



A N N U A L **2013** R E P O R T

 SASKATCHEWAN  
**advocate**  
*a Voice for Children and Youth*



### Letter of Transmittal

May 6, 2014

The Honourable Dan D'Autremont  
Speaker of the Legislative Assembly  
Legislative Building  
2405 Legislative Drive  
Regina SK S4S 0B3

Dear Mr. Speaker:

In accordance with section 39 of *The Advocate for Children and Youth Act*, it is my duty and privilege to submit to you and the members of the Legislative Assembly of Saskatchewan the annual report of the Advocate for Children and Youth for the year 2013.

Respectfully,

Bob Pringle  
Advocate for Children and Youth  
Province of Saskatchewan

## Our Vision

That the rights, interests and well-being of all children and youth are respected and valued in Saskatchewan communities and in government legislation, policy, programs and practice.

## Our Mandate

### Who We Are

The Advocate for Children and Youth is an independent officer of the Legislative Assembly of Saskatchewan. He leads a small team of regional advocates, investigators, and administrative, research and communication professionals who work on behalf of the province’s young people.

### What We Do

Our mandate is defined by *The Advocate for Children and Youth Act*.

#### We do:

- **ADVOCACY** on behalf of children and youth receiving services from a provincial ministry, agency, or publicly-funded health entity.
- **INVESTIGATIONS** into any matter concerning or services provided to children and youth by any provincial ministry, agency, or publicly-funded health entity.
- **PUBLIC EDUCATION** to raise awareness of the rights, interests and well-being of children and youth.
- **RESEARCH AND ADVISE** any minister responsible on any matter relating to the rights, interests and well-being of children and youth.

The Advocate does not have jurisdiction over decisions made or services provided by local school boards, municipal or federal governments, police or courts, decisions of Cabinet, private companies or individuals.



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## Contact Us

### Advocate for Children and Youth

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The Advocate for Children and Youth is headquartered in Saskatoon; however, our services and programs are delivered throughout the province of Saskatchewan.

**Photography:** All photographs are stock photographs using ordinary youth as models unless captions are provided. Photographs that are not stock photographs are courtesy of staff at the Advocate for Children and Youth and Saskatchewan Population Health and Evaluation Research Unit (credit: Thilina Bandara)



**Dear Friends,**

Advocacy on behalf of individual or groups of children and youth is a major focus of the day-to-day work of our office. Each year parents, children and youth, extended family members, professionals and others seek our help resolving issues affecting children and youth. Another major part of our work is through our investigative process, in which we review the circumstances surrounding critical injuries and deaths of children and youth in care, custody or receiving services from a ministry or government agency.

While we strive to share our work throughout the year through our website and the media, our annual report provides the opportunity to reflect on our

progress in the past year and make recommendations so we respect the rights, interests and well-being of all children and youth. The overall message of this year's report is that prevention and intervention services should be widely available, so that all children get a good start in life.

There's a growing recognition of the social and economic issues that result in children coming into care

and youth being caught up in the criminal justice system. There are promising things happening across Saskatchewan, such as initiatives to prevent FASD, early learning programs, programs to support families to stay together and address their challenges, new risk assessment tools to ensure that children are safe and research and advocacy on how to better support children and families. Many people are working together to address challenges facing children and youth, including government ministries, First Nations and Métis agencies, publicly-funded health entities, community-based stakeholders and researchers at our universities.

However, it is clear that we are reaching many children too late. By the time they come to the attention of Social Services or a First Nations Child and Family Services Agency, these children are facing significant risks that are difficult to overcome. The factors that place children at risk have been described in detail in many reports,

including our own annual and special reports and the province's 2010 *Child Welfare Review*. These factors include poverty, mental illness, addictions, disabilities and family violence. Children will often have multiple risk factors, which layer on their lives, violating their rights and putting them further and further away from reaching their full potential.

When we are undertaking our advocacy and investigations, we see these risk factors again and again, and how they affect the lives of children, youth and families. We need to address these risk factors earlier. We are leaving it to Social Services and First Nations Agencies to try to pick up the pieces with families, instead of focusing on preventive supports and services before families become so overwhelmed and vulnerable. When families do need help, we must ensure that they can access high-quality services to support them in addressing their challenges.

Another major part of our work involves researching issues and advising ministers responsible on any matter relating to the rights, interests and well-being of children and youth. This report highlights some of these risk factors facing children and families and the systemic changes we are recommending to address them. We have a unique perspective to speak out with and for children, youth and their families as an independent legislative office. We take a rights-based approach to all our work, putting children and youth at the centre, coupled with a strong understanding of the social determinants of health, which provides a strong foundation for the Advocate to address issues facing our children, youth and families.

In the first few months of 2013, we participated in an advisory capacity on the legislative review of *The Child and Family Services Act*

Our office is notified and investigates every time a child in care, custody or receiving services from a ministry or government agency is critically injured or dies



and *The Adoption Act*, which are key pieces of legislation for child-serving ministries. We collaborated with the Ministry of Social Services on a review of the Person of Sufficient Interest program, and provided leadership in developing a program for independent legal representation for children and youth in child protection hearings. We were pleased that this program was funded in the 2014-15 budget after many years of advocacy.

Later on in the year, we provided input into the Government's *Action Plan to Address Bullying and Cyberbullying*, released in 2013, and the *Mental Health and Addictions Action Plan*, which is expected to be released later in 2014. Throughout the year, we brought people together to address challenges facing children and youth. We met with ministers and senior officials in child- and youth-serving ministries regularly, as well as members of the Opposition. All the while, we answered calls and emails and worked to resolve issues facing children and youth.

The year ended with a flurry of activity that spilled over into 2014 as we responded to media requests for information about children who had died since 1997 while receiving services from the Ministry of Social Services and First Nations Agencies. The deaths that concern us most are the ones where children die from abuse or neglect, or youth who took their own lives out of desperation and hopelessness – deaths that could be prevented with a greater focus on prevention and early intervention services. All children and

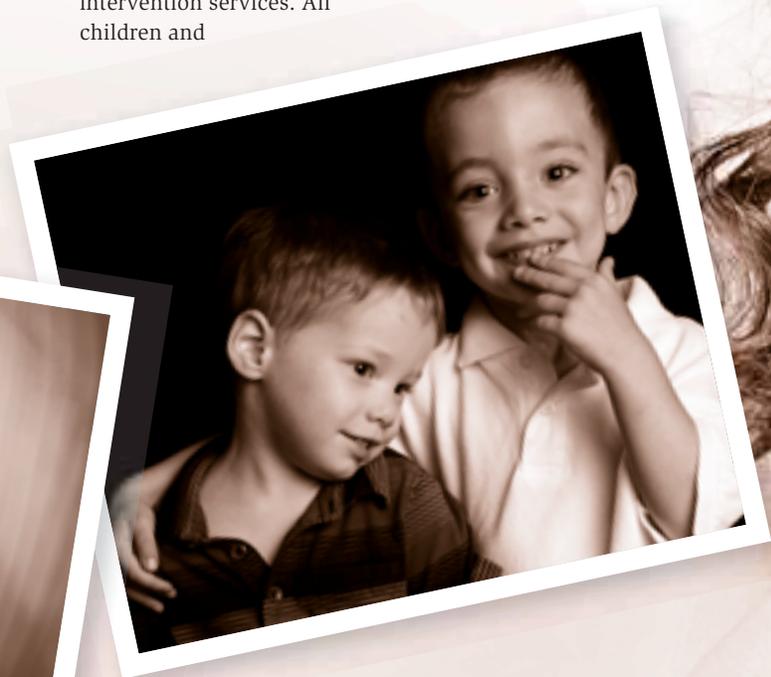
youth have the right to be safe and protected. It is not acceptable for children to die from abuse, neglect or hopelessness. My office is deeply committed to being a voice for all our children and youth, so they are safe, protected and can reach their potential.

If you have any concerns that you would like to share about children and youth in Saskatchewan, please call us at 1-800-322-7221 or email us at [contact@saskadvocate.ca](mailto:contact@saskadvocate.ca). All information shared with our office is confidential.

Respectfully,



We are leaving it to Social Services to try to pick up the pieces with families, **instead of focusing on preventive supports and services before families get so overwhelmed**



## Who we are and what we do

The Advocate for Children and Youth is an independent officer of the Legislative Assembly of Saskatchewan. The Advocate leads a team of regional advocates, investigators and research, communications and administrative professionals who work on behalf of the province's young people.

Our objective is to achieve better outcomes for children and youth in Saskatchewan

Our vision is that the rights, interests and well-being of children and youth are respected and valued in our communities and in government legislation, policy, programs and practice.

Our mandate is defined by *The Advocate for Children and Youth Act*. We do:

- **advocacy** on behalf of children and youth receiving services from a provincial ministry, direct or delegated agency or publicly-funded health entity.
- **investigations** into any matter concerning or services provided to children and youth by a provincial ministry, direct or delegated agency or publicly-funded health entity.

- **public education** to raise awareness of the rights, interests and well-being of children and youth.

- **research** on issues affecting children and youth; and **advise** any minister responsible on any matter relating to the rights, interests and well-being of children and youth.

Our objective is to inform and influence all levels of government service delivery and decision-making to

achieve better outcomes for children and youth in Saskatchewan. We are committed to working cooperatively and adhering to principles of fairness and respect. Effective advocacy services, delivered in a constructive, non-adversarial manner, are preventive: they provide a way to identify issues earlier, when they can be resolved more easily, and a means to improve systems so that those issues do not recur.

We need to address issues facing children and youth in a holistic, preventive manner, both due to our legal mandate, and the expectations of the Legislature and community stakeholders. Our work is grounded in the *Saskatchewan Children and Youth First Principles*, based on the *United Nations Convention on the Rights of the Child*.

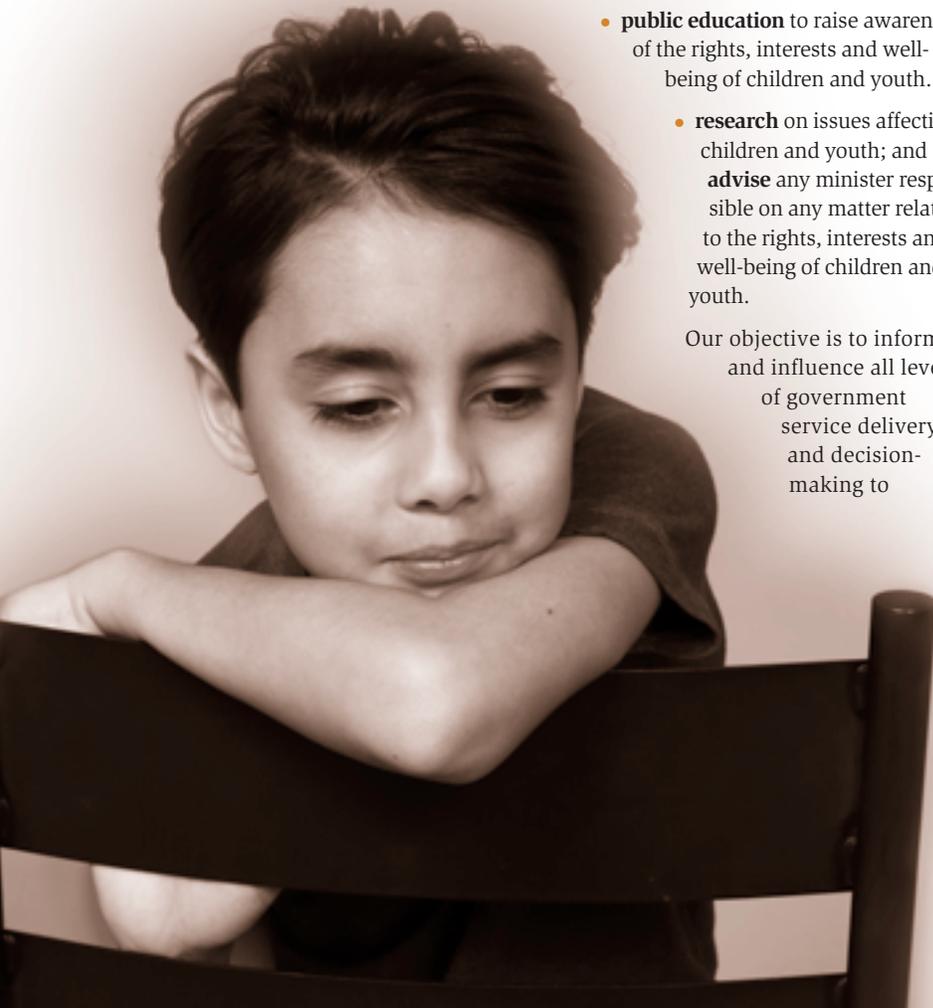
With our most recent Strategic Plan, we have begun to focus on promoting and integrating the social determinants of health into our work. The critical value of the children's rights lens, coupled with the social determinants of health, provide a strong foundation to address issues facing our children, youth and families. The four goals of Saskatchewan's *Child and Family Agenda* further reinforce the value of this approach.

## Promoting and protecting the rights of our children and youth

Throughout this report, you will see us highlight the rights of children and youth, which are laid out in the 54 Articles of the *United Nations Convention on the Rights of the Child*. The *Convention* is an international human rights treaty that set out the minimum rights and freedoms for children and youth that should be respected by governments. It was unanimously adopted by the United Nations General Assembly in 1989, and signed and ratified by Canada shortly after that. We do not believe that meeting the minimum rights is satisfactory and that we must set a higher standard.

To help understand the 54 articles in the *Convention*, they are often categorized into three areas: protection from harm such as abuse and neglect; provision of the resources needed to grow and develop, such as food, shelter, education and health care; and participation in matters that affect them.

The Canadian Coalition for the Rights of the Child notes that the *Convention* has not been incorporated into Canadian law, leaving children and youth without clear legal status which can lead to



inequitable treatment. The Coalition recommends that the federal government adopt enabling legislation to make the *Convention* part of Canadian law and work with provinces and territories so that their legislation also complies with the *Convention*.<sup>1</sup>

We have adopted the *Convention's* rights into the *Saskatchewan Children and Youth First Principles*, to make it easier for communities and the Government of Saskatchewan to use them. The Government adopted these principles in February 2009, as part of its plan to strengthen the child welfare system.<sup>2</sup>

As part of our work, the Advocate makes recommendations to Government. Since 2010, the Advocate has had an open recommendation that the Government of Saskatchewan implement the adopted *Saskatchewan Children and Youth First Principles* as mandatory for ministries to examine, revise current and develop new legislation, policy, programming and practice (Recommendation 10-16838). ◆

**1.** Canadian Coalition on the Rights of the Child. Right in Principle, Right in Practice: Implementation of the Convention on the Rights of the Child in Canada. Ottawa, Ontario: Canadian Coalition on the Rights of the Child; 2011. Available from: <http://rightsofchildren.ca/monitoring>

**2.** Government of Saskatchewan. Putting children first: province takes action on child welfare [Press release]. February 25, 2009. Available from: <http://www.gov.sk.ca/news?newsId=308e1b59-17ef-47b0-98f1-086003a17fd0>

## Saskatchewan Children and Youth First Principles

We believe that all children and youth in Saskatchewan are entitled to:

- Those rights defined by the *United Nations Convention on the Rights of the Child*.
- Participate and be heard before any decision affecting them is made.
- Have their best interests given paramount consideration in any action or decision involving them.
- An equal standard of care, protection and services.
- The highest standard of health and education possible in order to reach their fullest potential.
- Safety and protection from all forms of physical, emotional and sexual harm, while in the care of parents, governments, legal guardians or any person.
- Be treated as the primary client, and at the centre, of all child serving systems.
- Have consideration given to the importance of their unique life history and spiritual traditions and practices, in accordance with their stated views and preferences. ◆



In December 2010, the Government of Saskatchewan established the Cabinet Committee on Children and Youth, made up of Ministers from all of the child- and youth-serving ministries, and launched the *Child and Youth Agenda*.<sup>3</sup>

children's early experiences **have** life-long impacts on their health and well-being

This was done in response to a recommendation from the *Child Welfare Review's* final report, which was released in November 2010. This review was a comprehensive, independent review of Saskatchewan's child welfare system, conducted with strong public consultation—

the panel that conducted the review heard from 1200 stakeholders through face to face meetings, written submissions, and website submissions.

The final report included 12 broad recommendations and 47 action steps to guide child welfare transformation. One of these recommendations

was to “[d]evelop and implement a Saskatchewan Child and Youth

Agenda that guarantees children and youth become a high priority in the province, and that all children get a good start in life.”<sup>4</sup> In making this recommendation, the panel

acknowledged that children's early experiences have life-long impacts on their health and well-being. Investing in prevention and early intervention programs and services for children before they reach school age are an effective use of public resources, as they have been shown to reduce later costs to systems such as health, social services and corrections.<sup>5</sup>

The *Child Welfare Review* panel envisioned that this Agenda would encompass a broadly based steering committee, with high level, interministerial support, and collaborate with other governments and community stakeholders to make the *Agenda* relevant across the province.

From its establishment, our office has measured the *Agenda's* progress against the *Child Welfare Review* recommendations, and we will continue to do so. Building and sustaining a successful child and youth agenda, through partnerships with Government (including the federal government), First Nations and Métis leaders and communities, is part of the Advocate's vision for our children, youth, families and communities.

