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Standing Committee
on
Legislative Offices

Child and Youth Advocate Act Review

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Standing Committee on Legislative Offices

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[Mr. Shepherd in the chair]

The Chair: All right. Well, I'd like to welcome members, staff, guests to this meeting of the Standing Committee on Legislative Offices. I'll take a moment to wish everyone Happy New Year. Welcome back, and I'm sure everyone has been fast and hard at work already in the new year.

I'm David Shepherd, MLA for Edmonton-Centre and the chair of this committee. I'd ask that members and those joining the committee at the table introduce themselves for the record, and then we'll hear from those on the phone. I'll start to my right.

Mr. Malkinson: Brian Malkinson, deputy chair, MLA for Calgary-Currie.

Mr. van Dijken: Glenn van Dijken, MLA for Barrhead-Morinville-Westlock.

Mr. Nixon: Jason Nixon, MLA for Rimbey-Rocky Mountain House-Sundre.

Mr. Ellis: Mike Ellis, MLA for Calgary-West.

Mr. Hattori: Mark Hattori, ADM for child and youth services, Human Services.

Mr. Graff: Good morning. I'm Del Graff, Child and Youth Advocate.

Ms Sanderson: Kim Sanderson, ADM with correctional services.

Mr. Andres: Good morning. I'm Barry Andres. I'm the ED of addiction and mental health with Alberta Health Services.

Mr. Dang: Good morning. Thomas Dang, MLA for Edmonton-South West.

Ms Goehring: Good morning. Nicole Goehring, MLA, Edmonton-Castle Downs.

Ms Woollard: Good morning. Denise Woollard, MLA, Edmonton-Mill Creek.

Mrs. Littlewood: Good morning. Jessica Littlewood, MLA representing Fort Saskatchewan-Vegreville.

Mr. Kleinsteuber: Good morning, folks. Jamie Kleinsteuber, MLA Calgary-Northern Hills.

Mr. Koenig: Trafton Koenig with Parliamentary Counsel.

Dr. Amato: Good morning. Sarah Amato, research officer.

Dr. Massolin: Good morning. Philip Massolin, manager of research and committee services.

Ms Rempel: Good morning. Jody Rempel, committee clerk.

The Chair: Thank you.

On the phones I believe we have Mrs. Pitt.

Mrs. Pitt: Angela Pitt, MLA, Airdrie.

The Chair: Thank you.

For the record I'll note the following substitutions: Mr. Dang is here for Ms Drever and Ms Goehring for Mr. Horne.

Now, before we turn to the business at hand, we have a few operational items. The microphone consoles, of course, are operated by the *Hansard* staff. Please keep cellphones and BlackBerrys on silent. Audio of the committee proceedings is streamed live on the Internet and recorded by *Alberta Hansard*. Audio access and meeting transcripts are obtained via the Legislative Assembly website.

The first item of business today, of course, is our agenda. Has everyone had the opportunity to review the proposed agenda? If so, do we have a member who would like to move a motion to approve the agenda as circulated?

Mr. Kleinsteuber: I'll move that.

The Chair: Mr. Kleinsteuber has moved accepting the agenda as circulated. Any discussion, comment? Seeing none, all those in favour? Any opposed? That motion is carried.

Moving, then, to the adoption of the meeting minutes from our last meeting, December 2, 2016, are there any errors or omissions to note? If not, is there a member that would like to move approval of the December 2 minutes as distributed? Ms Goehring. Any questions, comments? Hearing none, all those in favour? Any opposed? That motion is carried.

We move, then, to our main business of the day, the review of the Child and Youth Advocate Act and a series of panel presentations that we have. We have our first panel here with us regarding that review. As we begin with our first panel of the day, I'd like to remind everyone that today's participants have been invited to each make a 10-minute presentation regarding the Child and Youth Advocate Act, and after those presentations are complete, I'll open the floor for questions from committee members.

At this point I'd like to welcome our guests from the office of the Child and Youth Advocate, the Ministry of Human Services, the Ministry of Justice and Solicitor General, and Alberta Health Services. Thank you for joining us today.

One note to committee members before we proceed: please keep in mind that we've requested that both the office of the Child and Youth Advocate and the Ministry of Human Services be available to provide us with technical support throughout the review process. Today we're going to hear from them as panelists, but if we require their expertise at a later time, they will be available still as a resource to us.

Appropriate to the review, our first presenter today is Mr. Del Graff, the Child and Youth Advocate. I'd ask each of you to begin your presentation by introducing yourself for the record. Mr. Graff, if you'd like to proceed when ready.

Office of the Child and Youth Advocate

Mr. Graff: Thank you, Mr. Chair, and good morning. My name is Del Graff. I'm the Child and Youth Advocate for the province of Alberta. I'd like to thank you for the opportunity to talk with you this morning about the review of the Child and Youth Advocate Act. We previously provided input into the review of the act through our written submission in October.

The Child and Youth Advocate Act was proclaimed on April 1, 2012. Since then there have been three amendments to the act. The first enabled the advocate to provide evidence in an appeal under section 120 of the Child, Youth and Family Enhancement Act. The second provided us with the authority to investigate the serious injury or death of a young person receiving support and financial assistance under the enhancement act. The third amendment provided the advocate with the authority to investigate the death of

a young person who at any time during the two-year period preceding their death had received a designated service.

With respect to this legislative review I'm encouraged by the number of organizations and individuals who have provided written responses and who will have an opportunity to meet with this committee. This reflects their compassion for vulnerable young people, the importance of ensuring that their rights, interests, and viewpoints are considered, and that the work of our office is valued.

I want to talk briefly about our work under the current legislation. We provide direct services to vulnerable young people throughout the province. Our advocacy efforts currently focus on children and youth in the child intervention and youth justice systems. I want to emphasize that child and youth advocacy is a process of interrelated services that includes individual and systemic advocacy, legal representation for children, educational programs, and investigative reviews. Each of these areas contributes in distinct ways to improving the lives of vulnerable young people in our province.

We serve over 4,000 young people every year through individual advocacy services and legal representation. We also build awareness of children's rights and of child and youth advocacy through presentations, workshops, and community engagement. Last year we provided 242 engagement and education sessions. Approximately 12,000 people participated.

Through our investigative reviews into serious injuries and deaths as well as other systemic advocacy work we strive to make recommendations that are fair and balanced. Since the proclamation of the act we have released 20 reports addressing systemic issues arising from the serious injury or death of 26 young people. We made 66 recommendations through our investigative reviews and another 13 through our special reports to various public-sector bodies. In all of our efforts we advocate for the voices of young people to be heard and for their rights, interests, and viewpoints to be considered by decision-makers.

Our approach to advocacy has evolved over many years, and our hope is that this legislative review will help us continue to evolve so that young people receive the very best advocacy services that our province can offer. We know that advocacy for young people needs to be within the context of who they are, where they belong as well as their culture, traditions, and history. We work hard to build relationships and to share information about our work. For example, when we do an investigative review regarding an indigenous child, we meet with indigenous leaders to talk about our process and to hear from them how best to proceed. We always ensure that an elder participates in the process to discuss our findings and recommendations before finalizing our report. We meet with the staff involved and, wherever possible, with families so that everyone knows what to expect before our reports are released.

One of the reports we issued, in April 2016, was *Toward a Better Tomorrow: Addressing the Challenge of Aboriginal Youth Suicide*. This report provided insight into the lives of seven indigenous young people who died by suicide. This was a report of immense tragedy, suffering, and sorrow, but it was also a report that tells us how we can take action to prevent these tragedies in the future.

In July 2016 we also issued a special report called *Voices for Change: Aboriginal Child Welfare in Alberta*. We engaged with almost a thousand indigenous young people, elders, family members, caregivers, and stakeholders to hear their stories and experiences with the child welfare system in Alberta. We believe the eight recommendations from this report will enhance indigenous child welfare practice and improve outcomes for indigenous children and their families. Our office will continue to engage with indigenous communities throughout the province to

better understand who they are, to learn from them, and to better understand our role in advocating for their children.

Our next special report will be about the experience of sexual- and gender-diverse youth involved in child intervention and youth justice and how to improve services for these young people. These children and youth have specific vulnerabilities, needs, and circumstances that require particular attention. They often experience harassment, stigma, and rejection while in care and in custody, and this can contribute to challenges as they move forward in their lives.

I'd now like to touch on our submission to the standing committee on the amendments to the Child and Youth Advocate Act that from our experiences would enhance services to children and youth. Through the review of the act we hope to see changes that will enrich our mandate so that we can advocate for the most vulnerable young people in this province. To achieve this, we have suggested that this committee consider three possible options to amend the definition of designated services in the act. These include (a) exceptional circumstances where advocacy can be provided to specific young people who are not within our designated services group or (b) advocating for young people involved with children's mental health and for children with disabilities or (c) advocating for any child receiving services through a government system.

8:40

Expanding our mandate allows my office to include other vulnerable young people who need advocacy to have their rights, interests, and viewpoints considered. For example, a 15-year-old youth was undergoing treatments that included electroshock therapy and numerous medications. She felt that her views were undermined because of her mental health status. She did not feel heard. This young person shared that she wished she would have had someone in her life with the courage to question what was taking place. The struggle of young people with mental health challenges can be very difficult. Supporting young people in upholding their rights, interests, and viewpoints increases their visibility and their inclusion and can improve the services that they receive.

Another area we want to amend is our authority to appoint lawyers to represent young people of all ages for matters under the enhancement act or the Protection of Sexually Exploited Children Act. This would permit a lawyer to be appointed for a young person receiving support and financial assistance or for an appeal if the young person is over 18. Here is an example of why this is important. If we have a young mom with an open support and finance agreement and there is an application involving her child under the enhancement act, today we can appoint a lawyer for the child, but the young mom, who is still supported by the ministry, has to go to legal aid for her legal counsel. This places undue hardship on the mother and complicates an already complicated court system, that young people often find challenging.

In addition, we want our research capacity expanded to include research for any matter relating to the rights, interests, and well-being of children. We also want a new regulation that could provide grants to groups that we can collaborate with through research. By expanding our research capacity and providing grants to support the work of the office, we build critical partnerships with other child-serving agencies, academic institutions, and community researchers. As well, we develop evidence-based information that helps to inform services for young people. Health promotion, prevention, resilience- and strength-based supports are all areas where research is important for young people but may not be within the confines of our current designated services.

We also want a clearer definition of serious injury. The current definition of serious injury can lead to significant differences in interpretation. We are suggesting that the definition include not only a life-threatening injury but also an injury that may cause significant impairment of the child's physical or mental health.

I'd like to make a couple of comments that are not related directly to our submission. The first is that our access to information regarding young people is critical to the work that we do. We are concerned about a proposal for amendment by the Ministry of Justice and Solicitor General. They have submitted that the Youth Criminal Justice Act should, through legislative amendment, take precedence over the Child and Youth Advocate Act. The ability of the advocate to gain access to records in a timely manner is an essential component of the advocate's work, and the process for record gathering is already clearly defined in existing law. The proposal put forth by the ministry would seek to further limit our ability to access necessary records required for us to fulfill the mandate of the advocate, and because of this, we do not support it. We've been working with the ministry to clarify our access to information and will continue these discussions, and we are more than willing to provide further information to this committee should you require it.

The second area I want to speak to is that social work in child welfare is some of the most demanding work in Alberta's public service. There is a workforce of professionals dedicated to doing this work every single day. I want to acknowledge them for the critically important work that they do and their efforts to serve vulnerable children in this province.

In conclusion, I'm happy to have had the opportunity to provide input into the review of the act. It is important that we continue to keep as a central focus the rights, interests, and viewpoints of young people. Through the review of the act we hope to see changes that will allow my office to advocate for other children and youth who need critical government supports. As I stated earlier, our approach to child and youth advocacy has evolved over time. My hope is that the review process will help to continue this evolution of advocacy to include children in the context of their family, community, culture, and heritage. Each part of advocacy brings life to our efforts and can make a real difference for the young people we serve. They tell us this. Balance has got to be a key consideration in changes to our legislation.

Thanks again, Mr. Chairman, for the opportunity to meet with you and speak today to these challenges, and I'll be happy to respond to any questions.

The Chair: Thank you, Mr. Graff.

We'll move on, then, to the presentation from Human Services.

Ministry of Human Services

Mr. Hattori: Good morning. My name is Mark Hattori. I'm the ADM for child and youth services for the Ministry of Human Services. Thank you very much for inviting me and my colleagues to speak on behalf of the ministry today. I'm here to provide you with a very brief overview of Alberta's child intervention system, sometimes referenced as the child welfare system. This afternoon I understand the panel will be hearing from my colleague executive director Joni Brodziak regarding the specific interface between the Child and Youth Advocate office and the Ministry of Human Services.

There's a lot to cover. The child intervention system supports children and families in Alberta in many different ways. Today I will briefly touch on what child intervention or child welfare is; what the scope of the child intervention work that the men and

women do is; the service delivery structure; the overrepresentation of indigenous children; how reviews of tragic incidents, including child deaths, form a key component of quality assurance in the system; and the interconnection between child intervention and the office of the Child and Youth Advocate in the work we do to improve outcomes for children and families in Alberta.

So what is child intervention? First, it's important to understand what we mean when we say child intervention. As I mentioned before, in other jurisdictions it's more commonly referred to as child welfare or child protection. We're governed by the legislation of the Child, Youth and Family Enhancement Act. Human Services provides support for children and youth who are or may be at risk of being abused or neglected as defined by specific sections of that legislation. Child intervention refers to a wide continuum of services, including assessing risks to a child's safety, supporting families to have their children remain at home, assuming custody and/or guardianship when needed, pursuing adoption or permanency for children in care, and supporting youth in care as they transition to adulthood.

Child intervention staff work with children and families across Alberta through one of seven Human Services regions or one of 17 delegated First Nations agencies. When a region or delegated First Nations agency receives a call indicating the child might be at risk, a decision is made about whether to open what is called an intake. When an intake is opened, a worker and supervisor determine if there is a need for intervention based on a thorough assessment of the information provided and what is gathered through what we call collateral calls with other organizations.

Human Services completes approximately 55,000 of these types of intakes per year. That's approximately 4,600 intakes every month. We receive calls from children and youth, family members, community members, and professionals who are expressing concern or requesting assistance on behalf of children and their families. The majority of these, or 88 per cent, do not result in an opened child intervention file, but the family might receive referrals to community resources to assist them with their needs. When parents cannot provide safety and security for their child or protect them from abuse or neglect as defined by the act, we must intervene. Only 4 per cent of all intakes result in child intervention services where a child is removed from the home and brought into care. All other cases result in services provided while the child remains with their family.

Ongoing involvement. Whenever it is safely possible to do so, child intervention staff aim to have a child remain in the family home and in their own communities. This is typically characterized as being, quote, not in care. When a child's safety, security, or development is endangered or imminently at risk because of abuse or neglect or a parent fails to protect a child from abuse or neglect and is unable to agree to a safety plan to mitigate the risks, the child might need to come into care through either an agreement with the parents or through a court order. When children are in temporary care, the goal is to support parents to address safety concerns so the child can return home as soon as possible. When it is not in the child's best interest to return home safely, typically after attempts have been made to address the risk and safety concerns, the courts might issue what is called a permanent guardianship order, meaning the parent is no longer the child's legal guardian.

8:50

When children are permanently in care, the goal shifts from returning children back to their homes to finding a new, stable, nurturing, permanent home outside of government care, typically through adoption or private guardianship or by helping them to transition successfully to adulthood. This does not mean that the

work of supporting lifelong relationships for children with extended family, community, and/or their culture stops.

As of September 2016 approximately 10,300 children received child intervention services. Approximately 7,000 children were in the in-care category, and almost 3,300 were considered not in care. Again, I emphasize that wherever possible the child intervention program is designed to support families so that their children can remain at home, based on the recognition that familial and community connections are vital to healthy long-term outcomes for each and every child. This is recognized explicitly in the legislation under what's called "Matters to be considered."

Service delivery structure. The child intervention system has a diverse workforce that provides services to children and families in Alberta. There are approximately 1,350 front-line staff working within Human Services in the seven regions throughout the province. We also work with 350 staff in 17 delegated First Nations agencies within three treaty areas that deliver child intervention services on 39 of the 48 First Nations in Alberta. The majority of on-reserve child intervention services are delivered by these delegated First Nations agencies. Approximately 29 per cent of indigenous children in care are served through a delegated First Nations agency, and 71 per cent are served by the ministry through a Human Services region. There are an additional 4,000 full-time equivalent staff working in contracted agencies providing a range of services to children and families that work closely with both the delegated First Nations agencies and the Human Services regions.

In terms of indigenous overrepresentation in the child intervention system, as of September 2016, 59 per cent of children and youth receiving child intervention services were indigenous. Just like all other people, when indigenous children are connected to their families, communities, and their culture, they are empowered and more likely to achieve personal wellness and safety over the course of their lives. We also know, however, that the legacy of colonization continues to have a significant impact on indigenous communities, so we need to pay special attention to how we support these particular communities and these families. That is why Human Services, with our indigenous partners, have implemented policy and practice changes that emphasize supporting families to keep their children safe at home whenever possible. Efforts to keep children home or safely return children home have led to a 24 per cent reduction in the number of children in care since 2012, including a 19 per cent reduction in the number of indigenous children in care. This remains a key priority for Human Services.

In regard to the death review process we strive to ensure that every child has the care and support they need. However, unfortunately, in rare circumstances a child does die while receiving services either in or out of care. The death of a child has a profound impact, obviously, on family, caregivers, communities, and caseworkers. Human Services conducts what we call an internal review of every death of a child receiving services. We examine the circumstances to determine if immediate changes could be made to policy or practice to do whatever is possible to prevent similar circumstances from occurring again in the future. As well, there are several other bodies which can examine these circumstances, including, obviously, the Child and Youth Advocate's office, the office of the Chief Medical Examiner, the Fatality Review Board, the council for quality assurance.

In terms of the interconnection between child intervention and the office of the Child and Youth Advocate, we consider the office of the Child and Youth Advocate a valued and respected adviser in our shared goal of protecting Alberta's children. Since 2006 Human Services received 331 formal recommendations from numerous bodies into making improvements to the system. Of these, 143 have

come from the OCYA and, as Mr. Graff has mentioned, 66 through the current work of his office. Of the 198 recommendations received by Human Services since April 2011, 94 were from the office of the Child and Youth Advocate and are in various stages of implementation. Human Services posts a public response to all of the OCYA's recommendations on our website. Human Services is committed to continuous improvement and maintaining that positive working relationship with the office of the Child and Youth Advocate and all other review bodies making recommendations to the system. My colleague will expound further this afternoon in terms of the exact process and interface.

In closing, by now I hope the panel has got some sense that the child intervention system in Alberta and in all jurisdictions is a complex system of human relationships, human behaviour, and legal constructs. At its roots individual caseworkers are required to make critical decisions regarding a child's safety and well-being every day, often with limited information and sometimes little time. However, regardless of the complexity and the challenges, one thing is clear: from the Child, Youth and Family Enhancement legislation to the individual relationships that caseworkers have with the children and the families that they work with, the children are at the heart of everything that this system is about. Supporting the safety and well-being of children and young people is a tremendous responsibility and one that we take very, very seriously. The goal of Human Services and every partner in this system, including the office of the Child and Youth Advocate, is to support families in keeping their children safe and well. The OCYA plays an important role in that objective and gives us an independent perspective in all of the system's complexity.

Thank you very much for the opportunity to present this morning. I'm happy to answer any questions you may have.

The Chair: Thank you, Mr. Hattori.

We'll move on, then, to the presentation from Justice and Solicitor General.

Ministry of Justice and Solicitor General

Ms Sanderson: Good morning. My name is Kim Sanderson. I'm the ADM for the correctional services division in Justice and Solicitor General. I'm pleased to have the opportunity to address the standing committee and provide input from the Ministry of Justice and Solicitor General into the review of the Child and Youth Advocate Act. I trust that my comments will ultimately allow the office of the Child and Youth Advocate to better address the rights and needs of young persons involved with the justice system as well as collaborate effectively and productively with the young offender branch while honouring the separate and distinct mandate of each office.

First, let me summarize how the office of the Child and Youth Advocate currently operates with respect to the young offender branch. The Child and Youth Advocate is an independent office reporting to the Alberta Legislature charged with the responsibility to represent the rights, interests, and viewpoints of children and youth who are involved with the criminal justice system. The office was created by the provincial Child and Youth Advocate Act. Both the Child and Youth Advocate Act and the Youth Criminal Justice Act operate in tandem as the office of the Child and Youth Advocate and the young offender branch work to fulfill their respective mandates.

The young offender branch has a mandate to hold young persons accountable and to promote rehabilitation and reintegration with provision for collaborative work with provincial offices such as the Child and Youth Advocate. These collaborations take many forms.

For example, the advocate conducts biweekly orientation sessions for new admissions at both of the young offender centres, one in Edmonton and one in Calgary. Youth workers and probation officers often arrange meetings between the advocate and youth who they feel would benefit from the support of the advocate. The advocate attends reintegration and case conferences at the request of the youth in question, representatives from the advocate's office present at training for all new custody and community corrections staff, and quarterly meetings are held between representatives from the advocate's office and the executive director and the directors of the young offender branch.

To support the ongoing enhancement of the relationship between the young offender branch and the office of the Child and Youth Advocate, a protocol is being developed led by the office of the Child and Youth Advocate to guide the interactions between the two groups. The relationship that's envisioned by this draft protocol would resemble the one between the young offender branch and Alberta Human Services and Alberta Education where the advocate provides advice and assistance within a larger administrative framework.

9:00

It should be noted that many of the interactions between the office of the Child and Youth Advocate and the young offender branch touch on matters that require special operational expertise or particular knowledge of the Youth Criminal Justice Act. In the case of young offenders the guiding mandate is to hold young persons accountable while also promoting rehabilitation and reintegration and preventing future crimes by referring young persons to community programs and agencies designed to address the circumstances underlying their behaviour. Procedural processes are in place to protect the rights of young persons under the law, including their right to privacy, and the young person in question must be made aware of those rights at each point of contact with the justice system.

The young offender branch leads the process involving reintegration conferences for youth in custody and case conferences for youth under supervision in the community. The advocate's office meanwhile remains an important contributor to these conferences but plays the role of service provider, operating closely with youth workers and probation officers to ensure that youth receive the services most appropriate to their situation.

In order to clarify the relationship between these two offices, I would urge the committee to consider the following recommendations as they review the Child and Youth Advocate Act: first, that any potential amendments to the act take into consideration the operation of the Youth Criminal Justice Act and its impact on the mandate of the advocate under the act; and second, that a review of the act be conducted to ensure that it reflects the intent, principles, and legislation of both the Victims of Crime Act and regulations as well as the Canadian Victims Bill of Rights.

Finally, there's one other area of the Child and Youth Advocate Act that I would like to address. One of the questions that the committee asked in its review of the act pertained to the reports that the advocate's office prepares following the completion of an investigation. As it currently stands, the act places limits upon the extent of the information that these reports may contain. Many of these limits are reasonable. For instance, the advocate may not leap to any conclusions of law or findings of legal responsibility or disclose identifying information about the child at the centre of an investigation.

However, it would be beneficial to the work of our ministry if the advocate's reports could contain additional context and background information. Specifically, these reports often provide recommendations

for broad, systemic change, but because the reports are by their nature based on the investigation of a single incident, the linkage between the specific case and the broader systemic change being recommended can sometimes be unclear. If the reporting from the advocate's office could provide more detailed information, the intent and rationale behind its recommendations could be easier to comprehend.

In conclusion, I appreciate the opportunity to participate in this review process and to identify aspects of the act that directly affect policy and program areas from across Justice and Solicitor General. The relationship between the advocate's office and the young offender branch is productive, but it is also complex, so we welcome the effort to clearly lay out its parameters within the language of the act.

If you have any questions about the details of these recommendations, I would be happy to address them. Thank you.

The Chair: Thank you, Ms Sanderson.

We'll conclude the panel presentations, then, with the presentation from Alberta Health Services.

Alberta Health Services

Mr. Andres: Thank you very much, Mr. Chair. I'm pleased to be able to speak to you this morning around opportunities for review of and amendments to the Child and Youth Advocate Act. My name is Barry Andres, and I'm the executive director with addiction and mental health within Alberta Health Services.

First, I want to provide a bit of background on addiction and mental health services within Alberta Health Services and then drive to some of the specific thoughts and recommendations for consideration under the act. Currently addiction and mental health services within Alberta Health Services provide treatment and intervention to more than 100,000 Albertans, served through community, outpatient, and mental health services annually. More than 35,000 Albertans are served through direct addiction, community detox, and residential services; nearly 17,000 Albertans are served in acute-care hospitals for addiction and mental health problems; and 3,500 are served in psychiatric facilities.

Of course, the addiction and mental health services in Alberta are provided by a wide and broader range than those just provided by Alberta Health Services, including families' physicians, private psychologists, and a large number of not-for-profits.

The services that we provide cover the whole continuum, from promotion and prevention, screening and brief intervention, short-term clinical interventions, and, indeed, intense longer term and specialized treatment. There's a full range and a full continuum of services provided.

Regarding the interface between Alberta Health Services and the OCYA I just want to highlight that Alberta Health Services works collaboratively with the office of the Child and Youth Advocate to identify issues and make recommendations to services both internal to AHS and external, ensuring that identification of client needs and access to the right services are in hand, sharing relevant information through investigations, and also ensuring that children and youth involved with child and family services or the Protection of Sexually Exploited Children Act are aware of the OCYA so that their rights, interests, well-being, and access to advocacy are indeed in hand and can be met.

I want to address some considerations for the act in terms of age, scope, and role. Particularly in light of transitional and homeless youth, consideration should be given to reviewing the age limit and increasing it where appropriate to enhance that transitional youth are appropriately protected. This includes high-risk young adult

populations, who may be more vulnerable due to mental health and addiction issues and who will require additional transitional support either to live independently or into those adult services.

Secondly, there are children who are certainly screened by child and family services but are not provided with formal services and could indeed be at continued risk for injury. There are children with complex medical needs as well who could benefit from advocacy supports in terms of medical decision-making. Therefore, consideration should be given to expanding the scope and services to include more vulnerable children and youth, to providing services to those who face mental health and addiction issues but also special needs and those with medical complexities, and, to support that, to increasing awareness amongst parents and other guardians to ensure that children with complex needs have that access to support and advocacy.

Thirdly, consideration should be given to expanding the role of the advocate to support co-ordination of care in government systems for the most vulnerable children and youth, including youth transitioning from formal child and family services status and those with mental illness diagnoses. Include consultation services within this to help children and youth navigate between government systems to determine how best to meet their needs.

I want to make also a comment related to other legislation. We've given consideration to whether youth under the Protection of Children Abusing Drugs Act should be included under the act, and upon review we believe that this is not necessary. Children under PCHAD can already appeal their protection order through the review process via the courts as per the PCHAD Act. They already have legal counsel available for PCHAD matters. They already have the Health Advocate available to them, who can investigate complaints under the Alberta Health Act, and access to patient concerns available to them. It is noteworthy that youth involved with PCHAD are informed of their rights and the services offered by the office of the advocate and are encouraged to speak to the advocate while confined in PCHAD. Since youth in PCHAD without designated status have access to legal recourse and the Health Advocate, expanding the scope of designated services to include PCHAD is not necessary, we would submit.

Finally, by way of follow-up to the recommendations we suggest that consideration be given to creating a formal reporting process with Human Services that would allow the OCYA to help ensure that recommendations made by the advocate are followed and that the children and youth in care and those without care as well can receive the support they need.

9:10

In summary, there are two areas that we would submit for consideration of recommendations: expanding the Child and Youth Advocate Act to include age, a review of age and increasing age as appropriate; and increasing and enhancing the scope of the Child and Youth Advocate Act to provide advocacy support to vulnerable children and youth without a designated status.

Aside from the act itself, I think there's an opportunity across government services to increase care and increase the support for children and youth and that opportunity exists around ensuring that recommendations provided through reviews and audits by various government bodies – I'm speaking of the OCYA, the Auditor General – are aligned and co-ordinated so that priority needs for children and youth are identified, aligned, and targeted. Finally, a continued commitment to work towards these and other goals will certainly improve care and supports for children and youth and adults and enhance the supports that youth and children experience.

Thank you very much. I'd be open to questions.

The Chair: Thank you, sir.

Thank you to all our presenters and their staff for their presentations.

At this point, then, we'd like to open the floor to questions from committee members. Do any of the members of the committee have some questions for any of the panelists that we have with us here today? Mr. Dang.

