



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

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

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**The Co-Chair (Mr. Prebble):** — We'll open our third day of hearings here in Regina. It's a half-day so it's a shorter day.

And I want to say that it's going to be a pleasure to hear from our staff person this morning. We normally don't get a formal presentation from him. But he's been doing some research on the Healthy Start program in Hawaii, and we asked him to do this research several months ago. And he's done it. And, Randy, I'm going to turn it over to you. We're really looking forward to your presentation. Thanks for doing this.

**Mr. Pritchard:** — First I'd like to thank the committee members for letting me do my presentation today — and my research. The research I actually started about six months ago. I think it was in June when I started it.

I've been collecting information off the Internet; at the Legislative Library here, they've been getting stuff for me; as well as Social Services library; as well as some workers at Social Services. And I'd like to thank Linda Selin from central office of Social Services here in Regina, as well as Janet Mitchell from central office, Social Services in Regina. They both gave me a bunch of information on preventative programming.

My presentation is entitled home visitation, and it's a presentation on preventative programming. And I've included some graphics in here — some with a Christmas theme because Christmas is coming up, as well as some with a home visitation theme. I included the graphics because I don't want you to get too bored like this little boy here.

Basically the presentation is going to examine two programs — the one being the Hawaii Healthy Start program, and the other one being the Healthy Families America program. I chose these two programs because there's the two key models and the oldest models of home visitation programs in the United States. There's actually six models but these two, like I say, are the two key. There's other models. There's The Nurse Home Visitation Program, Parents as Teachers Program, The Home Instruction Program for Pre-School Youngsters, and The Comprehensive Child Development Program.

Those other four models are relative in their infancy as programs so there's not much been done on them. I do have some information about them if you need it, but there hasn't been much evaluation or research done on it.

The presentation will also include a summary of recent research that has been done, and evaluations of preventative home visitation programs. And this is me doing my research.

I'll give you a little bit of program history. I'll start off with the Hawaii Healthy Start program.

Hawaii Healthy Start was strongly influenced by the late Dr. Henry Kempe. He's well known in the preventative services world. He's also developed the Kempe family stress checklist, which I'll hand out and talk a little bit about later.

Kempe was a researcher at the University of Colorado and he

was also the director for many years, of the National Centre for Prevention and Treatment of Child Abuse. That's changed recently, in 1997. It's now known as Prevent Child Abuse America, PCA America.

Just in case you want to make notes, I'll hand out a copy of my presentation as well.

I'll just give a little bit of background information on some of the research that Kempe did. And his research was ... the Hawaii Healthy Start, what they grew out of his research.

In the early 1970s Kempe screened 500 families. Out of those 500 families he identified 100 of them as being at risk for child abuse and neglect. Those 100 families were randomly broken into two groups, two groups of 50. One group of 50 received intensive home visiting services and the other received only the usual medical services. So they didn't get any home visiting services.

So he had two groups of 50, and in each group of 50, Kempe intensely followed 25 families for three years. So 25 of those families had home visitation services, and the other 25 received no services for three years.

In the three years that the 25 families were provided home visitation services, there was no hospitalizations for child abuse, although three families did give up a child for adoption. The other 25 families, the non-service families, there was five children who were hospitalized for various reasons, including head injuries, fractures, and scaldings.

So basically the Hawaii Healthy Start program, like I said, was an outgrowth of Kempe's early research, based on that positive research that he did. And Hawaii basically designed that program because they had some concerns regarding the increasing costs of corrections and social services in Hawaii. So they wanted to invest in preventative programming to have some later advantages.

In 1985 the project began as a demonstrative child abuse prevention program. It was demonstrated a single site, with an annual budget of \$200,000. That single site was in the island of Oahu, it's O-a'-h-u. I don't know Hawaii that well.

Now the program in 1985, it served all families with newborns at risk within that catchment area by providing intensive in-home visitation until the child turned five years old.

So some stats after the first three years of Hawaii Healthy Start. They had served 241 high-risk families — that's after three years. After those three years there was no cases of a child abuse, and only four cases of neglect were reported among those 241 families. So based on those initial results between 1988 and 1990, the program was expanded to cover the entire state of Hawaii.

And then by 1995 the annual budget was increased to over \$8 million. So it went from 200,000 to \$8 million within eight years ... or 10 years, sorry.

**Mr. Yates:** — Can you tell us the population of Hawaii?

**Mr. Pritchard:** — Sorry, I don't know that. I could probably find out but like, offhand I don't.

**Mr. Yates:** — Probably about five times our population I would think.

**The Co-Chair (Mr. Prebble):** — We should find that out, Randy, so we can compare it with budgets in Saskatchewan in terms of what costs would look like on a population basis.

**Mr. Pritchard:** — Okay. Just a snapshot of the clientele, the families within the Hawaii Healthy Start, they tend to be young. Parents are usually under 24 years old. Some of these percentages I find quite low that are going to come up here in this snapshot. But I think if we had a program like this in Saskatchewan, I think these percentages would be quite higher.

Fifty per cent of the families receive social assistance. The father is usually unemployed and not working and the mother is usually under-educated, has a low education. Thirty-eight of the families have a history of substance abuse. And 43 per cent of the families have a history of domestic violence. And 22 per cent are either homeless, living in temporary or overcrowded conditions with other families.

The screening process. Most families are enlisted immediately after the delivery of a child. Ten per cent of the clients are enrolled prenatally, and private physicians in Hawaii are encouraged to refer a pregnant woman who may be in need of services to the program.

And Hawaii Healthy Start also has a curriculum for home visitors to use with prenatal families to prepare them for taking proper care of the baby. Right now Hawaii is . . . and as well as Healthy Families America, they're changing their program to include prenatal mothers. So instead of waiting until the mother has the birth of the child, as soon as they know that the mother is pregnant, and if they're at risk, they're going to start offering the voluntary services.