In the 2011 and 2012 annual reports, we reported on the progress of *Child and Youth Agenda*, and the Cabinet Committee on Children and Youth, which leads the work of this *Agenda*. In February 2013, the Advocate met with



the Cabinet Committee, as he had in previous years, to share advice and feedback on issues facing children and youth in Saskatchewan.

In April 2013, the Government renamed the *Agenda* the *Saskatchewan Child and Family Agenda*. It announced that the new name was a reflection of the important role that parents and other family members play in the lives of children, and that it was “expanding its mandate to include additional work in the areas of education, health, and family supports to respond to the needs of young people and their families today.”<sup>7</sup>

The information announcing the name change also identified challenges that must be addressed to meet the *Agenda’s* goals, and those of the *Saskatchewan Plan for Growth*. The seven member ministries of the Cabinet Committee have been asked to identify initiatives to address these challenges, with specific targets to measure progress. The goals and challenges are:

**Goal: Children get a good start in life**

**Challenges:** School readiness, literacy, parenting

**Goal: Youth are prepared for their future**

**Challenges:** Educational attainment among Aboriginal groups, graduation rates, school attendance

**Goal: Families are strong**

**Challenges:** Mental health, addictions, parenting, FASD

**Goal: Communities are supportive**

**Challenges:** Inter-agency co-operation and communication

We commend the Government for their progress on identifying and addressing challenges, as well as on seeking to align the *Agenda* with *Saskatchewan’s Plan for Growth: Vision 2020 and Beyond*. In October 2013, the Government mentioned the *Child and Family Agenda* and the challenges it was addressing in its Speech from the Throne.

We are also pleased to see the increase in funding for the *Agenda*. When announced in the province’s 2011-12 budget, it included \$34 million of new funding into four cross-government initiatives: child welfare transformation; autism and Fetal Alcohol Spectrum Disorders; First Nations and Métis education and employment; and building partnerships to reduce violence and crime. With the 2014-15 budget, the government reported that the total investment in this budget is nearly \$62.5 million since 2011.

We remain concerned that the *Agenda* is still not well known outside of Government or even in some parts of Government, and that families, professionals and community members across the province have minimal awareness of and engagement in it. At this point, it is seen as a government initiative, not one that belongs to all of us, as citizens of Saskatchewan, as it was originally envisioned in the *Child Welfare Review*. We believe that it is only by raising awareness of the *Agenda*, resourcing it sufficiently and encouraging community stakeholders to adopt its goals and engage in reaching them in partnership with Government, that we will be able to meet these challenges. ◆

**3.** This committee includes the Minister of Social Services, Minister of Education, Minister of Advanced Education, the Justice Minister and Attorney General, the Minister responsible for Corrections and Policing, the Minister of Government Relations, and the Minister of Health.

**4.** Saskatchewan Child Welfare Review Plan. For the Good of our Children and Youth: Saskatchewan Child Welfare Review Panel Final Report. Saskatchewan, 2010, p. 36. Available from: <http://saskchildwelfarereview.ca/>

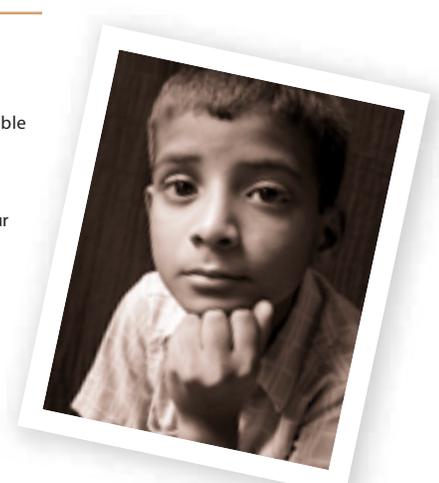
**5.** Kershaw P, Anderson L et al. 15 by 15: A Comprehensive Policy Framework for Early Human Capital Investment in BC. Human Early Learning Partnership, University of British Columbia, 2009. Available from: <http://earlylearning.ubc.ca/media/publications/15by15-full-report.pdf>

**6.** World Health Organization. Closing the Gap in a Generation: health equity through action on the social determinants of health. Commission on the Social Determinants of Health. Geneva, 2008.

**7.** Government of Saskatchewan. Province renames Child and Youth Agenda [press release]. April 17, 2013. Available from: <http://www.gov.sk.ca/news?newsId=d8b71c1d-fdf5-4774-9383-b3458c9784b4>



The Government announced that it was expanding its mandate to include additional work in the areas of education, health, and family supports





In this section of our annual report, we focus in some depth on the circumstances for First Nations and Métis children and youth in Saskatchewan. While we strive to provide a voice for all children and youth in Saskatchewan, we are particularly mindful of the need to represent First Nations and Métis children and youth. By many measures, they are among the most vulnerable in our society.

A poverty reduction plan could provide an overarching framework **in which to address poverty in a more focused, measurable way**

Many more Aboriginal children and youth live in poverty-related conditions than non-Aboriginal children and youth, which has detrimental, long-lasting impacts on their health, well-being, educational and employment outcomes, and their involvement in the child welfare and the youth criminal justice systems. They may live in areas of the province where

meeting basic needs, such as housing and healthy food, is an ongoing challenge. At the same time, Aboriginal peoples have many strengths which are grounded in their diverse cultures.<sup>8</sup> We will continue to speak out for meaningful change in how Aboriginal peoples are engaged and supported by both the provincial and federal levels of government.

### Two-thirds of status First Nations children live in poverty

In June 2013, a study based on analysis of data from the 2006 census was released that showed that 64 per cent of status First Nations children are living in poverty, compared to a poverty rate of just over 30 per cent for Métis, Inuit and non-status First Nations children, and 16 per cent for non-Indigenous

children. Saskatchewan's poverty rate for status First Nations children is the highest in Canada; rates in the country as a whole were found to be 50 per cent.

The report's authors note that research shows that "Indigenous children trail the rest of Canada's children on practically every measure of well-being: family income, educational attainment, crowding and homelessness, poor water quality, infant mortality, health and suicide."<sup>9</sup>

Meeting the basic needs of children is a shared responsibility of parents, communities and governments. The *Child Welfare Review* speaks directly to the impact that poverty has on children and families. One of the key recommendations of that Review was to address the conditions that cause poverty, because poverty drives child neglect and a host of other social problems.

While efforts are underway to transform Saskatchewan's child welfare system, and make provincial investments in training, education, and early childhood development, we do not have an overarching poverty reduction strategy to tackle these issues in a more comprehensive way. At the moment, Saskatchewan is one of only two provinces without a coordinated and focused strategy, the other being British Columbia.

The provincial government has started developing such an overarching strategy, with investments in the *Child and Family Agenda*, and initiatives such as the *Joint Task Force on Improving Education and Employment Outcomes for First Nations and Métis People* and the *Mental Health and Addictions Action Plan*. A poverty reduction plan could provide an overarching framework in which to address poverty in a more focused, measurable way.

### Children living on reserve do not receive the same level of services as those off reserve

Funding for health, education and social programs for children and youth who live on reserves is the responsibility of the federal government. Off reserve, these systems are the responsibility of the provincial government. It has been reported that there are many funding disparities between the provincial and federal government which has resulted in an unequal level of services to children living on reserve.<sup>8</sup> Furthermore, First Nations families may



move between their home reserve and other communities during their lives, crossing and re-crossing jurisdictional boundaries. As a result, the level of services children and youth receive may be dependent on where they live in the province, which violates their rights to an equal standard of care, protection and services under the *Children and Youth First Principles*.

The Canadian Council of Child and Youth Advocates, of which our office is a member, named the living and social conditions of Indigenous children and youth as the number one human rights issue in Canada.

We will continue to listen to First Nations and Métis children and youth, advocate for their best interests and work collaboratively with others on both a provincial and federal level to measure and monitor progress on improving their outcomes.

We commend the Provincial Government, Federation of Saskatchewan Indian Nations and the Métis Nation of Saskatchewan for their work on a joint task force on improving educational and employment outcomes for First Nations and Métis people. The final report was published in 2013, and the Government committed \$6 million of new funding in 2014-15 to start implementing its recommendations. This work needs to begin in earnest now. More information on this joint task force can be found on page 33, in the education section of this report.

## The Touchstones of Hope guiding principles offer a way forward for reconciliation in child welfare

The Advocate believes in modelling what we expect of others, and we have committed to increasing our understanding, support and engagement with Aboriginal peoples to better understand their varied cultures, histories and stories. We are committed to workplace diversity, and we have benefitted immensely through relationships with Aboriginal people throughout the province, including those on our staff.

In 2011, our office adopted the principles contained in the *Touchstones of Hope for Indigenous Children, Youth and Families: Reconciliation in Child Welfare*.<sup>10</sup> These principles were developed using a collaborative process with many families and leaders in

child welfare, facilitated by the First Nations Family and Caring Society. They are:

- **Relating:** Working respectfully together to design, implement, and monitor the new child welfare system.
- **Restoring:** Doing what we can to redress the harm and making changes to ensure it does not happen again.
- **Truth Telling:** Telling the story of child welfare as it has affected Indigenous children, youth and families.
- **Acknowledging:** Learning from the past, seeing one another with new understanding, and recognizing the need to move forward to a new path.<sup>10</sup>

The concept of reconciliation between First Nations and non-Aboriginal people anchors our work with



We have committed to increasing our understanding, support and engagement with Aboriginal peoples



young people and their families, communities and government. In June 2012, all of our staff participated in two days of professional development in the *Touchstones of Hope*. In October, 2013, all our staff participated in another two days of training.

After our first *Touchstones* training, the Advocate recommended that the Ministry of Social Services provide this training to those working in child welfare in Saskatchewan, as reconciliation is critical to child welfare transformation.

**Above left:** *Touchstones* trainers Bonnie, Diane and Thelma Musqua with Bob Pringle.

**Above right:** Diane and Bonnie Musqua with *Touchstones* banner.



The Ministry of Social Services accepted our recommendation, and launched their *Touchstones of Hope* training initiative

Below: Montreal Lake Child and Family Agency's cultural camp: a place to connect with nature and be with family

We made this recommendation (Recommendation 12-19592) to the Ministry of Social Services following our investigation into administrative fairness of how a First Nations mother and her children were treated in the child welfare system. The purpose of this recommendation was to increase staff's understanding on how to provide respectful, culturally-appropriate services for Aboriginal families.

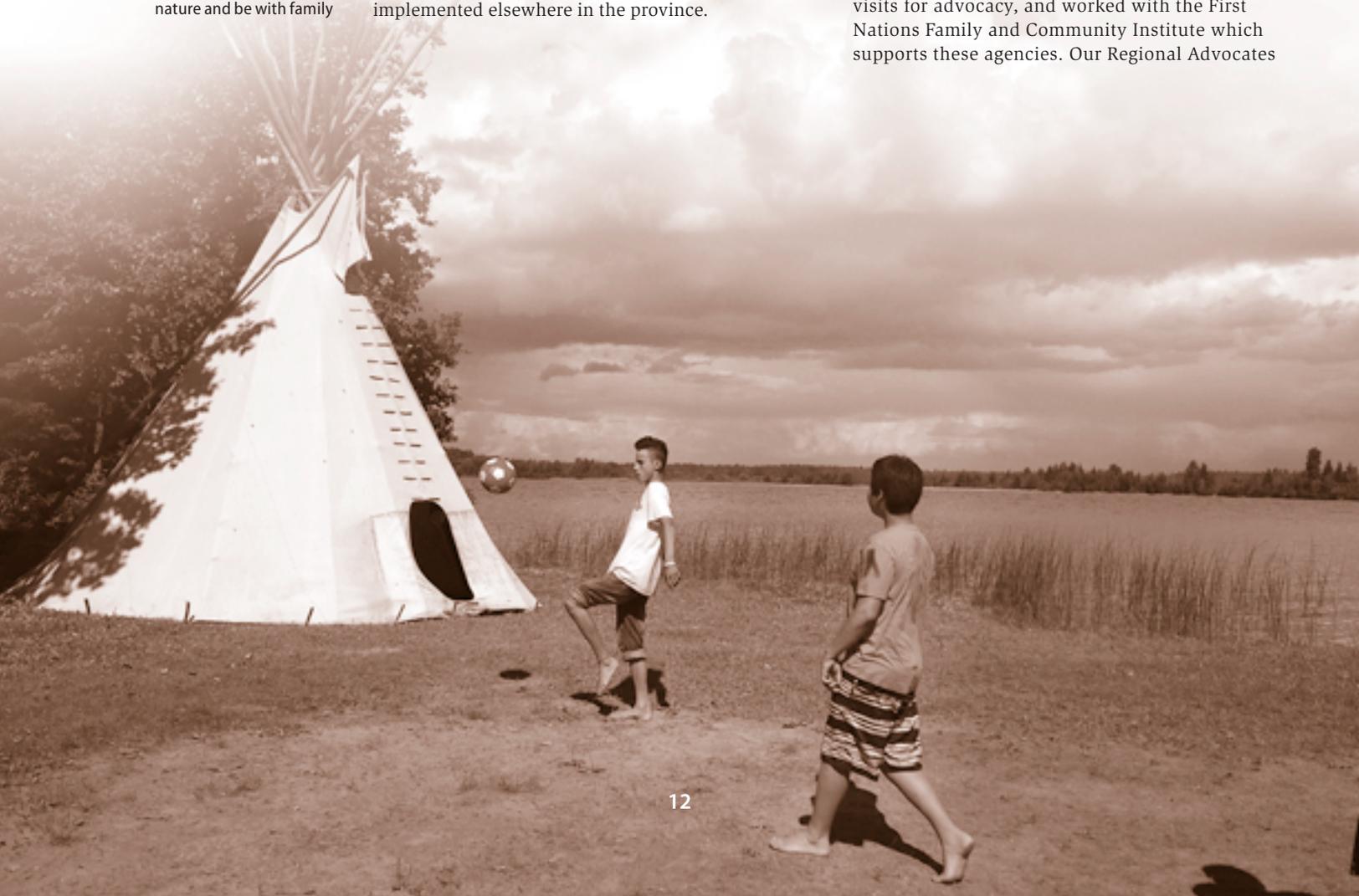
The Ministry of Social Services accepted our recommendation and launched their *Touchstones of Hope* training initiative in April 2013 in partnership with the Federation of Saskatchewan Indian Nations. The First Nations Child & Family Caring Society, the organization that leads implementation of the *Touchstones* across Canada, is partnering with the Ministry of Social Services to deliver *Touchstones of Hope* training to all child welfare staff on and off-reserve in Saskatchewan. In September 2013, First Nations, Métis and Ministry staff involved in the *Saskatoon Flexible Response* pilot<sup>11</sup> attended the first training session. The Ministry of Social Services advised us that the *Touchstones of Hope* will be the foundational curriculum item as *Flexible Response* is implemented elsewhere in the province.

## Strengthening our relationships with First Nations and Métis people

In the past few years, our office has made significant efforts to engage more fully with First Nations and Métis Agencies in Saskatchewan. These agencies were created in partnership with Government and they have become a critical delivery system for First Nations and Métis child and youth services in Saskatchewan. They need to have the capacity to deliver high quality services to the children, youth and families they serve.

The importance of these relationships is highlighted in the *Child and Family Agenda* which states that "Government needs to work differently with community stakeholders, First Nations, Métis and others to attain shared leadership and responsibility, since Government does not solely own the problems or solutions" to complex issues facing our children, youth and families.<sup>12</sup>

We have made many visits to these agencies for education and relationship building, in addition to visits for advocacy, and worked with the First Nations Family and Community Institute which supports these agencies. Our Regional Advocates



have been pleased to accept invitations to participate in important cultural ceremonies such as round dances, pipe ceremonies and cultural camps. ◆

**8.** Federation of Saskatchewan Indian Nations / Government of Saskatchewan. The Joint Task Force on Improving Education and Employment Outcomes for First Nations and Métis People. Final Report, March 2013, p. 41. Available from: <http://www.jointtaskforce.ca/>

**9.** Canadian Centres for Policy Alternatives /Save the Children. Poverty or Prosperity: Indigenous Children in Canada. June 2013, p. 10. Available from: <https://www.policyalternatives.ca/publications/reports/poverty-or-prosperity>

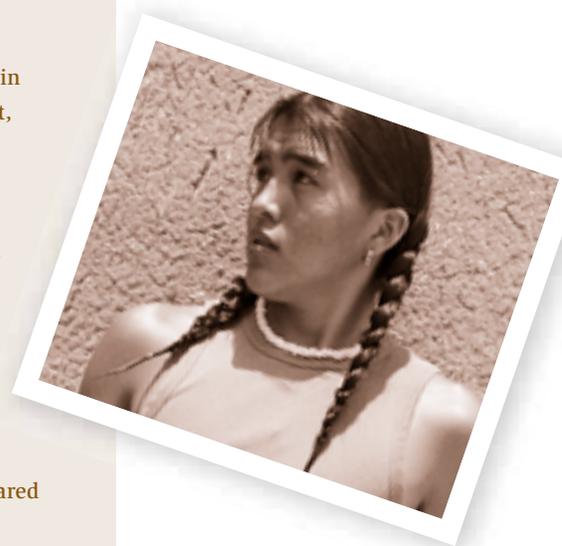
**10.** Blackstock, C., Cross, T., George, J., Brown, I, & Formsmma, J. Reconciliation in child welfare: Touchstones of hope for Indigenous children, youth, and families. Ottawa, ON, Canada: First Nations Child & Family Caring Society of Canada / Portland, OR: National Indian Child Welfare Association, 2006.

