

THE OFFICE OF THE CHILDREN'S ADVOCATE

Annual Report
2014-2015



Children's
Advocate

THE OFFICE OF THE CHILDREN'S ADVOCATE

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Annual Report **2014-2015**



Children's
Advocate

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ABOUT THE OFFICE OF THE CHILDREN'S ADVOCATE

VISION STATEMENT

A safe and healthy society that hears, includes, values, and protects all children and youth.

MISSION STATEMENT

To ensure the voices of children and youth involved with the child welfare system are heard. As an independent office, we advocate for systemic changes for the benefit of children and youth under *The Child and Family Services Act* and *The Adoption Act*.

HEARS, VALUES, INCLUDES, & PROTECTS ALL CHILDREN AND YOUTH



What We Do

The Office of the Children's Advocate (OCA) is an independent office of the Manitoba Legislative Assembly. We are here to represent the rights, interests, and viewpoints of children and youth throughout Manitoba who are receiving, or are entitled to be receiving, services under *The Child and Family Services Act (CFSA)* and *The Adoption Act*. We do this by advocating directly with children and youth, or on their behalf with caregivers and other stakeholders. Our advocacy also involves reviewing services after the death of any young person where that young person or their family was involved with child welfare at the time of the death or in the year that preceded the death of the child.

The children's advocate is empowered to review, investigate, and provide recommendations on matters relating to the welfare and interests of these children and youth.

We also promote the *United Nations Convention on the Rights of the Child (UNCRC)*. This guiding document, which Canada ratified in 1991, describes more than 40 central human rights specific to children.

Guided by Best Interests

We carry out our role according to the best interests provisions of both *The Child and Family Services Act* and *The Adoption Act*. This means that in all of the activities carried out by the staff of The Office of the Children's Advocate, the best interests and safety of children and youth are our top considerations.

The Importance of Having an Independent Children's Advocate

The independent status of The Office of the Children's Advocate is vital. It allows the children's advocate to freely challenge the system and work for change to practices, policies, or legislation when they are not meeting the best interests of children and youth.

"Independent" means that the government of Manitoba does not oversee The Office of the Children's Advocate. We are separate and apart from the child welfare system; we are not a child welfare agency.

Children are in particular need of advocates. They have a voice but virtually no legal power to make anyone listen to them. Our experiences speaking with children and youth in the child welfare system reveal that they sometimes feel they have no say in what happens to them.

MESSAGE FROM THE CHILDREN'S ADVOCATE

In accordance with Section 8.2 (1) (d) of The Child and Family Services Act, I respectfully submit this document as my annual report for the time period beginning April 1, 2014, to March 31, 2015.

Children have the right to special care and protection because they have unique vulnerabilities as a result of their natural dependency. The *United Nations Convention on the Rights of the Child* points out our collective responsibility as adults to ensure all public and private environments foster the safe and healthy development of children. We all have a role to play in nurturing Manitoba's youngest citizens.

Our report theme this year focuses on children from birth to ten years old. This is a critical time in development, and one that demands we provide children with an environment designed to listen to them and actively respond to their needs. When we do not adequately support children, there are significant costs to our society and it can create a continuous echo. Young children have important opinions and ideas. When we consider their views we can ensure that we provide what is needed so each child has the opportunity to develop to reach his or her potential.

The staff at The Office of the Children's Advocate (OCA) work every day to understand and respond to the needs of young people and to hold decision-makers accountable with respect to commitments that are in the best interests of children. Many of those efforts are described in the pages of this report. We highlight our work on behalf of children aged 10 and younger this year to illustrate the greater vulnerability of this population.

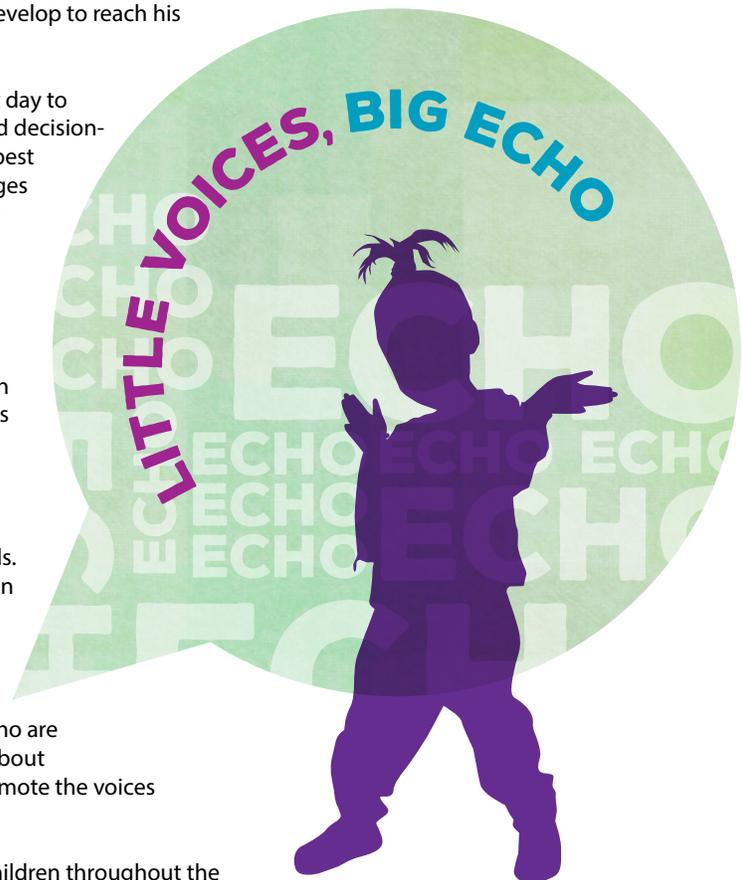
We dedicate significant resources to raising issues important to the lives of young children. This year we again made formal recommendations about important services such as early intervention and trauma care. We called on the government and public systems to offer services that strengthen families so children can be safe at home when possible.

Our ongoing advocacy on behalf of young people led to several initiatives we undertook this year responding to their unique needs. For example our *Megaphone* series of publicly available information sheets included two special editions—one on the issue of safe sleep for babies and one on water safety. Both have been ongoing areas of concern for our office. We have also continued to focus our resources on reaching out and providing information and support to extended family members and alternative caregivers, who are valuable supports for young children. In this report you will read about additional projects undertaken by this office that also serve to promote the voices and ideas of young people around the province.

Because we know Manitobans support improving outcomes for children throughout the province, I invite you to join us in striving to create a province that hears, values, includes, and protects each one of them. Incredible potential exists in the minds and spirits of our youngest citizens, and they need all of us to help them experience the possibilities.



Darlene MacDonald,
MSW, RSW



EXECUTIVE SUMMARY

The OCA ensures that the voices of children and youth involved with the child welfare system are heard.



CHILDREN'S ADVOCATE
Darlene MacDonald,
MSW, RSW



The experiences children have between birth to 10 years of age have tremendous impact on the rest of their lives. Because of their stage of development, we need to take special care to ensure we understand and respond quickly to the needs of young children.

Even the smallest voice has the right to be heard.

ACTIVITY HIGHLIGHTS

- We completed 112 trips in and beyond Manitoba in our work this year. We had contact with 129 residential facilities.
- We spoke out urging the government to take action on recommendations made in the final report of the Phoenix Sinclair Inquiry regarding the independence of the OCA as well as expansion of our mandate.
- We issued two special editions of our province-wide newsletter, *The Megaphone*. The editions focused on the topics of water safety and safe sleep for babies. 
- We completed phase one of our study examining changing patterns of youth suicide in Manitoba. We also issued a special suicide prevention newsletter on World Suicide Prevention Day.
- Our Quality Assurance Program completed an evaluation of our Special Investigations Review Program. The evaluation identified program strengths as well as areas to enhance our advocacy.
- We celebrated the 25th anniversary of the *United Nations Convention on the Rights of the Child* (UNCRC) with a birthday party at the Manitoba Children's Museum, a contest to be Children's Advocate for a Day, as well as the launch of special promotional items to raise awareness about the rights of children. 

SERVICE STATS

ADVOCACY SERVICES



238	Cases Carried Forward From Last Year
2,283	Cases Opened
2,315	Cases Closed
206	Cases Carried Forward To Next Year

SPECIAL INVESTIGATION REVIEW SERVICES



35	Reviews Carried Forward from Last Year
49	Reviews Opened
56	Reviews Completed
28	Reviews Carried Forward to Next Year

*NOTE: Due to our office reopening a case last year, we carried 35 reviews forward from 2013-2014.

