



Special Committee To Prevent The Abuse And Exploitation Of Children Through the Sex Trade

Hansard Verbatim Report

No. 3 – February 9, 2000



Legislative Assembly of Saskatchewan

Twenty-fourth Legislature

**SPECIAL COMMITTEE TO PREVENT THE ABUSE AND EXPLOITATION
OF CHILDREN THROUGH THE SEX TRADE
2000**

Arlene Julé, Co-Chair
Humboldt

Peter Prebble, Co-Chair
Saskatoon Greystone

June Draude
Kelvington-Wadena

Ron Harper
Regina Northeast

Carolyn Jones
Saskatoon Meewasin

Don Toth
Moosomin

Kevin Yates
Regina Dewdney

The committee met at 9:30 a.m.

The Co-Chair (Mr. Prebble): — Members of the committee and ladies and gentlemen, why don't we get underway. I want to welcome you all here this morning on behalf of Arlene and myself. And one of our committee members is missing. Carolyn Jones has called me to indicate that her daughter is very sick and she's not going to be able to come this morning. So I think that we're all . . . everyone's here who is able to come and we should get underway.

We've got a full agenda this morning and it's going to open with a presentation from Saskatchewan Health. And we have three officials here from Saskatchewan Health who I'll invite to introduce themselves in a moment. So we really appreciate you coming.

And I would just remind everyone to speak into the mikes. And everything that's said this morning of course will be recorded by *Hansard*, and it just makes it easier for *Hansard* staff if you speak directly into the mike. And I should take my own advice and do that myself.

So I think we'll begin then with . . . I've indicated to our officials that they have about a half an hour for their presentation and then we'll take questions.

This presentation is going to focus basically on what's available in this province in terms of services for children who have addictions and what's being done by way of out-of-province referrals for these children. Of course a lot of the children who are involved in the sex trade are children who are facing addiction problems, so this is an important area for our work that I felt hadn't been fully covered off in our presentations from Social Services and Justice.

So we'll hear from these officials and then take your questions. And we're targeting about an hour for this area, about a half an hour for the presentation and then up to half an hour for discussion. So, Marlene, would you like to introduce your colleagues and then we can get underway?

Ms. Smadu: — Thank you very much. I'd be delighted to do that. I'm Marlene Smadu. I'm the assistant deputy minister of Health and I have responsibility for our community care branch which is where our alcohol and drug services programs are housed in the department. Next to me is Jim Simmons who is the executive director of the community care branch. And Jim will certainly have more detailed knowledge about some of the services when we get to point of asking questions.

Jim is also very involved in a number of intersectoral activities between the various departments of government and between non-governmental organizations that are focused on high-risk children and youth. And so he will be able to give you more information about that if you're interested.

And next to Jim is Karen Gibbons, and Karen — I have to look up your title — is the director of program support for Saskatchewan Health, but has direct responsibility for supervising our alcohol and drug services programs in the

department.

Thank you very much for the opportunity to present to this committee today. We want to emphasize on behalf of the Department of Health that we believe that this is extremely important work, and we're very interested in the fact that the committee exists and that we'll be deliberating on an issue that's very important to all of us but certainly to the issue of health for children and youth.

During the course of the presentation I would be pleased if you want to ask questions for clarification or to get some further information, although there will be time at the end of the presentation as well.

We are going to address two central questions in our presentation — and within the context of that we will also be dealing with the issue of out-of-province services — but the first is what alcohol and drug services are available in Saskatchewan for youth under the age of 18; and then secondly, how do these services address the alcohol- and drug-related issues of children involved in the sex trade and other street youth.

I wanted to provide a little bit of background in terms of Saskatchewan Health's approach to alcohol and drug services and that is that we use a health determinants framework. And I think that's very familiar to all of you sitting around the table, that when we think about health determinants we think about things much broader than just the health system or health services. We think about all of the factors that influence the health of the population or the people of Saskatchewan.

It also means that we look at the whole person so that while addiction may be . . . have some physical elements or some psychological elements, that there's also the whole social and economic environment that we need to address.

Another key part of our framework is that it's a community-based approach and that each of us as individuals live within a context — a family, a group, a community — and that any of the issues that we have in terms of alcohol and drug services need to take that into account as well, so that things like involving the family, involving the community in approaches to alcohol and drugs is very important.

And a final part of our framework is that it recognizes that there's interaction between the social, economic, and individual factors and that none of them can be ignored or that there won't be complete treatment if we don't address all of them. And things like low education levels, poverty, unemployment, or levels of employment are very key to the circumstances that surround someone who is experiencing alcohol and drug problems.

We also wanted to provide a bit of an overview. I've referred to this in the introduction when I talked about Jim's role and intersectoral collaboration that we know that for any individual in society that the systems that support that individual need to be seamless; they need to be focused on what's in the best interests of that person. And that's increasingly important for

children and youth. So all of the sectors, Education, Health, Social Services, and others, Justice, need to be planning and developing and delivering programs in a way that keeps that in mind — that it needs to be seamless for the individual.

Our intersectoral collaboration includes all levels of government and all sectors of government as well as non-governmental organizations. And many of the committees and groups that we work with include tribal councils and other community agencies that are involved in delivering services for people with alcohol and drug problems.

We have a concrete way within government of focusing more on the intersectoral nature of our work in human service delivery, and that's through a forum that we've been calling the associate deputy minister's forum and it's actually just in the process of undergoing a name change. We will be talking about human services integration forum.

And the purpose of this forum, which has been around for a few years, is to ensure that we are planning programs and delivering human service programs that will improve quality and efficiency, that we will be able to address the barriers to service integration and collaboration. And through the course of our meetings we've discovered that those barriers sometimes are real and sometimes are just perception in terms of how departments can work together better in order to provide programs.

It's a forum for joint planning and the current focus, which is very, I think, pertinent for this committee, is vulnerable citizens, early childhood development, and youth. And certainly high-risk youth are of great interest to the forum in terms of our program planning.

A very important part of the intersectoral work is that there is also a mechanism for that to occur at the regional or community level, and that is that we have in each of the regions of the province regional intersectoral committees which have representatives from all of the major human service areas — education, health, justice, social services, but also often police, school districts, and many non-governmental organizations.

These regional intersectoral committees link directly to the ADM's (associate deputy minister) forum and their intent is to co-ordinate activities at the local, community, regional level, and to gather information about the needs that are present in the communities that need to be addressed in a different way.

And we have some very concrete initiatives that the regional intersectoral committees address, including things like the prevention and support grants that are provided for community groups to deal with particular needs in their community.

Also as background, because certainly when we think about children in high-risk situations we also need to think about the prevention or things that we can do to prevent children from getting in those situations, within the Department of Health we have a primary health services initiative which is a way of delivering services — health services, but in the broadest definition of health — in a different way. And we have a number of those that are being piloted around the province.

And a few examples here that are particularly important for our high-risk youth, and especially children who perhaps are involved on the street in the sex trade, would be the Four Directions health services site which is located here in Regina; The Battlefords primary health services site which is located in downtown North Battleford; and the Saskatoon city centre project which was just announced on Monday and which is a partnership between the Saskatoon District Health, the city of Saskatoon, the Saskatoon Tribal Council, and the Saskatoon urban Metis association as key partners with other, certainly, related partners who will be setting up a city . . . a centre in the city that will provide opportunities for youth to access recreation, education, health, social services, others kinds of counselling at an early stage in their lives prior to them actually having problems that require more serious intervention.

One of the other important processes that we are implementing in terms of delivery of services is what's called integrated case management. That is a very generic term; there are many models that can be used. But within the government we set up an integrated case management committee that came out of the associate deputy minister's forum.

We have a guideline, a booklet, that's available to people throughout the province that talks about the importance of integrated case management, and we're continuing to unfold how that will actually work within the various departments. And again, probably the most . . . the simplistic expression is that the services that any individual and particularly our youth receives should be seamless for the youth; it should be focused on what's in the best interests of that youth and how do all of us in human services work together to provide that. And it's individualistic and it's unique for each youth.

So just in terms of background, while many of the intersectoral collaboration projects aren't directly tied to the alcohol and drug services, they are a framework for how we deliver alcohol and drug services. And they provide a context when we look at the whole continuum right from prevention and promotion through to intervention and cure for any of the health or social problems that are being experienced.

In terms of the services that are provided through alcohol and drug services, we have services available for youth and their families in every Saskatchewan health district and across northern Saskatchewan. In addition to providing direct counselling and intervention services, many of the agencies that are involved in alcohol and drug services also provide awareness and prevention programs through the school system, elementary and high schools, and other venues.

In 1991, the Saskatchewan Alcohol and Drug Abuse Commission, SADAC, which was present at that time, developed a strategic direction for alcohol and drug services which is called the Saskatchewan Model of Recovery Services and this model is based on a community-based approach.

And so the majority of the services that we provide are community-based in that they will provide access for the youth in their own environment and continue to follow them through in their own environment in a way that will help them to change behaviour and change health for the future. Related to that is the

emphasis on family involvement and providing services close to home.

The range of services that are described in terms of alcohol and drug services we describe as outpatient, detoxification, and in-patient, and I'll talk a little bit about each of those services.

Our outpatient services are available in all of Saskatchewan's health districts and they're either directly provided through the health district or they're through contract arrangement with a community-based organization. Most people are adequately assisted on an outpatient basis, and that goes along with the framework that we talked about in terms of the community-based approach. That you need to deal with all of the circumstances of the client — including family and the community that he or she comes from — and that when those services are delivered in that environment, that they provide for a longer term benefit.

The outpatient services look at assessment, individual and group counselling, education and support services, and they allow the individuals to carry on with their everyday environment and activities. And for youth that means going to school and being involved in activities that would be normal for any youth.

We have a number of specialized youth programs available and I've got — you also have this in your binder — a map that describes the locations of the specialized youth services in Saskatchewan. And I'll just quickly go through them in terms of health districts.

Keewatin Yathe in the North, where there is a MACSI (Metis Addiction Council of Saskatchewan Inc.) field worker and a field worker located in Green Lake. We have specialized youth services in Prince Albert; in northeast, where we have a field worker in Cumberland House; in the Battlefords, where we have a field worker in North Battleford; Gabriel Springs, where there is a specific child and family services program; Saskatoon, Assiniboine Valley, East Central, Prairie West, Swift Current, Regina — where we have both a child and family service program and a MACSI field worker located in Regina — and Touchwood Qu'Appelle.

So the areas that are marked in red indicate where we have specialized programs for youth. And this is notwithstanding that we have outpatient services available throughout the province. But these are specially targeted our youth.

The second part of our programming is detoxification, and this is necessary for people who have more severe substance abuse problems. It's important that they have a safe and comfortable environment to undergo the process of withdrawal and stabilization, and we have detoxification centres located in Moose Jaw, Saskatoon, Prince Albert, Regina, and La Ronge.

The main youth detox facility is Angus Campbell in Moose Jaw which admits youth over 16 years of age. And the other centres that are listed for detoxification specially are focused on adult populations but will admit youth under the age of 18 under special circumstances.

And finally, in-patient services — another major part of our program. We have services and activities that are similar to the outpatient programs, but they are on a more structured and intensive basis. And the Calder Centre in Saskatoon delivers the Calder adolescent program as a provincial resource for in-patient recovery services for adolescents that can be accessed through all 32 health districts.

In addition to the Calder Centre, we do have programs available based on individual need at Pine Lodge Treatment Centre in Pipestone, which is at Indian Head; at the MACSI centres in Regina, Saskatoon, and Prince Albert; and at the Walter A. (Slim) Thorpe Centre in Lloydminster.

I'll talk a little bit more about the Calder Centre since it is a provincial resource for youth in Saskatchewan. It has an in-patient recovery program for youth aged 12 to 18. It's the only in-patient program in Saskatchewan that's specifically devoted to adolescents, although other programs will take adolescents as circumstances require. And there are 12 beds at Calder, three of which are designated for high-risk or high-need youth referrals.