**11.** This program is providing alternative interventions to cases that would normally trigger the traditional child protection response and investigation

**12.** Government of Saskatchewan. Saskatchewan's Children and Youth Agenda Backgrounder, 2011-12 budget [since renamed Children and Family Agenda], p. 1. Available from: <http://www.finance.gov.sk.ca/budget2011-12/SSBackgrounder.pdf>

“People who live and do business in the province must understand that, just as part of Saskatchewan’s identity is based on European immigration and settlement, part of Saskatchewan’s identity is First Nations and, as a result of this shared history and relationship, the emergence of the Métis people. Fulfilling Treaty and historical rights and obligations recognized by the Constitution are the basis for a shared and prosperous future.” ◆

Voice, Vision and Leadership: A Place for All. Final Report of the Joint Task Force on Improving Education and Employment Outcomes for First Nations and Métis People , p. 15.



“The widespread negative outcomes for Indigenous children, youth and families involved with non-Indigenous child welfare compels that we journey down the river to critically examine the values and practices of the child welfare profession, and move forward on a new passage. The decision that reconciliation in child welfare is needed has already been taken—by the Indigenous children, youth and families we serve. It is they who believe we can do better, and now is the time for the profession to join them on the journey.”

Reconciliation in Child Welfare: Touchstones of Hope for Indigenous Children Youth and Families. First Nations Child & Family Caring Society of Canada, 2006, p. 7.



Anyone can call the Advocate for Children and Youth's office if they have a concern about a child or group of children receiving services from a provincial ministry or agency. Children and youth are encouraged to call on their own behalf. Many parents, foster parents, social workers, health professionals and others also call on behalf of children and youth.

We will work to ensure that the child or youth **receives all of the services to which he or she is entitled**

Callers may be referred to other agencies or ministries, or given information about other ways to resolve the concern through our early resolution advocates. When required, concerns are addressed by our regional advocates, assigned to each part of the province. These

advocates will talk to the young person involved, and try to negotiate a resolution to the concern, and may formally review and/or investigate the concern in accordance with *The Advocate for Children and Youth Act* if necessary.

If a child or youth is unable to provide direction to us, we will work to ensure that the child or youth receives all of the services to which he or she is entitled, as outlined in provincial government legislation and policy.

Once a concern has reached this level, resolving it may involve face-to-face meetings with the child, youth or others, as well as the facilitation of, and participation in, case conferences and meetings, and networking with multiple government ministries and organizations.

Issues reported to us include: disagreement with case plan; disagreement with placement; lack of voice or lack of participation in case plans; concerns about treatment by staff; access to mental health services; and bullying.

Through their work with individuals and groups, our advocates identify trends or areas which may require a further look into the system involved. We identify concerns such as the lack of supports and oversight for children placed in Person of Sufficient Interest placements and for these caregivers, accountability to children in care who move to another province, or the access to appropriate resources. By identifying these trends, we can address them within government and make recommendations for improvements.

Public education is one of the most important aspects of our work. We have found that when children's rights are overlooked, it is often due to lack of awareness and understanding. We do presentations and outreach with children, youth and child- and youth-serving organizations to promote children's rights, raise awareness of our advocacy services and engage youth in the activities of our office. Our advocates connect with children and youth living in residential placements, children and youth in school settings, government staff and staff in community-based organizations to give presentations and participate in events that they have organized. When working with young people, we help them understand how to advocate for themselves, so that their voices are heard and needs and interests respected.

We also work with youth organizations, in particular the *Saskatchewan Youth in Care and Custody Network* (<http://www.syiccn.com>). This is a provincial network made up of young people who are in or have been in government care that gives youth a voice in these systems, and helps coordinate youth-run networks that meet regularly in communities across the province. ◆



## National Child Day celebrations and Children's Charters

Every year, November 20 is celebrated around the world as a day to celebrate children's rights. Proclaimed in 1993 as National Child Day in Canada, this day celebrates two historic events for children – the adoption of the *United Nations Declaration on the Rights of the Child* in 1959, and the *United Nations Convention on the Rights of the Child* on November 20, 1989. While we educate people year round about children's rights as part of our work, we use the week of November 20 each year to give the *Convention* and children's rights extra attention.

This year, advocates visited Prince Arthur School in Moose Jaw and O.M. Erwin Middle School in Swift Current to do workshops on children's rights. They also participated in the Southwest Early Childhood Coalition's launch of a Children's Charter in Swift Current with children from St. Patrick School and Natural Wonders Early Learning Centre.

The Battlefords Early Childhood Community Planning Network and the Northern Early Years Partnership also launched Children's Charters during this week, joining charters established by Regina in November 2010, and Prince Albert in November 2011.

All of the communities who have developed charters have done so with the involvement of their Regional Intersectoral Committees. These are committees that were created by the Saskatchewan Government in the 1990s that bring together representatives from many provincial government ministries and community partners, that work together to improve prevention programming and human services in a number of areas, including early childhood development.

Later that week, on November 24, we participated in a Round Dance organized by Sturgeon Lake First Nation. During the celebration the community had a Blanket Ceremony for children in foster care from their band. Elders wrapped each child in homemade blanket to let them know that even though they are in foster care, they belong to a community, have a strong culture to be proud of and they have many relatives.

Thank you to the community members who welcomed us into their communities to celebrate Saskatchewan's children and youth, and to all those working together to promote children's rights, interests and well-being. ◆

**Left:** Saskatchewan children at a summer festival

**Middle:** Students participate in children's rights workshop

**Right:** Prekindergarten children at the launch of the Children's Charter in Swift Current (photo courtesy Swift Current Booster).



We conduct research on issues affecting children and youth, and advise any minister responsible on any matter relating to the rights, interests and well-being of children and youth.

A substantial piece of our systemic work in 2013 involved participating in legislative review

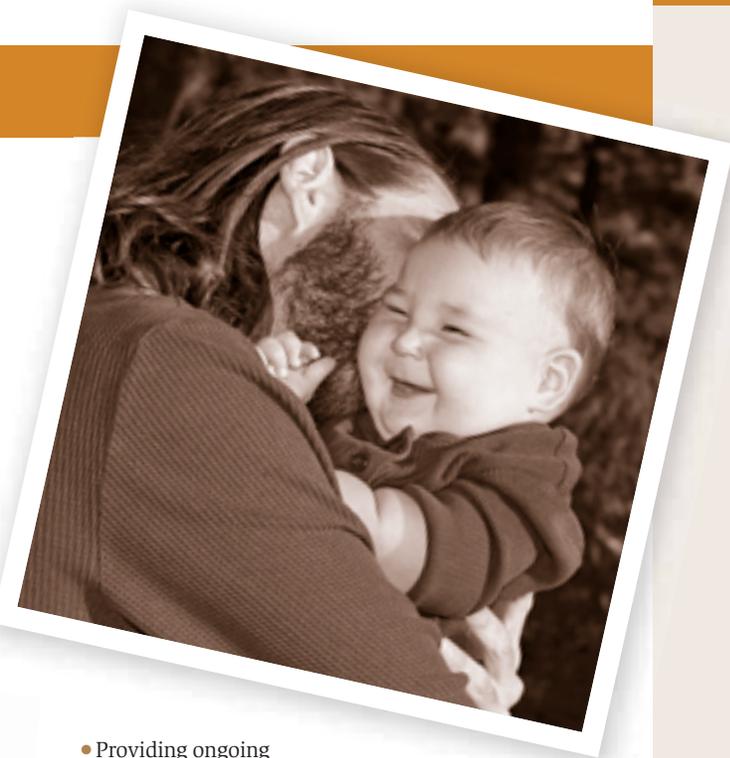
Research, analysis and engagement with government and community stakeholders helps us understand, elevate and alleviate broader system, social and public policy, and service issues that affect children and youth in

Saskatchewan, as many of the concerns that come to our office are systemic in nature.

In 2013, we advocated to Government on a number of systemic issues involving children's rights, including:

- Collaborating on the review of the Ministry of Social Services' *Person of Sufficient Interest* program. In this program, an interested person can be designated as the legal guardian for a child in need of protection as an alternative to the child entering foster care. The Advocate's office had concerns about this program prior to its review, as caregivers were not being sufficiently assessed or supported, and children were not being adequately tracked. Furthermore, children lost their "in care" status, reducing their access to additional supports. This review led to many significant improvements and further recommendations that will help ensure children are safe and protected. (See page 21 for more information).
- Providing strong leadership in developing a program for *Independent Legal Representation* for children and youth in child protection hearings. The Advocate has worked with the Pro Bono Law Society of Saskatchewan since 2007 so children and youth would have access to these services, all while advocating that they need to be independently structured and funded. We were very pleased to learn that this program is funded in the 2014-15 budget, and will be established as Counsel for Children Office within the office of the Public Guardian and Trustee. With this new Counsel for Children, children and youth involved in child protection hearings before the court will have independent legal representation to ensure their opinions, needs and best interests are taken into consideration.
- Working closely with Government to develop better processes on *Inter-jurisdictional Transfers and Protocols*. There are considerable issues with ensuring the safety of children and youth when they move between jurisdictions. This is a significant concern for the Advocate. We have been meeting with government officials in Saskatchewan concerning this, and lobbying on this issue nationally with child welfare officials and child and youth advocates from across Canada.
- Providing input into the development of the *Action Plan to Address Bullying and Cyberbullying*. In 2014, we will be working with the Ministry of Education, who is implementing this provincial plan, which identified a role for our office in public education and in addressing bullying issues that cannot be resolved at a school level. (See page 30 for more information).





## Putting children's well-being first

In the fall of 2013, the media reported on a conviction on a sexual assault of a child. The media reported those involved characterized the assault as not very serious, in part due to the victim's poor memory of the assaults, which had occurred many years earlier. We were concerned that this ruling minimized the victim's experiences and spoke out about it publicly, following up with correspondence to the Minister of Justice.\* We also met with staff at a community-based organization who shared their concerns on low levels of convictions in these cases and the length of time they can take to be heard in court.

The courts have established procedures to make it easier for children to testify, such as having them testify through a video monitor, or behind screens. However, these procedures do not extend to the line of questioning defence lawyers can take with child victims, which can confuse them and result in a lack of

evidence for prosecution. We need a more sensitive approach to children who are testifying in these cases, and more support for children and their families going through the court process.

The province of Saskatchewan has developed a court specifically to hear cases of domestic violence, and one to hear cases involving mental health issues, and it could set up a court to hear cases involving the sexual abuse of minors. The Ministry of Justice has committed to setting up a working group to review these concerns. Our office will participate and continue to advocate on behalf of children who are sexually abused, so that the harm they are caused when abused is not further exacerbated by the legal process. ◆

\*French J. Sex abuse sentence upsets child advocate. *The Star Phoenix*. 2013 November 9. Available from: <http://www2.canada.com/saskatoonstarphoenix/news/local/story.html?id=55f1acbb-533c-44b1-a618-650eab85062b>

- Providing ongoing input into the design, process and follow-up for Government's *Mental Health and Addictions Commission*. Our office was invited by the Minister of Health to provide input into the design, structure and role of the commission. This work is ongoing. (See page 28 for more information).

These are a few examples of the many ways our office is supporting government in providing better services for children and youth, and we expect this kind of collaborative work to increase as other issues emerge.

## Participation in the Legislative Review of the Child and Family Services Act and the Adoption Act

*The Child and Family Services Act* and *The Adoption Act* are key pieces of legislation for child-serving ministries. A substantial piece of our systemic work in 2013 involved participating in legislative review of these Acts.

We participated in regular task group meetings in an advisory capacity, sharing our recommendations, examples from our advocacy and investigation work, and innovative, rights-based, and evidence-informed legislation in other jurisdictions.

The time we spent exploring the impact of our legislation on children, youth and families, and identifying ways to strengthen it to achieve better outcomes was important. This review process is ongoing and we want to see greater involvement and engagement between the Ministry of Social Services and First Nations and Métis stakeholders as it progresses. ◆

## CAPACITY BUILDING IN ACTION:

### Community development in La Loche

Early in 2013, the Mayor of La Loche contacted our office on behalf of her community for assistance in improving the outcomes for children and youth in the North. La Loche is a village in Northwestern Saskatchewan 600 kilometers from Saskatoon. The Advocate travelled to La Loche to meet with community members in March. In this meeting we learned about the key priorities for which community members need support. In May, our office facilitated an interministerial meeting between the community members in La Loche and deputy ministers from nine ministries. The goal of this meeting was to have

the senior ministry officials understand the community's concerns and make commitments to the community to support their efforts to enhance services in La Loche. Ministries have continued to work together with community members to review the roles their ministries play in making communities supportive and identify changes needed, which is in line with the fourth goal of the *Child and Family Agenda*. Our office has continued to work with community members in La Loche and engage officials in government to support and continue this important work. ◆

## A Higher Duty of Care for Children and Youth

**Child welfare transformation is an integral part of the Saskatchewan Government's *Child and Family Agenda*, and Government states that it is focusing on three areas in transformation: working differently with First Nations and Métis partners; enhancing preventative supports; and renewing the child welfare system.**

Children can come into government care either through a voluntary agreement signed with their parents, or by court order

Part of this transformation includes implementing new risk assessment tools and reviewing *The Child and Family Services Act* and *The Adoption Act*.

Concerns involving children and youth in government care make up most of the issues reported to our office, and issues of case planning and management are common themes. In this section of the report, we are focusing on this, as well as on our concerns around placements for children and youth with complex medical needs.

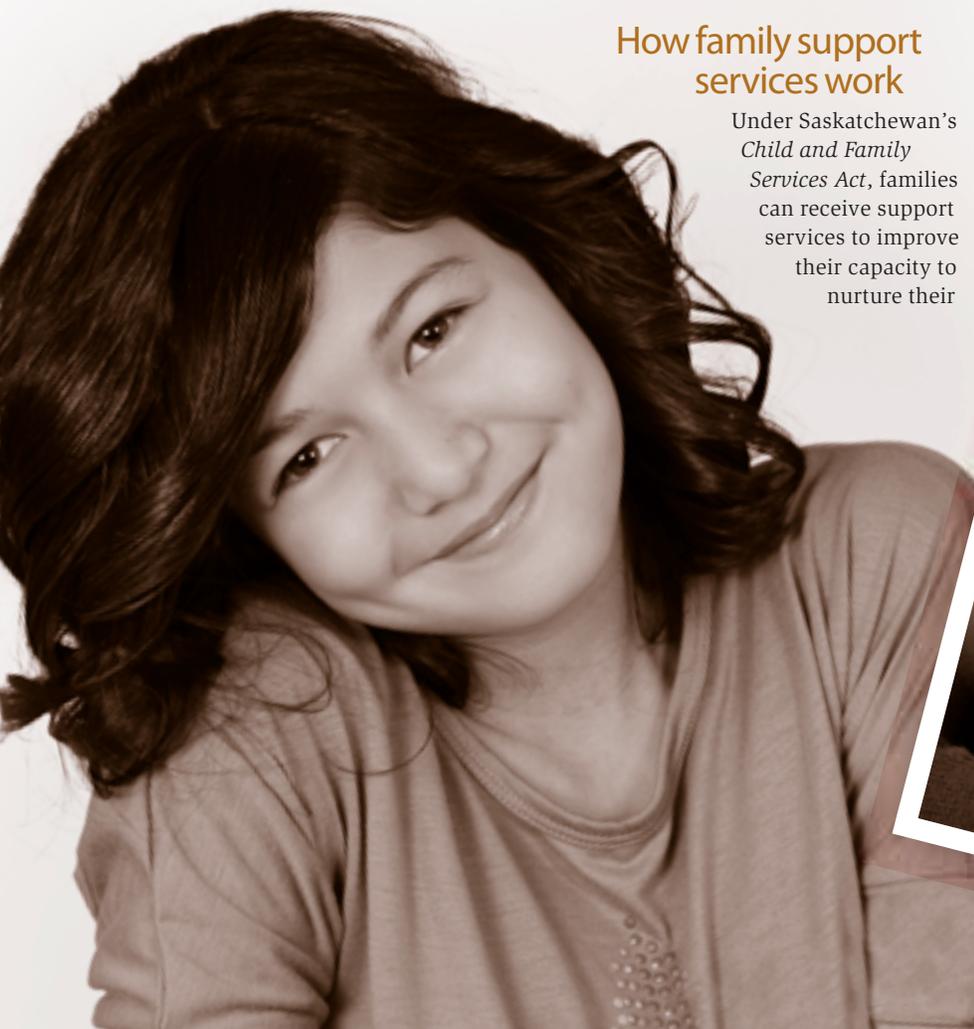
## How family support services work

Under Saskatchewan's *Child and Family Services Act*, families can receive support services to improve their capacity to nurture their

children and keep them safe. Sometimes families are unable to care for their children and they enter the foster care system. Children can come into government care either through a voluntary agreement signed with their parents, or by court order. The table on page 20 shows numbers of children and youth in care, as well as numbers of children and youth in homes with more than four foster children living in them. According to policy, the maximum number of children placed in a foster home is not to exceed four except in certain circumstances. The Advocate believes that we need to focus on the capacity of foster parents to provide care, and that four children may be too much for some foster families.