GENERAL THEMES

Adverse Childhood Experiences

Almost all children who enter care have experienced trauma. Research shows a strong link between the number of adverse childhood experiences and future health and well-being. These links include risky behaviour, psychological issues, and serious illness. There has been promising research in the areas of prevention as well as a reduction in the effects of these negative experiences. We urge robust investment in these approaches, which involve family and community-based interventions as well as economic and social policy.

Water Safety

Since 2008, when our office received the mandate for child death reviews, 31 children have died by drowning in Manitoba. Twenty-one of those children were six or younger. Of the 14 drowning deaths that met the criteria for a special investigation review, nine were age six or younger. Our recommendations in those cases related to caregiver water safety training and water safety planning for young children. We continue to support the call for further research into the most practical strategies for addressing and reducing the risk of drowning for all children in our province.



Ensuring Quality of Care

Careful case planning is important for young people of all ages in the child welfare system. For young children, the stakes are particularly high because of their stage of development. A keen understanding of risk factors related to attachment and developmental growth is critically important. When young children are pre-verbal, they may act out their distress in ways that are difficult for adults to interpret.

SOMMAIRE

Le BPE veille à ce que les voix des enfants et des jeunes inscrits dans le système de protection de l'enfance soient entendues.



LA PROTECTRICE DES ENFANTS
Darlene MacDonald,
M.S.S., trav. soc. aut.

THÈME DU RAPPORT ANNUEL :

DES PETITES VOIX,
MAIS UN

écho

PUSSANT



Les expériences des enfants depuis la naissance jusqu'à l'âge de dix ans ont des incidences majeures sur le restant de la vie. En raison de l'étape du développement des jeunes enfants, nous devons faire particulièrement attention et faire en sorte de comprendre leurs besoins et d'y répondre.

Même la plus petite voix a le droit de se faire entendre.

POINTS SAILLANTS DES ACTIVITÉS

- Dans le cadre de notre travail cette année, nous avons effectué 112 déplacements au Manitoba et à l'extérieur de la province. Nous avons eu des contacts avec 129 établissements.
- Nous avons exhorté le gouvernement à donner suite aux recommandations formulées dans le rapport définitif de l'enquête sur Phoenix Sinclair au sujet de l'indépendance du BPE et de l'élargissement de son mandat.
- Nous avons publié deux numéros spéciaux de notre bulletin provincial, *The Megaphone*. Ces numéros étaient consacrés à la sécurité aquatique et au sommeil sécuritaire des bébés.
- Nous avons terminé la première étape de notre étude sur l'évolution du suicide des jeunes au Manitoba. Nous avons également publié un bulletin spécial sur la prévention du suicide à l'occasion de la Journée mondiale de prévention du suicide.
- Dans le cadre de notre Programme d'assurance de la qualité, nous avons terminé l'évaluation de notre Programme d'examen des enquêtes spéciales. L'évaluation a mis en évidence les points forts du programme ainsi que les domaines à améliorer en matière de défense des droits.
- Nous avons célébré le 25^e anniversaire de la *Convention des Nations Unies relative aux droits de l'enfant* en organisant une fête au Manitoba Children's Museum, un concours permettant au gagnant d'être protecteur des enfants pendant une journée, ainsi que le lancement d'articles publicitaires destinés à sensibiliser la population sur les droits des enfants.



STATISTIQUES SUR LES SERVICES

SERVICES DE DÉFENSE DES DROITS

238	Dossiers reportés de l'an dernier
2 283	Dossiers ouverts
2 315	Dossiers fermés
206	Dossiers reportés à l'année prochaine

SERVICES D'EXAMEN DES ENQUÊTES SPÉCIALES

35	Examens reportés de l'an dernier
49	Examens entamés
56	Examens terminés
28	Examens reportés à l'année prochaine

*NOTA : En raison de la réouverture d'un dossier par notre Bureau l'an dernier, nous avons reporté 35 examens de 2013-2014.

THÈMES GÉNÉRAUX

Expériences négatives dans l'enfance

Presque tous les enfants qui sont pris en charge ont vécu des expériences traumatisantes. Les recherches montrent qu'il existe des liens très forts entre le nombre d'expériences négatives vécues pendant l'enfance et la santé et le bien-être plus tard dans la vie. Cela inclut notamment les comportements à risque, les problèmes psychologiques et les maladies graves. Les recherches sont également prometteuses dans les domaines de la prévention et de la réduction des effets de ces expériences négatives. Nous recommandons vivement d'investir dans de telles approches, qui nécessitent l'intervention des familles et des collectivités ainsi que l'adoption d'une politique économique et sociale.

Sécurité aquatique

Depuis l'année 2008, lorsque notre bureau a été chargé d'examiner les décès d'enfants, 31 enfants sont morts de noyade au Manitoba. Parmi eux, 21 étaient âgés de six ans ou moins. Sur les 14 victimes dont le dossier respectait les critères nécessaires pour faire l'objet d'un examen d'enquête spéciale, neuf étaient âgées de six ans ou moins. Nos recommandations sur ces dossiers ont porté sur la formation des fournisseurs de soins à la sécurité aquatique et sur la planification de la sécurité aquatique pour les jeunes enfants. Nous sommes toujours d'avis qu'il est nécessaire de pousser les recherches pour trouver les stratégies les plus pratiques afin de réduire les risques de noyade pour tous les enfants de notre province.



Assurer la qualité des soins

La planification rigoureuse des dossiers est importante pour les jeunes de tout âge dans le système de protection de l'enfance. Pour les jeunes enfants, les enjeux sont particulièrement élevés en raison de leur étape de développement. Il est fondamental de bien comprendre les facteurs de risque liés à l'attachement et à la croissance. Au stade préverbal, les jeunes enfants expriment parfois leur détresse par des façons que les adultes ont du mal à interpréter.

Overview OF INITIATIVES AND ACTIVITIES

REGIONAL VISITS

This year, The Office of the Children's Advocate (OCA) made 112 trips in and beyond Manitoba. We met with youth, service providers, and other organizations in communities. Our visits were for case-specific reasons, to connect with residential facilities for children in care, for purposes of community outreach or presentations, and also to attend conferences. We had contact with 129 residential facilities and had additional contacts in person and by phone. We provided rights education and advocacy services information to both the young people residing in these facilities and to their care providers.

Amaranth
Arborg
Ashern
Austin
Beausejour
Birtle
Brandon
Blumenort
Brokenhead
Carberry
Clandeboye
Cormorant
Cranberry Portage
Dauphin
Flin Flon
Garden Hill
Grand Rapids
Grunthal
La Broquerie
Lynn Lake
Middlebro
Morden
Morris
Nelson House

Oak Bluff
Peguis
Portage la Prairie
Powerview
Pukatawagan
Roseau River
Russell
Ste. Anne
St. Laurent
St-Pierre-Jolys
St. Theresa Point
Sagkeeng
Sandy Bay
Selkirk
Shamattawa
Sprague
Steinbach
Stonewall
Swan Lake
The Pas
Thompson
Wasagamack
Winkler
York Landing



VISITED 48
COMMUNITIES

CALL TO END DELAY IN LEGISLATIVE CHANGES

In January we expressed disappointment in the government's slow response to the recommendations pertaining to our office published in the Phoenix Sinclair Inquiry report.

The report's commissioner, the Honourable Ted Hughes, urged the government to act quickly to give the OCA a stronger mandate that extends advocacy support to children and youth receiving public services beyond child welfare. It also recommended stand-alone legislation that would extract the OCA from *The Child and Family Services Act*, making it a truly independent voice for children and youth.

More than a year after the government received these recommendations, we still have no clear commitment or timelines for their implementation. This has left countless vulnerable youth receiving services from other publicly funded systems (e.g. education, justice, health) without equitable advocacy. This year, we received 213 requests for advocacy that were beyond the scope of our mandate. Considering that most other provinces have enacted independent and broad mandates for their child and youth advocates, Manitoba is lagging far behind.

To read our public statements speaking to this issue (October 8, 2014 and January 27, 2015), visit the resources section of the OCA website.

TRAVELLED TO OTHER PROVINCES 11 TIMES

We travelled to other provinces a total of 11 times to attend and present at conferences as well as to attend meetings with the Canadian Council of Child and Youth Advocates (CCCYA) and the Child Welfare League of Canada (CWLC):

Moncton
Ottawa
Regina
Saskatoon
St. Catharines
Toronto
Vancouver



SUBMITTED BY A YOUTH

CONFERENCES AND PANELS

Children in Care Panel



In March our office participated in a panel discussion hosted by the Institute for International Women's Rights - Manitoba entitled *Children in Care: What Manitoba Should Know*. The event allowed us to provide attendees with

general information about the role of our office. We also delivered presentations on the value of systemic research in informing our advocacy for young people, as well as the importance of privacy protections for children and youth impacted by public service delivery.