Mr. Dang: Thank you, Mr. Chair, and thank you, everyone that came and presented today. I think it's very important that we do hear from all of your perspectives, and we do know that all of your offices do great work on the points of child intervention.

First, I'd like to start off with a question for Mr. Graff. I do know that he did touch on this a little bit. It's clear that many children and young people benefit from the important advocacy services that your office does provide. In your submission you indicated that your role should include advocacy for children and youth receiving a broader range of services. Can you tell us a little bit about your perspective on different challenges that young people may face today? In particular, what are the challenges you are seeing in relation to services that are not captured under the current definition of designated services in the legislation?

Mr. Graff: Thank you for the question. What immediately comes to mind are the young people that we hear from with serious mental health needs who struggle to find the appropriate service to meet their needs. There can be barriers related to access in that they may not meet a criteria for access. There may be barriers that are created because of the young person's own circumstance. They may not have the stability required to access services on a regular and continuous basis. So we do get intake calls from our office from young people who are trying to find services and are not able to match the service to their needs, not able to get in the door, if you will. That in-the-door type of circumstance is what comes to mind immediately with respect to those that would fall outside of our designated service.

That being said, we already deal with children's mental health services for young people who are already involved with intervention services or with youth justice, so it's not that we don't have any experience with that area of service. What is different, though, is that today we're not able to advocate for young people with specific mental health needs unless they have that other involvement.

Mr. Dang: Thank you.

I do have a supplemental, Mr. Chair, if that's okay.

The Chair: Certainly, Mr. Dang.

Mr. Dang: Currently a designated service refers to "a service under the Child, Youth and Family Enhancement Act, other than an adoption service [in] Part 2 of that Act." What's your perspective on adoption services not being included in that part 2?

Mr. Graff: That was a decision that was made when the legislation was formed. We've not contested or thought a lot about that except we do get involved with adoption services in the early stages of those services. We've not had a lot of discussion about that. Adoption is a very complex area of practice, and it is one that if there was to be change, we would have to do some learning ourselves, particularly about the end stages of the adoption process.

Mr. Dang: Thank you.

The Chair: Mr. Nixon.

Mr. Nixon: Thanks, Mr. Chair. Mr. Graff, through you, Mr. Chair, of course, I'd just like to hear any concerns that you might have with recommendations that are being brought forward elsewhere for the act. I think you already raised one in regards to what Justice is bringing forward. If you could expand on that a little bit as well as if there's some other ones that you may be worried about.

Mr. Graff: In my review of the submissions that have been made, I thought that they were extremely helpful, that they were thoughtful, so when it comes to other areas that I would want to highlight in terms of concerns, I don't have any. Certainly, there's debate about what we should or shouldn't be doing in relation to some particular areas. You know, the designated services group is one of them. What we include, how much detail we include in things like child death review, investigations, et cetera: there are some discussions about that. Certainly, none of the submissions had any issues that I had undue concern about. The one concern I've already raised.

The Chair: Do you have a supplemental, Mr. Nixon?

Mr. Nixon: Yes. Mr. Graff, could you just expand a little bit on that concern that you already raised?

Mr. Graff: Certainly. We have been working with the Ministry of Justice and Solicitor General for some time and, in fact, have been working quite effectively. The question of access to information has arisen, and it's been a point of discussion for quite some time. We've tried to resolve it. We are working on that. We are continuing. In fact, we have meetings scheduled in the new year to try to address that.

We were quite surprised to see the submission that in fact suggested that the Youth Justice Act should take precedence over the Child and Youth Advocate Act. These acts are both operable when they're not in conflict, so the issue of paramountcy, as I understand it, should not be a challenge in this process. We're not quite sure why that request for amendment was made. We are quite confident that the implications of it in terms of my office's access to information are concerning.

For example, one of the concerns is that if we have a young person who passes away while in a youth custody facility, they would meet the criteria for an investigative review. If we were to look at the circumstances and, in fact, want to make a decision about doing that investigative review, we have to have access to the information that the Ministry of Justice has. We are concerned that the potential for amendment so that one piece of legislation has paramountcy over the other can result in us not having access to that information. That's why we don't believe we would want to support such an amendment.

The existing legislations, both for privacy for the Youth Criminal Justice Act and for ours, clearly articulate where those parameters are. We need to sort out in an operational way how they're going to work.

The Chair: Ms Sanderson, did you wish to offer any comment on that?

Ms Sanderson: Certainly. I agree with Mr. Graff that this has been a point of some discussion and that we continue to work on it. I think the comments about restricting the information is a little bit – I think the discussions need to continue. What we're concerned about in particular cases is information about other youth that may be contained within some of the documentation that may not be relevant to the particular investigations.

The Youth Criminal Justice Act is the piece of legislation that guides all of our interactions with youth, whether they're in custody or in the community. As you're probably all aware, when you hear reports in the media about a young person who's been charged, those names are never released. In this particular case if there's a situation where the advocate's office is working with a particular youth, there are no issues with sharing the information about that youth. The issue is around information that may be related to other youth who are also in custody.

I think there are some nuances that we need to continue to work on. The federal legislation is the legislation that guides everything we do, and it can work in tandem with provincial legislation, and it does in many other instances. I think this is a relationship that's new to both of us, and we will continue to work on it.

The Chair: Thank you.

Any other members have a question for the panel? Mr. Dang.

Mr. Dang: Thank you, Mr. Chair. This one is maybe for Mr. Hattori here. I understand that it's very important that children and youth have access to the relevant information when we're dealing with these cases and for support. How does the ministry provide specific programming or support for children and youth to have access and information about the supports that the different offices can provide?

9:20

Mr. Hattori: Thank you for the question. Predominantly, children and youth and families that the caseworkers work with are provided information through that direct relationship with on-the-ground staff. As a second component of that we have collaborated with the office of the Child and Youth Advocate to create a series of rights booklets as well as presentations. Consequently, all the rights of kids, youth, and their families are given to them either through the contact with the advocate's office or through the rights booklets or through relationships with caseworkers or caregivers, be they foster parents, kin providers, or agency staff.

Mr. Dang: Thank you. I do also have a question in regard to the legal representation for children and youth. There was a recommendation that appointments of lawyers for LRCY should not include matters related to adoptions. Could you elaborate on what you think about that?

Mr. Hattori: Thank you. As per the previous answer that Mr. Graff gave, adoption is a complex issue. While there is an opportunity for advocacy in its general term to be provided up until an adoption order is granted, part of the challenge in terms of advocacy past adoption is that you get into a permanent legal guardianship status, and consequently then it's not any different than advocacy for you or any of you who have kids. Once that's in place, an adoption order, a private guardianship order, those parents are essentially the new parents, so I don't know if the legislative parameters in regard to general advocacy – they would need to be revised or changed or examined. That's one challenge.

Mr. Dang: Thank you.

The Chair: Thank you.

Any others?

Mr. Nixon: Mr. Graff, under question 2 of the discussion guide you recommended widening definitions of who can receive services from the advocate, and you offered three options in that submission. Can you identify which of those options is your preferred and why?

Mr. Graff: Certainly, I can. I would suggest that my preferred option is the second one, the one that includes an expansion to involve advocacy with children and youth with mental health and children with disabilities. My reasons for that: well, there are a number of them. I recognize that this committee has received some information about a jurisdictional review that has been done across the country, but when we look at those advocates' offices that have that broad-ranging mandate that speaks to any government services, what they tell us is that the first priority in terms of advocacy need always resides in the area of child welfare. The second resides in youth justice. The third resides in children's mental health or children with disabilities, and then beyond that are children who are medically fragile. Certainly, that's one thing. We see other advocates' offices that have a broader mandate experiencing advocacy needs in those areas.

The second area for us is where we see vulnerability for children. Children with mental health needs and children with disabilities can be very vulnerable. One of the things about those populations that differs from child intervention often is that they tend to have stronger natural supports. So there tends to be more family involved where there are children with only mental health needs, without child intervention involvement. There's more family involved with children with disabilities in terms of the ability to have natural advocacy there. That's why I think that there is that difference in terms of the order of formal advocacy, if you will. Certainly, those two areas are the reasons that we brought this forward. We hear about significant needs.

The Chair: Ms Goehring.

Ms Goehring: Thank you, Mr. Chair, and thank you to all the panel presenters. I appreciate the conversation. We've heard that some people have suggested expanding the advocate's role to include advocacy services for children receiving services under PCHAD, Protection of Children Abusing Drugs Act. What are your thoughts on this?

Mr. Graff: We are always concerned when the rights, interests, and viewpoints of young people are compromised. Some of the activities under that legislation can in fact compromise young people's freedoms, but it's in relation to a need that has to be met as well, which is in terms of safety. We recognize that young people who are detained under that legislation often have parents involved who are demanding that detention, and by virtue of that we see that there's a strong natural advocacy role that's being played. Certainly, if we were asked to include that as an addition to our service, we would figure out what would be the most helpful advocacy role that doesn't in fact impede on the responsibilities of parents and others for care for a child.

Ms Goehring: Thank you.

The Chair: I'll just take a moment to make sure we're not neglecting our member on the phone. Mrs. Pitt, did you have any questions?

Okay. If not, I see Mrs. Littlewood.

Mrs. Littlewood: Thank you. I think, Ms Sanderson, you were talking about the reports and discussing that what comes out is recommendations for systemic change and wanting some context and background of the cases so that it's more identifiable what the link is between the case and the systems change that's being sought. I was just wondering if you and Mr. Graff and, actually, all of the panel members would mind commenting on that, please.

The Chair: Ms Sanderson, go ahead.

Ms Sanderson: I think that in the context of a single investigation the investigation report that comes out does not elaborate on all of the circumstances and the nuances of the care that was provided or the situation that unfolded. So when you're reading the recommendations, they appear, perhaps, to make perfect sense, or you may have questions about them, that there isn't further detail in the report to support what is being recommended. I think Mr. Graff could probably comment more on how those restrictions impact the way the reports are written, and I'd be happy to respond in more detail in writing to the committee if that's appropriate. I'll ask Mr. Graff to comment on some of the constraints.

Mr. Graff: Certainly, I can comment. One of the things that we try to do is that when we make a determination that we're going to proceed to a full investigative review – and that's after reviewing a briefer set of circumstances – by the time we get to that decision, we've identified where we believe that the systemic issues are in a situation. Systemic issues are issues that affect groups, that are likely to reoccur if something doesn't change, and the focus of that change is towards the rules or the regulations of the legislation that guides that practice. By the time we get to an investigative review, we've already identified systemic issues. In fact, our terms of reference in our investigative plan really seek to focus on what those issues are and how we can develop findings and recommendations that will be applicable. We strive to make it so that we're not creating recommendations for very exceptional circumstances that aren't going to happen to large numbers of young people.

There are two other things that we do to try to make it so that our investigative review recommendations aren't confined to singular types of incidents. We have a research unit that looks at research in the area that we've investigated, and they make contributions that you would see reflected in our reports. That research is quite helpful in that regard, both in terms of developing the terms of reference at the front end of the investigative review but, more particularly, at the back end, when we're actually writing the report and coming to findings.

The other thing that we do is that we have a committee of subject matter experts who come together. For example, if an investigative review has three areas of systemic issues that we've identified through our information gathering, before we develop recommendations, we have people with expertise in those areas come together to help us understand the complexities of some of those areas. One of them, for example, is psychiatric care for children. So we would have somebody come as part of a group that would help us understand that and understand how to make a recommendation that's meaningful and that in fact addresses the systemic issues that we're wanting to within the context of that expertise.

So we try to make it so that the recommendations that we develop have those areas where we look and look and look to try to make it so that they are applicable beyond a single incident.

9:30

The Chair: Any other panel members wish to respond? Mr. Andres.

Mr. Andres: Thank you. I would just offer that recognizing the limitations of the legislation and the goal that you're speaking to of addressing the broader systemic issues and recognizing, certainly, the merit of that: I think there have been times where we've found it would be helpful as well to have more detail, more concrete

linkage, if you like, to the review, to the recommendations. I just offer that as well.

The Chair: Mr. Hattori.

Mr. Hattori: Yeah. I think it's awfully challenging at times to differentiate between what is a systemic and what might be a singular episodic event type of recommendation. That, primarily, is due to all the complexities in what is basically human relationships and some of the sequence of events that happen in any unfortunate tragedy. So I don't envy any recommenders in regard to trying to find that right balance.

A couple of things that the ministry does in collaboration with the office of the Child and Youth Advocate are that we do meet with them to get some clarification in regard to the essence or intent of the recommendations, try to zero in or focus down on what specifically the advocate is trying to get at in regard to any recommendations that are made.

The second piece is that we also, as the advocate office does, rely heavily on evidentiary processes or theoretical process in regard to, you know, what makes a good systemic or what makes a singular event type of recommendation and how we can best work together to achieve the essence or intent of what the advocate's office is trying to get at in terms of any review he's done.

Thank you.

Mr. Graff: Certainly, we have also been involved with training around recommendations and how to make our recommendations more effective, so for us it's a work in progress.

The only other thing I would offer is that we have received information from time to time that we make recommendations that are similar in different reports. Should we in fact change that? That is in some ways a reflection that an issue is systemic, when you continue to see the same kinds of challenges in case after case. "What do we do with that?" has been a question that's come to my office.

One of the things that we've come to a determination about is making reference to former recommendations. So if it's a recommendation that we're making in this report that has been made in three others, we will allude to that in our report so that there is recognition that there is a compounding nature that takes place when we see the same circumstances over and over and over again. I would offer that as well as one of the ways that we're trying to respond to the area of specificity on recommendations.

The Chair: Thank you.

I believe there's a question from Mrs. Pitt. Then I have Mr. Ellis. Any other members that want to get on the speakers list? Ms Woollard, Mr. Dang, Mr. van Dijken. Thank you.

To Mrs. Pitt, then, on the phones.

Mrs. Pitt: Wonderful. Thank you, Chair. I have a couple of questions. The first one is for all of the panel members. Quite often we hear from parents advocating for children, whether it be foster parents or someone related in that circumstance. What do you think about the role of the advocate expanding to families or adults, and could this be a creation of a separate advocate or under the Child and Youth Advocate?

Mr. Graff: I didn't actually quite hear the question.

The Chair: I'm sorry. Mrs. Pitt, would you mind repeating the question?

Mrs. Pitt: Yeah. The question is: what do you think about the role of the advocate expanding to parents and adults?

Mr. Graff: Certainly, it is a question that has come to my office quite a number of times. I believe that one of the most significant strengths that we have is the fact that we have a singular focus on young people. From my point of view, that needs to continue. That doesn't mean that we don't need to do more in terms of recognizing the context in which young people live. For us to consider how we would become the child and family and, you know, other significant people advocate would be a very, very difficult challenge.

That being said, it's not without precedents. Right now the advocate in New Brunswick is trying to sort through how to be the child advocate and also the Seniors Advocate. So it does happen. But for us the importance of having a central focus on young people is what I believe enables us to be as effective as we can.

That being said, we also get a number of calls from family members who struggle with the same challenges around negotiating the system, around feeling not heard or disempowered. There is a legitimate need for advocacy, in particular for parents. But, from my point of view, were we to try to play both of those roles, it would be very challenging.

The Chair: All right.

You have a supplemental, Mrs. Pitt?

Mrs. Pitt: No. That's great. Thank you.

The Chair: Thank you.

Mr. Ellis.

Mr. Ellis: Thank you. Thank you, all, for being here. Mr. Graff, I guess my first question has to do with your recommendation here: the "definition of a 'child' should be expanded to include . . . up to the age of 24." Can you just expand on that a bit and just explain why 24, not 25 or 26? You know, I have my own thoughts on this, in a very positive way. I think we're thinking along – but I'm just wondering why you chose that number.

Mr. Graff: Probably the premise of that number has to do with the fact that young people, developmentally, are still undergoing late adolescence well into their twenties, and we recognize that. The more practical application is that most of our work is involved with the child intervention system. It's, in fact, a large majority of our advocacy work. The support and finance agreements go to the age of 24 for young people. We needed to identify a reasonable kind of line as to where we would not go further. Beyond that we're getting into some of those less youth-oriented kinds of issues and more young adult types of issues. Prior to that, both because of their involvement with the intervention system and because of our recognition that adolescence goes beyond, you know, 18 years old, we thought that 24 was a reasonable age.

Mr. Ellis: Very good. Thank you.

Can I have a follow-up?

The Chair: Certainly.

Mr. Ellis: It's somewhat not related to this question, but again to Mr. Graff: when you are informed of an in-custody death for a child, first of all, how do you get informed, and then at what point do you begin your investigation? I guess a third part to that is: when you do your investigation, do you have all the necessary resources that would allow you to do a thorough investigation so that you would not have any barriers?

Thank you.

Mr. Graff: We currently have a system in place. We've only received one notification of a death of a young person who was in

youth custody at the time of the incident, so my comments would be primarily focused on our involvement with the child intervention system. When a death occurs, we have an agreement with Human Services that they give me an alert at the same time as they give it to their own system so that, for example, when a death happens, they will inform their deputy and their minister about that death and do something called an alert. It's just a one-page summary that says that this incident has taken place. They provide that to me, too. That's a result of, when we first started, me not having that and then I would get calls and I wouldn't know what was going on. So it's a very helpful thing to get that. We're informed right away.

Within a short period of time, you know, a week, maybe two weeks, we receive a report of death, and that provides more substantive kind of information, but it's still a summary. What the ministry has done is they've checked to make sure that all their facts are accurate, and they provide a summation of the event that has taken place.

9:40

We do an electronic review. Human Services has different filing systems. One is an electronic filing system, and another is a paper system. We do a review of the electronic data, and that speaks to our access to information. We have an agreement with the Ministry of Human Services that we have direct access to their electronic system so we can look directly at those electronic files. There are some conditions upon that that we've agreed to and we adhere to and are very strict about that, but we get access to that information very quickly.

We make a decision about whether or not we need more information to decide whether an investigative review is warranted. That goes back to: are there systemic issues present? Are there questions that we have unanswered by looking at this information? At the same time we also do a collateral contact, where we contact somebody who's been directly involved, sometimes a parent. Sometimes, you know, a child maybe has permanent guardianship status, so we'll phone a doctor if it's a medically fragile child who's died because we deal with those young people who are involved with intervention. Eventually we'll get to the information that allows us to make a decision about that. Then we will develop a terms of reference and move forward with the investigative review process.

Our investigative reviews are focused on systemic issues that are arising from the circumstances of serious injury or death. For that purpose we do have the resources that we believe we need. Timing is an issue, and certainly the investigative reviews are taking longer than we expect. There are some of those conditions that we've had to contend with around access both to information and to people. Sometimes we need to interview people, and it takes a long time to get that sorted out. But we do believe that we have the resources that we need.

Mr. Ellis: Thank you, sir.

The Chair: Next up I have Ms Woollard.

Ms Woollard: Thank you, Chair. This is for Mr. Graff and Mr. Andres. You mentioned, Mr. Andres, creating a framework to allow collaboration between the Child and Youth Advocate and the patient advocate, and here I'm thinking of the Mental Health Patient Advocate. I was wondering what the role of the mental health advocate would be for a child or youth in this situation. When in the process would the mental health advocate get involved?

Mr. Andres: Thank you for your question. I think the role of the mental health advocate is quite clear, as you know, and limited to

those formal patients. I think my comment was a little more broadly around co-ordination across a variety of recommendations that come forth. Mr. Graff spoke to some of those systemic issues that occur and at times can occur repeatedly. We see those showing up as well in recommendations that are coming forth from other bodies, the Auditor General, for example, and, certainly, the Mental Health Patient Advocate at times. I guess my point was more around: is there a mechanism needed to look across those to identify the higher level systemic issues that would really enhance the care for children and youth and really target on those specific areas?

Mr. Graff: The only thing I would add to that is that we have had a fairly close working relationship with the Mental Health Patient Advocate around particular issues. For example, a few years ago we did a special report on youth aging out of care. One of the things that we were told by many, many youth is that they needed to have additional mental health supports as they were moving forward in their lives. So we did a series of symposia that was co-ordinated between my office and the mental health advocate that helped kind of articulate: what does that look like? We had young people come together with decision-makers and with service providers to talk about those challenges.

We also had an expansion of support provided from Human Services to meet that need, so that was co-ordinated collectively. Certainly, the Mental Health Patient Advocate has played a pretty significant role in helping us to understand: how do we help these young people that have both child intervention involvement and mental health involvement?

Ms Woollard: Thank you. Just a final question if I may. Could this type of collaboration be beneficial to other advocacies or other advocates? Are there other applications for this kind of collaboration?

Mr. Graff: Certainly, from our perspective the type of collaboration with the Mental Health Patient Advocate already takes place in other venues. We have collaboration with groups within youth justice as well and with other groups connected to Human Services. There is some of that already. If you're talking about kind of a formal protocol type of relationship around specific areas of advocacy, certainly that'd be something we'd be interested in. We'd never shy away from trying to develop those kinds of agreements that would improve on the rights, interests, and viewpoints of young people.

Ms Woollard: Thank you.

The Chair: Excellent.

Moving on, then, we have Mr. van Dijken.

Mr. van Dijken: Thank you, Chair. My question is for the Child and Youth Advocate office. In your submission you talk about possibly redefining the role of the advocate in undertaking or collaborating in research with respect to any matter relating to rights, interests, and well-being of children. You talked a little bit earlier about the singular focus in youth and child advocacy as being a strength, and then in the submission we start to expand some of what is the advocate's role with regard to that singular focus. Further on in the submission you also talked about the ability to provide grants for the purpose of collaborating on research.

Two questions. One question is essentially to get an idea of if possibly – whenever we look at legislation and the description is “any matter,” it's very broad and starts to lose a little bit of focus as to the roles and responsibilities. I would ask if maybe you could give some examples of the types of research projects that you would

think fall under that that's not already being dealt with in the current act.

Also, if you could possibly expound on the advocate being able to provide grants as opposed to making recommendations to the ministry, how you feel that that would be a better process.

Mr. Graff: If I may, I can respond initially, but my executive director of advocacy, Jackie Stewart, is here as well, and she may want to expand on some of those areas of research interest that we would have.

What I can start with, though, is that currently we have the responsibility in our legislation to conduct research, but it's specific to designated services. What that suggests to me is that the research that we're involved with in fact needs to be focused only on child intervention and youth justice, young people's needs with respect to that. We would be very interested in making possible our ability to do research on mentoring for young people who are at risk, for example, and what difference mentoring makes to a high-risk population before they become involved with child intervention. What kinds of strengths can be developed through peer support systems in school? There's been some research done on these areas before, but we think that there's capacity for us to participate in those processes and in fact build some capacity that's more prevention focused.

We have a responsibility for education, and if it's education about children's rights, well, what kind of research would help us to better enable preventative activities or to support preventative activities that would in fact prevent young people from needing to come into care and, if they do come into care, have the skills to deal with some of the complexities that can be found through those vehicles? Our interest is more in removing that piece that says: only when it applies to designated services. It allows us to get upstream of it from what we do on a day-to-day basis.

Granting capacity enables us to do this through what would be, I think, a more applicable type of vehicle than what we would have to do now, which is develop a contract for service deliverables that are to us in a service, deliver when a grant can enable research capacity for us to have a shared product at the end of the day.

I'll make those comments, and then I'd ask Jackie Stewart if she could perhaps comment on some of those areas.

9:50

Mrs. Stewart: Just to add to Del's comments already, one thing that I think is really important is to really, fully understand children. Although, as noted, we more specifically work with children that are receiving designated services, it's important that we understand children in terms of their health and their wellness because I think that that gives us a much better understanding about how to provide services to kids that are receiving designated services.

The other thing that I think is really important is that we have to understand children in the context in which they live; for example, if it has to do with understanding indigenous rights or going beyond, I guess, kind of looking just specifically at designated services, understanding where kids come from, what their culture may be, what their heritage might be, and having the capacity to go beyond perhaps being so focused and just looking at them in terms of the designated services. I think we sometimes lose kids and we don't fully understand them, so I think for us that's really important.

I don't know if Del would want to add anything else to my comments now.

Mr. Graff: No. That's good. Thank you.

The Chair: Did you have a supplemental, Mr. van Dijken?

Mr. van Dijken: Just a supplemental to that, if the advocate could comment. The role of the advocate is advocacy, and to move into more of trying to understand and research possibly is starting to lose focus on why the office was established to begin with. I guess my question is: cannot the office be a tool to help other entities to focus their research as opposed to becoming more of an office – and to understand from their research how to best provide the advocacy that the office is charged with. You talked about that singular focus. Can I hear if you feel that possibly moving further and further into research and those types of operations – does that not take away from the focus of advocacy?

Mr. Graff: I would suggest that advocacy is a broad, inclusive term, as I'd outlined in my initial comments. Where our singular focus is is on children, on young people. When we speak about advocacy, we will advocate for them on an individual basis, but we'll also advocate for them with systems that serve them in terms of making sure that collective rights are addressed. Our advocacy is across a range of areas, but it is singular and focused on young people.

I can give you an example of what we are trying to do. We'll get approached by, for example, a community organization that says: "You know, we want to engage with you to do some research on children's reintegration after they've left ministry services. How are they doing in terms of reintegrating with their community, with their school systems, with mentorship, with all of those kinds of support systems that are informal in nature? We want to do some research in that regard. As a partner we would like you to bring some resources to the table. We're looking for a grant for \$5,000, for example, to help us with that. Can you provide that?"

Today I have to say no, and it doesn't make sense that I would say no when it's as much our interest in trying to advocate for young people to have the supports after they have left care and are no longer in the ministry and by virtue of that are no longer part of our designated group. If we need to clarify kind of what our request is so that we can put it in clearer terms for the committee, I can follow up in writing with more precise information. But that is an example of what we are hoping to do. In that context, a contract with that agency isn't the appropriate vehicle to provide those resources. We have from time to time resources available for that kind of activity, but we don't have the vehicle to do it. If the committee would like that, I would just wait for that request or respond if it was made.

The Chair: Thank you, Mr. Graff.

Next up we have Mr. Dang.

Mr. Dang: Thank you, Mr. Chair. This is a question that's for Ms Sanderson and perhaps Mr. Graff as well. Ms Sanderson, you indicated that additional context and background information in the advocate's recommendations would be helpful for your office, specifically in situations where recommendations are based off a single incident. Could you share a little bit more about this and explain why that might be the case for you?

Ms Sanderson: Okay. I'm going to actually ask my colleague Sandra Prokopiw if she is able to explain that in more detail to you.

Ms Prokopiw: Certainly. I do understand Mr. Graff's previous comment about having had information from other incidents that may have a similar recommendation. But, as Mr. Graff also mentioned, some of those incidents may be from a different type of system. In our system there may be – we take an individualized approach to young people, whether they're in the community or they're in custody. Our legislation requires that we actually look at the factors that may have been involved in the young person

committing the crime in the first place; for example, they would be in custody, placed there by a judge, taking into consideration all of those factors. So once a young person enters our care, custody, and control, we essentially look at all those factors, preparing them for eventual reintegration. We do risk/needs assessments, we look at all of these issues, and then we have individualized plans for a specific youth.

When an investigation is done when there is a situation involving a particular youth, it may look on the surface that it's related to other such incidents, thereby making a recommendation or supporting it for looking at systemic change, but I think there needs to be more context with respect to that specific youth, taking into consideration that this might give the context to provide basis for that recommendation for other youth and why that might be, actually, an issue for them or could cause some harm to them.

Kim, if you have any extra comments after that?

Ms Sanderson: No. I think it's always difficult when you're reviewing a single incident and identifying systemic changes that need to be made. Often the systemic changes are identified as a result of the single incident, but the nuances of that particular youth in care or the situation that was involving them needs to be explained a bit in the review. So it's just that the constraints of that report don't always provide that context for us. And, again, this is when I think it might be helpful if we were able to respond, provide a little more information to the committee in writing.

Mr. Dang: Of course.

The Chair: A supplemental, Mr. Dang?

Mr. Dang: Yeah, I do have a second question, Mr. Chair, again to Ms Sanderson. You spoke a bit about how the Child and Youth Advocate Act is superseded by the federal Youth Criminal Justice Act, right? And you suggested that any potential amendments to the act would include a reference to the federal Youth Criminal Justice Act. Are you able to elaborate a bit on that suggestion as well, and are there any specific parts of the Child and Youth Advocate Act where you would find this to be of particular concern?

Ms Sanderson: Okay. Again I'm going to ask Sandra Prokopiw if she wants to comment on that. Sandra is our expert on the legislation. Sorry.