The purpose of the *Act* is to promote the well-being of children in need of protection by offering services designed to support and preserve the family in the least disruptive manner. The *Act* provides the mandate to investigate reports of child abuse or neglect, and it encourages that services be provided to families in such a way so that children can remain safely in their homes wherever possible. When necessary, children may be removed from the family home when their parents are not able or willing to care for them. The Ministry of Social Services operates under a balance of child-centred and family-centred approaches that prefer to keep families together, so when children have been taken into care, family support workers work with parents so they can reunite them with their children. Meaningful family visits are an important part of this process.

Child and Family Services are delivered either directly or through agreements with First Nations Agencies. The agreements allow



for the agencies to create their own operational procedures, provided they meet or exceed the standards required by the province.

## New Risk Assessment Tools to assess children's safety

In 2012, the Ministry of Social Services introduced the Structured Decision Making® system for child protection services (SDM®), which is a set of evidence-based assessment and decision-making tools. When completed accurately, the SDM® assessments provide evidence to answer two critical questions in child protection: Do we need to apprehend the child? If not, what supports and level of ongoing services are required to ensure the child can safely remain in the home?

The SDM® tools are a significant improvement over the risk assessment tool in use by child protection previously. However, extensive training, quality assurance processes and additional resources are required to successfully implement SDM®. Without these key elements, SDM® offers no assurance of improving the quality of child protection work or outcomes for children and families.

With its strong evidence base, SDM® holds great potential to improve outcomes for children and families, but it won't be implemented effectively until the caseloads of protection workers allow them to meet SDM® standards and until First Nations Agencies embrace these tools and deem them culturally appropriate. We remain deeply concerned that Child and Family Services will not be able to meet compliance with these standards and improve families' outcomes without investing significant additional resources in child protection.



## Foster care for children with complex medical needs

Growing up in within a family and community is in children's best interests. However, we know from our work that parents of children with high medical needs often do not have access to the level of resources they need to manage these children at home. Medically fragile children are those who have a chronic or progressive medical condition requiring close monitoring and care.

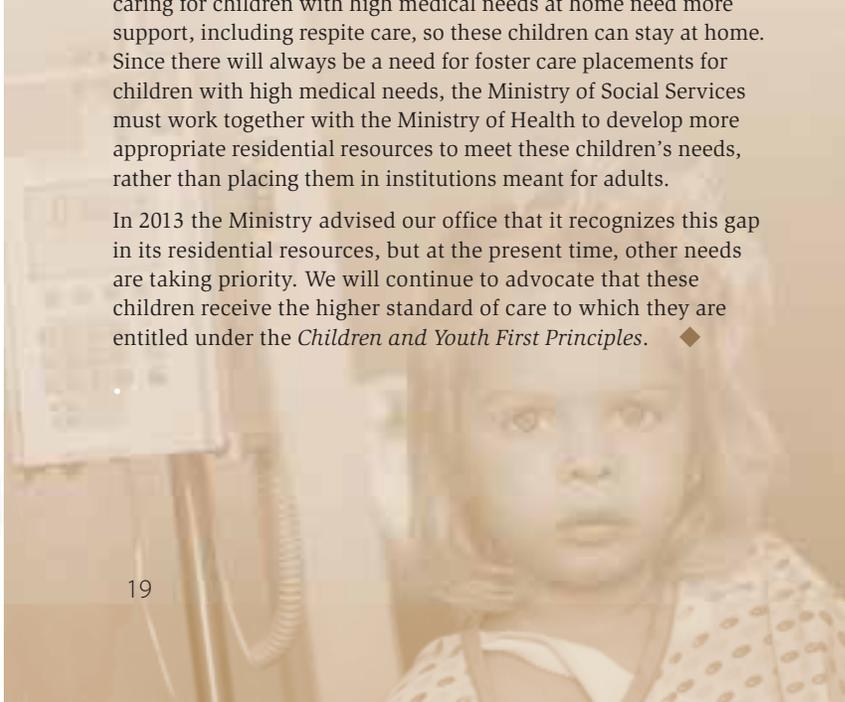
Sometimes parents find they do not have the support they need to care for their children at home so they enter foster care or other resources. In care, these children may have access to more resources in care than they do living with their families. Foster homes and other resources are intended to provide the stable caregiving relationships and connection to community critical for children's well-being.

Unfortunately, there is a shortage of foster parents and other resources willing and able to care for children and youth with high medical needs. As a result, some of these children end up living in situations that fall far short of the *Children and Youth First Principles*, the Ministry of Social Services's legislative mandate and provincial policy.

The Ministry of Social Services has partnered with community-based organizations to develop some specialized residential resources for children whose high medical needs are difficult to meet in a foster home. However, there are not enough of these kinds of placements. Some children with high medical needs are living in foster homes that struggle to provide adequate care; others are growing up in Ministry of Health institutions designed for adults. This situation is not acceptable.

The Advocate for Children and Youth is working with the Saskatchewan Association for Community Living and other community-based organizations to advocate that the Ministry of Social Services develop more community and home-based care options for children with high medical needs. Families who are caring for children with high medical needs at home need more support, including respite care, so these children can stay at home. Since there will always be a need for foster care placements for children with high medical needs, the Ministry of Social Services must work together with the Ministry of Health to develop more appropriate residential resources to meet these children's needs, rather than placing them in institutions meant for adults.

In 2013 the Ministry advised our office that it recognizes this gap in its residential resources, but at the present time, other needs are taking priority. We will continue to advocate that these children receive the higher standard of care to which they are entitled under the *Children and Youth First Principles*. ♦





Educating young people about their rights, and empowering them to **advocate for themselves is an important aspect of our work**

### Case planning for children and youth in care

As in previous years, the majority of concerns we received in 2013 were about case management and planning for young people in government care. In these cases, our advocacy team gathers information to determine if the child or youth is receiving the services they are entitled to under policy and legislation. We also assess whether services to the young person align with the *Children and Youth First Principles*. We often find in these cases that the young person's rights have been violated, particularly having their best interests given paramount consideration and participating in decisions affecting them.

These young people often have unanswered questions about why they are in care, are confused about the plan for their family or disagree with a decision of their family services worker. When

young people call us, we talk to them and contact their worker to:

- identify the sections of policy and legislation relevant to the young person's concerns;
- facilitate information sharing;
- ensure the young person understands the plan for their family and their life in foster care; and
- support the young person's participation in decisions made about their lives, such as where they will live, where they will attend school, how often they will be visited by their family members, and who will visit.

Educating young people about their rights and empowering them to advocate for themselves is an important aspect of our work. Often when young people approach us about concerns, we will participate in case conferences, which bring together an advocate from our office, the child or youth's family services worker, that worker's

### Child and Family Services System in Saskatchewan

	2009	2010	2011	2012	2013
<b>Children in out-of-home care<sup>1</sup></b>	<b>4797</b>	<b>4754</b>	<b>4649</b>	<b>4557</b>	<b>4492</b>
<b>(Provincial System)</b>					
Children in care <sup>2</sup>	3390	3263	3039	2896	2846
Non wards <sup>3</sup>	1407	1491	1610	1661	1646
<b>Children and Youth in care<sup>4</sup></b>	<b>1206</b>	<b>1176</b>	<b>1139</b>	<b>1123</b>	<b>1117</b>
<b>(First Nation System)</b>					
<b>Foster Homes<sup>5</sup></b>	<b>729</b>	<b>691</b>	<b>626</b>	<b>623</b>	<b>584</b>
<b>(Provincial System)</b>					
Provider homes with more than four children	96	79	77	63	48
Children living in provider homes with more than four children <sup>6</sup>	596	483	457	370	282

Source: Ministry of Social Services and Aboriginal Affairs and Northern Development Canada

1 - This number includes all children who are placed in out-of-home care and are involved with the Ministry and children who were apprehended by the Ministry off-reserve and placed on-reserve. Placements for these children include: foster homes, group homes, assessment and stabilization centres, or with extended family as of December 31 of each year.

2 - This number includes wards and those children with apprehended status.

3 - This number includes children/youth who are placed by court order in the custody of a designated Person of Sufficient Interest caregiver.

4 - As of March 31 of each year. This number includes children and youth in foster care and non wards (children living with a Person of Sufficient Interest caregiver).

5 - Approved Providers - include Regular Foster Care, Therapeutic Foster Care, Parent Therapist, or both Regular and Therapeutic Foster Care.

6 - Children refers to children in care.

**Apprehended Status** - a child who is in need of protection and at risk of incurring serious harm and has been removed from a parent to a place of safety.



supervisor and other relevant service providers. These conferences also include the child or youth in question whenever possible, as this is a good opportunity to hear directly from them.

Participating in case conferences gives us an opportunity to ensure that the child or youth is receiving all the services he or she is entitled to, and that the joint planning is child- and youth-centred. Youth who are supported by Ministry of Social Services staff who take the time to listen to them and make sure that they have the information they need to understand their case plans, even if they do not agree with them, seem to do best. If more workers worked with youth in this way, we expect that we would have fewer concerns about case planning and management reported to our office.

### Improvements to the Person of Sufficient Interest program

In the past few years, there has been an increase in the number of children living in out-of-home placement with a Person of Sufficient Interest. In this program, an interested person can be designated as the legal guardian for a child in need of protection as an alternative to the child entering into care. There are benefits for children in the care of Persons of Sufficient Interest, as these caregivers are often extended family, band members or family friends. Their pre-existing relationships with the child and connection to the child's community and culture support children's well-being and adjustment to out-of-home placement in ways that foster care cannot.

However, we have expressed deep concerns previously with this program, as support to these children and their caregivers is far below the standards for children in foster care. We were concerned that potential caregivers were not being sufficiently assessed or supported, and children were not being monitored adequately. This disparity in services contributes to placement breakdowns as these caregivers struggle to meet children's needs with minimal support. Person of Sufficient Interest Orders have particularly negative impacts on children with special needs because services they are entitled to while in foster care become difficult to access if they are placed with Persons of Sufficient Interest.

In 2012, the Ministry of Social Services initiated a program review in response to the Advocate's concerns to which we provided input. Over the

### Case Study: Involving youth in their case plans

"Alexa", a 15-year-old girl living in foster care contacted the Advocate for Children and Youth as she was concerned about losing contact with her parents. She was a long-term ward and she had not had a visit from her parents since she was moved to a treatment and stabilization facility some distance from the urban centre where her family lived.

In meeting with one of our advocates, Alexa said that she did not understand why she had to remain in care, and she wanted to return to her family. She also asked if she could live with her adult sister, who lived in a neighbouring province, if she was unable to return home.

We investigated Alexa's concerns with Ministry of Social Services staff, and were able to participate in a case conference to bring everyone together. Our advocate also talked to Alexa's worker before the meeting, so the worker was able to come to the case conference prepared to address Alexa's concerns and explore options that had not previously been considered. Our advocacy services resulted in this young woman's meaningful involvement in her case planning and enabled her to maintain family relationships.

Over the course of our advocacy with Alexa, the Ministry of Social Services approved her for a pilot project called "Wraparound", which provides intensive support and case management. With this high level of support, Alexa was able to return to her family home, as she desired, and is doing well. The Ministry of Social Services also began the process of approving her sister as a caregiver should this young woman need to enter government care again. ◆

### Advocate's Applause:

#### The FASD Support Network for their foster parent training program

The FASD Support Network is a community-based, parent led network that provides support and understanding about the challenges of parenting children affected by prenatal exposure to alcohol. In response to a recommendation from the Advocate in the 2007 Annual Report, the FASD Support Network of Saskatchewan developed a training program for foster and adoptive parents caring for children with FASD and an accompanying parent guide. A representative from the Ministry of Social Services acts as a facilitator at each half-day training session. In 2013, the Support Network worked with partners at the Community-University Institute for Social Research at the University of Saskatchewan to conduct an initial evaluation of this training program. The evaluation found that foster parents' knowledge of FASD increased considerably, and that parents found it very helpful to learn from each other. We commend the Support Network and the Ministry of Social Services for partnering on the delivery of this training, and the Support Network for evaluating it in order to better support foster and adoptive parents. ◆

course of 2013, the Review identified the major policy revisions required to align these placements with the best interests of children and youth. The Ministry has commenced this work, strengthening its assessment of prospective Person of Sufficient Interest caregivers, improving the quality of information it provides to potential caregivers, and implementing an extended family agreement outlining roles and responsibilities for caregivers and the Ministry of Social Services.

The Ministry is also revising its reporting policy to trigger their internal review process and notify our office when a young person in a Person of Sufficient Interest placement dies or is critically injured, similar to incidents occurring when children are in foster care or receiving family support services. This change enables us to provide greater oversight of the Ministry's services to children, youth and Person of Sufficient Interest caregivers.

We are encouraged by progress on this issue in 2013, as it should keep many children safe and protected and provide

needed supports to caregivers. We will continue to monitor Person of Sufficient Interest placements closely. We anticipate that amending *The Child and Family Services Act* will recognize all children's right to an equal standard of service from government, and hope that it will assist family members who intervene with children, before it becomes necessary for the Ministry of Social Services to become involved. ♦



### Advocate's Applause: Unique partnership provides substance-abusing women with housing and a high level of support services for them and their children

In November 2013, a facility opened in Regina that represented a new way of working with pregnant women who were likely to have their babies apprehended by Social Services due to high-risk behaviour: addictions, homelessness and previous involvement with child protection.

*Raising Hope* is a residential model of care which provides one bedroom apartments for 10 pregnant women and their other young children if they have custody. *Raising Hope* allows 10 women to move in at any point of their pregnancy, or within three months after their baby's birth, and stay for up to 18 months. They also provide outreach services to another 30 women.

It is staffed around the clock and onsite programming includes addictions counselling, parenting supports and life skills training, as well as prenatal and postnatal care for mothers and public health services for their infants and other children. For mothers working toward reunification with their children, *Raising Hope* offers a safe and positive environment for family visits, with a play area and the support of program staff, who also provide supervision as required based on the level of risk.

*Raising Hope* is a partnership of the Ministry of Social Services, Regina Qu'Appelle Health Region, Street Workers Advocacy Project, and Namerind Housing, a non-profit housing corporation. It is funded by contributions from the Federal Homelessness Strategy, and the province's Ministry of Health's FASD Strategy, Mental Health and Addictions Services and Public Health Services, the Ministry of Social Services' contracts for community-based services and that ministry's budget for child protection case management.

We commend these partners for coming together to offer services focused on prevention and early intervention, helping children get off to a good start and strengthening families and communities. ♦



Youth between the ages of 12 and 18 who break the law fall under Canada's *Youth Criminal Justice Act*. Young people under the age of 12 who engage in behaviour that would be considered criminal for someone older may be considered to be in need of protection under Saskatchewan's *Child and Family Services Act*.

The Ministry of Justice states that its young offender program is based on the belief that "with sufficient resources, most youth who break the law can be held accountable within the community without jeopardizing community safety," and that custody should be considered only after all other options have been explored.<sup>13</sup>

This year our advocates conducted regular facility visits and worked with a number of youth receiving services from the Ministry of Justice. Concerns with facilities' interpretation of policies became apparent through our advocacy services, such as how facility staff transfer youth between open and secure custody. We also identified that the number of youth who are incarcerated or are

receiving services in the community under supervision orders has decreased significantly. As a result, some units have closed, meaning that young people may be placed long distances from their home communities. Being placed far from home makes it difficult to incorporate appropriate rehabilitative services for youth to help them transition back to these communities. With the closure of units within the youth facilities, the Ministry of Justice has also been challenged to repurpose space for use in the adult system. We will continue to advocate for youth and provide feedback to ensure that these changes

do not impact the rehabilitation programming needed for youth to be successful.

