remarks from the Children's Advocate has run out.

Is it the will of the committee to allow Ms. Penrose to continue? *[Agreed]*

Go ahead Ms. Penrose.

**Ms. Penrose:** I will admit it does take time to speak out and listen to the voices of youth and other marginalized populations. Sometimes they need help to articulate their experiences or even to understand why their voice is so important, and what's going to happen with that information. It takes time to gather that data and analyze it. But it's critically important to allow those consultations to occur. We need to stop the era of creating laws and policies in a vacuum separate and apart from the people those changes impact.

Manitoba has not historically been a province where deep engagement occurs at the community level, although consultation with groups and leaders have started to happen. The voices of children and youth must be—not be ignored in this process, all children and youth from every parts of Manitoba.

These are not partisan issues. These are issues connected with good governance and the rights of children and the truth and reconciliation. The United Nations on the convention of the rights of the child say that children have the right to have their voices heard, especially in decisions that will impact their lives. This is a core principle of the work of my office, and one that we have long pushed within child welfare.

As the mandate of my office expands, this right to participate in decisions is one we will work to promote and protect across all additional service streams that we fall under, that fall under our new legislative role. We are excited to help the voice of children resonate more loudly as we take on this broader role.

During the year of the—that this report was tabled, we received 2,581 requests that qualified for advocacy support services. This is equal to a 13 per cent increase of cases opened over the last two reporting years. The workload at my office is growing rapidly, and staff are very busy responding to the needs of children.

We travel extensively throughout the province responding to requests, especially in Manitoba's north where child-welfare services are even more pressing because of the reduced access to essential

support services in rural and remote and First Nations communities.

Our advocacy for children, youth and their family also involve reviewing child-welfare services that were delivered to families who have experienced the death of a child. Under our current mandate, deaths reviewable by my office are those where the following situations are true: when a child dies in care, when a child dies while receiving services while having an open family service file with the CFS agency, or when a child dies within one year of having an open file with a CFS agency.

When we conduct investigations and compile reports following the death of a child, in addition to looking for gaps that must be fixed, we also look for things that worked well. And we highlight those examples of good practice that reflect the system's demonstrated understanding and appropriate responses of families and needs. Of the 148 Manitoba child deaths that occurred during the province—during the reporting period of 2016-17, 53 of those deaths met the criteria for review of my office, 13 of those deaths were children in care.

While all deaths of children and youth are tragic losses, the tragedy seems so much greater when children die from manners of death that are preventable. For example, over the last two reporting years, we've lost 31 youth to suicide in Manitoba and we've also lost 24 infants to death where unsafe sleep conditions were noted as a factor.

Each death of a child affects countless others, including siblings, parents, extended families, community members, service providers and others. While we saw a lower number last year, on average, 160 children die each year. While some of those deaths are preventable, others are not. And I'm committed to ensuring that the lessons that emerge from those losses are shared when the lessons can prevent other children from dying. In my mind there is no more important work than preventing the premature death of a child.

Investigations undertaken by my office when a child dies hold critical information for service providers, policy makers and families about what more must be done to prevent deaths. Under my new mandate, I will be able to share more of this information publicly about why children have died and what can be done to increase the safety for other children in similar circumstances, and this too will be an important improvement from our current mandate

where we've had to operate behind outdated barriers to provide—to sharing information.

I need to let you know I will walk this path very carefully. I will always balance what the public wants to know with what the public needs to know.

Increasingly, Manitobans recognize our office as a key source of knowledge on the child-welfare system in youth-involved public services. As a result, our public education efforts continue to be in high demand. From public presentations, information seminars, position statements, to special reports, systemic research projects, we dedicate considerable resources to helping public understand the experiences of children and youth.

In the 2016-17 reporting year we made 42 public education presentations at conferences and various trainings throughout the province. You will find these activities described on page 23 of your annual report. We also released a number of special reports. Summaries of those reports can be found on page 22 of your annual report. And I've included full versions of a number of those reports in the package that I handed out earlier today.

As we look forward into 2018, I know this will be another busy one for our office. When our legislation comes into force in the coming months, our scope of work expands from child welfare and adoption to include addictions, mental health, education, domestic violence, sexual exploitation, disabilities, justice and adults from 18 to 21.

Given that Manitoba children are so highly service dependent, the number of children who potentially qualify for services from our office grows from those only receiving child and family services right now to a potential 300,000 children across the province of Manitoba who, if they are receiving services from government, may be eligible for advocacy services from our office.

These changes have been a long time coming. It's been four years since the Hughes commission submitted its final report and 62 critical recommendations to Manitoba to bring them to a closer vision of providing good child and family services and cohesive services. As many of you know, 20 per cent, or 13 of the total 62 recommendations, called for an expansion and strengthening mandate for the Children's Advocate, and we are excited that The Advocate for Children and Youth Act takes an important first step towards fulfilling those recommendations.

But we must always remember the reason for the public inquiry. Phoenix Sinclair would be turning 18 this year. Her life and her preventable death illuminate many gaps in our public system and became a sounding call that services must be improved for vulnerable children and specifically that public services must become more integrated and cohesive when families rely on them.

\* (10:30)

We are ready for the work and we are humbled by the important responsibility these changes reflect. Our role is one of building bridges between service providers and families and between government and the public. We are positioned to be able to listen carefully to the stories of children and to thoughtfully analyze the information so we can provide data and recommendations to policy makers on what's happening in the lives of Manitoba children and families.

On a more personal note, I am honoured to serve Manitoba children as their advocate. I've committed to using my time in this office to advance and amplify the voices and opinions of young people. And, in doing so—and even when doing so, I recognize that sometimes what I'm going to say may be politically unpopular. But, if it is the best interest of children, I will say it.

I see the independence of my office as a critical aspect of me being able to do the job I've been appointed to do. And I continue to promote and help the public understand the importance of independence and the important role it plays in our society.

I invite each of you here today to reach out to my office if you want to know more about what we're seeing in—and the areas of concern for youth and children.

My office is committed to continuing to work with all stakeholders to ensure that our youngest citizens have an equal voice in how we build our province today and into our collective futures.

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

**Madam Chairperson:** Thank you for those comments.

The floor is now open for questions.

**Mrs. Smith:** Miigwech, Madam Speaker.



Will the minister tell us when the Children's Advocate act will be proclaimed?

Did I say the Speaker? The Chair—sorry.

**Mr. Fielding:** We're working on the Children's Advocate. In the near distant future, it will be proclaimed.

**Mrs. Smith:** So there's no date on when that will be proclaimed? *[interjection]*

**Madam Chairperson:** The honourable minister.

**Mr. Fielding:** Thanks. We've been working with the Children's Advocate on a date of—that's appropriate, and so we'll be announcing that fairly soon.

**Mrs. Smith:** Question for the Child's Advocate: How does the Children's Advocate act expand your mandate?

**Ms. Penrose:** So, on page 5 of your annual report, you will see 5 and 6; you'll see the—how I'd laid it out is you'll see the current mandate on the left-hand side of the illustrations there, and the new mandate on the right-hand side.

Currently, right now, for a child to be able to access advocacy services, the child has to be a child in care or their family has to have an open family service file. Under the new mandate, any child who is receiving child-welfare services and adoption services; disability services that are provided by publicly funded service providers or are publicly funded also fall within the scope; educational programming for children with individual education plans; mental health services; addiction services; victim support services, which includes any children who have been witnesses in criminal court proceedings; any children, youth or families impacted by domestic violence; any children or youth or families at risk or being exploited sexually, youth justice—plus, it also brings in the 18- to 21-year-olds who were former permanent wards receiving CFS services beyond the termination of guardianship, as well as young adults with mental—with disabilities who were involved with CFS prior to turning 18, as well as young adults who were in care of CFS prior to turning 18 and are eligible for an independent education plan.