Ms Prokopiw: Okay. I'd just say thank you very much, but we're very much supported by our legal services. I have to say that right from the get-go.

Really, what we talk about is that the federal legislation does supersede provincial legislation, and I know this from my work with FOIP. It does, and correctly, only when the two pieces come into conflict or they're just not in concurrence. We see that there are certain areas where this occurs, and in that case that doesn't need to be stated. There are also precedents, you know, from various other provinces that are bound by federal legislation. That is our mandate. I mean, it's unique kind of in Alberta to other ministries, where we really are accountable to the federal government. That is the federal government's mandate, to develop the legislation, and it is ours to administer it.

So we're very much guided by that, and our policies and procedures in our dealings with youth both in custody and in the community and anything else that's touched by the federal legislation needs to go back to that. In essence, the principles say that we need to be guided by those overarching principles, and they state very clearly that any question that's posed in terms of a decision made under the act needs to go back to the principles. Are

we true to those principles? That's, in essence, how we determine all of our collaboration and interface with provincial legislation.

10:00

Ms Sanderson: My only other comment to that is just that most often, I would say, the federal legislation and the provincial legislation work in tandem, but as was pointed out, there are times when there are points of contention, and the federal legislation supersedes that. It really just provides another layer of analysis or another layer of protection, I suppose, to the young people. When I referred to our relationship with the advocate's office as being complex, this is kind of where the complexity comes in sometimes. So it's something that we continue to work on.

The Chair: Go ahead, Mr. Graff.

Mr. Graff: If I could, I do think that some of those complexities need to be sorted out, and we are working on that. That being said, what's being referred to is: what is in existing law now? The need for a statement to be put into the Child and Youth Advocate Act that says that this other legislation takes precedence is what we're concerned about. There are provisions in the Youth Criminal Justice Act that enable and that speak to the fact that youth justice shall provide data to us, and those provisions speak specifically to a person acting as a child advocate, completing duties under legislation of a province, which is what I am. One of the challenges that we have in our discussions is: what is the authority of my office? How do we relate to that legislation?

For example, another area where we have to sort out a difference is that we are not a member of the public. There is special provision given to an officer of the Legislature that is not the same as provisions given to the public. Under the privacy act there are certain conditions that have to be met to release information to the public. Ours is a special circumstance where we are not at that same level, and it's primarily because we have different obligations than the public with that information. We have limits placed on us around disclosure of the information, around who we can disclose information to and for what purpose, that are specific to being an officer of the Legislature, so that's part of where we need to sort out these differences.

It is a complicated matter. There's no question about that.

Ms Sanderson: I would agree with those comments. The Youth Criminal Justice Act has a number of sections to it, some that say that the information shall be provided and some that say that the information may be provided and that discretion is afforded to the young offender branch. Those are the points of contention that we're continuing to work on.

Mr. Graff: That are already in the existing legislation.

Mr. Dang: Thank you.

The Chair: Thank you.

To the phones, then. Mrs. Pitt.

Mrs. Pitt: Thank you. My question is for Human Services. The advocate and the Solicitor General and Alberta Health Services all recommended adding some children and youth who are receiving other government services to the group of young people who are eligible to receive services from the advocate. Now, your submission doesn't make this recommendation, and I'm wondering if you can expand on the reasons for this.

Mr. Hattori: Yes. Thank you for the question. In regard to the suggestion that the age range be extended to 24, that makes good

sense to us. I believe it was in some of our commentary. It's in alignment with the Child, Youth and Family Enhancement Act as well as obviously supporting young people, as Mr. Graff had already indicated.

In regard to service extending to other ministries or Albertans served by other ministries, we've reserved our commentary on that just because we don't feel like we have the level of expertise in terms of understanding exactly some of the commentary that was just occurring to the prior question in regard to competing legislative mandates, functions, and processes.

Mrs. Pitt: Okay. That's great. Thank you.

If I could just follow up a little bit here, in question 7 in your submission you recommended that the advocate work closely with the ministry on the development of recommendations. Your position seems to be that this will ensure that they can be acted upon. I'm wondering if this could be seen as a conflict of interest. What are your thoughts?

Mr. Hattori: I think that perhaps that should have been worded as: continue to work collaboratively. It's not that we are in a place of any relative influence. As Mr. Graff has indicated, he is an independent officer of the Legislature, so consequently any interface that we have with him or his staff is really in regard to clarification of recommendations made that we must act on.

In other areas of the service that the office of the advocate provides there is an extensive amount of collaboration that makes very good sense, particularly when you talk about individual advocacy and the relationship between caseworkers who work with kids and the individual advocates who are all across the province who also work with kids, and that's, again, trying to get a collaborative approach around doing what's in the best interests of those children given the commentary that the advocate has in terms of supporting youth to have their own voice.

I hope that provides some clarification.

Mrs. Pitt: Yeah. Absolutely. That's great.

I just have one last question here that has been brought up already. Anyway, I'm looking for clarification on: "singular events should not [result in] systemic recommendations. The evidence base for recommendations should be clearly established." I want to sort of talk about what this statement meant. Would this be public information or just used for recommendations for changes within the system?

Mr. Hattori: I'm assuming that's for me.

Mrs. Pitt: Yes.

Mr. Hattori: In regard to single episodic events I think it's to the prior conversations of many of the speakers to the panel. I think the challenge is always trying to extrapolate from one single episode what might look like or be or seem systemic in nature. You've heard Mr. Graff's commentary on that.

We feel with that challenge, which is a substantive one, whether it's in this, where you're looking at people and the unfortunate circumstances that the office of the Child and Youth Advocate has to look at, or whether it's in any other tragic circumstances, whether plane crashes, et cetera, that at times the trending of certain conditions or significant factors or variables is helpful in taking a look at what might be systemic types of conditions or things to consider. So when we say evidentiary based, back to some of the other comments, it's nice to have a look into what any of the advocate investigators are thinking at the time when they're making a recommendation so that we can get a very clear and concise and

focused understanding of what their intent was by putting certain words together to form a recommendation.

The Chair: Thank you.

Moving on, then, I have Mrs. Littlewood.

Mrs. Littlewood: Thank you. I have a question for Justice. In the office's submission there is an indication of outlining the roles and responsibilities for the office of the Child and Youth Advocate with youth in custody and under supervision in the community that would be appropriate. Can you elaborate on what exactly this protocol would cover and also how it would benefit children and youth receiving advocacy services?

10:10

Ms Sanderson: Certainly, and I'd like to invite Mr. Graff to comment on this as well. We have protocols in place with Human Services and with Education that talk about the frequency of the meetings that we will have with them, the types of topics or issues that will be discussed, how we will interact with each other when there are issues of contention, how we will provide information to them. So the protocol would just set those parameters out for both parties in writing. Typically it's also helpful for front-line staff to be able to review these protocols because when they're contacted for information or when they're working with advocates or in the case of Human Services with the social workers and so on, they're not always certain whose role is responsible for particular things, and the protocols are often very helpful in guiding that kind of work.

Mr. Graff: Certainly, I concur with those comments. The only other thing that I would add is that protocols, memorandums of understanding, those kinds of things, are made by mutual agreement, so it would be a process that we would work out together. The memorandum of understanding that we have with the Ministry of Human Services now is quite helpful in that it provides some parameters for those types of issues, but it also identifies the principles by which we're going to treat each other. So when there are contentious issues, what are those principles that we need to hold ourselves accountable to in our discussion of the conflict, those kinds of things? Because it's agreed upon, it has a level of accountability that's critically important.

Mrs. Littlewood: Thank you.

The Chair: Next up I have Mr. Nixon.

Mr. Nixon: Thanks, Mr. Chair. My question is for Mr. Graff, and it refers to Alberta Health Services' response to question 7 in regard to some confusion about who receives reports after the advocate publishes them. My first question is: do you have external and internal portions or versions of your investigations?

Mr. Graff: In terms of reports?

Mr. Nixon: Yeah.

Mr. Graff: No. Our reports are issued externally in their entirety. We don't have sections of a report that wouldn't be publicly released. We have a report that we identify is at a level of information, and we release it in a public way. Does that answer your question?

Mr. Nixon: Partially. Then I guess the follow-up question, if I could, Mr. Chair, moving reports to the side, is: do you have internal and external investigations? External, I would assume, would be

released with the reports. The question then becomes: where and who do the internal investigations go to?

Mr. Graff: I'm not sure what you mean by internal investigations. We have an investigative review process where we communicate with the parties that we are going to proceed with. So if we say that we are going to do an investigative review of this circumstance, that's built on that information that I had alluded to earlier. I inform the ministry of that. That also engages specific powers of my office to acquire information. We don't do that on an – like, everybody knows, they know, we know, that when that report is done, it's an external report. We don't have a similar process that we will do internal reviews on.

I don't know quite what else to say.

Mr. Nixon: You answered my question, Mr. Graff.

Can I have one more follow-up, Mr. Chair?

The Chair: Certainly.

Mr. Nixon: In regard to the point that AHS brings up in answering question 7 in their submission, the confusion of where reports go – maybe Mr. Andres will want to expand on it – do you have any recommendations on changes to the legislation specifically to what AHS is pointing out?

Mr. Graff: I don't believe so. I will rethink that a bit and perhaps come back with some additional information. There's quite a specific requirement for investigative reviews and how they are released and who they are released to, the fact that they need to be released to the public bodies who are affected by them, particularly if we make recommendations, that we need to in fact send our report to them. We do that with a letter outlining that there's a recommendation for them in our report. We also articulate that we're going to be following up in six months to identify how they've moved forward with the recommendations. Those conditions are set out.

Prior to the release of a report we will meet with the region involved, with the staff who are involved with that child in that circumstance and provide them with a general overview of our process and of the areas of recommendations that they will hear about when the report is released. We do the same thing with family wherever possible in that we'll sit down with them before the report is released and walk through what our process was and give them some sense of the areas of recommendation that we'll be making. But there isn't an internal process.

The Chair: Thank you.

Next up I have Mr. Kleinsteuber.

Mr. Kleinsteuber: Thank you, Chair. I know some of this was touched on in a previous question, but I'd like to direct this one again to Mr. Graff if it's okay. Regarding your recommendation to allow the advocate to undertake or collaborate in research related to improving designated services or addressing the needs of children receiving those services, would expanding the definition of designated services address some of that issue?

Mr. Graff: Certainly, it may. It would give us a wider purview, depending on what that expansion was, so there is that possibility.

The other thing I should say, though: with expansion of the designated services comes some challenge around learning about that designated service and all of the stakeholder groups and the ways that that designated service is provided now. You can see that when you hear the difference in terms of the way that we're talking

with youth justice and the kinds of things that we're working with and the way that we do our work with Human Services. Our history with Human Services and the longevity of our relationship is substantially more significant in Human Services. Part of our task with youth justice is also getting to know what we do and how advocacy works and how their system works.

If there is an expansion of designated services, we would anticipate needing to know, for example: who are the stakeholders in children's mental health? How do those stakeholders move their work? How do we not, you know, get involved in work that other people are already doing to advocate for young people? So in any kind of expansion, there would need to be that learning, including: where are those areas of research that are critically important?

Mr. Kleinsteuber: Okay. Thanks a lot, Mr. Graff.

Mr. Graff: Thank you.

The Chair: Next up I have Ms Goehring.

Ms Goehring: Thank you, Mr. Chair. Earlier I had asked Mr. Graff about the Protection of Children Abusing Drugs Act and the recommendation from Alberta Health Services about expanding their role. Now I'd like to hear from Alberta Health Services to possibly share some of the challenges that they believe are faced by children that are accessing this piece of legislation and what the recommendation for having advocacy look at this would be. If you could just expand a little bit on that.

Mr. Andres: Sure. Thank you, and thank you for your question. I assume you mean the challenges of youth under PCHAD itself, right?

Ms Goehring: Yes.

Mr. Andres: Maybe I can just back up to some of my earlier comments. We believe that as the current legislation stands relative to the PCHAD Act, those youth have access to a review process by the courts. They can submit that, and their orders are reviewed and adjusted appropriately, and they have legal counsel available to them. They also have access to the Health Advocate and, even within Alberta Health Services, to a patient concerns office. Our position is actually that the designated services under the Child and Youth Advocate Act not include PCHAD as well. We believe that youth are sufficiently covered within that legislation currently.

Ms Goehring: Thank you.

The Chair: I do have one more. I have Mrs. Littlewood.

Mrs. Littlewood: Thank you. This is for Alberta Health Services, please, and Mr. Andres. There is part of your submission that is discussing services for infants and very small children, and I was just wondering if you could expand on Alberta Health Services' recommendations on services there.

Mr. Andres: Yes. Thank you for your question again. It goes to that issue that we have discussed several times, I think, this morning around scope of designated services and to include those who aren't designated. The comments related to youth and children and toddlers I think speak to the I would say isolated conditions where there can even be disagreement amongst medical providers and parents relative to decisions for the best medical care for the child. For those types of situations there could be a role for an advocate to support the infant in that case.

Mrs. Littlewood: Thank you.

10:20

The Chair: Do we have any further questions from any members?

Mrs. Pitt: I have one here if I may.

The Chair: Certainly. Go right ahead.

Mrs. Pitt: Okay. To Alberta Health Services: in your submission under point 1 it says that there are issues with recommendations being made to child and family services, and I notice that there's no follow-up when they see children years later. Now, what could the role of the advocate be in these situations? What would you recommend?

Mr. Andres: Thank you. I think it comes back to that point around: what is the follow-up that's required? Mr. Graff certainly knows this process, referred to it a little bit in terms of that six-month review. I think it also gets, then, to those systemic issues. You know, across services, across the system what is the best mechanism for ensuring that there is progress made on the systemic issues, be that within the health system and beyond, including those youth who may not fall under the category of those designated under the act?

I don't have a specific recommendation as to what that could look like. I just think there's opportunity for further strengthening the advocate's role in terms of follow-up and ensuring recommendations or supporting recommendations that have been previously made.

The Chair: Do you have any supplemental questions, Mrs. Pitt?

Mrs. Pitt: No. That's good. Thank you.

The Chair: Excellent. Thank you.

Not seeing any other further questions from the floor, I'll thank all of our presenters. Thank you to you and your staff for joining us this morning. I think we had some excellent discussion. Thank you for your very thorough and clear responses to our questions.

Just for members: if there are any questions that remain outstanding or that may arise afterwards or if any of the panel members wish to provide additional information, that can be forwarded through the committee clerk.

So thank you again. We appreciate your time with us this morning.

We'll now take a break, then, allow our guests from the next panel to get set up, and we'll reconvene at 10:45. Thank you.

[The committee adjourned from 10:22 a.m. to 10:45 a.m.]

The Chair: Welcome back, everyone. We have our second panel here to present to us. Just before we begin, as a courtesy to our guests I'll ask that once again we just quickly go around the room and introduce ourselves for the record, starting to my right.

Mr. Malkinson: Brian Malkinson, MLA for Calgary-Currie and deputy chair.

Mr. van Dijken: Glenn van Dijken, MLA for Barrhead-Morinville-Westlock.

Mr. Nixon: Jason Nixon, MLA for Rimbey-Rocky Mountain House-Sundre.

Mr. Ellis: Mike Ellis, MLA for Calgary-West.

Ms Mann-Johnson: I'm Julie Mann-Johnson. I'm the professional practice lead with the Alberta College of Social Workers.

Dr. Malone: Dr. Judi Malone, executive director, Psychologists' Association of Alberta.

Dr. Spelliscy: I'm Dr. Richard Spelliscy. I'm the incoming chief executive officer and registrar for the College of Alberta Psychologists.

Mr. Dang: Good morning. I'm Thomas Dang. I'm the MLA for Edmonton-South West.

Ms Goehring: Good morning. I'm Nicole Goehring, MLA for Edmonton-Castle Downs.

Ms Woollard: Good morning. Denise Woollard, MLA, Edmonton-Mill Creek.

Mrs. Littlewood: Good morning. Jessica Littlewood, MLA representing Fort Saskatchewan-Vegreville.

Mr. Kleinsteuber: Good morning. Jamie Kleinsteuber, MLA for Calgary-Northern Hills.

Mr. Koenig: I'm Trafton Koenig, a lawyer with the Parliamentary Counsel office.

Dr. Amato: I'm Sarah Amato, research officer.

Dr. Massolin: Good morning. Philip Massolin, manager of research and committee services.

Ms Rempel: Good morning. Jody Rempel, committee clerk.

The Chair: Of course, I'm David Shepherd, the MLA for Edmonton-Centre and the chair of this committee.

On the phones again we have Mrs. Pitt.

Mrs. Pitt: Angela Pitt, MLA, Airdrie.

The Chair: Thank you.

As we begin, again I'll just remind everyone that today's participants have been invited to make a 10-minute presentation regarding the Child and Youth Advocate Act, after which I'll open the floor for questions from committee members.

I'd like to welcome our guests from our second panel of the day, who, as we heard, represent the Alberta College of Social Workers, the College of Alberta Psychologists, and the Psychologists' Association of Alberta. Of course, you've each introduced yourselves.

We'll start with the Alberta College of Social Workers. Ms Mann-Johnson, if you'd like to go ahead with your presentation.

Alberta College of Social Workers

Ms Mann-Johnson: Thank you very much. I have a PowerPoint presentation just kind of providing a bit of an overview of the points that I'm going to make this morning. We are very pleased to be here to speak with you today about the Child and Youth Advocate Act. I just wanted to introduce a member of our governing council here today in the audience. His name is Ajay Pandhi.

The Alberta College of Social Workers has three key roles. First, we're the regulatory body for social work in Alberta as legislated through the Health Professions Act. Social work is a legislated profession. Another role we have is to serve as the professional association for social workers in our province. Third, we emphasize

advocacy because social workers have a commitment to social justice. It's a foundational principle in our profession and significant in our professional code of ethics, so we participate in a lot of advocacy efforts as the Alberta College of Social Workers.

We are very pleased to be presenting to you today as the profession of social work is foundational to the work being done both in child welfare and through the office of the Child and Youth Advocate. In fact, to set some context, it's our position that child welfare should be hiring registered social workers for the provision of child welfare services. Just to provide some context, social work is a regulated profession, as I said. However, contrary to popular belief or public assumption, social workers are not hired exclusively into these child welfare roles. We just wanted to kind of clarify that as we start. Currently nearly 60 registered social workers are employed at the office of the Child and Youth Advocate.

We've identified three general areas for our discussion today. First off is the importance of maintaining a focus on individual advocacy at the office of the Child and Youth Advocate, systemic considerations and opportunities for legislation to address these, and thirdly, considerations in the access to services from the Child and Youth Advocate for vulnerable children and youth.

In terms of individual advocacy the ACSW, the Alberta College of Social Workers, recommends that the legislation governing the Child and Youth Advocate and its office must maintain a focus on individual advocacy efforts. Many of the children and youth represented by individual advocates at the office of the Child and Youth Advocate have no other natural advocates. They really are a unique population.

Consider, for example, most children in Alberta, our children. My children are fortunate in having me to kind of act for them as an advocate. Most children have parents who are able to advocate for them in the school system, in the health system, and in other venues. This is something that is missing for many children in care or children in the youth criminal justice system.

Children and youth in child welfare and the youth criminal justice system often find themselves without close connections, family, and/or community who are in a position to advocate for their day-to-day needs. This population often has few resources, and often their relationship with guardians has been altered by the state through legislation. So we feel quite strongly that this is something that needs to be kind of remembered and at the forefront for the Child and Youth Advocate.

Individual advocacy services provided by the Child and Youth Advocate fill a significant and important gap and address the quality of life for many of these young people in Alberta. Individual advocacy efforts can also inform and identify systemic issues. Individual advocates become keenly aware of systemic issues and gaps that must be addressed through their relationship with these children and youth that they're working with. In order for systemic advocacy to be impactful, however, there must be a means to hold the systems accountable. Systems must be transparent, permitting access to information, and legislation must mandate this transparency for all the relevant systems. Legislation should enable the Child and Youth Advocate and representatives to access all required information.

The ACSW recommends that the Child and Youth Advocate maintain a focus on systems involving vulnerable young people without natural advocates. Similar to our recommendation on individual advocacy, we recommend continuing a focus on the child welfare and youth criminal justice systems for the Child and Youth Advocate. While we recognize that many of these young people interact with other systems such as Health and mental health,

there are currently offices that address these issues. There's a mental health advocate and a Health Advocate in existence, and we would recommend a collaborative approach between these offices and the Child and Youth Advocate to ensure the needs of vulnerable young people are being met.

Investigative reports released publicly should maintain a focus on making systemic improvements. As such, child and family privacy must be respected when requested by the family. Similarly, we are also recommending that individual workers continue to not be named in investigative reports. Naming children, families, and workers does not enable systemic improvements. Rather, it potentially sensationalizes difficult circumstances. When the advocate notes specific practice concerns with a registered social worker, these may be addressed through a complaint with our college as we are a regulatory body. Again, this is why we recommend a focus on the hiring of registered social workers in these systems.

The ACSW also recommends term limits on the appointment of the provincial Child and Youth Advocate to allow opportunity for fresh perspectives and directions.

Finally, the ACSW recommends all services provided through the Child and Youth Advocate be consistent with age limits of the Child, Youth and Family Enhancement Act. For example, services available to children and youth under the Child, Youth and Family Enhancement Act go to the age of 24. We know that these adults continue to be vulnerable by the very nature of their involvement with these systems. As such, individual advocacy, services from legal representation for children and youth which is offered by the Child and Youth Advocate, and investigative powers should align with this date range of up to the age of 24.

We further recommend that legislation enable the recognition of unique circumstances for vulnerable children and youth. For example, youth who have newly relocated to Alberta as refugees and without guardians may find themselves particularly vulnerable and in need of specialized advocacy services. As a young person how would you advocate for yourself if you do not have parents there as your natural advocates? Again, we're recognizing the unique nature of some vulnerable youth. This is only one example, but a principle recognizing vulnerable young people without natural advocates should be reflected in legislation. That is our recommendation.

That's the end of my presentation.

10:55

The Chair: Thank you very much.

We'll move on, then, to Dr. Malone from the Psychologists' Association of Alberta.

Psychologists' Association of Alberta

Dr. Malone: Certainly. I do want to start by saying good morning to everyone and thanking you for the opportunity for us to present on behalf of the Psychologists' Association of Alberta, thanking the committee chair and all the committee members for your time and effort. I was able to watch for a while earlier, and people are very engaged, with some good questions and some thoughtful consideration. The office of the Child and Youth Advocate is a very important office, so I do appreciate this opportunity.

Personally, I'm a clinical psychologist. I've been in rural and remote northern practice for 16 years, and I have a specialization in professional ethics in practice, so my heart is with special populations, for sure. I'm also the executive director of the

Psychologists' Association. What that is, really, is that we are the voice of and for psychology in Alberta. Our mission is to both advance the science-based practice of psychology but also to promote the psychological wellness of all Albertans.

What I'm bringing to the committee today is essentially four actionable recommendations or solutions from our perspective for you to put into that puzzle piece that you're looking at with any changes to the legislation. We know that the psychological health and wellness of all Albertans can be substantively improved by buffering the impacts of adverse childhood experiences. We know those are detrimental to our citizens long term, so focus on youth is essential, and that's why the office of the Child and Youth Advocate's role becomes so very important.

The first primary recommendation is that the OCYA should remain an independent office of the Legislative Assembly of Alberta.

The second is that the OCYA should in its scope of practice advocate for all children receiving government services. All children are inherently vulnerable.

The third is about outcome-informed practice. Despite the OCYA not having the authority to require changes, we would like to see clear, transparent, and public response to all recommendations in any investigative review and that that happen in a timely manner. That's where we get some of the systemic change that my colleague here was speaking about earlier.

Fourth, the death reviews that occur, which are essential, really should involve multidisciplinary assessment teams, including psychologists, to get that breadth of range.

Specific to the OCYA being an independent office, that really does need to be applauded. Advocacy really matters. Independent advocates are most able to safeguard those who are less able to look out for their own interests, and that requires independence from any organizations providing services to those Albertans, in particular our children and youth. The vision of the OCYA is that the rights, interests, and viewpoints of Alberta's vulnerable children and youth are affirmed and acted on. It was that 2012 legislation that made the OCYA in Alberta an independent office that reported to the Alberta Legislature rather than to the Minister of Human Services, and we want to really underscore the wisdom in that decision and how that allows them to carry out their duties in an impartial way.

In particular, the OCYA plays a significant role in the identification of systemic issues, and that benefits the psychological health and wellness of all Albertans. As these typically require changes to policy, regulation, or legislation, they not only require that level of independence, but their voice will help to strengthen our voice as a province and as a society.

In our second recommendation the OCYA should in its scope of practice advocate for all children receiving government service, a bit of a shift from my colleague here. Really, all children are inherently vulnerable. At present, as you know, they are only able to advocate for children and youth receiving designated services, and that's how they are defined under the Child and Youth Advocate Act. That's primarily young people impacted by the Child, Youth and Family Enhancement Act, the Protection of Sexually Exploited Children Act, and the youth justice system. That then excludes youth receiving other fundamental government services, that full range being from health, mental health, and education.

As the essence of the OCYA's work is about engaging with children and youth, their communities, and others to address issues identified by and affecting young people, that becomes limited by restricting the scope of Alberta's children and youth that can be represented. When I've gone and spoken to other groups, many,

who weren't aware, were actually very shocked or appalled that our children's advocate in this province isn't our children's advocate; it's only our children's advocate for a very small segment of the population.

All children and youth in our province should be enabled to speak up on their own behalf and empowered to take a lead in decision-making processes because they're actually our future. Advocacy benefits mental health. It improves the individual's understanding of their situation, enables their views to be heard, ensures they can be partners in their care, and increases their autonomy. Advocacy promotes the rights of our citizens, our youth, and our future.

Our third recommendation is specific to outcome-informed practice. Despite the OCYA not having the authority to require changes, we really do believe that there should be clear, transparent, and public responses to all recommendations in any OCYA investigative review in a time-limited manner, six to 12 months after publication. An essential, impartial responsibility of the Child and Youth Advocate is investigating the serious injury or death of children in care. These insightful and carefully prepared reports should never be the end of an inquiry process. To truly make a difference, those findings must not only be disseminated but must demonstrate regularized follow-up and specific responses both to the individual recommendations and also to the overall outcomes suggested, which would be some of the more systemic ones.

From a psychological perspective this is outcome-informed practice. Outcome-informed practices allow us to develop expertise, which results in increased quality of services, improved practices and training, decreases in judgment biases. Research has demonstrated that practitioners are not reliable in evaluating their own skills or services; hence, the benefits of investigations by independent offices, ones in which they can inform such reports and feel free to provide feedback without fear of retribution and with the hope that their involvement will truly make a difference. Clear responses to such investigative reports have the potential to bridge the gap between the OCYA and the government services implicated in those reports.

Finally, investigative reviews are essential and should include a multidisciplinary assessment team, including psychologists. Through the OCYA investigative review process, services provided to a young person are examined. Findings and recommendations are identified to help make systemic changes, which, as indicated earlier – these nonidentifying public reports hold tremendous benefit of improving services. Psychologists, one of many groups of professionals that are occasionally engaged in this process, have expertise in both developmental and forensic psychology. Our scientist, practitioner grounding, having research as a significant component of our training and practice, lends a benefit to these reviews. Such psychologists bring with them an understanding of fundamental issues that lends richness to the social-work perspective that's predominant in child and youth services in Alberta.

Thank you for your time.

The Chair: Thank you, Dr. Malone.

We'll move on, then, to Dr. Spelliscy.

College of Alberta Psychologists

Dr. Spelliscy: Thank you. Good morning, Chairperson Shepherd and Deputy Chair Malkinson and other distinguished committee members. I would like to specifically recognize my fellow psychologist Ms Debbie Jabbour, a former committee member, and Denise Woollard, who is a psychologist and a sister in my

profession. Thank you for the opportunity to speak to your standing committee.

I would also like to recognize the important work of the office of the Child and Youth Advocate. You've already heard from Mr. Del Graff, Mrs. Jackie Stewart, and Ms. Joni Brodziak regarding the office, and they have outlined the responsibility of and services provided by the OCYA. Suffice it to say that they play a critical role in providing a voice for vulnerable children in Alberta, and for this the college thanks them.

I have previously introduced to you my professional status currently with the College of Alberta Psychologists, but more importantly I would like to state that I have over three decades of experience providing mental health services to vulnerable populations, including new Canadians, First Nations, and Inuit in rural, urban, and isolated settings. This has encompassed services to children, adolescents, and families, including prevention, early intervention, child protection, developmental disabilities, adoptions, trauma, corrections, and addictions. I have served as an expert in numerous child welfare and court proceedings. Many of my colleagues that I've worked with over the years are present in this room today.

