

Title: Friday, May 9, 1997

Date: 97/05/09

8:06 a.m.

[Mrs. Laing in the chair]

Des.subcom: Family & Social Serv.

Designated Supply Subcommittee – Family and Social Services

Laing, Mrs. Bonnie, Chairman
Barrett, Pam
Cao, Wayne C.N.
Cardinal, Mike

Carlson, Ms Debby
Johnson, LeRoy
Kryczka, Karen
Leibovici, Karen

Lougheed, Rob
Melchin, Mr. Greg
Shariff, Mr. Shiraz
Sloan, Linda

THE CHAIRMAN: Good morning, ladies and gentlemen, we'd like to start. We have a majority of the committee here, so I think it's time to start.

I'd like to read you the procedural motion that is required prior to commencement of our meeting.

Be it resolved that the designated supply subcommittee on Alberta Family and Social Services allocate the four hours allotted to it pursuant to Standing Order 56(7)(b) as follows:

- (a) the minister responsible first addresses the subcommittee for a maximum of 20 minutes;
- (b) opposition subcommittee members then have one hour for questions and answers;
- (c) government subcommittee members then have one hour for questions and answers;
- (d) opposition subcommittee members then have one hour for questions and answers;
- (e) opposition subcommittee time of 120 minutes total will be split 90-10, with the third party New Democrats receiving a block of 12 minutes to be used in either opposition hour;
- (f) government subcommittee members have the remainder, and once those government members have finished their questions, the meeting is concluded.

I would invite someone to move this motion. Okay, Mr. Cardinal. Thank you. All in favour?

Now we also had another motion that I think we'd like to put on the floor, and that is that the opposition members have agreed to a two-hour block of time, but I do need a motion to do that.

MS CARLSON: I move that.

THE CHAIRMAN: All right. Thank you. All in favour then?

HON. MEMBERS: Agreed.

THE CHAIRMAN: So it would be the two-hour block for the opposition members followed by the government members. Okay?

I would like to remind you that in order to conclude prior to the four hours allocated under Standing Orders 56 and 57, unanimous consent will be required. All right. Any questions?

MS CARLSON: I have just one question. In the absence of the third party, will we get their 12 minutes?

THE CHAIRMAN: Yes. You'll have the two hours total. Yes?

MRS. SLOAN: Thank you, Madam Chairman. Will both ministers be prepared to answer questions, the minister without portfolio and the Minister of Family and Social Services?

THE CHAIRMAN: Yes, as it pertains to the budget. Now, the minister without portfolio doesn't have budget responsibilities.

MRS. SLOAN: May I ask specifically if the minister is prepared to answer questions with respect to her line in the budget?

MS CALAHASEN: I don't have a budget. It's administered through the Department of Family and Social Services. What I do is basically deal with Bill 26. I don't have any budget to be able to allocate. Do you know what I mean?

MRS. SLOAN: Not even for your office?

MS CALAHASEN: My office just in the Leg. That's about it. [interjection] And that's his too.

MRS. SLOAN: Fair enough.

THE CHAIRMAN: Okay. Is that clarified then? Good. All right. Thank you.

Yes, Mr. Cardinal.

MR. CARDINAL: A question. You mentioned the time allotment. The Official Opposition has the initial two hours.

THE CHAIRMAN: Yes.

MR. CARDINAL: You indicated that because the projected time is four hours, the government then has the rest of the two hours.

THE CHAIRMAN: Yes.

MR. CARDINAL: Now, if it happens that we run out of questions within a half an hour, 45 minutes, then that means the morning stops?

THE CHAIRMAN: Yes, and we would have unanimous consent to adjourn early.

MR. CARDINAL: Okay. We have agreed to that.

THE CHAIRMAN: Okay. Any other questions?

All right, Mr. Minister, we'd invite you to begin your overview. You have 20 minutes, and five minutes of that is allocated to Ms Calahasen. Thank you.

DR. OBERG: Thank you very much. Thank you for having me this morning. This is my first time at estimates, so please have sympathy with me.

I'd like to introduce the people that I have who will be giving me all the answers. On my far right is Duncan Campbell, deputy minister, and Don Fleming and Frank Wilson, who work in the department.

Ladies and gentlemen, the Family and Social Services business and budget plan for 1997-98 maintains the theme of reduced welfare spending with savings redirected to children and the disabled. The overall budget for '97-98 is \$1.36 million, which

is a 1.1 percent increase compared to the 1996-1997 operating expense forecast. This \$15 million increase comes at the same time as the ministry's share of the federal government's Canada health and social transfer payment decreases by almost \$73 million, thus the budget represents an \$88 million investment by government to help needy Albertans.

The following are some comments regarding specific programs in the ministry. On page 211 of the government estimates, program 1, ministry support services continues to decrease as a result of administration and manpower reductions. On the next page welfare spending also continues to decline. Through the ministry helping people who can work find training and job opportunities, the supports for independence caseloads has dropped from over 94,000 in March 1993 to 39,500 last month, which is a drop of 58 percent. Madam Chairman, the most important thing in the budget is that the caseloads are projected to go down. They are projected to level off. We are projecting them at around 40,400 for the coming year. We were down to 39,500 in the last month, but we are looking at this as being probably temporary, although that has been said before in this department. Hopefully it will continue to fall.

The 1997-98 estimates reflect the continuing reduction in the amount of welfare benefits that need to be paid. At the same time, you can see that element 2.2.6, employment initiatives, a program which helps clients achieve independence, has budgeted over \$5 million more than was spent last year.

Some of the welfare savings have been redirected to the assured income for the severely handicapped program, which has a budget of almost \$220 million for 1997-98. This is an increase of over \$20 million from the '96-97 spending level and over \$42 million from last year's budget. This is one of the areas that we are a little bit unsure of as to exactly why the assured income for the severely handicapped program is being elevated so much. That is something that we are looking at, but we are also providing the extra money for it just in case, and we are budgeting for it to go up accordingly.

While the ministry has redirected resources to meet the increased budget pressure in this program during the coming year, we will review the program to ensure that this program is being targeted to the appropriate Albertans. Also, in an effort to ensure maximum benefits from the funding provided to Albertans in program 2, department officials and I will be reviewing how we spend money to support the medical needs of these clients.

On page 213, subprogram 3.2, child welfare services also illustrates the government's commitment to redirecting funds to the high-needs area. Almost \$42 million has been added to this program since the government tabled the 1996-97 budget. This further demonstrates the government's commitment to adjusting spending when the need arises. Again, Madam Chairman, this is one program where we initially did not anticipate the need for the dollars to go up to the extent that it has. We are a little unsure as to why the need has increased so significantly. We are seeing this as a national trend. It is a national trend that is causing this, and we are a little bit unsure, but we are providing the needs to the people in this budget.

On the same page, two programs in family support services have reduced spending estimates for 1997-98 when compared to the 1996-97 forecast. The day care estimate of \$61.6 million is almost \$1 million lower than the 1996-97 forecast. The reduced budget reflects the annualization of the downward trend in day care expenditures that occurred in '96-97.

The other program reduction occurred in element 3.4.3, shelters for homeless adults, which happened because the department funded a onetime expenditure of \$500,000 for renovations and

new furniture, new mattresses and other furnishings, at two hostel facilities for transient men operated by the Calgary Salvation Army.

On page 214, subprogram 3.5, services to persons with disabilities, the estimate also shows the government's commitment to redirecting funds to high-needs areas. The areas of increase are community supports to individuals and the individual funding program. Both of these programs enable individuals, if they choose, to remain in their communities. Although the budget amount is not large, the 1997-1998 estimates provide \$270,000 for the establishment of the Services to Persons with Disabilities Foundation. This is the first step towards moving delivery of the programs for people with disabilities to community boards.

The reduction in the children's advocacy budget is related to some onetime costs in 1996-97 related to the services for children and families initiative and savings in '97-98 is a result of administrative streamlining.

Your attention is drawn to page 223, which shows the department's income statement. As mentioned in my opening remarks, transfers from the government of Canada under the Canada health and social transfer Act have declined by almost \$181 million since '95-96. However, at the same time, the contribution to the department from the general revenue fund has increased over \$192 million, demonstrating the government's commitment to ensuring that the needs of Albertans who require services of this ministry are met.

8:16

Although the ministry's manpower authorization shows only a 23 full-time equivalent reduction from '96-97, the ministry has added over 200 child welfare workers as a result of the increased child welfare caseload that I alluded to previously. This redirection of resources has been accomplished through administrative reductions, lower numbers of workers required at Michener Centre as a result of population decreases, and a reduced requirement for welfare benefit workers.

Finally, these estimates also contain the ministry's nine key performance indicators on pages 220 and 221. In all but one measure performance is improving when compared to the previous year. The measure that didn't improve relates to the percentage of welfare clients who remained off the caseload one year after the file was closed. A reduction of almost 4 percent occurred because with the significant drop in the total welfare caseload during the last few years, the remaining cases have multiple barriers to employment. Examples of these barriers include addiction problems, criminal records, an absence of skills, or a low level of education. This is a challenge for this department as it works collaboratively with Advanced Education and Career Development and the federal Department of Human Resources Development to help these people achieve independence.

It's a very short introduction. Speaking as someone who just came into the department approximately five weeks ago, it's a very challenging department, it's a very interesting department, and I'm hopefully going to provide good leadership and we'll continue on.

With that, I would invite the hon. minister responsible for children's services to give a few remarks as well.

MS CALAHASEN: Thank you very much. First of all, I'd like to say thanks to my colleague for allowing me to speak during his time. I know we don't have that much time. I just wanted to give an update as to what's been happening with children's services. I think it's really important for all my colleagues to know what's been going on and what the future holds.

First, I think the consultation occurred in 1993 with all communities. What we were trying to do was have communities responsible for planning and developing programs for families and children in their communities. Through the consultation people told us that by designing programs at the community level, the services could be more flexible to meet local and regional needs and build upon the strengths and resources within the communities.

The communities basically had never been involved in terms of any consultation where they did the planning. This is the first of its kind in terms of what's been happening across Canada. Never before have so many people been involved. To date we have something like 12,000 people who've been involved in the whole process. It's community driven, and that's the beauty of what we see as the children's services initiative.

Actually, there have been about 300 community planning groups throughout the province participating in the redesign process. Ten out of the 18 steering committees in Alberta have submitted preliminary service plans for government review: regions 1, 2, and 3 in southern Alberta; region 4, Calgary-Rocky View; regions 5, 6, 7, 9, central Alberta; and regions 17 and 13, northeast Alberta. The steering committees have been consulting closely with their communities in what I call an effective process of consensus building.

Most other steering committees will submit preliminary plans this spring. Several steering committees are working on comprehensive plans of services for children and families, and we anticipate that most regions will be ready to set up their child and family services authority by the spring of 1998 if not sooner. A few regions will be ready this year. Each authority will prepare a business operations plan for government approval before it takes authority for the delivery of services to children and families.