**Ms. Draude:** — Randy, can you tell us how they determine who's at risk?

**Mr. Pritchard:** — Yes, I'll go into that. There's a screening checklist. So to answer your question, the screening process is a . . . postpartum screening begins with a brief in-person interview. There's 15 true or false questions. And I'll get you to pass this around too.

**Ms. Jones:** — So everybody that has a baby is interviewed?

**Mr. Pritchard:** — Yes.

**Ms. Jones:** — No matter . . .

**The Co-Chair (Mr. Prebble):** — Is the screening prenatally? This is a new development I know from when I looked at this program three or four years ago. Is the prenatal screening just done by physicians? Or is there any other vehicle for prenatal screening?

**Mr. Pritchard:** — The prenatal screening as soon as . . . well each Healthy Start area has certain protocols with the hospitals and the doctors. There's different protocols, but most of them . . . what happens if a doctor knows that a woman is pregnant, she'll right away . . . the doctor will notify the Health Start program and then they'll do this . . . they'll start off with this questionnaire right here. That's how they start. It's the same.

So there's 15 true or false questions. You can see on the first page there on the left-hand side that those 15 and they include marital status, partner employment, income, housing, whether or not the client has a phone, their education, the emergency contacts, where there's a history of substance abuse, late prenatal care, if there's a history of abortions, or a history or psychiatric care, abortion unsuccessfully attempted, relinquishment for adoption sought or attempted, marital or family problems, and history of or current depression. Those are all true or false questions there.

There's a more in-depth assessment interview as required if — depending on this questionnaire here — whether the mother is single, separated, divorced, had poor prenatal care, or sought an abortion, or two or more true responses in this screening interview here, or there is seven or more unknown responses in this screening interview.

So if any of those are found then and more in-depth assessment is done — and these in-depth assessments are voluntary again — and however they find that there's less than one per cent of the mothers refused to be . . . go to the in-depth interview, they find that if these mothers just had a baby and if there is any type of crisis in their family they're more than willing to talk to somebody.

And the assessment covers the 10 topics on the Kempe Family Stress Checklist. That's what Dr. Henry Kempe that I talked about earlier, he developed this family stress checklist back in the '70s and is still used today by Healthy Families America and Healthy Start Hawaii.

And those 10 topics on the Kempe Stress Checklist are childhood history, substance abuse, mental illness, or criminal history, previous or current child protection service involvement, self-esteem, stressors, potential for violence, expectations of infant's milestones or behaviour, discipline of the infant or toddler or child, the perception of the new infant, and bonding attachment issues.

Now the assessment worker scores the 10 items as normal: they get zero if it's normal, mild five points, severe ten points. So as you can see they only score at zero, five, or ten, it's not six or seven or three or four or anything like that.

Now families who scored above 25 are encouraged to become involved in the program. Again it's voluntary and they're just encouraged to become involved in the program. But they find that families that score above 25 — about 85 per cent — there's an acceptance rate say they accept services. And families who score above 40 and refuse services are referred to child protection services, then if they refuse services.

It is a voluntary service but I find that kind of coercive there.

You know if they're above 40 they say you take our services or we may apprehend your children.

Now some program specifics. They do have weekly visits for the first six to twelve months, at least once a week. It's flexible depending on the needs of the family but it's at least . . . they do one visit at least once a week for the first six to twelve months.

And the first three months focuses on basic family support such as teaching the mother to learn how to mix formula as well as bathing the baby and understanding the early stages of development and sleep patterns and informal counselling, etc., and other things such as budgeting or cleaning the house even, and stuff like that.

Program specifics. Also early in the relationship an individual support plan is developed. This is a plan and it's not a contract with the parents, more of a plan. And it . . . again the plan is flexible to meet their needs. The plan just basically identifies what the family wants, ways to get it, and who can help — what other resources can they get in there, family and community — a target date, a completion date, and then at that completion date, what happened. And then a new plan can be started.

And then there are also regular assessments designed to recognize problems in child development and they are conducted at 4 months, 8, 12, 16 months, 20 months, 24, 36, and 48 months. And each of those regular assessments has five sections: they look at communication, gross motor skills, fine motor skills, adaptive skills, and personal social skills.

There's also assessments done every now and then to determine if it is safe enough to reduce visiting until the child turns five. So they may, if it's safe for the child, they may reduce the visiting to biweekly or monthly until the child turns five. But that's always reassessed throughout the caseload, case management.

Some miscellaneous services that are provided and why Healthy Start, the home visitors, tend to be the coordinator of all interagency referrals or if there's any other interagency contact, the coordinators . . . the home visitors tend to coordinate all that.

There's also a toy lending library. They also have several different parent support groups; respite care, which is important. And there's also male home visitors to work with fathers. And there's also parent-child play mornings to increase bonding and interaction.

There's also child development specialists that are available to those families where the home visitor's time is primarily taken up dealing with stressors in the family, whether it's domestic abuse or what have you, you know, substance abuse, those kind of things.

The reason they have that extra support with the child development specialist, because the Hawaii Healthy Start program feels that the crux of healthy child development is to encourage parents to see their children as enjoyable and to play with them and spend time with them spontaneously.

Now I'll go into some of the staffing requirements with Hawaii Healthy Start. This one has been, I found in the research I've done, most critical of the program is that most of the staff with Hawaii Healthy Start are paraprofessionals, with a minimum requirement of grade 12 or a general equivalency diploma. Social workers and nurses are preferred for the program. However, in Hawaii, they are expensive and they are scarce.

All new Healthy Start staff and supervisors must participate in an intensive five-week training course that includes professionals as well, paraprofessionals and the professionals. And it's an intensive course covering team building, child abuse and neglect, cultural sensitivity, child development, stress management, early identification of stress factors, family growth, the promotion of parent-child interaction, and child development.

The home visitors are also taught how to enter the home, work non-judgmentally, and empower families. As you can see, you could have one of them . . . here's one of the most famous home visitors of all time. He also knows how to enter the home and work non-judgmentally and empower families, especially children.