I will talk a little bit about the system utilization. This is the alcohol and drug services system based on age group. And you will note from the pie chart here that about 18 per cent of the admissions are for children or youth under the age of 19. And the overall admission for youth is consistent across all of the program areas — that is outpatient, detoxification, and in-patient services. So it's at something less than 20 per cent.

Just another description of that based on female and male breakdown, and breakdown of population further that most of the clients admitted to the programs are male. In 1998 and 1999, the graph shows that males account for about two-thirds of the admission in the 15 to 19 age group. That margin is not as great in the under 15 age group, with males accounting for just over half. And the NR refers to not recorded in terms of the statistics that we have.

We also have information on the youth admissions by presenting problem, and that's 1998-1999 data. And that goes through alcohol and drugs and gambling — alcohol and drugs, drugs and alcohol. And you can see from the graph that alcohol and drugs combined accounts for the highest percentage of admissions. And we call that polysubstance abuse.

So in terms of addressing alcohol- and drug-related issues for street youth, we absolutely support the need for intersectoral collaboration. We find that as an alcohol and drug service, we provide support to the other sectors who are more likely to have direct interface with youth on the street. And that includes social services, justice, and education because many of the street kids will also be involved in a school system some point in time.

So we tend to not have the direct interface but work closely with the other sectors in order to be able to provide the appropriate services when those needs are identified.

We believe that the needs of multi-risk children are of high priority to Saskatchewan health. And a little later on when you

get into the questions, if you want to talk about some of the activities that we're involved in, Jim can provide you with some information on that. But we know that investing in youth is what makes the future of the province and certainly creates a future for the health system.

So just to reaffirm what I've said, that most of the time alcohol and drug services provided through health districts and community-based organizations are not the first point of contact but need to be positioned so that they are a service for the range of community-based organizations that do have contact with the youth.

When we look at where our high need youth are we focused on Regina, Saskatoon, and Prince Albert as the three main health districts in which the large majority of this target population resides. And in your binder we've included a list. It's an appendix to the presentation that identifies a significant number of organizations that are involved in outreach and other kinds of services for these youth. And they are a range of organizations that I'm sure you will all have some familiarity with. Groups like Egadz, which have a very well known reputation in Saskatoon, but many other organizations that are also addressing this population.

Mr. Prebble indicated at the beginning that the committee has an interest in out-of-province treatment available for youth. And in terms of the alcohol and drug services, we have a fairly limited access for out-of-province treatment.

We tend to focus on the services that are available in the province for the primary reason that because these children live here and live in a context, that the services need to be able to deal with the whole continuum of their care needs. And while some children or youth will benefit from being removed from that situation for very good reasons, they will eventually come back to a situation that also needs to be addressed in the broadest context. So that the need to look at the family and the environment and the other supports that are available for the child is critical.

We approve out-of-province treatment when treatment is required on an urgent basis and when it cannot be provided within the province. And we understand that we had three youth admitted to residential services in Alberta in 1997-1998. We don't know the specific background of those youths in terms of whether or not they were children who would be specifically on the street.

So when we look at issues related to adolescent substance abuse for all populations, we look at family attributes, community attributes and social attributes as well as individual factors, the friend and peer group factors, and school factors. And we provided that to you in your background briefing as well. But, it's just an attempt to again highlight the holistic approach that needs to be taken.

We have also learned through our experience, and continue to learn, that in order for treatment to be successful it needs to be intensive and of sufficient duration to achieve change. It needs to be comprehensive. It needs to be sensitive to cultural and socio-economic realities. It needs to incorporate a wide range of

social services and that after-care and ongoing care is essential for the program.

We have as an appendix in your binder a document entitled "Adolescent Substance Abuse and Treatment: A Review of Issues and Literature" that would provide some further information in this area.

With that, that's our overview presentation that we would be glad to receive your questions.

The Co-Chair (Ms. Julé): — I'd like to thank you very much Marlene for that presentation; it was certainly thorough and pointed directly at the one component that is the very, you know, most serious component of the problem that children on the streets have and that is of drug and alcohol abuse. But as we — I'm certainly not placing responsibility for this in your lap when I mention this — but I can't help but make the observation that we do have services, and as you mentioned, community-based services. What we don't have is we don't have spaces for intensive, comprehensive treatment, ongoing treatment, support and after-care.

And you get to know how very difficult that is when we are trying to assist children into a self-reliant lifestyle; and if you have a personal experience with that, you do know and understand how difficult in Saskatchewan it is to access ongoing treatment for someone because we simply do not have it.

So the information is very valuable that you've given us because it does point out what we do have and certainly the efforts and attempts that the province has made — and communities have made — to address this problem and to assist where they can. But it remains that we don't have any sort of in-patient, ongoing, long-term treatment centre for youth under 18, and even for youth I've noticed over 18, that are in their early 20s that need some sort of in-patient care. It's very, very hard to access; we just don't have the spaces.

So I think knowledge and information are readily available and certainly studies, and we do know basically what is happening in our province. But we just simply do not have the resources that are needed to assist, you know, children with a comprehensive program. And like you've mentioned in one of your slides, it needs to be for a long enough duration. And that is what is lacking, I think. That's one of the things that is badly lacking.

But like I said, I certainly didn't make the comment to place it in your lap; I made the comment as my observation. And I do appreciate all of the work that you've put into this and for making us a little bit more knowledgeable. Because it's very helpful to have this kind of information at our fingertips, especially when most people nowadays that are in the public service will certainly willingly be an advocate if they ever come across youth that need help and this kind of resource is very helpful. Thank you.

The Co-Chair (Mr. Prebble): — Marlene, I wanted to ask you some questions with respect to the adequacy of the resources and your assessment of that starting with maybe Angus

Campbell in Moose Jaw as the main youth detox centre. Maybe you could comment on whether that's able to handle the demands that currently exist around the province and what your assessment of that situation is.

Ms. Smadu: — I would be delighted. I will actually ask Karen to address the question in terms of the specific programs. And I think I just want to make a comment about, I guess, the difference between youth who are addicted and youth who abuse substances and that they have different needs, that many of our children on the street are certainly into substance abuse but may not be into addictions and so that there needs to be different programming approaches for them.

But I'll ask Karen to address the Angus Campbell Centre.

Ms. Gibbons: — Angus Campbell currently accepts youth 16 years of age and older. That's their mandate. And I do know that our other detox programs accept youth with ... under special circumstances.

Whether or not the services are adequate — I think that our alcohol and drug program providers have asked themselves this question regularly, and I think their issue is can they provide the service themselves or do they need to have a multi-systemic approach to this? It's really containing some of the high-needs kids in a facility. As you know, we can't treat young people against their will, so they can leave if they don't want to be there.

So how do we engage and work with young people who really do need to be in support of a stabilization place, which is something that I think we've come to call it more than a detox centre, is that it's stabilization and assessment. In many communities around the province they're working with the regional intersectoral coordinating committees to identify resources and places where they can do this, and it will be probably a partnership between Social Services, mental health, and alcohol and drug services.

I think in Saskatoon they've worked with the Calder Centre to kind of look at how to do that and with the safe house and other places. In Regina they're looking at a different approach that meets the needs of their community and that is training some of the people who live in the community where the young women work to be safe houses for them. So that there are actual places in the community in providing support services, alcohol and drug, and mental health and social services to those homes in order to keep and contain the folks for a period of time until they make a decision about what to do next.

So I don't ... In terms of adequacy, well I think the paper probably reports a number of situations where we haven't been able to respond in an appropriate way. But certainly the alcohol and drug system understands this and knows and admits their limitations in being able to respond by themselves and have tried to work with other committees to do that.

Is that an answer or is that a ...

The Co-Chair (Mr. Prebble): — Yes, it's a partial answer. Just for clarification, there's no facility then in the province for

detox purposes for children under 16 years of age. Is that ...

Ms. Gibbons: — Under 16 years of age? No, and for a number of reasons. There are ... First of all, most of the time children do not require detoxification in this ... in the same way that adults require detoxification from substances. They usually recover quite nicely in 24 hours from the ... from their substances. And it more has to do with their social environment and removing them from that context. So it's not been considered a medically necessary thing to do — to detox youth.

However, when there are some youths who are addicted and are addicted at an age of 14 to 16, and usually those youth need to be supervised medically — in detoxification, that's usually the process — so they do ... that can be done in hospital where that's required. And it can also be done in other detox facilities around the province.

I do know that they do accept young people under 16 years of age where there is a need around the province. The issue is also risk. There are adults in these facilities that ... They need to make sure that the youth can be safe in their environments and that they have the right programming for the young people.

So the answer is, no, we don't have a specific one. But yes, there are options we use for kids under 16 when it is required.

The Co-Chair (Mr. Prebble): — And have a number of those children been involved in the sex trade in your experience?

Ms. Gibbons: — We are not able to ... We don't collect that information. That would be information that would be on a case file, and as a department we collect demographic and just sort of public health information.

The Co-Chair (Mr. Prebble): — Right.

Ms. Gibbons: — So we'd have to review that. It would seem if you looked at the, the ... our data, there are a number of young women who are involved. We sometimes look at injection drug use as, as being one of the markers that we'd look at. So there are a number of young people and young women who are using and accessing services that have injection drug use as one of the substances that they abuse. So it would seem that they access the services, but we wouldn't know that unless we did an actual file review of specific centres.

The Co-Chair (Mr. Prebble): — Just one other question, and that's with respect to Calder, and then I just want to open the process up. I have a number of other questions but I think I'll hold them and just see ... give other members a chance to raise questions.

But with respect to the adequacy of the 12 seats at Calder that we have, the 12 spaces.

Ms. Gibbons: — Right.

The Co-Chair (Mr. Prebble): — For the youth at Calder and the three high-risk spaces, to what degree is the department finding that you're ... I mean, let's break this down, first of all, with respect to children in the sex trade. I just know from my

own experience in Saskatoon that a lot of the high-risk youth that are going into those three seats at Calder are children who are involved in the sex trade. To what degree are we finding that there's more demand for those three spaces than we can accommodate with the beds that are there?

In other words, how many youth are we finding through the . . . We've got these integrated youth management committees operating around the province. I assume they make referrals to Calder. To what degree are we finding that they're not able to get . . . How many youth are we turning down, let's put it that way, who are not able to access Calder because the spaces are not available — among the group who have been involved in the sex trade?

Ms. Gibbons: — Okay.

The Co-Chair (Mr. Prebble): — Are we finding we're needing to turn down children or are we able to accommodate them all?

Ms. Gibbons: — I don't know that answer at how many are turned down. I do know that those beds are always, are always full. On the Calder waiting list right now there are two individuals, and that's not a large waiting list, we don't think, for alcohol and drug services. But we do know that they're very well-used beds and they work in collaboration with Social Services in making sure that they're always filled. And we get the most . . . you know, we prioritize the kids that need it most.

The Co-Chair (Mr. Prebble): — Karen, could you see for the committee . . . I think one of the things the committee needs to determine is whether children who are involved in the sex trade and have an addiction problem are able to access the Calder facility. I mean we've only got 12 beds there, so three of them have been designated for high-risk youth.

And I think there's a number of questions. Is that enough is one question. Are we needing to turn down children in this population who clearly have an addiction problem and need the services of Calder?

And then I have, you know, a related question around that. And that is the sort of the suitability of Calder and the Moose Jaw facility with respect to meeting the cultural needs of Aboriginal children. That's my other question.

And then I just want to turn it over to other members of the committee, your assessment of that.

Ms. Gibbons: — I would turn you to your binder. There is a description of the Calder youth program in the binder. And one of the . . . I will ask Calder for this other information for you.

The Co-Chair (Mr. Prebble): — That would be great.