The province will continue to be responsible for overall accountability, funding, provincewide policy and standards, and monitoring and evaluation of services. The Child Welfare Act will remain in force, protecting children in need. I think that's something that people have questioned: whether or not that's going to continue. Yes, it will.

Eight Métis settlements have become Alberta's 18th region for planning and delivery of services to children and families.

The Child and Family Services Authorities Act, Bill 26, that was sponsored by the Member for Calgary-McCall, will be proclaimed this spring. The Act was passed by the Legislative Assembly in the spring session of 1996 and received Royal Assent on May 22. The preparations under way are going through a very smooth transition so far. There are a few hiccups and bumps that we've been experiencing, but I think those will come as we start to build on the process. A great deal of advanced work is under way to ensure that the transition occurs in a smooth and orderly fashion. A funding model committee has been formed, and this funding model committee is made up of professionals and department and community people to ensure that the funding that will be going to the community people will be there for them.

A technical supports advisory committee is looking at ways to ensure that administrative processes will run effectively on a community-based system, and it's looking at administrative functions that are best handled at a community level. Those that should be carried out at the provincial level have the type of technical support that communities may need, and a regional protocol working committee is to develop a framework for future working agreements between authorities. These will ensure that resources are used effectively to meet the needs of Alberta's children and families.

The council of regions meets every two months. This council

is made up of co-chairs from each of the 18 steering committees in Alberta, and it provides recommendations to us. We're working with partnering departments – Education, Health, Community Development, and Justice – to co-ordinate. We are presently making sure that the fourth pillar, as we call it, which is early intervention, continues to work. Fifty million dollars has been allocated to the early intervention projects, and those will be at a three-year window.

I'd like to thank my colleague again for allowing me to give this update. If there are any questions relative to the process, I'd be willing to answer them.

THE CHAIRMAN: Thank you very much.

Now we have the time started for the loyal opposition members. Who would like to be first?

MS CARLSON: Can we just go in order here?

THE CHAIRMAN: Just go in the order you're seated; okay.

Mrs. Sloan.

MRS. SLOAN: Thank you, Madam Chairman. Thank you for the opportunity to review and debate the budget this morning. Actually, my first set of questions will not be directed specifically to the programs but rather approaching the reform of the Family and Social Services department from a philosophical perspective. I think, to use the minister's own words this morning, he said there was approximately a 58 percent reduction that has occurred over the term of the last minister and to be carried further during his tenure as minister. I would like to raise a question with respect to the philosophy in maintaining that reduction in the face of statistics, both provincially and nationally, that signify that many of the previous recipients of social services are now among the working poor, are increasing recipients of food banks, that we have in a rapidly growing trend. An increasing proportion of our families are single-parent, female-led homes. So my first question is to the minister. If his department has not incorporated such statistics, how can he justify the continual reduction of provisions for people in need?

THE CHAIRMAN: Can I interrupt for a minute here. I'm sorry; I should have clarified this in the beginning. Mr. Minister, did you wish to have some questions and then answer, or did you want them to complete a cycle and then answer a bulk of them?

DR. OBERG: I think the way it is, Madam Chairman, is that there will be a question followed by two supplementaries. I'm quite willing to answer it that way.

THE CHAIRMAN: All right.

Just a reminder. Please let's keep the questions to the budget as much as possible.

MRS. SLOAN: Absolutely.

THE CHAIRMAN: Thank you.

DR. OBERG: Madam Chairman, the hon. member has certainly raised some good questions. With regards to the caseload, we have seen a 58 percent decrease in the numbers over the past four or five years, and it has been a very significant decrease. At times it had been surprising even to our own department as to how much it's actually decreased.

The best place to go to determine if you're doing something

correct is an outside course, and I draw the member's example to the C.D. Howe Institute report. You have to start off philosophically with a philosophy that it's much better to work than not to work. That is the only philosophical statement, hopefully, that I will make today. It's a very easy one. It's a very self-fulfilling one, but it is something that is quite important. Consequently, what the previous ministers have done – and I won't take any credit for it – is decrease the funding, and they have increased the availability of work-related programs so that people will go out and actually work as opposed to having the incentives to be on welfare the whole time. I think the C.D. Howe Institute said it best when they stated that we have the number one welfare reforms in Canada and that the rest of the country should be following us.

8:26

With regards to your question on the food banks, food banks are something that is very fascinating. We have seen the welfare rolls declining significantly. We have seen a lot of changes in welfare over the last 10 years, and I'm not talking just about five years. Yet food banks have continued to increase almost exponentially throughout the whole time frame. We have attempted to link it to how many people are on the social services roll, but there's actually been very little that we could do to link it.

The other thing I would say is that a very important category and something that we will be moving towards is a supplement to earnings, where the people on SFI actually work at a job and we top up their earnings. That's a very important program. As we get down to the 39,000 and lower, probably we're going to have to do more of that than just putting people straight on SFI, trying to get them out into the workforce. We fully recognize that they may not be capable of working full-time at that. We presently have 5,000 people who are employed full-time that receive a supplement to their earnings. So it is no small program; 5,000 people are benefiting from this. It is also an important push from this department in trying to keep people working as opposed to just having them being on welfare.

MRS. SLOAN: My first supplemental. Actually, I'm not prepared to address the C.D. Howe Institute report but rather would like to address further comments with respect to a report commissioned by this government, the 1993 report of the Children's Advocate. The conclusion was drawn that caseloads are an inappropriate basis to evaluate your effectiveness or lack thereof. I'm wondering if the minister would be prepared to respond in the context of that report, a report that was commissioned in Alberta. Its conclusions were based on an overview of evaluation of the services in this province, again linking that to the first question that I asked.

DR. OBERG: Sure. I think that, very important in 1993, the whole idea of welfare was something that people were entitled to get, and they were being put on welfare just as a mechanism to keep them there essentially. When the welfare reforms – again, I take no credit for it – were announced and brought forward, they quite simply wanted to put people out to work. People were encouraged to work. They were brought out to work. The whole system over the next four years changed. So the thinking of society in 1993 as it applied to social services changed dramatically over these next four years.

With regards to the report of 1993, I can only say that it reflected 1993 values. A lot of people said that what we had done in welfare, in SFI and social services, couldn't be done and that it never would be done. I've talked to people in our department

who have stated that 39,000 for an SFI caseload was unobtainable, that there was no way it was ever going to happen. It has happened, and it is very real. The AISH program, for example, is something that we're seeing going up. We have seen approximately 2,200 people transferred from SFI to AISH, but we recognize that as an important aspect as well.

MRS. SLOAN: My third supplemental, then, continuing on a philosophical basis. It appears in my review of the budget in its entirety that there are a number of opportunities relative to privatization. Those categories in my review relate to the child welfare programs, handicapped children's services, retraining and administration of benefits. I'm wondering if the minister could share with the committee the specific aspects of his department that have been proposed for privatized contracts.

DR. OBERG: One of the issues that is in our department – and it's something I am just gradually starting to grasp – is that we do transfer out a lot of resources, a lot of dollars to the private sector. I use the term “private sector” meaning nongovernmental sector. The majority of time the private sector that we actually give the dollars out to are NGOs, nongovernmental organizations. They're nonprofit groups that take it. For example, yesterday, along with Don Massey, we were at the Goodwill centre, and that is a very good example of where a lot of our dollars go. There are a lot of these around.

When it comes to privatization, information technology, information systems in our department have been privatized out. The debt collection has been privatized out, which has led to very significant results. For example, prior to the debt collection going out, we were taking in roughly \$200,000. When debt collection was privatized, it went up to \$6 million or \$7 million. So we've seen a tremendous increase in that. The processing of medical benefits is now privatized. These are the types of things that we don't necessarily have to do in government. It does not have a lot to do with the process of being government. Essentially, we are not there to have people make a lot of money off our department. By far the thrust of our department is in NGOs, not-for-profit organizations, and they do a very good job. They do an excellent job. The Alberta Association for Community Living is one that comes to mind. So that is the thrust.

To say specifically that we're going to privatize this or we are going to privatize that is very difficult. We are looking at each and every component of the budget to see what is the best way that it can be delivered.

MS CARLSON: My questions initially are on program 3, particularly intake and investigation in child welfare.

DR. OBERG: Excuse me. Can you just give a page? Do you have a page number?

MS CARLSON: It's in your budget. It's program 3 there, page 213. I'd like to know how many investigators there are in child welfare for the province and in terms of each region. Maybe you could provide that in writing at some point if you don't have it at hand.

DR. OBERG: Sure.

MS CARLSON: Okay.

You just spoke now about contracting out, and I'd like to speak on that a bit in terms of the children that are apprehended in child welfare. You know, the transporting of apprehended children is

contracted out. I understand that contract has just been changed or is in the process of being changed. Can you tell us what the criteria was for evaluating it and the kinds of problems you had that have resulted in changing the company that transports the children?

DR. OBERG: Sure. Basically it is done on a fee-for-service basis. There is not one specific company. There's a lot of varying companies around the province that contract it. If there are any that are not adequate, they lose the contract.

MS CARLSON: So as a point of clarification . . .

THE CHAIRMAN: Excuse me. Could you move a little closer to your microphone. It's hard to hear.

MS CARLSON: Sure.

THE CHAIRMAN: Thank you.

MS CARLSON: As a point of clarification on that issue, then can you tell us what the criteria is that those contractors are evaluated on? I'm thinking specifically in terms of Edmonton where there have been a great many complaints about the companies that are actually transporting these children. So if there's a framework that you use to evaluate them, what's acceptable and what's not acceptable, could you provide that to us at some point?

DR. OBERG: Certainly. We haven't really been aware of the complaints, but again, if there is that issue, I'd be more than happy to look into it. Again, it's purely on the ability to transport the children.

8:36

MS CARLSON: Okay.

Can you tell us how many children that are apprehended and in care are being held on a monthly basis in hotels as opposed to in some other sort of support system for the past six months or what you anticipate for the next six months?

DR. OBERG: We target for absolutely none, but when there is a crisis scenario, we often end up with about three or four per month. In an ideal circumstance we won't have any, but as you know, it's a very fluctuating population. The most that we get is about three or four per month.

MS CARLSON: As a point of clarification on that, could you provide us the actual numbers for the past few months?

DR. OBERG: Certainly.

MS CARLSON: Thanks.

MS LEIBOVICI: Thank you. My questions are with regards to handicapped children's services. It's 3.2.8. I notice there's a decrease in the dollar amount that's allocated to those particular services. Can the minister comment on that decrease and let us know what services will not be provided as a result of that decrease?

DR. OBERG: The reason for that is that our estimates are that the caseloads will actually be slightly smaller in handicapped children's services. We do have the flexibility to move the dollars in if needed, and we would do that, is what we're looking at.

MS LEIBOVICI: Is that, then, as a result of the changes to handicapped children's services? I actually have in front of me a letter from a constituent who has a handicapped child and indicates that with the proposals that are being put forward on block funding, there does not seem to be a category for children with disabilities. There's a real concern that the dollars will not then be able to in a sense follow the child. Your first answer seems to confirm that concern.

