

THE OFFICE OF THE CHILDREN'S ADVOCATE  
**ANNUAL REPORT**



Children's  
Advocate



UNCRC Article 6

**YOU HAVE THE RIGHT  
TO NOT ONLY LIVE, BUT  
THRIVE.**

## The Office of the 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*.

## What We Do

The Office of the Children's Advocate 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 in the year preceding the death.

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 the young person are our top considerations.

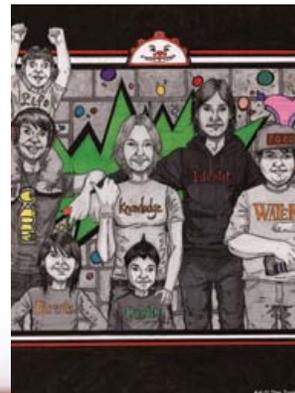
UNCRC Article 1

## 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.



**EVERYONE UNDER  
18 HAS  
RIGHTS.**

## Message from the Children's Advocate

# Celebrating the Rights of the Child!

*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, 2013 to March 31, 2014.*

As we reflect on the activities of the past year, we also want to say an enthusiastic "Happy Birthday!" to the United Nations Convention on the Rights of the Child (UNCRC), which celebrates its 25th anniversary on November 20, 2014. This event is important to our office because our ultimate goals are to protect and promote children's rights and to create opportunities where children and youth can flourish.

Understanding the UNCRC and making individual and collaborative commitments to promoting its goals will result in an environment where children and youth can develop to their full potential, experience the comfort of caring adults, learn to trust, and in turn can become strong advocates for themselves and for other children and youth.

Whether evaluating decisions at an individual or policy level, or holding public service providers accountable, we must first and foremost measure our impact against the best interests of children as it pertains to their rights.

We hold our own office to this same standard of best practice as well. We are committed to working from a place of high integrity while being accountable to the public. In keeping with our identified strategic planning priorities, we formalized the creation of an internal quality assurance program this year to promote organizational stability and prepare for potential future growth. This involves looking within our own organization for areas of service enhancements as well as outward in responding to systemic changes and external recommendations.

This year our intake and advocacy programs remained busy, responding to more than 2,100 requests for services. As you will read in the following pages, the top concerns continue to be in the area of case planning, the quality of care that children are receiving and concerns about the rights of children and youth not being protected.

In addition to case work, we are also active in the areas of research. This year we initiated several research projects that look at systemic concerns including the societal barriers that exist for Aboriginal girls, alternatives to adversarial legal processes in Manitoba's child protection courts, safe sleep for infants, a follow up study on the issue of youth suicide, as well as an update report on children in child welfare with complex needs.

We provide this report to the people of Manitoba with the hope of encouraging the continuing dialogue about how each of us can take on our part of the collective responsibility of creating nurturing, safe communities where we can realize the full potential of our children and youth.



Children's  
Advocate



Darlene MacDonald, MSW, RSW  
Children's Advocate

## Executive Summary

# Celebrating the Rights of the Child!



This year, the United Nations Convention on the Rights of the Child (UNCRC) celebrates its 25th anniversary. Because Canada was one of the many countries that ratified the convention, all Canadian children have rights under the UNCRC. As we commemorate this milestone, we reflect on the ways in which young people in Manitoba are able to learn about and experience their rights as well as how rights protection for young people needs to improve.

## ACTIVITY HIGHLIGHTS

- Implemented a quality assurance program in order to prepare for future growth, promote organizational stability, and ensure that we are providing the very best and most efficient services to children and youth.



- As part of Canadian Council of Child and Youth Advocates (CCCYA), we are helping develop national advocacy standards. We are also working to establish a policy and process for requests from media and stakeholders for positions on matters of national importance affecting children and youth.

- Delivered a presentation on our research on youth suicide at the Canadian Association for Suicide Prevention Conference, which sparked a research partnership for a follow up study on youth suicide.
- Launched regular guest appearance on System Kidz Radio to discuss child and youth rights.
- Began working on an update to our 2012 public report on youth in care with complex needs. The update focuses on the current state of placement challenges facing this unique population.
- Connected with 97 residential facilities for children in care to provide rights and advocacy information. Also made 22 public education presentations and attended multiple community events around the province to raise awareness about the rights of children and youth and their experiences with child welfare.

- Started research on the unique social and developmental obstacles faced by Aboriginal girls. Initiated additional research projects, including an examination of youth suicide in Manitoba, as well as research related to infants and safe sleep.
- Introduced a live mascot version of our “Wavy Guy” logo to further engage children and youth at community events.



## Service Stats

### Advocacy Services

221	Cases Carried Forward from 2012-2013
2,097	Cases Opened
2,080	Cases Closed
238	Cases Carried Forward to 2014-2015

### Special Investigations Review Services

58	Cases Carried Forward from 2012-2013
59	Child Death Cases Opened
83	Cases Completed
34	Cases Carried Forward to 2014-2015

## Themes & Recommendations

### Sexual Exploitation of Children and Youth

A history of being sexually exploited is not uncommon among children and youth in the child welfare system. Many young people receiving CFS services present with a number of risk factors that make them vulnerable to sexual exploitation by adults. Presently, training on this issue for CFS workers is optional. We recommend it become part of the foundational knowledge workers build through mandatory competency-based training. Our province also needs comprehensive, secure, specialized treatment services for youth who have been sexually exploited in order to address their specific and complex needs.



UNCRC Article 31

### Access to Mental Health and Wellness Services

From 2009-2012 northern Manitoba was home to 9% of the 0-19 population in the province, but accounted for 31% of suicide deaths for youth under 18.<sup>1</sup> Although access to better supports is only part of improving outcomes for children and youth in the north, these figures underscore the need for more robust mental health and wellness services in the region. In 2011, the Manitoba government identified a plan to increase the accessibility and distribution of these services throughout the province. Since that time, the province has implemented a mobile crisis service based in Thompson. It also committed to building The Northern Youth Crisis Service facility in Thompson. The OCA continues to urge the province to finalize construction underway in order to see the facility operational by 2015.

**YOU HAVE THE RIGHT  
TO PLAY, REST AND  
ENJOY YOUR LIFE**

### Protecting Child and Youth Rights Beyond Child Welfare

The present legislation governing Manitoba's Children's Advocate limits our ability to advocate for children and youth in our province with respect to the full range of public services they may receive (e.g. education, justice, health). Our mandate rests within *The Child and Family Services Act* and *The Adoption Act* and pertains only to the services they govern. A significant number of our cases involve children also receiving services within other systems and the issues at hand frequently intertwine across them. Similar to other child advocate offices within Canada, we have advanced recommendations to expand our mandate as well as create separate, independent legislation governing the OCA. We were pleased to see the need for separate, independent legislation for the OCA identified in the Phoenix Sinclair Inquiry as an issue.

<sup>1</sup> Brownell, M., Chartier, M., Santos, R., Okechukwu, E., Au, W., et al. (2012, October). How are Manitoba's children doing? Manitoba Centre for Health Policy, Department of Community Health Sciences, Faculty of Medicine, University of Manitoba.

# Célébrer les droits de l'enfant!



Cette année, la Convention des Nations Unies relative aux droits de l'enfant (CNUDE) fête son 25<sup>e</sup> anniversaire. Comme le Canada a été parmi les nombreux pays qui l'ont ratifiée, tous les enfants canadiens ont des droits en vertu de la CNUDE. En commémorant cet événement, nous nous interrogeons sur les façons dont les jeunes du Manitoba peuvent s'informer sur leurs droits et les exercer ainsi que sur ce que nous devons faire pour mieux protéger ces droits.

## ACTIVITÉS PRINCIPALES

- Mise en oeuvre d'un programme d'assurance de la qualité pour préparer la croissance à venir, pour favoriser la stabilité de l'organisation et pour faire en sorte d'offrir aux enfants et aux jeunes les services les meilleurs et les plus efficaces possibles.



- À titre de membre du Conseil canadien des défenseurs des enfants et des jeunes (CCDEJ), nous contribuons à l'établissement de normes nationales en matière de défense d'intérêts. Nous nous employons aussi à mettre en place une politique et un processus pour les demandes des médias et des intervenants au sujet des points de vue du Conseil sur des questions d'importance nationale touchant les enfants et les jeunes.

- Présentation d'une communication sur nos travaux de recherche sur le suicide des jeunes à la conférence de l'Association canadienne pour la prévention du suicide, qui a mené à la formation d'un partenariat en vue d'une étude de suivi sur le suicide des jeunes.
- Début de notre participation régulière à l'émission de radio System Kidz pour parler des droits des enfants et des jeunes.
- Début de la mise à jour de notre rapport public de 2012 sur les jeunes pris en charge et ayant des besoins complexes. La mise à jour porte sur les difficultés de placement actuelles pour ce groupe particulier.
- Contacts avec 97 établissements accueillant des enfants pour les informer sur les droits et la protection de ces enfants. Présentation de 22 séances d'éducation du public et participation à diverses activités communautaires dans toute la province pour sensibiliser la population aux droits des enfants et des jeunes et aux expériences de ces jeunes dans le système de protection de l'enfance.