Ms. Gibbons: — But in terms of the cultural, they have been working very hard to introduce and be more sensitive to the cultural needs of the young people that are coming into their system. So they have implemented a number of programs, and they are outlined in your program description of the Calder Centre under the youth area. But it's something that they're

working in partnership with their . . . with the Saskatoon Tribal Council and other people in that community to make sure that they . . . (inaudible) . . . that.

The Co-Chair (Mr. Prebble): — Karen, thank you. Arlene, did you have other questions or do other members have questions?

The Co-Chair (Ms. Julé): — Well I do have, but we have half an hour here and I think it's important that the committee members, the other committee members, have an opportunity to impose their questions. So I'm going to leave it to them if they have some questions. And if there is time later, I will pose mine.

The Co-Chair (Mr. Prebble): — Okay. Don?

Mr. Toth: — Yes, just one quick question. I take it right now that what we've been talking about this morning, most of the services you provide are basically — or have been in the past — dealing more with drug and alcohol. And this committee's mandate is to come up with some ideas how we deal with children on the streets, especially involved in prostitution.

And I guess my question to you is: is this an area that the Department of Health has seen as becoming a major concern that you've been trying to develop some programming or ideas of how you address it, or are you still mostly focused on the drug and the alcohol problem?

Ms. Smadu: — Thank you for that question. We focused on the alcohol and drug services this morning because that was the request that came from the committee in terms of the specific services. And this is of very high interest to the Department of Health overall and we recognize that the only way we can deal with that is through an intersectoral or interdepartmental approach.

So we are involved with a number of committees in government and with other organizations that are focusing on high-risk youth not only children who are involved in the sex trade, although that's part of the group that we're looking at in terms of how we better meet those needs.

And perhaps if I can just give as another example in terms of where we have high-risk youth . . . Jim, if you just want to talk a little bit about the work we've been doing with children who are in young offenders facilities because some of the people who are involved in the sex trade will also be there at some point in time.

Mr. Simmons: — There's a few things going on in that area and it's been a focus of ours the last few years. Wherever we've had any extra money, we've kind of put it towards the high-risk youth areas. And we have a committee, an intersectoral committee called Alternatives to Custody with Social Services, Justice, and Education. And there's some major work going on in there which we hope is going to lead to some major pilot projects this year to do some intersectoral things with respect to trying to divert kids, you know, from getting into trouble and putting the whole services around them, all the things that they need from all those sectors' perspectives.

We also have a project going that we're trying to get underway with the Department of Social Services and the Paul Dojack Centre and the Regina Health District regarding alcohol and drug treatment for youth in that facility which again, there's a lot of . . . the same kids are connected there. And we're using that as hopefully a demonstration project to try to link better back to the community because that seems to be the problem. They serve their time and then they're back out without any supports, and the idea here is to kind of continue to follow back to the community.

So we're trying some demonstration projects on an intersectoral basis and trying to get the health districts to change focus somewhat. Because we don't . . . I mean the department itself doesn't deliver the programs but rather kind of steers the health districts.

Ms. Smadu: — I think in terms of the prevention part, which is also of high interest to all of us, that centres like the Four Directions in Saskatoon city centre and some of those inner-city centres that are focusing on providing a holistic program to youth, the underlying intent of that as well is to keep kids from getting into the situations where they do become kids on the street or kids in the sex trade. And we know that there has been high interest from all of the community groups, including business sector, to deal with those.

So that's further upstream, so to speak, in terms of preventing kids from actually getting into that situation, and Health has been a key partner in all of those projects as well.

Mr. Toth: — Just one further question. What percentage of the individuals that your department or agencies deal with in regards to abuse would overcome their addictions, their abuse problems?

Ms. Smadu: — In the entire population? I'll ask Karen to address that.

Ms. Gibbons: — I don't know that offhand. There's some . . . we have been doing research over the . . . not we, but there's been new research in the last few years around what actually assists people to stop drinking or doing drugs and to move along in their lives, I guess. And there is a fair amount of evidence that community programs are just as effective as in-patient programs, that for youth, some of the key pieces of any treatment programming have to do with skill development, dealing with mental health problems and other social problems, and improving the housing/living situation.

So in the past what we really — as an alcohol and drug program — have been focusing on was treating the chemical dependency. So we've needed to start to broaden that scope a little bit to look at the person and to look at how we support them in their environments. We don't have very good information on outcome measures.

I could see if we can provide you with some data on that, whatever we have, or something from Canadian research if you want. We don't have Saskatchewan research I don't think, but we might have something in the Canadian.

Mr. Toth: — I think that would be beneficial because it's kind of indicating whether or not the efforts you've made in the past are being successful or we're just spinning our wheels.

Ms. Gibbons: — Yes, yes. We're using a lot of the information from current research to try to help and inform our practice now so that we, we're a little more effective but that's . . .

Ms. Draude: — Thank you. And welcome to the members here. One of the questions I wanted to ask is something Don just touched on, and I'm wondering how you're determining if you've made progress and what baseline you're starting from? I guess it's impossible to know if we're making progress if we don't know where we're starting from. So I think it's very important that we do start being able to monitor it.

And the other issue is intersectoral collaboration. And I know you're all aware that there's a number of departments — Social Services, Justice, Education, and Health — that are often trying to work with maybe the same, same people.

And I'm going to give you an example of a youth that we have in . . . that I have knowledge of. This young man was taken out of school and met with a social worker for an hour and a half through Social Services. The same day, 10 minutes later, he met with a social worker from Health for an hour. And the very same day, 20 minutes later, for an hour and a half he met with a worker from Justice. So we do know that it probably wasn't of any benefit to the youth either because he would have been getting so much information.

So if we're going to make the very best use of our youth . . . of our resources, this is probably the first thing we should be doing. So I understand that you're going to have some pilot projects started and is that something . . . Like do you have any groundwork for it now? Do you have a . . . do you know what you're going to be doing as a pilot project?

Mr. Simmons: — Actually that is just being worked out right now between the various sectors in terms of determining where exactly those will be and what the details will be. But those groundworks . . . groundwork will be done, I mean, to avoid exactly what you're talking about here, that intersectoral.

In terms of determining progress again, you know, certainly the impression is that there's a lot of the same kids involved with the Y.O. system. And as you know Saskatchewan has pretty high rates of that.

Certainly that's going to be one of the measures of progress here is how we can kind of turn that . . . those statistics around somewhat, you know, in a collaborative way by treating the various components through education or the health services or what have you. I think that's going to be a major measure for us.

Ms. Smadu: — In addition to the pilots that Jim referred to, the process of using what we're calling integrated case management is actually being used in a variety of places around the province right now with teams of people exactly like the team you would be talking about that should of been a team. They should have had an opportunity to consult together and decide who would

go and interview the student, or if they all needed to be there, or how that information would be shared.

So that is ongoing because of the high interest and the commitment of the practitioners in a variety of areas to do that.

So we have, within a number of districts, we do have behaviour management consultants who are working as sort of case managers for children who are at a high risk or who have behaviour problems in the school system. And that integrated case manager is to be used so that everybody including the client, the student, and his family gather and talk about what is in the best interests and how . . . who is going to do the interaction and who's going to coordinate the services.

And that's a process that we want to have further implemented through our system. But we found high success with that already in the way it's being used.

Ms. Draude: — Thank you. Karen had indicated that it wasn't part of the monitoring or the information that you kept track of . . . whether if some of these children who are involved with drugs were also involved child prostitution. So when you're . . . is there any movement towards getting more . . . keeping more of this information so that you can keep some analysis when you do work forward now?

I also heard one of the gentlemen say that there's an extremely large number of children that have problems. Well aren't . . . when you interview these children are you also going to keep track of why they say there is a problem so that we don't keep on reinventing the wheel of having to do the study over again? Is that part of you new mandate?

Ms. Smadu: — I'll let Karen talk a little bit about the information gathering. One of the challenges we face with being a health department is with our services being delivered by the health districts that we get a different kind of information than if we were delivering the services ourselves in terms of what kind of specific demographics we can get on the clients. Having said that, we do have requirements for health districts to provide us with information. So I'll just let Karen address the rest of that.

Ms. Gibbons: — It's not currently part of the information that we gather and we would have to take a look at how it would impact on the youth down the road. Gathering health information that identifies a child as a child prostitute could . . . Well even being a alcoholic on your, on your . . . on a information form can cause some stigma that we may or may not want to have around over the long term. That information is more often kept in case files so that it's not available to a big data base. So there would need to be a discussion on how the information would be used and how it would be kept secure and not identifiable to a particular individual; rather just to look at the issue and how prevalent it is among young people using substances.

We haven't as yet identified it as a piece of information. But would you like that question asked to our . . . that whether or not they would consider it?

Ms. Draude: — I understand that there's sensitivity around it. I do. But I also know that I have great faith in the department knowing that it can be gathered without being something that's . . . where individual's information can be given out. But it would be beneficial in helping to determine some of the root causes maybe, so it's something that I . . .

The Co-Chair (Ms. Julé): — If I could just make a comment at this time. I agree with that. I think if it was gathered as . . . and recorded as a child that has experienced sexual abuse, I think it would be of great help, especially because if there is treatment for drug and alcohol that this child would be receiving and the knowledge was there for the people in rehabilitation that she has also experienced . . . or she or he has experienced sexual abuse for a predominant period of time, I think it would certainly . . . possibly develop into an expanded program because there are different . . . there is a complexity of trauma from the different experiences — some with drugs, some with alcohol, whatever it may be, whatever the substance is. But there is also a different kind of trauma that's related to sexual abuse and possibly there would be a program that would meet the needs and help the child into recovery and stabilization in a better way.

So I'm really recommending that if there is a recording of it, to take the stigma away from the word, you know, that the girl has been a child prostitute because really that makes her sort of like she has chosen that life and from all the knowledge that I have that is not true, someone else has imposed actions upon the child and they have been sexually abused.

And so I think, you know, that kind of distinction should be clear. And I think that if there's a recording of it, you know, it would be helpful as far as the ongoing treatment for the child.

Ms. Gibbons: — I think that I will say the alcohol and drug system doesn't gather that information. The mental health information system does record whether or not that's been experienced because that will be part of the counselling and it's just in how the two systems gather information and speak to each other right now. Also I'm sure the social service system also identifies and gathers that information. And in alcohol and drugs, where it's not recorded as part of the data base, it is recorded as a client file. That's one of the issues around trauma that we would address in an alcohol and drug treatment program because trauma is one of the issues that often precipitates the substance abuse. So there's not a . . . (inaudible) . . . I'm talking about alcohol and drug programming for the most part but if there is in other systems ways that those things are . . .

Mr. Simmons: — . . . like the Calder program, for example, is very much of a blended program. It has a very heavy prescribed psychiatric and psychological component to it, and it's not just a traditional alcohol and drug program so that information is known and treated there.

The Co-Chair (Ms. Julé): — While we're mentioning the Calder Centre, it just triggered a thought in my mind there, a memory of what someone had mentioned that Calder does have spaces for youth and they do have programs. Of course the program is for the people that are addicted to drugs and alcohol.

But I understand also that the sort of continuity of support and care while there, the person that's there, in the support and continuity of care that they need from a social worker is not forthcoming all the time because social workers are overburdened and cannot keep up their . . . They just can't be everywhere at once, I guess is a simple term.

So you know when I hear that we have this number of services in the province and so on and I realize we do, but I do have to . . . From some of the things I've heard, I think I would certainly hope that there would be a review of the quality of services and how effective they are because sometimes of the shortage of resources. And that's a major problem. Thank you.

The Co-Chair (Mr. Prebble): — Kevin and Ron. Kevin, why don't you go first.

Mr. Yates: — My first question would be: what percentage of youth identified in need of services are first identified when they're in custody, in particular in the young offenders facility?