Additionally, the areas of special investigations also expands significantly. Currently, right now, it is if a child dies while receiving CFS services or in

care, or within one year; under the new mandate, it will include children who were eligible or receiving services within one year of their death, who were receiving child-welfare services, adoption services, mental health services, addiction services, youth justice services. Plus, we will be looking at reviewing the 18- to 21-year-olds who were former permanent wards and receiving supports beyond termination of guardianship.

Additionally, the mandate changes for us, because we are now able to conduct research and further public education on the United Nations for conventions, rights, and Truth and Reconciliation. And we are assuming the responsibility of monitoring and reporting on the recommendations made by the office and monitoring compliance to those recommendations, as well as reporting on the serious injuries and investigating serious injuries provided in the areas of child-welfare adoptions, mental health, addictions and youth justice.

**Mrs. Smith:** Will the minister tell us what work has been done and is being done in advance of the proclamation?

**Mr. Fielding:** Well, I guess, from a government point of view, we introduced the act, as the advocate had mentioned. I think it's somewhere close to 13 of the recommendations that the Phoenix Sinclair recommendations that are affiliated with, the transparency and openness to it, so I would say the big part of that, of course, is introducing the legislation. We know that the Phoenix Sinclair inquiry, of course, came out four years ago, so that was a top suggestion for our government. And, since coming to office, we have introduced a number of the recommendations that are a part of that.

With that being said, with the advocate, the government's role, of course, is to proclaim that legislation. That will be happening very soon. We obviously want to work with the Children's Advocate to make sure that is as an effective launch as possible, so I'd say we've been working with the Children's Advocate. We've been working with groups and working on a date that's going to make a difference for families.

**Mrs. Smith:** Question—actually the same question for the Child's Advocate. *[interjection]*

**Madam Chairperson:** Sorry. Ms. Penrose.

**Ms. Penrose:** Sorry. At the Children's Advocate, we have been doing significant work to prepare for the legislation. We've been consulting within Manitoba and across Canada for information, data and best practices of legislations that are very similar to ours. We've created internal working groups in the new areas of the mandate, meeting with deputy ministers and assistant deputy ministers to create processes for accessing information and coming to a full understanding of each of the departments and the policies and procedures therein, understanding the services provided by each of those and what would fall in scope for the office. And we've been reaching out to indigenous leadership throughout the province as part of this work.

**Mrs. Smith:** Can the minister please tell us what changes the government has made since April that concern youth and health and mental health?

**Mr. Fielding:** Well, I guess the big thing, of course, is offering a reform plan for the CFS system; that's something that's been highlighted quite extensively. So I would say a very comprehensive plan in terms of how we address child and family services. There's been a number of reforms that have happened over the years, kind of more restructure in nature. This is something that reforms—in terms of the delivery system of the child welfare.

We have extensively consulted with families, with youth indigenous organizations, agencies, authorities to deliver these services. We've recently had a summit with the Southern Chiefs Organization as part of our reform plan. We'll have a summit with the southern chiefs, with the northern chiefs, with the MMF, who are mandated through our legislation to deliver child-welfare services, and a part of that—and I know the member from Rossmere is here as well, who's actually chairing our Legislative Review Committee. That is an important role.

There is seven-member committee that is out in the community right now talking about the importance, not just of children and youth, but the CFS reforms in and of itself. Part of that committee—seven-member committee is chaired by Mr. Micklefield. There's members from SCO, MKO, as well as MMF, as well as individuals or—individuals such as Diane Redsky, who's part of Ma Mawi organization and community leaders like Michael Champagne, as well as another individual Sherwood Armbruster. So I would suggest that we have done quite extensive work in terms of reforming the CFS system.

Just another highlight point: Since being elected to office, a number of the recommendations of the Phoenix Sinclair have been acted upon through our legislative review. All these take into consideration children and youth.

**Mrs. Smith:** Would the minister please specifically talk about what changes they've made since April regarding youth in care and mental health?

\* (10:40)

**Mr. Fielding:** Well, No. 1 is—I think the advocate had mentioned—there is a review that's going on that looks at addictions and mental health. That report is being developed in the background, and so once that report—that from recommendations are brought forward, the government will be taking action on that, and I think it is important to assemble that information and consult in the public. Once we get all the recommendations for the government, we'll take action in respect to that, and then that will include not just adults but youth.

**Hon. Cathy Cox (Minister of Sport, Culture and Heritage):** Thank you very much for your presentation and all the work that you do for children and youth in Manitoba.

I note that on page 31 it indicates that the referrals, 16 per cent of the referrals, are by children and family services professionals. And I was wondering if the introduction of The Protecting Children Act, which allows for the sharing of information, do you think that that will have an impact on the number of those referrals that you now see from professionals in Child and Family Services?

**Ms. Penrose:** I'm not sure, specifically, that the information-sharing act would do that. I think what we need to do to continue to increase those referrals is begin to educate the public about our services and our capacity to advocate for children in a very formal way, and that right now our legislative—our legislation allows us access to information, and certainly we access information whenever we need to when we are advocating formally for a child.

But I think one of the things that's going to continue to increase families and children contacting the office is awareness and children getting educated on their rights, their right to have a voice, their right to phone when something isn't—when they're not being included in their plan. When you're a teenager and somebody is making a plan without you, kids will vote with their feet, and we need to make sure their voice is present and we need to make sure they

know that when they're feeling like they are not included that they know they have rights and that they know that they can call our office when they feel they need help advocating. We do a lot of teaching around how to self-advocate. We will advocate with them or we will advocate for them. And we do that so that they can become stronger and better advocates for themselves, but we also offer our advocacy services to do that on their behalf when they are vulnerable and can't—and feel afraid to speak out.

So I think our most important piece of work that we have to continue to do and why we've seen the increase in volume of children contacting the office themselves is that we are going out and doing lots of presentations about their rights and about the UN convention, the UNCRC.

So I think that's the majority of it. Certainly when we have service providers contacting the office or foster parents contacting the office, we do inform them that we do have the legislated responsibility to seek out information and that we do have access to information and that we can share that information, but we do so in the best interests of the child. So, yes.

**Mrs. Smith:** Question for yourself. I worked in child welfare for 12 years, Marymount. I was also a teacher for another 12 years. So I've dealt a lot with mental health issues, especially with kids that are, you know, around 12 and up, and I heard you reference that you've spoken to some groups that children aren't being consulted. I'm curious to know, do you think that the government mental health strategy will be successful if it does consider youth in the—in what they have to bring?

**Ms. Penrose:** Yes, I think that in order for us to serve youth and for youth to engage in the services that are being provided, I think the only way to succeed is to listen to the youth. We have to remember that youth have mental health issues well beyond 9 to 5, Monday to Friday, and they need to be able to access those resources, and the resources that they access, they have to do it in a way that meets their needs, not the needs of the service provider. And we have to always be cautious of that.

I'm pleased that we're hearing that they will be consulted, but it has to be more than a consultation. We have to really hear their voice, and we have to hear what they're going to engage in, on their terms. We are in a different society right now where we have multimedia and Internet and phones taking over

our world, and how do we respond to the kids in that way, because that's where they're coming from. So we need to be aware of what's going on for them and how we can engage them in a meaningful way.

Creating a mental health strategy that doesn't do that is not going to provide the services that they need to access mental health services when they need to. And, also, I think one of the things that we need to be cautious of is what kind of healthy mental health strategies are we putting in place before the kids need mental health services. So where can—the consideration of the strategy has to happen before the need: teaching the kids how to regulate—self-regulate, teaching kids how to see themselves as valued individuals and to see their potentials and their skills and the valuable things that each and every one of them brings and to recognize those pieces and to be able to access the kids early on in their lives, through the—even through the schools, to talk about good mental health coping strategies.