Social Work Conference

OCA staff members presented at the Congress of the Humanities and Social Sciences and the CASW/CASWE National Joint Social Work Conference at Brock University in May 2014. This is Canada's largest multidisciplinary gathering of scholars. The theme of the conference was *Borders without Boundaries: Navigating the New Frontiers of Social Work*. We presented on the topic of the professional and social vulnerabilities that exist at the intersection of social media and child welfare. We also presented on how to create a supportive social work practice in a dynamic frontier where personal boundaries are challenged regularly.

Canadian Council of Child and Youth Advocates

As part of CCCYA activities, we were part of a call to action delivered to the Council of the Federation representing Canada's first ministers in advance of its fall meeting. The letter urged provincial premiers to take action on the disproportionate number of Aboriginal children in care across the country by creating a coordinated, national response to this crisis. It included specific national solutions for consideration. Visit the resources section of our website to see the letter to the Federation outlining these provisions.

Starfish Award

The deputy children's advocate received the Starfish Award from the 6th National Biennial Conference on Adolescents and Adults with Fetal Alcohol Spectrum Disorder (FASD). The award is given to those who have made a difference on the issue of FASD.

UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD - AWARENESS ACTIVITIES

Birthday Party for the UNCRC



To celebrate the 25th anniversary of the *United Nations Convention on the Rights of the Child* (UNCRC), we held a birthday party at the Manitoba Children's Museum. Attendees included children and youth involved with child and family services agencies as well as their caregivers, parents, workers, and other community members.



Children's Advocate For A Day Contest

To promote greater knowledge of the UNCRC, we ran a pilot project in four high schools. We made presentations on the rights of youth and invited students to create visual or written works that depict how the UNCRC applies to their lives. The contest winners became honorary children's advocates for a day and received wearable sashes with this designation along with certificates of appreciation. Some of the creative visual submissions are featured throughout this report.

With the pilot project complete, we plan to expand this initiative and have already carried out additional awareness and rights presentations to a number of other Manitoba schools.

Poster and Pen Promotion

We designed a new child-friendly poster identifying every article outlined in the UNCRC. The poster is in wide distribution throughout the province.

We also created pens to give to children and youth that feature a pullout flag listing the articles in the UNCRC. These have been very popular.



NEWSLETTER SPECIAL EDITIONS

Water Safety

We dedicated an entire issue of our general newsletter, *The Megaphone*, to the topic of water safety. This issue is of particular importance to communities close to water. It was the first time we distributed our newsletter to all First Nations health directors in the province. This publication is in high demand with requests for many more copies than our office was able to produce, speaking to the intense interest in an issue that is related to a number of child deaths and injuries in our province. A digital version of the newsletter is located in the resources section of our website.



Safe Sleep for Babies

Without careful design and caregiver monitoring, sleeping environments can increase the risk of death for infants. Each year, our office is notified of infant deaths where risks in the baby's sleep space are identified. To advocate for safer sleep environments, we created a special edition of *The Megaphone* focused on sudden unexplained infant death (SUID) and sudden infant death syndrome (SIDS).



Hope Rising Suicide Prevention Newsletter

We published a new edition of our youth suicide prevention newsletter, *Hope Rising*, on World Suicide Prevention Day. This edition focused on real-time and online bullying prevention.

YOUTH SUICIDE STUDY: THE CHANGING FACE OF YOUTH SUICIDE IN MANITOBA

Last year we embarked on a multi-year study on youth suicide with a faculty research group from the University of Manitoba. We analyzed the potential impacts that a wide range of traumatic experiences and known risk factors had in the lives of 50 youth who died by suicide in Manitoba. These were young people who had child welfare involvement, meeting the criteria for a special investigation review. We have completed the first of three phases of this study, which is available on our website under "special reports" in the resources section.

Phase one analysis confirmed that the traditional view of suicide and who is at highest risk is no longer accurate. Of the 50 files we examined, the average age at death was 15 years, there were more females than males, and the dominant method of suicide was hanging. This shift has significant implications for prevention and intervention work in Manitoba.

As we explore the risk factors for these youth, we have identified major themes including poor school attendance, previous hospitalization, involvement with the criminal justice system, documented suicidal ideation, parental or youth substance misuse, and high rate of placement instability.

Phase two of this project will compare the 50 youth who died by suicide to a control group of their peers who were also involved with child welfare. In phase three we will develop evidence-informed resources designed to support ongoing prevention and support efforts of family members, peers, and community organizations.

*So if you feel me and hear me
out where I'm comin' from
You'll understand the upperhand
isn't given to everyone.*

**EXCERPT FROM *RUNNING*,
SUBMITTED BY A YOUTH**

QUALITY ASSURANCE ACTIVITIES

SPECIAL INVESTIGATIONS AND ADVOCACY PROGRAM REVIEWS

From June 2014 until March 2015 the Quality Assurance Program conducted a program evaluation on the Special Investigations Review (SIR) Program. Data was collected by conducting one-on-one interviews with SIR staff, focus groups with external stakeholders, administering a survey to staff at the OCA, and conducting a review of data from selected SIR reports. The purpose of this evaluation was to achieve the following:

- Document and describe the historical development of the SIR Program
- Enhance stabilization of the program by collaboratively working with internal and external stakeholders to gain an understanding of the program's strengths as well as areas for improvement
- Look at the future direction of the program

The program evaluation resulted in recommendations related to the special investigations review process and reports. It also provided a summary of the feedback from internal and external program review contributors about the future direction of the SIR Program. An executive summary of the report is located on our website in the resources section under "special reports."

In the upcoming fiscal year, the Quality Assurance Program will initiate an evaluation of the OCA's Advocacy Services Program. This review will include an examination of program structure, service delivery, feedback from service recipients and other internal and external sources, future direction of the program, and best practices.

COLLECTING AND ORGANIZING RECOMMENDATIONS

Our Quality Assurance Program enhanced and maintained an information management tool for gathering the response to and progress of recommendations our office makes to agencies and other organizations. It also includes the gathering of recommendations stemming from public inquests and inquiries related to deaths of Manitoba children. This tool allows our staff to review the issues our office has raised previously as well as the response from the system. In this way, we can more easily look at trends and themes over time.

In the case of child death reviews, it is the Manitoba Ombudsman that tracks progress on recommendations our office has made. Within our current legislation, there is no requirement for our office to be notified of actions on the part of the system in response to our recommendations. To close this gap, the ombudsman has started to include our office in communications with agencies on these matters and frequently requests our analysis on the completeness of responses to recommendations.

The province has indicated that future legislative amendments will require responses to the recommendations we make to be reported directly to our office.



SUBMITTED BY A YOUTH

Introducing Wavy Baby!



We are thrilled to announce the arrival of Wavy Baby, who is the younger, gender-neutral sibling of our beloved office mascot The Wavy Guy. Wavy Baby is ready for snuggles and mini high fives with the younger children we meet in our work and in the community. Both of our mascots help us to engage with children and youth and raise awareness about their rights and the role of the children's advocate.

Federal Tribunal on Human Rights

The children's advocate and a senior staff member attended the closing arguments in Ottawa of a tribunal on First Nations child welfare issues including the inequities of services to First Nations families as the result of federal and provincial funding disparities. OCA staff also witnessed the proceedings, available via online streaming.

Consultation on Community-Based Supports

We participated as consultants in a research project carried out by the Manitoba division of the Canadian Centre for Policy Alternatives that looked at community-based supports for families involved in the child welfare system.

Canadian Museum for Human Rights

In the first few months of the museum's opening, it organized a committee to assess the child-friendliness of its content and facilities. The OCA took part in this multidisciplinary working group.

Reducing Youth Homelessness

The Social Planning Council of Winnipeg and Resource Assistance for Youth organized a summit on the connection between child and family services and youth who experience homelessness. We also participated in the summit's executive session to discuss possible activities and commitments for advancing a strategy to reduce youth homelessness.

Human Rights and Well-Being in Schools

A researcher from the University of Manitoba Faculty of Education invited the OCA to participate in a study surveying a panel of experts on human rights and the well-being of children, particularly in school. The study sought to identify key indicators of child well-being as they relate to the role that a children's rights perspective can or should play in such assessments.

Digital Storytelling Project

In partnership with Broadway Neighbourhood Centre and Just TV, we are working with young people to create and record stories about issues important to them. Their videos will be released in fall 2015.