DR. OBERG: Well, actually not. There have been no changes at all to the funding for handicapped children's services. Any changes to the funding formula as it goes down to the communities are purely being discussed at the moment. The funding formula has not even been put forward. The whole idea of block funding and the whole idea of not designating handicapped children's services as a funding group is not materializing at the moment. It's very difficult for me to comment on that, because the hearings are still taking place on the formula. So there has been no change to handicapped children's services at the moment.

If Pearl wants to add.

MS CALAHASEN: Sure. This is all generated from the community groups, and they're looking at what has been mandated under Bill 26 to include everything that's within that Bill 26 and the funding. What they came up with were four factors to be able to determine how funding will go to the authorities. The funding model came forward as an example of something that they had from research and from working with people in the community to bring forward some ideas as to how they should do it, and they put through a discussion paper. That discussion paper is there for discussion only. As the minister has indicated, no decision has been made as to what's accepted as a funding model. That funding model will be brought forward as a recommendation. When that recommendation comes forward, I think at that point we'll find out whether or not they have included all the seven areas that Bill 26 is responsible for.

So there's been no determination. There have been no changes whatsoever. This is only a discussion paper. If they have any concerns, they should really address the discussion paper. For your information, if you want, you or your constituent can send a paper to the funding model committee, and it would be really handy for them to have that information.

MS LEIBOVICI: These parents are very involved with the whole process and I believe have actually submitted, on behalf of one of the associations they're involved with, a report to that committee.

The reality is, though, when we look at the track record of the government over the last three years, that a lot of times proposals end up being actual fact. I think people are generally worried that what's in that proposal will in fact in the next two months, because I believe that's when the final report will see the light of day, actually become reality. There is a large concern around the reality of block funding that does not protect funding to handicapped children. We've seen what happens in the education system when block funding is allocated to services and the needs of handicapped children are not met.

So I recognize and the individuals involved, all those thousands of volunteers, also recognize that it's a proposal but that it's late in the game for that proposal. If the changes are going to be made, they need to be made within the next two months, and those concerns need really to be heard. With what's happening around the province – I think it's four hours. Is it two hours? It's two hours in 14 different locations across the province. People don't feel they are being heard. What guarantees, in a

sense, can both of you as ministers provide to ensure that this real concern is met?

DR. OBERG: Sure. First of all, to get into that. We met on Tuesday this week – was it, Pearl? – with the AACL people. There were four representatives from across the province who came in to talk to us. I listened to their issues and their concerns. Their issues and concerns were basically that handicapped children's services was going to be gutted, that by having handicapped children's services funding put into block funding, in some way there would be a decrease in the services that were available to them. They also said, quite interestingly, that they would sooner go to SPD. They would like to be moved to services to persons with disabilities and regionalized in that manner, which I found quite interesting considering that we're basically regionalizing in the same areas with them.

What I told them at that time was very similar to what I told you, that the funding formula is still in progress. We have not made any decisions as to what was going to happen. I went one step further, and they're going to be placing a member on the Funding Formula Committee to look at it and to guide it as well and to provide input. I also gave them the assurance that handicapped children's services and the services to those children would not be gutted. I see this as an example of moving down to the community, of having the ability to get better services. We certainly will be putting in performance indicators. We will be monitoring it extremely closely as we hand it down.

I think you made a couple of quite good references to how we regionalize. As we look back on how we've regionalized in the past four years, in several of the circumstances it has been to reduce the budgets. But what we are doing in the regionalizing of handicapped children's services and children's services in general is not decreasing the budget as we regionalize down, so it is not done for budgetary terms. What we are doing is to get better service, better capabilities for the people themselves. It's given us quite a bit of luxury as we put it down to them, and as you can tell by the amount of time that it has taken for us to move down, we're doing it accordingly. I gave them my assurance that their services would not be diminished in any way, and we're hoping that we will get a much better delivery system for the people in there.

MS CALAHASEN: Just to add to that, I think it's really important that by the time we were finished speaking with the AACL, and AACL doesn't represent all families with children with handicaps, I think the parents were concerned that if they were to move away and become involved in the – what do you call it? – persons with disabilities group, it would eliminate what they've been working for, which is the integration component. I think that's a grave concern when we're looking at that. I think that's something that really needs to be looked at because the children's services initiative is one that looks at integration and how we can bring it in so that there's a better service for kids and the families. I think the parents of that specific group, because they have children with handicaps, were very comfortable to see that the route we're trying to get into is the integration component.

As you know, Karen, many of the families of children with handicaps have always tried to make sure that they were not segregated but integrated. I think that's key when we're talking about the services and how it can improve the lives of the children and the families. So that's one area I think is really key when we're looking at this whole process: the integration component.

8:46

MS LEIBOVICI: I just make a comment. I agree with what both

of you are saying with regards to the integration component. You can see the direction the parents are coming from when they say, "Take our children out of the program of children's services and put them into the SPD program," just because of the fact that they are concerned that their children will be overlooked as a part of integration. Integration cannot be synonymous with forgetting those children.

THE CHAIRMAN: I'll just also remind you to try and give the page numbers and the line numbers.

MS LEIBOVICI: Well, I did give the line number, but I forgot . . .

THE CHAIRMAN: Yes, I know you did, but I just want to remind before we start our next round.

MS LEIBOVICI: It's page 213.

THE CHAIRMAN: Yes. Try as much as possible to stick closer to the estimates.

Mrs. Sloan, are you ready then again for your second one?

MRS. SLOAN: Yes, I am. Thank you. I would like to just continue the questions with respect to child welfare. In program 3, page 213, almost every aspect of the child welfare line budget has been subject to increases, and I'm taking from the minister's introductory comments that it's based on utilization. How, then, does the minister explain that the proposed funding model is based on '89 and '91 census figures with no integration of utilization, from what I can gather from the comments made by the committee or the consultant at the two funding model discussions that we've heard? In that context, does that fact that the model is built on six- to eight-year-old census figures not magnify the concerns of parents not only of disabled children but other parents utilizing this system, parents and public, that the data the funding model is built on is not in fact accurate? It's outdated.

DR. OBERG: Thank you.

MS CALAHASEN: The census figures were from 1991.

DR. OBERG: Yeah, exactly. The latest census figures were in 1991. If there's more money needed, we will put it in. The way the funding formula is set up distributes the dollars not necessarily on the actual amount. For example, if it's \$500 million or a billion dollars or whatever, it's how that money is distributed. The actual amount that is needed comes forward from our department. If there is more money needed, then we will put more money in, and it will be distributed accordingly. That's actually what the funding formula was. The last census that we have figures from is actually the 1991 census, so we are using that. We will update any formula to the latest census.

MRS. SLOAN: Just as a point of clarification. I mean, certainly there was a census conducted in 1996, and it would seem prudent that perhaps the department should wait to base their figures on that.

Nonetheless, continuing in that same context, the needs criteria not only do not identify handicapped children; they do not identify at least another 10 criteria that have been raised by the public in these public forums. In conjunction with that, the weighting that the consultant is proposing on that funding model has no incorporation of utilization, so there is no assurance to the public that the

department will step in and adequately fund it if the need is there. I guess my question is: in the elementary design why is utilization and the commitment of the department to fund based on need not a fundamental basis for the construction of the model?

DR. OBERG: First of all, and as you know as you've been involved in funding formulas in the past, if a variable is constant across the province – for example, if handicapped children, just to pull one out, was 1 percent or 2 percent across the province in that kind of variation, then we would not build into the formula a proxy for it. Again, just to give a bit of background on this. We did hire out this formula to be done by independent people. We tried to get an independent analysis, and indeed Jonathan Murphy, who, just as a point of interest, is a Liberal candidate in the federal election, was actually the person that was doing it through the University of Alberta population lab. We gave it to him to go out and do it.

The bottom line is that we are getting that formula back, and we're going to be looking at it. It is still out there for discussion at the moment. We will be looking at it.

Pearl, do you want to add anything?

MS CALAHASEN: I've been involved in a number of funding models regarding education, so when we look at funding models, the development of a funding model usually needs principles that you base your needs on, factors, as you said, in terms of determining how you do the funding to be allocated and, of course, the population base, which I think is something that we always look at, no matter what it is that we're doing for funding models.

I think the most important thing when we're looking at funding models is to make sure that whatever is available now will be available for those families and children. Should there be a need for even more money to go into it, then that would be updated all the time. The funding model, to me, is very key in determining what's going to happen out there in the regions, and I think that's the fundamental principle in terms of looking at what needs to be done for the kids and the families as we move into the regions and the communities assume responsibility. I've got a copy that I think you might have received, a copy of the proposed model. If you look at that, I think that's basically how Mr. Murphy based his specific recommendation as to how we should carry out our funding model.

DR. OBERG: If I could just throw in another point that was brought up as well. I wanted to clarify something. As we go through and do that, we look at what are the most significant weighting factors. For example, handicapped children's services was not a significant weighting factor in how the dollars were given out. The main factors were actually: aboriginals, single parents, and then just the overall population. So that's what we were doing in the funding formula. That's how they chose to do it. Indeed, that has led to some of the problems that are out there. By not weighting that in, by not seeing that, the people consequently have felt that it wasn't being introduced and it wasn't being taken into consideration, whereas in actual fact it is. The other important factor is that there will be bridging, or transition, funding between the funding formula and what it is now.

MRS. SLOAN: Just a point of clarification, Madam Chairman, before I ask my third supplemental. The public in the consultation meetings are actually being told that the Population Research Lab, at which Jonathan Murphy was employed, supplemented the research provided by the '89 and '91 census figures and that in

fact the design of the model was undertaken by a consultant from Ottawa by the name of Richard Shillington, whose background is a statistician with no experience in the design or implementation of funding models of this nature in Canada or elsewhere. So I'm wondering if perhaps before we proceed, the minister could just provide some clarification with respect to those comments.

DR. OBERG: Sure. I understand that the person from Ottawa was the person who was involved in it and that he was a statistician, but as with any formula, it is not done overnight. It has gone out, is being taken around the province by Mr. Murphy at the moment, and Mr. Murphy has been one of the leading people on it at the moment.

MRS. SLOAN: I would just, as a preamble, say that Mr. Murphy has not been involved in any of the discussions that I've taken part in, nor has he been referenced in those discussions. My understanding is that the Population Research Lab, though, is providing some statistical supplements, but certainly it is not my understanding that they've had any involvement in the design.

Just to proceed, then, perhaps a little bit more specifically and still relate it to children's services, I'm wondering if the minister could provide a detailed list of expenditures for the office of the minister without portfolio to justify the projected 21 percent increase to the budget for this office.

8:56

DR. OBERG: Just on that, if I may. She was only in for a part-year last year, which is the reason for that increase this year. There was 21 percent, but that was graded to the fact that she was only in for – how long were you in for, Pearl?

MS CALAHASEN: Before the election? Eight months.