Ms. Smadu: — I expect we don't have the answer to that question. We'll get it for you. So it's the percentage of people who are first identified needing services when they're in youth custody?

Mr. Yates: — Right. The first time they're identified and access to services when they're in fact in custody.

Ms. Smadu: — I know that those statistics exist actually because there's been some survey work done.

Mr. Yates: — I guess I should tell you I worked at the Paul Dojack Youth Centre and at the Kenossee Youth Camp and I have some first-hand familiarity with, you know, the case situation with a lot of youth.

Secondly, are there prevention awareness programs offered by the Department of Health in schools, and in particular high-risk schools, about the, you know, the potential of alcohol addiction abuse, drug abuse — those types of programs available to children. And in particular, you can identify, as any of us could, by tracking those who come in conflict with the law and various other issues; that there are areas that are always higher risk.

Ms. Smadu: — There are a number of prevention and drug awareness programs that are offered through the health districts and through the community-based organizations that actually deliver services. We have a drug and alcohol awareness week, those sorts of things. And I'll let Karen speak further about that.

I don't know the answer about how much of it is addressed in a formal school curriculum, but maybe Karen knows that as well.

Ms. Gibbons: — Actually alcohol and drug . . . information about alcohol and drug use is part of the core health curriculum throughout the province in education. They have a very well developed health program around substance abuse and substance use. And it starts at a fairly young age. I was just talking to the health consultant the other day and she told me this — I think it's grade 4 that it starts and it covers the grades 4 to 8 and then again in grades 11 and 12. But it's part of the . . .

it's not an optional part of the health curriculum, it's part of the mandatory.

As well they link with many of the alcohol and drug workers to do some joint programming in the different school divisions around the province. And that sometimes depends on how well the relationship is developed. But it's not an optional part of the health curriculum.

Mr. Yates: — As well, I think we'd probably all be aware that there's a disproportionate number of youth in custody of Aboriginal or Metis ancestry as well, I would venture to say, involved in the sex trade and the abuse of children in that sex trade of Aboriginal ancestry.

And what programs do we have in place or we are looking at putting in place that target some of the cultural needs of children of Aboriginal ancestry in their rehabilitation, or you know, becoming aware of their environment?

Ms. Smadu: — I'll let Karen . . .

Ms. Gibbons: — We fund the Metis Addiction Council of Sask. Inc. which provides in-patient detoxification and outpatient services throughout the province. And that primarily serves the Aboriginal population — both Metis and First Nation peoples. So that program is specifically designed for and staffed and managed by people of Aboriginal ancestry. And it's funded outside of the health district system.

As well, we have . . . well as I mentioned the Calder youth program has been working very hard at incorporating and building partnerships with the local community, the Saskatoon Tribal Council and other organizations that can support that.

It's something that we work hard at centrally in trying to build awareness of how this could work in trying to recruit staff into positions that . . . to try to support that. But it's an ongoing effort. I don't think we're there yet but those are some of things that we do.

Mr. Simmons: — The other part is, I mean, there is an extensive network in the First Nations system of alcohol and drug treatment. They have alcohol and drug workers on all the First Nations in the province.

Mr. Yates: — I guess some of my concerns are, is how do those things all connect? You get a youth in custody where, in some cases, it is their most stable environment that they have; where you actually can see youth, kids, that are able to laugh, have fun, live in a more normalized environment then may be there for them outside of custody. How do we optimize the ability to give them support so they can deal with the pressure that they're going to have when they leave that environment while they're in custody.

Because I think you will see the recidivism rates are high. And I think you'll see the same youth that'll enter the system at 14 be in the system as an adult. And the earlier we can intercede in that youth's life and give them those supports, the less likely they are to continue in the system.

Ms. Smadu: — That's right.

Mr. Yates: — And dealing with a young woman or man that is involved in being abused on the street, the same conditions exist. We need to find where we can put those supports in at the very earliest intercession in order to avoid the continuation of the problem.

So they have to feel good about their own ability to deal with the problem. They have to build those strengths internally to do it.

Ms. Smadu: — Absolutely. Yes, we would all agree with you completely. The issue of being able to address the individual in terms of skill development and self-esteem and self-concept and all those things that will take him or her through his or her life. But also all the other — the social and community influences — because it's pretty lonely and pretty stark to go back into a situation where you have to then attempt to change the way you look at the world or change your behaviour.

And I think as Karen had said earlier, we recognize that the issue of skill development for youth is not a one-time short-term course, it's ongoing, and it needs that kind of support in the community and that we need to look at programming that will allow that.

But it has to be done within the context of where that child is because while, as I said earlier removing children from the situation is important for some children for some time, eventually they will need to be integrated back into society. And I think the issue of recidivism relates to the fact that if you go back into the same situation and you have the same influences it's pretty hard to stand up to that by yourself. So we agree with you fully in terms of that whole continuum of programming.

Mr. Harper: — Thank you, Peter, and welcome officials. Just a couple of questions. How many youth in Saskatchewan under the age of 18 would receive some degree of alcohol and drug abuse recovery support, whether it be as an in-patient or as outpatient, approximately how many, what would the numbers be?

Ms. Smadu: — Well the percentage we had was about 18 per cent of the all the services are to youth. And I don't know if we have . . . we probably don't have the numbers at our fingertip, but we'll get that for you. So you want to know the actual numbers of individuals?

Mr. Harper: — Yes. My next question then was, what would the number of repeats be within the system? How many people would receive treatment, say this year, and then how many would be the same people receiving treatment again next year or would be repeaters in the system?

Ms. Smadu: — Yes, and I think that was the question that Mr. Toth had as well in terms of the rate of recidivism. So we'll see what we can get in terms of that. Sometimes it might be a bit of how you describe the treatment. Because for people who are in a sort of long-term support program, it's whether or not they're actually, you know, coming back for a new treatment or

whether it's the continuation of the support. But we'll get you the information that we can on that.

Mr. Harper: — And do you have any sense that this number is growing? Would the number of those youth receiving treatment today be approximately the same as it was 10 years ago, or is it a greater number?

Ms. Smadu: — I'll let Karen address that.

Ms. Gibbons: — We have a sense that we're dealing with different issues. I mean, I think there's different kinds of substance abuse going on in the province in different communities.

In some communities, oh, I've heard it referred to as recreational drinking. You know, that's the activity of choice that goes on in some communities when they don't have anything else to do. So it's . . . that's one kind of substance of abuse which certainly can lead to some harm and the traffic accidents and the other things that you hear about.

And then there are young people that really get involved, and I think they're different populations. Is it more? Actually we don't think so. We think actually the rates of use are going down. And I'd have to check that again. We just had some StatsCanada data that came out, because Saskatchewan used to be, I think, pretty high on the drinking; not actually drug abuse, but in terms of — well, other drugs, but in just alcohol abuse amongst young people was higher than other parts of Canada. But I'll provide that information back to you.

Mr. Harper: — Do you have any figures on the number of percentages or the type of social and economic income that children come from? Is there a greater number of children seeking treatment that come from low income families versus high income families and this sort of stuff?

Ms. Gibbons: — Okay, I think that poverty is always an issue with substance abuse and with mental health problems — we know that. I think that often the public health systems are more often utilized by people who don't have the money to access private services. And that we would probably see less people if . . . There are a number of private alcohol and drug services around in that if there are EAP (Employee Assistance Program) programs or other resources around, sometimes people who have the means to do so pay for the private services. So we might see more people with lower incomes anyway. Yes, our stats tell us that we tend to see people of a lower economic strata, but there could be a couple of reasons for that.

Mr. Harper: — Okay, and one last question. Have you noticed the expansion within the province, within the communities in the province, of drug alcohol abuse assuming — I'll make the assumption — that ten years ago it was isolated to four, five, or six communities. Do you see this now spreading across the province or is it isolated to the same communities?

Ms. Gibbons: — Well, there are some communities where there certainly is significant substance abuse going on. But I guess there are other communities where the young people engaged in that party drinking, so it's in rural Saskatchewan.

I'm often reminded that that's between 16- and 19-year-olds, that was something they did on the weekends. So there are still those activities that are going on.

But in terms of communities, yes, there are still identified communities. But there seems to be a much broader awareness amongst those communities and there is some interesting community development activities going on to help work together. And, I don't know, I guess I'm saying I don't know that there's any more, there is a spread of it.

Mr. Harper: — Okay, just another question came to mind. Have you noticed as far as drug abuse is concerned, or drug usage, has there been an increase in that in, say, rural communities this year over what it was say 10 years ago? Is there a greater abuse or greater usage of drugs today versus what it was 10 years ago? Is there a greater alcohol abuse or usage today than there was 10 years ago amongst the youth?

Ms. Gibbons: — What I'd like to do is get you that information in a more clear format. I think there probably is some StatsCanada data on that, so I'd like to provide that if I could to the committee, if I could get some time. I can't speak to it with any assurance of knowing that I have the numbers correct.

Mr. Harper: — Thank you.

Ms. Gibbons: — Okay.

The Co-Chair (Ms. Julé): — I just have one very quick question. I would like some absolute clarification. The Calder Centre you mentioned has 12 beds. Are those beds designated for youth or . . . And then, so there are 12 beds out of all the beds that are designated for youth? Okay.

Ms. Smadu: — Right.

The Co-Chair (Ms. Julé): — Okay. So that's fine. And I'd just like to make a comment before we take a break here for . . . We'll take a break for, what?

The Co-Chair (Mr. Prebble): — I just have a couple of other questions I want to ask.

The Co-Chair (Ms. Julé): — Okay. Yes. The comment is that we have Michele Howland here from the library, from the Legislative Library. And she is certainly gracious enough to offer to provide us with different excerpts from periodicals, from magazines, from any kind of literature that they may find from the Internet, I suppose — from whatever her sources are relating to the subject at hand.

And so I want to make it known to you that you will be receiving this from the Legislative Library. And I thank you very much, Michele, for that. Is there anything you'd like to add?

Ms. Howland: — No, that's just fine. Thanks.

The Co-Chair (Ms. Julé): — Okay. Thank you very much.

The Co-Chair (Mr. Prebble): — I think because of time

constraints I'm going to ask these questions for the record but ask you to give us some kind of an assessment in written response afterwards.

One is with respect to concerns that I continue to hear in Regina about the trouble that Regina youth have accessing Calder. And I'd be grateful for an assessment of that, both in general and specifically with respect to children who are involved in the sex trade, which goes back to my question about the adequacy of the three, you know, the three seats.

And whether, I'd also like to know whether you . . . I'd be interested in your advice on whether we need to change the mix at all, you know, among the 12 seats.

Ms. Smadu: — Sure.

The Co-Chair (Mr. Prebble): — And what the cost would be of adding additional seats at Calder, spaces at Calder for high-risk youth, and for youth in general. If we were to expand it to 15 for instance, what would be involved there? And what's the cost of going from three to five in terms of the high-risk seats?

And the other thing that I'd be grateful for is . . . I don't know to what degree Health works with Justice to look at questions, and this pertains specifically to children who are involved in the sex trade or who are involved in organized crime. I mean, my perception is that, you know, one of the major things that leads to kids getting addicted in the sex trade is the role of pimps. Pimps play a pivotal role in getting kids addicted, and then to feed their addictions they need to stay out on the street from the point of view of generating the revenue that's required to feed those addictions. I think there's some evidence to suggest that organized crime is also getting kids addicted and is sustaining their activity in organized crime through that addiction, and again, the revenue that's required to sustain it.

In terms of the rehabilitation process and in terms of rescuing kids, I guess what I'd be interested in is some assessment from you about what role health services are playing in terms of grappling with the issues around who's getting kids addicted and how we help kids out of that situation. You know, what's health doing around that.

And I'd be grateful for . . . those are fairly detailed questions and maybe it would be helpful to get some kind of a written response around them rather than asking you to respond to them now. But if you do have a comment, by all means make it. But I realize that's something that you want to look at fairly carefully.