It improves their capacity for educational outcomes to deal with situations in life that are tough, so I think there's more to it than just a response to the mental health system. It is about how do we embrace good mental health services through the life of a child, given everything that's new in their life and their access to Internet and their access to things that many of us in this room didn't have access to before.

Those are all things that are going to contribute to a really good mental health strategy and to make sure that that mental health strategy isn't focusing on adults and that children don't get lost because it's one mental health strategy. Children need a voice in that strategy, and they need to be a paramount concern in that strategy.

**Mrs. Smith:** A question for the minister: Will the northern satellite office open with the proclamation of the expanded mandate?

**Mr. Fielding:** That's—obviously, that's something within the Children's Advocate's role. That's—the government does not have a say in terms of that. Do I think it's a good idea? Very much so. I respect the fact that they want to bring that forward, but that is something within the—you know, we changed—in—as independence nature, and that has been the case. So, you know, we think that's a good idea, and we support the advocate in her desire to have an office.

**Mrs. Smith:** So, if I could deter that question to the Child's Advocate.

**Ms. Penrose:** So we are doing a lot of work trying to get space in Thompson for the northern office. We have struggled to find an appropriate location in Thompson, but we have, I can tell you, with great news, secured space, finally, that falls within the budget that we've been provided. So we are marching forward now that we have a space, so all of that work is commencing. I don't believe it will be open on proclamation, but certainly in—hopefully, before summer, that location will be open for children to be able to stop by our office and access our services.

**Mrs. Smith:** A question for the minister: As of today, how many kids are in care, if you can give us a number?

**Mr. Fielding:** So, in terms of the numbers of the children in care, that's reported in the annual report that has been tabled. So I'll leave that with you. You know, there's—it depends on which day you're talking about, right? It's—the annual report is a snapshot of one day that's there, so I don't have the numbers of what the kids would be in care today. I can tell you, generally, that there's around 11,000 children in care in the province of Manitoba.

**Mr. Lagassé:** The annual report from 2015-16, there's reference to permanency beyond foster parents. What are your thoughts on subsidized guardianship?

**Ms. Penrose:** So I believe that there is a place for subsidized guardianship in our CFS system, but I believe that—it's my opinion that subsidized guardianship should be reserved for family members first. If a child is in care and a family member could assume guardianship of a child but the child's needs are well beyond the income that that family can provide, it does give the family a lifelong connection to the child and the child a lifelong connection to the family, while being supported to meet the child's needs. There isn't a compromise.

\*(10:50)

So I believe that if guardianship is outside of that, there needs to be rigour attached to that. If there is going to be guardianship that is canvassed, I think that there has to be a certain amount of work—there has to be work done by a CFS worker to ensure that all family possibilities are exhausted and that the community's in agreement with that, and that family members are supporting that and family members are involved with that child.

Each and every child is unique and their situation is unique, and that's what has to be looked

at when you look at the permanency plan for that child and you have to consider their attachment to their family, because parents cannot provide safe care for their children sometimes, it certainly does not mean they don't love their children, and it does not mean that their children don't love them. It's just that they can't provide safe care at that time.

So there are—there has to be alternatives to it, but there has to be rigours in place to make sure that those alternatives are not removing the child from their connections to the family, their connections to the community and their connections to their culture. Those rigours have to be in place.

**Mrs. Smith:** For the Child's Advocate. Does the advocate believe that the provincial government should create legislation to determine how permanent wards transition out of care? And would they be eligible for extended support?

**Ms. Penrose:** So I'm going to answer that question the best way I know how, and from what we see in our office and what we're hearing for children. Currently, right now, I feel there's some gaps in that legislation because, oftentimes, when children turn 18 they want to experience that freedom and they think it's different than it actually ends up being, and very quickly they realize that they want to come back and that they need some support from CFS. And it isn't a guardianship, it is supports beyond the termination of the guardianship that happens at 18, and children should be able to access that if they need it.

And in cases where children present with a lot of complex needs, those are the children who are most vulnerable when they turn 18, and those children need the supports more so than other children, and those are the children that we're seeing are not being supported beyond guardianship. And the capacity to come back I think needs to be looked at and the capacity for supports, because they were children in care that are different from other children, support needs to be looked at, and that may not be a child and family service issue; that may be an EIA issue; that may be a jobs issue; that may be an education issue. But they need additional supports from the government because the government were their parents, and like our children they need support to grow up to be independent.

It doesn't happen because, magically, one day you were 17 and the next you were 18, and now you're on your own. And I think these kids need the capacity for us to come together to create a web of

services to provide support to them like we see in families who are intact and where they grow up, families continue to be that web that supports them. And I think that we need to be able to do that for children as they grow up and be able to see that they need supports beyond their time in care in some cases.

Some children don't. Some children are ready. Some children can move on their own, and we see that in every area. But some children have higher needs because of what they've been through and because of being in care for their lives.

**Mrs. Smith:** A question for the minister. Does the minister believe extended support should be subject to conditions, and what should these—and should these conditions be subscribed in legislation?

**Mr. Fielding:** I'm assuming you're talking about extension of care past 18 years of age and, of course, that goes to 21 right now. There is, obviously, some services and supports that are there whether it be things—there's a program called Brighter Futures. The name has been changed to that through the education system. But talks about a whole bunch of the services and supports that are there talking about things like employment, talking about services and supports, some related to mental health that's there.

We are in the midst of a legislative review that's happening right now. So we're in the community, as, again, Mr. Micklefield is in the community with the rest of the seven-member panel that talks about changes that we're having to see a best system. So what we do is want to hear from the community what supports and services are there. There is some that are in place right now, and I think the advocate is absolutely right when she talks about addictions and mental health; that's a big part of the equation.

I am excited we are headed to Ottawa next week for—and I believe the advocate will be there as well in Ottawa, talking about emergency meeting. Some discussions in the media obviously are, you know, what role the federal government plays and what they can do. I think that there should be a focus—focal point on alignment of priorities, and what I would suggest some of those alignment priorities are early intervention and prevention, and that that takes into account for people, if you're extending out past 18 for things like mental health and addictions, I think that's a very much role where provinces and, specifically, the federal government can play a significant role with indigenous communities in terms of providing some of the services and support.

The final piece of that question, kind of more related to, you know, providing early intervention and prevention, the change that we've made to block funding we truly think will make a difference, where you'll be able to have services and supports kind of more of it to do, the advocate's point about, you know, addiction treatments and all that sorts. If you provide more flexibility to agencies, what they have clearly told us is that they'll be able to provide services and support for early intervention and prevention. Right now, the system that's in place right now, a lot of times the agencies have to take a child into care to get the services and support that there. So the agencies and communities have told us, if you're able to provide a block funding, more flexibility to them, they'll be able to make investments in early intervention and prevention, so potentially you don't have to bring children in care. And that ties into the whole equation, just kind of wraparound services and support, whether you're, you know, under the age of 18 or you're extension of care from 18 to 21.

**Ms. Flor Marcelino (Logan):** I thank the—Ms. Penrose for articulating that analogy, that as parents of the child, the state has a right to support beyond 25, which we do; as parents, we do support our children past 18, some financially, some emotionally.

Would the minister believe that supporting 'til, say, age 21 or 25, be a good thing for the government to do for those kids who need support beyond age 18?

**Mr. Fielding:** Just so I understand the question, your question is, should the supports be given past 18 years of age?

**Ms. Marcelino:** Sorry—does the minister personally, or even politically, believe that such support should be extended to kids who were in care past age 18?

**Mr. Fielding:** I guess I'm kind of confused by the question, because supports are given to individuals past the age of 18. That is the current legislation. That is actually what's happening right now. So I guess the answer to that is yes.