## Young Offender rates

Statistics Canada reports on the average counts of young people in youth correctional services by province and territory. The most recent data available is from 2011, which shows that 23.17 young people per 10,000 are incarcerated in

Saskatchewan, second only to Manitoba. The rates of incarceration for 2012 rates will be released in late April 2014, after this report has been published.<sup>14</sup>

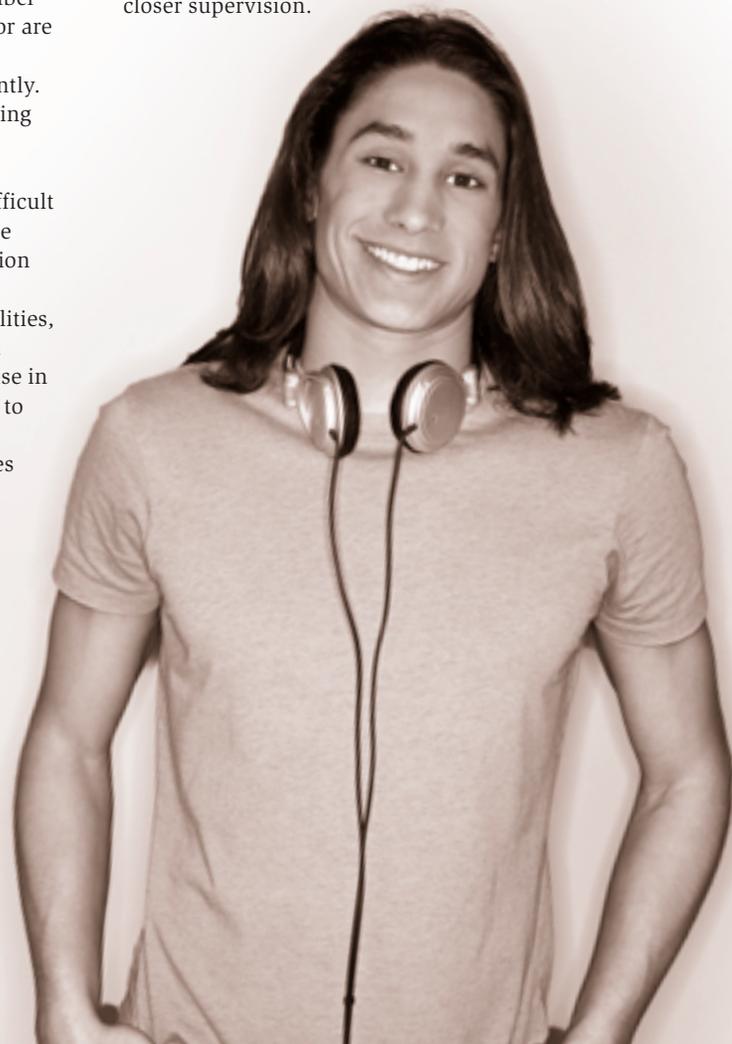
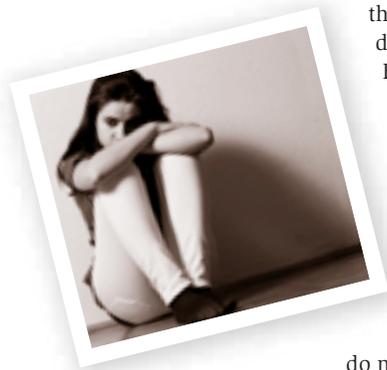
The Saskatchewan Ministry of Justice, Corrections and Policing Division, reports 1362 youth in young offender community programs in 2013-14 (average daily count), with 977 on probation, 137 on deferred custody and community supervision, and 248 on other community sentences. This number has continued to decline, from 2608 total in 1998-99 to 1463 in 2012-13 and 1362 in 2013-14.

## Administrative Transfers from open to secure custody

Open custody is meant for young people who are considered of little risk to community safety and they are encouraged to attend school, work, receive treatment and take part in community activities while living in a supervised residential facility. Secure custody is meant for youth who present a much higher level of risk to community safety, thus needing closer supervision.



With sufficient resources, most youth who break the law can be held accountable **within the community without jeopardizing community safety**



For youth in open custody, an administrative transfer order can be used to transfer a youth to secure custody for a period of up to 15 days if:

- the youth attempts to escape custody;
- the transfer is needed for the youth's safety; or
- for the safety of others, including staff and other youth in the open custody facility, and the general public.

These transfers are meant to be in the youth's best interests and are not intended to be used as a consequence for behaviour or in a punitive manner.

Our advocacy has raised a number of cases where we have been concerned about the number of youth in open custody who are transferred to closed custody for a period of stabilization due to safety or behavioural concerns and risk to escape open custody. We have questions about how *The Youth Criminal Justice Act (Young Offender Act, s. 24.2(9))* is being interpreted regarding these transfers and how involved youth are in the decision-making on these transfers, as is their right. Young people have the right to understand why they are being transferred and the right to review the documents prepared for the transfer. They have the right to contact support people, including family members, community youth workers, mentors, family service workers and The Advocate for Children and Youth.

Youth may be transferred due to concerns about safety. However, it is unclear how this is defined in practice, and how custody facilities ensure that they are meeting youth's safety needs. A transfer to closed custody can impact a youth's current programming, including their integration with their community, school, employment and counselling. This needs to be taken into account when determining if a transfer is required.

Our advocacy on this issue has raised concerns related to the definition of safety, stabilization, and procedural fairness related to appeals.

The Ministry of Justice's Corrections and Policing Division sought our input when they revised their policy on administrative transfers, giving us the opportunity to share concerns in a constructive manner. We have provided feedback regarding the discrepancies within each region as to what determines a safety risk, how stabilization of the youth is assessed after they are transferred to secure custody and the differing processes for youth to appeal these decisions. We will continue to monitor regional practices to ensure that the policy is being administered as intended, and expect that the Ministry will do so as well. It is critical that services are tailored to the youth's needs and that the best interests of youth are maintained when administrative transfers occur.

### Consolidating young offender and adult facilities and administration

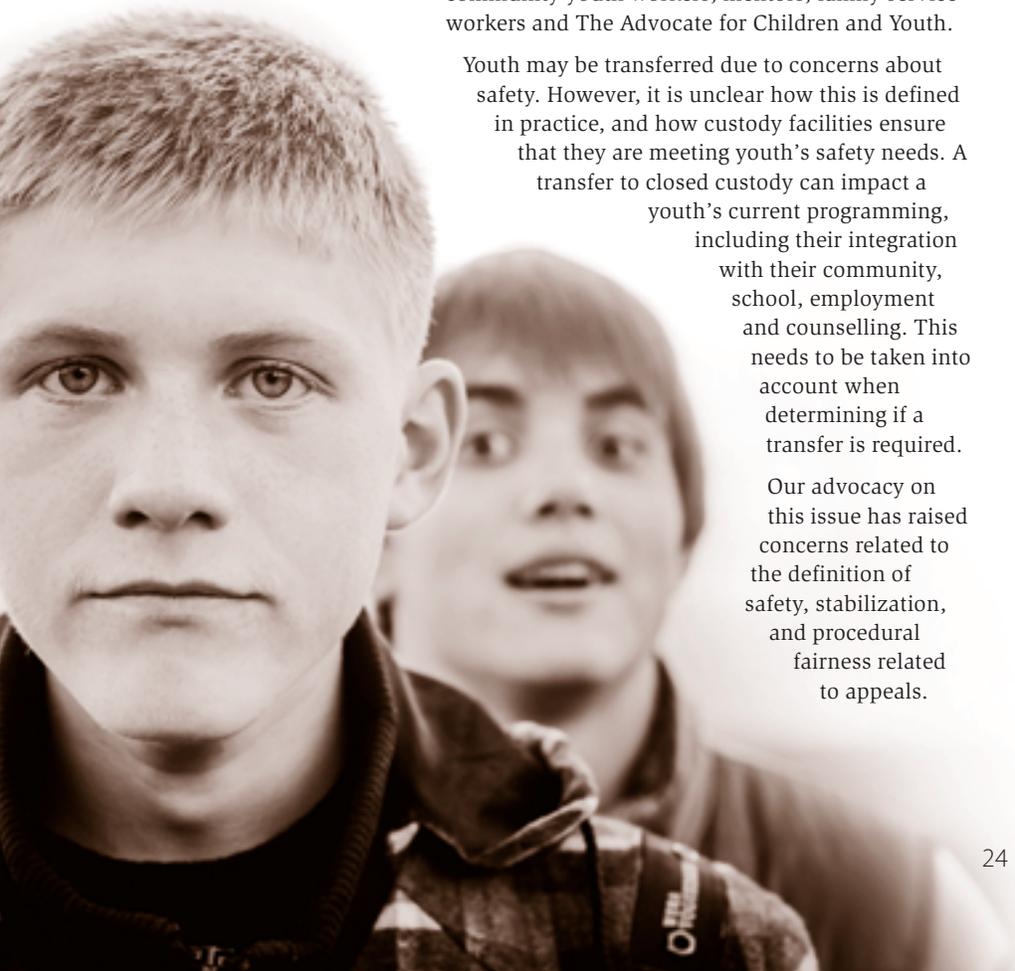
In 2013, the number of youth sentenced to custody has continued to drop, which has resulted in closures of one youth facility (Echo Valley) and a number of unit closures in other facilities. This appears promising, as we had previously cautioned that amendments to *The Youth Criminal Justice Act* in 2012, as part of the federal government's "tough on crime" Bill C-10 were based in a punitive philosophy, thus potentially increasing custodial sentences.

However, unit and facility closures also means that young people who are incarcerated are often living far from their home communities. As a result, this may cause difficulties for family members to visit, for young people to maintain their support networks and for them to access services in their home communities, all of which are essential to rehabilitate them successfully and reintegrate them into society. We have worked with youth who have been moved to another facility due to the need for space to incorporate youth with short-term remand stays versus longer term remand stays. We have also advocated for those youth transferred to another facility due to unit closures where services they had been receiving have been impeded by the relocation. Our office has also had a longstanding concern that there are no facilities in the North for females, so young women from Northern communities must be placed far from home.

In the spirit of cost efficiency, the Ministry of Justice



We have been concerned about how youth in open custody **have been transferred to closed custody**



has moved to refurbish the existing empty spaces in youth custodial facilities to accommodate adult offenders, and has also integrated some administration of these two correctional services. This is a concern, as under *The Youth Criminal Justice Act* and the *United Nations Convention on the Rights of the Child*, youth may not be held in the same facility as adults.

In 2013, planning started to convert unused space at Paul Dojack Youth Centre in Regina into a unit to hold adult women on remand, awaiting court appearances. Our office was advised about this change, although we would have preferred consultation prior to the decision being made. The Ministry states that they have maintained all requirements under *The Youth Criminal Justice Act*. They have stated that youth and adults are separated at all times, with separate entrances and physical and visual barriers between the outdoor recreation areas.<sup>15</sup>

However, we remained concerned about the implications of this practice, and if it is possible to maintain the complete separation needed between youth and adult systems, especially as some administration has been integrated, and staff may move between the two systems. Our office will continue to monitor the amalgamation of youth and adult corrections both within the realms of community and custody and advocate that young people's needs are not compromised by this strategy.

In 2013 our offices agreed to regular meetings for a collaborative process. Given the magnitude of recent changes within the system, communication is essential. The Advocate should be involved any time significant decisions impacting youth in custody and supervision are made, so that we may provide constructive input. ◆

**13.** Saskatchewan Ministry of Justice. Young offender custody programs [webpage]. Retrieved from: <http://www.justice.gov.sk.ca/Default.aspx?DN=7b77b288-fa60-40b8-9d13-02c8b4540b28>

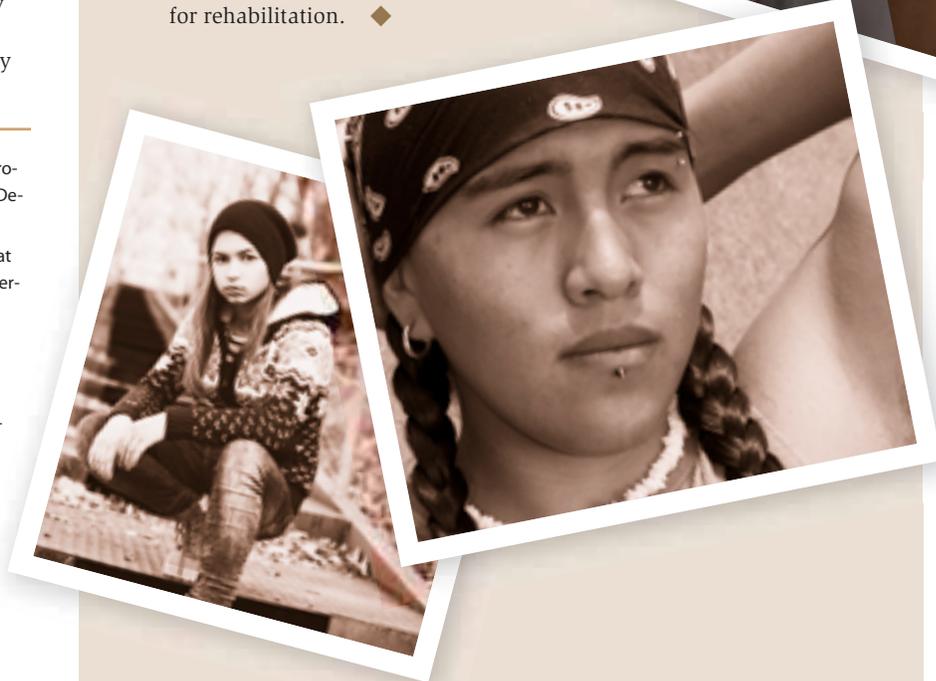
**14.** 2012 data will be available on the Statistics Canada website at the end of April 2014, in the table Youth correctional services, average counts of young persons, by province and territory (CANSIM table 251-0008).

**15.** Government of Saskatchewan. New female holding facility opens in Regina. [press release]. March 5, 2014. Available from: <http://www.gov.sk.ca/news?newsId=27e529dc-7bdf-4492-99b0-08ef3f5f93c1>

### Case Study: When systems don't work together, youth lose out

In July 2013 the Advocate for Children and Youth received calls from several youth voicing concerns regarding lack of access to counselling services. These youth were residing in a secure custody facility and had been accessing counselling services on a weekly basis directly within the facility from staff of the local health region. When investigating the issue, we determined that the services ceased due to a discrepancy over the move of office space previously designated for the counsellors to utilize. Concerns for security and staffing abilities led to the decision from the young offender system to relocate the space to another area within the facility. The health region providing services felt the move compromised their ability to provide confidentially for youth.

Finding another space for counselling was complicated by the needs of the two systems. Consequently the youth did not have access to mental health services for several months while the managers of the systems worked to find some type of resolution. During this time our office continued to voice concerns on behalf of the youth to the various levels within government. Eventually counselling resumed within the facility, but the delay meant that youth lost out on that time for rehabilitation. ◆



### Examining children and youth's mental health issues

In September 2012, with the implementation of *The Advocate for Children and Youth Act*, our office received more explicit jurisdiction over publicly funded health entities in Saskatchewan, including

health regions, the Saskatchewan Cancer Agency, and other healthcare organizations.

Of the calls that we received in 2013 on health issues, 32 per cent were concerns about access to mental health and addictions services.

needs. Many of the children and youth we work with at the Advocate's office are at high risk for mental illness and substance misuse issues, due to risk factors present in their families.

Children and youth who live in foster and group homes have high rates of major depression, anxiety, inappropriate sexualized behavior, ADHD, self-harming, suicidal ideation and substance misuse. In a recent Ontario study, 40 per cent of the youth in care reported experiencing depression or misusing substances in the previous 12 months.<sup>17</sup> In another study, youth living in the care of a child welfare organization in Ontario were five times more likely to come to the Emergency Department with suicide-related behaviour (self-harming, ideation, or attempts) than youth who lived with their family of origin.<sup>18</sup>

Hearing the life stories of vulnerable children and youth gives us unique insight into the ways that Government could step up to support their mental health earlier, before developmental, behavioural and psychological issues emerge and intensify and they require more intensive health services.

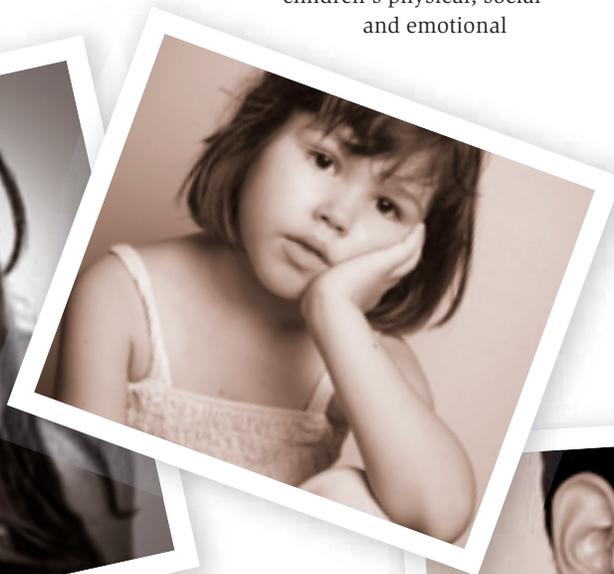
With adoption of the *Children and Youth First Principles* in 2009, the provincial government endorsed the right of every child in Saskatchewan "to the highest standard of health and education possible to reach their fullest potential."

Implementation of this Principle means expanding mental health services beyond what we see as the current diagnostic and clinical focus into mental health promotion and early intervention. Children and youth have a right to services and support for developmental delays, psychological and behavioural issues and substance misuse as they emerge, in the settings where they live, learn and play.

Many of the children and youth we work with are at high risk for mental illness and substance misuse issues

### Mental health challenges for children and youth

The mental health of children is strongly related to the mental health of their family members, particularly their mothers.<sup>16</sup> Parents who are struggling with mental illness and addictions issues may not have the capacity to meet their children's physical, social and emotional



## Finding appropriate placements a challenge for youth in government care who have complex mental health needs

Our office received a call about “Gord”, a 17 year-old youth with complex mental health needs. Gord had been diagnosed with psychotic disorder on an acute care mental health ward and after treatment, he was ready for discharge. Gord’s parents had advised the hospital that out of concern for their younger children’s safety, Gord could no longer reside at home.

Since Gord could not be discharged until he had a place to live, he was referred to the Ministry of Social Services’s Child and Family Services division for a Section 10 Agreement. Through Section 10 of *The Child and Family Services Act*, the Ministry of Social Services has authority to support 16 and 17 year olds to live independently when their parents are unable to care for them.

Our office became involved when Gord’s Section 10 worker could not find a residential resource for him. All of the group homes and room and board programs for this age group had declined Gord’s referral based on his psychiatric diagnosis. A placement matched to Gord’s needs would minimize the likelihood of another psychotic episode by monitoring his medication and supporting him with attendance at school and appointments.

