# INQUIRY RESPECTING THE TREATMENT, EXPERIENCES AND OUTCOMES OF INNU IN THE CHILD PROTECTION SYSTEM

English Transcript | Volume 67 (with video transcript)

*Commissioners: Retired Judge James Igloliorte, Dr. Mike Devine and Anastasia Qupee*

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**COMMISSIONER IGLOLIORTE:** Good morning, everyone, and welcome to day three of our virtual sessions here at the Ramada Inn in St. John's, Newfoundland.

We're going to have an opening with Elder Nympha Byrne asking our prayer for the day.

**INTERPRETER BYRNE:** [Mushuau-aimun spoken.]

**COMMISSIONER IGLOLIORTE:** Tshinashkumitin, Ms. Byrne.

As most people are aware, our session today begins with a video recording. Afterwards, the parties will have an opportunity, as will the Commissioners, to question or make comments about the morning's session.

Lead counsel, do you have any additional comments to make?

We'll wait for Ms. Byrne to interpret.

**INTERPRETER BYRNE:** [Mushuau-aimun spoken.]

**C. URQUHART:** Thank you, Commissioner, and good morning.

We will, as you've mentioned, first hear from Dr. Ken Barter in a pre-recorded presentation that is pre-translated. So we'll begin with that and then we will, as you've indicated, call the witness.

Thank you.

**COMMISSIONER IGLOLIORTE:** Thank you.

Commissioner Devine, do you have any introductory comments for today's speaker?

**COMMISSIONER DEVINE:** Just a few, Jim.

I would like to introduce Dr. Ken Barter, who has prepared a report for the Inquiry, and the title is *Straight to the Point: A Call For Action In the Interests of the Health, Well-being and Protection of Children and Youth in Newfoundland & Labrador*.

Dr. Barter has an extensive history in child welfare. He started – if he doesn't mind me saying – in '65 at Bonavista – the office in Bonavista – and what's interesting about that is that I started there also, only 10 years later. We hooked up again working together at the School of Social Work in 1998, and Ken worked there for 20 years.

He was the chair in child protection at the school and then a full professor, and upon his retirement he received the distinction of Professor Emeritus. We have asked him to complete the report that we've received – a very comprehensive and detailed report.

So we will now move ahead with the pre-recording, and then we'll have some cross-examination.

Thank you to Mr. Chair.

**COMMISSIONER IGLOLIORTE:** Thank you.

Nympha.

**INTERPRETER BYRNE:** [Mushuau-aimun spoken.]

**COMMISSIONER IGLOLIORTE:** Thank you, Ms. Byrne.

[Video played.]

[Transcript of video starts.]

**L. MOORE:** So today is the second day of October 2025, and Dr. Ken Barter is going to give us a presentation of his report Straight to the Point.

**K. BARTER:** Thank you.

Good morning. Greetings from the traditional territory of the Coast Salish peoples, the Esquimalt and Songhees Nations all the way on Vancouver Island.

I would like to begin by saying thank you for the privilege and the opportunity to

contribute to the Inquiry and this important work. Like many of you, I watched the ceremony that took place in Ottawa on the Truth and Reconciliation Day, Tuesday of this week. I found it very powerful. As I listened to the speeches and the songs, I was thinking about how I could best prepare for my presentation this morning.

One of the Indigenous speakers said: You cannot have reconciliation without first having and knowing the truth. To me, those words said something about my report, entitled Straight to the Point. In the report, I bring forward some very pointed questions about the relationship between Indigenous peoples of Canada, and their federal, provincial, territorial governments, especially when it comes to the health, well-being and protection of children and youth.

My questions have to do with trust, with respect, caring, confidence and responsibility on the part of both parties to do what is in the best interest of children and youth. A trusting, respectful relationship is critical. I say this based on the belief that if changes are required – and I believe there are many changes required – to bring about good outcomes for vulnerable children, youth, families and their communities, these changes have to be the result of relationships.

Like reconciliation, relationship is not a feeling. It's an action. It means taking responsibility to work individually and collectively to bring about much-needed change, and a willingness – most importantly, a willingness to do things differently.

In terms of child welfare services in Newfoundland and Labrador, to both Indigenous and non-Indigenous children and youth, we have learned over and over again, year after year, decade after decade that better outcomes for children and youth are not necessarily achieved by changing legislation or creating new policy manuals, or having working protocols in place or changing names of government departments or changing ministers or, for that matter, changing governments.

We also know that better outcomes are not necessarily achieved by having organizational reviews, task force reports, death and critical injury inquiries, investigations into child maltreatment and other forms of publications. As pointed out in my report, Newfoundlanders and Labradorians have experienced many of the changes, seeing the many reports with their numerous recommendations to make things better or try and fix things, yet outcomes continue to remain unacceptable.