**Mrs. Smith:** Working with many kids in care and working in a high school, I've seen many kids that turn 18, some graduate, some don't graduate, that are actually dropped off at a family member's house just with their clothes. So I don't see that always happening. I think, you know, possibly putting into

the legislation so that it's something that, you know, has to be extended for kids.

And I do take reference to what you said earlier: some kids are ready, some kids aren't. I've seen kids graduate that have gone on to university, decided that that first year, you know what, I don't want to go to university this year. They go, they live a little bit of life, they come back the next year, they go back to university. But those supports are there, and I think what Ms. Marcelino is trying to say that, you know, perhaps putting it in legislation and having that there and that that has to be extended to kids up to 25 is going to better support to make sure that kids aren't, you know, dying in care, that kids are getting the best possible support that they need, that they're going to university and, you know, uplifting their families out of poverty and that, you know, perhaps they're the first ones that are breaking a cycle and that, you know, that continues on. And I think investing in our children is the best way to do it, doing the front-loading.

\* (11:00)

You know, it's great that you're going and you're educating and—you know, we often wait to high school to do that, but I think, you know, even perhaps middle years, starting to have those conversations with kids, because, you know, hormones are starting to happen, they have a little more independence.

But I'd like to know from the Child's Advocate whether she thinks creating legislation to determine how, you know, permanent wards are transitioning out of care would be eligible to extend that support to 25 and if you think that's something that should be done.

**Ms. Penrose:** So I think that one of the—it really is my opinion that one of the best things that we can do for children is give them options to succeed, and I think that being able to provide them an option for support. We know how much children mature between the ages of 18 and 25, and sometimes if they are in trouble when they're 18 years old and they make choices that are not necessarily good for them, and they end up having contact with the justice system, they go in there and they realize, I can't—I've got to change my life. We need to be able to make sure that they have some support.

There are models in different parts of the country that do provide some financial support—are required to provide financial supports for children

past 18. I think that we need to look at those. And I think that if there was legislation that required the government to provide those supports if children needed them, then I believe that that legislation should be there. But I don't believe that it should be a legislation where children have to receive that. Some children are ready. And sometimes when they're 18, the work has been done with them to get them ready, and they're ready to stand on their own feet. That doesn't mean that they don't need support—emotional support. And that's where some of those other programs are so critical.

So I do think there is a place for—if a child's circumstance is such that they can't make good decisions for themselves and that they are struggling and that they don't have healthy family to fall back on, I think there should be some legislative requirement for the agency or for a government service—I don't know if the right agency would be child and family—but for some government service to be there for them.

So, whether it's an extension of the legislation that says CFS has to continue working, or there's another government department that would then pick those now adults up to provide that web of service to them, something needs to be in place for them, but I can't script out what that would be, because there's lots of possibilities. And I would like to hear from the youth about what that would look like and where they would find their best help. So I think that would be my comment to that.

**Mrs. Smith:** I have a 26-year-old living at home, so, you know, he still needs my support. Even my 25-year-old that's moved out, that has his own children, we still provide support too. So, when I'm thinking about our kids in care that don't have that extra support, that don't have, you know, maybe healthy families, but they have families who love them but aren't as healthy, right? And that's not a good place for them to be. They're often living in, you know, poor, unsafe conditions that, you know, will—and this is a minister—question to the minister: Will, you know, you provide an extension of care to 25?

**Mr. Fielding:** Sure. Well, I guess, you know, these types of decisions are important. When you do look at them, I guess my initial question is, did you get a chance to ask your colleagues that were in government for 17 years, was that a big priority for them at that point? So that's probably my first question.

What I would suggest is that there is a legislative review that is going on. That work is ongoing. I know Mr. Mickelfield is, say, in the community working with indigenous groups and agencies to find out the best means to change the technical nature of the legislation going forward.

I—as I mentioned, I think that there is currently some supports that are in place. The two programs just right off the top of my head is the Building Futures, which does provide not just employment types of areas but also mental health treatment if they do need—they'll make the connections; they don't provide the actual service, but they make the connections towards it.

There is a number of transitional housing types of programs that are in place that are working right now. So I don't know if that provides you with all the information you can—I can on it, but we want to make sure that the supports and services are there.

One thing that I did reference, the fact that the child-welfare system, and I think the advocate touched upon this, there is a number of important items that you need to have successful partnerships so to get people out of care. Some are housing; some are things like child care; some are things like employment types of services. In our summit that we had with the southern chiefs, I did reference the fact that I think there needs to be potential partnerships that happen, and that's not just something done from the provincial level. There is a role, I think, for the federal government, so that's an item that I'll be bringing to Ottawa when we do discuss where there can be alignment of our priorities, and that those are some of the priorities that we can talk about with indigenous communities.

I think, as a government, we're open to making those investments, and I think we have, to a certain extent.

**Mrs. Smith:** I just want to remind the minister that I am a new MLA, and I did come into this position as someone who's grown up in the North End, grown up in care, grown up in poverty. That's why I came into this—to make change.

So, you know, I do take a bit of offence when you're referencing prior government. I'm coming into this as something—

**Madam Chairperson:** I'm just going to remind all members of the committee to direct their comments through the Chair, not using the words I or you.

**Mrs. Smith:** So will the minister provide extensions of care to 25? Yes or no?

**Mr. Fielding:** I'll refer to my previous comments—questions where I dealt with that issue.

**Mrs. Smith:** Question for the Child's Advocate: How can the CFS better empower children and youth and allow them to have more control over the ways they live? Or over where they live—sorry.

**Ms. Penrose:** So, in my opening remarks, I talked a lot about casework as usual and changing the way CFS services are delivered, and I think a lot of that has to do with how we engage, how workers engage with children and families and talking about what supports they have in their family and who's there and when it worked and what are the strengths in their families and being able to, when there is a child protection issue, talking to the family clearly about what the harm and dangers are in the family and bringing the family together to try to develop a plan to deal with those harm and danger issues to keep the kid safe, because families will often be able to come up with a plan, and when they can't, a worker can work with the family to develop some natural supports for them.

And, if there are no natural family supports, some professional support networks can be created, and inside those networks—if those protection issues are not resolved for the family, inside those networks you can find placements for children, people who the children are connected with, and I think it's important that we talk to kids about where they're going.

Apprehension is a very scary thing for a child, and it feels unsafe for them because they're going to a different and new place. And a lot of times, if you talk to the child about who's important to them, who they're connected to, who they feel safe with, you can canvass those people to provide a placement for the child, and they can work with the family to get to better health and the child can feel more comfortable going to a place that they know already. And oftentimes that's extended family and sometimes that's who the child considers to be their family, and we need to step back to talk about who the child considers to be their family. How we define family may not be how kids define family. Kids might define family as someone they feel safe with, someone they've known all their life and call Aunty, but they're not related, someone who lives down the community—down the road in the community from them who they go to every time there is an unsafe,

because the child already has some skills in some of those areas.

So I think we need to engage the family, and that means all the family, the kids who are capable of expressing what they're feeling, where they want to go, how they want to go about living there.

\* (11:10)

That doesn't mean that's possible all the time, because some of the decisions that children make may not always be safe or healthy for them. So sometimes, as the guardian—the potential guardian for the child, or the parents, may say, no, that's not where we want the child because that's not a safe place to be either.

So there is a lot of process that needs to go into placing a child. The first option cannot be foster care; that has to be the last option.

**Mrs. Cox:** Just a question for the Children's Advocate. I did note, as well, that 50 per cent of the referrals that you receive are from the children themselves, so I'm—just would like more information on what the process is when a child contacts you. Is there, then—you know, you reach out to the Child and Family Services worker? What is the process to assist them? *[interjection]*

**Madam Chairperson:** Ms. Penrose.

**Ms. Penrose:** Sorry. It depends on the nature of what they're calling about. If a child calls the office, it is the requirement of my office to always have an advocate present to take the call. So, if a child walks in, there's always an advocate there. If a child calls, there is always a person on the other end of that call. So that's important to kids. When they're in crisis, they don't need it in 20 minutes; they need it right now. So we've learned that.