Ms. Smadu: — We would be pleased to provide that in written form. It would give us an opportunity to provide some of the background information of the . . . some of the intersectoral things we've talked about and give you some concrete examples of that. And certainly the financial information on the cost of beds and the access from Regina Health District to Calder are things we will provide in writing as well.

The Co-Chair (Mr. Prebble): — That'd be great. I know Don had a question.

Mr. Toth: — Just one follow-up, and here again, you can just get information. Since the closure of White Spruce, have we improved the services for young people in-patient by moving to Calder? What have you seen from your experience, or have we basically gone backwards to some degree? I'd like to kind of know where we're at.

Ms. Smadu: — Okay, sure. So then we'll provide you an evaluation and comparison. Yes, we'll do that.

The Co-Chair (Ms. Julé): — And in addition to that and I guess in conjunction with that question, I would just ask if you can state for the benefit of the committee, whether or not we have anything equivalent to White Spruce anywhere in Saskatchewan on any level or to any degree. Where you would have youth and family that have an opportunity to work at their lives and go through the process that they would have gone through at White Spruce and the continual care. Do we have anything like that right now in the province at all?

Ms. Smadu: — Yes, that is the approach that Calder takes, but I think you're also . . . I expect if we provide you with some of the examples of the programming that's offered on an outpatient basis, is that in terms of family and youth that you . . .

The Co-Chair (Ms. Julé): — Well I understand that White Spruce provided an opportunity for a time for in-patient. And so I guess what I want to know is if there's anything equivalent to that, even though the magnitude may not be the same, whether we have anything equivalent to that in the province and what is the accessibility to it if it's there?

Ms. Smadu: — It is Calder that . . . the same program that was at White Spruce, but certainly we will do the comparison that was asked about the difference in terms of the size of the program and the accessibility . . .

Mr. Simmons: — We'll give you some stats on what it was. I think it was over 50 per cent Manitoba residents there.

The Co-Chair (Ms. Julé): — Pardon me?

Mr. Simmons: — It was over 50 per cent Manitoba residents when we . . . when it changed. At the time we were providing our neighbours good service.

The Co-Chair (Ms. Julé): — Well you know, there have been many comments to me.

And you mentioned that the Calder does provide the same sort of service. But I think there were — from what I hear — there were a lot of things about Whitespruce that were very, very special — the environment particularly. The surroundings was conducive to healing.

In Calder too, there are adults mixed with youth, and there's really a lot of concern surrounding that as to the security level that youth would feel there and the safety aspect of it and so on as far as youth are concerned. And also, just the physical environment is far from the same as Whitespruce was.

Ms. Smadu: — So we'll provide you with the information on both programs — Whitespruce and Calder — and then compare, contrast.

The Co-Chair (Mr. Prebble): — That would be great. Marlene and Jim and Karen, we want to thank you very much for coming before us. We really appreciate your time and the presentation you made and your efforts to answer our questions. So thank you.

Ms. Smadu: — Thank you for the opportunity to be here and best wishes with the work of the committee.

The Co-Chair (Ms. Julé): — Thank you very much.

The Co-Chair (Mr. Prebble): — I'm going to suggest that we take a five-minute break, and let's convene again no later than 11 o'clock.

The committee recessed for a period of time.

The Co-Chair (Mr. Prebble): — And so let's proceed then with the rest of our agenda. And the first item surrounds secondment or recruitment of a staff person to the committee. Now on this item you'll recall that at our last meeting we agreed in principle to the idea of exploring secondment as the sort of the first option rather than recruiting through advertising a vacant position.

And in this regard — I'm just looking for a file here for a moment — we've received an indication from the . . . I asked both Justice and Social Services to look at whether they might have staff that would be suitable for secondment. And two staff have been identified who would potentially be available to be seconded by our committee. One is Randy Pritchard who made a presentation to us at our last meeting. And Randy's a senior policy analyst in family and youth services division. And the other is Brian Williams, who is a senior policy analyst in the corporate policy division of Social Services.

And we could proceed with interviewing these two people and making an assessment about whether, you know, one of them would be suitable. I haven't finalized any arrangements with respect to finances. I've had a tentative discussion on this question with the deputy minister of Social Services, and I think Arlene and I would need to sort of discuss it more to finalize it.

But I think the initial, just by way of background, the initial thought was that perhaps our committee would pay for the person's services during months they were available on a full-time basis to us, but not on a part-time . . . if it was sort of part-time work. Anyway this needs to be thought through more. There's no final decision in that regard.

I guess what we need to decide this morning is whether we should proceed with interviewing one of these two people or whether we want to . . . if anybody wants to suggest that we explore other options, I'm certainly open to that. My suggestion is that we interview these two folks and see whether one of them would be suitable as our staff person.

The Co-Chair (Ms. Julé): — There's no question that we need

to get this person in place very quickly. And so if these are two people that, you know, that we have some . . . we can interview and I think might have some experience with Social Services.

I would also recommend that we do the interview and see whether or not we're satisfied or we feel that they would be good for this work, and if so, go ahead with it because to be interviewing great numbers of people right now would take a lot of time and it would hold up the work. So if the rest of the committee agrees with interviewing these two people and would like to be in on the interviews, you're certainly welcome to do so. We will let you know when that's going to happen.

And I'd just like some comment from every member of the committee so that we can get the yeas or nays here with interviewing these two — Randy Pritchard or, and Brian Williams.

Mr. Harper: — Well that should be fine interviewing those individuals. I think, you know, they both come to us with a wealth of information already, and I think that certainly would be a benefit to the committee's purposes here. So I would say yes, I'm certainly in favour.

The Co-Chair (Mr. Prebble): — Kevin, how are you feeling about it?

Mr. Yates: — It's action based. Let's proceed, and I'm quite comfortable — if the rest of the committee is — in simply having, for the whole time issue, the two Co-Chairs involved in the interviews because it may be difficult to get everybody together on short notice, and let's proceed.

Ms. Draude: — I'll go along with what everybody said. I would have liked to have just advertised to see who would come forward because I think there could always be somebody out there who would be very interested and just bubbling with enthusiasm and ideas and I think that's great. But when the position is probably somebody who is going to be more of a . . . well not exactly secretary, but they're going to be a coordinator . . . so, fine.

Mr. Toth: — Yes, personally I don't have a problem with that. I think in discussing it before, trying to find someone who might fit into the role where it might be a day here, a day there, and then that period of time when we've got meetings, it might be difficult for the process to move ahead and this might be another means of just saving a few dollars at the same time. I'm quite comfortable with the Chair and Co-Chair actually doing the interview as well, if anyone else wants to attend.

The Co-Chair (Ms. Julé): — Well thank you. And so we will take your direction, I guess we could say, and we will do the interviews. But I repeat that if any one of the committee members would like to be in on the interview, they're welcome to come and to ask questions and so on.

The Co-Chair (Mr. Prebble): — We'll ask Margaret to let you know when the interviews will be held and then if any of you are free to come, you're certainly welcome to come. Otherwise are we fine with authorizing whoever is present at the interview to make a decision on the . . . yes, yes.

A Member: — We have the greatest confidence in our Co-Chairs.

Mr. Toth: — What you're saying, excuse me, Mr. Chair, I would perceive that you would come back to the committee and make a final decision.

The Co-Chair (Mr. Prebble): — Okay, Don, well I think that maybe we should . . . let's discuss that a little bit more because that may also influence when we have our next meeting. I think I'm anxious to get a staff person in place quickly and if we feel we need to meet again in order to do that, that's fine. But I think in that case what we should try to do is schedule a meeting reasonably soon after the interviews have happened so that we can approve that.

Mr. Toth: — Unless if committee members have the idea that we have a majority of committee members available for the interviews. That might be the other avenue of dealing with it, because then committee members will also have the direct information.

Mr. Yates: — Or there's potential I guess if the committee members that are there, like if, say there's three of them or four of them, and they all agree, well . . . (inaudible) . . . the majority.

The Co-Chair (Mr. Prebble): — I mean, another way of doing this is having a full committee meeting and doing the interviews with the full committee present, Don. That's certainly another way we can go. That's not a problem. And then we could make the decision there and then.

You know maybe . . . I'm just wondering if there'd be some merit to that. If we feel we need to meet again to approve the position anyway, which I think is quite legitimate, maybe we should have a full committee meeting for the interviews and just have them . . . We can do that without that being in *Hansard* I assume, right? We can just have a sort of . . .

Ms. Woods: — You could do an in camera meeting.

The Co-Chair (Mr. Prebble): — In camera meeting, yes. Because I wouldn't want those discussions obviously to be recorded.

The Co-Chair (Ms. Julé): — Should we set a date for the next meeting then and have a committee meeting where we do the interviews at the same time? Is that what we're coming to here? Okay. If so, are you in agreement of that, everyone? Okay. If so, maybe we should look at our calendars to see, to make sure that we can, most of us can be here. Most of us or hopefully all of us.

Ms. Draude: — It sounds like everybody's coming in for the installation of the Lieutenant Governor. Maybe that morning or later on that day or something and then there would be . . .

The Co-Chair (Ms. Julé): — That's a good idea.

Ms. Draude: — Because that's fairly . . . that's just Monday, isn't it?

A Member: — Yes.

Ms. Draude: — So we wouldn't be wasting a lot of time then.

The Co-Chair (Ms. Julé): — All right, that's a good suggestion. So would we start again at 9:30? All right, 9:30 till 12.

Ms. Draude: — Or whatever time it takes.

The Co-Chair (Ms. Julé): — Well we need to do . . . like we're planning on having a meeting more than just doing our interviews.

Ms. Draude: — Then we'd have to ask *Hansard* to come back in at a certain time then.

The Co-Chair (Ms. Julé): — Can we do the interviews maybe at 9:30 then? And from 9:30 till . . . 9:30 till 10:15 should take care of . . . should be enough time I think for two interviews. All right, 9:30 to 10:15 we can . . . 10:30? Okay, 9:30 to 10:30: interviews; and then from 10:30 to 12 we will continue with our meetings.

The Co-Chair (Mr. Prebble): — Do we really think half an hour is enough for an interview?

Mr. Yates: — I think it is. We're dealing with here the people who have already . . . that are, you know, fairly high-level professionals, knowledgeable in the department. I think really what we're looking for is how do they fit in to what we see as a role more than, you know, actually questioning whether they can write a letter.

Ms. Draude: — Half an hour, and then we can have discussions afterwards, but . . .

Mr. Yates: — Sure.

The Co-Chair (Mr. Prebble): — So we've made a decision then that February 21 will be our next meeting, and we'll do interviews for our staff position from 9:30 to 10:30.

So let's move on to the question of scheduling of committee hearings. And we may want to discuss this in conjunction with the recognition of the week to stop the sexual exploitation of children and youth. So I'll maybe just say a word about that item as well. I think we should begin to think about what we want to do by way of hearings prior to the legislature starting up again.

And British Columbia has made a decision to declare March 6 to 12, Stop The Sexual Exploitation of Children and Youth Awareness Week in Canada . . . or in their province, rather. And they're inviting other provincial governments to consider the same idea. And I think the . . . Don and I discussed this and I know that Don thought that it would be positive if we supported the declaration of such a week here in this province.

So I'm going to suggest we reverse these agenda items. Deal with the declaration of the week first, and then talk about the scheduling of committee meetings, since we may want to . . . If we declare the week we may want to even look at holding a meeting as part of kicking off the week.

But I invite people's comments and thoughts about whether

you'd like to see this declaration made here in Saskatchewan, so we'd declare March 6 to 12, stop the sexual exploitation of children and youth awareness week, in this province.

Ms. Draude: — I definitely agree. I believe we should. I think it would be a good statement for this committee to make that we recognize that this isn't just a Saskatchewan problem, but that we would like to work with the rest of the country in addressing the problem and the solutions.