My report provides examples that have taken place in Newfoundland and Labrador, changes such as the legislative changes: the 1994 Act Respecting the Welfare of Children being replaced by the 1964 *Child Welfare Act*, which was replaced by the 1972 *Child Welfare Act*, which was replaced by the 2000 *Child, Youth and Family Services Act*, which was replaced by the 2011 Children and Youth Care Protection Act, and which was replaced by the 2019 Child, Youth and Families Act. That's the legislative changes.

Organizational changes that have been responsible for child welfare services from the Department of Health: Health and Welfare, under the Commission of Government, to the Department of Public Welfare under the Newfoundland government. Also, in 1974, the Department of Public Welfare was renamed the Department of Social Services, further to renamed the Department of Human Resources and Employment in 1997 and renamed, again, a year later as the Department of Health and Community Services.

In that same year, 1998, the Department of Health and Community Services, with the support of the Newfoundland government, delegated responsibility for child welfare to the regional health and community services board.
In 2005, these boards became a part and accountable to the four integrated health authorities, and child welfare services became a part of this integration.

In 2009, the Department of Child, Youth and Family Services was established following the Turner death inquiry in 2006. Many people would say that's not the reason it happened but, in my view and in my opinion, that change came about solely as a result of the Turner inquiry.

Following the Turner inquiry in 2006, the decision was made to remove the responsibility for child welfare from the regional integrated health authorities back to a line government department, namely the Department of Child, Youth and Family Services.

In 2006, the Department of Child, Youth and Family Services was renamed the Department of Children, Seniors and Social Development. Again, many changes in terms of organizational reviews all with the intent to try and make things better. In addition, to the legislative changes, which were extensive, and the organizational changes, which were extensive, there have been changes in who deliver child welfare services.

Newfoundlanders and Labradorians have seen these services carried out by the Newfoundland Rangers way back, later replaced by relieving officers. I was one of those relieving officers hired in 1965 by the Department of Public Welfare. Relieving officers were later changed to welfare officers, which was later changed to social service workers and now it's changed to professionally educated and registered social workers.

The impetus for many of these changes came from the numerous reports and investigations completed over the years ranging from the Hughes Inquiry in 1991, the Turner Review and Investigation in 2006, the 25 investigative reports completed by the Child and Youth Advocate's office since 2006 and others that were outlined in Appendix D of the report. A total of 42 reports within the province alone since 1991 with a substantial number of recommendations for improvement, for change and trying to make things better.

In addition to these reports within the province, there have been many other reports that have been submitted by the Child Welfare League of Canada, by the First Nations Child and Family Services, by the Canada Incidence Study on child maltreatment, the Truth and Reconciliation study on Aboriginal people – there have been many, many others – all within relation to child welfare services to Indigenous peoples, children and youth.

Despite all of these changes, despite all of the reports, despite all of the recommendations, outcomes for children and youth remain an ongoing concern, and these concerns over the years have centred around the staffing crisis that I understand currently exists within Newfoundland and Labrador, recruiting and retaining people to work in child welfare. It is a highly bureaucratized, hierarchical child welfare system with rigid policies and procedures. Resources have constantly been an issue.

I remember – and I lived in Newfoundland at that time – working at Memorial University when the *Child, Youth and Family Services Act* of 2000 was introduced. The MHA – Sheila Osborne her name was – said in the House of Assembly: It is a good piece of legislation, but it's not worth the paper it's written on if it is not resourced. And we have found over the years that the resources never came.

As I was writing the report, I was thinking the resources never came. The Minister's Advisory report was very clear on that, it was very clear that we found, in doing – I was a part of that Advisory Committee. We found frustrated judges, lawyers, social workers, foster parents, police officers, all saying it is a great piece of legislation, but we need the resources to be able to implement and fulfill its intent, but it never came.

What did come was replacing the *Child, Youth and Family Services Act* with the *Children and Youth Care and Protection Act* and, in my mind, I'm wondering was that change made simply to fit the legislation into the resources the government had, as

opposed to the resources that the government should've provided in order to fulfill the *Child, Youth and Family Services Act*. That was a little deviation from my presentation.

So insufficient resources have been a constant, constant issue brought forward. If one reads the reports prepared by the Child and Youth Advocate's office, they use the term challenges to service provision – was the term used in several of those reports, meaning these challenges were not having sufficient resources, both human and fiscal resources, to carry out the work that needed to be done.

We also know the ongoing concern over the years about the lack of investments in early prevention and early outreach, primary prevention. We also know, with respect to child welfare, that many of the root causes of why risk factors exist for children, youth and families, such as poor housing, poverty, addictions issues, mental health issues, these causes are being skirted in many instances. You will see in the report – a report that was prepared for the premiers several years back – that one of the issues within that report, that the premiers across the country made a commitment to, is that if we're gonna do anything with respect to child welfare, we have to address the root causes, but these root causes continue to be skirted.