Some case management things regarding the Hawaii Healthy Start. Caseloads range from about 15 to 20 families, and I find that kind of high. If you're going to do intensive services with the family, I think 15 to 20 is quite high. I think it should be under 10.

They work a 40-hour week. And that week consists of; during the day they have three daily visits of 1.5 hours each with a family per day. The remainder is used for case management. And when I say case management, I don't mean working on files or anything like that. That could be coordinating services with other agencies, that type of stuff, or even doing stuff with the family. Again, these daily visits are flexible. You'll find when you work with families, some families require more of your time than others, so that's probably averaged out to 1.5 hours minimum per week.

Also the supervisor ratio is one supervisor for every five or six workers, and the supervisors review each worker's caseloads for two hours each week. That's actually what they . . . they sit down with each worker for two hours each week and go through each case.

To get the summary, to summarize Hawaii Healthy Start, I would summarize some of their major goals. They want to enhance child development, promote positive parenting, enhance parent-child interaction, and ensure that all families have a primary medical care provider and a medical home, and assure proper use of community resources, and above all to prevent child abuse and neglect. That was Hawaii Healthy Start.

Now I'll get into Hawaii families America. Hawaii families America began in 1992 through the Prevent Child Abuse America — PCA America. And as I said before, that was the national child centre for prevention and treatment of child abuse. It changed in 1997.

And Healthy Families America was initially guided by the work

of Hawaii Healthy Start. And Hawaii families America's intents and services have since been implemented in 40 states and it continues to grow.

And the program goals are similar to Hawaii's. Again it promotes positive parenting and it's designed to prevent child abuse and neglect. And their vision is to provide voluntary support for all families at the time of a child's birth. And they are also looking into getting prenatal involvement.

And such as with Hawaii services are offered to families at greater risk of serious parenting problems, including those with an increased potential for abuse and neglect. And the screening assessment and staffing and case management process is very similar to Hawaii Healthy Start.

PCA America provides the technical assistance to individual state programs and they serve as the national headquarters. They also . . . PCA America also trains all the trainers, so each state that they need to train a trainer, they'll send them to PCA America, their headquarter in Colorado, to train. PCA America also provides a yearly conference for all Healthy Families America once a year.

Seventy-two per cent of the funding for Healthy Families America is primarily through local, federal, and state governments. That's average across those 40 states, and 28 per cent is through multiple sources such as charities and grants. One of the . . . the biggest charity that supplies most of the money to Healthy Families America is Ronald McDonald's House. Yes, Ronald McDonald's charities.

Some of the work that I found when I did some of my research findings was that a lot of these programs are experiencing difficulty in retaining families, and that's mainly because they're voluntary programs so they can . . . it's voluntary whether they accept services, and at any time they can deny services and ask the home visitor to leave.

**Ms. Jones:** — In both the America and in the Hawaii program?

**Mr. Pritchard:** — And in Hawaii as well, yes.

**Ms. Jones:** — So they both have trouble retaining . . .

**Mr. Pritchard:** — With retaining families, yes.

And because of that there's been some criticism that a lot of the positive research coming out of the Hawaiian model and Hawaii families or Healthy Families America is that research findings have not included the drop-out rates nor have they included the families who refuse the services. I couldn't find any research on that.

And there's been some questions, as I said, regarding the use of paraprofessionals. And I'll just go into that right now. I'll talk about the usage of professionals as well as the usage of paraprofessionals.

Research that I've done shows that a professional's expertise promotes effective service delivery and prevents job stress. Professionals are more likely to hold onto the job; there's less

turnover. They're more prepared to deal with job stress and, like I say, they tend to stick with the job. Paraprofessionals aren't, they say, aren't very equipped to deal with stress, the job-related stress.

And research also shows that these home visitation programs which employ nurses as home visitors have the most positive outcomes.

Now the usage of paraprofessionals — some disadvantages. There's a lack of experience and credibility — credibility with the family as well as credibility in the community and with other agencies.

Like I said before, there's increased staff turnover due to burnout. And there's a need for extensive training and supervision.

Some of the advantages of the usage of paraprofessionals, there are smaller salaries. However some other documents I've found have said that because of paraprofessionals . . . usage of paraprofessionals requires more training and more supervision. So because of that, any cost savings from the smaller salaries, that is cancelled out by the training, the intensive training and the intensive supervision required.

Paraprofessionals are better able to recruit families because of shared beliefs, language, and experiences. And they establish a rapport easier and are non-threatening as compared to nurses or social workers.

Research has shown that support programs for parents and newborns reduces the risk of child abuse and contributes to positive, healthy child-rearing practices. Other positive changes found in research are that these families that are given home visitation preventative services tend to use health services more often. They tend to increase their education, especially teen parents, and they are able to find employment and thus lowering the welfare rates.

And research also has found that programs that are more likely to demonstrate success in reducing child abuse and neglect are intensive, comprehensive, long term, flexible, and culturally appropriate. And Healthy Families America, as well as Hawaii Healthy Start, you know, you can see that all those things are covered in their programs.

And the research that I have done found that the programs that concentrate on new parents are successful because parents are eager and excited about learning to care for their new family, the positive parenting techniques are established before bad patterns are established, and critical brain development occurs during the first few years of a child's life. Most research suggests that expectations should be modest for home visitation programs.

The research I've seen, all of it states that home visitation services show positive results. They still aren't sufficient in themselves, and are best offered and coordinated within a wide range of services. So home visitation, although they have good results, it's not the end-all and the be-all. They work well, but they work well in coordination with other services such as, you

know, parenting classes, daycare, what have you.

And now, just to summarize my research area. The research does show that families that receive preventative intensive home visitation services are better able to care for their children, access health care services, resolve and cope effectively with personal issues common among low income families. And above all, home visitation services tend to prevent the abuse and neglect of their loved ones.

Basically, that's my presentation on home visitation and my research, and I'll be open for questions now. And I'd just like to thank you, and as this person would say here, thank you, thank you very much.