Mr. Toth: — Yes. I'm all in favour as we discussed earlier. It sends a message of the concern and the problem out there and the fact that people are really concerned about the issue.

The Co-Chair (Mr. Prebble): — So why don't we . . . I'd like to make a suggestion that we work with the province then around the declaration of such a week and with the . . . and explore opportunities for some kind of a communications plan to officially declare the week and maybe some sort of a signing ceremony. Why don't . . . if you'd authorize Arlene and I as your Co-Chairs to explore that possibility with departments, we'll do that and report back by the 21st.

The Co-Chair (Ms. Julé): — I'd just like to make one suggestion in conjunction with that in that I think that yes, that the province, the departments and so on, should be involved in this. But I also think that the other political parties and the opposition should also have some statement of support if they would like to. I just hope that maybe June or Don you would take that to your caucus, or to our caucus, and have them have the opportunity also to make a statement of support.

The Co-Chair (Mr. Prebble): — That sounds very reasonable.

Arlene, do you have anything else you want to add on this recognition of the . . . So we're basically going to encourage the province, the official opposition, and other groups, and encourage participation in this week by other groups.

The Co-Chair (Ms. Julé): — Right. Peter and I talked very briefly about possibly having the first presentation that is going to be done during that week or right at the beginning of that week. So in other words, if we were going to hear from different agencies and organizations and people that are concerned about this in Saskatoon, we would, you know, choose that week to start these presentations.

So that's something that we just were recommending. And we thought if we can get everything together to get the ball rolling and do that, it would have an impact I think in the awareness end of it.

Mr. Yates: — Tour the safe house as well in Saskatoon or . . .

The Co-Chair (Mr. Prebble): — Whether we do it in Saskatoon or not, it may be that we'd have an easier time organizing . . . I'm just thinking about the fact that we're not going to have a staff person in place until the 21st, given the decisions we just made. So we may want to look at . . . since both the staff that we're considering possible secondment of are in Regina, we may want to look at doing something in Regina first. It may be easier to do here. But we can explore that in a

moment.

But there is consensus, I think, on the idea that we should have this week declared and roll forward with some kind of a communications plan around it, and ensure that the official opposition is involved as well.

Let's move into scheduling of committee hearings and talk about . . . I think last time we agreed that we would want to . . . Well we talked about the idea of holding hearings in Regina and Saskatoon and Prince Albert and North Battleford and La Ronge, basically in communities where we know that there is some kind of a problem with children being involved in the sex trade. There were other suggestions as well, I think Yorkton was an idea that came up; Humboldt was an idea that came up. We should probably try to at least begin to define some definite locations that we want to hold hearings in. We may want to add additional locations as time goes on in the process.

It may be that we want to hold hearings on a reserve, for instance. Or that we want to hold hearings in a centre that's got some good ideas about deterring johns even if they don't have a problem in their community.

But I think those centres that I've just listed seem to be obvious ones to hold hearings in. But let's discuss that a bit more because members may have different ideas about where the hearings should be held. And then let's discuss the question of whether we want to hold a hearing on the week of March of 6th to 12th.

The Co-Chair (Ms. Julé): — Well, we have discussed this, I think, in our first meeting.

The Co-Chair (Mr. Prebble): — We did have a . . .

The Co-Chair (Ms. Julé): — We have already, you know, discussed the places that we feel that hearings should be, would be very beneficial. I think at that first meeting too, there was mention made by myself, if I'm remembering right, that we want to have . . . I think it's very necessary and important to have individual hearings, hearings from individual people who are survivors of the sex trade or who are presently experiencing the difficulties of this kind of life. And so I need to state that as being a part of what the committee is going to do because without that it's totally useless. Everything is useless if we're not talking to the people that are affected or whose life this sort of lifestyle is affecting.

So we could maybe discuss whether or not when we go to the different centres that those people will have an opportunity to come forward. I'm pretty sure they won't come forward in a public forum, but there may be an opportunity while we are in those places for them to meet individually with us to do their own sort of presentation. So that's a possibility. And I guess, you know, I just feel that that's very important and if anybody would like to comment on that we could add it to the agenda because . . . or not to the agenda but we could add it to the committee's . . . part of the committee's role.

Mr. Toth: — This is a question for these hearings. Are we looking at inviting some groups who would have some

information to share with us or are we going to ask for some public input, for people to come forward and make presentations? Is that my understanding?

The Co-Chair (Mr. Prebble): — I think, Don, we could even do a combination of both. We could invite groups that are known to be interested in this field to make presentations, but we could also advertise the hearings and invite anybody who wants to make representation to do so. And I very strongly support Arlene's comments about the fact that we need to create an opportunity for private sessions, in-camera sessions, with no news media present, no other members of the public present, where people who want to tell their stories and provide us with advice can.

Mr. Toth: — I say that for two reasons. Number one, if we're looking for some public input over and above groups out there that are working with children on the street, then you have to give some lead time so that individuals are aware of these meetings and can prepare themselves to make a presentation. So I think that's something that's going to have to be looked at fairly shortly.

Mr. Yates: — And where you advertise will make a big difference to whether or not we actually get people willing to come forward to talk about their particular circumstances versus just community groups. How do they become aware?

The Co-Chair (Ms. Julé): — That's true and there may be people out there that do want to do that when they hear about the meetings. But I can tell you that there are people that have already spoken to me that they would be . . . not only wanting but very willing to come and basically tell the story of their life and would be able to assist us and direct us in how to fill in the gaps here and what's necessary yet.

So those people, some of them are waiting to be invited, so I guess that's why we have to sort of determine whether or not we do those individual presentations in conjunction with a public forum thing, or whether or not we should provide for that opportunity for those people after the public forum hearings are done.

Mr. Yates: — Well I really believe we're dealing with children, and I think in some cases we are . . . we may have children come forward, not those who have grown out of the trade. I think they have to have that privacy and I think we have to do in-camera sessions.

The Co-Chair (Ms. Julé): — Certainly. And some of them are children, some of them are survivors that would have some beneficial information for us and those people, I think, wouldn't mind having their words put in *Hansard* or whatever.

So there's that, you know, that component of it that we have to remember.

Just another point also, as far as some of the activities that the committee may be taking part in or things that might help us to get a better understanding of the situation, I was in discussion with Ms. Draude about this and we thought we would present it to committee to see what you think. But it may be very

beneficial for us to see whether or not we can possibly go out with some of the outreach people on to the streets.

For instance, the organization called SWAP (Street Worker's Advocacy Project) does have an outreach van, as far as I know, or else the police in Regina; there might be Egadz in Saskatoon. There may be organizations where we would go out and experience somewhat — not experience, but we would certainly be able to get first-hand recognition of and hopefully talk with some of the youth on the streets. So I think it's really important that we look at doing that.

I know when I talked with Egadz before about that, they said that a lot of the youth on the street are not very trustworthy of adults and so if they see a strange face, for instance, in the van, they may not approach the van any more. They might back off. So I think that we would have to get into discussion with these organizations about the best approach.

But certainly I know that in Calgary that was what was done by people that were concerned. And they did ride along with the police and so on. And it sort of gives you a different sense or, I guess, a fuller sense of what our youth are going through out there on the streets when you do ride along and when you can talk with some of them. So for those people who haven't been in touch with children that are being abused like that, it would provide somewhat of an opportunity to touch base.

So if you're all in agreement so that we don't deliberate too long over this, we can sort of look to having that kind of thing happening.

Ms. Draude, you had your hand up?

Ms. Draude: — I did. Go ahead, Kevin.

Mr. Yates: — One other point just on that same line. At Kilburn Hall and the Paul Dojack Youth Centre there are units that are female designated units. I think you will find in those units at any given time a fair number of women who are involved or have been involved in sexual exploitation on the streets. And I think there would be some benefit to talk to them as well, if in fact we can, and make those arrangements.

The Co-Chair (Mr. Prebble): — And we may be able to do the same thing through organizations like Egadz and maybe SWAP as well. Let's see if they can help us arrange some private sessions.

The Co-Chair (Ms. Julé): — I think it's important that we get out on the streets.

The Co-Chair (Mr. Prebble): — Don't get me wrong. We're talking about two different things here. One is the private sessions; the other is being out on the streets. We should make decisions, I think, on both of those. Let's deal with the question of private hearings. Are we agreed that wherever we hold public hearings in those centres, we're also willing to hold private hearings? Is that agreed?

Members: — Agreed.

The Co-Chair (Mr. Prebble): — So I think there's full

agreement on that then, consensus on that. Let's deal with Arlene's suggestion with respect to the outreach vans. Is there an interest among members in having one or more members of the committee, you know, ride along with outreach vans and we'll try to spread those opportunities around?

The Co-Chair (Ms. Julé): — Or we could discuss it with the city police in our city that we're closest to; or we don't all have to go at the same time or in the same city depending what can be organized and set up for us.

Mr. Harper: — Are we interested in exploring the option further?

The Co-Chair (Mr. Prebble): — Okay, the thought is to explore that further.

Let's come back then to the question about the actual scheduling of the hearings. Are you comfortable with the list of locations as a sort of a starting point that have been identified?

Ms. Draude: — I think that if . . . I got some information at our last meeting that the officials were aware of Saskatoon, Regina, Prince Albert, a little bit somewhat in North Battleford, and I don't remember what they say about La Ronge. That they felt that Yorkton, Humboldt area to their knowledge there wasn't that same activity going on. So I'm wondering if maybe we shouldn't . . . we should not schedule those unless we get further evidence that we should go there. Because I think there's time involved. We could be wasting time.

So my suggestion is that we look at those other areas first and then determine if we should go further.

Mr. Yates: — I agree we should list where we're going to go, but I think we need to leave it open to communities and groups perhaps that would have knowledge we don't have. It was suggested to me by some city police officers that there may be issues in places like Swift Current and Estevan where you have large transient populations due to the boom and bust of the oil economy.

So I think we need to leave it open for community groups, not close the door to go anywhere if in fact they have something to add to the process. But I think they have to, you know, give us some identification what they have to add to the process.

Ms. Draude: — I also would like to suggest that, especially in Saskatoon and Regina, we make contact with the tribal councils and find out if we can be meeting with them and explaining what we're doing. Because we were also informed by the groups here last week . . . or last month, that there was a large percentage of Aboriginal people involved. And if we can . . . I would hate to be doing this sort of on the outside of the band councils. They may feel like we're pointing fingers and I would rather have their involvement.

So to meet with them when we go into the city perhaps even before we hold a meeting, I believe, would be something we should do just to make sure they knew why we're up there.

The Co-Chair (Mr. Prebble): — I think that's a very helpful suggestion.

So are we agreed that for a starting point we'll hold hearings in Regina, Saskatoon, Prince Albert, La Ronge, and North Battleford? That we'll leave the door open to other hearing locations. And that with respect to presentations in those centres we'll contact respective tribal councils that have . . . I think except for Saskatoon, I don't think any of them have offices in those communities, but all of them have an interest in those communities.

Mr. Yates: — P.A. (Prince Albert) does.

The Co-Chair (Mr. Prebble): — That's right, P.A. Tribal Council does. Thanks.

Mr. Toth: — In regards to other communities, maybe that could be just by the communiqué or the announcement going out indicating that the committee's open for input. And while you indicate here . . . may indicate the primary communities that you're looking at, if the committee feels so led, or groups would like this committee to appear in their community, then we could follow. That would be one way of getting communities to let us know, yes, we'd like you to come versus us trying to feel our way around.

I don't know if that's possible just to explain, to express that. Because I don't think there's a point . . . agreed; I don't believe there's point in going to a community where it really isn't seen as a problem there. I think we would just be wasting our time and everybody else's.

Mr. Harper: — I'm just wondering if there would be any value in communicating with the mayors and councillors . . . councils of various communities as to their desire or lack thereof of our committee to visit their communities.