Youth in Care Canada

We were able to support two youth from VOICES: Manitoba's Youth in Care Network to attend Youth in Care Canada board meetings this past December. Youth in Care Canada gives a national voice to youth in and from care and promotes improvements in the child welfare sector.

3rd Annual Santa Claus Parade Party

Taking advantage of the location of our office along the Santa Claus Parade route, we again held a block party for children and youth in care along with their caregivers.



Giving Back

OCA staff members support the All Charities Fundraising Campaign annually. For the third year standing, the level of our contributions resulted in receiving the Small Office Outstanding Achievement Award.

LEARN MORE ABOUT THE OCA

We made 25 public education presentations to community groups and organizations in Manitoba this year. Contact us if your group would like a presentation.

WE WERE THERE!



It is our honour to attend numerous community activities throughout the year. These events help us to keep abreast of developments and initiatives in our province's child welfare agencies and other community organizations. Many of these events celebrate and recognize youth and give us an opportunity to raise awareness about the role of The Office of the Children's Advocate.



Welcoming youth downtown in Winnipeg for We Day 2014



Kids in Kare annual summer picnic



All Children Matter Forum



Michael Champagne emcees our celebration of children's rights



The children's advocate, Darlene MacDonald, discusses education rights with a young activist



Staff present at a national conference about continuing to innovate to support diverse clients



Community rally in Winnipeg's North End



The Wavy Guy - Manitoba's happiest and gentlest mascot!



Earl Cook Classic hockey game



The Wavy Guy congratulates a young dancer after her Red River Jig performance at our UNCRC birthday party



Sarah "The Awesome" LaCroix entertains at our children's rights party



Staff present at a national child welfare conference at Brock University



Our deputy and staff attend the All Children Matter forum



Our volunteers greet community members at our annual Santa Parade block party



At the annual garbage bag fashion show to support VOICES: Manitoba's Youth in Care Network



FAMILY

RIGHTS

LITTLE VOICES, BIG

ECHO

HELP

CULTURE

ATTACHMENT



Review OF SERVICES

ADVOCACY

In 2014 - 2015, The Office of the Children's Advocate (OCA) received a total of 2,418 service requests.

Advocacy services cover a wide range of activities including the following:

- Reviewing child welfare involvement
- Establishing contact with the appropriate child and family services agency
- Meeting with children and youth to help them express their views and understand the decisions being made by stakeholders in their care plan
- Attending meetings to provide direct advocacy support for a child or youth

More complex cases might include matters where the issues identified are multidimensional or involve a lack of community or family resources to meet the identified needs. We have been involved in cases where there are significant interpersonal or environmental breakdowns that require intervention by one or more service providers.

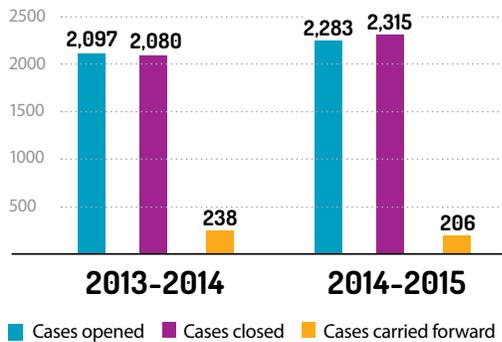
When we become aware of emerging trends in the concerns requiring advocacy, we analyze and address those concerns to see if there are systemic issues at play. This may result in broader advocacy work and special reports.

This year, we initiated systemic reviews on issues related to children in hotels as well as the Child and Family Services Information System (CFSIS).



SUBMITTED BY A YOUTH

CASES OPENED



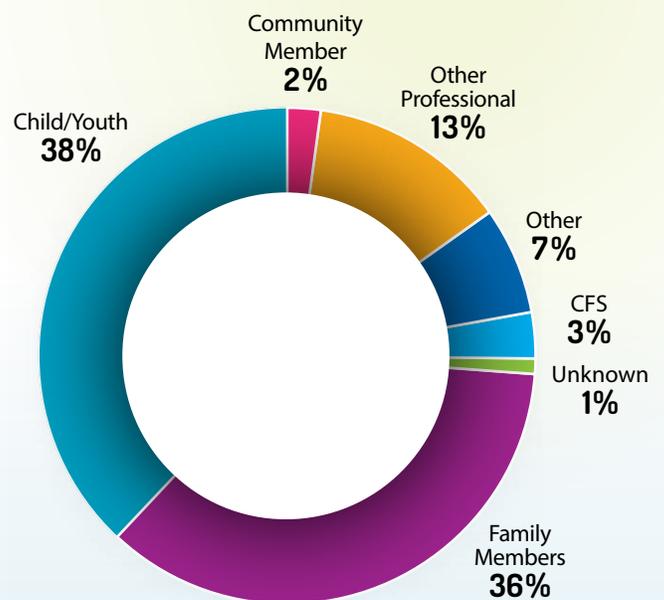
*Note: Not all requests for service result in a case opening.

A file opening does not represent the number of children served as part of that case or reflect its level of complexity. For example, when we have contact with a sibling group, we open just one file under the name of the oldest sibling, even though we may provide advocacy services to all of the children.

WHO CONTACTED THE OCA FOR ADVOCACY SERVICES

Children and youth as well as their family members are the ones most likely to contact the OCA for services as illustrated in the chart below. These statistics have remained relatively consistent compared with the last fiscal year.

However, the actual numbers of children and youth contacting us this year continued to increase.

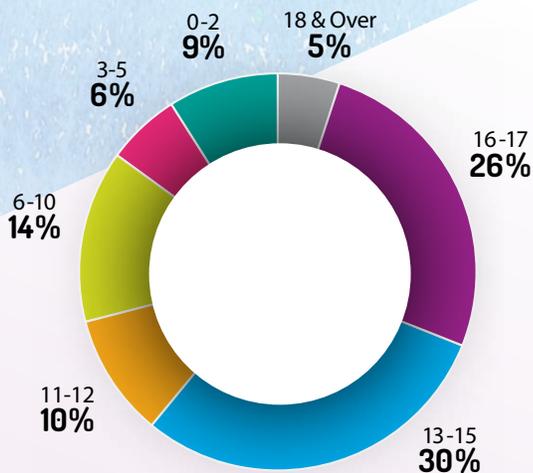


Most individuals made contact with our office by phone (83%) followed by in-person visits (13%). The remaining contacts were made through our website, fax, mail, or by email.



THE CHILDREN AND YOUTH WE SERVE

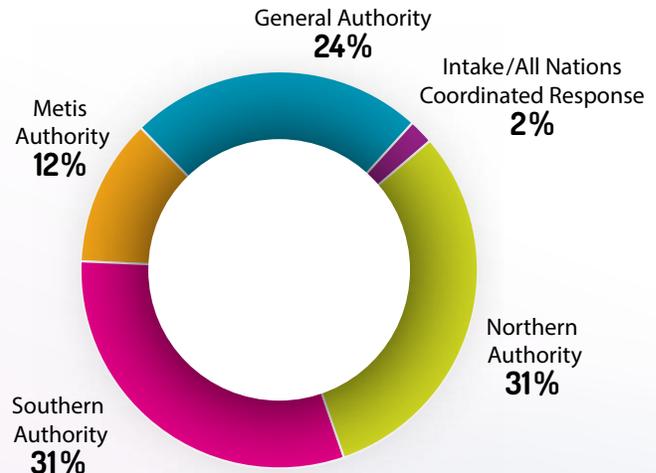
AGE OF CHILD OR YOUTH



Note that 29% of the children we serve are 10 years or younger.