DR. OBERG: Eight months.

Just, if I can, one comment – and I don't have a problem giving you the expenses; that's fine. There seems to be a little discrepancy on what you're saying and what I'm saying when it comes to Jonathan Murphy. Jonathan Murphy has played a major role in designing the funding formula. He has met with the executive committee of the department and made presentations to them about the funding formula. He is probably the single major person in it. So I will bring it up to him that you say that he wasn't involved, but from my recollection, he certainly was involved.

MRS. SLOAN: In the public forums he's not been involved.

I guess what I would ask then is: what is the consultant being paid for, and could I have a copy of his contract; in effect, what he's being contracted to do? If Jonathan Murphy is the figure that's playing a role in this, I would like to know what Richard Shillington is being paid to do and, in fact, what his term is and what the elements of his contract are.

DR. OBERG: Not a problem.

MS CARLSON: I need to follow up on the handicapped children's services a little bit and the block funding. The parents that I've talked to have a primary concern that what will happen to them is what has happened in Education. As soon as you have block funding, when there is increased pressure on resources, the smaller elements or those that affect the fewer number of people seem to get squeezed out, and there just isn't any money for them. Of all the parents that I've talked to – and it's been a great

number now – that's their primary concern, that they will just get lost in the shuffle here with block funding. Can the minister provide some sort of guarantee that in fact this won't happen?

DR. OBERG: Certainly. They are not going to get lost in the funding shuffle that goes on. There is going to be some transitional, some bridging funding as we move to block funding or as we move to whatever kind of funding the funding formula committee finally comes back to us with, but I have given AACL my assurance that their services will not be compromised because of that. As I stated in the past, you must remember that a lot of the regionalization, a lot of the going down to community services was done in a time when we were running a very large deficit, and we had to cut back on the dollars at that time. The department of social services, through our funding of the programs that they did, brought the caseloads down, so that's what resulted in their savings. This is not necessarily a cost-saving procedure. It is an attempt to bring the decision-making process closer to the client, thereby making it more responsive and making it more responsible for the client.

MS CARLSON: Which leads me to the same analogy in Health or in Education, where once these decisions have been made, it's been the past track record of the ministers in charge to say that under regionalization they no longer have any control over how those dollars are specifically allocated, that it then becomes the responsibility of the region. I'm hoping that this is not going to happen with handicapped children's services and wondering specifically how you're going to address that issue.

DR. OBERG: Well, quite specifically, the services will be provided for the process of the business plan, and it must be checked off by myself. Ultimately any business plan that the regions bring forward must be approved by me and must be approved by the minister without portfolio. We are going to give full assurances that if there are any major changes or anything, it will be pulled, and it will be tagged. We are not going to compromise handicapped children's services.

MS CALAHASEN: If I may, Madam Chairman. It's mandated under Bill 26 that in fact handicapped children's services have to be there. So when you look at that, basically the funding will have to be inclusive of handicapped children's services. That's the assurance, I think, that people would like to sort of see – it comes out a little bit more. That's definitely one of the areas that has to be part of a business plan, must be. It's not a soft one.

MS CARLSON: My understanding, though, is that it isn't mandated; it's discretionary funding. So in fact what happens in that case – I mean, this is the whole area of concern. You're saying one thing and the Bill says another.

MS CALAHASEN: The Bill says that there are seven areas that we're responsible for under Bill 26. So that means that under Bill 26 those areas have to be identified in anything that's coming forward. The steering committees are working to ensure that those areas are also going to be brought forward.

If you realize what the situation is in terms of the consultations that have occurred, the first phase was really a lot of navel-gazing, you know, and finding out: where are the gaps in the service, and what can we do? The second phase was a little bit more focused in terms of getting some ideas from the people as to what they would like to see enhanced. The third phase is now getting into more of the specifics. I would say that the fourth

phase is where you will see the specifics in terms of drawing out those areas that Bill 26 has to address. Those are the kinds of things that are now coming forward in that respect.

As they bring forward their plans – and the preliminary service plan with the first portion just gave an idea as to where the concerns were, where the needs were identified, and the second phase brought forward a little bit more. This third phase, in terms of where they're going toward service plans and even add to it further, is the identification of what kinds of things they have to deal with, and that's where, as we go through our analysis, we'll find out whether or not they have the funding for family violence, whether they have the strategies for addressing family violence, the strategies for addressing handicapped children's services, the strategies identifying the day care licensing. Those are the kinds of things we'll now be able to look at as we come to this next phase.

MS CARLSON: Okay. Just a point of clarification on that. So then you're clearly saying – and the minister would agree – that regardless of what the understanding is by people outside, funding there is not discretionary, that it is clearly mandated.

DR. OBERG: The funding is certainly going to go down. I think it would be too early for me to say, with the funding formula just coming back, what it's going to be, whether or not it's going to be designated funding, whether or not it's going to be mandated funding, whether or not it's going to be discretionary.

I think the bottom line in all of this, that we have to keep remembering, is that it's the outcome for the client that we are trying to get a better outcome for. It may be that they do less; it may be that they do more. But what we're saying is that the final authority rests with us in approving the business plans.

Unfortunately, as we say the word “regionalize” and as we say the words “put it down to the community,” it is automatically taken that there's going to be a cut, that the service is going to be less, or whatever. That is not the reason that we're doing this. We're doing this to provide better service for the people of the area.

Pearl, do you want to . . .

MS CALAHASEN: I think it's really important that the funding for services and supports for families and children with disabilities is going to be there. It will be there. It doesn't matter what happens. No matter how it's going, the funding will be coming forward. It will be there.

THE CHAIRMAN: Ms Leibovici.

MS CARLSON: Madam . . .

THE CHAIRMAN: I believe you've had your supplemental.

MS CARLSON: Okay; that's fine. I'll save them.

MS LEIBOVICI: I was going to ask something else, but I guess I need clarification on what we've just heard. In the funding proposal that's now put forward there is no weighting given to handicapped children. Is that correct? That's correct. If that's correct, then it begs the question that the funding model neglects handicapped children. Does it?

DR. OBERG: Sorry. I'm thinking about three different things.

MS LEIBOVICI: If the funding model right now does not have a

weighting for handicapped children, how are the parents of handicapped children going to be assured – given the minister's last answer that it may be discretionary funding, that it may be mandated funding, we're not sure what kind of funding it's going to be. How are the parents going to be assured that there is designated, mandated funding for children with handicapped services? And in the funding model, if the initial premise does not include handicapped services, how are they going to be assured that the dollars are there for their children?

9:06

DR. OBERG: One of the interesting things when you go through statistically – on any formula that you do, if a population is either standard across the province, where it is very similar across the province, or if it is extremely small across the province, when you plug it into any kind of formula, it makes no difference in how it is done. The important part here is not the funding formula. The important part is that services are delivered to the clients, and I'm giving you my assurance that it will be followed through.

The other issue, of course, is that the funding formula is not yet complete. I think it's very early to be talking about how this is going to occur prior to actually seeing the funding formula. I, for example, have not seen the funding formula yet because I am leaving it to the people to bring it to me. They are going out and talking to them. I don't know how many times I can say it, but services to handicapped children are going to be there. They are going to be there. The business plans that come forward from the regions must build that in. By not having that as a weighting factor in the funding formula does not mean that there are not going to be any services provided to handicapped children. It's imperative. That's one of the precursors, one of the issues that they have to make. Again, anytime you go out and ask the public their opinion, it's extremely dangerous when you jump to your answers before. That's what we're trying to do; we're waiting and seeing what they bring back to us. It's extremely dangerous to say that it's going to be this or it's going to be that because we just don't know at the moment.

MS LEIBOVICI: But without dollars there are no services. So either the dollars, the 2 percent, I believe is the figure you gave – that's the statistical average across the province – is built into mandated funding for handicapped children – so you take 2 percent of the budget and say that's what handicapped children will get, where there has to be as part of the funding formula one of the weighting factors, and maybe the weighting factor is 2 percent in that funding formula. If not, where are they considered? It's nice to say that they will have services, that it's in the Act, that it's part of the business plans, but how much is the bottom line?

DR. OBERG: Again I will draw you to the figures that are actually being used. For child welfare we're looking at \$242 million.

MS LEIBOVICI: But there's a decrease in handicapped services. That was the first thing that I asked. Right now we're seeing a decrease in handicapped services, so you can understand the concern of parents out there.

DR. OBERG: That's right, but what I said as well is that the cost per case was the same, that the caseload was decreasing, therefore the services were decreasing.

MS LEIBOVICI: I find that hard to believe.

DR. OBERG: Well, again, my assurance to you is that if the dollars are needed, they will come. We're spending \$242 million. If the factor is 2 percent or 1 percent or .05 percent across the province for handicapped children's services – and I don't know what it is; I'm speaking purely from a theoretical background when I say this – if it is the same across the province, if you plug it in, the dollars are still going to be there. They are not going to disappear.

What we are trying to do as we distribute the dollars is look at the big ones. We're looking at aboriginals. We're looking at single parents. We're looking at the overall population as we do it. If it goes down to .05 percent, if it is not significantly different between the different regions, the money is still going to go there. What we are looking at is how it will be distributed. So the money is still going to be there, the services are still going to be there for handicapped children's services.

Again, just an example, if I can, on your first part: for handicapped children's services in '96-97 we budgeted \$21 million; we spent \$22,794,000. So that's an example of what we're doing. In this department what we do is we look at the caseloads. We look at the projected caseloads. It's actually in here.

MS LEIBOVICI: Well, the question is . . .

THE CHAIRMAN: Is this your last supplemental?

MS LEIBOVICI: Yes, actually, and I'll roll it all together then.

The minister has just indicated that there's been an increase in the budget. If there's been an increase in the budget, how can there be a decrease in the caseloads? Can the minister provide the criteria that are being used to determine whether children are eligible for handicapped services or not and if that criteria has changed in order to explain the decrease in the number of handicapped children? I would think it would be just the opposite.

DR. OBERG: Well, again, both of us are only as good as what we are being told. Twenty-one million dollars was what was budgeted in 1996-97. We spent \$22,794,000. That's what we actually spent. So we spent \$1.7 million more. We budgeted for \$22 million in 1997-98. That's what we've forecast, so the budget is actually up a million dollars over that time. We are predicting that it is going to be lower than the \$22,794,000, but as you can expect in this type of business where caseloads fluctuate quite significantly, we will be moving the money around if needed.

MS LEIBOVICI: I want to congratulate the minister and his department. If there is a need to increase in those areas, please go ahead and do that. Do not deny services. But it seems to be contradictory.

DR. OBERG: Again, though, it's purely what the caseload estimates are. The caseload estimates that we get are brought in to us from around the province. So the dollars are there and they will be utilized, but we're not going to waste the dollars either.

THE CHAIRMAN: Third round, Mrs. Sloan.

MRS. SLOAN: Thank you. I'd like to move now to program 2, income support to individuals and families.

DR. OBERG: Can you just give me two seconds?