**Ms. Jones:** — As long as you don't leave the building.

**Mr. Pritchard:** — Yes. Well, Randy has left the building.

So if you've got any questions . . . When I did this research too, I had lots of questions as well, and I've been writing them down and I've been trying to contact some people in Hawaii, as well as Denver. But over the last two weeks I've been unable to contact them. I got calls in because of the hearings last week and this week, so it's been tough. But I do have a number of questions. So hopefully I can answer some of your questions or all of them. If not, I'll write them down, then I'll include them to my list.

The questions I have I still would like to . . . you know, I'll give you an update at a later time.

**Mr. Yates:** — I'm actually going to ask you to do some more research for us in a couple of areas so we can have some direct comparisons of some costs and the percentage of populations in different jurisdictions that would be high risk.

It would be nice to know, say starting in Hawaii where it was first initiated, the population in comparison to ours; the number of families they found to be high risk as a percentage of that population; and the reduction, the actual results in some sort of statistical reduction, in cases of abuse and those types of things. Some way that can be, you know, quantitatively analyzed to see whether or not it has the type of effect they talk about. Because of course they're admitting they're not looking at the families that don't enter the program or in fact drop out, so that we can have some comparisons. And do that with a couple of other states in the United States as well and see whether or not there are . . . the differences between the states and what the benefit is.

I really like this approach, but at the same time all we've seen is some generic, you know, statements that this is in fact having an impact. It would be nice to know what type of impact it's actually having.

**Mr. Pritchard:** — Yes. Some stats.

**Mr. Yates:** — Yes, because we have to, you know, obviously be able to defend the types of decisions we make. And if there are significant impacts, well then you have something to fall back on and say look, this has occurred in various states in the

United States and this is what's occurred, this is the outcomes. Prior to this was a number of child abuse cases, before they started dealing with high-risk families; once you start dealing with high-risk families, it's dropped to this number.

**Mr. Pritchard:** — One of the questions I have, I want to ask them — especially in Hawaii because it's been the longest program; it's been going for 15 years now — is what impact has it had on the cost savings to corrections and social services.

**Mr. Yates:** — . . . savings as well, those types of things.

There was a program last night on television about California and that the cost of corrections in California is becoming one of the major costs to the state. And they're incarcerating more people than ever before. So it'd be interesting to . . .

There's more women in jail in California than in the rest of the United States combined.

**The Co-Chair (Mr. Prebble):** — June, did you have a question?

**Ms. Draude:** — Yes. Actually when you're doing your research I know you're going to look into different issues, but one of them should be low income. I know you said there that there was at-risk and low-income families. Is there really more families involved that are at the low-income end?

And the other one is the cultural and ethnic background. Did they have paraprofessionals who are maybe Afro-American background rather than Caucasians? Does that work better for them? In that case if we . . . you know, when you're looking at Kokums, and maybe that's an opportunity for us to use some of the elders.

**Mr. Pritchard:** — They do try to match the method like with the clients.

**Ms. Draude:** — So that's . . .

**Mr. Pritchard:** — Yes they do, they try. I don't know how successful they are at that or you know, what . . . I don't have any stats on their staffing, the ethnicity or anything like that.

**Ms. Draude:** — Yes, I'm just wondering if there is stats to see if it works better with . . .

**Mr. Pritchard:** — Yes, see if there's any equity among the staff and the clients.

**Ms. Jones:** — I mean I don't know if there's any way to find out, but I was kind of wondering about cost per family, if there was any way to quantify that. Now understanding that a little island, even the island . . . the big island is little. You know, if you start trying to do this in the province of Saskatchewan with a rural, you know, like it would . . . I mean I like the concept, don't get me wrong. I'm just wondering how you'd apply it to such a vast area. Because you know you can get across any of those islands in a half an hour, or most of them.

So I don't know if there's any way to quantify how much it

would cost to extend services using . . . I mean you can use both if it's available . . . or paraprofessional and professional, if they're both available. But in Hawaii they're not both available because they use paraprofessionals.

But I, you know, I'm convinced that there would be long-term savings at the other end of it. But you don't get to those until after you've put the money upfront. So I was just kind of wondering about the costs upfront per family to track them for this five-year period.

**Mr. Pritchard:** — I did get one number that I found that was in 1995, and I thought it was quite a low number. Cost per family per year in Hawaii was, I think was 1,398 per family. That includes the admin costs for the program, that includes the staff person's wages, that includes travel, and any other expenses associated with. So that's the, let's say, \$1,400 per family per year. I think that's kind of low.

**Ms. Jones:** — That seems low to me, but maybe their . . .

**Mr. Pritchard:** — I don't know what their wages are either.

**Ms. Jones:** — Are their paraprofessionals volunteers?

**Mr. Pritchard:** — Some of them are volunteers actually. Some do. There is some volunteer work involved in the program too, so that could be why. And maybe they don't pay the staff that much. I couldn't find anything on how much they actually pay the staff. So maybe their wages are lower there. I'm not sure.

**Ms. Jones:** — That's all I can think of at the moment.

**The Co-Chair (Mr. Prebble):** — Don, did you have any comments or questions? I'll take Don first and then go back to you, Kevin. Okay.

**Mr. Yates:** — Would it be possible when I ask you to look at some other states that we get a state that has a sparse population base, something like in Montana, if they're involved, or something that might be somewhat comparable. Because that's an interesting, you know, dynamic. Delivering a service in Hawaii and delivering a service in an sparsely populated area may create very different dynamics.

**Ms. Draude:** — You know, even though there might be a sparse population, if you're using paraprofessionals in the community, like I'm thinking rural Saskatchewan, doesn't mean you have to have a lot of distance travelling because there could be people right in that area.

So you wouldn't need necessarily bring people out from Saskatoon to look after somebody in Spalding. So we wouldn't . . . I don't think we'd have to be really scared of that right now. We should have an open mind about it anyway.