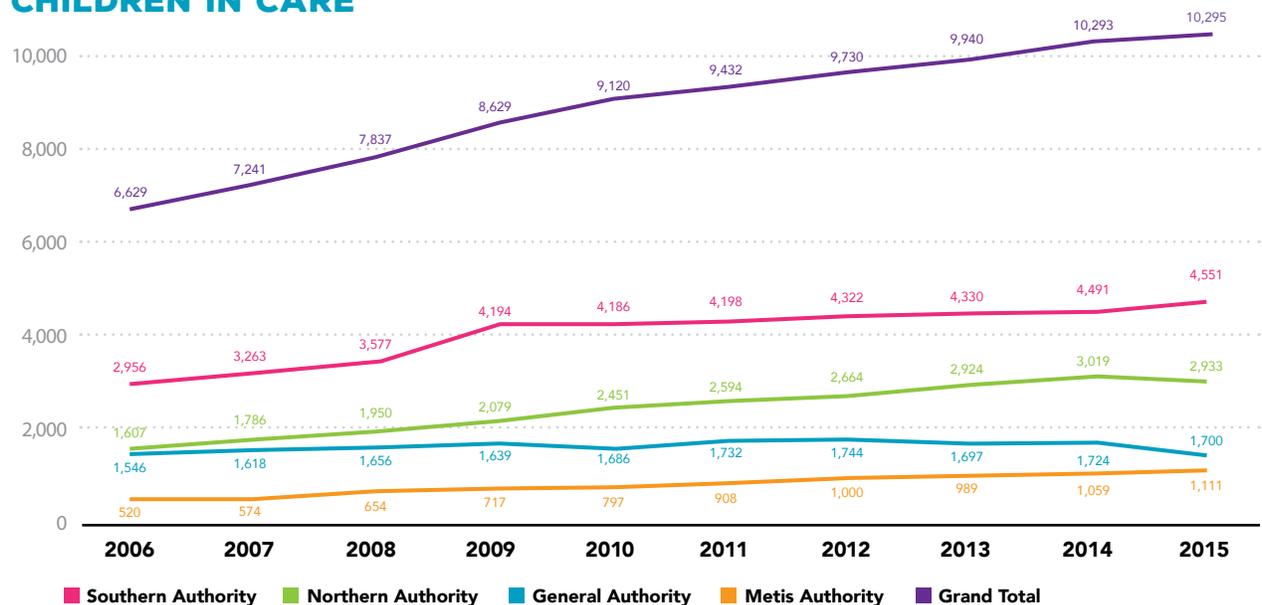
After seeing increases in the two previous years, we have seen a decline in the number of requests for services from youth over the age of 18. We had 30 cases in this age category this year compared with 68 last year and 56 the previous year. We have noticed agencies initiating earlier transition planning well before the age of majority. This results in youth feeling better prepared for independence. Many referrals we received regarding transition planning were resolved prior to the youth turning 18.

RESPONSIBLE CFS AUTHORITY



Across Canada, there is an overrepresentation of indigenous children and youth receiving child welfare services due to historic and systemic reasons. In Manitoba, nearly 90% of children in care are indigenous. We see a corresponding high number of indigenous children and youth reflected in our statistics.

CHILDREN IN CARE



Although there continues to be an increase in both the number of children in care and their proportion of the general child population, that increase has been progressively smaller over each of the past four years.

Data is from the Manitoba Department of Family Services.

TOP CFS RELATED CONCERNS BY CATEGORY

Each advocacy case may include multiple concerns. Case planning, quality of care, and the issue of child rights have dominated the top issues we have seen over the past several years.

Top Concerns	Number	Percentage
Case plans: <ul style="list-style-type: none"> • Lack of case planning • Lack of planning for family • Change of worker • Lack of service standards • Disagree with/refusal of CFS services • Lack of permanency planning • Poor reunification planning • Lack of parental/family participation • Lack of appropriate protection planning • Other 	961	41%
Quality of care (applies to children in care only): <ul style="list-style-type: none"> • Lack of health care • Lack of privacy • Lack of food • Mental health intervention/treatment • Inappropriate discipline • Too many placement moves • Access to/visitation with child in care • Other • Lack of education programming • Lack of clothing • Lack of recreation • Inappropriate use of intrusive measures • Lack of appropriate care resources • Unapproved absence of child • No contact with peers 	476	21%
Rights (e.g. provision, prevention, protection, participation): <ul style="list-style-type: none"> • Authority determination protocol • Lack of participation • Lack of knowledge of advocacy • Lack of information • Lack of consideration • Lack of legal advocacy 	299	13%
Responsiveness/timeliness: <ul style="list-style-type: none"> • Authority determination protocol • CFS over-responsive • Service delays • CFS unresponsive • Administrative delays 	211	9%
Transition planning: <ul style="list-style-type: none"> • Lack of transition planning • Ineligible for employment and income assistance • Lack of support services • Ineligible for adult services • Lack of concrete resources • Other 	85	4%
Child maltreatment: <ul style="list-style-type: none"> • Suspected child abuse of child in care • Suspected child neglect of child in care • Suspected child abuse of child not in care • Suspected child neglect of child not in care 	77	3%
Accessibility: <ul style="list-style-type: none"> • Lack of information • Ineligibility • Resource limitation • Refusal of services • Lack of service/resource 	65	3%
Special/complex needs: <ul style="list-style-type: none"> • Lack of diagnostic assessment • Poor coordination • Jurisdictional issues • Lack of resources • Funding issues • Other 	29	1%
Accountability: <ul style="list-style-type: none"> • Inadequate review process • Worker conduct • Fear of retribution 	27	1%
Adoption:	1	-
Other: <ul style="list-style-type: none"> • Access to cultural traditions • Lack of access to independent living resources • Conflict with other children in placement • Concerns that do not fit under established categories 	95	4%
Total	2,326	100%

SPECIAL INVESTIGATIONS REVIEW STATISTICS

The Special Investigations Review (SIR) Program began the fiscal year with a total of 35 outstanding reviews. We were notified of 139 Manitoba child deaths that occurred during the year. Of those 139 reported deaths, 49 met the criteria for review. We completed 56 special investigation reviews, and had 28 to carry over to 2015 – 2016.



CHILD DEATHS IN MANITOBA

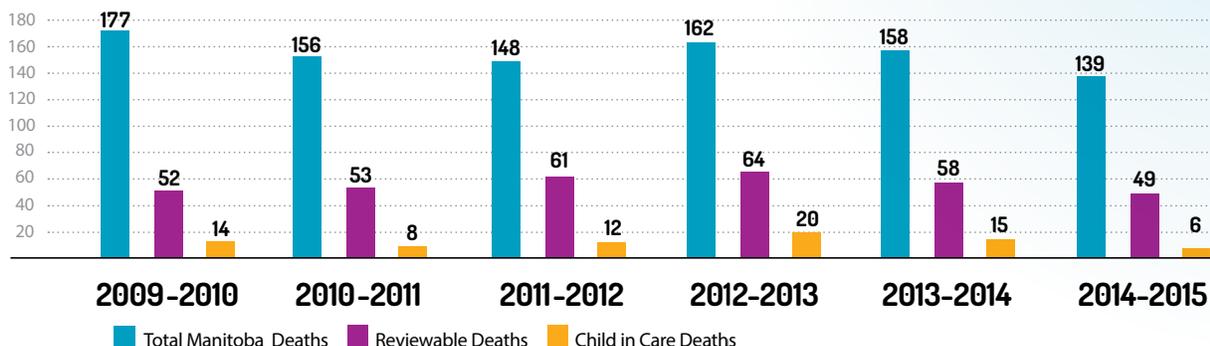
The Office of the Chief Medical Examiner (OCME) determines the manner of death of each child according to an established protocol. Our reporting on manner of death is unofficial and may differ slightly from the OCME's final determination. The official manner of death is not always available when we receive the notification of a child's death.

Child deaths that meet the legislative criteria for special investigation reviews include those where the child, or the child's family, had an open file with a child welfare agency at the time of the death, or where they had received child welfare services in the year preceding the child's death.

MANNER OF CHILD DEATH IN MANITOBA 2014 - 2015

Manner of Death	Manitoba Deaths		Reviewable Deaths		Child in Care Deaths	
	Number	Percent	Number	Percent	Number	Percent
Natural	87	63%	21	43%	2	33%
Medically Fragile	34		7		1	
Prematurity	36		6		0	
Disease	14		8		1	
Other	3		0		0	
Accidental	16	12%	10	20%	1	17%
Motor Vehicle	5		2		1	
Drowning	5		3		0	
In the Home	4		4		0	
Other	2		1		0	
Suicide	6	4%	4	8%	0	0%
Homicide	2	1%	2	4%	0	0%
Undetermined	28	20%	12	25%	3	50%
Total Deaths	139	100%	49	100%	6	100%

YEARLY COMPARISON OF REVIEWABLE DEATHS



REVIEWABLE DEATHS BY AUTHORITY

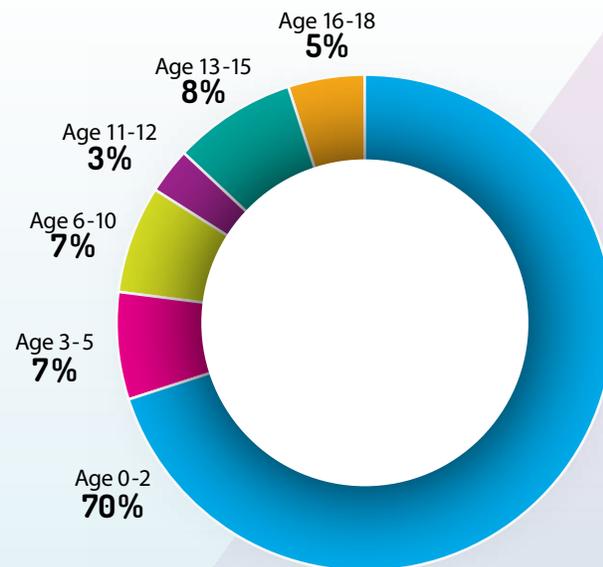
General Authority	6	12%
Metis Authority	1	2%
First Nations Northern Authority	17	35%
First Nations Southern Authority	25	51%
Total Cases with CFS Involved	49	100%

FROM BIRTH TO AGE 10

Of the 139 Manitoba children who died, the majority (70%) were two years of age or younger and 84% were 10 years of age or younger. Note that of the 117 deaths of Manitoba children who were aged 10 and younger, 82 of the children (70%) died of natural causes.