MRS. SLOAN: Yeah. Page 212. Okay?

The gross expense that's projected for '96-97 is 21 percent higher than what was forecast in the Agenda '96 booklet. In hand with that, you were projecting a decrease of 11.47 percent this year and 15 percent next year in supports for independence. I'm wondering if the minister can provide a breakdown of the portion of savings and how that is being derived. Is it being derived from reduced caseloads, or what portion is being derived from cuts to the supports for independence budget?

DR. OBERG: It's purely caseloads. As you can see, the cost per case, the amount of dollars that each case gets is essentially the same if not higher. It's purely a caseload figure that we work from.

MRS. SLOAN: So only caseload decrease. No cuts to the benefit.

DR. OBERG: Right.

MRS. SLOAN: Just a point of clarification, Madam Chairman. In the supplementary estimates this year I recall that you made an allocation out of SFI operating to fund the purchase of information systems. Is that cut out of operating not in this figure? Where is it?

DR. OBERG: That was one time only from savings in the operating. Again, we're very fluctuant on the caseloads. What we came up with was approximately \$4.5 million less spent on the operational side, so as you remember, what we did was transfer the money from operational to capital, which is a reason for coming back for the estimates. It was not an increase in actual dollars; it was just moving the dollars around. With this department we are very dependent on the caseloads. The caseloads fluctuate; the caseloads vary quite significantly. That's what you saw there.

THE CHAIRMAN: Supplemental.

MRS. SLOAN: Okay. I'd just love to ask which part of the operating that surplus was in.

DR. OBERG: If I can – and this is to the question just asked – it was SFI, supports for independence. The caseloads were lower than what we had initially projected in our budget.

MRS. SLOAN: Okay.

My second supplemental, then, relates to 2.2.3, which is the supplement to earnings line. I'm wondering if the minister could provide the percentage of single parents that are recipients of this category and to what degree, as well, these single parents are receiving assistance for day care so that they're able to work.

9:16

DR. OBERG: Sure, if you would just give me two seconds here. Our total for supplement to earnings is 9,665. Of that, 5,768 are actually single parents.

MRS. SLOAN: Can you repeat that for me?

DR. OBERG: Sure. The total is 9,665 as of April '97, and the single parent is 5,768. Would you like me to go through the other ones while we've got it?

MRS. SLOAN: It's okay.

DR. OBERG: The day care one is something that we don't track. It's something that we can look up, but we'll get back to you with it.

MRS. SLOAN: In the context of that, I actually this week received a letter from a constituent of mine. He is not a single parent; he and his wife are both students. They are receiving a supplement, but are finding it extremely difficult during the summer. When they're not in fact going to school, their supplement is cut off, their day care subsidy, and they are forced to go from paying about \$70 a month for day care for their children to about \$700 a month. As a result of that, of course, being on reduced earnings during the summer, on just a contract basis, they find it very, very difficult to make ends meet. So his question was: why would the ministry be so fragmented in their approach to this? If they are trying and working hard to get an education so they can be employable and not receive assistance, why are they subjected to the elimination of those subsidies during the summer?

DR. OBERG: If I can on that, with the department being the way it is with the caseloads, there are always cases that fall between the cracks, so to speak. What I would invite the hon. member to do is have your people send me the facts. We have appeal panels all the time that look at this. It's very difficult. We try to standardize as much as we can, but no matter how we standardize it, there always seems to be someone that is slightly different or slightly this or slightly that. Hence we have a very extensive appeal process. I'd be more than happy to look at it and send a reason back to him as to why or why not. If there has been a mistake made, we will certainly rectify it. If there was not a mistake made, if he is not eligible, we will give him the reasons why.

THE CHAIRMAN: Ms Carlson.

MS CARLSON: Thank you. I still need to stay on program 3. I want to speak for a moment again about the child welfare workers. I understand that in the larger urban centres there's a burnout rate for these workers of between an average of three to six months, when they need to be replaced. I'm wondering what the department is doing in terms of solving that problem. Are you going to be hiring more investigators? Some of the people come back to work afterwards, but they need to take some sort of a leave of absence for awhile or transfer to another department. Is this an indication that you don't have enough workers in the field, and are you going to be increasing? I understand there was a decrease last year.

DR. OBERG: Sure. In child welfare, again as I indicated initially, it's something that we are not entirely sure of, as to why the caseloads are going up. It is a national thing that we see. It's going up across the country. What we did was put in a little over 200 people in staffing within – what? – the last two months.

MR. FLEMING: Two hundred and thirty-eight over the year.

DR. OBERG: Two hundred and thirty-eight we added. Two hundred of those were in the last couple of months, recognizing that there were issues on it, recognizing that the caseload that we had seen was increasing.

Again I draw to our statement: we're only as good as our

projections that were given to us when it comes to caseloads. If you take a look at our budget, in a lot of the areas we are actually over in child welfare, and that is because we put the dollars in as needed. It's very much caseload dependent. The caseload fluctuates significantly. But we have put in 238 new workers in child welfare over the past year, around 200 within the last two or three months.

If I can actually just continue, and I apologize a little bit, but not an awful lot for this. It is an extremely stressful . . . [interjection] That's right. It's an extremely stressful . . . Now you lost my train of thought on that.

MS CARLSON: Sorry. It's a stressful job.

DR. OBERG: Yeah. It's an extremely stressful job, and anytime you're dealing with children in that area, it's extremely stressful. The point I was trying to make is, in my previous life as a medical doctor we saw it all the time. These were extremely difficult cases. What you had were vulnerable children that were brought forward that had all sorts of problems, and they did not become evident initially, and it's very difficult. With the burnout rate at three to six months – the information I get is that it isn't that, but we certainly do recognize it and are acting accordingly. It's a very difficult job, a very difficult job.

MS CARLSON: Well, a follow-up to that then. I understand that there is a report available that says there is increased violence against workers. So in combination with the kind of violence workers are facing, the high stress of the job, and the high burnout rates, first of all I'd like to know what kind of utilization there has been of stress leave. What specific programs do you have to address the needs that are there for the workers? Is there some sort of support in place for them with regards to that?

DR. OBERG: Sure. With regards to the actual numbers of the people that use the stress leave, we can get those for you.

MS CARLSON: Yeah. That's good.

DR. OBERG: We don't have those right off the top of the head. With regards to the actual reason, again, it's a very difficult job. The violence against them, a lot of it is reported. Some of it is major, there's no doubt about it. You know, it goes with the job in a lot of circumstances, and it's something we try to protect the workers against. With regards to the actual numbers, we will get them for you.

With regards to the programs available, basically it depends on the situation. We try and get the help for the people as they need it; for example, if it was violence of one aspect or the other, we try and get the cures or the help for them according to that need.

MS CARLSON: Specifically I would just like more information on that point. Can you provide us with the information in terms of employee assistance programs or particular frameworks that you've got set up for assistance for these people?

DR. OBERG: Sure.

MS LEIBOVICI: I was just flipping through because one of the departments that I'm a critic for – I thought it was FIGA, but I guess it's not.

DR. OBERG: Which one?

MS LEIBOVICI: I'm just trying to find it here quickly. One of the main goals was to actually provide training, upgrading. Well, here it is. It's actually public works: "Train and develop our employees to meet business needs." They were going to look at implementing a human resource strategy in order to do that. I think there was one other department that was in, but when I look at the goals for Family and Social Services, recognizing the high needs of the workers in dealing with very difficult situations, I notice that it isn't one of the goals there. I would have hoped that there would be some ongoing training, ongoing programs to help employees deal with stress built into the program. I would be interested in knowing what is available and what time is provided for employees to take advantage of those courses.

Along the same trends with regards to page 219, and then the correlation with 3.2 on page 213. Page 219 says that there has been an "increase of 216 staff to serve the growing caseload" in child welfare, but the "increase is offset by reductions in administrative and other staff totalling 239." Is the decrease 239?

DR. OBERG: Yes.

MS LEIBOVICI: So you've increased 216, but you've decreased to 239? It's a little confusing, but it says, "for a net staff reduction of 23."

9:26

DR. OBERG: Basically what we've seen is a net staff reduction of 23 from the 1996-97 budget. We've increased 216, the majority of which were child welfare workers that we hired. We decreased 239. A lot of these were to do with SFI where the caseloads have been coming down and therefore the staff has been decreased. This is net budgeting. It just isn't for children's services. This is the whole department. We've seen administrative costs cut. The majority of the staffing reductions have actually been through attrition, through programs associated with that.

The other point you raised was on the employment initiatives. We presently spend close to \$40 million, around \$39 million on employment initiatives. We value our employees a great deal, and if there is a problem, we deal with it. Again, this is something that is very difficult to predict, the exact number that are going to need any of these programs in any one year.

THE CHAIRMAN: First supplemental.

MS LEIBOVICI: Thank you. If the minister then could provide a comparison of how the \$40 million in child welfare and employment initiatives compares to other departments to see where Family and Social Services fits within the employee initiatives section. As well, if the minister could provide the qualifications of those 216 staff that were hired to take the place of the 239 who left child welfare, because I think that's what you just said.

DR. OBERG: No, it wasn't actually. What I said is the department decreased 239. So overall, whether it's a secretary in the department, whether it's someone doing personnel or payroll, whatever, the overall decrease was 23. There were 216 that were added for child welfare; hence the decrease was 23.

MS LEIBOVICI: Perhaps it would help, and this you can obviously provide in writing: a breakdown. The FTEs in the back are, I think, four thousand and something, and that really doesn't help a whole lot. If we could get a breakdown of the FTEs in

perhaps each program area. And particularly in child welfare I would be interested in knowing what the qualifications are of the individuals. Specifically, what I'm looking for is the number of social workers versus social service workers. There is a difference, and I would like to know the number of actual registered social workers who are in child welfare.

DR. OBERG: Sure, and we can certainly get that for you. First of all, I did make a mistake in going through all this stuff.

MS LEIBOVICI: It's a little confusing.

DR. OBERG: We spend about \$11 million on employment issues. The employment initiatives for \$39 million was actually client-centred employment initiatives. So actually, it's Frank's fault.

MS LEIBOVICI: Okay.

DR. OBERG: Sorry. I couldn't resist that one.

MS LEIBOVICI: My last question is a combination question. I would imagine that some of the stress that employees feel is due to at least two areas. One is the administrative work they are required to do. If in fact, as this indicates, there have been reductions in administration staff, perhaps we are asking social workers to fill out paper as opposed to dealing with clients. The second part of that question – I know that the former minister, and I'm sure this minister would not be following that policy as well, but it might be helpful for the staff . . .

DR. OBERG: Are you asking leading questions?

MS LEIBOVICI: Yeah, well, I'm trying to be as diplomatic as possible here.

. . . to be aware of this as well. The second part of that question is the gag order – I know the minister will say there is no gag order – that was placed upon social service employees in the past. I think it would help their stress levels and would provide for information that would probably be useful for both ministers in realigning services in Family and Social Services.