11:05

As you have heard from my colleague Dr. Judi Malone, executive director of the Psychologists' Association, psychologists have both unique and shared skills with our brothers and sisters in the field of children's mental health. Specifically, psychologists have extensive education and training in prevention, early identification, treatment, and forensic evaluation of mental health needs. As many of you are aware, mental health is increasingly being recognized as fundamental to all citizens but more important to vulnerable children and families. I will speak to this in more detail in my presentation.

I am aware that the role of the committee is specifically to examine the legislation underpinning the OCYA. It is important, however, to highlight that good legislation enables good work. I am confident that all of us here today recognize the good work of the OCYA as well as the desire to ensure that this office flourishes and meets the increasingly complex needs of Alberta children today and in the future. As a result, I would like to offer the following five recommendations to the committee and a final, sixth recommendation that is more generic.

Recommendation 1: it is recommended that the OCYA legislation be expanded to allow for advocacy for all vulnerable children in Alberta. As you have heard from my colleague Dr. Malone, children and youth are inherently vulnerable and do require an adult voice. A significant proportion of children are more vulnerable because of income inequality, family stressors, early childhood trauma, mental and physical health, special needs, and minority status.

It is well established in research that prevention and early intervention can reduce the incidence, severity, duration, physical and mental effects of such risk factors and lead to increasingly effective outcomes. It is also well known that the biggest challenge for many of these children and youths is early and timely access to the appropriate services. Research by such organizations as Healthy Families America supports the benefits of intervening early, including prenatal, with overburdened families. Evidence-based findings point to a reduction in the need for formal or designated services when interventions are provided on an early and voluntary basis.

As such, I would like to highlight the important role the OCYA could play in prevention and not just reactive interventions. Providing the OCYA with the legislative mandate to identify and

address issues facing all vulnerable children would likely reduce the likelihood of the need to receive these designated services in the future. Allowing the OCYA to operate under a broad definition of vulnerability would provide them with the mandate and ability to identify and advocate on a wide range of issues affecting Alberta's families, children, and youth. One example would be addressing the needs of LGBTQ children and youth in Alberta, or a second would be an issues example such as youth suicide.

My second recommendation: it is recommended the OCYA legislation should specifically recognize and elevate the importance of mental health needs of all vulnerable Alberta children. It is estimated that 1 in 5 Canadians suffers from mental illness. Approximately 70 per cent of young adults living with mental health problems report that their problems began in childhood. It has been documented that in Canada over 12,000 children waited for one year to seek mental health treatment. Hospitalizations for children and youth for mental health problems are also on the rise, and repeat stays are higher for those who are from lower income families. Approximately 1 in 12 youth are prescribed a mood, anxiety, or antipsychotic medication in Canada.

The OCYA highlighted the issue of child and youth mental health in their 2015 submission to the Alberta Mental Health Review Committee. We support their findings and experience regarding the need for better access to mental health services, the provision of culturally sensitive treatments, increased integration and collaboration among service providers, the establishment of a key person to guide and mentor that child or youth or family through the mental health system, and the development of a provincial suicide strategy model. It is important to highlight that suicide is the second-leading cause of death of children and youth.

The OCYA identified the significant issues facing aboriginal children in *Voices for Change: Aboriginal Child Welfare in Alberta*. Research indicates that First Nations children die by suicide five to six times more often than nonaboriginal children. Suicide rates for Inuit children are 11 times the national average and are believed to be the highest in the world. We support an extended OCYA mandate that would specifically address the increased vulnerability of indigenous children and youth.

Psychologists and other allied regulated mental health professions are uniquely positioned to provide a variety of services to vulnerable children and youth. Such services include identifying and intervening with vulnerable families, providing individual and family therapy, and conducting forensic evaluations on at-risk families, children, and youth. However, it has been my experience that such services are often underutilized for cost reasons and that these services are not covered under existing provincial programming. This is despite the fact that 67 per cent of Canadians believe that mental health should be given the same priority as physical health.

My third recommendation is that the OCYA legislation should include the role of conducting and supporting evidence-based research on prevention, intervention, and program outcomes that includes the use of technology to promote best practices. The significance of the role of the OCYA and the current fiscal climate facing Albertans demand that all resources be used prudently and effectively. Central to this is the use of evidence-based practices delivered when the impact is maximized. Research both within the OCYA and by externally supported agencies is critical to ensuring that both existing and future recommendations are evidence-driven and supportable.

Research and evaluation need not only occur at a program or esoteric level; technologies do exist to assess the impact of services both on families as well as children and youth individually. Simply put, if a family or child or youth receives services, the impact should

be tangible. The family, child, or youth should be left better off having received that service. A practical example would be administering a psychological assessment tool at the beginning, during, and at the end of receiving any provincially funded government services. Such evaluations can be done both economically and efficiently, employing existing technology. They can provide perspectives from the child, youth, parents, and school. Not only can such tools provide important outcome information; they can raise the alarm if enhanced services are required.

By providing the OCYA with a legislated research and technology arm, vulnerable Alberta families, children, and youth will be assured that services will be scientifically supported and monitored closely so they can intervene before serious harm occurs.

My fourth recommendation is that the OCYA's request for greater clarity in the definitions of serious injury and systemic advocacy be supported. We are of the belief that the OCYA currently fills a critical role in providing a voice for children receiving designated services. Definitional clarity is critical to allowing the OCYA to sustain challenges to both its roles and authority. Any definition of serious injury should include emotional, psychological, social, educational, developmental as well as physical harms. The child or youth's perspective must also be considered when addressing their overall psychological integrity. Systemic advocacy is an essential role of the OCYA. It is imperative that this be defined as broadly as possible. This is to ensure that the OCYA can act in a manner that addresses not only existing programs and services but issues that may arise in the future.

My supplementary recommendation: it is recommended that the OCYA play a recognized and legislated and pivotal role in key reviews such as child death reviews and child intervention reviews. It is important that the voice of children be present in such reviews.

My sixth and final recommendation. It is recommended that the committee affirm the hard work of not only the OCYA but all individuals providing services to Alberta's vulnerable children and youth. It is well known that it takes a community to raise a child. It is also true that it takes a community of professionals to provide services to vulnerable children and youth. Many of these professionals, like our veterans and first responders, have dealt with unspeakable trauma. These colleagues are heroes and deserve our respect, admiration, and gratitude.

Mr. Chair and members of the committee, these are my remarks. I would like to thank you once again for the opportunity to acknowledge the importance of the OCYA and your task. I would be happy to answer any questions or provide clarification if you wish.

The Chair: Thank you, Dr. Spelliscy.

Excellent. Well, thank you to all of you for your presentations.

At this point, then, we'll open it to the floor, to any members that may have questions. Ms Woollard.

Ms Woollard: Thank you, Mr. Chair. This is mainly directed to Ms Mann-Johnson, but other people can obviously weigh in. Now, in your submission you indicate that advocacy services are required in areas of mental health, health, and education. What are the challenges facing children and youth in each of these areas, and what do you see the role of the advocate being in each? If you could talk about that.

Ms Mann-Johnson: Well, I think education and mental health and health often serve children with unique needs and special needs. Generally I think our services and our social policy are often set up to kind of meet the needs of the hump of the bell curve – right? –

the average child. There are times when a child doesn't fit into that mould and certain services are required and larger advocacy may be required.

You know, just to kind of back up to something we've been talking about, where the focus of individual advocacy should be for the office of the Child and Youth Advocate. The position of the Alberta College of Social Workers is that it would be fantastic if there was an advocate for every child, but in reality, as we know, there are limited resources. Our concern would be that if a focus was brought in for the Child and Youth Advocate, would appropriate resources follow that? And in the process, would those vulnerable children who don't have the natural advocates kind of fall off the radar? While we submit that it would be fantastic for every child who has a unique need – perhaps those needs aren't being met – to have a formal advocate, we also recognize that some of those kids have natural advocates and some of those kids do not.

Ms Woollard: Okay. Thank you.

Dr. Malone and Dr. Spelliscy, is there anything that you would like to add to that?

11:15

Dr. Malone: Sure. I will just add that sometimes what we're talking about is prevention, and Dr. Spelliscy was speaking to that briefly. We can have children within Health or Education that become inherently vulnerable or present as vulnerable that end up in designated services when they wouldn't need to if there was sufficient infrastructure and support and empowerment. We know that adverse childhood experiences impact children. We also know that not all children would reach out to the children's advocate, so it's casting that net in a wider way, which also allows for some prevention for vulnerable youth.

Ms Woollard: Thank you.

The Chair: Thank you.

Mr. Nixon.

Mr. Nixon: Thanks, Mr. Chair. My question is for Dr. Spelliscy. Your recommendations and the comments you made, you know, saying basically to take the office of the Child and Youth Advocate and expand it to provide services to all vulnerable children: I'd like to hear if you could expand a little bit on how we would define all vulnerable children. I think there would be an argument made that children by nature are vulnerable, depending on what's going on. One, my concern is that that language would be very, very broad and whether we could define that better. So I'd like to hear your input on that.

Second, is there a danger that we overmandate the Child and Youth Advocate and that, as a result of that, the office is now focusing on trying to deal with all issues associated with children – and there are many of them throughout the system – and then are not able to focus on the children that are most vulnerable and the consequences as a result of the situations that they're facing?

Dr. Spelliscy: Thank you for your question. Well, I agree that defining vulnerable may be complex. However, I know that there are a few lawyers in this room who, I think, could probably do a fairly sufficient job. From my perspective, the legislation should be broad enough that it doesn't hamstring or close doors on the advocate's ability to address an issue. When we look at all of them, some of those issues are systemic. Some of those are issue driven, such as suicide, where the advocate can explore an issue, do some research, take a position to the government, where that will serve

many children and youth. Some issues are more complex, where the need is to address an individual child.

Allowing that continuum from addressing an individual child to a specific issue identifying many children would in my view create some efficiencies for the Child and Youth Advocate. For example, by examining youth suicide, that could cover both children who are receiving designated services as well as everyday Albertans. As you may know, the suicide rate in Alberta has been increasing significantly over the last few years. More people die from suicide in Alberta than from fentanyl every year. So it's taking those kinds of issues that maybe arise because of one person's death, but when we look at the issue more broadly and in more detail, there are many more individuals being impacted by that. I think that there are great efficiencies for the government. The office of the advocate could lead those initiatives.

The Chair: Thank you.
Ms Goehring.

Ms Goehring: Thank you, Mr. Chair. I want to start by saying thank you to all of our presenters today for your presentations and for answering our questions. I'm a social worker, a former caseworker, and I share in your passion for children and youth, and I just really, really value that you guys are here today.

My question is for the Alberta College of Social Workers, Ms Mann-Johnson. Part of the recommendations was that family and child privacy should be respected when requested by the family as well as mentioning that the individual worker should not be named in the investigation report. Are you able to share more about your concerns and these recommendations?

Ms Mann-Johnson: In our conversations about that very issue where we went was really that a focus on naming a particular family, naming a particular worker doesn't actually address systemic issues. In fact, rather, it sensationalizes the issue, and it brings it back to that specific situation. We know, given some of the changes in the past couple of years, that there's been a focus through the media to name families, and it's our position that in terms of investigative reporting the family's name is not significant to the situation and to the systemic recommendations or considerations. If there has been an issue with particular individual practice, it's our position that if it is a registered social worker, that's something that can be dealt with through the regulation of our profession. That's kind of where we're coming from in terms of that recommendation.

Ms Goehring: Thank you very much.

The Chair: Okay. Next up I have Mrs. Littlewood.

Mrs. Littlewood: Thank you. I just want to start off by echoing what Ms Goehring was saying and, you know, when it was mentioned, confirming that there are many disciplines across Alberta that help support children in all of the work that you do. I saw that resonate across the table, so I just wanted to confirm and affirm that I heard that loud and clear. Thank you.

In terms of the research and evaluation, Dr. Spelliscy, you were talking about – it sounded like a collaborative approach . . .

Dr. Spelliscy: Correct.

Mrs. Littlewood: . . . of research and evaluation, and I'm just wondering. Mr. Graff had mentioned requesting broader abilities to do research. From your perspective how do you see the development of that relationship if that were to take place?

Dr. Spelliscy: Well, there are many ways that one could look at that research perspective. One is by looking at specific research on specific topics. For example, I mentioned youth suicide. One could look at that work. Many years ago we used to have a provincial suicidologist in an office that focused specifically on suicide. That office no longer exists. Again, as I point out the need for that, I wanted to highlight just one of my comments on fentanyl. I think the government intervention on fentanyl has been excellent. I think it should be supported, but I also think that there are additional problems that aren't on the radar that deserve to be on the radar.

A second example for research is that there are easy psychological tools to administer. In some jurisdictions I know, when a child comes into care and gets services, they will take what I call the child's mental health temperature, and that temperature will be in a number of areas. It could be depression, it could be academics, it could be social relationships, those kinds of things. It's my position that temperature should be checked at different times while the child is receiving services, particularly if the child is in care because, in my perspective, when a child is brought into care, it's a very significant decision. Also, returning that child to the family is another significant decision, and when that child goes back, there should be improvements. We should know that there has been an impact made.

I believe that the advocate could advocate for certain tools that the government could be using to monitor children while they're in care. Some of those instruments are computer scored. They don't require a psychologist to administer, possibly a psychologist to interpret. Those can be done economically and efficiently and provide us the data to know: are our interventions working, and are we having the outcomes that we want? More importantly, they can raise the alarm if things aren't going in the right direction, and that, in my mind, would reduce the advocate's need to conduct reviews, to conduct interventions, if we can prevent that downward slide, where children really get into trouble.

I think that those kinds of tools are possibly – I know that Human Services is examining some, but I think that should be a priority. My opinion is that we need to provide multiple safety nets. The office of the Child and Youth Advocate is one safety net, but there are other safety nets that we can provide for children to ensure that they get the right services in a timely fashion and that they're effective and that their outcomes are positive.

11:25

Mrs. Littlewood: Thank you.

The Chair: Thank you.
Mr. Nixon.

Mr. Nixon: Thanks, Mr. Chair. Just going back to our earlier question, I don't want to be too repetitive, but I've had a little time to process it, so I just wanted to expand a little bit. What I think I hear you saying is that there needs to be an ability for the office of the Child and Youth Advocate to increase their ability to advocate, not necessarily to investigate, for all children. For example, I mean, I unfortunately represent several constituents who have lost a child to suicide in our communities. I can think of a few kids in my own kids' school that have taken their own lives lately, and I would not want to see those parents subject to a review process outside of what we already have, you know, barring any evidence that that child was in some sort of situation that would require that.

When you're talking about that all vulnerable children thing, what I'm hearing you say, specifically, is that you'd like to see the research ability, the ability for the Child and Youth Advocate to advocate more for broad needs of children, so something like

suicide or mental health issues within the system, but not necessarily expand the death review process. Am I correct in saying that?

Dr. Spelliscy: Correct.

Mr. Nixon: Okay. Thank you, sir.

The Chair: Excellent.

Ms Woollard.

Ms Woollard: Hi. Thank you very much for the information you're providing. This is wonderful. Just kind of a broad question here. You've talked a lot about different kinds of collaboration amongst agencies that have impacts on children and youth. What do you think are the major challenges today for children and youth that could require support from the advocate's office? I know this is very general. For instance, youth homelessness: I've talked to homeless youth who have a lot of challenges and don't have – you talked about natural advocates as something that's lacking. You know, youth in the criminal justice system, youth impacted by mental health issues, and youth with special needs – we're talking about people in school, in the education system. So just your thoughts on those issues.

Dr. Malone: I can go first. A very generic way to do it would be to talk about the ACE markers; that's adverse childhood experience. There's a wealth of research in North America, so we know what the top 10 markers are that make children vulnerable, and the more of those markers they have, the more vulnerable they are. Being in any of those population groups that you mentioned, say homelessness, increases that for sure, but we can even back up and see some of those. Primarily, there are experiences that are stressful or traumatic, and in that list we've got abuse, neglect; there's a range of household dysfunction such as witnessing domestic violence, growing up with substance abuse, mental illness, parental discord, crime in the household. So we've got kind of this list that might even sometimes come before. We know children are really resilient, so you could have a child with special needs in a school system and they're struggling, but they may be more resilient than the child next to them who doesn't have.

So my focus and take is really on looking at children who have just too many of those small factors that make them more vulnerable, whether or not they end up in an identified group, homeless or in designated services per se, because these are children who are most at risk. We know – the research is very clear – that children that have too many of those adverse childhood effects have a very high risk of physical illness as adults, of addiction, of unemployment or underemployment, things that really underscore the health of our society as a whole.

I'll leave it to my colleagues for a more specific response.

Ms Woollard: Thank you.

Dr. Spelliscy: For me, the primary issue would be access to mental health services, and I think that that's a well-known issue, particularly for indigenous populations and for rural populations. Rocky Mountain House: my first job out of university was in Rocky Mountain House, providing correctional services both in Rocky Mountain House and three of the neighbouring First Nations communities. That access is not just having those services there but having the ability to navigate through those resources. I know that when I consulted for one of the school boards in Edmonton, one of my primary roles was helping those parents navigate through that complex system to find the right services at the right time. I think

that on the implementation recommendations for the Mental Health Review Committee access is still one of the most challenging issues. I think that I have my own solutions for those, but I think that when mental health is elevated to physical health, then we'll have addressed many of the complex needs of children and youth.

Ms Mann-Johnson: I would certainly echo what Dr. Spelliscy and Dr. Malone have said as kind of really significant risk factors, but one of the things I was thinking about as you were speaking was really the significant issue that many of the children and youth that the office of the Child and Youth Advocate really interact with – and that's kids who are severely disconnected from other adults, from family, from significant others. So when we talk about homelessness and we talk about, you know, the kids who are falling through those proverbial cracks, those are really kids who are disconnected from family, have been removed from family and lived separate from family for years. Generally, the people involved in their lives that they can kind of identify as being significant are generally paid people – foster parents, youth workers, their social workers, their psychologists – so I think we really need to recognize that significance of disconnection for these youth and how really detrimental that is to their well-being and to all kinds of factors of health.

Ms Woollard: Thank you very much.

The Chair: Mrs. Pitt.

Mrs. Pitt: Thank you, Mr. Chair. My question is for the College of Social Workers. I've got one here and then some follow-ups. What sort of worker oversight does the college provide? What is the relationship between your college and the recommendations made from the Child and Youth Advocate report?

Ms Mann-Johnson: In terms of worker oversight we are a regulated profession, so anyone who has social work education and works within the scope of social work is required by law under the Health Professions Act to become a registered social worker. As a registered social worker you are required to adhere to the code of ethics and the standards of practice. If there is a complaint or a concern that is received by the Alberta College of Social Workers about any sort of behaviour that contravenes the code of ethics or the standards of practice, that might be investigated. It might be followed through a hearing, discipline action, et cetera, et cetera, depending on the situation. That's kind of what worker oversight looks like for registered social workers.

The Alberta College of Social Workers doesn't actually have a specific role in the response to investigative reports from the office of the Child and Youth Advocate. We certainly read them with keen interest, and we at times will sort of contact the office of the Child and Youth Advocate with comments or response or, you know, kind of inviting that sort of collaborative response, which we certainly do often, but we don't have an official role in response to any investigative report.

Mrs. Pitt: Okay. Thank you.

The Chair: Do you have a follow-up, Mrs. Pitt?

Mrs. Pitt: Yes. I know that the recommendations in the reports from the Child and Youth Advocate won't place blame – that's not the mandate – but I wonder if you've ever in the process of reading these reports found a worker to be negligent, and if so, was there any action taken?

Ms Mann-Johnson: Not that I am aware of. In my role at the Alberta College of Social Workers I'm not involved with kind of the disciplinary action and the regulatory side. Our manager of discipline might be able to better answer that. I'm not aware of any, though.

Mrs. Pitt: Okay. I just have one final if I may, Chair.

The Chair: Certainly.

Mrs. Pitt: You mentioned that not all workers in the Human Services ministry are qualified social workers. Do you know the number or the percentage of qualified social workers within the department?

Ms Mann-Johnson: I do not know for the entire department. The last report that I had received was that approximately 40 per cent of child intervention staff are trained in the discipline of social work, but as far as the whole ministry I do not know.

Mrs. Pitt: Okay. I was just curious when you mentioned it, so I thought I'd better throw it in my questions.

Thank you very much.

Ms Mann-Johnson: You're welcome.

11:35

The Chair: Excellent.

Next up I have Mr. Kleinsteuber.

Mr. Kleinsteuber: Thank you, Chair. I'd like to join my colleagues in thanking all of you for coming here today as well and for your detailed presentations. This question is directed to Dr. Malone, but, I mean, if Dr. Spelliscy would like to join in or, of course, Ms Mann-Johnson, please feel free. It kind of refers to your point, your recommendation 4, that it should contain a multidiscipline. I was kind of curious what interaction your organization currently has with the advocate's office. Or are the two related, then?

Dr. Malone: Yeah. We don't have a formalized procedure, but we have a good working relationship with the office of the Child and Youth Advocate. When this review took place, it was a good opportunity for us to have another meeting with the advocate himself just to say, "How are things going? What's new for you? Here's what's happening for psychology," and have that sharing of information. The investigative reviews are excellent. They're well done. They're well produced. In reading those, for us they're so important that we feel it should be a breadth of considerations taken in those reports. They do pull together panels. There's just risk that the panels end up not being as broad as they could be. For the most part they are, but we do really want to underscore that need to have a wealth of perspectives. Say, with designated services, you have social work not working in that area exclusively but predominately. Then having additional professional opinions that are relevant is going to give a much broader scope to those recommendations.

Mr. Kleinsteuber: Okay.

The Chair: Any of the other panel members wish to comment? All right.

Next up, then, I have Mr. Nixon.

Mr. Nixon: Thank you, Mr. Chair. Through you to the whole panel, before my elected life, before I joined the dark side, one would say, I used to work with our homeless population in the province, and one of the great frustrations that I had over my career – and I'm sure Mr. Ellis in his time as a police officer and several of my colleagues

in their areas would reflect this as well – was that often we would get people that had reached, you know, the age of majority or becoming adults all of a sudden on our doorstep. We were attempting to try to deal with that in a system that was primarily built for adults, the system that we were operating, and it would be a great source of frustration for us.

I do understand that in the current act the age would be 22. I think there are lots of submissions that have been brought forward to, say, 24. That seems to be the common number. I wouldn't mind hearing the whole panel's input on the need to make sure that we're advocating – we can't just set a birthdate of when somebody becomes an adult – and maybe some feedback on what that age should be because. Obviously, we also can't have an unlimited age because at some point somebody has to be an adult. I'd be curious to hear about that.

Dr. Malone: I can go first. One of the things that's really important to keep in mind is that we'll choose ages even though any specific age, say, 18 in Alberta, is not going to be necessarily a mature mind for all citizens. It's average, or it's that, you know, sort of primary spot in the bell curve. Neurologically the last area of the brain to finish developing is our frontal lobe. The frontal lobe of your brain makes the best long-range and long-term decisions, so we'll sometimes tease parents with teenagers and say: "Don't give up. Really. They're only thinking about tomorrow or next week or next month, but they're actually neurologically not that capable."

That age is anywhere between 21 and 24, when the frontal lobe is done developing. It tends to be the younger end for females, the older end for males. Now, that said, there can be 17-year-olds that have a fully developed frontal lobe, and there could be 25- and 26-year-olds that don't yet. It depends on the amount of distress and duress that a youth has been under through their development. The more stress, the more trauma, the more naturally occurring barriers – physically, mentally, emotionally – the longer it takes to complete that neurological development, but that's really key to them being their own advocates per se because that's what we do as communities and as parents. We help to guide children in ways that they're not entirely able to see, the future and the ramifications of decisions, et cetera. From a neurological perspective it's somewhere between 21 to 24.

Thanks.

Dr. Spelliscy: I would just like to add that, of course, the chronological age is different than the developmental age. My position would be that – and because I know transition services is a big issue when a child transitions from children's services to others, my position would be, rather than have an arbitrary age, saying: if the child or youth is benefiting from those services, should there be an end to it?

For example, if you have a child who was raised in foster care, is going to university and getting support, why would we end that? If they were raised by any one of us here in this room today, we would probably be supporting them in some fashion as they're going. So my position is: why set an artificial date if the system is working, if things are working for that individual? By saying, "Well, next week we can't help you," or "That cheque for your rent stops" – it doesn't make sense to me.

I'd also like to argue to back up, back up to early intervention, before that child is born. All the research suggests that prenatal health and the environment of that family prior to that child being born are important indicators in the outcome for that. I would like to give the advocate's office a voice to speak on those factors that lead to children being born into healthy environments, giving those overburdened parents, before that child is born, the opportunity to

access services, to have a voice so that that difficult environment can be addressed prior to that. I would say to extend both ends, both before the child has been born, but if the child is receiving services and things are working, you know, I would advocate that the child advocate should be involved in supporting that child as a voice until that child is successful.

Ms Mann-Johnson: I would just add that transitioning to adulthood, especially for children in government care, is a really challenging, challenging area of work. One of the additional frustrations in terms of just not only kind of the individual work is just that various systems have differing age limits on what they consider a child or what they consider a youth. So the Child, Youth and Family Enhancement Act extended those dates to 24 a couple of years ago, but there are certain services that the Child and Youth Advocate offers that don't go up to 24. Health would consider a child to be an adult at 18. So when you're trying to kind of navigate all of these different systems and everybody has a different age that maybe doesn't necessarily represent what a neurological requirement for a young person might be, it becomes even more complex. That would almost kind of be maybe one of those quick wins or those easier fixes, if everybody had a similar age.

Mr. Nixon: So, Mr. Chair, what I'm hearing is that 24 seems to make sense in expanding – I do know in my work with people with addictions that one of the hardest times is if we had times on our programs, if they were in a program where, let's say, you could actually literally watch somebody who was doing great start to deteriorate in that final couple weeks because all of a sudden they realize they have to go back, for lack of a better term in their case, to the real world. That was always unfortunate, so I know in my programs we eliminated it. We may have had an internal idea of when we wanted that individual to be able to move on, but we wouldn't put it up on the board like that because it always seemed to cause them to panic.

Anyway, thanks for your input on that.

The Chair: We'll go on, then, to Mrs. Littlewood.

Mrs. Littlewood: Thank you. Just a question in the realm of refugee status children and new Canadian youth. There's a recommendation from the College of Social Workers that there would be a clause allowing that a degree of discretion be added in relation to children facing obstacles in the area of immigration law and refugee status. Just wondering if you could share more about the challenges that children and youth may face in these circumstances and what you think the role of the advocate should be and, on top of that, if you've had any recommendations of specific language that would support these refugees and new Canadian youth.

11:45

Ms Mann-Johnson: We sort of provided that as an example of the benefits of applying a bit of principle-based decision-making, perhaps, to some of this legislation. We're aware of some situations where young people come to Canada, come to Alberta, perhaps not with their parents, perhaps with somebody else that they were close with in a refugee camp, with an aunt and uncle, with a cousin, et cetera. Then when they come here, because our family systems are really described very differently than maybe the circumstance that they're in, they are found to be in a situation where they don't have a natural advocate or they don't have a parent, where people are expecting them to kind of bring a parent with them to register for school, for example, all these kinds of potential areas.

So we use that as kind of an example to say: if we were able to apply the principle of "Does this child have a natural advocate, or does this child by the very virtue of their life circumstance or their family situation not find themselves with a natural advocate?" would it, then, be a role for the Child and Youth Advocate to intervene?

Mrs. Littlewood: Thank you.

The Chair: Ms Woollard.

Ms Woollard: Hi. Yes. I would very much like to ask just a couple of questions about designated services. Kind of what are your thoughts around designated services as they stand? The other thing is some thoughts about expanding designated services. A couple of the areas that we're looking at including or that have been looked at or considered under that designation are the family support for children with disabilities program and health services and mental health services. If you'd give us your thoughts on that, that would be great.

Ms Mann-Johnson: I can go first. As I've mentioned a couple of times, I think it would be great if we could provide advocacy services for some of these other areas: for health, for mental health, for family support for children with disabilities. However, our recommendation and our submission would be that the office of the Child and Youth Advocate really needs to maintain a focus on those children and youth who don't have natural advocates. So we would caution that if we were to expand the designated services that the office of the Child and Youth Advocate is responsible for, there would have to be a pretty serious discussion about resources and how you would not stretch out the services that they already provide.