Mr. Yates: — How large a community do we draw the line at that though? There is literally hundreds of mayors and . . .

The Co-Chair (Mr. Prebble): — I think Ron's, if I understood him correctly, I think he meant the mayors of Regina, Saskatoon, P.A., La Ronge, and North Battleford.

Mr. Harper: — Certainly that, but I'm just wondering if we shouldn't expand it beyond that to include the next layer of size of communities such as Swift Current, Estevan, Lloydminster, Yorkton, the next layer of size of communities. Perhaps then we'd get some indication as to whether or not our presence would be welcomed and they see a need for us.

Ms. Draude: — I think any community that has over, is it 10,000, is it considered a city? Would that be sort of reasonable . . .

The Co-Chair (Ms. Julé): — Over 5,000.

Ms. Draude: — Over 5,000. I don't know, I just wondered if that was sort of . . . we'd sort of know where we're going to then . . . and how many cities there are over 5,000.

Mr. Yates: — Well there are some communities recognized as cities, I think, are close to 5,000 or over — Humboldt, Melfort, pretty close.

The Co-Chair (Ms. Julé): — Actually Humboldt is a little over 5,000.

Mr. Yates: — Yes, so would Melfort.

The Co-Chair (Ms. Julé): — But I would think that is a good suggestion. Possibly we could send a communiqué to those communities and also look through it for the paper.

Ms. Draude: — I would suggest a letter signed by both of our Co-Chairs to this town . . . councils telling them what you're doing and just offering our . . . offering a meeting if they'd like it.

The Co-Chair (Mr. Prebble): — Good. Well let's make a decision then on the question of timing of the hearings and when we want to begin. And I think we need to consider the fact that we're not going to have staff until at the earliest February 22.

Mr. Harper: — Then would it be appropriate for our first meeting to take place the early part of March 6 to 12?

The Co-Chair (Mr. Prebble): — That's what . . . I'm looking for your guidance on that. I mean that doesn't leave a lot of lead time with respect to . . . I like the idea of having a hearing kickoff during this week. It doesn't leave a lot of lead time for the hearing. Maybe if we held it late in the week we might we might pull it off, but by the time you advertise the hearing and . . . Now there may be some advertising work that can be done by our, you know, by our staff in the Legislative Assembly Office, but we won't have anybody actually go out and organize for us until . . . you know, until the third week in February.

Ms. Draude: — I believe it is still possible to do it. I mean we're going to be putting a lot of pressure on this person, but at the same time I think it's important to do it during that time frame. And if you advertise too far ahead anyway it might take a . . . Unless they're the kind of people we are that carry binders around telling . . . then I don't think there's a lot of point in, in going a lot of time before there anyway.

Mr. Harper: — No. I suppose the question here would be to have the ability to contact those various groups in the community who have an interest and would like to make a presentation and giving them enough lead time to put a presentation together.

The Co-Chair (Ms. Julé): — But if I could comment on that. Organizations and groups, I think, pretty well have a lot of material already prepared. It would be a matter of just gathering the information that they feel is necessary to inform us about. And I don't think it would take them very long because I think most of them that are organizations that are working certainly would have their stuff. It's not like they're just beginning. So I don't know if that would be a major problem.

But I agree with Ms. Draude. We have to, you know, to get this moving. And whoever we hire to assist us with this does have . . . It would be a matter of about what? Three weeks? From the 22nd to the 6th. I'm not quite sure if it's not quite three weeks.

The Co-Chair (Mr. Prebble): — It's two.

The Co-Chair (Ms. Julé): — It's two weeks, okay. So if we talked about having the presentation in Regina, you know, in conjunction with this special week, and if our staff person was from Regina and so on and it didn't have to involve a lot of travelling and so on and he had the resources at hand that he needs, I think it could be pulled off.

Mr. Yates: — Do people think we're ... In Regina as an example, we could have several days of presentations. I don't know how many groups will want to come forward, but I know we'll have at least, I can think of in Regina, seven or eight groups if not more. We may end up in a city like Regina and Saskatoon, even if you put some time frames of 45 minutes or an hour on presentations and then you look at questions, we could look at several days possibly of hearings.

I don't know that we'll know that till we start seeing who wants to come forward. And I think it has to be very well planned.

So maybe we look at our first two days of hearings or first day of hearings in Regina that week and with the expectation we would continue on at some point. Because I am of the opinion, at least in Regina we will have, and Saskatoon, a significant number of groups wanting to talk to us.

And I don't think we know that yet. We won't know that until they ...

The Co-Chair (Ms. Julé): — I guess in a sense we'll have to play that by ear.

Mr. Yates: — Yes, we will.

The Co-Chair (Ms. Julé): — And this person that is co-ordinating this for us, when he finds out just how many groups there are or individuals from that particular city that want to talk with us, we'll be then setting the time frame that we have, that we have to be there between these hearings.

Frankly, I would ... I guess we're going to have to all look at our own, our agendas, because there are other duties as you all well know, and see whether or not it would be sensible for us to say we're going to be in Saskatoon for three days straight or whether we would be able to get some of it in within a couple of days, two consecutive days, and then have to come back. It's too hard to know right now just how this is all ... how much attention ...

Mr. Harper: — I'm just wondering, with the subject matter we're dealing with, if we as individuals would want to deal with it three days straight. We may, for our own sanity, want to have a break in there.

The Co-Chair (Ms. Julé): — That's another consideration.

Mr. Toth: — The other question that arises too is the call of the Legislative Assembly. I'm not sure. My personal guess is we're into March before we get a call, but maybe as government members you have a better idea.

But certainly the 6th to the 12th might be an avenue that's still open. But once you start getting past that date, that's got to be taken into consideration as to how many days prior to. Because like you say, when you put your announcements out that you're having these meetings, you can't be closing — you know, all of a sudden cancelling meetings — because it takes people some time to put them together and the rescheduling.

So we have to have a little bit of thought given as to whether we go into the second week and announcing public meetings, how far we can get. I'd like to see us maybe try and accomplish a fair bit prior to, but I'm not sure how much time we'll have. We're really cutting ourselves fairly thin.

So I guess what I'm saying as well is there a possibility, even before we have a staff person in place, of making some contacts with some groups who you know right now are actively involved in trying to deal with children and this question and seeing whether they'd like to make presentations just to get a bit of an idea on it. Like, it had been mentioned by Kevin that he, right off the top of his head, he can think of at least seven organizations in Regina.

Unfortunately I'm not that familiar. But maybe that might be an avenue that could be explored even before we have our research person in place that we know for sure we're going to have and that might expedite the process of some of our hearings.

The Co-Chair (Ms. Julé): — Or the other thing that we could do too — that's a great suggestion — possibly some of the individuals that we have knowledge of that would want to present on an individual basis. If there are some around Regina ... and there are couple that I know of that could come and present at one of our meetings. So if it takes the person that we're going to hire to sort of co-ordinate and organize activities within a city, you know, having presentations from different agencies and that is going to take more time and more work on his behalf than I think we ... What Donna is suggesting is possibly those people that will present that don't require that person's help can come and present and maybe we can get some of this, some of this achieved without that person and we could actually use our time better.

The Co-Chair (Mr. Prebble): — The other thing we maybe will do in Regina is get ... you know, I mean Regina city hall has a social — this may not be the right term — but a sort of a social policy committee ... (inaudible interjection) ...

A Member: — Yes.

The Co-Chair (Mr. Prebble): — Yes, they may very well assist us in identifying other groups and helping us contact them. I mean that is another, you know, another possibility.

And they have a city hall forum I think that they'd probably be willing to make available to us. I mean we'd have to explore that but they hold, you know, they often have events sort of at city hall itself. You would know more about this, Kevin, you and Ron.

Mr. Yates: — Auditorium, mike setting, sufficient size to hold hearings, and actually not a bad environment. The only problem

with it is its access. You know, quite easily visible from people walking into the city hall and that. People may want to be in . . . be more comfortable, particularly if you're having, you know, private meetings, in a more discrete location.

The Co-Chair (Mr. Prebble): — Well I think we should schedule the private meetings separately and that would be at separate locations.

Mr. Yates: — But for many of the public hearings, that would be a great place to have them.

The Co-Chair (Mr. Prebble): — Well let me just test, is there consensus that we hold a public hearing in Regina in the week of March 6th to 12th? Is there agreement on that? Shall we try to identify which date that's going to be? This will obviously be subject to getting a facility. Maybe we could identify a couple of dates and I'm assuming that we would like to try to prioritize Monday for one.

The Co-Chair (Ms. Julé): — Monday, March 6th.

Ms. Draude: — I suggest on the Wednesday or Thursday.

The Co-Chair (Ms. Julé): — Okay, if we are going to be in on Monday, March 6th to sort of kick off this week, this awareness week, and we're travelling in for that, is there some way that we could, with Social Services if we are going to have the media involved, do that earlier in the day? And then have the hearings after that, throughout the day. Or the next day on Tuesday, March 7. Does Tuesday, March 7 — do you have that date open? Okay. Well can we hit for Tuesday, March 7 then, or is that a problem with you, Peter.

The Co-Chair (Mr. Prebble): — I think, Ron, do we have, we don't have anything scheduled for that day, do we? So the thought is then that we'd make the 7th a sort of a full day of hearings, is that the . . .

Ms. Draude: — If we're going to do that then I suggest that Thursday we go to Saskatoon to at least kick off both of the large centres, and do them both, and at least it would give us . . . even if we don't do anything else, if we're scared of the session starting, at least we will have been in the major centres and there would be knowledge in the bigger papers. Just a suggestion.

The Co-Chair (Ms. Julé): — We might have to consider whether or not, if we start this on March 7, and if there are a number of organizations, agencies, or individuals that want to present, we may have to take it into two days in Regina. So we may be here March 7 and 8.

The Co-Chair (Mr. Prebble): — I agree, Arlene, I think we should be ready for two days in Regina rather than trying to cover another community. I know what you're suggesting, because it would certainly profile the week more if we also held a hearing elsewhere.

Ms. Draude: — That's why I suggested perhaps Thursday even, but maybe three days in a row might be way too much.

The Co-Chair (Ms. Julé): — We also have a SARM (Saskatchewan Association of Rural Municipalities) convention on that week too so that is something that some of us will have to go to.

Ms. Draude: — Okay, that's fine. I'm fine with that.

The Co-Chair (Ms. Julé): — Okay. On the 6th, which is the day of the awareness week is starting, do you feel that it would be good for us to make better use of that day — being as we're going to be in here anyway — and have a presentation or two from individuals while we're here?

Mr. Harper: — Would we want to have — before we start this process or get too far down the road in this process — would we want to have officials from Manitoba and Alberta to give us a rundown, a briefing of their experience with their legislative changes, their laws, and the effects thereof? When would be a good time to do that? I'm just wondering if it wouldn't be a good time to do that at the beginning of this process rather than halfway through it.

The Co-Chair (Ms. Julé): — I talked with Mr. Prebble on the phone yesterday exactly about that — when would be the best time to have that research done — and what do you think, committee? Do you think it would be more beneficial to hear from them and to get information from them before we start these presentations or after? Because there . . . (inaudible) . . . to learn from other experiences, from successful . . .

Mr. Harper: — My thoughts on the matter is that I think it would be more beneficial . . .

The Co-Chair (Ms. Julé): — I think it's important that we absolutely do that but we need to discuss here what's going to be most beneficial.

Mr. Harper: — Yes, I don't know what is more beneficial. But my thoughts would be that it would be more beneficial to the committee if we were to hear those presentations before so that we would have some knowledge as we go through this process as what has worked and what hasn't worked, what has been tried and what hasn't been tried. And maybe even suggestions or ideas, new ideas, that they're working on and it's ready to develop, and then we could apply it to the experiences that we hear from the presenters.