**Ms. Jones:** — I wouldn't care; I'm used to it.

**Ms. Draude:** — Yes, I know what you're saying.

**Mr. Yates:** — I was thinking more communities like . . . (inaudible) . . . or some of those types of communities.

**Ms. Draude:** — But even there they'd have . . . we have elders and seniors that have a lot of experience. And as us baby boomers get up there, you have nothing . . . you have more time. Maybe we're overlooking the fact that we've got a whole part of our population who have more time on their hands and there's going to be an increasing amount of time on their hands to deal with some of the problems that we have.

We're always looking at the cost of hiring people that are really well trained. Well we forget that experience and knowledge and having the same background has got a lot of advantages too.

**Mr. Pritchard:** — And they'd likely be more effective than the professional would, or the social worker would, entering the home.

**Ms. Draude:** — A Kokum going into a house is probably going to have a lot more respect than bringing in a nurse.

**The Co-Chair (Mr. Prebble):** — Yes, I agree with you, June. I think that's a very good point.

Randy, I had the benefit of meeting the head of the Hawaii start program about three years ago. I spent three or four hours with her which . . .

**Mr. Pritchard:** — Loretta.

**The Co-Chair (Mr. Prebble):** — It's one of the reasons I wanted you to pursue this is, you know, Loretta Fuddy.

So just to share with committee members, that at that time Loretta was saying to me that one of the big gains was — and this is for kids who stayed, for families who stayed in the program — that we were looking at reductions in rates of child abuse of in excess of 80 per cent, if my memory serves me right, which is very, very significant.

And I think probably . . . I mean there's a lot of benefits to the program, and Randy's outlined them all, but that was one of the most significant. I think we should . . . I don't know about what the results have been in the US (United States).

Loretta, by the way, Randy, was saying to me that there are parts of Hawaii that are still not covered. They're actually able to do comparative research between the parts of the state that have been in the program and the parts that aren't. And that's where they get the differences. They take comparable families in the parts of the state that haven't been in the program versus those that have, and that's where you get the 80 per cent differential.

But I think one of the key decisions for us is to what degree we provide coverage to families. Do we deal with just very, very high-risk families or do we deal with the roughly speaking, according to Kempe's research and I think we'd find pretty much the same circumstance here, that you're roughly looking at one in five families that is at risk, but probably only one in fifteen that's very high risk, if you know what I'm saying.

And what Hawaii decided to do, if my memory serves me right, is focus on all at-risk families rather than just high risk. And I



think that's a key decision for us. It's a key decision from two vantage points. One is cost but the other is ability to make a significant impact, because of course the group that's the hardest to make a significant impact on is the very high-risk families. Whereas if you're looking at all at risk families you know, your ability to be successful with the ones that are a little lower at risk but still at risk goes up.

So I'd really like you to look at that, Randy, in Hawaii and in the States. See if we can examine some examples of states either within . . . I suspect the Hawaii program is pretty standard throughout. But when you're in the US, see if you can find some examples of US states that have just done the very high-risk group and some that have done all at-risk families, and what the differences are in cost of operating the program, what the differences are in terms of results.

**Ms. Draude:** — We may have to look at our own criteria to determine what at-risk is. Maybe that's different here and . . . (inaudible interjection) . . . Yes, that's right, we could add in our own.

**Mr. Pritchard:** — . . . the definition of high risk or at-risk.

**The Co-Chair (Mr. Prebble):** — What you'll find is that a lot of . . . in Hawaii they're covering roughly about 20 per cent of kids that are born, and whereas I know some other jurisdictions that have looked at this have looked at much smaller sort of percentage of the population. So if you could then sort of evaluate the effects in both cases, I think that would be very helpful for us.

**Ms. Jones:** — This is more of a general question regarding our own system, but it seems to me at one time we used to provide prenatal classes to people free of charge. Is that correct?

**Ms. Draude:** — We still do.

**Ms. Jones:** — No we don't.

**Ms. Draude:** — We do in my area.

**Ms. Jones:** — Well I wonder if it's up to the health board, the health district, then, because three years ago it had to be paid for. Like when my daughter went, it was so much a class.

**Ms. Draude:** — My daughter . . . it's three years ago as well and there was no cost.

**Ms. Jones:** — That's interesting because . . .

**The Co-Chair (Ms. Julé):** — It might be what each individual health district is funding.

**Ms. Jones:** — Pardon?

**The Co-Chair (Ms. Julé):** — It might be the decision of the health district whether or not they fund that, but it would be interesting to find out if it's universal right now.

**Ms. Jones:** — So further to that, my question was, do people on Social Services, or on any type of assistance, have access to

prenatal classes without cost? Because I think it's . . . you know, whether it's five bucks a week or what it is, that would prevent some people from going. And so I'm interested in finding out the answer to that because like I said, three years ago my daughter had to pay to take prenatal classes.

**Ms. Draude:** — Maybe we should do some research . . .

**Ms. Jones:** — And it put her in a very, you know . . . she needed help with that at the time.

**Ms. Draude:** — I wonder if we should ask Randy to find out across Saskatchewan what different health districts do, because I know out in my district, my daughter took it; she was living with me, and there was no charge.

**Ms. Jones:** — Then I bet you it's a health district decision. Because even that is something, you know, for people to get started with a new baby, bathing and stuff, you know.

**The Co-Chair (Mr. Prebble):** — Are there any other questions or comments? I think we'll break then until 10. Our next witness is at 10 o'clock. Randy, thank you so much for doing a very, very fine job. We liked the little graphics as well. Thank you for doing this.

**The committee recessed for a period of time.**

**The Co-Chair (Ms. Julé):** — Good morning, committee members. We have with us once again, Don List, the president of Birdsong Communications; as well as Fred Clipsham the writer/researcher. And we've had the good fortune of having these gentlemen with us a few days ago; however they are back again today. They have a further presentation that they would like to give to the committee and we thank them for that. Thank you very much for that, gentlemen.