- Début d'un travail de recherche sur les obstacles particuliers auxquels les jeunes filles autochtones sont confrontées sur le plan du développement social. Lancement d'autres projets de recherche, notamment un examen du suicide des jeunes au Manitoba et une étude sur les nourrissons et le sommeil sécuritaire.
- Introduction de la version en chair et en os du petit bonhomme que nous utilisons comme logo, pour renforcer la participation des enfants et des jeunes aux activités communautaires.



# Statistiques de services

## Services de protection

<b>221</b>	dossiers reportés de 2012-2013
<b>2 097</b>	dossiers ouverts
<b>2 080</b>	dossiers clos
<b>238</b>	dossiers reportés à 2014-2015

## Services d'examen des enquêtes spéciales

<b>58</b>	dossiers reportés de 2012-2013
<b>59</b>	dossiers ouverts sur les décès d'enfants
<b>83</b>	dossiers traités
<b>34</b>	dossiers reportés à 2014-2015

## Thèmes et Recommandations

### Exploitation sexuelle des enfants et des jeunes

Il n'est pas rare que les enfants et les jeunes suivis par le système de protection de l'enfance aient des antécédents d'exploitation sexuelle. Beaucoup, parmi ceux qui reçoivent des services de SEF, présentent un certain nombre de facteurs de risque qui les rendent vulnérables à l'exploitation sexuelle par des adultes. La formation des travailleurs des SEF dans ce domaine est actuellement facultative. Nous recommandons qu'elle fasse partie des connaissances de base que les travailleurs acquièrent dans le cadre d'une formation obligatoire axée sur les compétences. Notre province doit également prévoir des services de traitement spécialisés, complets et en milieu sécurisé pour les jeunes victimes d'exploitation sexuelle de façon à répondre à leurs besoins particuliers et complexes.

### Accès aux services de santé mentale et de bien-être

De 2009 à 2012, 9 % des jeunes de 0 à 19 ans résidaient dans le nord du Manitoba mais ils représentaient 31 % des décès par suicide parmi les jeunes de moins de 18 ans.\* Même si l'accès à de meilleurs services de soutien n'est qu'un élément de l'amélioration de la situation des enfants et des jeunes dans le Nord, ces chiffres indiquent qu'il est nécessaire de fournir de meilleurs services de santé mentale et de bien-être dans la région. En 2011, le gouvernement du Manitoba a établi un plan en vue d'améliorer l'accessibilité et la diffusion de ces services partout dans la province. Depuis, il a mis en place un service mobile d'intervention d'urgence qui est basé à Thompson. Il s'est aussi engagé à construire les locaux du Northern Youth Crisis Service (service d'intervention d'urgence pour les jeunes du Nord) à Thompson. Le BPE continue d'inciter la province à terminer les travaux de construction pour que le service soit opérationnel en 2015.

### Protection des droits des enfants et des jeunes après la prise en charge

Les dispositions législatives actuelles s'appliquant au protecteur des enfants du Manitoba limitent notre capacité à défendre les intérêts des enfants et des jeunes de notre province quant à l'ensemble des services dont ils peuvent bénéficier (ex. éducation, justice, santé). Notre mandat relève de la *Loi sur les services à l'enfant et à la famille* et de la *Loi sur l'adoption* et ne porte que sur les services qu'elles régissent. Un grand nombre de nos dossiers concernent des enfants qui reçoivent également des services d'autres systèmes et les problèmes en cause touchent souvent plusieurs organismes. Comme d'autres bureaux du protecteur des enfants au Canada, nous avons recommandé l'élargissement de notre mandat et la création d'une loi distincte régissant le BPE. Nous avons été satisfaits de voir que le besoin d'une loi à part pour le BPE avait été mentionné lors de l'enquête sur Phoenix Sinclair.



UNCRC Article 31

**TU AS LE DROIT DE T'AMUSER,  
DE TE DÉTENDRE ET DE**

**PROFITER DE LA VIE**

\* Brownell, M., Chartier, M., Santos, R., Okechukwu, E., Au, W., et al. (octobre 2012). *How are Manitoba's children doing?* Manitoba Centre for Health Policy, département des sciences de la santé communautaire, Faculté de médecine de l'Université du Manitoba.

# OVERVIEW

## of Initiatives & Activities

### Ensuring the Quality of our Services

In last year's annual report we talked about our strategic planning process, "Growing the Future." In keeping with our identified strategic planning priorities, we continue to develop internal quality assurance processes to promote organizational stability and prepare for future growth.

This involves looking within our own organization for areas of service enhancements, as well as responding to systemic changes and external recommendations.

For example, we have developed a tool to assist us in better accessing and using information related to recommendations we make in special investigation reviews and systemic advocacy special reports. We have also created new processes and reporting procedures based on an OCA travel-tracking tool. This tool allows us to have a better understanding of where we have travelled within the province, the purpose of the community visit, and the potential geographic regions where we may want to increase community outreach and education.

We continue to carefully consider the implications and organizational requirements entailed in responding to recommendations for an expansion in mandate or change in legislation, such as those put forward within the recent public inquiry report, *The Legacy of Phoenix Sinclair: Achieving the Best for All Our Children*.

### Research Underway

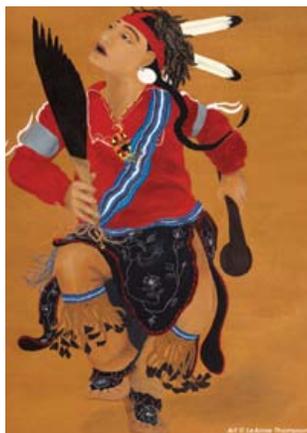
#### Advocating for Vulnerable Aboriginal Girls

There is increasing awareness across Canada about the social and health risks facing many Aboriginal women and girls. Our office has valuable information pertaining to these issues due to the unique position we hold within the public system. We not only provide advocacy services to Aboriginal girls across Manitoba who are currently in need of support, but we also receive notice of all deaths of children under 18 in Manitoba. This year we embarked on a study of the challenges experienced by this population of youth. It will include an examination of systemic barriers to positive social development and opportunities to achieve better outcomes. We will also review other published research and consult with community partners. We intend to release a public report in 2015.

#### Alternatives for Resolving Child Protection Litigation

The OCA has partnered with University of Manitoba Faculty of Law assistant professor, Dr. David Milward, on a research project. The research will examine culturally based alternatives to resolving child protection concerns. Dr. Milward has extensive expertise on justice issues related to the Aboriginal community. We anticipate completing this project early in 2015.

**YOU HAVE THE RIGHT  
TO PRACTICE YOUR OWN  
RELIGION AND BELIEFS**



UNCRC Article 14

**AS LONG AS YOU  
DON'T HARM ANYONE.**



## Safe Sleep

In our 2011-2012 annual report, we discussed recommendations regarding safe sleep practices for infants based on a number of child deaths we had seen associated with sleeping environment risks.

Two years later, we continue to identify sleeping risks in the child deaths we review. Of the 81 Manitoba infants (under 12 months old) who died in the past year, 20 deaths were classified by Manitoba's chief medical examiner as Undetermined, which is the category that includes infant deaths due to sudden infant death syndrome (SIDS) and sudden unexplained infant death (SUID). Of the 20 undetermined deaths, sleep risks were evident in 12 cases. Five of those cases met the criteria for our review.

This has prompted us to pursue more in-depth research into the risks and practices associated with SIDS and SUID. We have made a number of recommendations to the four CFS authorities as well as the Child Protection Division. These included strategies to reduce sleeping environment risks as well as sharing information about resources available. We are presently working on public information resources on the issue, which we plan to release later in 2014.

## Youth Suicide – Follow-Up Study

In September 2013, members of our special investigations review unit made a presentation on our research and observations about youth suicide at the Canadian Association for Suicide Prevention Conference. As the result of our work on the issue, a faculty research group from the University of Manitoba invited our office to discuss the possibility of a partner project. That project is now underway. We are now analyzing 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. In early 2015, we plan to release a public report and present on our research findings to various groups.