MANITOBA DEATHS BY AGE

(n=139)



MB Deaths by Age

Age 0-2 years	97
Age 3-5 years	10
Age 6-10 years	10
Age 11-12 years	4
Age 13-15 years	11
Age 16-18 years	7
Total	139

Of the 97 deaths of children two years and under, the majority were classified as natural. Approximately half of the natural deaths in this age group (n=36) were attributed to prematurity. Of the accidental deaths in this age group, three of the four were as a result of drowning.

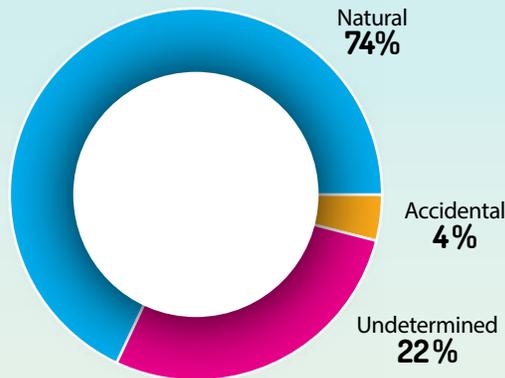
WHAT IS A "NATURAL" DEATH?

When a disease starts a chain of events leading to death, the death is considered natural. Natural deaths include:

- A medical condition
- An acquired illness
- Premature birth

MANNER OF DEATH

Manitoba Deaths Age 0-2 years
n=97

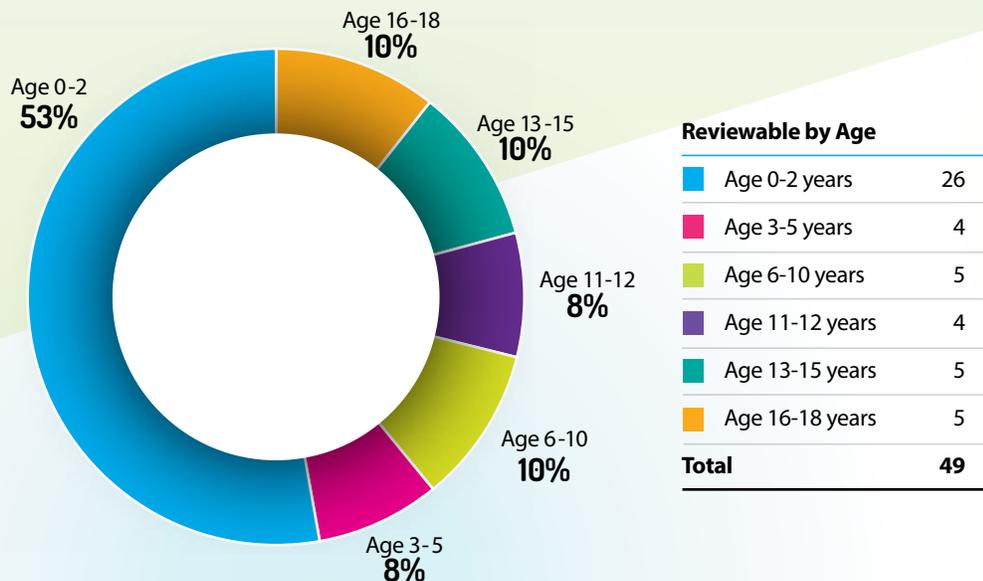


Manner Age 0-2

Natural	72
Undetermined	21
Accidental	4
Total	97

OCA REVIEWABLE CHILD DEATHS

Of the 49 reviewable deaths in this age category, 53% were under the age of two years, and 71% were age 10 years or younger at the time of death.



Reviewable by Age

Age 0-2 years	26
Age 3-5 years	4
Age 6-10 years	5
Age 11-12 years	4
Age 13-15 years	5
Age 16-18 years	5
Total	49

Percentages may not total 100% due to rounding.

Year over year, our office consistently notes that the majority of deaths of Manitoba children are from natural causes. Again this year, of the 26 reviewable deaths of children who were two years of age and younger, a majority were classified as natural.

WHAT IS AN "UNDETERMINED" DEATH?

When the chief medical examiner's investigation is unable to determine how the death occurred, the manner of death is categorized as undetermined, even when the physical cause is known. This category includes sudden unexplained infant death.

Over the last six years that we've had responsibility for child death reviews, there have been a total of 107 deaths of children under age two that were categorized as undetermined. Of those 107 infant deaths, 51 met the legislative criteria for review by our office, and sleep risks were identified in 27 of those cases.

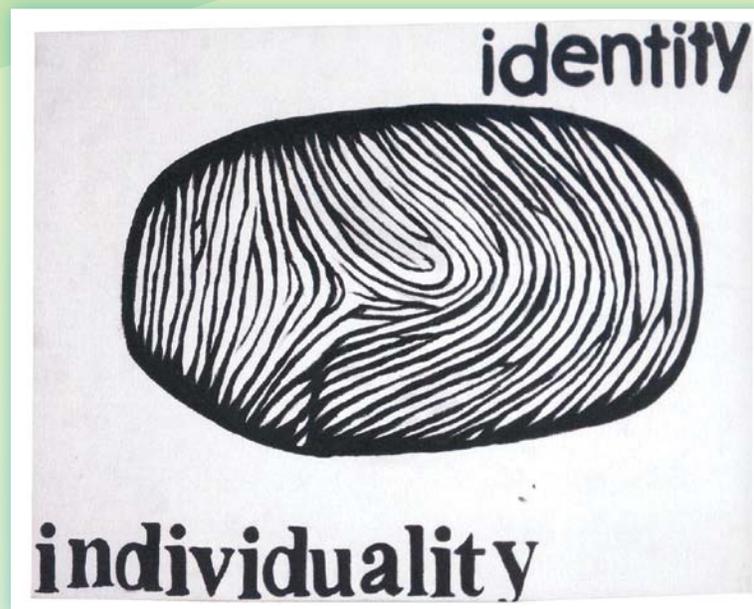
SPECIAL INVESTIGATIONS FINDINGS AND RECOMMENDATIONS

This year, our reviews included 52 recommendations related to 13 children and youth, which we shared with Manitoba Family Services, the Manitoba Ombudsman, the Chief Medical Examiner, and relevant child welfare authorities, agencies, and organizations. Findings may be positive, or lead to recommendations that could improve situations for children involved in the child welfare system.

We completed one report at the request of Manitoba Family Services regarding a young person receiving child welfare support beyond the age of 18 at the time of death. Although we made several recommendations, cases involving youth over the age of 18 remain outside of our child death review mandate and therefore the tracking of these recommendations does not occur.

Case management involves working with families to establish goals, creating plans to achieve those goals, providing services to meet needs identified in assessments, monitoring progress toward achievement of goals, and closing cases when goals have been achieved.

We continue to see case management as a top concern in our investigations. Related to case management, there were also concerns with service delivery, assessment, and risk assessment. In last year's report, we noted that our findings seemed to indicate a possible improvement in the areas of assessment and risk assessment. Unfortunately, these areas are once again at the top of the most frequently cited concerns. A number of years ago, agencies throughout the province began implementation of Structured-Decision-Making™ (SDM) tools to assess probability of future harm. While all of the authorities have agreed to use the SDM tools, further study is needed on how consistently these tools are being applied and the impact this change may be having on service delivery and outcomes for children, youth, and their families.