And, also, you know, kids call about a number of different things, right? If they're calling about access to family and that they want more access to family, or they don't want access to family, but they're being forced to have access to family because they're not feeling safe, then we involve the CFS worker. And we find out—what's the reasons for no access, and what are the barriers to access, and make sure that, you know, we have all of the information, and we talk to the child about why. And then we ask the child, you know, do you want to go back and advocate for yourself? Do you want us to call the worker and tell the worker what you're wanting? Do

you want us to sit with you while you call your worker?

So there's a number of responses. It depends on what they're coming in to talk to us about. And then some of them just come in because they are in crisis and they need treatment, or they need a meal or they need something like that.

**Mrs. Smith:** Question to the advocate: Do you believe that extended supports from 18- to 21-year-olds should be subject to conditions, and what should those conditions be?

**Ms. Penrose:** I—that is a tough question, but I guess the long and the short of it is, no, I don't think they should be subject to conditions. I think an engagement process between the child and the agency needs to be entered into, and some discussions about what that extension—what's going to happen during that extension. But when kids are unable to make healthy and safe decisions for themselves—when people are able—unable to make health and safe decisions for themselves at 15, 16, 17, the fact that when they turn 18 doesn't mean immediately they're going to make healthy and safe decisions for themselves.

So I believe that, you know, when kids feel they want to disconnect from CFS because they've had a traumatic history, and they just don't want the help anymore, and then they get out there and realize, oh, I need some help, they need to be able to come back. And I don't believe that we should be able to say no. I believe that we need to be able to connect them to supports and to services.

And there are some supports and services there, but there needs to be a conduit to doing that. And, you know, one of the things that will help youth prepare to leave—and when I talk about no longer casework as usual, children should be getting their own support networks together when they're 16, 17 years old, figuring out who's going to help them when this happens and when that happens, so that they understand who their people are, even when they're really struggling.

You know, I can think of a young lady right now who's really struggling with her methamphetamine addiction. And every single day, her network is having contact with her. They find her. She seeks them out. They seek her out. They continue to try to convince her to go to treatment every day. These people are there. They care. They're picking her up. They're helping her. And she's an amazing person,



but she's got a disease, and they see it as a disease, and they see the person behind the disease. And her network picks her up and her network provides that support for her. And that work needs to be done for children before they're leaving.

**Ms. Marcelino:** I have a question for the advocate. It's a situation wherein I have no knowledge of the issues that brought—that led to apprehension of the children or of the child. But this 14-year-old child left the foster care, went back to the mother, and when he's—he was being picked up by the social worker, says, no, I'm not leaving my mother's place. If you ask me to go back to the foster care, I'll commit suicide. So right now I think the boy is still with the mother.

What would you do as the Child Advocate in that particular situation?

**Ms. Penrose:** Well, if the child contacted our office, certainly we would be advocating for services for the child from CFS around making the home safer, providing the appropriate resources. Of course, you always have to—in CFS, you always have—you have to look at risk and safety and plan for risk and safety: are there things that can be done to mitigate the risk for the child and are there pieces that can be put into place to increase the safety for the child, and advocating for the child to be able to access the proper services in the mental health arena and addictions arena if that's an issue. Those are critical pieces that the new mandate will allow us to do, not just for the child but for the family, so that they too can make safer and healthier decisions for themselves as they go forward. And then working with the child who is refusing to leave the place that they're in and creating a safety network for that child so that they know where they can go when they're safe, and then continue to work with that child depending on the circumstances.

As I said, it's very difficult to plan for a child when you don't know their unique needs. And every child is so unique and their needs are so unique, and I think that it would really depend on those unique needs for that child and what the presenting safety issues are, because sometimes the safety issues are so grave that we do have to intervene, that—well, not we, but CFS does, and I would support that.

**Ms. Janice Morley-Lecomte (Seine River):** This is for the Children's Advocate. On page 31, you have cases open, but that doesn't reflect the number of individuals that contact your office. Can you kind of

give a guideline as to how you determine who you would be opening a case file for?

**Ms. Penrose:** So, if a child calls the office and talks about wanting more access to family, and we sit with that child or contact the agency and talk about the child's desire to have more contact with their family, and that the worker says, oh, okay, I didn't know the child wanted more contact, we'll absolutely facilitate that, we would close that advocacy file once the child was able to have contact with the family.

If the child's issues are much more significant than that, if we have children who are struggling inside of a system's issue, like trying to find an appropriate placement to meet all of their needs, or they're moving forward through an assessment process and they're struggling in their current placement, or they want to change placements and there's more involvement than just a couple of meetings and a couple of phone calls, or when children really are struggling and they just want an advocate to be attached to them so that every time they're struggling they can call an advocate, and that when they want to go to a meeting they connect back with their advocate and say, you know, there's a meeting and I need you to come with me to support me because I feel stronger when you're there with me, that's usually when it moves over from sort of having a few phone calls to an advocacy.

\* (11:20)

We do anticipate changing our process as we move forward into the new mandate. Right now we have an intake level and an advocacy level. I believe that children shouldn't have to change workers in our office too. Lots of children experience multiple changes of workers inside the CFS system, and sometimes in mental health and addictions I'm sure as well.

So what we will be doing is we will be making everybody advocacy workers instead of having the two tiers, and when children phone and start to develop a relationship and tell their story to the advocacy worker, then that will be who stays with them so they don't have to keep repeating their story. And if they have a relationship with them, they don't have to sever that relationship and move on. They can just continue on with that relationship. It's better practice and it allows us to provide more advocacy responses to the anticipated increase in volume that we're going to be having.

**Mrs. Smith:** This is a question for the Child Advocate: Is the advocate involved in developing the customary-care model?

**Ms. Penrose:** No. No, we haven't been involved in the development of the customary-care model.

**Mrs. Smith:** A question to the minister: Is a rollout of customary care considered in the expansion of the office of the Child's Advocate mandate?

**Mr. Fielding:** We'd love to have her opinion on it.

**Mrs. Smith:** To the Child's Advocate: How will the advocate's new mandate suit a customary-care approach to child welfare?

**Ms. Penrose:** So, I think that we will have to look at what the customary-care process looks like, what their status is going to be and whether they fall within the eligibility of our new mandate. Certainly a lot of the kids may fall within that—within our mandate still, but they may not. I have to figure out what it looks like in its fulsome implementation before I can comment.

**Mrs. Smith:** To the Child's Advocate: What is the current process for foster parents to apply for permanent guardianship?

**Ms. Penrose:** For permanent guardianship? Well, right now they can apply to be guardians, as anybody can, for children through the court system, and they can apply.

**Mrs. Smith:** Do you believe that culturally relevant services should be provided in every foster-care home that's relevant to the child?

**Ms. Penrose:** Yes. I think this is where it becomes very important to hear the voice of a child. What is right for one child may not be right for another child, and we have to hear them. If children are expressing a desire to be culturally aware, we need to make sure that those opportunities are provided, and when children are young, that they are aware of the opportunities and the options for them so that they can make an informed choice about their beliefs and decisions as they grow up. But I believe that it's important for every child to understand their culture and to be given a voice as to how they're going to engage in it.

**Mrs. Smith:** Working in Seven Oaks School Division, I've seen many children—I actually used to teach early years—and many children living in non-indigenous homes starting to speak the language of the families that they were living with and identify as

that culture and losing who they were. So, when you're talking—you know, reading a book or whatever it is, they're not even able to identify with their own culture

So I wonder if you could speak to when do you think that—because I feel like there's a—or, I shouldn't say I feel—when does that come into play when we should start talking to children about, you know, what they think is best for them?