### You Try

Being depressed  
Having no place to call home  
Being in care of CFS  
Getting your hopes up and then the world feels like  
It's gonna end  
Being promised something by someone you thought you  
could trust  
But it was all lies  
Being moved all over  
Having to live with strangers everywhere you go  
Even at home  
You don't know this pain unless you've been through it

-YOUTH IN CARE (AGE 17)

## Review of Placement Services for Youth with Complex Needs

In March 2012, we released a report that examined the care of children and youth living with complex needs within Manitoba's child welfare system. The report conservatively estimated the number of children and youth with complex needs to be 25% - 30%. This means there are more than 1,200 children requiring specialized care in a system with the capacity to meet the needs of only about half of them. These children are extremely vulnerable to placement breakdown and lengthy admissions to the Emergency Placement Resources (EPR) system, which is not equipped to manage their needs or best interests. The OCA has made numerous recommendations to improve care for children with complex needs as well as recommendations to improve the capacity and use of the EPR system. To date, these recommendations have not resulted in substantive action. A specific plan of action must be developed.

In follow up to our March 2012 report, we have been working on an update, focusing on the current state of placement challenges facing youth with complex needs. This review includes examination of the capacity and use of placement resources, including the use of the EPR system. The purpose of this update is to continue to advocate for the development of a specific plan of action to improve care consistent with the best interests of these vulnerable children. This follow-up report is anticipated to be released in the spring of 2015.

## Emergency Placement Resource Revitalization Committee

In March 2009, we released a report on emergency placements for children in Manitoba's child welfare system. The report identified Winnipeg's Emergency Placement Resource (EPR) program as the largest emergency placement system, other than foster care, in the province. While acknowledging the very good work being done by staff and management of the EPR, the report revealed the need for change with respect to governance, strategic planning, and operational costs of the program.

Since the release of that report, the EPR has seen an annual increase in admissions from 902 in 2009 to 1,485 in 2012. The average length of stay in hotels has also increased, as have the operational costs of the program. In November 2012, a working group comprised of members from EPR and the General Authority (the CFS authority ultimately responsible for overseeing the EPR program) began developing a detailed work plan that became known as the EPR Revitalization Project.

The Child Protection Division invited a group of stakeholders to the formal launch of EPR redevelopment in November 2013. The OCA participated in this meeting where a 3-phase project was unveiled with the following objectives: increase the quality of care to shelter residents; increase the quality of care provided to youth with complex needs; reduce the number of hotel placements; develop a range of specialized services; reduce the number of children placed in EPR shelters; reduce time spent in EPR shelters; and reduce the operating costs of the EPR.

The OCA is encouraged by the EPR Revitalization Project and continues to advocate for much needed change within the EPR program consistent with the rights and interests of some of Manitoba's most vulnerable children and youth.



UNCRC Article 3

**ADULTS SHOULD MAKE GOOD DECISIONS  
FOR YOU, ESPECIALLY FOR YOUR  
PROTECTION  
AND SAFETY**

## CHILD RIGHTS POSTERS

The series of posters displayed throughout this report, are the result of a partnership between our office and the child and youth advocate offices in Ontario and British Columbia as well as the Canadian Museum for Human Rights. They feature original artwork by Aboriginal artists from across Canada and depict interpretations of the 42 articles of the United Nations Convention on the Rights of the Child. Each child welfare authority, as well as Voices: Manitoba's Youth in Care Network received full sets of the series. They also appear on our website, [childrensadvocate.mb.ca](http://childrensadvocate.mb.ca).



## CHILDREN IN THE JUSTICE SYSTEM MUST BE TREATED WITH

UNCRC Article 37

# DIGNITY

AND HAVE THE RIGHT  
TO ACCESS THEIR FAMILIES  
AND CULTURE.



### Youth Suicide Prevention Initiatives

The changing dynamics of youth suicide was a central theme of our annual report last year, and its occurrence rate continues to be a major concern. As mentioned, our office has a research project on youth suicide underway with expected release of the report in early 2015.

This year we were invited by a senior member of the RCMP to provide input on the suicide prevention and safety efforts its members engage in throughout the province. This connection has opened the door to future joint initiatives between the RCMP and our office.

Our OCA newsletter, *Hope Rising*, continues to be in high demand around the province. This newsletter focuses on the prevention of suicide through building awareness and encouraging dialogue. It is published in English, Cree, and Ojibwe twice per year in print and digital formats. Current and back issues are also available on our website for viewing and download.

### The OCA's "Wavy Guy" Comes to Life

One of the ways our office has engaged with children and youth over the years is by introducing them to the OCA "Wavy Guy" stick-figure icon featured in our logo. This year we went beyond depicting our friendly ambassador in print, on travel cups and paper pads. We now have a super cuddly, life-sized mascot who is making friends everywhere he goes. The Wavy Guy appeared at several OCA and community sponsored events throughout the year and helps spread the word about our office and about child and youth rights. Let us know if you have a community event or activity for children and youth that you would like to invite The Wavy Guy to attend!



### Contribution to CCCYA Working Groups

We are pleased to have representation from our office assisting with a number of Canadian Council of Child & Youth Advocates (CCCYA) initiatives. These include the development of the following:

- National advocacy standards that will outline basic principles of child and youth advocacy
- A policy and process for requests from media, stakeholders and others for the CCCYA's position on issues of national importance affecting children and youth
- A review and recommendations for changes to the CCCYA website and materials
- A national level plan for commemorating the 25th anniversary of the UNCRC
- A proposal for national-level action to address youth mental health

## Continued Partnership with VOICES

We value the ongoing, close relationship we share with VOICES: Manitoba's Youth in Care Network. Over the past year, we've participated in the following events:



- Annual VOICES Scholarship Night
- Earl Cook Classic Street Hockey Tournament
- MASSIVE annual storytelling camp
- Garbage Bag Fashion Show
- Car Wash
- Free Hug Day
- Christmas Day Gathering
- Pennies for VOICES fundraiser
- VOICES 18th birthday party

## Facility Visits

This year we identified 148 residential facilities for children in care throughout Manitoba. The OCA connects with many facilities during the year in order to provide rights education and advocacy services information to both the young people residing in these facilities and to their care providers. Advocacy officers connected directly with 97 of the facilities, including 77 in-person visits. We are seeing a much greater awareness of child and youth rights as well as the OCA's role. Facility staff members are very receptive to the OCA educational materials we also provide, including our youth newsletter, *The Drop*.

### LEARN MORE ABOUT THE ADVOCATE

We made 22 public education presentations to community groups and organizations this year. If you would like a presentation for your group – contact us!

## Staying Informed

Throughout the year, we meet with the four child welfare authorities to discuss matters related to the experiences of children and youth impacted by the child welfare system. We also invite experts and leaders on critical issues related to our work to meet with OCA staff on a monthly basis. This past year we've covered topics including the history of treaties, factors related to the number of missing and murdered Aboriginal women and girls, new provincial funding models, and services available to support youth transitioning from care. We attended a number of academic, service delivery and policy conferences including the annual International Summer Course on the Rights of the Child, the national child and youth advocacy conference, and more.



## Spreading the Word About Rights

We worked with the Assembly of Manitoba Chiefs Youth Secretariat to design and deliver a workshop on the United Nations Convention on the Rights of the Child for the annual First Nation Youth Gathering in August 2013 at Peguis First Nation.



## All Charities Campaign – Top Award for 2013

The OCA regularly supports the All Charities Fundraising Campaign and this year, we received the Overall Outstanding Achievement Award. Out of thirty-eight participating groups, we were recognized for level of staff participation, number of pledges, holding fundraising events, and attending campaign training sessions.

## System Kidz Radio



University of Winnipeg radio station CKUW 95.9 FM welcomed a representative of our office to be a frequent guest on its weekly show, System Kidz. The show is broadcast on radio airwaves as well as online and its target demographic is children and youth who are in care or receiving child welfare services in Manitoba. We use this platform to talk

about child and youth rights, particularly the rights of young people in care.

## Santa Welcomes More than 200 Guests to OCA Block Party

In what has become an annual tradition, our office invited more than 200 children and youth to the OCA Santa Parade block party in November 2013 to promote the work of the office and the start of Child Rights Week. Our young guests joined thousands of other Winnipeggers downtown to enjoy pre-parade entertainment, games, and snacks followed by a bird's eye view of Santa from our special seating area.



## In the Community

OCA team members attended and supported many events throughout the province related to our mandate. Examples of some of those events from this year include the following:



- CFS authority and agency annual general meetings and open houses
- Agency ceremonies celebrating youth transitioning from care
- CFS agency staff development events
- Picnics and family fun days organized by CFS agencies and other community groups
- Core training for CFS workers and supervisors
- Secondary and post-secondary institution speaker events, forums, and announcements
- Conferences on child and youth care, youth who are sexually exploited, children with disabilities, child and youth rights, suicide prevention, and advocacy skills training
- Forums on early childhood development, foster parent training, homelessness, and child protection in social media
- Media awards and an educational symposium on sexual exploitation
- Community pow wows and other cultural events for youth



# REVIEW of Services

## Advocacy Services

In 2013-2014, the OCA received a total of 2,155 service requests that qualified for advocacy services.