Ms Woollard: Okay. Thank you.

Dr. Malone: Well, mine is very brief. I said this earlier, so I'm just going to reiterate it. It's my belief that when you have family and youth that are experiencing any kind of distress – a family with a child that has a significant disability, difficulty in navigating the mental health system, or has significant mental health concerns or health concerns – that means that child is experiencing adverse childhood experiences that worsen the situation, and it puts those families and those children at risk of ending up in one of our currently designated services. So I feel that it's always splitting hairs to say: we'll wait until there's a crisis, and then these are the children that we serve. They're all our children, and not being able to support them, either not extending what are designated services or using that as an artificial parameter for the office of the Child and Youth Advocate, is inherently putting some children at risk.

Dr. Spelliscy: I certainly appreciate the issue of resources. I certainly don't want to see children who are receiving designated services getting less. I think they need more. But I also think – and in my own clinical practice I began working with younger and younger populations because I kept running into situations where I could see: "If only I could have intervened in that nine-year-old's life earlier. If only that six-year-old received services earlier." Then you see those situations where a parent might not bring their child into the system because that child is vulnerable. They feel uncertain, you know. They sense that there might be some issue or need for that child.

I would like to see the need for designated services decline. I think that designated services are costly. They're often the most difficult to treat because problems are entrenched. I think that the

focus should be on prevention. I think that if one is looking at resource elements, we know that money spent in prevention and early intervention has a better bang for the buck. I think that by having the advocate be able to speak out, be a voice for those people at the very beginning of the system, we may end up reducing the number of designated children receiving services, and I think that should be a goal for the province.

Ms Woollard: Thank you very much.
I just had one more.

The Chair: Absolutely.

Ms Woollard: Just along those lines, what do you think about having – when we talked about age limits, should there be one age limit for all designated services, or should the age limit vary depending on the service or depending on the need of the person receiving the service?

Dr. Spelliscy: I would say that it should be on the need of the person receiving the service. When I would get a call from someone working for child and family services, they would say, “We have a complex case,” and I would say: “In my experience they’re all complex. They’re all individual, unique, situation driven.” While there are some common risk factors and those kinds of things, I think that to have that arbitrary age factor – when something is working for a particular child or adolescent, should we stop it? Should the system be a barrier to success? In my opinion, programs should be need-driven. Programs should not drive the needs of the child.

Ms Woollard: Thank you. That’s very helpful.

The Chair: I don’t have any further – oh, pardon me. Mr. Malkinson.

Mr. Malkinson: Thank you very much, Mr. Chair. One of the advantages of doing the speakers list is that I always know when it’s empty.

This question is for you, Ms Mann-Johnson. You indicated that aligning and collaborating with the services provided through Legal Aid for the youth criminal justice system is recommended. I was wondering if you’re able to, you know, expand on this and share more about this particular recommendation as well as identify, as you see it, where the gaps currently exist.

Ms Mann-Johnson: Can you clarify your question?

Mr. Malkinson: Sure. You had indicated that aligning and collaborating on the services provided through Legal Aid for the youth criminal justice system is a recommendation that you had made. I was just wondering if you could share more about the recommendation, specifically what gaps you see that currently exist.

Ms Mann-Johnson: Okay. What we were talking about is that Legal Aid provides some services to youth under the youth criminal justice system, and they provide some kind of hands-on youth work services. One of the recommendations that we had made in our earlier submission was about a collaborative approach between the office of the Child and Youth Advocate and some of these youth services with the youth criminal justice system just so that the needs and supports for youth in the criminal justice system include ensuring that they’re connected with people. If they don’t have family members or what have you and they’re incarcerated, they’re really quite isolated. Sometimes the services provided by Legal Aid

can kind of be, really, their only connection, so we’re just talking about a collaborative approach with that service.

Again, in terms of identifying the gaps that we see, it kind of goes back to something that I’ve said a few times. It’s really about recognizing disconnected youth and really ensuring that, you know, the professionals who are involved with them and the systems that are involved with them are recognizing and aligning and working together because there isn’t really that natural person to connect everybody together. Kids are doing it kind of on their own, and certainly, as we’ve heard, they might not have that executive functioning to be able to do that, so there needs to be recognition of just that collaboration and aligning of all these approaches and systems.

Mr. Malkinson: Speaking of that disconnection, you know, if there was a child who was incarcerated, then naturally, by being incarcerated, they have a limited ability to have that person to connect with, whether it be a parent, social worker, whomever. That’s, I think, the main take-away from your point in that regard?

Ms Mann-Johnson: That’s right. Yeah.

Mr. Malkinson: Perfect.

The Chair: All right. Do any other members have any questions, then, for the panel?

Hearing none, I do note that the time is 11:55, so perhaps it would be best, then, just to proceed and go straight to lunch.

I’d like to thank our panel members again for coming and joining with us today, for responding to our questions, some great discussion. I’ll just note that if we do have any outstanding questions following or if any of the panelists would like to provide additional information, that can be forwarded through the committee clerk.

Let’s go ahead, then, take our lunch break, and return at 1 p.m.

[The committee adjourned from 11:55 a.m. to 1 p.m.]

The Chair: All right. Well, welcome back, everyone. I trust that everyone had a good lunch. We’re back refreshed and ready for another round this afternoon.

Now, before we begin for the afternoon, once again, as we have some new guests, I’d ask that we just go around the table and introduce ourselves for the record. I’m David Shepherd, MLA for Edmonton-Centre and chair of this committee.

Mr. Malkinson: I’m Brian Malkinson, MLA for Calgary-Currie and deputy chair.

Mr. van Dijken: Glenn van Dijken, MLA for Barrhead-Morinville-Westlock.

Mr. Ellis: Mike Ellis, MLA for Calgary-West.

Ms Wilson: Trudy Wilson with the city of Calgary.

Ms Brodziak: Joni Brodziak with the Ministry of Human Services.

Ms Morris: Janalee Morris with the Premier’s Council on the Status of Persons with Disabilities.

Ms David-Evans: Maria David-Evans, Legal Aid.

Mr. Dang: Good afternoon. Thomas Dang, MLA for Edmonton-South West.

Ms Goehring: Good afternoon and welcome. Nicole Goehring, MLA for Edmonton-Castle Downs.

Ms Woollard: Good afternoon. Denise Woollard, MLA for Edmonton-Mill Creek.

Mrs. Littlewood: Good afternoon. MLA Jessica Littlewood, representing Fort Saskatchewan-Vegreville.

Mr. Kleinsteuber: Good afternoon, folks. Jamie Kleinsteuber here, MLA for Calgary-Northern Hills.

Mr. Koenig: Good afternoon. I'm Trafton Koenig with the Parliamentary Counsel office.

Dr. Amato: Good afternoon. Sarah Amato, research services.

Dr. Massolin: Good afternoon. Philip Massolin, manager of research and committee services.

Ms Rempel: Good afternoon. Jody Rempel, committee clerk.

The Chair: Excellent.

Mrs. Pitt, are you with us on the phones?

Mrs. Pitt: Yes, I am. Angela Pitt, MLA, Airdrie.

The Chair: Excellent. Thank you.

We have our third panel of the day here and ready to go. Again, I'd just remind everyone that, as with previous panels, the participants have been invited to make a 10-minute presentation regarding the Child and Youth Advocate Act, after which we'll open the floor to questions from committee members.

On behalf of the committee I'd like to welcome all of the panelists that are here with us, representing, as we heard, the city of Calgary youth justice services, the Premier's Council on the Status of Persons with Disabilities, Legal Aid, and the child and family services area of Human Services. You've introduced yourselves, so we'll start, then, with the city of Calgary.

Ms Wilson, if you'd like to begin with your presentation.

City of Calgary Youth Justice Services

Ms Wilson: Thank you. My name is Trudy Wilson, and I am a social worker with the city of Calgary youth justice services team. The city offers a continuum of services from prevention through to intervention, including delivering probation services as part of a contract with the Alberta Solicitor General. It is from this very kind of front-facing, direct-service type of work that we offer our submission.

Our original written submission was created by a team of social work staff working directly with vulnerable youth. Our goal was to highlight areas where the act could expand to provide support to a greater population of youth. Today our hope is that our presentation will clearly highlight how changes to the act could positively impact youth most directly, how changes to the legislation will increase opportunities for these youth to have a voice, for systemic issues to be addressed, and to promote a collaborative approach to support what is in their best interest.

There are four areas that I'd like to focus on. The first is on expanding services to youth experiencing addictions who require services under PCHAD, the Protection of Children Abusing Drugs Act; secondly, expanding services to youth experiencing complex mental health issues who are navigating services under the Mental Health Act; thirdly, to expand services to youth under the Youth

Criminal Justice Act; and lastly, to ensure the act allows for appropriate information sharing to facilitate collaboration.

Looking first to expanding services to include youth requiring services under PCHAD, our experience highlights an increase in serious drug use, including meth and fentanyl, and in some case youth dying by overdose. Currently under PCHAD youth are powerless. The process is complicated, and there are limited programs available to provide adequate or long-term treatment for addictions.

The city's recommendation is to expand the act to allow the advocate to provide services to youth under PCHAD legislation. The direct impact to youth would be that youth would have access to legal representation; appropriate assessments and treatment plans could be in place to ensure youth could access treatment for longer, more intense periods; appropriate follow-up care could be in place to prevent relapse; and the advocate could be a stakeholder in addressing systemic issues, including the lack of youth-specific treatment programs being a part of the meth and fentanyl crisis.

Secondly, looking at expanding services to include youth with complex mental health needs trying to access services under the Mental Health Act, our experience highlights an increase in the number of youth dealing with complex mental health issues, including concurrent disorders, oppositional defiance disorder, substance use disorders, psychosis, intergenerational and refugee trauma, and suicide. Our experience also highlights that youth typically cycle in and out of services under the Mental Health Act, resulting in disconnected services and limited follow-up for them in the community.

The city's recommendation is to expand the act to allow the advocate to provide services to these youth, who are particularly vulnerable and struggle to stay connected with necessary supports. The direct impact to youth would be that youth with complex mental health needs would have appropriate assessments and diagnosis, an increase in the continuity of services, and support to access funding. Youth would have access to legal representation while being apprehended or conveyed to a mental health facility. Specifically for youth under the various forms, including the new community treatment order, an opportunity would be created to address systemic issues, ensuring that services are accessible, available in a timely manner, and have a single point of entry.

Thirdly, looking at expanding services to youth under the Youth Criminal Justice Act, our experience with justice-involved youth has highlighted an increased number of youth involved in serious crimes, including the use of weapons; youth with complex mental health and addictions issues; youth receiving longer term sentences, which include a significant period of time being supervised in the community by probation services. In connection to the increased needs related to mental health and addiction, there has been an increase in the number of youth apprehended and conveyed to mental health facilities to assess if they are fit to stand trial or not criminally responsible.

The city's recommendation is to expand the act to allow an extension of the advocate's services to all justice-involved youth up to the age of 27 and to ensure that services can be provided to youth outside of custodial centres, either being supervised by probation in the community and/or admitted to a mental health facility. The direct impacts to youth would be that all justice-involved youth would receive support from an advocate to ensure they have a voice; that youth being assessed if they are fit to stand trial or not criminally responsible can be assured that they know their rights and have support to navigate this complex process, that often intersects with the Mental Health Act; that investigations would occur in all cases where there has been serious injury or death; and

that the advocate could participate in discussion around the overrepresentation of aboriginal youth in the justice system and ensure that their unique needs are being addressed.

Lastly, looking to ensure that the act allows for collaboration, the city's experience highlights that youth are connected to several often overlapping government and nongovernment agencies, professionals, and nonprofessionals. Practice has demonstrated the importance of working in collaboration for these vulnerable youth. Therefore, the concept of information sharing is critical to address.

The city's recommendation is to expand the act to allow for information sharing to generate the best outcome for youth. The direct impact to youth would be that accurate assessments would be completed and that appropriate supports would be in place, and we would create more opportunities for referrals to the advocate from outside supports to increase the likelihood of the advocate getting involved in the most appropriate situations. Since the expansion of the act to include justice-involved youth, the city has had the privilege of working with the advocate's office in many situations and has seen first-hand the value of this role, specifically ensuring that youth have a voice and ensuring that the necessary and appropriate supports are in place. It's from this perspective that we advocate for expanding services.

Thank you.

The Chair: Thank you, Ms Wilson.

We'll move on, then, to Ms Brodziak from Human Services.

Child and Family Services

Ms Brodziak: Good afternoon, everyone. My name is Joni Brodziak, and I'm an executive director in the Human Services ministry in the child intervention area. I just want to extend my thanks to this committee for inviting me to speak on behalf of the Ministry of Human Services. To differentiate slightly from the conversation that happened this morning with the assistant deputy minister, I'll be talking in a little bit more detail in terms of what our intersected roles look like at a ground level. I'll also identify a couple of areas where we would suggest that there could be amendments or opportunities to strengthen the system.

1:10

As you heard this morning, there are trained and delegated staff across Alberta who actually deliver services under the Child, Youth and Family Enhancement Act, the Protection of Sexually Exploited Children Act, and the Drug-endangered Children Act. As part of that work, we complete approximately 50,000 intakes every year, so those are calls coming in. At any point in time we're actively working with approximately 10,300 families who have formal, what we call, intervention status, some of whom are with their families still and some of whom are not.

It's important to note for the purposes of this conversation that child intervention only becomes involved when children and youth are at risk of or have been abused or neglected as set out by the Child, Youth and Family Enhancement Act, which is what defines a designated service.

The office of the Child and Youth Advocate plays a vital role in helping us to support and protect these children and young people in two particular ways. One is in individual advocacy, and the other is in broader systemic advocacy. Through their individual advocacy work the OCYA helps us to ensure that young people's voices are considered in planning, that they understand their rights, and that they know how to ask for decisions to be reconsidered. This includes assigning legal representation for young people when there are court proceedings.

At a systems level, both through their work on individual advocacy and through their work on investigations arising from serious injuries and deaths regarding young people who have been involved with the child intervention system, the OCYA provides us a different perspective on opportunities to strengthen not only the child intervention system but also government programs that serve young people and their families. It's important work, and we value the collaboration. We couldn't function as effectively as we do without the role of the advocate.

In the spirit of being strength based, which is how we like to work with families, we want to talk a little bit about what works well. Human Services and the OCYA in essence are both working towards the same goal. We both want young people, children, and their families who are receiving services, whether they're in care or not, to receive the best possible care and support. Both offices strive to ensure that children in the system are safe, healthy, and have a happy life. In fact, many of the staff who work for the office of the Child and Youth Advocate are former child intervention delivery staff. Why is that? It is the orientation and passion of the staff and the skills of those staff as well as an understanding of the complexities related to delivering services under the Child, Youth and Family Enhancement Act.

Collaboration is essential at both a case and a systemic level, and although our roles and viewpoints are different, that dynamic tension can actually be really helpful. We both do our best work when we're working together.

I wanted to talk a little bit about what that collaboration looks like on the ground. As ADM Mark Hattori mentioned this morning, we've recently worked together to create children's procedural rights booklets to help educate young people and their families on the kinds of rights that they have both as Albertans and also as families receiving designated services under the legislation.

We've recently worked together to refresh our collective understanding of how to support young people who've been diagnosed with FASD, based on current research and approaches that work.

We work with the office of the Child and Youth Advocate on piloting new training so that we continue to remain in lockstep with each other in terms of the knowledge that our staff receive, the terminology, the language, and to provide the opportunity for the office of the Child and Youth Advocate to provide feedback on pilots for the purposes of continuous improvement.

We've recently developed another information sharing process around mandatory notifications that go to the office of the Child and Youth Advocate so that there's real-time information provided to their office.

They're also invited to provide feedback on any policy revisions that occur as a result of input from a variety of stakeholders, not only from the office of the Child and Youth Advocate but any stakeholder and any policy revision.

We also look forward to more opportunity to strengthen our collective work as it relates to research and promising practice. This is an area where it's important for us to work hand in hand so that we're using sort of the same source of truth, the same evidence to build our collective programs.

When the advocate is notified of a serious injury or death involving a young person receiving intervention services, they have access to both of our child intervention databases to support their work in conducting these reviews. They also have access to all of the other paper documentation that may be sitting in a file about a child or a young person. They use their access to the information system for two distinct reasons: one is the individual case advocacy so that they can look at any point in time in terms of what's going

on with a young person as well as to complete their investigative reviews.

The recommendations that arise from the advocate's investigative reviews have helped us improve the system. The recommendations that come to us from a variety of stakeholders are as varied as the circumstances that bring them to their attention. They can be relatively straightforward such as a policy clarification, for example, on safe sleep practices, or they can be as complex and long-term and complicated as educating all children and youth who are receiving services about healthy relationships, including healthy relationships with their families of origin. That's a delicate balance.

Since 2006 Human Services has received approximately 331 formal recommendations for improving the child intervention system. Of these, 143 of them have come from the OCYA. When possible, we sit down with the advocate's office when recommendations are received to understand the intent of the recommendation, to best understand our opportunity to make some shifts both in the long and the short term as well as to identify: what does progress look like? We also sit down together and review progress on recommendations on a regularly scheduled basis. So that's what's working well.

Overall, we believe the advocate provides appropriate services to children and youth and has the necessary powers to conduct functions and roles set out in the Child and Youth Advocate Act. However, with the passing of time since this act was passed, gaps have emerged that have kept the advocate from fully supporting all young people at risk and inadvertently impeded our collective responsibility to work as effectively as possible together. As a result, we would like to suggest for consideration two particular amendments of the Child and Youth Advocate Act that we believe could strengthen the OCYA's role in improving outcomes for young people.

The first one is not inconsistent with prior presentations. Subsequent to the Child and Youth Advocate Act being passed, the Child, Youth and Family Enhancement Act was amended to provide support to young people leaving the system up to the age of 24, which reflected government's commitment and obligation, as a typical parent might have, around the developmental needs, for a safety net for people who are legally adults but perhaps don't behave that way. Currently the OCYA in their legislation can only provide support for young people up until the age of 22. We would recommend that the age limit within the Child and Youth Advocate Act be raised to 24 to match the Child, Youth and Family Enhancement Act. This simply increases the alignment between the two pieces of legislation and ensures that young people 22 to 24 can access the services and supports that the OCYA offers.

The second suggestion would be to expand the access to independent counsel. The OCYA currently provides legal representation to young people who are involved in matters under the Child, Youth and Family Enhancement Act, the Protection of Sexually Exploited Children Act. This is an incredibly valuable service, but it is limited to the matters in those particular pieces of legislation and doesn't allow for legal representation on other matters easily. Should a young person need legal representation on other matters, it would be ideal, much the same as in our own families, if those young people could be served by the same legal representation and not have to work through other, concurrent processes.

1:20

We deeply value the role of the office of the Child and Youth Advocate. As a consequence of this relationship we're stronger and services get better. The legislative changes that we've proposed will help us strengthen the advocate and enable us to work more closely

and effectively together to improve the lives of children and young people across Alberta.

Thanks for the opportunity to discuss this with you. I'm happy to answer any questions later.

The Chair: Thank you, Ms Brodziak.

We'll move on, then, to Ms Morris from the Premier's council.

Premier's Council on the Status of Persons with Disabilities

Ms Morris: Thank you. Good afternoon, Members of the Legislative Assembly and fellow community members. I want to begin by thanking the Standing Committee on Legislative Offices for inviting me here today to provide advice on the review of this important piece of legislation. My name is Janalee Morris, a member of the Premier's Council on the Status of Persons with Disabilities.

Created in 1988, the council advises and makes recommendations to the Alberta government on matters relating to the opportunity for full and equal participation of persons with disabilities in the life of the province. Our advice is grounded in our lived experiences as people with disabilities and in what we hear from the disability community, which includes people with disabilities and their families, advocacy groups, and service providers. Additionally, our advice is in alignment with the principles of the United Nations convention on the rights of persons with disabilities.

In addition to being a council member, I have spent my career working in postsecondary settings with students with disabilities and currently work at Mount Royal University in Calgary. Most importantly, however, I am a mother of a child with a disability, and I bring that perspective to the work I do at the Premier's council. As a parent I understand the importance of the office of the Child and Youth Advocate. As such, I was excited to contribute to the advice the Premier's council submitted to this committee in October of 2016.

The Child and Youth Advocate Act was created to ensure that the rights, interests, and viewpoints of the most vulnerable children and youth in provincial government systems are considered in matters that affect them. We know that children and youth with disabilities receive designated services from the Alberta government as defined under the act even if their disability is not always recognized or even determined yet.

As you know, the act in its current state defines a designated service as

- (i) a service under the Child, Youth and Family Enhancement Act, other than an adoption service . . .
- (ii) a service under the Protection of Sexually Exploited Children Act, or
- (iii) a service provided to children in the youth criminal justice system.

In each of these categories children and youth with disabilities are being provided services, and their disabilities must be acknowledged.

Additionally, the Child and Youth Advocate has a role to play in ensuring that there is, as stated by the United Nations, "respect for the evolving capacities of children with disabilities" and the promotion of full inclusion in Alberta.

In addition to the mentioned designated services, our council believes that the advocate has a role to play in providing advocacy and investigative services to children with disabilities receiving services when they live full-time outside of their family home under the Family Support for Children with Disabilities Act. An example of this is a child with a disability living in a long-term care facility or a residential group home.

Regarding the role of the advocate, an important role as defined by the act is to “investigate systemic issues arising from a serious injury to a child.” The act’s section on definitions defines a serious injury as one that is “life-threatening” or one that “may cause significant impairment of the child’s health.” Our council suggests that this definition expand to identify mental, emotional, sexual, and spiritual abuse as serious injuries that are on an equal basis with physical injuries. This is consistent with the council’s cross-disability approach. Too often we define injury or impairment as physical injuries. We believe it is important to understand that mental health development is as consequential as physical health. The act should reflect this understanding in its definitions.

Regarding the legislative powers granted to the Child and Youth Advocate, our council supports the powers currently granted by the act. In addition to these powers, we advise that the advocate be granted additional powers to collect and publish statistics, particularly regarding children with disabilities. This is consistent with article 31 of the United Nations convention on the rights of persons with disabilities, statistics and data collection, and would contribute to satisfying the need for more statistics on persons with disabilities in Alberta. This is a need that has been clearly expressed to us when we listen to the disability community.

Regarding investigations, the advocate should be able to perform systemic investigations based on complaints or outcomes experienced by adults as a result of their integration with Alberta’s child welfare system in the past. For example, when there are challenges in the system to appropriately assess and diagnose children with disabilities – for example, those with fetal alcohol spectrum disorder – it can lead to the denial of necessary services and intervention needed for successful community living in adulthood. These systemic challenges are barriers to full inclusion of persons with disabilities in their communities and the ability to live independent and ordinary lives.

Additionally, our council recommends that the act include a provision that mandates that the advocate consult with people with lived experience as well as recognized experts on the subject matter on which the advocate is reporting. For example, if the advocate is developing a report on children with disabilities, the advocate could consult with our council or others in the disability sector. The act should support this process.

Finally, we recommend that the act mandate that the advocate utilize the United Nations convention on the rights of persons with disabilities when making recommendations on systemic issues of inclusion and accessibility regarding children and youth with disabilities. This was added to the Premier’s Council on the Status of Persons with Disabilities Act in 2013, and our council has found the convention to be of critical importance when crafting advice on systemic issues. There is broad support in the disability community for having governments use this convention as a standard of excellence and a model.

In closing, I would like to reiterate to this committee the importance of identifying and acknowledging disabilities in children and youth who receive designated services under the Child and Youth Advocate Act. These children and youth need their disabilities to be appropriately diagnosed in a timely manner and need to be supported to have the best chance of living healthy and inclusively as members of the community.

Thank you very much.

The Chair: Thank you, Ms Morris.

Our last panelist, then, to present is Ms David-Evans on behalf of Legal Aid.

Legal Aid

Ms David-Evans: Thank you, Chair Shepherd and members of the standing committee, for this opportunity to have direct input into the legislative review of the Child and Youth Advocate Act. First, let me say that Legal Aid Alberta is very supportive of the advocate’s office and the role that the Child and Youth Advocate has in this province participating in the well-being of children and youth.

Legal Aid Alberta represents children and youth through services in our youth criminal defence office, commonly known as YCDO, and through our family law office. Although the services are primarily legal representation, they are provided as often as possible by a team which includes youth workers and family resource workers, as the case may be, in an attempt to also help resolve the issues that brought the child or youth to our doors in the first place. Our workers collaborate with and work on behalf of the youth with the courts, government ministries, a multitude of other organizations and service providers as well as with families towards trying to address the many and complex issues that youth face.

Services relate to legal representation for criminal charges; cross-examination of persons under the age of 18 as appointed by the courts; PCHAD, protection for children abusing drugs; representing children and youth in high-conflict divorce cases; and as may be ordered by the courts. Legal Aid Alberta also provides legal representation to the parents or guardians of a child or youth who has become involved under the Child, Youth and Family Enhancement Act.

In our review of the Child and Youth Advocate Act we suggest the following changes for consideration in improving overall services to children and youth. Some of these you will have heard before from the folks on this panel. The act should allow the advocate to assist youth beyond those who are involved with just Human Services and the CYFEA, to also include youth wishing to receive services but who have been deemed to be too old. This is primarily in the areas of youth without means seeking housing or youth seeking treatment in mental health or in areas like FASD and also youth who are already in the system in youth institutions under custody orders or who are living under supervision in the community. The key here is also collaboration among the youth-serving organizations and systems, a really important part of providing these services.

1:30

The advocate should also become involved as early as possible, perhaps at the screening stage, before the actual investigation for a designated service is undertaken. Being able to assist children and youth as early as possible with support and assistance provides better outcomes in the long run. Youth are often not aware of the services available to them through the advocate, and there should be a requirement, something like a legislative requirement, that youth be advised of their rights for assistance and legal support from the advocate early in the process or whenever a decision is made by Human Services that affects the child or the youth.

Investigations by the advocate’s office should range from the very specific and immediate to the broad, systemic issues in our society. The advocate should be able to have powers that have immediate and positive outcomes for specific children and youth as well as for broad, systemic issues, like the lack of appropriate housing for certain youth who are forced to reside on the streets. We should not have to wait for an injury or a death of a child or a youth to undertake solutions to some of these obvious social systemic problems which we know have detrimental outcomes for the safe and healthy development of our children and youth.

Investigations and reporting should, however, also clearly provide the linkage between the specific case being investigated and when broader systemic issues are addressed in the advocate's report. This will provide clarity, evidence, and the rationale for the advocate's recommendations and help achieve better overall outcomes for children and youth, especially for the organizations and the systems who need to interpret what specific changes they have to make to their organization's policies and programs.

We recommend that the Legislature also consider powers to be assigned to the advocate which can result in finding fault or responsibility, perhaps through enabling the advocate to call a judicial inquiry or have the ability to access notes and databases such as JOIN and compel persons, including social workers, correctional officers, police officers, senior administrators, and so on, to testify. This may actually lead to quicker outcomes and changes.

We also agree with the recommendation from Human Services that the current maximum age for advocate services needs to be aligned with the Child Youth and Family Enhancement Act, from 22 to 24.

Also, as youth are transitioning – for example, where a young person has been moved to an adult correctional institute – they should have ongoing access to the advocate's office and the services thereunder. At Legal Aid Alberta we also extend our services to youth, especially those suffering from FASD, well into chronological early adulthood.

Given that there is overrepresentation of indigenous children and youth in all our systems, we recommend that the Truth and Reconciliation Commission of Canada call to action be diligently considered during the review of the advocate's act in order to act upon and/or incorporate those recommendations which would serve and positively impact the outcomes for our indigenous children and youth in this province.

As the legislation is being reviewed, we suggest that there should also be references and linkages between it and the various other acts which affect youth such as the Mental Health Act, Youth Criminal Justice Act, the Victims of Crime Act, and the Canadian Victims Bill of Rights Act.

Finally, we strongly recommend that the Legislature also take into consideration, as it reviews and perhaps expands and improves the reach, role, and extent of the advocate's office, that the required funding for the advocate's office be made available to ensure its success. The costs of not providing the necessary funding for it to successfully deliver its services and achieve its outcomes will in the long run be much more costly, both in terms of social outcomes, lack of potential economic contribution, and increased cost to government in later years in such areas as health.

On behalf of Legal Aid we thank you for the opportunity to come and appear before this committee and to present our recommendations in person. We're open to questions and to dialogue with you.

Thank you very much.

The Chair: Excellent.