We have to remind you that we have some constraints as far as time goes and we will have to conclude this portion at 10:40 approximately. So I think you've met committee members already, so maybe we'll just proceed then. And if you could go ahead with your presentation we'll be eager to hear it. Thank you.

**Mr. Clipsham:** — Other than Mr. Toth. Good morning, Fred Clipsham, with Don List. Madam Chair, Mr. Chair, when we spoke to you in Fort Qu'Appelle, you will recall that we previewed with you the video *Lives worth Living* that Birdsong had done in conjunction with . . . or on behalf of the File Hills Qu'Appelle Tribal Council, and we were there in support of the File Hills Qu'Appelle Tribal Council presentation.

Today we're here in a slightly different guise. If you recall what I said during that presentation in Fort Qu'Appelle, I said that when we got going on the project for File Hills Qu'Appelle, one of the first things that we did was touch base with Randy at Social Services, and he gave us a stack of reports that had been done by communities right across Canada on this very issue, the issue of the exploitation of children on the street through street prostitution.

It's evident to you I'm sure by now with all the work that

you've done, with all the things that you could have heard from so many different people, and the research that you've done, that indeed this is an issue for communities right across Canada.

The exploitation of children on the street is a scourge that affects all communities, it's not just a Saskatchewan or an urban Saskatchewan issue. It's throughout our communities. And communities right across the country, it's evident that they're all struggling with this issue, how to grapple with it.

Don and I also are partners in another business called East West Communications. East West Communications is a new media company. We're looking at ways of using the web in new ways to achieve social goals. That's one of the things behind Birdsong is Birdsong wants to work at videos that have a social purpose, and East West Communications shares that underlying goal as well but we're looking at different media technologies.

We're here today in using them, using our different hats, East West Communications, because we want to present to you a proposal on how we believe that the work that you're doing can be combined with the work that's going on in other communities, in other jurisdictions not only in Canada but elsewhere, to address this issue of the sexual exploitation of children and youth.

It's a very important issue. I know we all believe that. Certainly in my role as a city councillor I'm very concerned about the impact of youth in . . . on the impact of this problem on youth in Regina, and have been glad, although somewhat horrified, to have learned what I've learned in the process of developing the video. And I'm sure that the same goes for you guys.

What I'd like to do is turn it over to Don right now to take you through this proposal here. And while the proposal has got the Birdsong logo on it, again that's the . . . the reasons for that are . . . Don will explain. But what we're looking at here is what's called an issue based portal which is using the web to allow access from wherever you are to content to deal with one issue — in this case, the sexual exploitation of children and youth. Don.

**Mr. List:** — Thank you very much, Fred. Thank you, Madam Chair, and Mr. Chair, and committee members.

When we first talked with you, it was just last week, I think what you saw was sort of the emotional impact and the power that the medium can have on this issue. And I still think that's to me the strongest part of this issue. It's the people. It's the boys and girls that we see on the streets. It's the families that we see that are in crisis.

Flipping over to this side now, this is like a mechanism to deliver it. So I mean although I'd like to speak with the emotion and that as a concern, it almost seems like it's a business issue that I'm dealing with and a communication issue now too. And that's where we come in with our IBP (issue based portal).

I think we've circulated a brief proposal which addresses some of the issues and exactly what an issue based portal is.

We've started to circulate this to various equity investors. As

you know, whenever you talk about the Internet and the web, there's all this big thing about, oh you're going to make millions or the business propositions are there. But what we've done is started to, in a very local level, local way, gone out to various resources — be it non-governmental, governmental, private, and the corporate sector — to see if we can pull something like this together. We've just started to develop this process.

And again, it came out of the need to . . . Okay so we have a video, we have a resource guide, we have this material, we have an issue — how do we get it to people in a most cost-effective way.

So this is what we're proposing. It doesn't preclude using the resource that we're creating or the other resources in the conventional way — that's in the classroom, that's the face-to-face communication. What this is, is Internet-based, as Fred was saying.

What I'd like to do is maybe just go to page 4 and we talk about the interactivity potential. I won't read it, but basically it talks how something like this would work. The big concern that we have that in our research that was put forth to us was the security issue. I mean we want to make sure that, you know, people who are accessing this resource are there for the right reasons.

So again one of the issues not just with this but throughout the Internet is, how are you going to secure the site? How are you going to make sure that you don't have pedophiles, you don't have people who are preying on the kids? How, you know, we don't lead into it.

So that's an issue that we have to work, not just as a corporation but maybe as a society. So that's where we're getting help, we feel, from the Department of Justice or other users in the community, not just us.

We talked about reducing costs of communication, so you get things like the enhanced e-mail service. Obviously you have to be on the Internet to enjoy this resource. You have to be literate at this point. You're going to have to speak English. So those are some of the, I don't call them limitations, but the challenges that we do have. How do we get, you know, this kind of information to a small community that doesn't have Internet access. Well that's going to be soon something of the past because more and more kids have access.

How are we going to get, you know, this information to First Nation communities? Well they are getting more and more connectivity issues. How are we going to address the issue that maybe elders and certain people don't use it, this kind of medium? Well we'll have to work on those; they're all challenges that we have.

But to start with we feel that we can provide this on the Net. We can have downloadable . . . And that's one of our goals is that information will be free, will be accessible.

Information will be in respect, or with respect, to copyright issues. For example, the British Columbia government has

allowed us to work with their . . . use their study, one of their study guides, with us. So we will respect those issues.

We will look at developing other partners so that we aren't duplicating efforts.

We will — I'm flying through the list here and I'm cautious of the time — we will have a full-time administrator. Now whether that person is one of our salaried people or one of your salaried people or whoever, that's an issue that we can deal with. But that person will be the web master, will be the person who works, we hope, with a committee that decides what is relevant information, what is current, what we can say, what we can't say, what kind of information we can post on the service.

We would like to celebrate the accomplishments of people who are, as we say, combating the issues. So we have a weekly update feature where, you know, you can maybe tune into, etc.