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

- Reviewing child welfare involvement
- Establishing contact with the appropriate CFS agency
- Meeting with children and youth to help them 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 multi-dimensional and/or involve a lack of community/family resources to meet the identified needs. We've been involved in cases when 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 types of concerns requiring advocacy, we analyze and address those concerns to see if there are systemic issues at play. This may result in systemic advocacy work and special reports.

One of the systemic files we opened this year was based on a number of individual cases that identified barriers between the child welfare and mental health systems in the Northern Health region. Challenges related to issues of communication and collaboration. Specific issues identified included information sharing, meeting participation, and role and responsibilities

## My Life

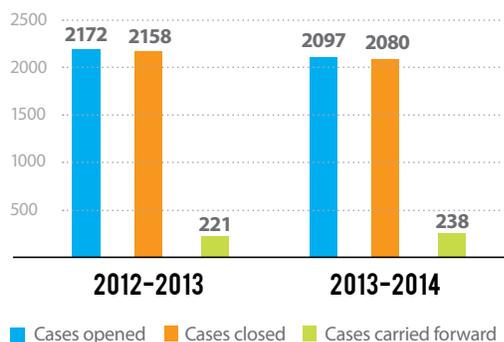
I have done a lot of the bad  
So much that it left you all so sad  
Now, I want to try again with the good  
So stand with me if you would  
I want another chance  
With no use of substance  
So now I try to see what others feel  
And slowly start to heal  
This life is short, so there's no time for negative thoughts  
For a while I got caught  
Now that I'm unstuck  
I hope for the best of luck  
As I come back into the light  
I realize, the future is so bright  
For now I work on the hurt  
But I know that I am out of the dirt  
I am going to live my life right this time  
I know I'll be just fine  
Now I'm starting to know what I'm made of  
And part of that is love  
That love I will share  
Because I know you are always there ...

**-YOUTH IN CARE (AGE UNKNOWN)**



of the stakeholders. Through this systemic review, we were able to identify and bring together the numerous stakeholders involved in these cases to discuss how to achieve closer collaboration and cooperation. As a result of our intervention, the parties have agreed to develop a protocol to improve service delivery to children and youth involved with CFS who also have mental health issues.

## 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.

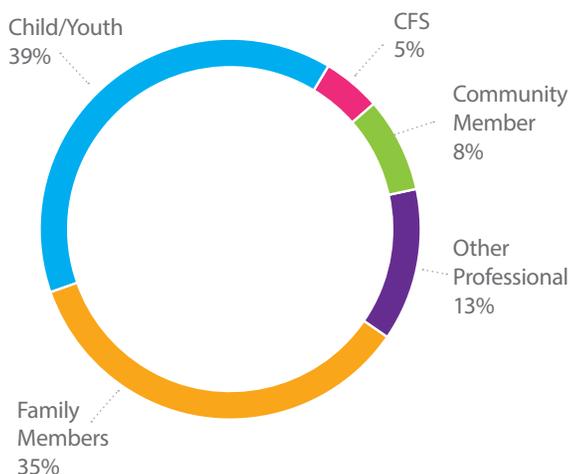
The number of files that we closed following intake increased to 22% in 2013-2014 from 20% the previous year. Intake assessment officers have worked hard to resolve more cases at the intake level in order to accommodate the increasingly complex files that they transfer to advocacy officers.

The cases that are being transferred for ongoing advocacy involvement frequently include multiple advocacy concerns, the involvement of numerous public systems, and require decision making and action at high levels within the CFS system. These files often require more advocacy involvement and take longer periods of time to resolve. The number of Advocacy Intervention closings remained constant at 7% across both years.

## 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 last fiscal year. We have continued to see growth in the number of children and youth contacting our office directly. We have made a number of efforts to increase the visibility of our office among youth. This has included reaching out via newsletters, social media, focus groups, public speaking engagements, the introduction of the OCA mascot "The Wavy Guy," as well as ongoing facility visits and other outreach efforts. We are quite pleased that over the past three years, requests coming into our office from children and youth have more than doubled!

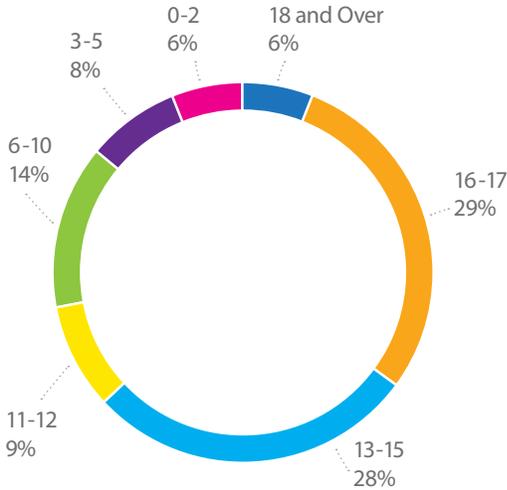
The numbers of children and youth contacting us this year continued to increase, rising from 358 last year to 366 this year.



Most individuals made contact with our office by phone (84%) followed by in-person visits (12%). The remaining contacts were made through our website, fax, and mail.

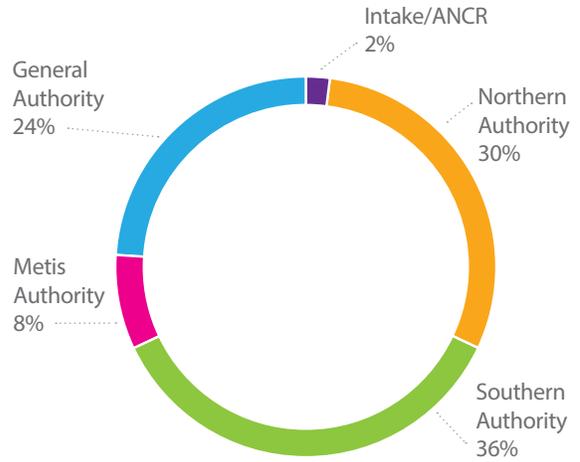
# The Children and Youth We Serve

## Age of Child or Youth



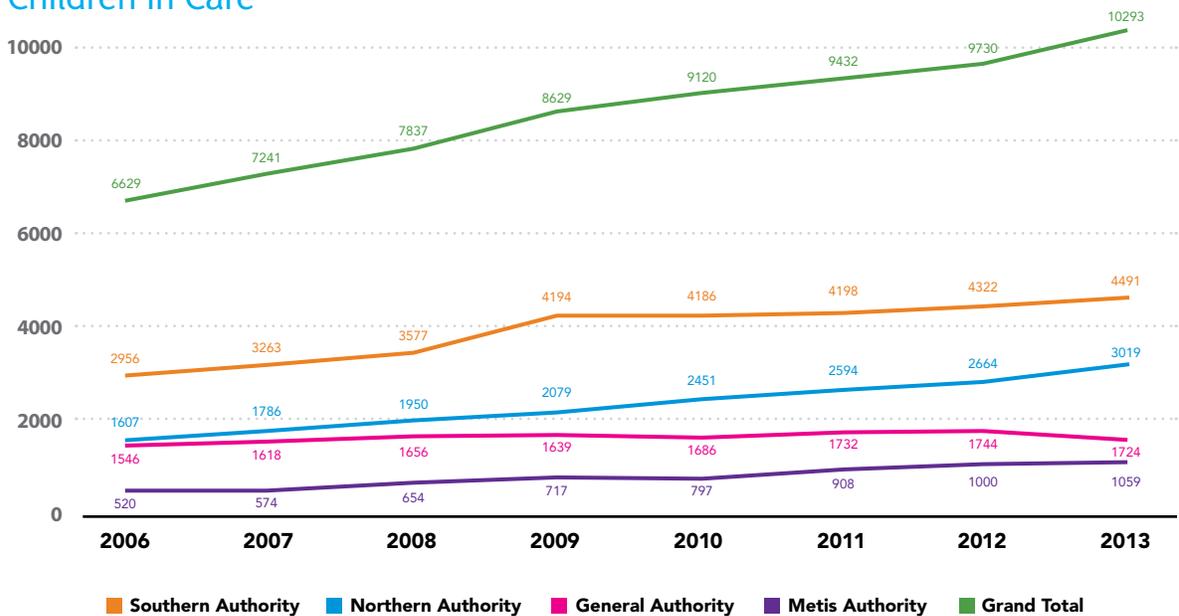
We continue to see a rise in the number of requests for services from youth over the age of 18. We had 68 cases in this age category this year compared with 56 last year and 28 for the two years previous. Given that we are seeing more extensions of care granted to those involved with CFS who are turning 18, we are not surprised to see this number increase.

## Responsible CFS Authority



Across Canada, there is an overrepresentation of Aboriginal children and youth receiving child welfare services due to historic and systemic reasons. We see a corresponding high number of Aboriginal 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.