Thank you to all of you for your presentations. At this point we'll open the floor up, then, for questions from members. I have Mrs. Littlewood. Mr. Ellis, we'll get you on the list. We'll start with Mrs. Littlewood.

Mrs. Littlewood: Thank you. Thank you, first of all, everyone, for coming and presenting to our team here. Obviously, this is something that is important to each and every one of us in the room, and I know that you've made it your business to delve into this as your work. Thank you.

I just want to direct my first question to child and family services. Of course, children, when they come into contact with the system, don't always know what their rights are and where to get information on how to connect into the advocate's office. I'm wondering how the ministry supports the children and youth having the access to that information on how to actually make that point of contact and what supports are available to them through the advocate.

Ms Brodziak: Thanks for the question. The requirement to ensure that children understand, well, first of all, what's going on and, second of all, what their influence and their voice is in those decisions sort of happens at multiple levels. Pretty clear policy obligations around letting young people know what they can do and who they can talk to, including elevating issues or decisions around participation or lack thereof to supervisors, to managers within the system, and also how to access the office of the Child and Youth Advocate: that is part of general casework. I would submit that many times the caseworkers that are supporting those kids and families are also their best advocates.

We do have certain circumstances where particularly young people but not exclusively are vehemently opposed to a plan and are fairly articulate of that. In those cases we have what's called a mandatory notification. That's more of a formalized process to ensure that the office of the Child and Youth Advocate is formally notified by us or any other referral source, not simply leaving it up to the child to make that connection.

Recently we partnered with the office of the Child and Youth Advocate on some booklets that break down into two different age groups, one sort of teenage to adulthood and one younger, that sort of explain rights, not in procedural legal terms but what that sort of means, like: I can have visits with my family, and if I can't, somebody has to tell me why. That is a little bit more age appropriate than maybe some of the other strategies we've used in the past. We continue to work with the advocate on other sort of technical tools that might be available particularly for young people, including videos and access to certain social media, those kinds of things. I'm not sure that that answers – there are a broad range of expectations and obligations that workers have as it relates to ensuring they have access to the Child and Youth Advocate.

The final piece I will say is that when there are contracted agencies that are involved that provide services, they're also required to sort of post information about the office of the Child and Youth Advocate. They can phone the advocate themselves. They can help facilitate a young person to make a call. They can arrange for a meeting with an advocate. The same goes for both foster parents and kinship caregivers.

Mrs. Littlewood: I mean, the reason why I ask is because I know that that's something that would really be kind of a public question because not knowing how it works – it's like having an issue with the workplace. Say it's an occupational health and safety issue: instead of delegating all the responsibility of knowing how to access what people need to address that issue, instead of putting it onto the employee, putting that responsibility onto the employer.

1:40

I just wanted some clarity around that, of not leaving the child that would be at risk not having been made aware of that, that we'd take that responsibility to make sure that that youth is acquainted with those things that might have something to do with visitation. I mean, that's something that I can speak from personal experience on. So if we're just posting it and not really knowing how to get it actually into that person's hands because, unfortunately, we do end

up with youth at very young ages that become their own advocates – and how we actually make sure that we bring the right resources to bear as opposed to just assuming that the right resources are going to come to that child that’s now, you know, in a compromised position.

The Chair: Thank you, Ms Littlewood.
Mr. Ellis.

Mr. Ellis: Thank you, and thank you for being here this afternoon. One of the things that I noticed started this morning with Mr. Graff was the age limit, and certainly this has continued on throughout the afternoon. Obviously, Ms Wilson, in your report there’s an indication of 27; Ms Morris, 23. I guess what I’d like to know is: what leads you to your recommendation regarding 27, 23, 24, whatever that number is? This can be posed to all four of you. What is it that is, we’ll say, leading you down that road that is giving you the recommendation that you’re asking of this committee?

Ms Wilson: Speaking from the youth justice lens, 27 for us would be in line with sentencing practices. A young person at the age of 17 could still be sentenced as a youth and with the possibility of receiving a maximum sentence of 10 years, therefore taking him to the age of 27. It’s from that place we recommend 27.

Mr. Ellis: Reasonable. Thank you.

Ms Brodziak: A couple of years ago the CYFE, our enabling legislation, was amended so that we could continue to be involved with young people who had had prior involvement with our system up to the age of 24, where it had initially been up to the age of 22, with some sense that at 21 young people are ready for the world. I can speak for my son: he’s not. So there was an understanding that we needed to continue to be a bit of a safety net as we discharge these young people out into the world, where you could come back in every time you fall down. Our point in suggesting that the age limit be raised to 24 has a lot to do with sort of where our legislation currently stands in terms of what we see as the appropriate age for potentially adult services to take over. It’s an alignment. It’s really a question of alignment.

Mr. Ellis: Okay. Thank you.

Ms Morris: The Premier’s council recommended that age limits be changed so that they’re consistent across services, and we recommended that the age be set at 23 as an average, when all current age limits were taken into account.

Mr. Ellis: Would your 23 number be based on the experiences from your department? Like, is that where that’s kind of coming from? It’s the first time I heard 23. Everybody has been talking 24 or higher, and I’m fine with that. I’m just wondering where the 23 comes from.

Ms Morris: I don’t know, Vicki, if you’d like to respond to that.

Ms Bertoia: It’s just an average.

Ms Morris: Yeah. It was just an average taken from council’s input.

Mr. Ellis: Just your experiences. Okay. Thank you.

Ms David-Evans: We make the recommendation from three areas. First of all, to be in line with the legislation. If that’s 24, then the advocate’s should be 24. The second is prior involvement. Prior involvement provides the youth and the service provider with some

ongoing ways of dealing with the problems and issues, understanding the development of the child, and things of that nature, so it’s a lot easier to tell your story once and to be able to have that ongoing involvement with that youth as they’re growing and they’re developing than to be flipping into a different system. Certainly, the last one is the sentencing one that Calgary so effectively mentioned.

Mr. Ellis: Thank you.
Just a follow-up if I could, Chair.

The Chair: Certainly.

Mr. Ellis: I’m just trying to wrap my head around this, and I throw this out there to anybody to answer. Is there a common thread amongst our folks that are using these services that is kind of, say, precipitating that at the age of 22 they’re not ready? Are they falling into drugs? Is it a combination of everything, or is there something that’s going, “Whoa, this number is just not working for us”?

Ms Wilson: I can respond from our experience. I think what’s happened, from our experience, is that as youth have gotten older in the system – because they’re involved in more serious offences, they’re receiving lengthier time frames – we’re finding conflict and, then, are looking for people to support and advocate for change. For example, a young person receiving a lengthy sentence can only stay in a young offender facility to a certain age and then is being asked to go to an adult facility. So we recognize that that person older in age is actually the person that’s requiring support because they’re being put into a higher risk, potentially unfair situation. It’s about, I think, needing to service those kids that we’re seeing now that are older, where services aren’t necessarily in place to serve.

Mr. Ellis: Thank you. I appreciate that very much.

The Chair: Excellent. Next up I have Mr. Kleinsteuber.

Mr. Kleinsteuber: Thank you, Chair. I’d like to again echo my colleagues’ appreciation of you joining us here today for this discussion.

I’d like to direct my question to Ms Morris with the Premier’s council. From your perspective, what are the critical challenges facing children and youth with disabilities, and in what circumstances do they require advocacy services?

Ms Morris: Well, one of the most critical pieces for children is accessing early diagnosis and assessment so that we know what appropriate services they need, which may in turn prevent the need for further services in the future.

I’ll ask Vicki if she has anything to add to that.

The Chair: Certainly. If you could just introduce yourself for *Hansard* as well, please.

Ms Bertoia: I’m Vicki Bertoia with the Premier’s council secretariat. What I would add generally is that we know in research that with early intervention, the earlier the intervention with disabilities the more success there is for positive outcomes. If you can diagnose early on, then you can get the right supports in at the right time.

Mr. Kleinsteuber: Okay. Thanks a lot.

As a supplemental, if I could, what role could the advocate have in advocating for and supporting children and youth with disabilities?

Ms Morris: Specifically, I think the role of understanding what having that disability might mean, so starting with the assessment and proper diagnosis, using the United Nations convention as a guidepost for how we provide services and interventions and advocacy for those children and youth should they need an advocate in whatever situation. We know, for example, that children with FASD approach the world in a different way and often find themselves at odds with our systems, and a large part of that is because of their disability. They don't understand or interact in the same way with those systems that we have in place. A big part of it is, really, having a lens of understanding how disability affects a person and how systems may not necessarily be set up to take that into account when providing those kinds of services. So an education part is a piece of it.

Mr. Kleinstuber: Okay. Thanks.

The Chair: Thank you.
Next up I have Mr. Nixon.

Mr. Nixon: Thanks, Mr. Chair. My question would be for Human Services. You noted that there were 331 formal recommendations, of which 143 came from the office of the Child and Youth Advocate. My question is: are the rest from committees and panels and from other stakeholder organizations, and what is the process for receiving and accepting those recommendations?

1:50

Ms Brodziak: Yes. The other what we would consider formal recommendations would come from bodies such as the office of the Auditor General. There are recommendations that have come from previous review panels that are public and considered formal. Then the other sort of large number of recommendations come as a consequence of fatality inquiries. They may in fact examine the same circumstances as other review bodies but will come up with their own – the justice involved develops their own recommendations to the system.

So what do we do with them?

Mr. Nixon: Yeah.

Ms Brodziak: We have developed a bit of a process for the receipt of recommendations and trying to determine with recommending bodies what the intended outcome actually is. You can imagine, if there are 331 over the past several years, how many that is in a year, and they're not evenly spread out. So we go to recommending bodies, seeking some clarification around intended outcomes, having some discussion about the link between the review and the subsequent recommendations. We then develop a formalized work plan and lead for every recommendation that we receive and track it in our own internal database. We update that every six months. Part of that is to be consistent with the office of the Child and Youth Advocate, who comes back on a six-month basis and asks for updates.

In between there I guess I missed the piece where we publicly respond. We're required by legislation to publicly respond to reviews and investigations that the office of the Child and Youth Advocate complete as well as to recommendations resulting from anything from the Fatality Inquiries Act. Those public responses are actually posted, and we track our progress towards completion of recommendations online.

Mr. Nixon: One follow-up if I could, Mr. Chair.

The Chair: Certainly.

Mr. Nixon: Specifically on the office of the Child and Youth Advocate's recommendations, how many of those are still outstanding or have not been implemented?

Ms Brodziak: I would say that we're probably at about a third/a third/a third, so a third completed, a third where we've made a fair amount of progress in terms of implementation – that's not a yes or no; some of these are strategies that take two or three years to implement – and more recent recommendations, where the progress is more limited. So that's how I would apportion that out, generally speaking. We can certainly give you that number to precision, but that's sort of how it lays itself out, generally speaking. With the rate of recommendations that we currently receive, that's probably going to continue to be the trajectory.

Mr. Nixon: Thanks, Mr. Chair.

The Chair: Thank you, Mr. Nixon.
Next up I have Ms Woollard.

Ms Woollard: Thank you, Chair. Thank you, all, for your presentations. This question is for Ms Wilson. You expressed the need to expand designated services to the Alberta Review Board under the Solicitor General, the Mental Health Act, the Protection of Children Abusing Drugs Act, the Immigration and Refugee Protection Act, and the Alberta Education Act. I know this is a big question. Can you outline, possibly, the major issues that you feel children and youth experience in relation to each of these and what role the advocate might play or would play?

Ms Wilson: I'll start with the Review Board. Within the last year we've seen a trend where there is more youth going through the process to be assessed if they are fit to stand trial or assessed to see if they're not criminally responsible. This is, I think, partly because it's a new process, partly because it's a very complex process, and partly because there are a lot of intersections with other legislation. We found that youth aren't necessarily aware of what their rights are in the process. There are definitely some disconnects in terms of where legal representation will come as a result of the process because of some of those intersections in the systems.

Then we're also finding: so where could the advocate help? I think the advocate could help youth to understand their rights, could ensure that they have appropriate legal representation, but also could maybe ensure that the right supports are in place to support youth who find themselves in this situation.

We often find there's overlap. A youth that might be being assessed to be fit to stand trial may also find themselves underneath the Mental Health Act on a community treatment order, so just making sure, too, that the recommendations made by different boards are in line, because we have seen some competing intersections in terms of what's being requested.

I then look at things like PCHAD and the need to expand services in that area. One of the pieces of legislation that we work with where we often see young people fall through the cracks is with the PCHAD legislation. I think that where we're looking to the advocate to support is, again, making sure that youth have a voice. In the PCHAD legislation as it stands, the only people that can make an application are guardians, and what we find is that a lot of the youth we work with are in absence of a guardian, so then really having that advocacy to ensure that somebody can ensure they can access services under that legislation.

Also, because of the increased needs we've seen around drug use, with meth and fentanyl and some of the more concurrent disorders, the psychoses, we're finding that drug user need is greater than some of the treatment centres currently available can meet. Again,

it's more that systemic advocacy to ensure that we have appropriate services in place.

When we look to the School Act, part of one of the programs the city offers is a program called MASST, and it's a prevention service that's a partnership between social workers and the police department. They work quite extensively within the school system, working on that prevention piece. One of the pieces this team has really identified is that the School Act really is trying, I think, to meet the best needs of children, but the needs of children have become more complex over time. With the need to have individual learning plans and to have assessments in place, sometimes we find there's a disconnect in terms of what the kids need and what's able to be delivered, again really just bridging those gaps and those intersecting systems, where kids that might be receiving services under the School Act or also involved with the Youth Justice Act may also need to receive services under PCHAD, again just making sure that all of those services align.

When we recommended the services under the refugee/immigration piece, one of the things that we're seeing is a large influx of refugee youth that we're servicing, and that comes with some challenges. Often those youth come without legal guardians in place, making access to services challenging. But then also, from a youth justice place, because of the increase in the seriousness of crime, we're seeing youth now going through a deportation process, and often there haven't been a lot of supports or services in place for those youth or families.

Ms Woollard: All right. Very good.

I think the only one that didn't get much attention was the Mental Health Act. Anything there?

Ms Wilson: I think the same. I think we've heard a lot. One of the things that I am aware of is that the Mental Health Act does have an advocate, and we have in some instances tried to engage that person. One of the struggles we've had is that, from our experience, our youth cycle in and out of those services. They go in on a form; they're released. They go in on a form; they're released. They're under a community treatment order; it expires. So when they're released or their orders are expiring, they then lose the support of the advocate that might be in place under the Mental Health Act. I think the piece we're looking for is to ensure that consistency of support as they cycle in and out of those services.

Ms Woollard: Thank you very much.

The Chair: Excellent. On the phones, Mrs. Pitt.

Mrs. Pitt: Wonderful. Thank you very much, Chair. I have a question for Legal Aid. Can you elaborate a little bit on the recommendation that you made that the Child and Youth Advocate be able to convene a judicial inquiry and for the act to allow for findings of fault or responsibility?

Ms David-Evans: Certainly. Thank you for the question. Right now the reports that come from the Child and Youth Advocate are generalized reports, and there is no specific fault-finding in there. A judicial inquiry sometimes may lead to that, or actually a court case may lead to that, but in certain circumstances it would be helpful to understand who has the responsibility very specifically for something that went awry in the system, especially when perhaps there are policies in the system that would have normally dealt with those issues. Restating a policy if you already have that policy wouldn't actually deal with a specific matter at hand, but having done the investigation, they may be aware of and could help

a system or an organization identify specific things or specific actions that need to be corrected.

2:00

Mrs. Pitt: Chair, if I may ask a follow-up?

The Chair: Certainly.

Mrs. Pitt: Thank you for that. I'm just curious. The placing of blame, for lack of a better term, in the report of the Child and Youth Advocate: would that be a public reporting process or, because it would probably be helpful, more just to the body which the incident needs to be reported to?

Ms David-Evans: I think it would depend. Perhaps when there are a number of organizations – as you heard, there are usually a number of organizations involved in any particular matter – it may be clearer to at least identify the organization that bears most of the responsibility. I don't think it would be appropriate to name individuals – that's not the intent here – but if the report is so generalized that it just repeats a policy that's already in place, that isn't very helpful for the organization to actually deal with the problem. Having done the investigation, the advocate may actually become aware of where the point of issue might exist. That could help an organization, and it certainly helps when there are a number of organizations that are involved in any one particular situation.

Mrs. Pitt: Wonderful. Thank you very much.

The Chair: Thank you.

Next up I have Mrs. Littlewood.

Mrs. Littlewood: This is back to Legal Aid, please. Ms David-Evans, you were talking about the recommendations from the TRC. I'm just wondering if you would be able to expand on what recommendations you were hoping to see discussed as recommendations in this context.

Ms David-Evans: Certainly. I could perhaps just mention recommendations. There are probably a number of them that one might be able to look at that may affect the advocate.

Certainly, recommendation 34, that has to do with FASD and domestic violence and a few other things like that, might be helpful.

Keeping statistics. Several recommendations actually require some statistics to be kept in order to try to figure out on a systemic basis how we can move those numbers down to a reasonable representation instead of the overrepresentation of children. That would be recommendation 55(vii).

There are a number of things. If you read the recommendation in the report where the recommendation requests youth workers, systems, organizations involved with children and youth or with the justice system – if you take up those recommendations and you take a look at your own services in relation to that, there may be things from that report that would be appropriate for the advocate to also incorporate, adopt, and to look at how they can be part of seeing those recommendations come to success.

Mrs. Littlewood: Thank you.

The Chair: Thank you.

Ms Goehring.

Ms Goehring: Thank you, Mr. Chair, and thank you to all the panel for coming today just to participate and to answer our questions. I really appreciate it.

My question is for Legal Aid, Ms David-Evans. One of the recommendations that Legal Aid had asked for was for the advocate's assistance to be available for youth at the screening stage. I would ask that you please expand on that.

Ms David-Evans: When a situation comes in front and is reported and requires screening, they can often be screened out in terms that the services aren't appropriate, that services aren't available, that they don't quite make the grade in terms of what the system is looking for. What we do know is that there are problems.

Perhaps if there can be a movement at that point or information at that point for the children and, certainly, that the advocate needs to be made aware of, maybe we can do some real early intervention and some prevention so that they actually don't come into the system. The earlier the better. Certainly, if they've come to the attention of the system to be screened, there are probably some issues there that the advocate can help with and can look at.

The Chair: Please go ahead.

Ms Goehring: Thank you.

Just a follow-up. How would you propose that that process take place?

Ms David-Evans: I think it can happen with the assistance of Human Services. It's Human Services that are connected right away to say: screening necessary. One of the things that I heard Human Services say is that they're making up pamphlets or some information kinds of things that can go to the youth. Through them they might screen the youth out or the family out, but perhaps they can leave information with or in some fashion make that connection for the youth.

Ms Goehring: Thank you very much.

The Chair: Thank you.

On the speakers list I currently have Ms Woollard and Mrs. Littlewood. Were there any other members that were wishing to be on the list at this time?

All right, then. Ms Woollard.

Ms Woollard: Hi. Thank you very much, Chair. This is a question for Ms Morris. You recommend that the advocate utilize the United Nations convention on the rights of persons with disabilities when making recommendations on systemic issues of inclusion and accessibility. Could you share more information about this suggestion?

Ms Morris: The Premier's council uses the UN convention as sort of a guiding document whenever we make any kind of recommendations. The document really provides a lens to looking at inclusion of persons with disabilities on an individual and on a systemic level. I think, in large part, it's a document that can be used as a lens when making any kind of recommendation, if you're working with someone with disabilities, to make sure that you've accounted for some of the systemic barriers, for example, that might be in place for that person to access services or access supports from that level.

It's a very broad document and can be used in many different ways. If possible, I'd like to take that question back and provide a more detailed response in writing from the secretariat.

Ms Woollard: I'd appreciate that very much. I'm sure we all would. Thank you.

Ms Morris: Thank you.

The Chair: Excellent. Thank you, Ms Woollard.

Mrs. Littlewood.

Mrs. Littlewood: Thank you. This is for Ms Brodziak, please. The Child and Youth Advocate recommended that legal representation for children and youth be able to appoint lawyers to represent children or youth of all ages for matters related to the Child, Youth and Family Enhancement Act except adoptions. I'm just wondering if you could expand, from a ministry point of view, on whether or not the ministry would support having legal representation for adoptions.

Ms Brodziak: I guess that to answer the question, I'd need to – there are a couple of things. There's a process of adoption, and then there is a circumstance where you're a legal guardian to a person after they were adopted. Additionally, when we say "adoptions" in Alberta, we also include private and international. They are a component part of our legislation. The distinction there was made to separate out sort of those components of the legislation with the components of the legislation that have to do with the child protection end, including up to the day a child is adopted.

2:10

To be clear, even if we place a child in a home for adoption and that adoption has not been granted yet, that child has absolute right and access to an advocate. It is the moment that that adoption is granted through Queen's Bench order where government is no longer the guardian and they are no longer receiving a designated service. I think that sometimes when it's couched in the terms of "except for adoption," that's what they're referring to. But, certainly, for any child who's either temporarily or permanently in care – and we may be looking at permanent options for them, including adoption – they absolutely have access to all of the services offered by the office of the Child and Youth Advocate, and we would continue, obviously, to endorse that.

I think, as ADM Mark Hattori mentioned this morning, that the trick around after an adoption is granted is sorting out who that applies to – and that may be a good or a bad thing – but that means any legal parent. An advocate can be accessed for my kids. Those are sort of the distinctions that were made for the purposes of designated services.

Mrs. Littlewood: Perfect. Thank you.

The Chair: Thank you, Mrs. Littlewood.

Are there any other members, then, who have any further questions for the panel? Ms Woollard.

Ms Woollard: Yes. Thank you very much. This is for Ms Wilson. You mentioned that interprovincial issues create unique challenges for children and youth, as I can imagine. Are you able to share any details about these issues and what you feel the role of the advocate may be in these situations? And I'll throw this in right now: do you know if other provinces have the same kind of provisions, challenges, whatever?

Ms Wilson: I can't speak to other provinces' experiences.

Ms Woollard: Okay.

Ms Wilson: But what I can say is that within Canada, when youth are supervised under the legislation, because the legislation is provincial in nature, there are some variances when we cross provinces. For example, a youth that receives an ISSO sentence in British Columbia would then receive the support of an ISSO support worker that would be attached to that sentence.

Ms Woollard: What is ISSO?

Ms Wilson: ISSO is an intense support and supervision order.

Ms Woollard: Thank you.

Ms Wilson: What would happen is that if a B.C. youth then transfers jurisdiction to Alberta, they may have a condition of an order to receive supports from a service that isn't in place in Alberta, so there is some disconnect. There also become some issues interprovincially. For example, in Alberta a young person might be being supervised on a pretrial order, waiting to go forward with a trial and/or sentencing. That young person relocates to Ontario, but in Ontario they don't provide supervision to courtesy supervision on pretrials. So an Alberta youth moving to Ontario therefore now isn't eligible to receive supervision. We find that because of the differences among how services are delivered between the provinces, it can create some challenges for youth as they move.

Ms Woollard: All right. Thank you.

The Chair: Mrs. Littlewood.

Mrs. Littlewood: Thank you. My question is again for Ms Wilson, please. It's about the referral process for the advocate. You discussed just now that the current referral process creates challenges because – I'll just quote here. "There are many situations where it has been felt [that the advocate] would be a valuable support to youth. However, given some youth's limitations they are not able to follow through with the current referral process." I'm wondering what your ideas are to actually ensure where you would want the advocate to follow up because, of course, that first point of contact is the most important.

Ms Wilson: Yeah. One of the things I've heard today, which I think is different within justice services, is that we are not necessarily mandated to ensure that youth have access to or knowledge of the advocate's services. I think we do our due diligence to ensure that those supports are available, but it's not something that we're required to provide.

Specific to the question around need is that we will sometimes find ourselves with a youth that has some developmental disabilities, maybe facing FASD, maybe don't cognitively have the ability to call, follow through, make an appointment, explain their circumstance. We would like to see an expansion of the legislation which would require or allow outside advocates to maybe facilitate or help to facilitate that initial conversation so that the advocate then can follow through in connecting with that youth.

Mrs. Littlewood: Thank you.
Add me to the list.

The Chair: Supplemental?

Mrs. Littlewood: No. Just add me to the list.

The Chair: Okay. Thank you.
Ms Goehring.

Ms Goehring: Thank you, Chair. I know that this morning as well as this afternoon there was some discussion about PCHAD and the involvement of the advocate's office. We've heard from you, Ms Wilson. I'm wondering if we could hear from Legal Aid about kind of where this recommendation comes from and how you see the role of the advocate with PCHAD youth.

Ms David-Evans: How we see their recommendation?

Ms Goehring: Well, I know that you had mentioned having the advocate involved under PCHAD.

Ms David-Evans: I mentioned that we, Legal Aid, have an involvement with . . .

Ms Goehring: Sorry. Do you see there being a role with the child advocate being involved with those youth as well?

Ms David-Evans: It could be.

Ms Goehring: Could you expand on what that role could be?

Ms David-Evans: We certainly represent the child in the circumstances. There may be some issues where we're not able to advocate and maybe the youth advocate could advocate on behalf of the youth. There may be issues that are systemic that they could see, that from these circumstances and from the last one there are some systemic issues that relate to services being provided perhaps by organizations or the province or a ministry. They could see some specific policy changes, perhaps, that are necessary. An involvement of that nature in terms of broader investigative abilities, that we did mention, may in fact be helpful.

Ms Goehring: Thank you.
Thank you, Chair.

The Chair: Thank you, Ms Goehring.

With that, I have no further speakers on the list. Ah. Mrs. Littlewood.

Mrs. Littlewood: I'm just wanting to go back to Ms Wilson on the discussion of how to spread awareness of the recommendations that are made. We have been informed in the committee that they publish them online now. However, your submission was talking about how to make sure that there are more people informed of those, so I was wondering if you have some recommendations on the spreading of awareness of that.

Ms Wilson: I think that the online posting is great, and I think that as more and more people have access to technology, those things become more and more aware. I think it's actually even before that part. It's about making sure that people know that in fact the advocate has the ability to do these investigations so people know to seek out the information. I think that if people had more awareness, then they would know to go to the site, know those investigations were there. But I do think there's definitely a gap in terms of people's awareness of what the advocate could do in general.

Mrs. Littlewood: Thank you.

The Chair: Thank you, Mrs. Littlewood.

With that, then, I have no further speakers listed. I'll give the opportunity one more time. Any further members that wish to ask any questions?

Seeing and hearing none, I'll thank the members of this panel, all of our guests for meeting with us this afternoon. I appreciate your answers to our questions. Again, if any members do come up with any additional questions that are outstanding or if any of the panel members wish to submit additional information after, that can be done through the committee clerk.

At this point, then, I would suggest that we take a break and come back, I believe, at 2:45 to hear from the final panel of the afternoon. Thank you.

[The committee adjourned from 2:19 p.m. to 2:45 p.m.]

The Chair: All right. Welcome back, everyone. I believe we have everyone here, so as we have with each panel and, I guess, for the last time today, we'll just quickly go around the table and introduce ourselves for the record and for the benefit of our guests that have just arrived with us. Again, my name is David Shepherd, MLA for Edmonton-Centre and chair of this committee.

Mr. Malkinson: Hello. Brian Malkinson, MLA for Calgary-Currie, deputy chair.

Mr. van Dijken: Glenn van Dijken, MLA for Barrhead-Morinville-Westlock.

Mr. Nixon: Jason Nixon, MLA, Rimbey-Rocky Mountain House-Sundre.

Mr. Ellis: Mike Ellis, MLA for Calgary-West.

Mr. Daly: Julian Daly, executive director, Boyle Street Community Services in Edmonton.

Ms Barraclough: Hello. I'm Rhonda Barraclough. I'm the executive director of Align Association of Community Services.

Ms Boyd: I'm Jacquie Boyd, executive director for the Red Deer Youth & Volunteer Centre.

Mr. Dang: Good afternoon. I'm Thomas Dang, the MLA for Edmonton-South West.

Ms Goehring: Good afternoon and welcome. I'm Nicole Goehring, MLA for Edmonton-Castle Downs.

Ms Woollard: Good afternoon. I'm Denise Woollard, MLA, Edmonton-Mill Creek.

Mrs. Littlewood: Good afternoon. My name is Jessica Littlewood, and I'm the MLA for Fort Saskatchewan-Vegreville.

Mr. Kleinsteuber: Good afternoon. I'm Jamie Kleinsteuber, MLA for Calgary-Northern Hills.