**Ms. Penrose:** Yes. My opinion is that we should start when they're very young, when they're babies, and we start reading about the culture, and we tell them stories, and we read them stories at night. As a parent, when you read your child a story, you pick stories that are important to the child and who you want that child's identity to be most like. And being able to work with foster parents about giving that child the very best opportunity to identify with who they choose to be as they grow up or who they feel comfortable being as they grow up is going to be the most successful process for helping them to identify and have good mental health.

So I believe that being—telling stories about all different cultures to children is important, and then helping them to identify the ones that they're belonging to and talking to them about options and choices as they grow up, that's important, especially when it is a cross-cultural home.

**Mrs. Smith:** Just a comment. So, working in Seven Oaks, we did see that there was a need there because of children identifying as another culture. So we did bring in some cultural evenings for our foster parents and our families and tried to do reunification work as well, with parents that were able to have contact with their kids, to bring them all together culturally so that these kids weren't receiving that at home but they were receiving it somewhere so that they were starting to, you know, develop their own identity so that they're not—we're not seeing a legacy that we're seeing with the residential school system: kids not knowing who they are, not able to speak their language, no knowledge of their cultural practices.

So I think, you know, for to do any service to kids we have to start including that in their care because we're doing a disservice to these children. If we're treating them as a blanket and we see 85 per cent of these kids that are in care are indigenous but yet we're providing very little cultural relevant services, practices, you know, giving them opportunities to engage, to go to a sweat, to go to a round dance, to go, you know, to a

sun dance, whatever it is, but exposing kids and having them decide whether that's something that they want to choose or not. But I think we really need to start looking at how do we incorporate that into their care, into their circle of care and how do we bring some of those knowledge keepers in, because we often don't value their knowledge because it's not the, you know, textbook, university knowledge, but it's, you know, the practice knowledge, the life knowledge. And, you know, these are respected elders in our communities, and we have to start helping kids to develop their own identities that are inclusive with where they come from. Otherwise, we're going to continue to be in this cycle; we're going to continue to see these numbers rise; we're going to continue to have kids live in non-indigenous homes in the future because our kids aren't going to be able to care for other kids in the future because they're—we're just going to keep repeating that cycle.

So, you know, I'm just, I'm—maybe you can just speak a little bit about where you're at in terms of thinking how do we create that kind of space for our kids so that they're not losing their identities.

**Ms. Penrose:** So I think that when I talk about that movement away from casework as usual and creating the support networks around children, part of that support network is their community that they come from, and having those community activities be something that they're part of and understanding where their community is and what that community looks like and having that connect back as part of their network and their supports for the child so that the child's only support and care and love isn't coming from the foster parents alone; it's coming from everybody who's relevant in the child's life and exposure to all of those cultural riches that they could be engaging in and being able to have an opportunity to be part of and to become part of their identity.

And that's why it's so important when you talk about even kids when they leave from one foster home to another and they go back home or they go and live with an auntie, all of those people could be part of who this child starts to consider is their network. And, you know, they have a kokum in the community and there is a sun dance going on in the community or an activity going on in the community that they can go to with their support networks or with their foster parent.

\* (11:30)

All of those pieces become in play when you start to look at a child as someone that we need to create the web, the support web, around so that they can tap into any one of those pieces as they grow up. That's what children need, is to be able to understand that they have options and different people who care and love them. And more people who love children, the better for the child. So I think that's part of how, when we look at moving forward and making sure that children have options available to them, is that they have a lot of people in their lives and that they can access those people, and those people enrich their lives as well.

**Mrs. Smith:** So I'd like to ask that same question to the minister as well about cultural—about keeping the culture alive for kids and giving them access and making sure that's a part of their plan.

**Mr. Fielding:** Well, first of all, I think that is important. And the core elements of our plan, No. 1 is reunification with family. That is the key element of that, and I think that can be accomplished through a number of different means, whether that you have agreements through customary care, we think, is important. We also entered into a partnership with Ma Mawi organization, family group conferencing. I think everyone recognizes the evidence is there that, for the most part, it's able to keep children with their families, they say, upwards of 70 per cent of the time. So that specific partnership should have an impact on close to 1,200 children to keep them with their families. We also think the feds can play a role in terms of that early intervention, prevention, the root causes to get—keep, you know, children out of care.

So, to get to your point with, you know, the—I know there's some discussions on the subsidized guardianship that's there. What we have said is that we want to provide financial supports to immediate family members and people within that family network if, for safety reasons, you cannot take on a child and reunite the families together. We think that's the utmost importance.

I think that culture and training, the first five recommendations of the TRC calls to action dealt with child welfare, that dealt a lot with that cultural piece. So I think, moving forward, and what we've clearly said is we want to hear from indigenous communities how this would work, said that at our southern chiefs meeting and in media reports recently, what we have heard is we need to incorporate the recommendations so the cultural

understandings and training that's a part of that and making sure that people are well versed similar to what was said in the TRC.

We also need to encourage, I think, more people in that immediate family, whether that's indigenous families or non-indigenous families, to take on the lifelong connection. That's really, we think, crucial that someone for the immediate family or the network can take on a lifelong connection. And the reasons why, evidence really suggests that someone that is in the child-welfare system, the life outcomes for these individuals, whether it be through homelessness, whether it be through the criminal justice system, you know, all these life outcomes are so much poorer when you have a child that, you know, is going through having 13, 14, 15 different foster homes as opposed to a lifelong connection specifically with the parents or a lifelong commitment from an individual.

So we truly think that that cultural training and what has been talked about TRC needs to be incorporated in that. When our customary-care legislation is introduced, we believe that a number of those items—and some are more directed towards the federal government, of course—but we think that is a key element of it and will be incorporated in the legislation through customary care.

And specifically to your point about any changes with subsidized guardianship, I think Daphne handled that, said exactly the process that has to happen. But we think that the recommendations TRC about, you know, culture needs to be applied there.

**Mrs. Smith:** Question to the minister. Has the provincial government consulted with the advocate on updates and changes to the CFS system?

**Mr. Fielding:** You're talking about the legislative review—the—yes, we met with the Children's Advocate before we introduced our reform principles, I'll call—we haven't introduced, of course, any legislation. We're in the process of engaging with indigenous communities, with SCO, MKO and MMF that are legislative—are agencies that are authorities that are—aid legislative, you know, delivering child welfare for the province. But the answer is yes, we did consult with the Child's Advocate before we introduced some of the process.

Again, there is—I know Children's Advocate will also be invited to participate. That invitation may have gone out. I know Mr. Micklefield's down shaking his head in a positive way, saying that the

advocate would be invited to present at the Legislative Review Committee. And again, what that committee does, it reviews the technical parts of the legislation, the two overarching pieces of legislation, the CFS act and the authorities act, to make sure we can make some changes. We've identified some areas of focus and we're excited to hear back from the community and the advocate in terms of a way forward in terms of legislation.

**Mrs. Smith:** This is to the advocate, to Daphne. What is the current process—oh, I already asked that one—sorry. What resources will agencies need to roll out the customary care?

**Ms. Penrose:** I think that it's going to depend very much on what customary care—the processes look like for achieving customary care. That's going to really speak to how—what resources are going to be required as we move forward for sure.

**Mrs. Smith:** Does the advocate believe that there is a need to develop a culturally sensitive risk assessment process used by child-welfare workers?

**Ms. Penrose:** I think that risk assessment needs to be culturally sensitive, for sure. I think that it's important that the family circumstance is considered when assessing risk. The most important thing is to understand how to assess risk and how to mitigate risk because there are a lot of things that can happen to mitigate some of the risk factors that are present in families and being able to provide cultural services while mitigating some of the factors that cause risk to children, and that really has to be important.