DR. OBERG: Sure. If I can, I'll sort of start from the beginning on some of this. Perhaps what would be beneficial is if I just ran through the actual staffing levels, and I could give you the breakdowns. For SFI, for example, 225 in total is what we've seen a decrease of. In child welfare an increase of actually 241 people is what we have seen over the past year. So essentially what is happening is as the caseloads have come down from SFI, we are having to redistribute where a lot of these are sent. I think we're seeing that as well in AISH when it comes to the actual dollars that are being spent and the caseloads. We're seeing an increase in caseloads that was a bit unexpected. The amount of caseloads that are going into AISH has been a bit unexpected. As well, we're seeing the SFI come down, which again is a bit unexpected. Certainly whenever we give estimates, it is within a range.

With regards to the staffing levels, I think a good example and one that I went through was actually Michener Centre where we've seen the caseloads go from one to one and a half. It's one and a half per patient. So wherever we've gone in this, we've actually seen the staff-to-client ratio increase quite dramatically. We cut down 58 percent in the actual number of cases, but the number of caseworkers was decreased – 30 percent or 20 percent? – 20 percent. So what we've seen is a much better staff ratio when it comes to that.

The other point that I was going to make is on the so-called gag order. It doesn't exist. But I think it's really important to get a couple of things straight. First of all, when it comes to specific cases, it can be very damaging for the individual if a worker were to put out any independent information, any information about a specific case. In much the same way, if I stand up in the Legislature, I can't give a person's name. I can't give the case. We don't want our workers giving that either. I think that's an extremely dangerous scenario.

One thing that I have been extremely impressed with is the information that flows into my office from the workers out in the field and the speed at which it comes in. So there's a lot of information that comes in. Another example was the WORCS document put out by the child welfare workers in Lethbridge. It was a good document. We are talking to the people, but there has been no action taken against the workers for doing that. What we try and do in our department is we give everyone a way that they can express their concerns. It has worked very well. Albeit I've only been there five weeks, I have been extremely impressed with how the staff has brought forward issues, how quickly they have come in, and how quickly the issues are brought to our attention.

MS LEIBOVICI: Uh-huh. And I think that's the key.

Just as a point of clarification: did you say that it was better that the client/staff ratio had gone up to one and a half?

DR. OBERG: The staff/client ratio is one and a half staff per one client.

MS LEIBOVICI: Right.

DR. OBERG: In Michener is what I was talking about.

MS LEIBOVICI: Oh, I see. Okay.

DR. OBERG: Yeah. Sorry. I was talking specifically about Michener, using that as an example. Eight or nine years ago it was actually one, and now we're at one and a half to 1.6.

MS LEIBOVICI: And just as a further point of clarification: does the department have any time studies, I guess, about how much actual time is spent dealing with clients as opposed to dealing with paperwork? You don't need to answer that now. You can give me that in writing.

DR. OBERG: Yeah. And we certainly can get that for you. I think it's a very good point, the whole issue of spending the time on the paperwork as opposed to spending time with the client. It's something that we've seen in health care to the nth degree, and it's something that we try to keep to a minimum. To say that we're doing a perfect job is wrong, but we are certainly identifying it, and we are keeping it to a minimum.

9:36

THE CHAIRMAN: Pearl, did you want to add, or are you okay now?

MS CALAHASEN: I just want to add to that idea of the social workers. All through the regions they've asked to be involved in anything that the regions are doing, in the steering committees. There has been some really good work from some of the others, like Calgary. Their social workers have been involved right from the very beginning. In northern Alberta they've been involved to make sure that they were part of the whole process.

I think that our staff really do a lot of sensitive work, so we need them to be involved. If you have any notion of anybody who feels that they're not being involved and who doesn't feel they're being asked to be involved, please let us know, because we want them to be involved and we need them to be involved to be able to ensure that transition occurs. So if you know of anybody, please let us know. We'll make sure that they're involved in some component of it.

THE CHAIRMAN: Okay. Fourth round. Mrs. Sloan.

MRS. SLOAN: Thank you. Dealing with program 2, page 212, my questions will be in relationship to the employment initiatives and the AISH components. In my analysis the ministry's going to spend about \$40 million on employment initiatives to help welfare clients achieve independence. Based on the analysis of last year, you had about \$13 million unexpended. I guess my question is: how can there be so much saving in employment training when there's been such a significant reduction in the support incomes? It would seem from what I've heard that you're offsetting or decreasing one to supplement the other, but the figures don't appear to jibe.

DR. OBERG: Basically, what has happened with that is due a lot to the drops in SFI – what was it? – something like a 7,000 or 8,000 caseload drop. Therefore, the expenses actually went down quite significantly when it comes to retraining them, when it comes to the employment standards. We had 8,000 people less than budgeted that were involved in our programs. The employment initiatives were part of that, and obviously, if they're not there, we're not going to spend the \$48 million. We're going to expend it as needed.

THE CHAIRMAN: First supplemental.

MRS. SLOAN: Okay. It could be possible, too, that the employment initiatives weren't really set up as well as they could have been to address needs.

As well, when I look at the \$48 million that we are currently proposing to spend, we have predominantly private agencies like Jack Bredin and Career Designs, which from my view, in my analysis, are both groups that have some questionable success rates with respect to employment. I'm wondering if the minister has done some statistical tracking and can provide the information to verify that these courses are in fact allowing people to be employed in meaningful jobs with meaningful incomes.

DR. OBERG: What I was just told is they have about an 80 percent success rate, the ones that you were talking about, and they're actually contracted out through advanced education. However, you brought out some very good points.

The point I was wanting to make is that it is very much client related. If you get clients that are quite easy to retrain, obviously the success rate is going to go up. We have certain providers that are training the people that are not going to get the job as quickly, and it's very dependent on the actual client. For example, at the Goodwill training centre, that I was at yesterday, their results are not going to be anywhere near as good as if it is just purely someone who's retraining.

The interesting part about coming to this portfolio is that job retraining has, I think, done a fabulous job: 70 percent for one year that are still in the job field. I think it's great, and I think it's extremely positive. With regards to the one or two, we look at each contract that we give out. We presently give out about

600 different contracts to the people. We do look at each one.

MRS. SLOAN: I'm just wondering if the minister could provide in writing, not necessarily at this time but just as a supplemental to that, the exact firms that are contracted to provide this, the amount of money that's expended each year per contract, and the evaluation framework that you used to reach your 80 or 70 percent success rate.

THE CHAIRMAN: It should be just based on this year's budget.

DR. OBERG: We will certainly try and give you as much as we can. In giving out the value of a certain contract, there may be some problems with that. What we can do is delete the value, for example, if it is a problem. If it is not a problem, then we'll certainly give it to you.

MRS. SLOAN: Even if you just give me the lump sum and then list the agencies.

DR. OBERG: Sure. Not a problem.

MRS. SLOAN: That would be sufficient. Thank you.

Switching then to AISH, I think the minister's introduction to the portfolio was to immediately question the drug utilization of people on AISH. That was somewhat surprising to me in light of your medical background, that it wasn't sort of an immediate recognition that the people that are on these services have in some cases significant medical problems and disabilities.

One of my concerns – and I can tell the minister I have had numerous, numerous questions and concerns and documentation on this – is that this government does not match the level of growth of the AISH benefits with the rates of inflation and cost-of-living increases. I'm wondering if the minister would commit to do that, because basically every year these recipients are getting a de facto cut because your grants do not meet those two other figures.

DR. OBERG: If I can, I'll start the second part first, and then I'll go into the part on the medications.

With regards to the amount, we have the second highest amount in the country. I talked to my counterparts at a provincial/territorial meeting, and we are well above what everyone else is when it comes to income for the severely handicapped. Again, I've got to commend the department and the former ministers for doing it. The program is an excellent program. At \$810, which will be increased by 1 percent up to \$818, it is something that I get probably the fewest complaints on with respect to that. Quite frankly and unabashedly, we are very good when it comes to being compared with our provincial counterparts. We look at it all the time. To say that it's going to go up X number of dollars every year because of the cost of living, no, I can't commit to that at the moment.

The interesting part that I will get into is on the medications. When I first came in, basically what I said was that prescriptions for people in our caseloads – and don't forget that it is not purely AISH; it is SFI as well – was about one and a half to two times the number of prescriptions for people who were not on AISH or not on SFI. We are able to monitor that information, to get the information from Blue Cross and take a look at it. Interestingly – and it is the other kind of bugbear of mine – the number one cost drug was actually Losec, and as the hon. member knows, Losec is not a drug that is used for maintenance. It should be used for one week, two weeks at a time. With the new theory

coming out that 99 percent of ulcers are actually caused by *H. pylori*, which is a bacteria, it is one of the things we can look at. It is very easily checked and very easily tested for. Yet we expend something like 2 to 3 million dollars.

There are other issues. We have approximately 4,000 clients that receive 500 or more Tylenol 3 per year. If these people are so handicapped, if they are, then I question whether or not they should be maintained on Tylenol 3.

So when I put this forward, it was purely to address the issue. To me, the figures just did not jibe. If we were decreasing the number of prescriptions to 2 million in 1994-95, it was back up to 2.2 million despite the caseloads going down roughly 11 percent. What I did was ask for it to be looked at. We are currently looking at how this will be addressed and how it will be brought forward. But there are some problems there, and we're going to look at it. We're going to do what is best for the people.

9:46

THE CHAIRMAN: Ms Carlson.

MRS. SLOAN: Excuse me, Madam Chairman. I believe I'd only had two questions.

THE CHAIRMAN: Well, there was the one where you asked for the list of the employment and that type of thing. I counted that as one.

MRS. SLOAN: The request was counted as a question?

THE CHAIRMAN: Yes.

MRS. SLOAN: Okay. Thank you.

MS CARLSON: I'll stay in program 3, because I believe that's where foster parenting is contained. Over the past few years and this year I've had a number of incidents where people who were foster parents had been challenged on their ability to be foster parents on the basis that it was the sole source of income in their family. Now, when we're talking about situations where a single parent is trying to stay home to take care of children or handicapped adults or children, then that is a logical source of employment for them. I'm wondering if the minister could comment on that, and if we're seeing any proposed changes there, the rationale behind why that would be one of the considerations.

DR. OBERG: First of all, just to change that a little bit, we actually have some foster parents that are on SFI, so it is not necessarily an income. That is something that I received as well, that people were just going out and taking the foster care children in purely as a way to make money. That is not true. The foster care parents that we have are extremely good. Their ability to deal with the children is to be commended.

I think you must also remember that there's a wide variation in the needs of the foster children as they're given out. In some cases we have foster children that are very handicapped. In other cases we have foster children that have been taken away from the parents because literally the parents are, quote, unquote, handicapped. I use that term for drug abuse, for a lot of things. The variation of the children as they go out is vastly different.