The Co-Chair (Ms. Julé): — It can work both ways through. If one, through the presentations and through our experience of getting out and having time to observe on the streets and that kind of thing, when you sort of see what we have here and the efforts that are being made already, sometimes it seems like everything is in place and so you keep asking the question, why isn't this enough? Why is there, you know, a continuing problem? And you don't really see what it is until you go to another jurisdiction and you sort of see, okay, they have a more comprehensive situation here. They're working in tandem. They have discovered that this, this, and this has to be linked.

And so you have, after knowing what you don't have and you see, you know, what solutions have been put in place in other places and you can then refer back to your own province and

say, all right, we're doing very well; we have this in place and this is working pretty good, but we could adopt that part of their solution from, say, from Manitoba or whatever and incorporate that into . . . that's what's missing here and that's what we need to do.

So I think it doesn't hurt to kind of look at our own situation first and get a feel for what has been tried here and what has been tested. And then, you know, the question of why then is not exactly working.

Mr. Toth: — Yes, my feeling as well is if we're going to seek some input from other jurisdictions, I personally wouldn't mind hearing ahead of time what it says to me; that it just gives me some food for thought that might be presented that might bring some questions to my mind when we're having this discussion with groups around us that we can pose as suggestions or alternatives or get some feedback. And if you wait till afterwards then you don't have that chance to kind of interact with the presenters.

The Co-Chair (Ms. Julé): — You make a good point there, Don.

Mr. Toth: — So I think if it's possible, maybe the afternoon of the 6th it might be an avenue where we could have some discussion with representatives from either/or, or both Alberta/Manitoba, really their experiences. Just to give us a little more input as to what we might be dealing with and a little more to work with when we start hearings.

The Co-Chair (Mr. Prebble): — So, Don, your recommendation then is that we invite officials, at least one official from Manitoba and one from Alberta to travel here to brief our committee on Monday, March 6.

Mr. Toth: — If we're here I think that would be an appropriate time to do it.

The Co-Chair (Mr. Prebble): — Is there agreement on that idea?

Members: — Agreed.

The Co-Chair (Mr. Prebble): — It will obviously be subject to it being possible to arrange for these people to come in.

The Co-Chair (Ms. Julé): — Well I'm wondering if we shouldn't consider two officials, because part of the solutions that have come to pass in other jurisdictions have considered that there is a legislative part and there's also a part for communities, organizations in the communities to do to assist children off the streets.

So I'm just wondering if we shouldn't have, you know, someone representing the government or the legislators in those other provinces, and also one person that could inform us about, you know, the full extent of programs that are in place. And you know someone from the community that . . . because in Alberta they've got most of this under one umbrella now. And . . .

The Co-Chair (Mr. Prebble): — Right. I mean one of the . . .

See, one of the questions that I had that I don't — I don't want to stall us from making a decision on this. But I had wondered whether we actually wanted at some point, and of course the question is one of expense and also use of our time, whether we'd actually want to travel to Alberta or Manitoba — at least send some members of our committee to both provinces to kind of explore in more depth what they're doing.

Because I agree with Arlene's comments in the sense that we're not, we're not going to hear from any one individual what, you know, what's being done. We may get a picture from the point of view of, you know, the legislative, the legal framework that's underway. But I don't think we'll get a full picture of what's happening in the province, you know.

So there may be some advantage to us actually going and spending time with a whole bunch. You know, we'd actually have an itinerary lined up for a couple of days in each province, and some of us, you know, could go there. I mean that is another option.

But I'm certainly open to, Arlene, to the option of inviting a couple of people in. And I agree with you that it would be useful to hear from somebody who's a legislative member as well as somebody who's . . .

The Co-Chair (Ms. Julé): — If there's a . . .

The Co-Chair (Mr. Prebble): — Community-based or a government official.

The Co-Chair (Ms. Julé): — Community, yes. A community base or . . . Yes, that could, could talk about what they have working there. I think it's important that we do that. But so should we . . . Can we agree then that, or do we not agree or whatever that two people from each province, from Manitoba and Alberta, could come on the 6th?

Mr. Toth: — Personally I don't know if we have to specifically indicate how many. I think it we lay out what we'd like to hear from the province — either/or — that jurisdiction will then determine if they should send more than one individual because of the expertise from the different departments. I think basically our committee should be just indicating we've been asked by the Legislative Assembly to come up with some ideas, here's some areas we'll be exploring, we'd like some information as to what your jurisdiction has done, and just lay out the broad parameters of what we'd like to hear about.

And my guess you'll be . . . you probably would not be limited to one. You'd probably have a couple, if not maybe even three individuals coming to speak on behalf of their jurisdiction, rather than us saying we'd like to have two. What's the point of two individuals coming if we don't really ask them what we're looking for?

The Co-Chair (Mr. Prebble): — Yes. Good. Well, listen, is there any other business that any member has?

So just to summarize on this last decision, we're going to try to have some kind of a communications kickoff on March 6 and see if we can also use that date as a date when officials from

Manitoba and Manitoba . . . oh sorry, Alberta and Manitoba can come.

I think we could extend the invitation to see if they have any representatives from community groups who may want to come too. Arlene and I — maybe we'll discuss that if you are happy with leaving it open-ended and that we'll try to use the 7th then as a potential hearing date.

I take it we don't want to go over into the 8th because Wednesdays are bad, Kevin? That's when you have to . . .

Mr. Yates: — Wednesday afternoons are bad but . . .

The Co-Chair (Mr. Prebble): — We could go Wednesday morning? Is that a possibility?

Mr. Yates: — We could, but as close as we probably are to the agenda in the House, I think it's important . . . (inaudible) . . . in the afternoon.

Ms. Draude: — May I suggest that on the 6th if we don't have time . . . if there's additional time, that maybe we do contact one of the tribal councils and see if at least a representative would like to come in and meet with us in Regina, because there isn't anyone based here in Regina. At least extend an invitation for them to come. I just don't want to . . . I want to make sure they're on the same side as us.

Mr. Yates: — They have an overall umbrella organization, Treaty 4 out at Touchwood File Hills. Maybe that's where we would make contact; you know, see if they wanted to send a representative to speak to us as well.

Ms. Draude: — Maybe even invite one of them to come and suggest that, you know, this is starting and we really would like your input and could you meet with us, is there somebody that could meet with us on this day?

Mr. Yates: — They'll be here.

The Co-Chair (Ms. Julé): — Okay.

Ms. Draude: — Touchwood File Hills is now broke down into . . .

Mr. Yates: — It's called Treaty 4.

Ms. Draude: — But they are two separate tribal councils now, so it's either Touchwood or File Hills. They disamalgamated. Is that the word?

Mr. Harper: — I'm just wondering if you thought of protocol? If it would not be proper for us to start with the FSIN (Federation of Saskatchewan Indian Nations) making the presentation or making the offer to FSIN to make a presentation to us and then at that time then break it down further? But I'm just a little leery about protocol here and I would think it's the FSIN is the parent organization.

The Co-Chair (Ms. Julé): — I think that's the point June was making.

Ms. Draude: — But maybe we could even meet with them before, because they don't all get together. We might have to come to them on their days. I can't imagine if he's able to meet with us on the 6th that they'd all get together with him.

Mr. Yates: — But they may send a representative.

Ms. Draude: — Yes, sure, whatever, as long as we touch base.

Mr. Harper: — Yes. No, I agree. I totally agree.

Ms. Draude: — And if the FSIN is the first step, then fine.

The Co-Chair (Mr. Prebble): — Can I just back us up for a minute with your indulgence, and please feel free to just say no to this if it doesn't work. But I'm looking at what we want to do between now and March 7. And we want to organize two fairly full days on the 6th and the 7th.

I'm wondering if it wouldn't be advantageous for us to try to find a date when we can meet prior to the 6th, prior to the 21st to get a staff person in place because our life would be a lot easier if we had a staff person helping us to do this.

The Co-Chair (Ms. Julé): — As we're taking down all these notes, if we don't have a staff person in place, we're going to have to do, you know, in the middle of the rest of our work, which is already jam-packed, we're going to have to be trying to make these contacts and arrangements and so on. And it's just almost impossible.

Ms. Draude: — I'm in all the rest of this week so whatever day's possible.

The Co-Chair (Ms. Julé): — So maybe then, we should try to get a staff person in place before the 21st.

The Co-Chair (Mr. Prebble): — Sooner, is what I'm hoping, yes.

The Co-Chair (Ms. Julé): — Or the other thing is, Peter and I maybe just come in to do the interview earlier. And whoever else can come, fine, but we don't have to have it in conjunction with a regular meeting.

Mr. Harper: — At this time, I think it's a very good suggestion because I think we have to bear in mind that the individual that we do decide on may not be able to drop whatever they're doing and rush over here immediately. They may need some time between the time we give them the nod, and the time that they actually start doing this.

The Co-Chair (Ms. Julé): — Mr. Prebble had suggested earlier today to me that these two gentlemen could possibly come in later this afternoon. I have an appointment in Saskatoon, but I could try to postpone it a bit. So maybe we can get this done today.

I'll make a phone call and we'll see. If we can get it done today, is it agreeable that we just do the interviews today then?

The Co-Chair (Mr. Prebble): — What's your availability,

Don, around 3:30?

Mr. Toth: — I have one other meeting today and I forget . . . it's at 2:30. I'll double-check.

The Co-Chair (Mr. Prebble): — It doesn't have to be done here.

I think *Hansard* does not . . . give us advice to the contrary, Margaret, but my understanding would be there'd be no need to have *Hansard* to record this.

The Co-Chair (Ms. Julé): — Well then could we use someone's office rather than have a legislative room for these interviews. We don't have to have a meeting.

Ms. Woods: — I guess it depends on how many members are planning on being there.

The Co-Chair (Ms. Julé): — Well the most there would be is six. So you could put six people into . . . Or is that eight, eight or nine.

Ms. Woods: — The Tobacco Control Committee is scheduled to meet here, but I think they were looking at alternate arrangements because there is some concern that the farm groups might be in here.

Ms. Draude: — My office isn't big enough but there must be some in the building here.

The Co-Chair (Mr. Prebble): — Yes, my office is not big enough either.

Mr. Toth: — Why don't we just check with 131 to see what's available. I don't . . . I'm not aware of a lot of meetings . . .

Ms. Draude: — I think the office, the one that Ken was in, Ken Krawetz? He's got a nice large office, so . . .

The Co-Chair (Ms. Julé): — There's quite a bit of space in there.

A Member: — There's not a lot in it.

Ms. Draude: — No, but we could move the tables in the other part in there.

The Co-Chair (Ms. Julé): — They would be ready to be interviewed?

The Co-Chair (Mr. Prebble): — They'd be available later this afternoon, the latter part of the afternoon.

The Co-Chair (Ms. Julé): — So, 2:30?

The Co-Chair (Mr. Prebble): — Yes, that's what I'm suggesting for time.

Mr. Toth: — I would suggest we check and see if 131 is available before we look at other alternatives. It seems handy. It's set up for that purpose.

The Co-Chair (Ms. Julé): — Is there any way that, while we're sitting here yet, you can check on that?

Ms. Woods: — I don't think they'll still be in the office, but what you could do is maybe at 1 o'clock people can just call in and confirm with each of you where the location might be.

A Member: — Sounds good.

Ms. Draude: — Call Arlene and she can let us know.

The Co-Chair (Mr. Prebble): — So 3:30 then this afternoon for the interviews and tentatively in room 131.

The Co-Chair (Ms. Julé): — Okay, I'll have to make my phone calls.

A Member: — Thank you, Arlene. We appreciate that.

The Co-Chair (Mr. Prebble): — Is there any other business before we adjourn? Would someone like to move?

Mr. Toth: — I'll move that.

The Co-Chair (Mr. Prebble): — Seconded by Kevin. We stand adjourned.

The committee adjourned at 12:10 p.m.