## Top CFS Related Concerns by Category

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

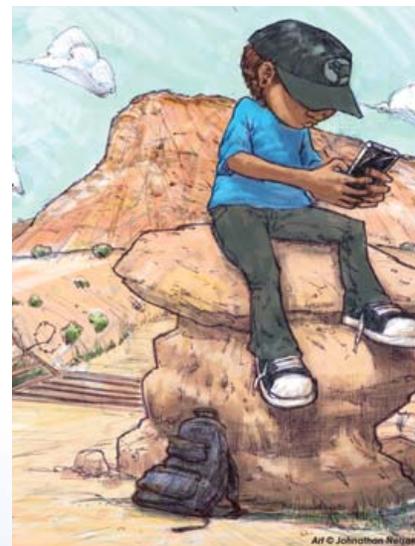
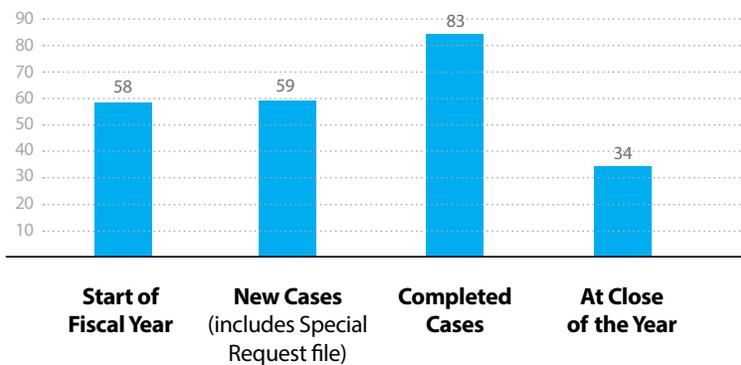
Top Concerns	Number	Percentage
<b>Case plans:</b> <ul style="list-style-type: none"> <li>• Lack of case planning</li> <li>• Lack of permanency planning</li> <li>• Lack of planning for family</li> <li>• Poor reunification planning</li> <li>• Change of worker</li> <li>• Lack of child participation</li> <li>• Lack of parental/family participation</li> <li>• Lack of service standards</li> <li>• Lack of appropriate protection planning</li> <li>• Disagree with/refusal of CFS</li> <li>• Other</li> </ul>	<b>855</b>	<b>36%</b>
<b>Quality of care (applies to children in care only):</b> <ul style="list-style-type: none"> <li>• Lack of health care</li> <li>• Lack of education program</li> <li>• Lack of privacy</li> <li>• Lack of clothing</li> <li>• Lack of food</li> <li>• Lack of recreation</li> <li>• Mental health intervention/treatment</li> <li>• Inappropriate use of intrusive measures</li> <li>• Inappropriate discipline</li> <li>• Lack of appropriate care resource</li> <li>• Too many placement moves</li> <li>• Unapproved absence of child</li> <li>• Access to / visitation with child in care</li> <li>• No contact with peers</li> <li>• Other</li> </ul>	<b>492</b>	<b>21%</b>
<b>Rights (e.g., provision, prevention, protection, participation):</b> <ul style="list-style-type: none"> <li>• Authority Determination Protocol</li> <li>• Lack of information</li> <li>• Lack of participation</li> <li>• Lack of consideration</li> <li>• Lack of knowledge of advocacy</li> <li>• Lack of legal advocacy</li> </ul>	<b>433</b>	<b>18%</b>
<b>Responsiveness/timeliness:</b> <ul style="list-style-type: none"> <li>• Authority Determination Protocol</li> <li>• CFS unresponsive</li> <li>• CFS over responsive</li> <li>• Administrative delays</li> <li>• Service delays</li> </ul>	<b>195</b>	<b>8%</b>
<b>Child maltreatment:</b> <ul style="list-style-type: none"> <li>• Suspected child abuse of child in care</li> <li>• Suspected child abuse of child not in care</li> <li>• Suspected child neglect of child in care</li> <li>• Suspected child neglect of child not in care</li> <li>• Child Death Review CIC/Child Inquest Review Committee</li> </ul>	<b>95</b>	<b>4%</b>
<b>Accessibility:</b> <ul style="list-style-type: none"> <li>• Lack of information</li> <li>• Refusal of services</li> <li>• Ineligibility</li> <li>• Lack of service/resource</li> <li>• Resource limitation</li> </ul>	<b>65</b>	<b>3%</b>
<b>Transitional planning:</b> <ul style="list-style-type: none"> <li>• Lack of transitional planning</li> <li>• Ineligible for adult services</li> <li>• Ineligible for Employment &amp; Income Assistance</li> <li>• Lack of concrete resources</li> <li>• Lack of support services</li> <li>• Other</li> </ul>	<b>80</b>	<b>3%</b>
<b>Accountability:</b> <ul style="list-style-type: none"> <li>• Inadequate review process</li> <li>• Fear of retribution</li> <li>• Worker conduct</li> </ul>	<b>44</b>	<b>2%</b>
<b>Special/complex needs:</b> <ul style="list-style-type: none"> <li>• Lack of diagnostic assessment</li> <li>• Lack of resources</li> <li>• Poor coordination</li> <li>• Funding issue</li> <li>• Jurisdictional issue</li> <li>• Other</li> </ul>	<b>19</b>	<b>1%</b>
<b>Adoption:</b> <ul style="list-style-type: none"> <li>• concerns that do not fit under established categories</li> </ul>	<b>2</b>	<b>-</b>
<b>Other:</b> <ul style="list-style-type: none"> <li>• concerns that do not fit under established categories</li> </ul>	<b>91</b>	<b>4%</b>
<b>Total</b>	<b>2371</b>	<b>100%</b>

# SPECIAL INVESTIGATIONS

## Review Services

The Special Investigations Review (SIR) program began the 2013 - 2014 fiscal year with a total of 58 outstanding cases. During the year, we were notified of 166 child deaths, including eight children who were not residents of Manitoba. Of the 158 reported deaths of Manitoba children, 58 met the criteria for review. We also received a special request from the minister of family services to conduct a review on the death of a young adult who was receiving child welfare support beyond age 18. We completed investigations and reviews on 83 of our open cases leaving 34 to carry over to 2014-2015.

### Special Investigations Review Statistics



UNCRC Article 16

**YOU HAVE THE RIGHT TO**  
**PRIVACY.**

## 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. In the table below we have provided an analysis of the manner of death compared across Manitoba deaths as a whole, reviewable deaths, and child in care deaths. This reporting is unofficial and may differ slightly from the OCME's final determination.

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 a file that was closed within one year preceding the child's death.

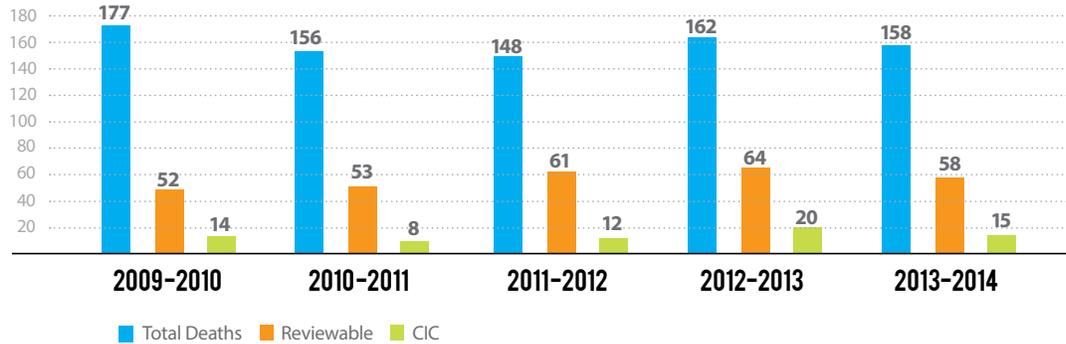
### Manner of Child Death in Manitoba 2013-2014

Manner of death	Manitoba Deaths		Reviewable Deaths		Child in Care Deaths	
	Number	Percent	Number	Percent	Number	Percent
<b>Natural</b>	<b>84</b>	<b>53%</b>	<b>23</b>	<b>40%</b>	<b>6</b>	<b>40%</b>
Medically Fragile	32		10		6	
Prematurity	41		9		0	
Disease	11		4		0	
Other	0		0		0	
<b>Accidental</b>	<b>28</b>	<b>18%</b>	<b>10</b>	<b>17%</b>	<b>3</b>	<b>20%</b>
Other	5		0		0	
Drowning	6		2		0	
In the Home	3		3		1	
Motor Vehicle	14		5		2	
<b>Suicide</b>	<b>11</b>	<b>7%</b>	<b>11</b>	<b>19%</b>	<b>2</b>	<b>13%</b>
<b>Homicide</b>	<b>1</b>	<b>1%</b>	<b>1</b>	<b>2%</b>	<b>0</b>	<b>0%</b>
<b>Undetermined (includes SIDS/SUID)</b>	<b>34</b>	<b>21%</b>	<b>13</b>	<b>22%</b>	<b>4</b>	<b>27%</b>
<b>Total Deaths</b>	<b>158</b>	<b>100%</b>	<b>58</b>	<b>100%</b>	<b>15</b>	<b>100%</b>

Note: Numbers may not total 100% due to rounding to the nearest whole number

Reviewable deaths mirror the overall deaths in Manitoba in that most are determined to have occurred naturally.