The foster parents that we have, again, given what has happened in the last two days – I was talking on a radio station yesterday, and one of the foster parents phoned in. She said: "I take a lot of exception to what has been going on. We work hard. We're good for the kids. It's a very important initiative." So I

fully back the foster parents in the work that they do, keeping in mind that there are different variables for all of them. I don't feel that a lot of them are doing it just for the dollars.

MS CARLSON: I mustn't have been very clear in my question, so this is a point of clarification. I support every case that I have seen where foster parenting income is one of the main sources of income coming into the house. My question wasn't why you would allow that; it's in fact why you would disallow that as a means of their ongoing ability to be a foster parent.

DR. OBERG: I think that with the foster parents there's again a wide variable in the number of foster children that are brought forward. It may be that a specific foster care family may have two at one time, may have three at one time, may have one, may have none, so it is very difficult for them to guarantee the amount of dollars that are brought forward. Again, we look at each case on an individual basis.

THE CHAIRMAN: First supplemental.

MS CARLSON: Yes. Then I'm wondering what the department is doing in terms of increasing the number of foster parents out there in the province. This is from the perspective that it seems to me there's a trend in the department to look towards institutionalizing people or using a group home environment as opposed to a foster home environment.

DR. OBERG: I disagree with that assumption. I think that we are looking at what is being done for the child, and we're looking at the best interests of the child. One thing that has been happening, though, that we have been seeing, is that it is extremely hard to recruit foster families. A lot of people do not necessarily want to take in foster kids. We have – what? – roughly 1,700 to 1,900 foster families. It's something that I would certainly encourage people to become involved in if they so choose. It is extremely hard to get these foster families, and that's something that's across Canada. If I may preface that, it does not mean that we automatically take any family that is brought forward. I think you understand that. We do screen, and it's a very important aspect of the department.

MS CARLSON: It's my understanding, Mr. Minister, that you said at some point in time that for handicapped adults who are in care now with families, there are more support dollars available for them institutionally or in group homes as opposed to living independently with their families. So would you say that is not a true statement?

DR. OBERG: Yeah. Actually, I would say it is not true, and I'll give you an example. In 1996 we spent \$82 million on basically people in their own homes. That was on the individual funding program. We have increased that to \$95 million this year, so we are certainly trying, if they so wish to come and go into their home. We are making the dollars available. I think you have to recognize that there is a significant proportion of these people who want to be in a facility as well. There's a wide variation. The danger is that we group everyone who is handicapped and say: these are strictly handicapped people. There's a wide variation within the degree of handicapped as to where they will end up. But we are essentially spending \$95 million in 1997-98, up from \$82 million in 1996-97.

MS CARLSON: Just a short point of clarification there. So you're saying, then, that your direction to the department is to

meet the needs of the clients and provide for them in their home as much as possible?

DR. OBERG: Yes.

MS CARLSON: Okay.

THE CHAIRMAN: Thank you.

Karen.

MS LEIBOVICI: Thank you. Just as a point of, again, clarification on a request that I made a little bit earlier on the FTEs. I would also like to be assured that that will be by program area so we will know the numbers for AISH and those other areas as well as the number of employees, whether those FTEs include those employees that are contracted out or are on a part-time basis, and the dollar amounts therefor that are allocated to those individuals. One of the reasons I'm asking that is that as we move towards a model of community-based delivery of services, there are rumours out there, which may be adding to the stress of the employees as well, that all social workers will be out of their jobs by March 31, 1998. I think it might well help for the minister to be able to dispel those rumours and that there is not in fact going to be massive contracting out that happens when the so-called new model comes into play.

My questions will cover a couple of areas because I recognize we're almost at the end of our two hours. What has happened with the initiative around prostitution? I see no mention of it in the budget at all. I checked Justice to see if it had moved over there. There was much made of it both before and during the election, but where are the dollars, and what's the follow-up?

DR. OBERG: First of all with that, what I will say is that we have about 5,400 employees that we are directly the employer of. So there are 5,400 employees that are employed by us. There are approximately 6,000 employees that are outside of us but work for us on a contractual basis through about 600 agencies. So what we're looking at is around 11,000 staff in total that is supported by this department.

With regards to your prostitution question, I think that's a great question. It is going to be brought . . .

MS LEIBOVICI: You mean I had one? Sorry. I couldn't resist.

DR. OBERG: All your questions are good.

It will be brought forward. One of the issues – there were a lot of recommendations that were brought forward by that task force, and a lot of them had quite large cost implications.

In talking to Heather Forsyth, who was the person that brought it forward, she made it quite clear that if we did one change to the Child Welfare Act, it would help considerably. I'm hoping that will be brought forward. We are meeting on that as quickly as possible and trying to move through the department. That is in conjunction with the Hague convention on the adoption of children. I've already been in preliminary conversations with your House leader, and I would welcome any support on that to hasten that through as quickly as possible. We certainly are cognizant of it. It was an excellent report that Heather brought forward. We have to look at the implications obviously, but if we can do this, right off the bat, that should help significantly.

9:56

MS LEIBOVICI: A follow-up question then. There are, you indicated, 600 organizations and 6,000 employees within those organizations. Where are those dollars allocated for those

organizations? Are they allocated separately? In conjunction with that question, what kinds of administrative procedures are you putting in place? Because once you move to a community-based model, the administrative nightmares that you're going to have – I don't think you can even visualize what those are going to be. So you may well find the department very heavy in administrators next year, which has been the case in Health.

DR. OBERG: Yeah, but I think a couple of things. First of all, our department has been dealing with these over the last 20, 30 years. They deal with 600 contracts at the moment. Just to give you an example, residential care is \$53 million. So these are all where these dollars are going out, and they're spread throughout the program range. Our department looks after 600 different contracts at the moment. There possibly will be more, there could possibly be less, but I certainly feel that they will do well. I think it's something they will be aware of and how they do it. But they have been doing it for a long time, whereas in Health they hadn't been.

Pearl, did you want to add something here?

MS CALAHASEN: No. I think we'll see the transition occur as we go. They'll have opportunities, especially our workers. I think that's really important, as they go through that community-based system, that they know there are opportunities for them there. And I can understand the concern they have, you know, anytime you deal with that.

MS LEIBOVICI: I might just make an observation. When we move towards communities, we generally move towards lower pay rates and perhaps in some instances not as much control. That's one of the reasons the governments across Canada have centralized services as opposed to decentralized. I would hope that this government has learned the lessons from decentralizing to agencies, NGOs, in this particular area.

For my last question, can we get the names of the those 600 organizations that are provided with government funding as well as the breakdown – and this may require a lot of work – within those organizations? How much of the service is actually dedicated to providing service, and how much is provided to administrative overhead for those organizations?

As well, there is a concern about there being not enough secure settings for children who need those settings. In at least one example last year, one child died, it's my understanding, as a result of being put into a foster home as opposed to in a secure setting because there was no secure setting available. If the department can give us the number of secure settings and also look to ensuring that there are enough spaces for those children who need those spaces.

DR. OBERG: Sure. First of all, we don't have any problems with your request. The same request for the 600 agencies was actually given to you two years ago when it was done, so perhaps what we could do – and it's in public accounts as well. The only reason I mention that is because of your last comment about the paperwork that is being done. If there are any problems with that, if it's not the same, please get back to us and we will certainly give you any that are different. But it would take an awful lot of work, and it has already been done. So if that's all right . . .

MS LEIBOVICI: Is the breakdown between the administrative overhead and the actual services to clients provided?

DR. OBERG: No. I would doubt it very much. Basically what

we look at – again, it is an outcome-based kind of issue, where we say: this is what we are getting for our dollar; the children are being looked after; the adults are being looked after. That's what we ensure, and that's what we do. I'm not even sure if we could get that for you.

MS LEIBOVICI: Is there no audit that goes on of these agencies?

DR. OBERG: What we could give you, I was just informed, is what the average is on an average contract, the average administrative versus operating versus client. Would that be beneficial to you?

MS LEIBOVICI: Sure; that would be helpful. And I guess if there's auditing that goes on, how often and what the results of that audit are if possible.

DR. OBERG: Sure. Just on that point as well, any major contract that is given out does require an external audit. So it is audited. Every contract is audited as it goes forward.

I guess going back to your previous question, this is something that this department has been doing constantly for the last umpteen number of years, which separates it from Health. They have been doing this a lot, so they do know what they're doing.

MS LEIBOVICI: Okay. Thank you.

THE CHAIRMAN: Mrs. Sloan. You have about 20 minutes left.

MRS. SLOAN: Thank you. My next set of questions is going to be crossing the different programs in the budget and will be related . . .

THE CHAIRMAN: Would you please give them the page numbers then too.

MRS. SLOAN: Absolutely.

Generally they're in the context of appeals and accountability. I make the observation that in programs 1 and 2 we do not specifically identify appeal mechanisms and what they're funded for. In program 3 I'm assuming that to some degree we have some appeal mechanisms in the office of the commissioner for services for children and families and also in the Children's Advocate, which is program 4.

My observation is that of the two appeal mechanisms named, both have been subjected to cuts with respect to children's services. We've got the Children's Advocate at about 11.4 percent reduction and the children's commissioner at 30 percent on the verge of that sector being regionalized. In the other program areas we don't see any specific funding for appeals that is identified, and I would put that in the context of what the office of the Ombudsman in 1996 received with respect to oral complaints and appeals, approximately 1,371. It was the highest area of complaints and represented about 49 percent of all the complaints received by the Ombudsman in '96. In light of that, does the minister not feel there needs to be a better allocation of resources, both fiscal and human, to the processing of concerns and appeals in the system?

DR. OBERG: You've touched on several issues here, and I'll try and deal with them as they come up.

With regards to the appeal mechanisms, we presently have seven different bodies that have appeals, that link appeals across the province. As a new minister it is something that I had been

extremely aware of, but it's also something I've been extremely happy with. The appeals people – and I've met with them on one occasion – have been doing an excellent job.

With regards to the budget cuts, the office of the Children's Advocate, for example, is purely administrative. The number of appeals are still being done according to what the need is. Even though the Ombudsman has had, as you said, 1,300 oral complaints brought forward, anytime anything is brought ahead that needs to be put to an appeal, it is put to an appeal very, very quickly. It is something that we value considerably. I can, if you want, go into each one and show you where the dollars are spent on the appeals.

10:06

MRS. SLOAN: If you could provide it in writing, that would be sufficient.

DR. OBERG: Sure.

MRS. SLOAN: As the minister is aware, in the health care system, the postmortem on regionalization was that we now have in the health care budget, I believe, five different budget allocations for appeals and advisory. There's a mental health specifically, which definitely has a relationship to the social services area as well, \$267 million; there's an information and accountability that has approximately \$22,000 allocated; a public health advisory, which is \$200,000; health disciplines advisory, and a Health Facilities Review Committee: five different processes for the public to utilize and access on the basis of their need and concern. Is it philosophical, that Health is of more importance to this government? Why do we not see comparable mechanisms for people under the program delivery areas in social services and comparable allocations of funding to make those processes function in such a way that they are accessible and that people do not have to opt to the Ombudsman for some type of answer and review of their case?