SUBMITTED BY A YOUTH



General THEMES



ADVERSE CHILDHOOD EXPERIENCES (ACE)

Amanda spent her early years living with her mother, Frances. Frances faced many challenges as a single parent who experienced poverty and who struggled with addictions. Amanda had few supports and was also trying to cope with an undiagnosed mental health condition. While Frances tried her best to meet her daughter's needs, Amanda was apprehended several times due to ongoing neglect, incidents of domestic violence, physical abuse, her mother's acute episodes of mental health crisis, and substance misuse.*

Between the time of her birth and age six, Amanda was apprehended numerous times and lived in a different placement each time she entered care. Just before Amanda turned six, an extended family member obtained guardianship of her. While with her extended family, Amanda maintained a close but complicated relationship with her mother. These were difficult years for the family members who were also dealing with other unresolved challenges, and as a result, Amanda re-entered care and became a permanent ward at age 12. Due to a lack of appropriate support services and the unaddressed impact of early childhood trauma, placement instability remained a challenge and throughout her years in care, Amanda lived in more than 60 placements.

As Amanda grew up, her anger and frustration about her life experiences increased. Trying to cope with her early trauma and struggling to find her place in the world, she engaged in high-risk behaviour and spent periods of time in secure custody, as well as in hospital. She was eventually diagnosed with post-traumatic stress disorder and a major depressive disorder. At the same time, however, her inner strength was growing, and in her teenage years she developed into an effective self-advocate. Amanda contacted us and asked that we support her by attending

meetings to help ensure her voice was heard in the plans that were being developed for her care. After years of instability, Amanda has now resided in a specialized placement for close to two years and will transition to independent living from this placement. She says she feels hopeful for the future. Her guardian agency has agreed to an extension of care to provide further support.

Many children who enter care have experienced trauma, and for some children and youth, being apprehended and taken into care can be a traumatic event. Trauma can include incidents of physical, sexual, or emotional abuse, neglect, exposure to domestic violence in the home, and more. When a person under the age of 18 experiences any of these forms of trauma, it is known as an adverse childhood experience (ACE). For many of these children, the environments they are exposed to leave them in a state of chronic psychological stress. Research over the last two decades confirms that experiencing ACEs can lead to significant negative health and social outcomes when children progress into adulthood.¹

ACEs increase the vulnerability of an individual to issues regarding future health and well-being. There are strong and cumulative links to risky behaviour, psychological issues, serious illness, and the leading causes of death, including heart and lung disease, cancer, and suicide.²

Because they are at a critical stage of development, young children may be particularly vulnerable to early adversity. In conditions of chronic psychological stress, there is evidence that this stress can impact a child's brain development. This, in turn, can contribute to significant learning and behaviour problems.³

* Names and identities have been changed to protect confidentiality of individuals.

Our office has been examining the relationship between adverse childhood experiences as they relate to children in care and their resulting complex needs. In 2012 our office released a report called *Youth in Care with Complex Needs*, which revealed that at least 25 – 30% of children in care have complex needs. An update to this study examining larger systemic issues at play in these cases is in progress and will be released in 2015. Our 2012 report can be found on the OCA website under “special reports” in the resources section.

There has been promising research in the areas of prevention as well as a reduction in the effects of these negative childhood experiences. These approaches involve family and community-based interventions as well as economic and social policy. There is a strong case for focusing prevention efforts on the early years of a child’s life. Experts contributing to the Royal Society of Canada/Canadian Academy of Health Sciences panel on Early Childhood Development point out:

*According to the United Nations Convention on the Rights of the Child, Canada has a duty to both protect young children from adverse experiences and, also, to create the opportunity for young children’s capacities to develop their potential (United Nations, 1991, 2005). In other words, Canada has committed itself both to prevent the negative and to create the positive in the early years.*⁴

EXAMPLES OF ACES

- Physical, sexual or emotional abuse
- Mental health concerns with a household member
- Problematic drinking or alcoholism of a household member
- Illegal street or prescription drug use by a household member
- Divorce or separation of a parent
- Domestic violence towards a parent
- Incarceration of a household member
- Deprivation within the home or community

AN EXCERPT FROM *HEART FILLED PAIN*, SUBMITTED BY A YOUTH

*Screams, broken dreams,
tearin' at the seams, memories...
...I grip a pen, with a fashion of passion
and vent, only then does the anguish
relent.*

*So many questions unanswered:
what was my father like?
Why am I in CFS? Why don't I feel
loved or wanted by anyone?
Why did my parents drink and fight?
Why can't things be normal for once?*

*I can relate. I've been in CFS all my life.
I survived. The hardest thing is
most beneficial:*

*I opened up. I talked about it.
And still do.*

*I write about it and think about it.
Fought about it...*

*It's hard to open up that part of you
that no one knows. But trust
me - people are good people.*

*Especially all the people at the OCA.
They can help one to vent some of
their heart filled pain.*

I use a pen.

1 Centers for Disease Control and Prevention. (2014, May 13). *Injury prevention & control: Division of violence prevention*. Retrieved from <http://www.cdc.gov/violenceprevention/acesstudy/>

2 Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J.S. (1998, May). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine*, 14(4), 245-258. Retrieved from [http://www.ajpmonline.org/article/S0749-3797\(98\)00017-8/fulltext](http://www.ajpmonline.org/article/S0749-3797(98)00017-8/fulltext)

3 Barr, R. G., Boyce, W.T., Fleming, A. MacMillan, H., Odgers, C., Sokolowski, M. B., & Trocmé, N. (2012, November). Early childhood development. In M. Boivin, & C. Hertzman (Co-Chairs & Eds.), *Experts panel at The Royal Society of Canada & The Canadian Academy of Health Sciences*. Retrieved from http://rsc-src.ca/sites/default/files/pdf/ECD%20Report_0.pdf

4 Ibid., p.126.

WATER SAFETY

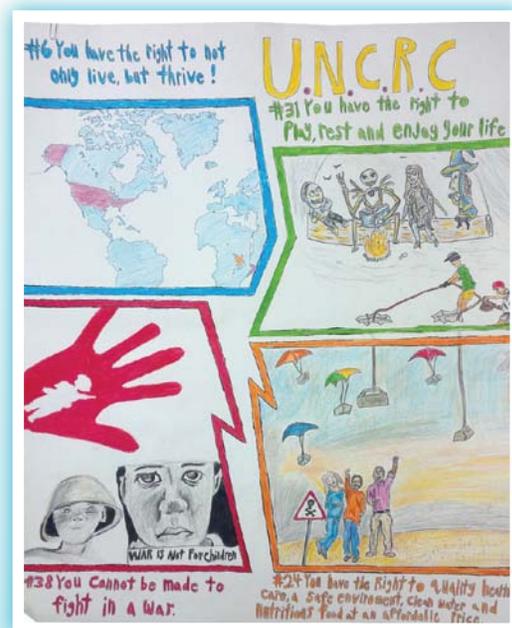
The Office of the Children's Advocate (OCA) has been gathering and disseminating information regarding water safety and deaths of children due to drowning since 2008. It was in 2008 that the mandate to conduct investigations after the deaths of children having involvement with the child welfare system was shifted from the Office of the Chief Medical Examiner to this office.

Since that time, 31 Manitoba children died from drowning. Twenty-one (68%) of those children were six years of age or younger. We have conducted special investigation reviews with regard to 14 children who died as a result of drowning (those meeting the legislative criteria for an OCA review). Of those children, nine of the 14 or 64% were six or younger. Recommendations arising from those investigations relate to water safety training for foster parents and alternate caregivers, development of a water safety plan as part of the licensing and relicensing of foster homes, and the development of water safety plans for all children over the age of four years who are in the care of an agency. However, the vast majority of children in Manitoba who die as a result of drowning are not children in care.

This office has taken further measures in our attempt to promote safety for all children in Manitoba. A section on water safety was included in our 2010 - 2011 annual report. As well, a recent special edition of *The Megaphone* focuses on water safety. This publication was widely distributed throughout Manitoba during the spring of 2015 and continues to be available on our website.

In follow-up to the drowning deaths of three First Nations toddlers during the summer of 2014, we reviewed best-practice literature regarding drowning prevention in First Nation communities. We shared this information with the Assembly of Manitoba Chiefs, Manitoba Keewatinowi Okimakanak, First Nations and Inuit Health Branch-Manitoba, Lifesaving Society of Manitoba, and to health directors and the tribal councils for the communities in which those drowning deaths occurred.

The OCA continues to support the call for further research into the most practical strategies for addressing and reducing the risk of drowning for all children in Manitoba. These strategies must be developed within a framework of cultural awareness and take into account the integral relationship many Manitoba communities have with the numerous bodies of water in our province.