## Yearly Comparison of Reviewable Deaths



## Child in Care: Legal Status and Manner of Death

Legal Status	Natural	Accidental	Suicide	Homicide	Undetermined	Total
Permanent Ward	3		2		2	7
Temporary Ward		1				1
VPA	2					2
Order of Supervision		1				1
Apprehension	1	1			2	4
<b>Total</b>	<b>6</b>	<b>3</b>	<b>2</b>		<b>4</b>	<b>15</b>

## Reviewable Deaths by Authority: 2013 - 2014 (N=58)

General Authority	10	17%
Metis Authority	4	7%
First Nations Northern Authority	20	35%
First Nations Southern Authority	24	41%
<b>Total Cases with CFS Involved</b>	<b>58</b>	<b>100%</b>

## Special Investigations Findings and Recommendations

This year, our reviews included 261 findings and recommendations, which we shared with the minister of family services, the OCME, the ombudsman, relevant CFS authorities and the Child Protection Division. There were 57 recommendations related to 23 children and youth. We made one additional recommendation to Manitoba Health that pertained to moving forward with youth mental health services in development in Thompson.

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

As in past years, case management remains the top concern in our investigations. This category is composed of the activities carried out from the point of intake, during service delivery, and through to the point of case closing. Within this category, proper evaluation of case plans emerged as the most frequent concern.

In past years, the most frequently cited concern relating to case management was assessment and more specifically risk assessment. In last year's annual report, we noted that agencies throughout the province were in the process of implementing the use of Structured Decision-Making™ (SDM) tools, which include methods of assessing probability of future harm. Our findings this year tentatively indicate that these tools are being implemented effectively and assessments are improving. This is a very positive indication and we are eager to see if these findings continue in the coming years.

File recording has also appeared as a frequent area of challenge for CFS workers. File recording is critical to transitions from one worker to another, one office to another, and from one agency to another. It's vital for maintaining consistent service delivery and focused case planning. When service files are incomplete or inaccurate risk to children can increase. In addition, the accountability of the system is compromised if reviews of a case file do not provide the complete history of the system's involvement in the life of a child or family.

We completed one aggregate report this year. We initiate an aggregate report when we become aware of issues that are common to multiple children who have died. Examining the deaths as a group can assist in identifying systemic issues that may need to be addressed.

The aggregate analysis we completed this year involved the deaths of 14 children and youth who had received services from the same CFS agency over the span of the past few years. The report made several recommendations. These included improved worker training and documentation. We also urged the professional and community stakeholders involved in this region to take steps to foster supportive, collaborative working relationships in order to address issues affecting child and youth mental health and wellness in the region. These include concerns about substance abuse, family violence, and suicide.



**IF YOU LIVE IN CARE,  
YOU HAVE THE RIGHT TO HAVE**

**REGULAR CONTACT**

**WITH YOUR SOCIAL WORKER.**

UNCRC Article 25

# THEMES & Recommendations

## Sexual Exploitation of Children and Youth

### CASE EXAMPLE:

A youth we worked with was sexually assaulted twice prior to coming into care. When placing her in care, the agency moved her from a rural location into the city where she was further distanced from her established support system. Being placed in the city increased the vulnerability of this youth and soon led to her being sexually exploited and struggling with a drug addiction. Her vulnerability continued to increase and she frequently disappeared from her placements in care.

The youth began working with our office and we were able to successfully advocate for her reconnection to her family, as well as for a referral to a program through New Directions that offers support to sexually exploited youth, a program known as TERF (Transition, Education & Resources for Females). Our office continued our advocacy as she began to access other resources and throughout a placement with Little Sisters, a nurturing and healing program offered by Ma Mawi Wi Chi Itata Centre. This youth continues to flourish as she looks to the future and transitioning out of agency care with strong connections to the resources that continue to encourage and support her empowerment.

A history of sexual exploitation is not uncommon among children and youth in the child welfare system. Sexual exploitation is a subcategory of sexual abuse and is defined as the act of coercing, luring or engaging a child, under the age of 18, into a sexual act, involvement in sex trafficking or in child sexual abuse images, with or without the child's consent, and which may or may not occur in exchange for money, drugs, shelter, food, protection or other necessities.<sup>2,3</sup>

The risk factors for sexual exploitation are complex and varied but can include a history of physical, sexual, or emotional abuse or neglect, poverty or unemployment, mental health issues, leaving home at a young age, unsupervised Internet use, issues related to sexual orientation, as well as low media literacy.



UNCRC Article 34

**THE GOVERNMENT SHOULD PROTECT CHILDREN FROM**

# SEXUAL ABUSE\*

**\*DON'T KEEP THIS A SECRET. TELL A RESPONSIBLE ADULT  
SO THAT YOU CAN GET HELP.**

## **SPEAK UP!**

Children and youth from all social, cultural and economic backgrounds can be vulnerable to sexual exploitation. However, the Canadian Government's Standing Senate Committee on Human Rights has noted in its 2011 report, *The Sexual Exploitation of Children in Canada: The Need for National Action*, that Aboriginal youth are at particular risk. It cites contributing factors such as lower levels of educational achievement, higher levels of poverty, overcrowding, and poor housing within Aboriginal communities as well as a lack of access to social supports and basic services. Troubling family histories as the result of the residential school system and attempts at cultural assimilation also play a role (p. 30-31).

A number of positive initiatives have been implemented in Manitoba over the last number of years that address the sexual exploitation of children and youth. Many of these are part of the province's overall strategy that has been underway since 2002. Still, we are aware through our advocacy and child death investigations of additional areas that need strengthening, such as mandatory training and available resources that we discuss below.

## Mandatory Training

There is no required training for CFS social workers and child and youth care workers on sexual exploitation. The province does offer optional specialty training on the subject, but given the high risk for sexual exploitation of children and youth in the child welfare system, it must be a mandatory part of core competency-based training. Training should focus on an understanding of risk and protective factors associated with sexual exploitation. All CFS workers as well as child and youth care workers should be required to take this training as part of their development of foundational knowledge and skills. This could help ensure that workers are able to identify risk factors early and address them effectively. Our office has made this recommendation to the province's Child Protection Division.

## Resources

Young people who have been sexually exploited, or who are at high risk for such exploitation, have special treatment needs. The psychological, health and emotional consequences are complex and difficult to address.

Exploitation through gang involvement is common and presents a huge safety risk. Violence from those who exploit and use young people for sex as well as the contraction of sexually transmitted infections present specific health issues.



Youth in care  
(Age 11)

## Disappointments

Disappointments, tears and fears  
 We have been all through them  
 But you don't let your disappointments let you fear  
 Even though you may tear  
 Sometimes we cry, but we still have to try  
 Don't let these disappointments, tears and fears bring you down  
 And though you may frown  
 Get up and smile  
 Even if it is for a short while  
 It will be okay in the end - have hope

### - YOUTH IN CARE (AGE 16)

Alcohol and other forms of substance use place youth at higher risk for sexual exploitation and are also frequently used as a way to cope for those who are sexually exploited. Generic addiction treatment resources frequently do not address this complex dynamic in ways that are relevant and appropriate for this population. Many residential addiction programs, for example, use a group model and are coed. Young people suffer high social stigma when they share details of their sexual exploitation and this can leave them even more vulnerable if receiving treatment in a mixed group.

Although there are a few residential resources in Manitoba for youth who have been sexually exploited, they are limited in terms of scope, security, and availability. They do not meet the full range of treatment needs for those youth at highest risk.

This year, we recommended that Manitoba Family Services and Manitoba Health, Healthy Living and Seniors collaborate to develop an intensive, secure, residential stabilization and treatment facility along with programming for young people who are sexually exploited and highly vulnerable. Further, in its development of this resource, that the province engage and consult stakeholders including Aboriginal leadership, youth leadership, and survivors of sexual exploitation.