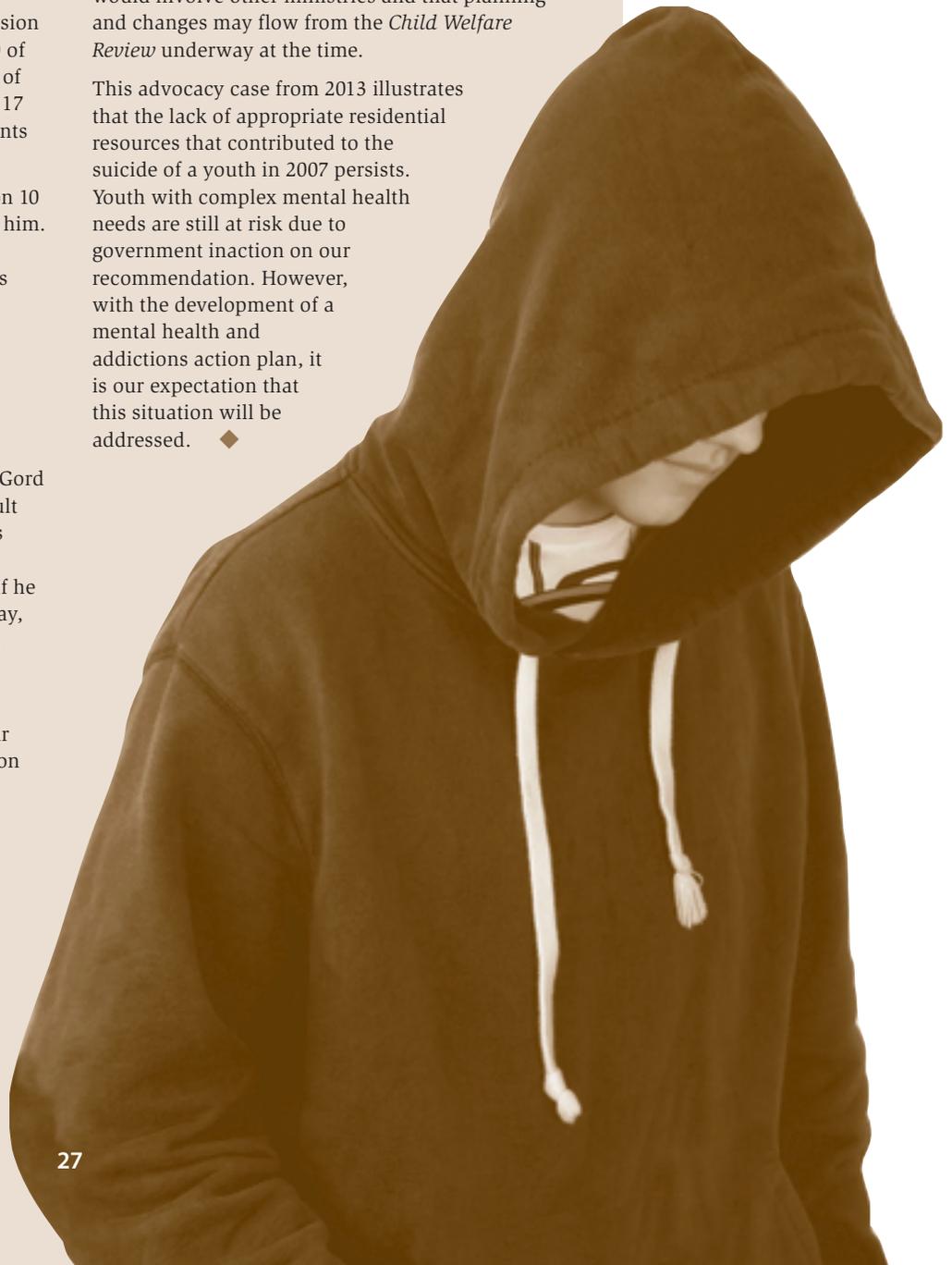
In the course of our advocacy, we realized that Gord would soon turn 18 and become eligible for adult mental health services. With our assistance, his worker negotiated a placement for Gord in a licensed mental health group home for adults. If he had not been within a month of his 18th birthday, Gord would have ended up in an inappropriate, unsupported living situation.

In 2007, our office investigated the death of a youth with complex mental health needs similar to Gord’s. This youth committed suicide while on a Section 10 Agreement with the Ministry of Social Services. Like Gord, his family was unwilling to have him return home on discharge from the psychiatry unit. Our investigation found the youth’s placement in a rent-by-the-month hotel failed to meet his needs, contributing to the circumstances in which he died. The investigation resulted in a recommendation to the Ministry of Health that remains open. Recommendation 07-11755 asks that

Saskatchewan Health expand and enhance the supervised residential resources for children and youth in need of “intensive specialized mental health treatment.”

In 2010, the Deputy Minister of Health advised the Advocate that a strategy would be undertaken to consider the need for these services in the context of a greater mental health review. Further, he indicated that this work would involve other ministries and that planning and changes may flow from the *Child Welfare Review* underway at the time.

This advocacy case from 2013 illustrates that the lack of appropriate residential resources that contributed to the suicide of a youth in 2007 persists. Youth with complex mental health needs are still at risk due to government inaction on our recommendation. However, with the development of a mental health and addictions action plan, it is our expectation that this situation will be addressed. ◆



## Government developing a mental health and addictions action plan

In May 2013, the Government committed to developing a *Mental Health and Addictions Action Plan* for the province, and in June, Dr. Fern

Stockdale-Winder was appointed as the Commissioner to develop this plan.

We were pleased to be invited by the Minister of Health to provide input into the design, structure and role of the Commission, and to ensure that the interests of

children and youth were reflected in the review of mental health and addictions services undertaken by the Commissioner and her staff.

During the fall of 2013, we met with Dr. Stockdale-Winder and her staff several times. We also reviewed our files to identify themes on concerns reported to us on access to addictions and mental health services, in preparation to make a written submission to the Commission, which we did in February 2014. Content from this submission makes up the rest of this section of the report.

The *Mental Health and Addictions Action Plan* is an important opportunity for our office to identify these issues and advocate for the services to which children and youth are entitled. We commend the Government for undertaking this work, and look forward to the completed *Action Plan*.

intensive mental health services for children and youth are very limited

## Lack of intensive services for young people with complex mental health needs

While Saskatchewan's health system offers some clinical mental health facilities, programs and residential options for adults, which may or may not be sufficient, intensive services for children and youth are very limited. This lack of services has serious implications for children and youth with complex mental health needs, who often end up in the child protection or justice systems. We are concerned that the Ministry of Health has focused its services on providing acute psychiatric care to this high need population.

Adults with disabling mental illness have access to mental health group homes that facilitate a successful transition from acute inpatient care to the community. These homes also provide long-term supported housing for individuals who do not regain the capacity to live independently. There are no such services for young people who have the same complex mental health needs.

## Lack of psychiatric services for children and youth

Due to inadequate resourcing, a shortage of child and adolescent psychiatrists and the absence of a centralized referral process for out-of-region services, children and youth in the province do not have timely, equitable access to psychiatric assessment and care. Parents and foster parents who are caring for children and youth with complex mental health needs can find it confusing and frustrating to secure the health services their children need. ♦

**16.** Kendall-Taylor N, Mikulak A. Child mental health: a review of the scientific discourse. Alberta family wellness initiative 2009 [cited 12 A.D. Oct 23]; Available from: URL: <http://www.albertafamilywellness.org/resources/publication/child-mental-health-reviewof%2%A0-scientific-discourse>

**17.** Guibord M et al. Risk and protective factors for depression and substance use in an adolescent child welfare sample, *Children and Youth Services Review*, 2011. 33: 11, 2127-2137.

**18.** Rhodes, A. E., M. H. Boyle, et al. (2012). Child maltreatment and onset of emergency department presentations for suicide-related behaviors. *Child Abuse and Neglect*, 36(6), 542-551.

## ACCESSING SERVICES CASE STUDY

### Accessing mental health services can be challenging

A mother called our office about her 14 year old daughter “Nancy.” Nancy’s family lives in a health region with no child and adolescent psychiatrist and no inpatient psychiatric care. Nancy had been hospitalized in her small town for severe mental health issues six times in the last year. She had been taken by ambulance from her community for admission at an inpatient intensive treatment facility, but Nancy was turned away because her admission had not been approved by a psychiatrist in that health region.

Nancy’s mother contacted our office for assistance. While we investigated the situation, Nancy’s mother contacted a community-based mental health advocacy organization. They

provided her with the direct phone number for a child and youth psychiatrist with admitting privileges to the inpatient unit. She called the psychiatrist and described her daughter’s deteriorating mental health and their struggle to access care. Nancy was assessed and admitted to the inpatient ward that same day.

In this case, the youth was able to access inpatient psychiatric assessment and stabilization because her mother advocated on her behalf. When the out-of-region referral process delayed her daughter’s access to services, this mother looked for alternatives. Nancy received the health care she is entitled to after an unreasonable delay and only when her mother circumvented the complex referral process. Other children and youth may not have such strong advocates, and thus not receive the health care services they need and to which they are entitled. ◆

## ADVOCATE’S APPLAUSE

### Saskatoon Health Region for using data to measure, report on, and monitor children’s outcomes, spurring community action

In 2012, Saskatoon Health Region’s Public Health Observatory partnered with the Saskatchewan Population Health and Evaluation Research Unit to produce the province’s first child health status report and the region’s first collaborative report. This report used existing population level data collected through the Early Development Instrument (EDI) by the Ministry of Education on kindergarten-aged children to report on needs and gaps in the Saskatoon Health Region and beyond, adding to it additional research evidence and numerous stakeholder views.

*Healthy Children, Healthy Families, Healthy Communities*, which was published in November 2012, offers an example of how important data like the Early Development Instrument and In Hospital Birth Questionnaire is to evaluation and planning. The report included a series of

recommendations to improve children’s outcomes, led by the overarching recommendation to develop and implement a provincial early childhood health and development strategy.

This use and analysis of data across systems is very promising and it has spurred ongoing community action through the Saskatoon Regional Intersectoral Committee. We commend the Saskatoon Health Region’s Population Health Observatory and the Saskatchewan Population Health and Evaluation Research Unit for this report, and Saskatoon Regional Intersectoral Committee for taking up this work at a community level in 2013.

We urge the Ministries of Health and Education to demonstrate the leadership that Saskatoon Health Region showed with its report on a provincial scale, using the EDI data and other relevant data that are already being collected in their regions to measure and monitor children’s outcomes and report on them widely. ◆



Of the concerns reported to our office that involve the education sector, 20 per cent were on bullying and 12 per cent on lack of support services. In this section, we are focusing on bullying and on supports

All children and youth are entitled to be safe from all forms of harm, including the emotional and physical harm of bullying

for children and families in the early years before kindergarten entry. We continue to be concerned about insufficient support for students entering the school system who do not speak English as a first language (both Aboriginal students and newcomers to the province), and the numbers of children who are absent from school habitually, impacting their learning.

### Bullying

The incidence and negative impact of bullying has become a compelling public issue in recent years. Most Canadian provinces have initiated bullying prevention plans and many have made legislative changes to intervene more effectively in bullying incidents.

The Saskatchewan government made bullying a priority issue in February 2013 with a public consultation process to develop a provincial anti-bullying strategy with recommendations for the Minister of Education.

All children and youth are entitled to be safe from all forms of harm, including the emotional and physical harm of bullying, under the *Children and Youth First Principles*. The Advocate's role is to hold government accountable for protecting and promoting these rights, and we see the *Anti-Bullying Plan* as an important signal that the provincial government recognizes this responsibility.

We participated in community and stakeholder consultations in May and June 2013. *Saskatchewan's Action Plan to Address Bullying and Cyberbullying* was released on November 14, 2013.

The *Action Plan* calls for the Ministry of Education to engage the Advocate for Children and Youth in a public education role around preventing and responding to bullying and recommends that we serve as an avenue to address unresolved bullying issues for children and families. We are pleased that the *Action Plan* recognizes our office's role in promoting children's rights through advocacy and public education. We have confirmed this role with the Minister of Education and started to explore our office's role in Anti-Bullying education and advocacy with Ministry officials. The *Student First* consultations announced at the end of 2013 offer another opportunity to build relationships with stakeholders, gain insight on rights and advocacy issues in Education, and familiarize ourselves with Ministry of Education policy.

### Early Learning

One of the goals of the *Child and Family Agenda* is that children get a good start in life, and challenges identified here include school readiness, literacy and parenting. Government has taken steps to address these challenges with increased funding for prekindergarten programs offered through schools for vulnerable three and four year olds, additional child care spaces and providing supports to enhance the quality of early

learning environments. The government is currently reviewing the child care subsidy program. There were also some additional investments in family supports and the *Triple P Positive Parenting Program* included in the 2014-15 budget under the Ministry of Social Services.

While we commend government for these measures, the Advocate remains concerned that levels of public investment for young children prior to kindergarten remain low and that many children are vulnerable.

The Ministry of Education has been measuring the health and wellness of young children, and their ability to take advantage of the learning opportunities provided in schools using the Early Development Instrument. This is a tool that measures children's readiness for school that was developed in Canada and has been used across the country and internationally for more than a decade.

The most recent results from 2011 showed that 30.2 per cent of children are "not fully ready for school" in one of the five developmentally-appropriate areas measured: physical health and well-being, social competence, emotional maturity, language and cognitive development, and communication skills and general knowledge. Additionally, 16 per cent of children are not ready in two of these areas.<sup>19</sup>

This is concerning, as

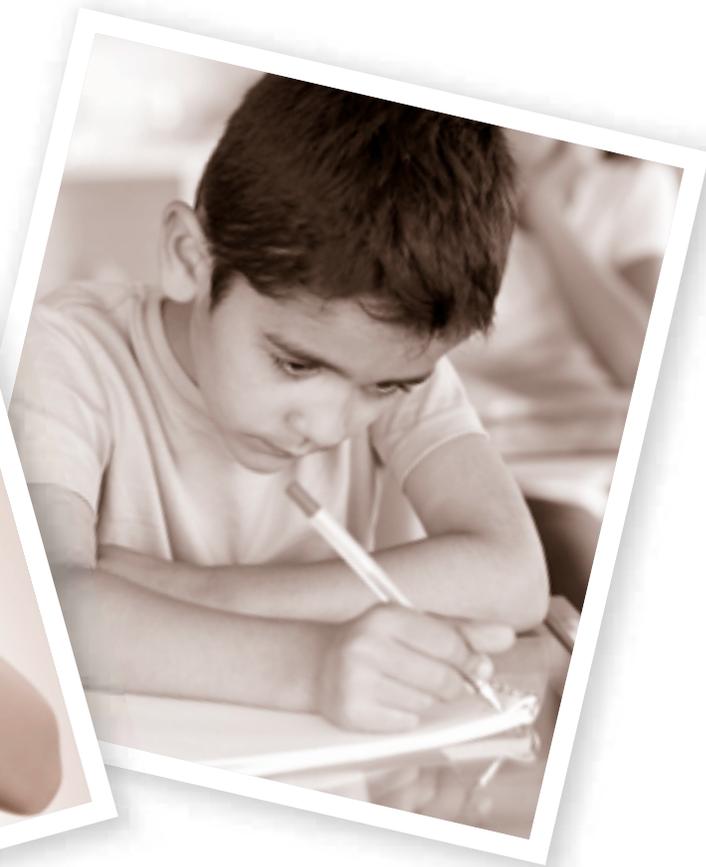
research has established that children's success in early grades is a strong predictor of their success later on in school and in other areas of their lives.<sup>20</sup>

In November 2012, the Saskatoon Health Region released the province's first ever child health status

report. This report included an overarching recommendation that the Government develop and implement a provincial early childhood health and development strategy to reduce these high levels of vulnerability through parenting supports and high quality, affordable and accessible early learning and child care services.<sup>21</sup>

The *Joint Task Force on Improving Education and Employment Outcomes for First Nations and Métis People* also made a recommendation for a provincial early years strategy to improve outcomes for First Nations and Métis children.

the Advocate remains concerned that levels of public investment for young children prior to kindergarten remain low



There are only licensed child care spaces **for one in five children prior to kindergarten**

In November 2013, the Muttart Foundation published a discussion paper on early learning and child care in Saskatchewan and held forums in Saskatoon and Regina with interested stakeholders.

This paper identified that, despite considerable increases in child care spaces since 2007, there are only regulated child care spaces for one in five children prior to kindergarten, with an additional 4,500 part-day prekindergarten spaces for

vulnerable three and four year olds. This level is lower than our neighbouring provinces of Alberta and Manitoba. As a result, Saskatchewan families rely mostly on unregulated child care which is not monitored by the provincial government.<sup>22</sup> After concerns on the safety of unlicensed child care

homes were reported in the media,<sup>23</sup> the Ministry of Education reported to our office that it had established itself as a point of contact for such complaints, as well as policy and tools for assessing any complaints received and the level of investigation warranted. While this is promising, we believe this complaint process has not been sufficiently publicized and we expect to see more action in this area to keep children safe.

We encourage the government to heed these calls and develop a more broadly-based early childhood strategy under the *Child and Family Agenda*, which would dovetail well with an anti-poverty strategy.

Investments in early childhood development have been shown repeatedly to have a very high rate of return in economic development and to be the most cost-effective way to reduce poverty and encourage economic growth.<sup>24</sup>

### KidsFirst

*KidsFirst* is a voluntary program that provides support and services to vulnerable young children and their families through home visiting. In May

2013, the Advocate learned that families involved with child protection were no longer eligible to participate in *KidsFirst* in Saskatoon. This change happened without advanced notice or a transition plan. Families receiving child protection services in other parts of the province still had access to the *KidsFirst* program.