**Mrs. Smith:** I remember working at an agency in the '90s that forced kids to go to church. We had to restrain kids, put them in a van and drive them to church—yes. So, when I'm talking about culturally relevant services, I'm talking about children that are small that don't choose, maybe, to go to church or, you know, that want to go somewhere else but don't really have a voice.

How do we help those children have a voice in where they're living, what they choose, whether they choose to go to church or not, because maybe they believe in that; maybe they want to go, but that's not the practice of where they're living. Or they want to go to a sun dance, but that's not the practice of the foster parents that they're living.

How do we navigate that system to ensure that the kids are getting the services that they need?

**Ms. Penrose:** So I think that's a multi-layered question because I think that the family has to have some say in that, too. Sometimes children are taken into care for a very brief period of time and the families are very—have a very strong belief that their children should be raised in a certain way, and I think that social workers can talk to foster parents about what that looks like and what the family wants to do and how the family wants their child raised, and have the foster parent behave and expose the child in a way that their parents are really wanting them to be raised in.

A lot of children go home. Not all children stay in care. So it's important that we hear that voice and that, you know, when workers engage in relationships with their children and they—that the children—the children that are in care, and they come to understand the family cultural beliefs and what the family is wanting, what the child is wanting, the possibility of reunification, that's all part of the plan, and matching foster parents to children is important, too, because there's oftentimes foster parents who believe consistent with the parents and the possibility of placing there, especially when we start talking about safety networks for the family and family support networks, right?

A lot of times, friends of the family who are close to the children may be options for support and their belief systems are very in line with what the family believes, and so I think all of those pieces need to be looked at as services are provided to children who are coming into care, who have to come into care.

**Mrs. Smith:** Recently, I had one of my constituents contact me. Their children were apprehended. They were split up. Two went to a foster home; two went to the brother. The CFS came to the brother's house and wanted to apprehend the two from the brother and take them because they wanted all four together. The family was saying I want all four with my brother.

So there still are some gaps there. There still are instances where, you know, kids aren't—families aren't looked at as a first placement.

\*(11:40)

Our family was one of them. My two niece—well, my niece and nephew were taken into care and we had tons of people that could take care of them in our family, but it took us six months to actually get

them back into our care, and then they eventually went home.

But my question is: What were your findings in phase 1 of the advocacy for services program review that you completed in March, the findings of phase 1 of the Advocacy Services Program review that was completed in March.

**Ms. Penrose:** So the review of the office—

**An Honourable Member:** Yes.

**Ms. Penrose:** —of the advocate?

So right now I can't recall exactly the findings of the advocacy program review. I know that we have—because the new mandate is coming in, we've been looking at the advocacy services that were provided and how to customize those advocacy services for the new mandate that's coming in and how we can change those services to be more responsive. But the exact findings, I can't recall off the top of my head, but I can most certainly get those to you in short order.

**Mrs. Smith:** Question to the minister: Will the minister tell us when the government will introduce a customary-care bill? When? Spring, fall?

**Mr. Fielding:** Well, right now we're in the engagement process with northern—with the southern chiefs. We just had summit—two-day summit last week. We had—we have got one plan with MKO; I believe it's in mid-February—I don't have exact dates—and one is planned for MMF, Manitoba Metis Federation. Mr. Micklefield is involved, again, in that legislative review process; it's anticipated that he'll bring back his recommendations in March.

So I would say after March I get—probably be our intent to—I mean, you could—customary care is allowed right now. I mean, organizations and agencies can do that. In fact, we've got some agreements in the North and the south where they are doing facility test pilots; I guess we are 'facilitating.'

So I guess it would be our intent to introduce the customary care earlier than the overarching CFS reform. There is some options for us and we haven't—we want to make sure that all that consultation happens, and Mr. Micklefield brings back his report before we make final determination. So it will be before March.

**Mrs. Smith:** Question for Daphne: How can the provincial government work with parents, First Nations and indigenous leadership to ensure the best

interests of the child are protected when granting permanent guardianship orders?

**Ms. Penrose:** So I think a lot of the engagement piece is starting to happen, and First Nations communities are starting to be able to really express how they believe things should move forward.

I think that before children become permanent wards, I think that there needs to be consideration given to family and that the community should have input on that. Lots of times the community may be able to come up with a plan where somebody who could become family for that child could be—that child could be moved there and not become a permanent ward or they could—the plans really are endless, but we have to engage the First Nations communities about their children before we start talking about permanent orders, and giving the community the opportunity to figure out how to respond to the child's needs and is there a place in that community for the child, safely and appropriately.

So I think that consultation absolutely has to happen with indigenous leaders and communities and councils and grandmother councils too.

**Mrs. Smith:** Question for the Child Advocate. Can you tell me which communities—indigenous communities that you're working with?

**Ms. Penrose:** So we have visited a number of First Nations communities through our work, and we always, each and every time it's appropriate to do so, if we are investigating a child death, we attend the community to talk to community members and engage with family when it's appropriate. And we will often go to communities and give presentations. We went to 17 northern communities this past year. We've been through many of the communities in the southern area as well. We've been to some Metis communities as well.

And we do that for a variety of different reasons, whether it be to follow up on an investigation or to provide advocacy services or attend systems meetings and that kind of thing. So it's a wide variety of communities. What I will say is that over the coming years I hope to go to many of the communities in Manitoba myself so that I can talk directly to the youth in the communities and the leadership there. I hope to be able to see a lot of those folks and be able to have an opportunity to share with them and have them share their wisdom with me.

**Mrs. Smith:** Often what happens with governments is governments departmentalize, you know, First Nations. There's non-status that often get left out because they don't have kind of anybody representing them. Like, there's nowhere you can go visit to visit all the non-status Indians, right? And then you can't—you can go to MMF and meet with MMF because they, you know, represent the Metis people, if you have a Metis card, right? And there're so many people that are Metis that don't have cards.

But a lot of those children are falling through the gaps because they don't have a community that represents them. So how do we work with those children that don't have a First Nation, that don't have a Metis card, that are non-status?

**Ms. Penrose:** Well, and I think the answer to that is something that we've already talked about, about being able to talk to children about their identity and being able to share the different richnesses of the different cultures. And that doesn't necessarily mean they have to be CFS-involved. Many of the schools that we see in communities can start talking about the different cultures and the history and the richness of the different cultures and the identity pieces.

And, yes, it certainly is a more difficult journey when they don't have a specific community to go back to or to belong to. But certainly I think that there is work happening right now for Metis, and the Metis agency and Michif are doing a lot of work to really provide some of their kids with real cultural identity for those families that are open and receiving services from those agencies.

**Mrs. Smith:** Question again for you. Do you believe that some of this education should be happening in schools and be put into curriculum?

**Ms. Penrose:** Yes, you know, it's—every child—almost every child goes to school, and it's an amazing opportunity to use that time for teaching the history of different cultures and identity. And, you know, it's an important place for mental health wellness to happen, and not just because it could prevent them from coming to child welfare, but because it's what's healthy for them.

Right now, we're running a—the third phase of our mental health report, and we are doing Thrival Kits in schools with children from ages 8 to 12, and the feedback that we're getting is really positive. And these Thrival Kits are being used in schools to help children identify the great things about them, some coping pieces. And they're tangible products that

they have in their hands, and the feedback that we're getting is really positive. And we chose that age group because that's the age group, really, before we start to see kids not attending school as much, right? So the opportunity is there.

\* (11:50)

You know, we're partnering with Canadian Mental Health to do that, and the teachers are really engaged with it and they know that, you know, good mental health means better educational outcomes and better life outcomes. So I think that the school is a really good place.