<sup>2</sup> Manitoba Family Services Manual. Volume 1, Chapter 3, Section 5. <http://www.gov.mb.ca/fs/cfsmanual/1.3.5.html>

<sup>3</sup> Beyond Borders ECPAT Canada (n.d.) Terms and language. <http://www.beyondborders.org/wp/publications/terms-and-language/>

## Access to Mental Health and Wellness Services

### CASE EXAMPLE:

A youth who was recently diagnosed with schizophrenia is currently serving time in custody for an assault conviction. Prior to her arrival at the youth correctional facility she was at a youth psychiatric ward at a city hospital due to a mental health crisis she experienced at a child and family services office. She was able to stabilize in the hospital and was discharged, returning to her northern community where mental health services are limited. Shortly after her return to the community, she assaulted a number of people as the result of ongoing fears related to her mental health condition. She is now back in custody where staff struggle to help her stabilize. When adequate mental health and wellness services are unavailable, youth often end up in the justice system, which is not the type of care and treatment the young person requires.

outside of their communities for assessment and treatment. This causes significant hardship on children, their caregivers and families, and makes delivering effective care of and intervention with these young people problematic.

A recent four-year review (2009-2012) of youth suicide deaths in Manitoba that our office conducted identified a disproportionate number of suicides in northern communities.<sup>4</sup> During this time period, northern Manitoba was home to 9% of the 0-19 population,<sup>5</sup> but accounted for 31% of suicide deaths for youth under the age of 18.

In 2011, the provincial government released *Rising to the Challenge*, its 5-year strategic mental health and well-being plan for Manitobans. In its September 2012 update report, the province reported that the development of a youth crisis stabilization unit was already underway. The resource, as described in the report, is to offer mental health and addictions crisis support to youth.

At the time of writing this annual report, construction has yet to begin on the facility. The latest estimates were for construction to begin in spring 2014, with completion to occur within six months. Although the construction of this facility is taking longer than expected, the province has expanded youth mental health services in Thompson. In December 2011, the province introduced mobile crisis services for youth based out of the Thompson Hospital. This is an important resource for northern children and youth and will be a valuable adjunct to the Northern Youth Crisis Service facility.

In December 2013, the OCA made a recommendation to Manitoba Health expressing the importance of the Northern Youth Crisis Service facility and that the province ensures it is operational by 2015.

The OCA assumed legislative responsibility for conducting special investigation reviews of child deaths in 2008. Since that time, we have consistently identified the lack of mental health services for youth in Manitoba's northern communities as a barrier to the well-being of children and youth.

Mental health services in these communities mostly consist of fly-in therapists who are in the community for a limited number of days per month or, where available, services delivered through the provincial telehealth initiative. When services are unavailable, children and youth with mental health issues go undiagnosed or must go

<sup>4</sup>Office of the Children's Advocate. "Youth Suicide in Manitoba." Winnipeg: October, 2013. Canadian Association for Suicide Prevention conference poster presentation.

<sup>5</sup>Brownell, M., Chartier, M., Santos, R., Okechukwu, E., Au, W., et al. (2012, October). How are Manitoba's children doing? Manitoba Centre for Health Policy, Department of Community Health Sciences, Faculty of Medicine, University of Manitoba. Retrieved online [http://mchp-appserv.cpe.umanitoba.ca/reference/mb\\_kids\\_report\\_WEB.pdf](http://mchp-appserv.cpe.umanitoba.ca/reference/mb_kids_report_WEB.pdf).

# Protecting Child and Youth Rights Beyond Child Welfare

## CASE EXAMPLE:

We have been working with a youth since she was 15. She is a permanent ward of the child welfare system and is also involved with the justice system. Her lawyer initially contacted us requesting advocacy services for the youth and, as is often the case in similar situations, we worked to ensure the agency remains involved while the youth is in custody so planning for her future can be ongoing.

This youth has significantly complex needs and qualifies for adult support services once she reaches 18 years old. Her complex needs require specialized placement upon release from custody and this became our primary advocacy goal. Our secondary goal has been to ensure she received an extension of care through the child welfare agency to allow for the necessary assessments and planning to occur that would allow appropriate placement resources to be located and approved.

Our collaboration on behalf of this youth has resulted in an extension of care being approved and appropriate placement resources being identified. We continue to work with her and on her behalf to ensure she is appropriately resourced and supported while in custody and following her upcoming release.

It is unfortunate that youth who do not have child welfare involvement but who require similar support are unable to access the services of the OCA. A change in legislation could eliminate that barrier for youth and allow for us to help prevent vulnerable youth from becoming vulnerable adults.

The limitations of the legislation governing The Office of the Children's Advocate continues to be an area of focus for us. The legislation is embedded in *The Child and Family Services Act* and *The Adoption Act* in Manitoba. Our mandate pertains only to children and youth receiving services or entitled to receive services under the provisions of those acts. The more common practice across Canada and in international jurisdictions is to enact independent legislation that provides for child

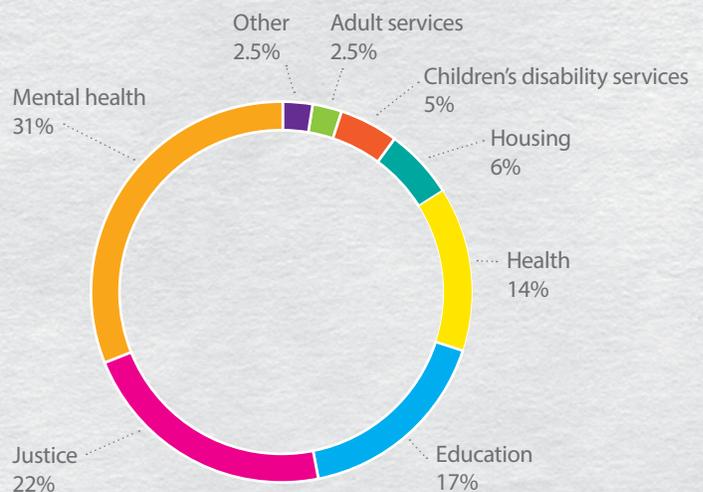
and youth advocacy across multiple government departments and publicly funded service organizations.

Manitoba's present mandate limits the ability of our office to advocate for the rights of children and youth in our province as they relate to the full range of public services they may receive. The United Nations Convention on the Rights of the Child (UNCRC) speaks to rights about health, education and justice in addition to those that relate to child protection and safety. If protecting children and youth across the spectrum of public services is a goal, then an expansion of the currently limited role of the Children's Advocate must occur.

A significant number of the cases in which we become involved are what we categorize as "dual mandate" situations. This means the children and youth involved are receiving services from a child and family services agency in addition to other public services and that the issue at hand crosses the jurisdictions of these other systems.

This past year, 78 of the 615 advocacy services cases we opened fit the dual mandate category representing 13% of total cases. The majority of these cases involved the mental health, criminal justice, and education systems. Our special investigations review services also regularly sees overlap of the systems involved in the cases it sees.

## Dual Mandate Cases



Although we do comment on and make recommendations about improvements with respect to upholding child rights within these other systems, we have no authority or formal avenues to raise issues directly within systems external to child welfare. We do extend beyond our formal mandate in these situations by either writing formal letters of notification of our concerns, or by making recommendations to systems outside of child welfare. However, because our current mandate is embedded in the *CFSA*, we must rely on the minister of family services to pass those recommendations along to the minister responsible for the other service area. If a child or youth requests advocacy services and is not currently involved with child welfare, we are unable to provide advocacy support and must refer them elsewhere. In order to be involved, the child or youth must be currently receiving services, or be entitled to receive services under the *CFSA*. Similarly, if a child dies and there was no child welfare involvement in the 12 months preceding the death, a review of that death would fall outside of our current mandate.

The final report from the Phoenix Sinclair Inquiry (2014), recognized the need for an independent act governing the Office of the Children's Advocate in addition to the need to expand the mandate of our office:

... an expansion of the mandate of the Office of the Children's Advocate is overdue. Many children, youth, and families who need the services of the Children's Advocate now have no access to that office. The authority of the Office should extend beyond the child welfare system, to include services by any government department or publicly funded organization to children and youth.<sup>6</sup>

Children and youth occupy some of the most vulnerable positions within the public systems that serve them. Strong, independent legislation is needed in order to provide the foundation for effective, multi-system advocacy that can compel governments to action.

<sup>6</sup> Hughes, T. (2014). The legacy of Phoenix Sinclair: Achieving the best for all our children. Commission of inquiry into the circumstances surrounding the death of Phoenix Sinclair. Retrieved July 16, 2014, from [http://www.phoenixsinclairinquiry.ca/rulings/ps\\_volume2.pdf](http://www.phoenixsinclairinquiry.ca/rulings/ps_volume2.pdf); (S.20.5.1, p. 419).

## An excerpt from "Heart Filled Pain"

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 the most beneficial  
I opened up. I talked about it. And still do.  
I write about it and think about it. Fought about it.  
Oh, hell yeah, 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.