We were concerned that this change cut off services to some of the most vulnerable families in the province's largest city. *KidsFirst* offers vulnerable families support without stigma, improves parent and child outcomes and is a continuing resource to families after their protection files close. In order for children to get the best start in life, a goal of the *Child and Family Agenda*, ministries should be collaborating to support our most vulnerable children and families.

The Advocate conveyed these concerns to the provincial leadership of *KidsFirst* and the Executive Director of the Early Years Branch in the Ministry of Education. We later learned that the Ministry revised the provincial protocol and those of each *KidsFirst* community, restoring services to families involved in child protection. While we are pleased with this change, we remain concerned that due to the targeted nature of *KidsFirst* programming, it is not available in every community in the province. ◆

**19.** Saskatchewan Ministry of Education. Early Development Instrument Results: Saskatchewan Baseline 2009 to 2011 and Canadian Normative II. 2013. Available from: <http://www.education.gov.sk.ca/ELCC/early-development-instrument> [posted in "Related Documents"]

**20.** Offord D. School readiness to learn (SRL) project. Offord Centre for Child Studies 2013. Available from: <http://www.offordcentre.com/readiness/index.html>

**21.** Neudorf, C., Muhajarine, N., Marko, J. et al. Healthy families, healthy communities, healthy children: a report of the Chief Medical Health Officer. Saskatoon Health Region, 2012. Available from: <http://www.communityview.ca/Catalogue/Document/Details/1000282>

**22.** The Muttart Foundation. Children and Families in the New Saskatchewan: A Discussion of Early Learning and Child Care. November 2013, p. 10. Available from: <http://www.muttart.org/reports/early-childhood/sk>

**23.** CBC News. Province now considering regulation of unlicensed home daycares: response to parents filing complaints online. August 28, 2013. Available from: <http://www.cbc.ca/news/canada/saskatoon/province-now-considering-regulation-of-unlicensed-home-daycares-1.1310416>

**24.** World Health Organization. Closing the Gap in a Generation: health equity through action on the social determinants of health. Commission on the Social Determinants of Health. Geneva, 2008.

## Advocate's Applause: Joint Task Force on Improving Education and Employment Outcomes for First Nations and Métis People

In 2012, the Government of Saskatchewan, Federation of Saskatchewan Indian Nations, and the Métis Nation of Saskatchewan convened a *Joint Task Force* to listen to communities, seek a vision for action, and recommend ways to improve education and employment outcomes for First Nations and Métis people. Over ten months, the *Task Force* engaged in public consultation, a literature review, and primary research with First Nations and Métis people about their learning and work experiences.

The *Task Force* identified that poor education and employment outcomes for Aboriginal people are rooted in the historical relationship between First Nations, Métis, and non-Aboriginal people and that progress will require commitment from all levels of government.

Their final report, *Voice, Vision and Leadership: A Place for All* was released in April 2013.

We strongly endorse the *Task Force's* conclusion that government is failing to guarantee the rights of First Nations and Métis children in Saskatchewan: rights to culture, participation, and an equal standard of services. The findings and recommendations in its Report align with our beliefs about the barriers First Nations and Métis people face and the way forward for our province's children and youth.

Recommendations in the *Task Force's* final report include:

- that the province work with the federal government and First Nation and Métis authorities to develop and implement an Early Childhood Strategy to reach all children in the province.
- that governments examine the funding disparities between federal funding for the education of First Nations children who live on

reserve and funding of the provincial education system. It recommends that the province and First Nations authorities then jointly engage the federal government to resolve identified disparities.

- that the province provide financial support and engage with vulnerable First Nations and Métis youth and Education sector partners to improve educational outcomes for these young people.

We applaud the *Task Force's* work, and are pleased to see the provincial government announced \$3 million of funding in January 2014 and another \$3 million in March 2014 to start implementing the *Task Force's* recommendations. ◆

Below: High school students participating in a University of Saskatchewan research study.



## Assessments and investigations into the deaths and critical injuries of children and youth

The Advocate for Children and Youth conducts independent assessments and investigations into the deaths and critical injuries of children and youth who, either individually or with their families, were receiving services from government ministries and agencies. Critical injuries are defined as incidents serious enough to warrant a hospital admission. We receive notification from the Ministry of Social Services on incidents involving children and youth who are receiving services or have received services in the previous 12 months. We also receive notifications from the Ministry of Justice, Corrections and Policing Division, on incidents involving youth receiving services or who have received services in the last 30 days.

When we receive notices of a death or injury, we look at each situation to determine if we need to provide any advocacy services and assess if we need to do a more in-depth investigation. Regardless of whether or not we conduct a full investigation, we review the information on each death or injury to see if there are any trends requiring more research or advocacy from our office.

When we identify trends or systemic issues we pursue these issues with the ministry or agency involved. Based on all of this work, we issue formal recommendations for changes. We engage the relevant ministries and agencies to advocate for improvements needed to services and track recommendations to ensure they are put into practice.

In April 2013, staff from our office worked with staff from the Ministries of Social Services and Justice, Corrections and Policing Division, and First Nations Child and Family Service Agencies to review all of our processes around child deaths and critical injuries. We did this in order to streamline these processes so that we can conduct child death and critical injury reviews in a more timely manner.

In 2013 and early 2014 we will have concluded five major investigations. We have included a summary of one of these investigations in this annual report, on the deaths of two children born to substance-misusing mothers. We will be releasing a public report on another investigation shortly into the death of a child in foster care and the involvement of another child whose family was receiving government services.

## Deaths and Critical Injuries that occurred in 2013

In previous years, we have reported on the number of files we closed on deaths and critical injuries in that year's annual report. We are reporting on the information contained in notifications of deaths and critical injuries that we received in 2013. While this provides a clearer picture of these events in 2013, some of the information is incomplete. Information reported on the causes of death come from the Coroner's Reports, which have not been completed yet for 10 of these deaths, so we have listed them as "Cause not available yet." The Coroner also uses "undetermined" as a cause for deaths where the cause could not be determined.

In terms of deaths, two-thirds of the children were under five. Young children are vulnerable by the very nature of their ages, so we need to pay particular attention to the circumstances surrounding their deaths. This section of the report includes a summary of our investigation into the deaths of two young children.

Almost a third of the critical injury notifications we received were suicide attempts, evenly divided between males and females. More than a third were acts of violence (stabbing, shooting and physical assault). As we have noted in previous years, adolescence is another time in young people's lives when they are vulnerable. During their teen years, youth experience a second major period of brain development, which may have an impact on their behaviour. They are also at an increased risk of harm from unintentional injuries.<sup>25</sup>

## Inadequate response to youth suicide-related behaviour

In reviewing our files as we prepared a submission to the *Mental Health and Addictions Commission*, we noted that our Health system does not consistently respond in timely and effective ways to young people who are suicidal. We see that preventable suicides continue to occur, particularly among young people whose mental health status, substance abuse and involvement in the child welfare and young offender system put them at elevated risk.

Research shows there is a strong correlation between pre-existing mental health issues and suicide-related behaviour. In an overview of suicide in Canada, Statistics Canada noted that "[r]esearch shows that mental illness is the most important risk



When we receive notices of a death or injury, we look at each situation to determine if we need to provide any advocacy services

# DEATHS AND CRITICAL INJURIES

## 2013 Critical Injury Notifications

Sex	Injuries	Total: 34
Male	24	
Female	10	
Ethnicity	Injuries	Total: 34
Aboriginal	17	
Non-Aboriginal	2	
Unknown	15	
Age	Injuries	Total: 34
0 to 5	6	
6 to 10	2	
11 to 15	4	
16 to 18	22	

## 2013 Critical Injuries: Identified Causes

Cause	Male	Female	Total
Suicide Attempt	5	5	10
Stabbing	7	0	7
Physical Assault	5	0	5
Undetermined (Suspected Non-Accidental And/Or Child Abuse)	3	2	5
Accidental Drug/Alcohol Overdose	2	1	3
Sexual Assault	0	2	2
Administration Of CPR	1	0	1
Shooting	1	0	1
<b>Total</b>	<b>24</b>	<b>10</b>	<b>34</b>

## 2013 Child Death Notifications

Sex	Deaths	Total: 26
Male	16	
Female	10	
Ethnicity	Deaths	Total: 26
Aboriginal	16	
Non-Aboriginal	2	
Unknown	8	
Age	Deaths	Total: 26
0 to 5	18	
6 to 10	2	
11 to 15	3	
16 to 18	3	

## 2013 Child Deaths: Identified Causes

Cause	Male	Female	Total
Cause not available yet*	6	4	10
Suicide	1	2	3
Medically Fragile	2	1	3
Homicide	2	0	2
Undetermined	2	0	2
Sudden Infant Death Syndrome	0	1	1
Sudden Unexpected Death In Infancy	1	0	1
Motor Vehicle Accident	0	1	1
Hit By Motor Vehicle	1	0	1
Fire	0	1	1
Illness	1	0	1
<b>Total</b>	<b>16</b>	<b>10</b>	<b>26</b>

\* Causes come from Coroner's Reports, which have not been completed on these deaths.



We noted that our Health system does not consistently respond in **timely and effective ways to young people who are suicidal**

factor for suicide; and that more than 90 per cent of people who commit suicide have a mental or addictive disorder.”<sup>26</sup> This link heightens our concern that young people in Saskatchewan don’t have timely access to mental health and addictions treatment.

The Suicide Protocols from Saskatchewan Health identify that “[a]nyone who talks about suicide should be taken seriously. People who die by suicide have often previously expressed suicidal

thoughts or displayed warning signs. All people who report self-harm or suicidal intent should be treated as being in a state of potential emergency until convinced otherwise”.<sup>27</sup>

We often hear from caregivers and social workers that if young people express suicidal thoughts, self-harm or attempt suicide, the only option is to take them to the emergency room. We are told that youth and caregivers often wait for hours to see a psychiatrist and that by the time the youth is seen, he or she no longer meets the criteria for psychiatric admission. As a result, it is difficult to access the comprehensive assessment and stabilization services these youth need, and are entitled to receive under the *Children and Youth First Principles*.

People who die by suicide have often previously expressed suicidal thoughts or displayed warning signs



**25.** National Institute of Mental Health. The teen brain: still under construction. NIH Publication No. 11-4929, 2011. Available from: <http://www.nimh.nih.gov/health/publications/the-teen-brain-still-underconstruction/index.shtml>

**26.** Statistics Canada. Suicides and suicide rate, by sex and by age group (Both sexes rate). CANSIM, table 102-0551. Available from: <http://www.statcan.gc.ca/tables-tableaux/sum-som/101/cst01/hlth66d-eng.htm>

**27.** Saskatchewan Ministry of Health (2011). Saskatchewan Suicide Protocols for Saskatchewan Health Care Providers: Framework for the Assessment and Management of People at Risk of Suicide. p.8. Available from: [http://www.saskatoonhealthregion.ca/your\\_health/documents/FrameworkforSuicideMgtINTRO.pdf](http://www.saskatoonhealthregion.ca/your_health/documents/FrameworkforSuicideMgtINTRO.pdf)

## SUMMARY OF OUR INVESTIGATION INTO THE DEATHS OF CHILDREN BORN TO MOTHERS WITH ADDICTIONS ISSUES

In 2013 our office completed an investigation into several children’s deaths in 2013, and presented our findings to the Ministries of Social Services and Health. This Summary Report examines the common threads found in these investigations. The children profiled here died in the care of their mothers, and both had open child protection files. Children have the right to be safe, and government has the responsibility to protect children when parents cannot do this. The obvious question is: what should have been done to prevent these tragedies?

Our child protection system left these vulnerable children in high risk situations. We found service gaps and non-compliance with policy in our individual investigations of the services to both children, and made case-specific recommendations to address these issues. The goal of this review is to understand the system-level failures that led to their deaths and draw conclusions about how government and community agencies could have intervened more effectively with these high risk families.

The stories of “Tessa” and “Carly” illustrate that:

- child protection work is about safety which is paramount for children to be protected; it is also about support for, and rebuilding of, families;
- the survival and well-being of children in high risk situations depend on the quality of government services to their parents;
- there are systemic gaps in services, particularly prevention services, for substance misusing women and their children.

### The Children

**Tessa** was born in an urban centre in Saskatchewan in 2005. She was a non-status Indian, and the youngest of four children in her family. Tessa was born in withdrawal due to her mother’s substance misuse during pregnancy. She was apprehended by the Ministry of Social Services at the hospital and

# DEATHS AND CRITICAL INJURIES

spent her first eight months of life with a foster family. According to policy, a child should be reunited with his or her family gradually, using family visits of increasing duration gives the parent opportunity to develop sensitivity to the child and the worker the opportunity to assess the level of support the parent will need to successfully care for their child. This didn't happen for Tessa, who was returned to her mother without these gradual visits, and she had a difficult time adjusting.

Two months later, Tessa was admitted to the hospital with serious burns. She also had bruises and an x-ray found a healing fracture of her left elbow. Hospital staff noted that when her mother came to visit, Tessa refused to be held by her. Although this information was documented on the hospital file, it was not reported to the Ministry of Social Services.

Eventually, Tessa was discharged from the hospital to her mother's care. Four months later Tessa's mother called 911 to advise that Tessa was not breathing. When the ambulance arrived it was apparent that Tessa was deceased. She was only 16 months old.

The autopsy found that Tessa was malnourished and had sustained multiple rib fractures that were in various stages of healing. It was clear Tessa had endured physical abuse and chronic neglect in the four months between her hospital admission for burns and her death. The actual cause of death was a blood infection resulting from untreated impetigo.

**Carly** was born premature in 2007 in an urban centre. The hospital contacted the Ministry of Social Services because Carly's mother admitted to cocaine use during her pregnancy. Carly required major medical intervention due to her premature birth. She was hospitalized for two and a half months and was, for the majority of that time, dependent on oxygen. Her mother struggled to visit Carly in the hospital as she had other young children at home.

The Ministry of Social Services determined Carly could live with her family since her mother was making efforts to address her drug misuse. However, on the day Carly was discharged from the hospital to her mother's care, her mother's addictions file with the Ministry of Health was closed as she had not been attending appointments.

The file closure was not reported to the Ministry of Social Services.

When in the hospital giving birth, Carly's mother was assessed and offered support from *KidsFirst*, a voluntary government-funded home visiting program for very vulnerable young children and their families. She agreed to participate, but was not fully engaged with the program. While the Ministry of Social Services knew that *KidsFirst* was working with the family, *KidsFirst* did not know the family was working with the Ministry of Social Services.

The *KidsFirst* contact standards are two times a week with a family, although Carly's mother had been avoiding the worker, resulting in only a few visits. As a result, contact with the family did not meet provincial standards. Carly's mother shared with our investigator that she withdrew from the program in the months following Carly's birth because she had relapsed and begun using cocaine again.

The Ministry of Social Services had an open protection file on the family, but did not gather information from the other government-funded service providers that were involved. As a result, the worker's assessment of risk was missing important indicators that the risk of harm to the children was increasing. For example, the child protection worker was unaware that Carly's mom had withdrawn from *KidsFirst*, and that her addictions file with the Ministry of Health was closed due to non-attendance.

When Carly was seven months old, her mother called *KidsFirst* to report that Carly was having trouble breathing and would not wake up. The workers went to the family home and found Carly gasping, her eyes closed, with bruises on her face. The workers called 911 and an ambulance transported Carly to the hospital. Carly died of her injuries two days later. The autopsy found that she had experienced recent and repeated impacts to the head and multiple rib fractures that were healing. When interviewed by police regarding her daughter's injuries, Carly's mother shared that she had a difficult and unwanted pregnancy with Carly, and they did not bond as mother and daughter.



Hospital staff noted that when her mother came to visit, Tessa refused to be held by her.

**Although this information was documented on the hospital file, it was not reported to MSS**

### Children born to mothers who misuse drugs and alcohol face adverse health outcomes

It is clear that maternal drug and alcohol use during pregnancy can lead to significant cognitive and physical problems for their newborns and affects

healthy emotional attachment for mothers and their babies. A recent report from the Saskatoon Health Region on infant mortality identified multiple maternal risk factors for young children's deaths.

We saw these same risk factors in these cases:

- mothers who used substances during their pregnancies;
- mothers had poor prenatal care, partly in order to avoid

involvement of child welfare or other human service systems;

- mothers with low socioeconomic status; and
- mothers under high parenting demands of caring for several young children.

We also saw the same kinds of adverse outcomes for the children that Saskatoon Health Region identified: pre-term birth; low birth weights; and drug withdrawals at birth.<sup>28</sup>

### Families experiencing addictions, violence, and mental health issues need intensive services

The cases profiled in this report involved parents with addictions, mental health issues, and patterns of family violence. Reports from the hospital to child protection upon each child's birth and information gathered during the investigations clearly identified these risk factors.

Both Tessa and Carly's mothers began abusing substances in early adolescence and both had difficulty with mental illness. Tessa's

mother had attempted suicide while actively misusing intravenous drugs. Carly's mother indicated to our investigator that she experienced post-partum depression after Carly's birth as she struggled to maintain sobriety: she said, "You don't realize when you're using that it's affecting your brain...I know that I was depressed. I didn't feel the same with all my other children, but I wasn't using cocaine with all my other children. So there were a lot of things that were contributing to my unstable mental awareness of how things were going." Additionally, both mothers were abused by their partners.