But we have to be mindful that they're not the only place and they do have an education curriculum to put out too, right? And so how do we support that by putting things in there that's going to make that education stronger and richer? And educating about the different cultures is important too.

**Mr. Allum:** Now I just want to thank the Children's Advocate for the answers that we received today. I think we're impressed on this side of the table of your obvious energy and commitment for the job, and I want to just express that on our behalf.

Just a quick question for the minister. I was a little confused by an answer given by the minister around proclamation in which he used the pretty bizarre phrase, the near distant future, which he's—not the first time that that phrase has been used.

Could the minister tell us what the nearest distant future is when it comes to proclamation of the act?

**Hon. Cathy Cox (Acting Minister of Families):** My understanding of that is that, you know, we continue to have some more consultations. He indicated that we need to talk to the southern organizations and northern as well. And, as well, we are also having the discussion—Andrew Micklefield is leaving—leading the LRC. So I think that, based on that, that was the comment that he had regarding the near future.

**Mr. Allum:** I thank you for that.

The act has been passed by—unanimously by all parties in the Chamber. It's ready to go; it simply needs proclamation. I'm not sure where consultation follows into that. Is it possible to provide more definition from the government on when proclamation will have—like to give us a date?

**Mrs. Cox:** Again, thank you so much for that question.

And I think that the comments that the minister had put on the table earlier, you know, are where we're at with regard to the status of passing that legislation. So I look forward to it. I know that what we're doing is always ensuring that what we're doing is in the best interest of the children.

**Mr. Allum:** I appreciate that. But, if the minister's answer earlier is where the government's at, the phrase that was used was, the near distant future. So that sounds like right around the corner a hundred miles away. So what we're looking for is some sort of clarity on an act that was supported by all three parties in the House and wanting to get moving forward on it. If we can get some clarity on the actual date so that the Children's Advocate's new mandate—enhanced mandate can actually be implemented and we can move forward on it.

So we're a little troubled by why it's taking so long to do proclamation. So we're asking again. I'll ask one final time if the minister can provide us with some clarity on when proclamation will happen.

**Mrs. Cox:** And again I do appreciate that question. And on this side of the House everything that we do is in the best interest of the child, and I just want to reinforce that comment.

As the minister had indicated earlier, we are moving forward with it, and we really are very happy that it was unanimously accepted and voted on. So the minister will, once we've had all of these discussions, consultations, you know, ensure that it's proclaimed. Thank you.

**Mr. Allum:** Okay. Thank you for that.

So, when will all of these other consultations—when will the member for Rossmere's (Mr. Micklefield) committee, when will that be finished and done? When will the other consultations with all of the stakeholders that you've identified—when will they be done? Could we get some precision and some clarity on when these things will be wound up, or are they simply open-ended to go on for an extended period?

**Mrs. Cox:** I believe that the minister has indicated earlier that the member from Rossmere will have that—those discussions and consultations completed by March. So, following that, you know, I believe that we're going to move forward. I can't give you a definitive date, but we need to ensure that this whole

process is done correctly and right and follow that process.

**Mr. Allum:** I thank the minister for that.

I just have one final question, more for the Children's Advocate. In 2015, I think, Healthy Child commissioned a report from the Manitoba Centre for Health Policy on educational outcomes for kids in care. We then followed that up—and I was minister of Education at that point—with a task force on kids and educational—educational outcomes for kids in care. That task force was co-chaired by Kevin Lamoureux, who is currently, I think, VP for Indigenous Affairs at the University of Winnipeg, along with Tammy Christensen, Ndinawe. And I know that the current deputy minister was at Marymount at the time. He was a part of—acknowledged as a member of that committee.

So I want to ask: Are you familiar with that report? Are you familiar with the 10 recommendations that were made in that report? And there was also ongoing work that was to be done. Are you—will any work be done in light of the recommendations that were made by that very good committee who was really on the front lines of trying to address very practical questions for kids in care in relation to educational outcomes?

**Ms. Penrose:** I'm not aware of that report, but most certainly if I could get an opportunity to access it, and I will, I think that I'd be very interested in that and especially with the new mandate coming and our responsibility to advocate for children who are receiving independent education plans, who are also entitled to receive independent education plans from the Province.

So, yes, very much, I'm interested in that but haven't—I haven't read it.

**Mr. Allum:** Well, I thank you for that. And so a task force on educational outcomes for kids in care, I believe it was January 2016, Kevin Lamoureux, Tammy Christensen as co-chairs, along with a very extensive membership of the task force. So thank you for that.

**Mrs. Smith:** Question for the minister: In light of this new mandate, is there going to be more resources allocated to the child's advocacy office to roll out that mandate and support children?

**Mrs. Cox:** I don't believe that is a question that's appropriate for this committee today. I'm—I believe

that there is another area that we discuss finances and support.

I'm not sure. Is that correct?

**Madam Chairperson:** So these are questions that are dealt with in LMAC, and there's a more appropriate venue for those questions to be asked and answered.

So do you have another question, Mrs. Smith?

**Mrs. Smith:** I'll direct my question to the Child's Advocate, then.

Does the Child Advocate believe that more resources are needed to support kids with this new mandate? *[interjection]*

**Madam Chairperson:** Ms. Penrose

**Ms. Penrose:** Sorry.

**An Honourable Member:** Point of order, Madam Chair.

#### Point of Order

**Madam Chairperson:** On a point of order, Mr. Micklefield.

**Mr. Andrew Micklefield (Rossmere):** The work of LAMC is not the purview of this committee, and those financial discussions are not the purview of the current discussion. I would submit that for your consideration and not certain that we should be getting into those details at this time.

**Madam Chairperson:** Mr. Allum, on the same point of order.

**Mr. Allum:** I think the question doesn't involve the work of the LAMC in any way; it was a direct question to the Children's Advocate about the kind of resources that are required in order to support the new mandate, and the question was: At this point in time, are there sufficient resources available to support the new mandate or not? That was simply the question that was asked.

**An Honourable Member:** Yes, we'll just reframe it that way.

So is there sufficient resources to carry out your new mandate?

\* (12:00)

**Madam Chairperson:** I am going to encourage the honourable member to rephrase the original question,



and if that is done within the rules, then I will rule that it is not a point of order.

\* \* \*

**Mrs. Smith:** Does the Child's Advocate believe that she has sufficient resources at this time to support the new mandate that the office of the Child's Advocate has?

**Ms. Penrose:** So we've done extensive research across the country about similar legislations and we have put in a proposal for what we feel would be sufficient resources to execute the very, very significant expansion that this mandate is going to be and the increased work that would be provided to that. So we have done that work around identifying the resources needed.

**Mrs. Smith:** I think we're up for time, but I just want to, you know, again, reiterate that you're doing great work. You know, I'm very pleased with, you know, the work that you're doing and how you answered the questions and I know that your heart's in this work and in the right place.

So, just again, commending you and your work and everyone that's here. You know, this is about kids. This is, you know, making sure that we have kids that are in safe places and that they're growing

up to be, you know—growing up and not dying in care and that they're going on to be contributing citizens and with their identities intact, so thank you very much.

**Madam Chairperson:** The committee previously agreed to rise after two hours and we have reached that time. We are now going to pose the question.

Annual Report of the Children's Advocate for the fiscal year ending March 31st, 2016—pass.

Shall the Annual Report of the Children's Advocate for the fiscal year ending March 31st, 2017, pass?

**Some Honourable Members:** Yes.

**Some Honourable Members:** No.

**Madam Chairperson:** I hear a no. The report is not passed.

This now concludes the business before us.

The hour—oh, sorry. Before we rise it would be appreciated if the members would leave behind any unused copies of the reports so they may be collected and reused at the next meeting.

The hour being 12:03 p.m. the committee rise.

**COMMITTEE ROSE AT: 12:03 p.m.**

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