**YOUTH IN CARE - AGE 18**

# SHOUT OUT

## from the Advocate

### National Advocacy Achievement Award

Congratulations to Marie Christian who is the program coordinator at VOICES: Manitoba's Youth In Care Network. The Child Welfare League of Canada honoured Marie with its 2013 National Advocacy Achievement Award. The OCA nominated Marie and we're very pleased that she has received recognition for her many years of dedicated service to children and youth in and from care.



### Building Futures Program Receives Service Excellence Award

The General Child and Family Services Authority received a Manitoba Service Excellence Award. The award recognizes the authority's innovative Building Futures program, which helps prepare youth transitioning from care. The program connects youth with money management and debt counselling, personal and general counselling, emotional support and employment preparation training as well as mentors. Well done!

### University of Manitoba Waives Tuition for Students From Care

Over the past few years, many of Manitoba's learning institutions have made post-secondary education more accessible to youth from care by waiving their tuition fees. We applaud the University of Manitoba for joining the growing number of post-secondary schools providing this important support.

### Enhancing Standards for Child and Youth Care Workers

Child and youth care workers are crucial members of the child welfare team and are often the ones who have the most contact with children and youth in care. We were pleased to learn that the Child and Youth Care program at Red River College is beginning research on ways to strengthen the provincial standards for child and youth care workers.

### Sacred Babies Campaign

We have been excited to watch the continued development of the Assembly of Manitoba Chiefs Maternal Child Health Program's Sacred Babies awareness and educational campaign. This initiative uses print and radio media along with in-home educational resources in First Nation communities in Manitoba to encourage safe sleep environments for infants. It is our understanding that funding through Health Canada for this program is set to expire in 2015. Sacred Babies is an innovative program and important resource for protecting the safety of infants and we urge the federal government to recommit its support in the best interests of child and maternal health.

### Camp Anishinaabe

We wish to acknowledge Anishinaabe Child and Family Services (ACFS), which is helping youth in care who are reaching the age of majority to develop leadership skills as part of its Camp Anishinaabe program. Youth in care aged 17-20 help ACFS staff implement summer camp programming for children in care aged 10-16 while acting as mentors.



Children's  
Advocate

# Financial Report

Salaries and Benefits = \$2,702,696.80  
Total Operating Expenses = \$774,980.35

## 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  
**Cynthia Steranka** Manager, Administration and Finance  
**Kirstin Magnusson** Interim Program Manager, Advocacy and Intake Services  
**Patty Sansregret** Manager, Special Projects  
**Shelagh Marchenski** Program Manager, Special Investigations Review Services

### Staff

**Ada Uddoh** Intake Assessment Officer  
**Carolyn Burton** Senior Clerk  
**Carolyn Parsons** Advocacy Officer  
**Cathy Hudek** Special Investigator  
**Dawn Gair** Intake Assessment Officer  
**Debra De Silva** Intake Assessment Officer  
**Denise Wadsworth** Advocacy Officer  
**Doug Ingram** Advocacy Officer  
**Gerald Krosney** Advocacy Officer  
**Holly Bartko** Administrative Assistant  
**Janine Bramadat** Policy Analyst  
**Jennifer Rentz-Wright** Special Investigator  
**Joanne Lysak** Special Investigator  
**Justine Grain** Special Investigator  
**Kevin Barkman** Special Investigator  
**Lynda Schellenberg** Special Investigator  
**Margherita Gagliardi** Special Investigator

**Paula Zimrose** Intake Assessment Officer  
**Reji Thomas** Administrative Assistant  
**Rosie O'Connor** Advocacy Officer  
**Sarah Arnal** Special Investigator  
**Tanis Hudson** Special Investigator  
**Thelma Morriseau** Advocacy Officer  
**Whitney Moore** Special Investigator

### Practicum Students

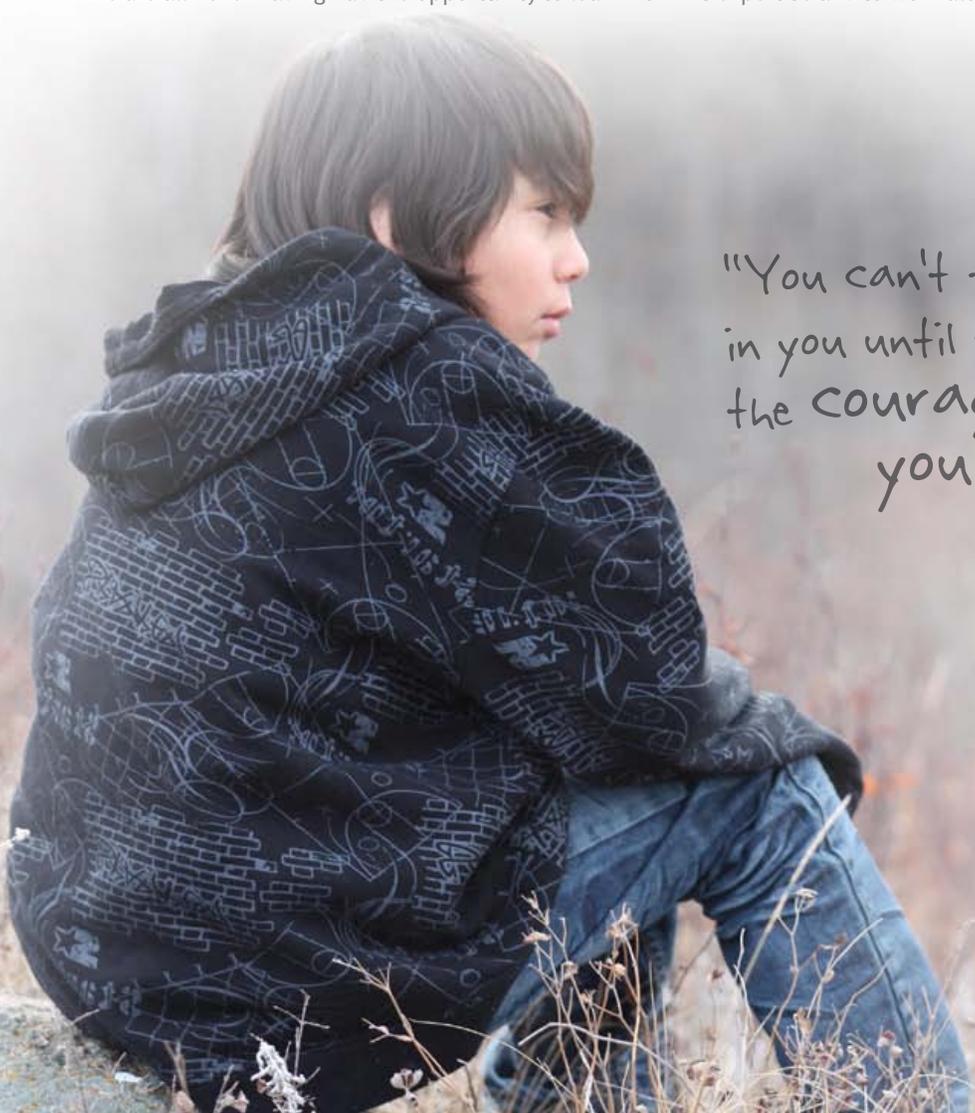
**Angela White** University of Manitoba Inner City Social Work ACCESS Program  
**Josy Allen** University of Manitoba, Master of Public Administration Program  
**Kyra Wilson** University of Manitoba Inner City Social Work ACCESS Program

## 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.

<b>Mr. Scott Amos</b>	Social Development Operational Specialist, Aboriginal Affairs and Northern Development Canada
<b>Mr. Alem Asghedom</b>	Instructor, Inner City Social Work Program, University of Manitoba
<b>Ms. Marie Christian</b>	Program Coordinator, VOICES: Manitoba's Youth in Care Network
<b>Dr. Charles Ferguson</b>	Director, Child Protection Centre*
<b>Mr. Don Fuchs</b>	Professor, Faculty of Social Work, University of Manitoba
<b>Ms. Pamela Jackson</b>	Therapist, Trainer, and Consultant
<b>Ms. Margaret Lavallee</b>	Elder, University of Manitoba
<b>Dr. Peter Markesteyn</b>	Former Chief Medical Examiner
<b>Mr. Peter Rogers</b>	Senior Advisor, Health Canada

\*Shortly before the publication of this report, we were saddened by the passing of Dr. Charles Ferguson. Our office has had a long relationship with Charlie and will remember him fondly as a thoughtful, impassioned, and unyielding advocate for some of Manitoba's most vulnerable and exploited children. We are all richer having had the opportunity to learn from his expertise and to work alongside him.



"You can't find the strength  
in you until you have  
the courage to see that  
you are strong"

- YOUTH IN CARE, AGE 16



## The Office of the Children's Advocate

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