### The child welfare system failed to protect these children

#### Quality of Assessment and Casework

The Structured Decision Making system for child protection (SDM<sup>®</sup>), a set of assessment and decision making tools for child protection work, was introduced by the Ministry of Social Services in 2012. The SDM<sup>®</sup> tools are a significant improvement over the risk assessment tool in use by child protection when Tessa and Carly received services. If their cases came to the attention of child protection today, the SDM<sup>®</sup> standards for assessment and contact would entitle Tessa and Carly to more intensive, higher-quality services than the policy in place when they died. However, SDM<sup>®</sup> needs to be implemented in the way that the system was intended, with extensive training, quality assurance processes and additional resources, to improve the quality of child protection work or outcomes for children and families.

#### Caseloads

During the individual investigations, the Advocate learned that the workers for these children had caseloads in excess of 40, and that this caseload pressure critically impacted the quality of their work and their ability to comply with the standards in policy. Carly's worker advised the Advocate that she wanted to spend more time with Carly's mother, but this was difficult to achieve because of her high caseload.<sup>29</sup> These high caseloads restricted the workers' ability to build relationships with the children and families, to connect with collateral sources, and to coordinate services with other programs and providers.

The issue of high caseloads was first identified by the Advocate in a 1998 child death review.<sup>30</sup> The Advocate's 2010 Submission to the *Saskatchewan*

"You don't realize when you're using that it's affecting your brain...I know that I was depressed. I didn't feel the same with all my other children, but I wasn't using cocaine with all my other children."

-parent



*Child Welfare Review* highlighted the caseload standards established by the Child Welfare League of America and adopted in jurisdictions throughout the United States and Canada. That report included a recommendation that the Saskatchewan Government establish caseload standards in *The Child and Family Services Act* based on benchmarks like those of the Child Welfare League. The Government has deferred its response to this recommendation to completion of *The Child and Family Services Act's* legislative review.

When Tessa and Carly were receiving services, policy required one face-to-face visit with a family every 120 days and encouraged but did not require collateral contacts. It was due to insufficient risk assessment that these children were not protected. SDM® policy increased these contact standards dramatically. Today under SDM® policy, workers for these high risk families would be required to complete two face-to-face visits with these families (one as an unannounced home visit) and four collateral contacts (i.e. with credible family members or service providers) in the same 120-day period.

A protection worker today with a caseload equivalent to those carried by Tessa and Carly's workers would be under even greater pressure because of additional casework requirements under SDM®. With its strong evidence base, SDM® holds great potential to improve outcomes for children and families, but it won't be implemented effectively until the caseloads of protection workers allow them to meet SDM® standards.

In our view, it is not possible for Child and Family Services to achieve compliance with its standards and improve outcomes for families without investing significant additional resources in child protection.

## RECOMMENDATIONS

**Recommendation 1:** The Ministry of Health fund and oversee the implementation of evidence-based models of care for pregnant substance abusing women province-wide.

**Recommendation 2:** That the Ministries of Health and Social Services provide immediate access to evidence-based addiction services for parents involved with child protection.

**Recommendation 3:** That the Ministry of Social Services ensure high quality child protection casework by implementing:

- a method for evaluating the quality of case practice and decision-making (focusing on integrity/fidelity in the use of SDM® tools);
- a formal competency based certification program to develop staff competence in the use of SDM tools;
- caseload standards based on the increased case management requirements of the SDM® model; and
- an evaluation plan to monitor the impact of caseload capping on the quality of practice and outcomes for children and families.

**Recommendation 4:** That the Ministry of Social Services' policy direct child protection workers to lead information-sharing and the integration of services for clients by setting and following these case management standards:

- Obtain the parent's written consent to release information so the worker can gather information to facilitate assessment and engage service providers in the case plan.
- Immediately upon obtaining consent, inform service providers who are already working with the family that a Family Services file has opened (i.e. the child has been found in need of protection and ongoing services are required to ensure child safety) indicating that as part of the family's case plan they'll be contacted at regular intervals to provide collateral information and participate in case conferences, and inviting them to provide information at any time that relates to the safety and well-being of the children or to the parent's capacity.
- Invite all service providers to case conferences at specified intervals (based on the level of risk) and document the information shared, the roles and tasks each agency will continue to provide, decisions, and rationales. ◆

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**28.** Opondo, J., Marko J., Medical Health Officer Report: Reducing Infant Mortality in the Saskatoon Health Region. Saskatoon: Saskatoon Health Region. 2012.

**29.** Interview with Child Protection Worker, Ministry of Social Services, May 5, 2009, Saskatoon, SK.

**30.** Saskatchewan, Children's Advocate Office, Child Death Review Karen Rose Quill. Saskatoon, SK, 1998.

## The Advocate for Children and Youth helps to deliver good public service

Through our advocacy, investigation, public education, research and advisory functions, the Advocate for Children and Youth assists the Government of Saskatchewan to deliver good public service. Our office operates under *The Advocate for Children and Youth Act*. This legislation continues to place Saskatchewan at the forefront of child and youth advocacy in Canada. We have one of the broadest mandates for an Advocate office in the country, in terms of scope and actions we can take to advance the rights, interests and well-being of children and youth. We can examine any provincial government service provided to children and youth, and have a range of tools to resolve those matters that come to our attention. Our office is small comparative to our broad mandate, and our counterparts across Western Canada.

The Advocate for Children and Youth is required to submit to the Legislative Assembly an annual report describing the progress and activities of our office in the previous year. The Advocate may also, from time to time in the public interest or in the interest of any person, ministry or agency of government, publish special reports on any matter or particular case that has been investigated.

The Advocate also periodically releases information and opinions to the media in Saskatchewan. In 2013, the Advocate commended the Government for developing a mental health and addictions strategy, and called on the federal government to act to reduce child poverty for First Nations children.

## Staff (as of December 31, 2013)

**Advocate for Children and Youth:** Bob Pringle

**Program Manager,  
Advocacy and Public Education:** Leanne Priel

**Program Manager, Systemics,  
Investigations and Research:** Lisa Broda

**Senior Advisor,  
Communications:** Fleur Macqueen Smith

### Advocates:

Jacqueline Peters  
Tanya Pivovar  
Cheryl Starr  
Treena Wynes

### Early Resolution Advocates

Chandra LePoudre  
Meredith Newman

### Investigators

Connie Braun  
Rhonda Johannson  
Marci Macomber  
Leeann Palmer  
Amanda Renneberg  
Christa Shepherd Hills

### Director of Administration

Bernie Rodier

### Executive Administrative Assistant

Caroline Sookocheff

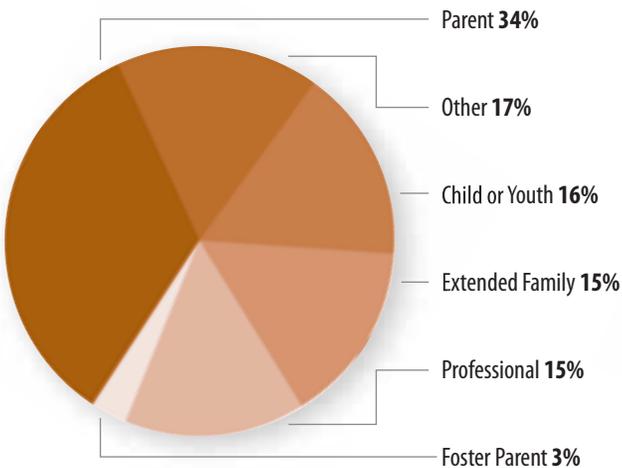
### Administrative Assistants

Sandi Elliott  
Jennifer Kovar  
Erin Torgunrud



	2012-13 Budget	2013-14 Budget
<b>Budgetary Expenditures</b>		
Personal Services	\$ 1,366,000	\$ 1,403,000
Contractual Services	\$ 228,000	\$ 366,000
Advertising, Printing & Publishing	\$ 31,000	\$ 31,000
Travel & Business	\$ 90,000	\$ 90,000
Supplies & Services	\$ 7,000	\$ 7,000
Capital Assets	\$ 16,000	\$ 16,000
Transfers & Other Expenses	–	
Debt, Loans & Fund Specific Codes	–	
One-time Funding	–	\$ 621,000
<b>Budgetary Total</b>	<b>\$ 1,738,000</b>	<b>\$ 2,534,000</b>
<b>Statutory Expenditures</b>		
Personal Services	\$ 206,000	\$ 210,000
<b>Statutory Total</b>	<b>\$ 206,000</b>	<b>\$ 210,000</b>
<b>TOTAL</b>	<b>\$1,944,000</b>	<b>\$2,744,000</b>

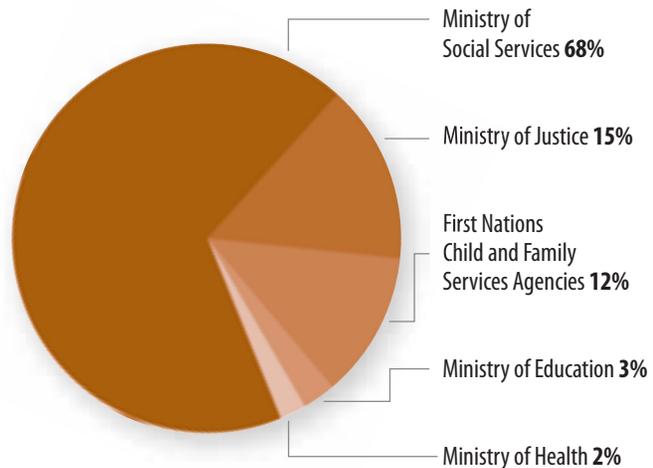
### Who contacted the Advocate for Children and Youth in 2013



**Parent:** includes parents, step-parents, non-custodial parents, legal guardians, caregivers, alternate caregivers and persons of sufficient interest.

**Other:** includes interested third parties such as band officials, babysitters, neighbours. Also includes anonymous or unknown callers.

### Issues received about services provided by a Ministry or Agency in 2013



## Presentations to Children and Youth in Custody

Drumming Hill Youth Centre  
Echo Valley Youth Camp, North Battleford  
Kilburn Hall, CPSP, Saskatoon  
North Battleford Youth Centre, North Battleford  
Orcadia Youth Residence, Yorkton  
Paul Dojack Youth Centre, Regina  
Prince Albert Youth Residence  
Yarrow Youth Farm, Saskatoon

## Presentations to Children and Youth in Care

Angel House, Swift Current  
Asihkwanehk Youth Group Home, Pelican Lake  
Calder Centre, Saskatoon  
Childcare Information Centre, Prince Albert Grand Council  
Cote Group Home  
Crystal's House  
Dale's House, Regina  
Door Open Community Success Home, Regina  
Eagles Nest Youth Ranch, Saskatoon  
Eagles Nest, Prince Albert  
Egadz My Homes, Saskatoon  
Egadz Youth Centre, Saskatoon  
Four Directions Youth Centre  
Gamen Abet Youth Home, Moose Jaw  
Gamin Abet Child Home, Regina  
Gemma House  
Grace Haven  
Hope Inn, Moose Jaw  
Hope's Home, Prince Albert  
Hope's Home, Regina  
Keeseekoose First Nation Group Home  
Kids In Transition Shelter, Regina YWCA  
Leading Thunderbird Lodge, Fort Qu'Appelle  
Montreal Lake Child & Family Services Cultural Camp  
Onion Lake Child and Youth Care Group Home, Onion Lake  
Pamiyisohk – Steps to Independent Living Inc.  
Parker Place, YMCA Regina  
Pelican Lake Youth Lodge  
Prince Albert Grand Council Group Home, Prince Albert  
Rainbow Youth Centre, Regina  
Ranch Erhlo Society, Alex Guy House, Buckland  
Ranch Erhlo Society, Klassen House, Buckland  
Ranch Erhlo Society, Matheson House, Buckland  
Ranch Erhlo Society, Pilot Butte  
Ranch Erhlo Society, Woodward Home, Regina  
Red Willow Centre, Saskatoon  
Robert's Place, John Howard Society, Regina  
Secure Youth Detox, Regina  
SIGN Group Home, Yorkton  
Stewart's Place, John Howard Society, Regina  
Street Culture Kidz Youth Shelter, Regina  
Thomas' Home, Regina  
U-Turn, Moose Jaw  
Wendy's House, Regina  
YMCA Youth Peer Home, Prince Albert  
Yorkton Transition Group Home for Females, Yorkton  
Yorkton Transition Group Home for Males, Yorkton

## Presentations to Government or Delegated Agencies' Staff and/or Board Members

Ministry of Social Services  
Child and Family Services, Buffalo Narrows  
Child and Family Services, Fort Qu'Appelle  
Child and Family Services, La Loche  
Child and Family Services, Lloydminster  
Child and Family Services, Meadow Lake  
Child and Family Services, Melfort  
Child and Family Services, Moose Jaw  
Child and Family Services, Nipawin/Creighton  
Child and Family Services, North Battleford  
Child and Family Services, Prince Albert  
Child and Family Services, Regina  
Child and Family Services, Saskatoon  
Child and Family Services, Swift Current  
Child and Family Services, Yorkton  
Regina Children's Justice Centre  
Regina Public School Board  
Saskatchewan Foster Families Association  
Saskatchewan Youth In Care and Custody Network

## Ministry of Justice, Corrections and Policing Division

Ministry Staff  
Yorkton Community Office, Yorkton  
Young Offenders Program, Moose Jaw  
Young Offenders Program, La Loche  
Young Offenders Program, La Ronge  
Young Offenders Program, Regina  
Young Offenders Program, Swift Current  
Youth Justice Court, Regina

## First Nations Child and Family Service Agencies

Aboriginal Family Service Centre, Regina  
Agency Chiefs Child and Family Services  
Ahtahkakoop Child and Family Services  
Athabasca Denesuline Child and Family Services  
Kanaweyimik Child and Family Services  
Lac La Ronge Child and Family Services  
Meadow Lake Tribal Council  
Montreal Lake Child and Family Services  
Onion Lake Child and Family Services  
Peter Ballantyne Child and Family Services  
Qu'Appelle Beardsy's and Okemasis  
Child and Family Services  
Saskatoon Tribal Council  
Sturgeon Lake Child and Family Services  
Sturgeon Lake Child and Family Services  
Touchwood Child and Family Services  
Wapanacik Child and Family Services

## Other Government

Addictions and Mental Health, La Ronge  
Calder Centre, Saskatoon  
Child and Youth Mental Health Services, Swift Current  
Chinook School Division, Swift Current  
Director of Legislation, Policy and Planning Division  
Five Hills Health Region  
*KidsFirst*, Regina

Mamawetan Churchill River Health Region  
Oasis Group, Westside Community Clinic  
Our Neighbourhood Health Centre, Saskatoon  
Prairie South School Division, Moose Jaw  
Prince Albert Parkland Health Region

## Community-Based Organizations

All Nations Hope AIDS Network  
Canadian Bar Pro Bono Committee  
Evergreen, Regina YWCA  
Fox Valley Counselling Services  
Kiwanis Club, Saskatoon  
Open Door Society  
Prince Albert Early Childhood Council  
Prince Albert YWCA  
Regina YWCA  
Saskatchewan First Nations Family and Community Institute  
Saskatoon YWCA  
Southwest Children's Charter Launch  
Stepping Stones Receiving Home, Regina  
Thomas's Touchstones of Hope for Indigenous Children, Regina

## Conferences and Public Engagements

Aboriginal Family Defense League  
Assante Green Ribbon Gala for Child Find Saskatchewan, Saskatoon  
Canadian Council of Child and Youth Advocates  
Core Neighbourhood Youth Co-op, Saskatoon  
Foster Families Picnic in the Park  
Foster Parent Appreciation Day, Montreal Lake  
Foster Parent Appreciation Supper, Moose Jaw  
Foster Parent Appreciation Supper, Prince Albert  
Foster Parent Appreciation Night, Regina  
FSIN Legislative Assembly  
FSIN Pow Wow Fundraiser, Prince Albert  
FSIN Spirit of our Nations & Cultural Celebration Pow Wow  
Human Rights Tribunal, Ottawa  
Indian and Métis Friendship Centre – Networking Luncheon, Saskatoon  
Information Day for Constituency Assistants, Moose Jaw  
Information Day for Constituency Assistants, Rosthern  
Kikinahk Indian and Metis Friendship Centre, La Ronge  
Legislative Assembly (Presentation to Interns)  
Northern Early Years Coalition Meeting, La Ronge  
Partners Against Violence, Moose Jaw  
Ranch Erlo Society Awards Banquet, Buckland and Corman Park  
Ranch Erlo, 3 Mile Run and BBQ, Pilot Butte  
Regina Foster Families Picnic  
Saskatoon Health Region press conference for Health Promoting Schools  
Saskatoon Police Service Youth Advisory Committee  
Setoskatowin Interagency Meeting, Ile a la Crosse  
SIASST Youth Care Students, Saskatoon  
South Service Managers Meetings, Regina  
Sturgeon Lake Child and Family Services  
Feast and Round Dance for Children in Care  
Swift Current Entrepreneurial Centre  
University of Regina, Social Work Class, Regina  
University of Regina, Social Work Class, Saskatoon





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