And also we have issues where you have the possibility of live web casting, some technical things which I don't really want to go into, but it's there. It's like having your own network. It's cost-effective; it's easy; it's retrievable; it's storage. So those kind of resources will be there for people at a low-cost way delivery.

We talked a bit about the methodology which we are just honing on now. We've briefly a navigational chart — and those are technical things that I must admit I don't even know. It's our IT (information technology) people who are the ones who are building those systems and servers and whatnot.

SaskTel may, in fact, be involved in this process because they are excited about initiatives like this. This is rather unique for them, so they may be one of our players, as well, we hope, other government. We know our company is. We know that we have a couple of sponsors.

How are you going to pay for it? Well you can look at a lot of different models, you know. The traditional model right now is through subscriptions, which we feel is very strong. We didn't go into these details here. But you know, if you pay \$50 a month or a year, I think was what we're saying, you can have access to this kind of thing.

So those are all developmental issues that we have to cope with or have to recognize. But if there's a need, we feel that we can at least start it and get the ball rolling, and get input from people like yourselves or people from the various agencies and departments not just Saskatchewan, but across Canada.

**Mr. Clipsham:** — Madam Chair, in conclusion, I'd like first of all to congratulate the committee for having the foresight to post the transcripts of what you're doing. It's available over the web. I understand that.

But on the other hand, if you go to the web with just a research question in mind and you type in a phrase like child prostitution — or what were some of the other ones, child sexual exploitation, prostitution in Canada — those key words used to search don't lead you to you. They don't lead you to you.

What this proposal does is it provides a way of branding the issue so that someone who is looking in a community, maybe a person who alone in their community is concerned because they see some things happening, they see some kids at risk, they want to get the resources to begin to deal with this issue, recruitment, the video we did, whatever — they can think of a phrase, child prostitution, go to the web and they will arrive at this portal, at this gateway, to a variety of information.

So whether they're in a community where the issue is the recruitment and exploitation of First Nations kids, or they're in a community where it's runaways or whatever the issue is, the issue of the oil workers in Kindersley — was that Kindersley that hit the paper the other day? — that your committee was talking about. It's extremely important. I know we're all aware of how important this is to the kids involved, but the key is branding.

You may have heard this in discussions of this and that about the Internet. The key is branding. What we're offering here is a way of, first of all, getting these . . . putting out in the web, in the way that you must, the key words so that people who are looking at those key words come to you.

Secondly, the brand guarantees a quality of information, as Don was saying, no pedophiles need apply. And also, the part and parcel with this presentation is that the information that's accessible through the portal, is guaranteed to be helpful, not harmful.

So with that I'd certainly be happy to answer any questions.

**The Co-Chair (Mr. Prebble):** — Are there questions by committee members?

**Mr. Yates:** — Well actually I have a couple of questions. You talk about security in access to the information. Now I'm not technically illiterate, but I'm not sure that there's any way you can totally secure something that's across the Internet, from what I've been told, that an extremely good hacker could in fact break through just about any security system on the Internet. Are there new technologies or new methodologies that prevent that?

**Mr. List:** — There's still bank robbers breaking into banks too. But no, that's a good point though; I'm not being facetious. But I think one issue is we don't mind people getting access to it, but I think the security issue is how do you post things on it. And for us, if there's a secure link, a discussion room, or a chat room, if you use that term, then you have to . . . it would be passworded. And there would be a web master administrator who would monitor that discussion.

So at one level that's how we would secure it. Now how do we protect someone from putting on information. Like I think the worst case scenario put, you know, a list of whatever, I don't know, but putting something on the net. That is more difficult.

**Mr. Yates:** — You see, what I'm thinking about, what if somebody has a list of licence plate numbers they think are perpetrators and they list it on a site like that, and by extension it is viewed as, you know, somebody else listing it. And the

liability type issues that come with it . . . that type of scenario.

**Mr. List:** — Well again that's something that . . . again I'm not the IT guy. But see, right now the way we're proposing it, we would be hosting . . . Again this is going into a technical area, but physically it's a box, it's a server. And we have a couple of servers. One's in New York city to be quite frank. The other's in our office. And we have one at SaskTel.

And so basically what you're saying is we have to set up a secure firewall that will allow people to come into but not . . . or sorry, to take out of but not to put into unless it goes through us.

**Mr. Yates:** — Yes. Like there are issues if you set up a system like this. What's to prevent somebody from picking — well I won't pick anybody else's name but my own I guess — my name or some other MLA's name or whatever and get their plate number and put their plate number in and . . . You know what I mean?

Or some, you know, a whole number of different things that could in fact lead to all different types of problems. What's the security against those types of things?

We saw that during the federal election with — I don't know what riding it was — up north somewhere.

**A Member:** — Bodnar.

**Mr. Yates:** — Bodnar's, yes.

**Mr. Clipsham:** — There's two things, Mr. Yates. One is that . . . First of all what we're proposing is a whole range of things, of which you're touching on one part, which may or may not be doable.

There are obviously . . . a lot of what we're doing is doable. And there aren't concerns about . . . I mean it's just sharing of information. What you're focusing in on is one potential application, which is the secure sharing of information between bona fide agencies and members of bona fide agencies.

Verification. Because this is a 24-hour managed site, verification is going to be through traditional hard-copy mechanisms. So if you are the Halifax police force and you get wind of this issue based portal and you want to join the secure area of it, there's going to have to be hard-copy verification of who you are, etc. That much is straightforward.

The bank robbers, yes, they're out there, that's for sure. And I don't know why they'd pick on you, Kevin. I don't know why they would.

**Mr. Yates:** — They'd use my name rather than somebody else's I guess.

**Mr. List:** — And serious, that is an issue that not just us but I think the whole, you know, the web, the World Wide Web and all the IT people are concerned with and dealing with. I mean when you get a 15-year-old shutting down Yahoo.

But does that still mean that, you know, we can't have someone

who from a school in Kindersley wants to download our study guide and clips from a video produced in Manitoba, that they can just, you know, click the button, push it, boom, and next thing you know they have it out on the computer and it's on the screen and now they have a one-hour presentation that they can present to maybe 20 kids.