Dr. Amato: Hello. I'm Sarah Amato, research services, Legislative Assembly Office.

Dr. Massolin: Good afternoon. Philip Massolin, manager of research and committee services.

Ms Rempel: Good afternoon. Jody Rempel, committee clerk.

Mrs. Pitt: Hello. Angela Pitt, MLA, Airdrie.

The Chair: Thank you.

We have three panelists here with us at the moment. I understand that Mrs. Salopree is on her way, slightly delayed but will be arriving shortly. In the meantime we'll begin our presentations with the panel members that we have here. Again, just a quick reminder that the participants today have each been invited to make a 10-minute presentation regarding the Child and Youth Advocate Act, after which we'll open the floor to questions from committee members.

At this time I'll hand things over to Mr. Daly to present on behalf of Boyle Street Community Services.

Boyle Street Community Services

Mr. Daly: Thank you very much, Chair, and thank you very much, committee, for inviting our organization to attend here today. I'm the executive director of Boyle Street Community Services. Boyle Street Community Services is an inner-city agency here in Edmonton, and we've been in operation for 45 years now. We serve a largely homeless population, a population that almost entirely is living in poverty, and about 80 per cent of the people that we serve are people of indigenous descent. Although we're not actually an indigenous organization, we serve a large number of indigenous people every day.

We also have a number of programs that serve children and youth. We have four group homes. We have a youth drop-in. We have two high-risk youth programs, a general one and one that specifically focuses on indigenous high-risk youth. We have a child and family program, too, in our community centre. So we have a wide range of services that serve children and youth, and consequently we're really happy to be invited here today to talk to the Child and Youth Advocate Act.

I want to start by saying that generally and by and large we think that the act as it stands is good, but having talked with colleagues and partners, we have a few points of feedback that we'd like to share with the committee. Firstly, we feel that the advocate should provide services for any child or youth that is receiving government or nonprofit services, particularly those without status. Many of the youth, particularly high-risk youth, that we serve at Boyle Street are unable to access support via the advocate because they lack status, and this creates further barriers between the youth and children accessing meaningful supports, advocacy, and, indeed, their rights.

Secondly, we feel that it would be good if the natural supports and caregivers, including parents, could be able to access or contact the advocacy office on behalf of a child or youth. A child or youth may not have the capability to describe their problem or situation accurately or articulately, sometimes due to having learning disabilities. Currently the advocacy office will not deal with the child's representative even if the child is right there beside them and wants them to do so. We have experienced this on several occasions, and it's a recurring issue for our staff and the children in our care.

For example, recently a 12-year-old child in our care who has a mental capacity of about six years old was very upset that they weren't seeing their social worker as much as they wanted to, and one of our workers was unable to raise this with the advocate's office even though the child wanted that to happen. The advocate should be open to working with the child or youth's natural supports and caregivers and to listen to what they have to say when it is in the best interest of the child and allow them, where appropriate – and we understand that there are times when it wouldn't be – to advocate to the advocate on behalf of the child or youth.

We feel that a clearer, more transparent process is needed for what happens to the recommendations made by the advocate. Presently, after recommendations are made to government and/or to the public, there appears to be little or no follow-up and no clear mechanism to hold government to account for implementing the recommendations. We feel the advocate needs more powers to ensure that their recommendations are taken seriously, prioritized, and implemented.

For example, one of the recommendations in the advocate's report following the Serenity case was that a substantial and rigorous exit process should exist for youth leaving care. If that, for

example, is implemented, we might avoid future cases like Serenity's.

The advocate should have the power to investigate not just death and critical injury but also cases of abuse and extreme neglect. We felt that the focus was a little too narrow and that there were important cases that merited advocacy and investigation that were excluded because they weren't death or critical injury.

The advocate's investigations and recommendations almost always seem to focus on child and family services and, on occasion, nonprofit organizations. We believe that the focus of the advocate's work should be broader, covering a range of government departments and orders of government. If it was, we would learn more and create the opportunity for more widespread change and, in doing so, create better outcomes in the future.

For example, in one death review that was carried out, a mother had been prescription and doctor shopping around town and her child had died in her care, but only child and family services, who had just opened the file with the child, was investigated. This, I think, would have been an excellent opportunity to look at the health care system, for example, and how people can drug and doctor shop and the impact that can have on their health and possibly in this situation, although it wasn't proven, on the child's life. By just focusing on child and family services, I think sometimes we lose the opportunity to look at kind of broader systemic lessons and learnings that would be helpful in other areas of government and, indeed, in nonprofits as well.

We also felt that the reports from the advocate should contain a better balance between the positives and negatives in the findings and not primarily, as seems to often be the case, to focus on the failures of the system. We know that's an important piece of work, but we feel it would be beneficial to determine what processes and practices are working well, because there are many practices and processes that do work well, so that those can be shared with service providers and implemented accordingly.

We feel it would be helpful if there was more balance between advocacy and investigation in the work of the advocate. It sometimes seems, at least, that investigations and crises are the main drivers in the work of the advocate. We need to hear more about and do more advocacy work on children's rights, needs, and systemic issues that need addressing outside of the moments of crisis, which are usually highly charged, very emotive, and highly politicized times. Addressing these matters when there isn't a crisis increases the chances of level-headed and considered discussion and action in our view. It would also allow the advocate to take a stronger preventative role.

Finally, we thought that the advocate's office could strive for broader cultural competency. The advocate's work on indigenous child welfare in the Voices for Change report is really excellent and exemplary, and given the shamefully high percentage of indigenous children and youth in the child welfare system, it was right to focus on the indigenous experience in the child welfare system.

2:55

However, we also feel it's important, especially in an increasingly diverse province, that this cultural competence exemplified in the indigenous report be intentionally extended to different cultures and communities that make up our province and who have sometimes very differing views and understandings of the role and rights of children and parents. By understanding a range of cultural nuances, the advocate will not only be more effective and culturally competent, but also it can more practically act as a bridge between new Canadian children and their parents and a bridge between their parents and the culture they now live in. Furthermore, we felt it opens up the opportunity for the current

system to draw on and learn from the richness of experience and practice in terms of parenting and the role of and the rights of children that families bring with them when they move to Canada.

Thank you.

The Chair: Excellent. Thank you, Mr. Daly.

We'll move on, then, to Ms Barraclough on behalf of Align.

Align Association of Community Services

Ms Barraclough: Good afternoon. Thank you. Align Association of Community Services is a membership association of many agencies providing services to children and families in Alberta, mostly through the child intervention system. We have about a hundred agencies or more that are members, including my colleagues that are sitting here with me.

Align, which was formerly called the Alberta Association of Services for Children and Families, was formed in 1967 as a network of agencies with common interests working in the child protection, child intervention, child welfare systems. We certainly have a number of providers with well over 50 years of experience and then some. Some of the founding people of the association exist today, including what is now called Hull Services in Calgary, Catholic Social Services here in Edmonton and central Alberta, and a number of others.

We worked and championed the development of standards both in residential and community child care services. We work currently with the ministry folks on social policy, have had input into different types of legislation, and work on behalf of the service providers, who, I'm sure you know, provide a lot of the services to the children and families involved within the child intervention and child welfare systems.

Our submission has many very similar points to Julian's, not surprisingly. Our first submission was talking about the age that the act provides. We applaud that the age was increased to 24 years, as many of the young people who receive support agreements through the ministry require support and advocacy with the office of the Child and Youth Advocate. We would, however, also request or suggest that the age should be 24 for any child that's been involved in the system. At 18 they may or may not, and now they can come back into the system up until they're 24 years of age. Really, a young person that's been involved in the system at any time from birth to 24 could be getting services, so the advocate should have the ability to work with those young people.

We also feel that it would be prudent for the advocate's office to have more of an ability to reach out to younger children. That, therefore, also means, as Julian commented, working with their supports, whoever, whatever those caregivers are, whether it's somebody who works with them in their foster family or in a group home or in their natural family. Sometimes those folks need to be the advocate to the advocate for young people.

From the report of the advocate's office last year a significant amount of the folks that they do advocacy with are young people from 12 to 18, and then there's sort of a group of zero to five and five- to 12-year-olds. We're concerned that those younger folks may or may not be getting the advocacy services that they potentially could or should get because they're not seen. They're not the ones that come to the door. They're not the ones that can phone. They're not the ones that speak up. Certainly, those that speak up get the services and get really good services from the advocate's office, but young people – we're not sure how that could happen, but somehow we would like to see some reaching out to younger children through the advocate's office.

Currently the legislation that the office of the Child and Youth Advocate can review or look at does not include the Family Support for Children with Disabilities Act. We have a number of folks that work with us through that service and under that legislation, and while that legislation is certainly family focused and is an excellent piece of legislation for families who have children with disabilities, sometimes young people with special needs, as Julian commented, have ideas, dreams, talents, and things that they need help on with decision-making. They're denied opportunities; they're denied access to critical supports and services. It would be, we believe, a place where the advocate could certainly help them from being alienated, discouraged, and struggling in our community. At this point that's not in the legislation but something that we would suggest you consider.

Advocacy is the strategic and deliberate process of trying to change policy and practice for the better. Along with what Julian said, we would highly agree that the legislation that the office of the Child and Youth Advocate has now is very child welfare and child intervention focused. While that system is by no means perfect, a lot of the challenges and struggles and even the deaths relate to other areas around that for young people. In many situations, including the one that Mr. Daly talked about, health was an issue, pharmacy was an issue. Those things the advocate can talk about but has no mandate to make any recommendations about, and we would encourage that to happen, especially in areas like health, mental health, and education.

Lots of times young people die, unfortunately, or serious incidents happen and it's not just about the child intervention system. There's a whole system of government around these kids and families, that they have very little ability to make recommendations on, have no mandate to actually talk about. So the child intervention system isn't perfect; it can't always do everything. It needs to have those other areas as well in order for us all to help raise good children in Alberta, healthy children in Alberta. That also is our recommendation.

We also would recommend, as Boyle Street did, that the advocate look at a balanced approach. There are many things that are happening within the child intervention and child and family services sector that are very good things. I'm sure my colleague may talk about some of the mentoring that is happening in Alberta, and if not, we can talk about that separately. That is an excellent example of an area where early intervention and prevention for young people are working really well and could be highlighted through the advocate's reviews and reporting.

Those are our main areas in that particular piece.

The other area where we would encourage the Legislature to help the advocate's office is to look at the federal system in terms of indigenous children. Many of the indigenous children that are in care or in the child intervention system: there's a huge jurisdiction struggle with respect to the reserves and funding on the reserves. While the Child and Youth Advocate does a good job of talking about indigenous issues, goes and talks with those folks, has done a really good job of creating circles and places to have people speak, they still have no mandated jurisdiction federally. That's a difficult place for all of us to be in, certainly the advocate as well. A children's commissioner or something from a federal perspective potentially has some helpful opportunities there, and it would be helpful probably to the advocate, certainly from our perspective, if the Legislature helped to advocate for something like a children's commissioner in terms of advocacy for young people in this province.

I think those would be our main points. The only other point I would make is that this legislation is principle-based legislation, and if you're going to have it remain as principle-based legislation,

there should be some principles around indigenous children, given the high number of indigenous children we have in the child welfare system, not unlike the Yukon's, for example, that has some principles around that. The same with the rights of children: this advocate has done a really good job of looking at the UN rights of children, but that isn't actually overt in terms of what we think children's rights should be. So we would recommend that that could be in place in the legislation.

With that, I'll just finish my submission that way, and we'll take questions at the end.

3:05

The Chair: Thank you, Ms Barraclough.

We'll move on then to Ms Boyd from Red Deer Youth & Volunteer Centre.

Red Deer Youth & Volunteer Centre

Ms Boyd: As mentioned, I introduce myself as Jacquie Boyd of the Red Deer Youth & Volunteer Centre. Within that agency we have a number of programs: Big Brothers Big Sisters, where we have a youth-in-care mentoring program, as mentioned or inferred by my colleague; Boys & Girls Clubs – and you'll be hearing from the western regional manager tomorrow regarding input from that area – Camp Alexo, which is in Mr. Nixon's riding; and the 49th Street Youth Shelter. We have been in existence for about 40 years. Not all programs have run that full time, but all of our programs do indeed have participation of who we are speaking of today, the vulnerable children and youth of Alberta.

I am also representing 12 agencies for Big Brothers Big Sisters of Alberta, who also submitted a written submission to this review.

I would like to thank the government and the standing committee for this opportunity for us to be here. This is very important work, and we greatly appreciate the opportunity to participate. I'm going to be talking about six recommendations, and those pertain to the review. They are the review of the act, the age for services, the definition of youth, investigative reviews, the gathering and sharing of information, and engagement opportunities.

The first recommendation. This current act does have within it a requirement for a five-year review. We applaud that, and we highly recommend in this very dynamic world we live in that that continue and that a review take place within at least five years.

The age for services has been spoken to in some regard. I'd like to also say that the current legislation has 18, 24, 26, 27. We are recommending there be one age. What age is that? Well, we picked the highest mark, 27, but we also recommend consideration of the federal view, which is someone under the age of 30. Why would we want that? Because we want consistency. We want less confusion in what services are provided. We want continuity and continuous care for these people who need these supports; otherwise, they would not be viewed as vulnerable. So we strongly recommend that.

The third recommendation is with respect to the definition of youth. Within the act it states that youth are 16 years and older. In this province's health care an individual who is 13 years old can go and receive treatment without parental consent. If they are mature enough and responsible enough to do that, we strongly believe that they are also in that category of youth, and because of our work within our agency with the myriad of children ranging in age from five to under 24, we strongly believe that that is who they feel they are. They are youth. They are not children.

The fourth recommendation is pertaining to the advocate's investigative reviews. We recommend that there be set targets as to the maximum time a review can take and, if necessary, that

reporting and/or a process be introduced, if you will, so that when a situation happens where it's anticipated that it will take longer than that target or it does, there is due process around that so we understand what the barriers are for the advocate to do their investigation.

The fifth recommendation is about the gathering and sharing of information. We really stress: tell the story once. This is the model used by the child and advocacy centres as well as the primary care networks, with their multidisciplinary teams. They get the professionals who are needed together and have that person tell their story once. Why would we do that? Well, in the case of the advocacy role it reduces the trauma for these children and youths. Also, it increases efficiencies and effectiveness, and we're all looking for ways and means to reduce costs. Also, in cases where there are potentially legal charges against someone, there is an increased conviction rate for those who may have offended against these children and youths.

We mentioned sharing. It's very important that we be very open with sharing the needed information for the need-to-know people who are serving these children and youth. That's not only for the safety of the children and youth but the workers who deal with them. We believe that there's some work that needs to be done in that area.

The last recommendation deals with engagement. My colleagues to the left have mentioned about children not having or having a voice in the system. We want to give children and youth a voice and also those that have been, if you will, to use the term, aged out of the system. We believe that they need to be involved in this process.

In addition to that, we want to collectively embrace evaluation at all levels, be it the children, the youth, the service providers, ourselves, and/or government employees and managers. Then we add onto that the component of continuous improvement. One good example of that is the incorporation of the Alberta family wellness initiative and the great work, which I believe is actually groundbreaking work, on brain development and trauma. Phenomenal work.

To show you that youth can have a voice, because some would say, "Oh, what would they really say?" I brought one that was from a youth in our Youth Winter Inn program, which is a mat program, a shelter program. They are allowed to be in even if they are under the influence. I'm not saying that this individual was. I quote:

I would personally conclude that in my recent stay at the most esteemed Youth Winter Inn I've succeeded in drastically altering my thoughts and feelings on life itself. The program YWI is an exceptional and outstanding resource for the community of Red Deer, Alberta, and should be an example for other cities and towns to get a hint and take initiative to keep youth off the streets. Without the government funding and help, I myself would have guaranteed to become a ruthless, raving, savage crackhead. The end.

It also came with illustrations. They took the time to print that out. So they do have a voice, and we should listen to that voice.

In summary, I have presented recommendations from not only the Red Deer Youth & Volunteer Centre but also the 12 Big Brothers Big Sisters agencies of Alberta: review the Child and Youth Advocate Act at least within five years; revise the age for support to 27 or under 30; redefine youth as 13 and over; ensure timely advocate investigations; tell the story once, and share the information with need-to-know professionals; and engage all stakeholders to evaluate and improve the services.

We all share this opportunity where we can come together and make a collective impact for those most vulnerable children and youths in our province. Thank you for the opportunity to address that.

The Chair: Thank you, Ms Boyd.

We'll hand things over, then, to Mrs. Salopree.

Canadian Native Friendship Centre, Edmonton

Mrs. Salopree: Good afternoon. My name is Maxine Salopree. I'm the president of the board of directors at the Canadian Native Friendship Centre in Edmonton. I have with me in the gallery our treasurer, Ella Mayer, and our executive director, Ron Walker. I'd like to acknowledge that we're on Treaty 6 territory.

The Canadian Native Friendship Centre is a nonprofit charitable organization, incorporated under the Societies Act in October 1962. The Canadian Native Friendship Centre has been around for 54 years, and it's the oldest aboriginal organization in the city of Edmonton. It's only one of the 20 friendship centres across Alberta. The CNFC provides culturally appropriate social, recreational, educational, and cultural programs and services to urban aboriginal people here in the city of Edmonton and other urban centres across Alberta.

3:15

The Canadian Native Friendship Centre is honoured to provide input from an aboriginal perspective regarding the legislative review of the Child and Youth Advocate Act. The advocate provides services to our aboriginal people, who are overrepresented in the areas of child and family services as well as the youth justice system. It matters to us that our children and young people have a voice in the changes that are being made to the Child and Youth Advocate Act.

How I would like to do this is just to go through some of the information that we've provided already to the standing committee. The first one we would like to discuss is that the Child and Youth Advocate should provide advocacy services to children and youth who have status under the Child, Youth and Family Enhancement Act who are also receiving health services to expedite services in a timely manner when infants or nonverbal children with high medical needs are involved as issues may arise from time to time. Normally our families will contact us, and they will say that they have somebody in the hospital: "Who do we contact? Who do we get a hold of?" From time to time it's the Child and Youth Advocate that we would contact because the children are almost always involved in the children services system.

This may not be an issue for indigenous families within the cities. However, some of our indigenous families reside in remote areas and don't always have access or the means to communicate with hospital staff in a timely manner.

The Child and Youth Advocate should provide advocacy services to children and youth who have status under the Child, Youth and Family Enhancement Act who require advocacy services within the Alberta education systems. The reason why we are saying this is because our aboriginal children are normally removed from their own families and their own communities, and they end up in schools in urban centres and in rural areas. They're not like the other children, who have families that will come to the school and support them and provide the support services, you know, that you would expect to receive from families. They're isolated. They're there by themselves. Sometimes they have caseworkers who come, and sometimes they don't. That's all I'm going to say about that piece.

The Child and Youth Advocate Act should be guided by the United Nations convention on the rights of the child, the United Nations declaration on the rights of indigenous peoples, and the Truth and Reconciliation Commission's report and 94 calls to

action for the indigenous children receiving services under the Child and Youth Advocate Act.

The advocate should do more for the indigenous population it serves by ensuring that all staff have knowledge and are culturally competent in regard to the diverse indigenous population that it serves.

The advocate should do more for the young people involved in the youth criminal justice system as the justice system was designed for adults. The other point we would like to make is that the Child and Youth Advocate Act is provincial legislation and the Youth Criminal Justice Act is federal legislation. There begins the quagmire that children face when they are receiving services from both.

Over half of the population served under the Child and Youth Advocate Act are indigenous children and youth, and more training is required to understand the diverse indigenous populations that the OCYA provides services to. The indigenous people have a different world view and understanding of children and families than mainstream society, and more work needs to be done in response to the TRC's calls to action.

In terms of the advocate's work with children and youth involved in the youth justice system, collaborative work between the two systems can only result in positive outcomes for indigenous children and youth. Perhaps there needs to be some kind of agreement in place to enable collaborative work between the provincial Child and Youth Advocate Act and the federal Youth Criminal Justice Act.

The act provides adequate powers to conduct the current roles and functions; however, the act needs to include additional powers in order for the advocate to work with indigenous children and youth who are governed by the federal government under the Indian Act. The Child and Youth Advocate Act is provincial legislation, and the Indian Act, that governs most of the status indigenous children and youth, is federal legislation that impacts indigenous children and youth. However, the Child and Youth Advocate Act only speaks to the provincial legislation.

Perhaps there needs to be some kind of agreement to allow the advocate to work in collaboration with the federal government system in order to advocate for indigenous children and youth regarding their rights under the Indian Act. The reason why we're saying this is because some of our members are saying that it's taking a long time for some of their kids to be registered under the Indian Act and that it seems to be taking forever. When those times happen, that's when they contact the advocate to help in registering the children and young people because that's not happening fast enough.

The Child and Youth Advocate Act is currently effective in ensuring that the information of children and youth is protected. We want to comment on that because they are doing a good job to protect confidential information.

The advocate should continue to investigate serious injuries and deaths of children and young people, as it currently does, as the advocate is independent of any of the government systems.

The Canadian Native Friendship Centre believes that the residential school system has caused a lot of trauma to indigenous people. It's caused people to be disconnected from their families and their culture.

The advocate should do more to investigate the concerns identified – usually they come through the band designates – regarding indigenous children who are disconnected from their own identity, their family, community, and culture. What our families are noticing is that when children come into care, there's an immediate disconnect from their family. They don't really know –

a lot of the children don't even know that they're indigenous or have rights. You know, their own identity is not being supported within the system, so when they turn 18 and they come back to the communities, they're disconnected. They don't belong in either place, and that's how they communicate that to us.

The Canadian Native Friendship Centre agrees with how the advocate conducts investigations; however, more attention needs to be paid to how the investigations are communicated back to indigenous families. The Canadian Native Friendship Centre suggests that the appropriate protocol be followed and that elders guide and assist the investigators when the investigation results are communicated back to the indigenous families. The advocate should develop protocol agreements with indigenous leaders outlining how this is going to happen as there's a diverse population of indigenous people in the province of Alberta.

Even with all the care that's taken to protect the identity of the children in the reports, the information in the reports may make the children identifiable in indigenous communities. Greater care in the preparation of indigenous families needs to be done in order to prepare the families for the media attention that may occur when the report is released to the public. The media attention created by the reports is not always understanding of the negative impact on indigenous families and communities. All they want to do is sell a paper, and they don't care how people feel.

The advocate currently does excellent work in reporting serious injuries and deaths of children, and we really appreciate the reports that we're getting and the recommendations to help guide the changes that need to happen to ensure that the same circumstances don't happen to another child or young person again.

The serious injuries of children or youth affect not only the family and the community; they also affect other government systems, including Human Services, Health services, Education services, and often including the justice system. All these government systems need to be accountable in responding to those reports and the recommendations. When those reports are released, all of those systems have a part in that report, and they need to be held accountable in responding to that report and its recommendations.

3:25

From time to time the advocate should provide a report on the responses of the government systems and actions to the recommendations that are made in the reports. A lot of times we hear about the report and we hear about the recommendations, but we don't hear back again about what those government systems are doing to address those recommendations.

The importance of individual advocacy for children must remain a priority. Children need to be allowed to have a voice in matters that affect their lives, and their interests need to be heard and their rights need to be respected by the systems that provide services to them. The Canadian Native Friendship Centre suggests that indigenous children and youth, indigenous elders, indigenous families, indigenous scholars, and/or indigenous stakeholders participate in any future changes to the Child and Youth Advocate Act.

In closing, we would like to thank the current advocate for the excellent services that are being provided under the current legislation.

[Remarks in Nakota Sioux] Thank you. [As submitted] [Remarks in Cree] Thank you. [As submitted] [Remarks in Dene] Thank you. [As submitted]

The Chair: Thank you, Mrs. Salopree.

Thank you to all the presenters for their information.

At this point, then, we'll open the floor to questions from committee members. First up I have Mr. Kleinsteuber.

Mr. Kleinsteuber: Great. Thanks, Chair, and thank you, everyone, again for joining us today and making your presentations. Very informative. My first question is for Mr. Daly at Boyle Street Community Services. As previously asked by the other panelists, I'm curious to know your thoughts about the age limits within the act and if they are appropriate. I think you touched on it a little bit in your presentation but wonder if you had any further thoughts, maybe.

Mr. Daly: The age at the moment seems adequate to us. Our concern was that there were certainly some youth and certainly a significant number of youth that we serve at Boyle Street who cannot access the advocate because they don't have status within the child welfare system. That was our main concern.

Mr. Kleinsteuber: I see. Thanks.

Just as a follow-up, I was wondering what your thoughts were around the definition of designated services within the act . . .

Mr. Daly: I don't have any particular . . .

Mr. Kleinsteuber: . . . if you could expand on that a little bit.

Mr. Daly: Are you talking in terms of indigenous designated services? I didn't talk about designated services myself.

Mr. Kleinsteuber: Oh, okay.

Mr. Daly: Yes. I don't feel really able to address that.

Mr. Kleinsteuber: Well, just in general I thought that . . .

Mr. Daly: I might hand it over to Rhonda for that. I told her earlier that I'd do this when I didn't have an answer. She always has an answer.

The Chair: Certainly. Do any of the other panel members have a comment on that?

Ms Barraclough: Well, "designated" usually means, in the legislation, that the advocate can review, designated in terms of the things that they can do in the legislation that they work under. Mr. Daly was mostly speaking about child welfare, the child enhancement act, or the criminal justice act. In my presentation I suggest that there should be a designation as well under the Family Support for Children with Disabilities Act in terms of that and in the other designations or what they're allowed to do in your legislation or the legislation they're given.

The Chair: Thank you.

Next up, I have Mr. Ellis.

Mr. Ellis: Thank you. Thank you for being here this afternoon. A question here initially for Mr. Daly. I know you were the first speaker, so I'm trying to remember everything as well. I think you touched a bit on increasing the authority or scope of the advocate. Can you just expand on that a little bit more? What is it that you'd like to see, or what is the greater authority you'd like to see from him?

Mr. Daly: I think it's because, certainly, this current advocate has made, you know, a number of reports and has made some very good recommendations, and there's a sense that those recommendations

kind of get lost a bit. If there was some way that those recommendations could be mandated or it's somehow legally binding to implement them – certainly, attempts to implement them or to address them could be a legal requirement of the government – I think that would be very helpful because, certainly, the advocate we have currently, I think, is well informed and has made some wise and useful recommendations based on a lot of community consultation. I think that's particularly true in the indigenous community. I think we would be well advised to listen to them and not just to listen to them but actually to act on them. It feels like the advocate doesn't have enough authority or mandate or legal powers to ensure that those recommendations are implemented.

Mr. Ellis: One of our previous speakers had touched on, of course using a hypothetical, possibly giving the advocate the authority to initiate a judicial review. Would that be somewhere along the lines of thinking, you know, whether we get the courts involved or just specifically him or whoever the advocate is?

Mr. Daly: Yeah. I think that seems like a good suggestion. At the very least, I think government should be accountable for why it hasn't recommended, for example, the one that children and youth, when they exit care, should have as much of a robust process and substantial supports as they do when they come into care. I think it's a really important one because often the file is closed, and that's it, and the youth or children are kind of left without much to support them. That's a particularly good recommendation, I think. You know, if there was a good reason not to implement it, I think we should know about it. If not, I think recommendations like that should be implemented, and there should be a system for ensuring that they are and that it's not just forgotten about.

Mr. Ellis: I agree. Thank you.

Thank you, Chair.

The Chair: Thank you, Mr. Ellis.

Next up I have Ms Goehring.

Ms Goehring: Thank you, Mr. Chair. I'd just like to start by thanking everybody for coming today and for their presentations and for taking the time to answer our questions. It's really appreciated.

Mr. Daly, in your presentation you indicated that the advocate should have a stronger preventative role. Could you expand on what that would look like?

Mr. Daly: Yeah. I think it goes back to reports like Voices for Change in that it seems that the advocate is mostly brought in or involved when there's a point of crisis or a tragedy, a death usually. We'd like to see a bigger role for the actual advocacy piece and more capacity for the advocate to do, you know, reports like the one that he did on indigenous child welfare so that we could actually avoid the deaths and the critical injuries that we see. By the advocate having the powers to make recommendations and to have them discussed and acted on outside of that kind of moment of crisis, we could prevent critical injuries and deaths happening. So there would be more emphasis given to that.

I'm not sure if that answers it.

Ms Goehring: Thank you.

Would anyone else like to expand on that?