SUBMITTED BY A YOUTH

ENSURING QUALITY OF CARE

Jackson is the oldest of three siblings. Due to the safety of the children being impacted by their parents' struggles with addiction and mental health crises, Jackson and his siblings were apprehended multiple times over the years and brought into care. By the age of nine, Jackson saw himself in a care-taker role to his two younger siblings. When the children were in care, Jackson was protective of them and expressed fears that the agency might separate him from his siblings.*

At age 12, Jackson and his siblings were apprehended again and Jackson was placed in a rural setting while his siblings were placed in an urban environment. This separation was extremely upsetting for all of the children and Jackson had a number of violent outbursts in his foster home and in his new school. He asked to see his siblings and his parents; however, the agency determined that there needed to be a period of stabilization for Jackson before making arrangements for visits.

Jackson contacted our office with the help of a teacher in his new school and requested our support to see his siblings. Our office met with Jackson and then, with Jackson's permission, we met with the agency on his behalf. We advocated for Jackson's right to maintain contact with his family and worked with Jackson and the agency to develop a plan for regular visits with a goal to have the children live together as soon as an appropriate placement was available. The agency identified an extended family member from the children's home community who agreed to be the caregiver for all three siblings. Today, Jackson is thriving and he and his siblings have remained in the home of their relative for several years. This stability and ongoing connection to community has also provided the children with the support they need to remain close to their parents while their parents access treatment.

When a child comes into care of the child welfare system, it creates a huge disruption in that child's life. Most often, children entering care are removed not only from the familiar surroundings of home and family, but also from their communities. Frequently, they must change schools. They are introduced to different caregivers (e.g. foster family or group care provider). There are new routines and unfamiliar surroundings. They may have been separated from siblings.

These circumstances can greatly increase the vulnerability of a child. How a child's care arrangements are handled and managed is vitally important in terms of that child's health and well-being.

Concerns about the quality of care children in the child welfare system receive are something we see frequently at

the OCA. Examples include children being placed in alternative care resources that don't match their needs, disruption or a lack of visits with family, numerous placement moves, and moves to new placements without the child being adequately prepared.

Quality of care is an issue for young people of all ages in the child welfare system, but for very young children, the stakes are particularly high. Because young children and infants are just beginning to develop communication skills, it is challenging for case workers to include their input or perspective on case planning and care arrangements. We must, therefore, develop other ways to consider the voices of these very young children.

A critical aspect of development for infants and young children is the formation of secure attachments as the result of having a warm, intimate, and continuous caregiver-child relationship.⁵ Researchers have generally established that the development of a secure base is a key aspect of attachment. Based on early, positive experiences, children begin to feel confident about exploring their world because they have learned that their parents/caregivers will be available and respond sensitively when needed.⁶

Children who have not had their needs met consistently or who have had their attachment development interrupted face risks to lifetime health and well-being. They may have difficulty trusting and getting close to others, have issues with anger, have a need to always be in control, and have lower feelings of self-worth. They may also have trouble with attachment when they themselves become parents. Combine poor attachment with other issues such as problems with mental health or the trauma of physical or sexual abuse, and the needs of the children with attachment issues are even greater.

A keen understanding of this critical stage of development and how it factors into risk assessment is vitally important when planning for the care of young children. When children are very young and pre-verbal, they may act out their pain, fear, and feelings of abandonment in ways that are difficult for adults to interpret. When moves to multiple placements occur or there is a sudden lack of contact with close family members, children who are poorly attached may be more likely to withdraw. This behaviour may be misinterpreted as resilience. In reality, they have learned that no one is there to meet their needs or to comfort them, so they have no expectation of it. It's easy to overlook this behaviour. In reality, it is a call of distress that we need to hear and consider.



* Names and identities have been changed to protect confidentiality of individuals.

5 Bowlby, J. (1952). Maternal care and mental health. *World Health Organization*. Retrieved from [http://apps.who.int/iris/bitstream/10665/40724/1/WHO_MONO_2_\(part1\).pdf](http://apps.who.int/iris/bitstream/10665/40724/1/WHO_MONO_2_(part1).pdf)

6 Woodhouse, S. S., Dykas, M. J., & Cassidy, J. (2009, March). Perceptions of secure base provision within the family. *Attachment & Human Development*, 11(1), 47-67.

Shout out

FROM THE ADVOCATE

COACH Program

Since 2001, the COACH program has delivered comprehensive supports to children age five to eleven with complex emotional, behavioural, and academic needs. This program, funded through the departments of Education and Advanced Learning, Family Services, and Healthy Child Manitoba, operates in the Winnipeg School Division through Macdonald Youth Services. This coming year, the program will expand to include students 12-15 years of age.

Island Lake First Nations Family Services

Congratulations to the cohort of staff who completed the Certificate in Interdisciplinary Studies: Child and Family Services Entry Level Family Enhancement and Protection Program through the University of Manitoba in August.

Manitoba Children's Museum

The Manitoba Children's Museum consistently provides quality learning and self-discovery opportunities for young children. We also appreciate the fantastic support the museum staff provided as the venue for our *United Nations Convention on the Rights of the Child* celebrations. Thank you!

Youth Agencies Alliance

This coalition of 18 youth-serving organizations collaborates to promote a strong network of support for youth in Winnipeg. Coalition members meet regularly to share information, pool resources, initiate projects, and promote the experiences of youth.



FINANCIAL REPORT

Salaries and Benefits:	\$ 2,723.0
Operating Expenses:	\$ 972.0
Total	\$ 3,695.0

OFFICE OF THE CHILDREN'S ADVOCATE STAFF

Darlene MacDonald
Children's Advocate

Corey La Berge
Deputy Children's Advocate

Management

Ainsley Krone
Manager, Communications, Research,
and Public Education

Angie Balan
Manager, Quality Assurance

Carolyn Burton
A/Manager, Finance and Administration
(from February 2015)

Cynthia Steranka
Manager, Finance and Administration
(until February 2015)

Dorothy McLoughlin
Manager, Special Investigations
Review Program (from March 2015)

Kirstin Magnusson
Manager, Advocacy Services Program

Patty Sansregret
Manager, Special Projects

Shelagh Marchenski
Manager, Special Investigations
Review Program (retired June 2014)

SPECIAL NOTE

We were saddened at the death of our colleague Cynthia Steranka in February. Cynthia held the position of manager of finance and administration. Her commitment to children and youth spanned 35 years in various positions within the field of child welfare. We miss her deeply.

Staff

Ada Uddoh

Special Investigator

Carleigh Wegner

Administrative Assistant
(from March to June 2015)

Carolyn Parsons

Advocacy Officer

Cathy Hudek

Special Investigator

Dawn Gair

Intake Assessment Officer

Debra De Silva

Intake Assessment Officer

Denise Wadsworth

Special Investigator

Doug Ingram

Advocacy Officer

Gerald Krosney

Advocacy Officer

Holly Bartko

Administrative Assistant
(until May 2014)

Janine Bramadat

Policy Analyst

Jennifer Rentz-Wright

Special Investigator (until January 2015)

Joanne Lysak

Special Investigator (A/Manager,
Special Investigations Review Program
July 2014 - March 2015)

Justine Grain

Special Investigator

Kevin Barkman

Special Investigator (until August 2014)

Laurie Freund

Senior Clerk (from February 2015)

Lynda Schellenberg

Special Investigator

Margherita Gagliardi

Special Investigator
(until November 2014)

Mary-June Deslate

Administrative Assistant
(from July 2014 – January 2015)

Paula Zimrose

Intake Assessment Officer

Reji Thomas

Administrative Assistant

Rosie O'Connor

Advocacy Officer

Sarah Arnal

Advocacy Officer

Tanis Hudson

Special Investigator

Thelma Morrisseau

Advocacy Officer

Whitney Moore

Special Investigator
(until October 2014)

Practicum Students

Francis Maier

University of Manitoba Inner City
Social Work ACCESS Program

Joanne Harrison

University of Manitoba Inner City
Social Work ACCESS Program

SPECIAL INVESTIGATIONS REVIEW ADVISORY COMMITTEE

We offer our sincere thanks to the committed individuals who continue to support our office by contributing their professional expertise in many areas relevant to our work with children and youth.

Alem Asghedom

University of Manitoba Inner City
Social Work Program

Carolyn Snider

Manitoba Institute of Child Health

David Milward

University of Manitoba Faculty of Law

Don Fuchs

University of Manitoba Faculty
of Social Work

Lorena Sekwan Fontaine

University of Winnipeg
Indigenous Studies

Elder Margaret Lavallee

University of Manitoba Centre
for Aboriginal Health Education

Marie Christian

VOICES: Manitoba's Youth in
Care Network

Mary Brown

Health Canada

Pamela Jackson

Therapist, Trainer, and Consultant

Peter Rogers

Health Canada

Scott Amos

Aboriginal Affairs and Northern
Development Canada

Wanda Phillips-Beck

Assembly of Manitoba Chiefs

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Advocate