So that's kind of . . . that's the ideal situation, you know. But we can also have policy documents bouncing around from various governments which would be in a secure intranet environment so that people from Social Services in Regina can communicate with their partners in Edmonton or in Ottawa.

And then if they want some of that material to be public, then they have to go through another set of criteria in order to post it. So that here's the utmost up-to-date research. Here's the findings or the report from this special committee. Here's how you can get in touch with other people like ourselves, for example, who are working in this issue.

So now we have a network. We're creating a family on the Internet so someone who reads your report, sees our presentation, sees our study guide or sees the restorative justice community in Fort Qu'Appelle tribal council. They can now say, oh okay, there is a liaison, I can go there. Geez, wouldn't it be nice to get Maria Campbell out to talk to our committee or to our group.

So that's the kind of network that I think we see when we talked about this. It's not replacing a lot of the traditional methods of, you know, communication whether it's through mail or fax or whatever, but it's just augmenting it and putting it together.

I should say that there's going to be . . . this is an issue based portal, but it's wide open. There's so many other portals that we can develop.

**Mr. Yates:** — My first concern was around the whole security of information . . . (inaudible) . . . going on there. My second concern has to do with no indication what the costs of this type of project are or what the ongoing costs, start-up costs are, or any of those types of things.

**Mr. List:** — Well we've given the budget sheet to other people in this room actually, but no, we do have costs. And I'm not being flippant, but we thought it wasn't relevant at this point. I mean we're going into a development phase. I could sit down with you and talk about first phase, second phase, third phase. I mean, you could put a price tag . . . we have price tags on all of this.

**Mr. Clipsham:** — Madam Chair, to be clear, we're not here pitching this proposal. We're here recognizing that you're looking for solutions and that part of your search for solutions should, in this day and age, lead you to how are you going to use the web. It's a powerful communications tool.

What did I hear one time, that in the introduction of radio it took 40 years for 50 per cent of the population of North America — or 50 per cent of the households — to get a radio. A television took 10 years for 50 per cent. The Internet web took four years. We're there. It's happening. This is the way people

are going to communicate. We're encouraging you to, as part of your solution, consider this — not this proposal, but consider using the web.

We're saying from our point of view we have a proposal that's going around. We know it can be done; we're in the business of making it happen. And I appreciate Mr. Yates's concerns; those are concerns that we're dealing with. But that's not the issue, with all respect, Mr. Yates. The issue is not this proposal; the issue is making use of this technology.

**The Co-Chair (Mr. Prebble):** — June, do you have questions? Fred and Don, I wanted to ask you with respect to this proposal — not with this specific proposal but the larger question of the web — what have you found exists right now in terms of, for instance, ability between governments to communicate on this issue, or ability of community groups to communicate on this issue?

Like is there nothing on the web right now that . . . I mean there must be all sorts of sites, just like there's a site for this committee, there's got to be all kinds of other sites. How do you . . . is there no vehicle for quickly finding out what those sites are?

**Mr. Clipsham:** — Page 3 addresses the . . . it's under part c) proof of demand, I think addresses your concern, Mr. Chair.

There's two questions here, and I went over them before. One is, when you type in a key word, is your site set up such that the key word, child prostitution, is out there; are your tentacles out there so that they can be touched and draw to you? They're not, because you can't get there from . . . you can't get there from here, so they're not there.

The second issue and perhaps more important issue, is the guarantee of quality — the branding. The guarantee that this is the site, this information will help, not harm. And that's fundamental.

Now so you can . . . it's like if you were to look up arthritis on the web. Well of course you'll get a hundred thousand answers that will take you here, there, and the other place, some of which will be celery juice and copper bracelets. And I don't know particularly how helpful those will be. But you'll also go to the Johns Hopkins, you know, site, and you'll also go to reputable, quality sites which you will trust more than Fred's celery remedy, you know.

There's got to be a branding; there's got to be a guarantee of quality of information.

**The Co-Chair (Mr. Prebble):** — Yes, well I think that's very helpful advice to us.

**Mr. List:** — I think the question of, you know, is the government, various governments, are they using it? — our research is yes, there is.

But as far as having a coordinated effort beyond government departments, I think that's what we're looking at too. Because we can, you know, talk to the converted, but how do you get

someone other than like a policy-maker or someone working right within, you know, the decision-making bodies. So what we're thinking of doing is expanding it to the NGOs (non-governmental organization), to the schools, to a lot of . . . actually a lot of the people who helped put the video and other videos and other communication tools together for us, because now more and more they are using this as a cost-effective tool.

They can't go to the conferences in Toronto. They can't, you know, meet on committee levels. They just have to pick up whatever, you know, information they get at a local resource. So we're saying that this is bringing the library right to their desktop.

**The Co-Chair (Ms. Julé):** — Well there certainly is a great deal to consider. And some of the thoughts that you put forward in recommending this are I'm sure appreciated by the committee. And we will, along with the many other recommendations that have been put forward to us, give this our consideration in the days ahead. So thank you.

**Mr. List:** — Well we thank you very much for this time.

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

**Mr. List:** — And we're aware that, you know, we were with you just less than a week ago. But it was, we hope, a different discussion that we had today, and we really thank you.

**The Co-Chair (Mr. Prebble):** — No, we really appreciate it. Thank you. Thank you very much.

**Mr. List:** — And again the feedback that we received from the video is very nice for our whole team. And I have to, you know, thank you for that, and I passed it on. And so you see all these people walking around with pumped-up chests because it's really nice to get that feedback.

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

**The Co-Chair (Mr. Prebble):** — Members of the committee, we'll have a break for two or three minutes, and then we're going to go into an in camera session with our next witness. And we'll move to that say at — it's 20 to right now — we'll start that up at quarter to.

**The committee recessed for a period of time.**

**The committee continued in camera.**

The committee adjourned at 12:26 p.m.