DR. OBERG: First of all on the mechanisms of appeal, appeals are very important just by virtue of the fact that we deal with the individuals on a daily basis. As I had stated before, there are always people that fall through the cracks, that have different circumstances.

With regards to the appeal mechanisms, we have essentially, if I remember correctly, six or seven different appeal panels. That is going to be coming forward in legislation to be continued. We have an appeal in SFI, child welfare, AISH, widows' pension, handicapped children's services. Those appeal panels are there, and they are included in the budget. We will get that for you. Anytime there is any discrepancy in what a person obtains or gets, it is put forward to an appeal process. So there is quite an extensive appeal process in this department.

Your question initially in the Legislature caught me a little off guard. I went back and looked, and there's a very well-developed appeal process in this department. For each one, if there's any problem that goes on, if there is any discrepancy with the client, they always have the ability to appeal.

THE CHAIRMAN: Supplemental.

MRS. SLOAN: Okay. A point of clarification, then, with respect to that.

DR. OBERG: One point. The other issue on it is that in all these different ones, they are located out around the province. So even

though I say child welfare or I say AISH – how many AISH or SFI appeal panels would there be?

MR. FLEMING: There's one in every region and in some cases two or three.

DR. OBERG: Yeah. So there's one in every region, in some cases two or three. So what we have is a very extensive appeal process for this.

MRS. SLOAN: Madam Chairman, if the minister could, in terms of the written information he provides, provide those mechanisms and then the budget allocations, that would be helpful for me to judge both in contrast to the Health budget and then in relationship to previous years' budgeting.

My final question, then, relates to the cuts to the children's services appeal and advisory mechanisms, the Children's Advocate and the commissioner for children's services. The In Need of Protection report, 1993: substantive recommendations, many of which have not been implemented and many for which I do not see budget allocations being made to ensure that they are implemented before regionalization. Significantly, my questions in the House this week related to those in relationship to children that are suffering from abuse and neglect in the system. Not only are there not, in my view, sufficient allocations, but the ministry has subjected those areas, the advocate and the commissioner, to cuts. How is the minister going to ensure that the recommendations made in this report are implemented and functioning before the regionalization of services occurs?

DR. OBERG: Again I must remind people that children's services are not going down to communities for probably, you know, up to a year and perhaps even longer than that, so this is still in the planning process.

With regards to the document that you're talking about, basically the department has gone through, the previous ministers have gone through and have put in actions on every recommendation that was put forward. So it has been addressed.

MRS. SLOAN: I'm sorry to interrupt. You can't tell me that you've been able to do that and in fact achieve administrative efficiencies. So you subjected the budgets as a whole to cuts and you're saying as well that there have been administrative cuts. So if that's been done, why are we not seeing – even if it is small increases in those areas, we're seeing significant reductions in the budget.

DR. OBERG: If I can. In any services to children, if you take a look in the budget, the numbers have actually gone up quite dramatically in the amount of dollars that we have given. Where we are saving the dollars is – you know, it's something that we have to keep pushing – in streamlining of administration. If there can be ways that the dollars can be saved, I think it's prudent that we do it so that we can shift those dollars to the programs. We're just finding, for example, for child welfare: two years ago we were at \$202 million; we're now projected at \$242 million. So it's an increase of about 20 percent.

MRS. SLOAN: Those increases, though, if I can clarify, are utilization increases; right?

DR. OBERG: Absolutely.

MRS. SLOAN: I'm talking about administratively, departmen-

tally. The money has to be allocated to implement recommendations, whether it's recommendations about abuse, neglect or recommendations that relate to information. You're trying to tell me that you're going to be able to do that with reductions in the budget, and I'm not convinced.

DR. OBERG: If I can, a couple of points. First of all, the frontline workers are the ones who implement a lot of the recommendations that are put forward. For example, I stated that we had increased 200 workers in the child welfare area. These are the workers that are going to be seeing the clients, that are going to be doing it, and are going to be implementing the recommendations that we have put forward. I think the onus is on us to cut at the top and put the dollars in at the bottom, which is what we've been doing. We've been streamlining. We've been saving the dollars on anything that we could so that we can push more into the bottom.

As you know, we have X number of dollars, \$1.37 billion, in the budget that we have to work with. What we're trying to do is take as much as possible out of administration and put it down to the client, put it down to the frontline workers so that these people can put in the recommendations that we follow through on. I leave it to quite a major degree up to the department to determine where the streamlining can take place, but it's the children who are getting it. The frontline workers are the most important in the department.

If I can, there are 400 administrative staff that have been redirected since 1992-93. They've been taken out of administration and put elsewhere. So we are trying to move it down to these people.

THE CHAIRMAN: Okay. I think that concludes your set of questions.

Ms Carlson, there are about 13 minutes left.

MS CARLSON: Okay. As we're running out of time, Mr. Minister – I appreciate the answers we've had this morning, but there's a number of questions that we won't get to – will you take them in writing and respond back to them?

DR. OBERG: Sure.

MS CARLSON: Thanks.

Okay. Then, my first question is a follow-up to your answer to Karen's previous question. When you're doing audits for outside contracts, I'm hoping that a part of the audit is not just monetarily based reviews, that you're also doing some client satisfaction both in terms of the department and the client recipients on the other end. So could you confirm that that's true? Then how often are they done, and what would it take to trigger a review in between time?

DR. OBERG: The main part that we do is actually the financial part, but we are doing random spot check test audits to indicate exactly what you say: client satisfaction and issues like that. I think to do it for 600 different agencies would be extremely difficult. We've got ongoing staff involvement with it, so it is certainly very important. The social workers and the contract managers also review this on a continual basis. This is one whole aspect where – again if I may just digress a little bit – we put the dollars out, and we have to get the outcomes from them as well. If we put the dollars out and they just cut the dollars back on what they do and they don't get any outcomes, the children or the adults will come full circle and come back to us. So the outcome and the job that they do are extremely important to us.

10:16

THE CHAIRMAN: Supplemental.

MS CARLSON: Yes, and this is to Pearl. I think in her earlier comments she had talked about early intervention dollars, and I'm wondering how you're determining who should be targeted and some form of guideline in terms of what the program's going to look like.

MS CALAHASEN: I'm sorry. I was busy with my colleague, so I didn't . . .

MS CARLSON: Early intervention dollars. You talked about them. I just want to know how you're determining who should be targeted and what the criteria are in terms of what you hope to accomplish.

MS CALAHASEN: Actually, I can't remember the criteria we've used.

MS CARLSON: You can provide that in writing. That would be just fine.

Okay, then I'll pass my last question to Karen.

MS LEIBOVICI: When we look at program 3.4.5, prevention of family violence on page 213, there's been a marginal increase in dollars to that particular area. The first question is – and I didn't see it in any of the objectives or strategies. We all remember Bill 214 from last year. Is the department going to be putting forward as a departmental Bill something similar to Bill 214 to deal with family violence?

DR. OBERG: Which was 214? What was the name of the Bill?

MS LEIBOVICI: It was Alice Hanson's Bill to deal with family violence that was killed in Committee of the Whole.

AN HON. MEMBER: It was a private member's Bill.

MS LEIBOVICI: Yeah, it was a private member's Bill. There seemed to be assurances at the time to all the stakeholders that it would come back. So I'd like to know if it's coming back as a government Bill this time and when.

DR. OBERG: Sure. There is none at the moment for a government Bill. One of the reasons is that the legislation has been quite limited in this session. We had this other small thing called an election and subsequently changes.

MS LEIBOVICI: Just take Alice's Bill. You can have Alice's Bill and just put department of social services.

DR. OBERG: With regards to the actual funding that is spent on the prevention of family violence. We have 17 shelters, we have seven satellites, and we have one second-stage housing. If I may, there has been an increase, and the increase was due to the Wheatland shelter, which is in my constituency.

AN HON. MEMBER: No coincidence there.

DR. OBERG: It was done before, my dear. It was done before. If I can comment on that, it is an excellent shelter. It is run by people in the community, and they have just received provisional

funding for a year at a time. It does a considerable amount of good for that community. So these are very important shelters. It's something we're looking at, you know, every year, but that's where the increase came from.

MS LEIBOVICI: I'm not disputing the increase. As a matter of fact, what we hear from across the province is that there are not enough dollars to shelters, and that leads to the second question. I noticed there was an article in the paper this morning that there's a partnership with two women's shelters. I believe it is Edmonton and the Macdonald Hotel. What the hotel is going to be providing is bedding: linens, et cetera. You know, I give praise to the Macdonald Hotel. On the other hand, my question to the department is: that seems to say there's not enough funding for women's shelters. Will the department then look at providing enough dollars so that women's shelters across the province do not have to enter into partnership agreements to have linens for the beds?

DR. OBERG: If we can. The CP hotels actually were refurbishing a lot of their interior design, and this was what was made available. You know, I really commend them for donating them to the women's shelters. This was not something that was seen as being actually, formally needed, but we certainly do commend the CP hotels for doing that. It was very good, and we're not going to turn down anything that's given to us.

MS LEIBOVICI: No.

AN HON. MEMBER: This is a great initiative.

DR. OBERG: Yeah. It was a very good initiative, and they should be commended. I must say, it wasn't just the Hotel Macdonald; it was the whole CP hotel chain.

MS LEIBOVICI: But is the expectation of government then to depend on donations from private organizations to provide for operating expenses of women's shelters that the government should be doing?

DR. OBERG: Absolutely. But on the other hand, if there is a . . .

MS LEIBOVICI: Absolutely not or absolutely yes?

DR. OBERG: Now don't confuse me. The issue is when someone is going to donate to us the bedding that they have, we're not going to turn it down. It's a very useful component. On the flip side of it, we are not going to depend on donations for this program.

THE CHAIRMAN: Thank you. That concludes our time. Now we turn to the government members. Any person with a question, raise your hand please. Going once, going twice.

There being no questions on the government side, I would entertain a motion for adjournment. Because we are adjourning early, we would need unanimous consent in agreement with the undertaking by the House leaders in this agreement from April 22 and 29, 1997. So I would need unanimous consent, first of all, to entertain a motion for early adjournment.

HON. MEMBERS: Agreed.

THE CHAIRMAN: Agreed. Okay. And I would need someone,

then, to move the adjournment. Maybe, Wayne, you could do that?

MR. CAO: I move that pursuant to Standing Orders 56 and 57, the Designated Supply Subcommittee on May 9 now conclude its consideration and head:debate on the 1997-98 estimates of the Department of Family and Social Services prior to the conclusion of the period allocated.

THE CHAIRMAN: And we've all agreed?

HON. MEMBERS: Agreed.

THE CHAIRMAN: I'd like to thank everyone for their co-operation today. I think it was a very good supply meeting. Thank you for the department for coming, and thank you very much to the opposition members for your co-operation and the very excellent questions. Thank you to the government members for coming. This concludes the meeting.

[The committee adjourned at 10:24 a.m.]