Ms Barraclough: I think the advocate has the opportunity to see trends and activities that are happening across the province for young people, and there could be trends and activities that are

happening that they could report on that would be preventative or examples of things that young people are involved in and that there could be more of that allow them to not be in the system. I talked about mentoring, as an example, and Jacquie talked about that we have mentoring for young people in care, sort of a pilot happening currently in the province. Mentoring is an example of something where, if the advocate was to look at mentoring and see the benefits of mentoring, the good outcomes that have come about in Canada and in North America around mentoring, and could encourage and support mentoring, which could go across child intervention systems, education systems, health care systems, it might be something that they could do in terms of prevention, earlier intervention, or maybe avoidance of child intervention.

Ms Boyd: I'll add one more comment to that. I want to stress that it is a collective impact that we are looking for, and the advocate is one party at that table. All of that information would be so valuable in helping to make the whole system better. Whether we want to, quote, label it as preventative, as mentioned, they are exposed to various things, and you can see where there could be improvements in the system where others may not see that because they're dealing with their own crisis at the time.

Ms Goehring: Thank you.

The Chair: Thank you.
Mrs. Pitt.

Mrs. Pitt: Thank you very much, Mr. Chair. My question is for Mr. Daly. Your recommendation that there should be more of a balance between the advocacy and investigation is really, really interesting. Can you expand on what the advocacy by the Child and Youth Advocate would look like or involve?

3:35

Mr. Daly: Yeah. It goes back to the preventative piece, that Rhonda spoke much more eloquently about than I did, and that's, I think, that the advocate has much to teach us and has that ability to kind of see the wood for the trees, if you want, in terms of their engagement with community and listening to children and youth and what issues are pertinent for them and what systemic challenges they're facing. I think they see a lot of that, and I think this particular advocate has spoken really eloquently about the challenges facing indigenous youth and children in care.

I think, given the nature of the work and the way it has been, a lot of the energy and capacity has been spent on investigations. Certainly, we at Boyle Street would like to see the advocate having more capacity to speak about the good practices that are out there, the good preventative work that's done in keeping people out of the child welfare system and, if they are in it, that they have more positive outcomes as a result of being there. It feels that the work is primarily focused on investigations. Maybe that's, in a sense, what gets the attention, but it seems that that's the impression, certainly, that we have at Boyle Street, and it would be good to have a bit more of that balance, too.

The investigations, as I said in my statement, are often done in highly charged and emotive and highly politicized environments. We've seen that recently, and it's very difficult, then, for some of the messages, important messages about systemic change and issues that need addressing and that need advocating, not just in child and family services but, as we've said already, across government and different orders of government. This isn't just about the government of Alberta. You know, the city government and the federal government also impact significantly on the lives of children and youth. I think the youth advocate has some interesting

and useful pieces of advocacy around that. Just having a chance to hear more of that and for that to be more present I think is what we were trying to get at.

That's not to say that the investigations aren't important. Of course they are. I mean, in no way am I belittling or diminishing their importance, but just a bit more balance, I think, would be helpful.

The Chair: Thank you.

Mrs. Pitt, did you have any supplemental or follow-up questions?

Mrs. Pitt: No. That was great. And you are more eloquent than you give yourself credit for.

Mr. Daly: Thank you.

The Chair: Indeed. Excellent.

Next up, then, I have Ms Woollard.

Ms Woollard: Thank you very much, Chair. I appreciate all your presentations. The first question is for Ms Barraclough. In your submission you raised the question about the office of the Child and Youth Advocate providing services to children with special needs as per their developmental levels, their needs. Can you say more about that recommendation and what you see as the challenges facing children with special needs in the situation that you're in?

Ms Barraclough: My recommendation was that one of the pieces of legislation that the advocate could review under is the Family Support for Children with Disabilities Act, FSCD in short. The Family Support for Children with Disabilities Act is under the Ministry of Human Services as well, and that piece of legislation is really family focused for kids with special needs. It has a definition of young people with special needs, which is actually quite broad, and one of the challenges in the system is that when they turn 18, that narrows very quickly in terms of the services, which is a separate issue.

Sometimes those young people and their families could use some advocacy in terms of supports that they need for themselves and their family. That legislation is intended to provide support to families with those young people through the Ministry of Human Services. They have very little appeal of concerns with respect to that, so something like the advocate's office could do that.

In my opinion and to Mr. Ellis's question, mental health is a concern, too. There's a mental health advocate for adults. There is no advocacy for young people unless they're in the child intervention system and can get an advocate. Not every family needs to have their child in the child intervention system, but they still could have a child that's very ill mentally and needs some advocacy. From my perspective, that was one of my suggestions. The advocate or a similar type of advocate for young people with disabilities, special needs, mental health challenges makes some sense.

Does that answer your question?

Ms Woollard: Thank you very much.

Does anybody else have a thought on that, about the services for children with special needs, basically?

Ms Barraclough: Those young people are challenged in the education system as well as the child intervention system as well as, I mean, you know, in the health system, and we just feel that they should get advocacy services.

Ms Woollard: Absolutely. Thank you.

The Chair: Excellent.

Next up, then, we have Mr. Nixon.

Mr. Nixon: Thanks, Mr. Chair. I've got a question for the whole panel. Anybody could feel free to comment. I'm a little bit interested – and I heard it from several of you as you presented – in the idea of making sure or empowering the Child and Youth Advocate to be able to communicate better with caregivers, nonprofits that may be taking care of children in care, parents or guardians that aren't coming into contact with service providers that are able to communicate with the Child and Youth Advocate.

At first glance, for me and, I suspect, most Albertans, we would think that anybody could be able to pick up the phone and just call the Child and Youth Advocate and say that there's a concern. I mean, given the fact that we are dealing with children and that children at certain stages, obviously, aren't going to be able to speak for themselves and, depending on the situation, may not be able to speak for themselves at any point during their lifetime, you know, the idea that a parent or guardian or somebody taking care of them couldn't get the Child and Youth Advocate to be able to advocate on behalf of that child I think, first, is concerning, so I'd like to hear a little bit more about that. Second, what would your ideas be for us or during the review of the legislation to be able to empower the Child and Youth Advocate to be able to do that a little better?

Mr. Daly: I think, certainly, that with the kids in our care it's not just something that's happened a few times. It's regular. "Recurring" was the word the director of our group homes used. It's a recurring issue. You know, picking up the phone for anyone can be an intimidating thing. I mean, really, realistically, what eight- or 10-year-old is going to feel comfortable and not intimidated just to pick up the phone and phone the office? So there is that very practical part to it, as you say.

One thing that the child advocate's office does do on occasion but not always – it really depends on the worker – is that if we bring to their attention that we have a child who does want to speak to them but can't come to the phone and doesn't feel comfortable or able to do that, they will actually send someone out to one of our group homes, and they'll set up a setting that's quite comfortable for the child so that they can speak. That works well, but that's not something that is built into the system as standard. It's something that happens when particular workers take the initiative to do that. Things like that, I think, should be on offer as standard, not as happening just when good practice happens to happen.

Ms Barraclough: I would add that that, in fact, is the case as well in a number of group homes and foster homes as well. People don't always feel that they can just call the advocate, or they're afraid, or they have their own anxieties around that. They are well aware that the advocate's office is there. Others do it very well and without any challenges at all.

For the most part, young people – and if you look, even, at the advocate's report, they have thousands of young people, sort of 12 to 18 years old, that call or get service from the advocate's office. They can go and get it themselves or figure out how to do it, or somebody walks them through the process. But some don't. Younger children don't necessarily have the ability either, so somebody needs to call on their behalf, or somehow that needs to get to the advocate's office. I don't think that it's that the advocate doesn't do that very well. It's just that we're wondering – I wonder, anyhow – if some of those kids are missed because of that process. It has to be sort of an intake process. I don't know what an alternative is other than talking with education systems more or with providers or even doing commercials, something around that. I don't know. Maybe the advocate has other ideas.

3:45

In terms of the involvement of not-for-profits and the people that provide the care – as Mr. Daly talked about, his organization has group homes. There are others that do foster care. Many agencies in this province provide those services. They certainly are aware, and this particular advocate has been really good at making sure the input of those organizations is sought in all reviews that they do. Sometimes that's not always a good outcome, but that's okay. That's what this is about. They do, and that is actually different than former advocates in terms of talking with the agencies and the folks that actually provide for those kids. We would encourage and applaud that that is the case and should continue to be the case.

Ms Boyd: I'll just say, for example, that in our youth shelter and our buildings we do post the advocate's phone number and that they do have access and means. But, as mentioned, it's probably a bit of an awareness challenge.

Ms Barraclough: Maybe they could do a public relations thing at shelters and other areas? Now, I know they're overworked, but something like that might need to be something that the advocate's office could do or an advocate could do.

The Chair: A follow-up, Mr. Nixon?

Mr. Nixon: A quick follow-up, Mr. Chair. Again, I think what I'm hearing is that it's less of a legislative or a policy barrier and more maybe that there just needs to be more education or reaching out to certain places so people know the resources are available. There's nothing within the legislation that's stopping, you know, a guardian from being able to contact the Child and Youth Advocate on behalf of a child that can't speak, whether we're dealing with a baby or, actually, a child that could not speak for himself.

The Chair: Excellent.

Next up I have Mr. Kleinsteuber.

Mr. Kleinsteuber: Okay. This question is directed to Ms Boyd. You raised in your submission the need for information sharing. I'm wondering if you can explain a little bit more about this recommendation – it was your number 5, I think – particularly on who some of the need-to-know professionals are, who you have in mind, maybe. Just curious as well: what current obstacles might exist in that process?

Ms Boyd: Of course, we have within the province various legislation and whatnot for privacy of information as well as health and personal. The situations may arise where one professional may view that another professional in another working area should not know this information, yet it again may require that the youth repeat their story as to what happened to them. In our shelter, as one example, for our workers to understand why a youth may be acting in a certain way – and it may be with best intentions – I don't know specifically if legislation requires of them that they cannot broach that subject or whether it's, for lack of a better word, a misunderstanding as to who gets to share in that very private information. We do, of course. All of our agencies have very strict confidentiality agreements and that sort of thing.

It's just, again, that point about telling your story again and then also about understanding that youth so they can treat and work with that youth in the most appropriate way.

Mr. Kleinsteuber: Okay. Thanks a lot.

The Chair: Okay. Next, then, Mrs. Littlewood.

Mrs. Littlewood: Thank you. Mrs. Salopree, you mentioned in the submission how information is being communicated to indigenous families, that it needs more framing. I'm just wondering if you could expand on how the office could approach that information dissemination to indigenous families, and I'm assuming that that probably might play into what you were talking about where there might be a development of a protocol of how to interact with many different, diverse communities.

Mrs. Salopree: We understand that the advocate currently involves elders. They're involved when they are working with families under the investigations, when they're reviewing the information, or when they're preparing the reports. There are elders involved, I believe. What I'm saying is that when the advocates are involved with children and young people in the communities, the provincial advocate needs to have some kind of a protocol agreement with that community that says that when the advocate comes into our community, this is what we would like the work to look like and this is how we would like the advocate to communicate with our members, whether that be on a reserve, whether that be on a settlement, or even in urban areas. That's all I was getting at there.

Mrs. Littlewood: Great. Thank you.

The Chair: Excellent.

Next up, then, I have Ms Goehring.

Ms Goehring: Thank you, Chair. Throughout the conversation this afternoon there was some mention of some cultural competency being required from the advocate's office. I'm wondering if the panel members could maybe expand on what that would look like, what their vision of that would be within the office.

Mr. Daly: Yeah. Certainly, we felt at Boyle Street that it could be broadened. We feel that the work the advocate has done on cultural competency as it pertains to indigenous communities has been excellent. I mean, the Voices for Change report I think really advocates effectively and in a very clear manner for cultural competency as it pertains to indigenous folks.

We've felt, especially as we've seen in our work, you know, an increasing diversity in our province. We're seeing a lot of families coming from other parts of Canada but also from other countries and a significant increase in refugee families. It's important that we extend, I think, this kind of excellent example of cultural competency to those families and to their cultures as well and recognize that, you know, parenting and how you bring up children and different roles and the rights of children can be understood very differently in different cultures. You know, I think, for example, slapping is a really good example, where in many cultures physical discipline is perfectly acceptable and seen as actually a positive. In our country, in Canada, it's illegal to do that. You can't. But there's a piece there of cultural competency to be understood.

We think it would be helpful if that competency was broadened. It could help the families as well. Some of the tensions that we see with the youth that we serve is between their understanding and the parents. Well, you see that in all cultures, but I think it's particularly strong when the parents come from one culture and the children essentially grow up in another culture. There are challenges that come out of that, and we feel that the advocate could have a role to play in that relationship and, certainly, a role to advise and make recommendations to workers who are working in that environment. It's a particularly sensitive and challenging area of work, I think, for workers who find themselves sometimes caught between different cultural mindsets and visions.

Yeah, I just feel that if the department, the office, had that experience and that competency, it would be helpful for the children and the youth, the families, and indeed workers as well and for our collective understanding.

Ms Goehring: Thank you.

Anyone else?

Mrs. Salopree: I'd like to respond to that one.

Ms Goehring: Please.

Mrs. Salopree: To me, cultural competencies and practice standards speak to the education that the social workers are getting and that advocates are getting, and currently there are some colleges that are providing that kind of training. I think Blue Quills is one of them. I'm not sure which one with the Blood Tribe. There's a college over there that provides cultural competencies and practice standards that they've developed.

The only problem is that there is such a diverse group of aboriginal people here in the province, so no matter what you do, it's never going to be enough. I think that if there was at least some standard that was developed that's going to respect all of the cultures here in Alberta, developing those and working with those and providing training with those – and I think that can only come from the postsecondary institutions, and it can only come from perhaps the Alberta College of Social Workers or something. It needs to start there, I think.

3:55

I think that cultural competency means that when you go into an indigenous community – if you come into my community, there is an expectation that you don't know anything. There's an expectation from myself that if you're not an indigenous person, I'm going to have to spend a lot of time to help you understand my culture, the language. All of the different things from my own knowledge I would have to try to pass on to you. It just is too much work.

My preference would be that you get that training somewhere else and then you come, and then you have some idea of how to engage aboriginal families, not just aboriginal families but the other groups as well, the newcomers that are coming in here straight out of refugee camps and not understanding this country, like the laws and how things work here. Their kinship system is way different than ours. Sometimes it's the men that are speaking and the men that, you know, have the status to have any say about anything. It's very different than just mainstream, and that's all the training that's being provided right now, so it needs to come from somewhere.

Ms Goehring: Thank you.

Ms Barraclough: Part of what our organization, Align, does is professional development. We have been working with the University of Calgary, Blue Quills, and a number of elders and have developed a four-day course, for lack of a better word, with Leona Makokis, who is an elder, and Reg Crowshoe, who is an elder. We have been offering it now for a couple of years with support from the ministry. Actually, a number of the advocate's folks have come. It is done in ceremony, and it is about sort of the history of residential schools, the history of child welfare. A number of them have actually come and participated, and they're always welcome to come and participate.

I agree, though, that we, all of us, not just the advocate's office, need to learn more about some of the newcomers to Canada and

some of the other nuances around how they raise their families and that kind of stuff.

Ms Goehring: Thank you.

Ms Boyd: I'd like to throw in two cents, or as our accountant would say, "That rounds down to nothing," and hopefully it'll mean something. Our country is very diverse, and because of that, we have to be very open and willing to accept that someone may stumble on this whole cultural journey that we're on. The city of Red Deer is doing some really great work in welcoming diversity in a welcoming and inclusive community and recognizing, if you will, in the old terms, that mosaic that we have in our country. I don't see it being solved overnight, but I think, as Rhonda aptly said, we all need to learn and the advocate's office as well, so whatever we can do to keep expanding with acceptance but also with understanding from the other side that we may not always know.

Ms Goehring: Thank you.

Ms Barraclough: My experience is that the advocate's office has, actually, a fair bit of indigenous understanding and staff, which is a good thing as well.

The Chair: Excellent. Thank you.

I have Ms Woollard on the list. Is there anyone else that was wanting to ask? Mr. van Dijken. Okay. We'll add you as well.

Ms Woollard, go ahead.

Ms Woollard: Thank you, Chair. I think we've gone round about this, but just specifically – and this is for Mrs. Salopree – from your perspective, what are the major issues facing children and youth with indigenous backgrounds that the advocate's office can advocate for, would you say?

Mrs. Salopree: The same issues as most children receiving care services under the Child, Youth and Family Enhancement Act. A lot of times when the children go to the child welfare folks, like the child and family services – they're providing services to our children – when they first start, there's a period where nobody knows what's going on. The child is apprehended. It goes to an assessor, and in that period nothing happens. In that period the family doesn't know what's going on. All they know is that they've received a notice saying that their child has been apprehended. In that period they don't know who to contact, who the person is that they can talk to.

You know, there's a lot of trauma when you remove children from families, any family, not just aboriginal families but any family. When you disconnect that child from their family for that period when they need to know what's going on, then it just causes a lot of trauma. That's when some of our families are being encouraged to phone the children's advocate's office and say, you know, that we're sure that the children want connection with their family. They want to have a conversation with their families to know what's going on, to understand, and just to maintain those ties because once that child is removed, then the disconnect continues within the system.

I think that the children's advocate could probably be involved in that to make sure that those children are maintaining – and I mentioned the band designates in my presentation. Some of them are noticing that their children are very disconnected from their own identity. Some of them don't even want to be aboriginal. Some of them – you know, it's really sad. I think it's really sad when you come from – for example, if you're Scottish and your child comes

into care and there is no connection for that child back to their own community and they lose their language, they lose everything. Then 18 years later that child comes back to your Scottish community and knows nothing about their own culture, their own background. They don't know the language. They don't know where they come from. They don't know anything about their family. That's what happens.

I think that when the band designates are saying, you know, "We need these children connected back to our own communities," then that's what they're talking about. They just want that connection with them, not necessarily to return the children to the community. Some of them are very vocal about that, but some of them are not. Some of them just want that connection back to their families.

Ms Woollard: Thank you very much.

Mrs. Salopree: You're welcome.

The Chair: Mr. van Dijken.

Mr. van Dijken: Thank you, Mr. Chair. I guess I want to take a look a little bit at the flavour of the submission, the written submission, from the Align group with regard, essentially, to good, emerging, promising practices in Alberta and reporting on those. One of the written things is to not just have deficit-based reports. I understand that the idea is a good idea, but is it necessarily the role of the advocate to work in this direction? I believe an advocate's role is essentially to be there to plead the case for another but also to be there to support and promote a cause for an individual or a group. I'm trying to understand if the Child and Youth Advocate's is in promoting the practice of the providers as opposed to promoting the cause of the children and the youth and if this type of reporting possibly will lead to a situation where the advocate loses focus on what their role really is.

If you could make some comment on that as to why you feel – you talk about it in a number of different parts of your submission. If you could just expound on that.

Ms Barraclough: Well, an example was the mentoring example. Another one would be that in Calgary, actually, there's a significant decrease in indigenous kids in care. There are probably reasons for that. I know there are reasons for that. That isn't captured anywhere, and that could be a role for the advocate, for example, to review that, look at that, and look at the trends of why that in fact is the case. That would be an example of something that might be the situation.

That's an example, the youth-in-care mentoring. We've done some research in Canada around that. We can talk about that. We can show some of the outcomes that are emerging there. It doesn't necessarily have to be the advocate's role to report on that, but nobody reports on that. It seems like it's a place that if those are emerging trends that could change the course of how intervention or education or support for young people in Alberta is, it could be a role of the advocate. I'm not saying that that is instead of what they also do. Certainly, what the advocate does in terms of investigations of death and serious injury and advocating for young people is the most important part.

4:05

Mr. Daly: Just to add to that, the recent case, the tragic death of Serenity, I think is a really good example of the importance of emphasizing the positive things that are happening as well as looking at the deficits. For example, since that case has happened, there's been a lot of criticism of kinship care, and indeed there was good reason in that particular case. However, those of us who work

in the field know that the increasing use of kinship care across the child welfare system has been by and large a very positive thing for youth and for children in care. You know, that would be a really good example of where it would be important for the advocate to keep emphasizing the positives of kinship care and to kind of bring a cool head to the situation and say: “Yes, in this particular tragic circumstance it did not go well and did not work well. However, that does not mean that kinship care per se across the system is not working because actually it is, and these are examples of where it’s worked.” I think that’s a good example, where emphasizing the positives in terms of good practice is as important as identifying and dealing with the deficits.

Mr. van Dijken: If I may?

The Chair: Certainly, Mr. van Dijken.

Mr. van Dijken: I understand the role or the recommendation with regard to reporting. The group, then, is not necessarily recommending that the advocate move into a role of promoting best practices for providers for children and youth in care. I’m not sure – if I’m not being clear, let me know, but I’m concerned with the role shifting into more of a promotion of activities that providers are providing rather than being the role of the advocate for children and youth.

Ms Barraclough: I don’t think we would necessarily see that as a shift in the role. We just see it as: there are times – kinship is a very good example – where kinship care is being used across the province but the only thing that you see out there, that the public is seeing is that report. There is a lot more around it. We would hate to see, on the other side of what you’re saying, the child intervention system shutting down kinship care because of that report versus the hundreds of situations that are doing well as a result of that. So it’s just the balance of that, not a shift in the role necessarily.

The Chair: Excellent. Thank you.

All right. Mr. Nixon, I had you down for a question. Did you still want to . . .

Mr. Nixon: No. I’m good. I think it’s been asked already. Thank you very much, Mr. Chair.

The Chair: Okay. Absolutely.

Ms Woollard, you had one more question?

Ms Woollard: No.

The Chair: No? Okay. Sorry.

All right. With that, it appears, then, that we don’t have any further questions for this panel. Thank you to all of you for coming in and joining us today for some excellent discussion. Again, as mentioned earlier, if there are any questions outstanding afterwards or if any of the panel members would like to submit any additional information, that can be forwarded through the committee clerk.

At this point, then, I’d suggest that we just take a quick recess, allow our guests to pack up. If we return, perhaps, in about three to five minutes, we’ll hear from Dr. Amato regarding a crossjurisdictional analysis.

[The committee adjourned from 4:09 p.m. to 4:15 p.m.]

The Chair: All right. I’ll call the meeting back to order at this point.

We have one last piece of official business on the agenda today, that being a crossjurisdictional comparison, that has been circulated to committee members. The LAO committee researchers have put

together this crossjurisdictional document related to the Child and Youth Advocate Act.

At this point Dr. Amato will take a moment to give us a brief summary and answer any questions that we might have.

Dr. Amato: Good afternoon. I am pleased to provide a very brief overview of this document. I think you’ll note that it’s fairly thick, that it deals mainly with only five jurisdictions, yet there are a number of statutes to which it refers. That’s because the equivalent of the Child and Youth Advocate Act in each jurisdiction that I examined also intersects with a number of other statutes, and that accounts for some of the complexity of the document. The document is mainly designed as a resource as the committee goes forward to debate proposals and issues that interest it at forthcoming meetings. The hope is that the committee will use the document during its deliberative phases and use, really, the table of contents of the document to delve into a particular issue that may arise. The document, hopefully, provides some information on those issues.

Let me say that the document provides information mainly on five jurisdictions. Of course, Alberta. The jurisdictions of British Columbia and Saskatchewan were chosen because of their overall similarity to Alberta, not the similarity of the statutes to Alberta statutes but the similarities in size, for example, between Alberta and Saskatchewan. Ontario was also chosen because of its large size. That’s a large jurisdiction that deals with some of these issues. Finally, Yukon was also chosen – and this was alluded to in one of the presentations on the last panel – because it provides an example of the ways in which a statute might include principles and provisions with respect to First Nations. I should also note that only in the discussion of investigations is there some allusion to the jurisdiction of Manitoba, and that is because Manitoba provides some unique provisions with respect to investigative functions and then follow-up in particular on investigations.

In terms of the way the crossjurisdictional works, if you look in the table of contents, you can see that there is a wide range of issues that is discussed: appointing advocates and representatives, the offices of advocates and representatives, and then there’s a large description of advocacy services to children and youth. Please note that although all of the jurisdictions under discussion here provide advocacy services to children and youth, the services that the advocate in each jurisdiction is authorized to provide are vastly different. So I think it is fair to say that in some ways it’s very difficult to compare these jurisdictions because there are such differences between them. There’s also a discussion on investigations, on reports after investigations, on educative functions of advocates or representatives, on their research functions, on the annual reports. Then you can see here that there are also some jurisdictions where the statutes provide for offences and penalties.

In order to assist with this rather large amount of information, the crossjurisdictional includes some tables. I just want to say, if you will permit me, a couple of words about these tables. There is an executive summary, and I really want to emphasize that it fulfills the function of an executive summary, which is a simplification of the very complex details that are provided throughout the document. So you’ll notice, for example, that when I describe advocacy, I say under British Columbia, “Advocacy services to children, young adults and their families receiving designated services specified in the Act.” I’m referring to, you know, two very, very specific things, which then need to be followed up throughout the review.

There are also tables provided in the appendix. Again, those tables are sort of executive summaries of the sections to which they

refer: advocacy services, age limits under the act, investigations under the act. Then you'll also see reports following investigations and recommendations following investigations. My suggestion, really, is to perhaps read those tables but then to delve into the relevant sections of the crossjurisdictional to really understand some of those complexities because those complexities are hidden or removed from the table, but they really are important.

I hope that that's something of an explanation, and I'd be pleased to answer any questions now and then going forward through the process.

The Chair: Thank you, Dr. Amato.

We'll open the floor, then, if members have any questions, having reviewed the document, heard the presentation. I did see Mrs. Littlewood.

Mrs. Littlewood: Thank you. I have a number of questions just to kind of get a brief overview of the substantial work that you did. Thank you for that, first of all. What were the criteria that you used to decide on the jurisdictions that are within your analysis?

Dr. Amato: First of all, it's limited, obviously, to Canadian jurisdictions. That was my understanding of the request, so that was what I was responding to. Because the acts are very, very different, there had to be some selection. What I'm attempting to say is that each equivalent statute across Canada is different, so it seemed to me from discussions both with the office of the Child and Youth Advocate and colleagues in research services that it made sense to choose British Columbia and Saskatchewan as sister provinces, Ontario as a fairly large jurisdiction, and Yukon because, as I said, it has interesting provisions that might provide an interesting example related to First Nations and also has principles related to First Nations as well. Then where I noticed something, you know, particularly striking or interesting, as is the case with Manitoba and its investigations, that was included as well, as something that, again, was very different from the other provinces and might be useful for the committee or not.

Mrs. Littlewood: Okay. Thank you.

Can I ask a follow-up to that?

The Chair: Certainly.

Mrs. Littlewood: For one of the crossjurisdictional comparisons you have Investigative Powers. Would you mind just giving a brief overview on that comparison?

Dr. Amato: If you are to turn to – let's use the table.

Mrs. Littlewood: Maybe just highlight the differences if that's shorter.

Dr. Amato: You know, I'm really hesitant to do such a thing. What you will notice is that each jurisdiction has different definitions as the case may be. For example, it might be a serious injury or death, so that might be the circumstances in which the advocate or his or her equivalent can investigate. In other jurisdictions there's a wide latitude for reviews. As is the case in some jurisdictions, they could investigate almost anything that comes to their attention related to a government service, so in that jurisdiction it's not just related to critical injury or death. There's a wide range of circumstances across the country that are discussed here that are worth looking at, and they're provided both in that table and in the details.

4:25

Mrs. Littlewood: Can I ask another question?

The Chair: Certainly. If there are no other members that have a question at this time, then go ahead, Mrs. Littlewood.

Mrs. Littlewood: I didn't notice in the comparison when the different acts were brought into force in the different jurisdictions. Do you have that information?

Dr. Amato: Sure. It would be right on page 4. I might lean a little bit on my associate here. You can see that the dates of the acts are in the titles.

Mrs. Littlewood: Yeah.

Dr. Amato: These are the original dates of the acts, right? They've been subsequently revised, but those are the original.

Mrs. Littlewood: Thank you.

The Chair: Excellent. Was there anything further from anyone else on the crossjurisdictional analysis?

If not, then we'll move to the last item on the agenda for today, which is other business. Are there any items for discussion under other business?

If not, we'll move on, then, to the next meeting date, which, of course, we know is tomorrow, January 17, 2017. We'll meet to hear some more oral presentations on the Child and Youth Advocate Act beginning at 8:45 a.m.

Do we have a motion to adjourn? Mr. Nixon. All in favour? Any opposed? I'm doubting – no.

All right. Thank you, everyone. I think we had a great day. We'll see you tomorrow.

[The committee adjourned at 4:26 p.m.]