The over concentration that currently exists on risk assessment and risk management, and this is all done after maltreatment has occurred, where the emphasis should be to try and prevent maltreatment from occurring in the first place, there tends to be a big concern about the emphasis on parent blaming, and yet parents are struggling with issues totally beyond their control, such as the root causes.

The child welfare system – or a child welfare system – that currently exists in Newfoundland and Labrador, which is referral-based primarily, involuntary, reactive, investigative, is child-centred and it's also very adversarial, and the list goes on as you can see in the report. Given that these concerns continue to exist would strongly suggest that better outcomes for vulnerable children, youth and their families does not come from building bureaucracies or building policy manuals. I think my report provides sufficient evidence to support that suggestion.

Also seeing these many changes that have taken place and still having concerns in terms of outcomes for children and youth does little by way of developing or having trust and confidence. There is also evidence in the report to support the literature in saying, "When the system fundamentally fails over many years to meet the needs of Indigenous children, you don't try to make it culturally appropriate – you build a new system." And there's been a great deal of emphasis over the years in trying to make it culturally appropriate.

So the critical question that I put forward in my report: Is there trust and confidence on the part of parents and families who require or need protective intervention services on the part of those providing the services and on the part of the Newfoundland and Labrador public in general that the Government of Newfoundland and Labrador will make the necessary investments and changes to ensure better outcomes for the health, well-being and protection of children and youth? Is there trust and confidence? A question hopefully that will be asked during the Inquiry.

In other words, is there trust and confidence on the part of all to look at building a new system? For the Indigenous people of Newfoundland and Labrador, the question of trust and confidence, given their experiences with mainstream child welfare over the decades, is even more critical.

My report discusses these experiences: the *Indian Act*, residential and non-residential schools, the Sixties Scoop and the over-representation of Indigenous children in the child welfare system.

These experiences combined with being excluded from the Terms of Union, forced relocation, forced assimilation and

integration, oppressive government policies, both federally and provincially, and many broken promises. All of these add additional challenges to establishing trust and confidence.

So what kind of change is required for Innu in order for better outcomes to be achieved for Innu children and youth? As I say in the report, some advancements have been made to build on and to facilitate change. The Truth and Reconciliation *Calls to Action* is one; there were 94 Calls to Action. We know, 10 years later, very few have been acted upon, none with relation to child welfare, which were the priority calls to action within the Commission's report.

We now have the federal act, *An Act respecting First Nations, Inuit and Métis children, youth and families*. This act came into effect in 2020. I would assume that this act and its principles are now hopefully being applied within current practices within the province.

My review of various documents, the policy manuals, the CSSD workplans, the mandate letter to the minister, I didn't see any reference to this federal act, but its intent was for the child welfare systems across the country to apply these principles.

There have been amendments to the *Children, Youth and Families Act* – good amendments – to facilitate change within child welfare services to Indigenous people. These changes have recognized Indigenous children and youth and defined them; the Indigenous representatives also making it possible to delegate responsibility for child welfare to community agencies. These are some of the changes.

So the *Children, Youth and Families Act* was one of the first pieces of legislation, really, that concentrated on making things better in terms of services to Indigenous children and then, of course, you have the Touchstones of Hope. The principles and the values behind the Touchstones of Hope were also used in explaining the current Inquiry and, of course, as I say in the report, the Touchstones of Hope is all about creating a new path. One of those Touchstones is in fact a rock from Newfoundland and Labrador, because I attended Niagara Falls when the Touchstones of Hope were developed. Then you have the Innu-CSSD Protocol; you have the Innu Care Approach; you have the Innu Healing Strategy; the Innu Prevention Approach. There's been residential and emergency placement resources. There's also the CSSD's commitment to Nothing About Us Without Us approach, and then there's also the connection. So these are some of the advancements that are all made towards bringing about change and to realize better outcomes.

In the report, I attempted to chart out suggestions to think about in endeavours to make improvements and achieve better outcomes and these suggestions are based upon what has happened in the past, what is currently happening presently and what possibly needs to happen in terms of the future. I tried to chart that out. That's within the report.

One of the things that I'm really keen on, when you talk about considerations for change, is we need to begin thinking differently. In terms of the issues, the concerns and so on, the thinking that got us to this point is not the thinking that's gonna get us out of it. We have to make some paradigm shifts. For example, isn't it time that we start talking about children's rights as opposed to children's needs? Let's face it, if we don't see children and youth as individuals with rights – as outlined by the UN convention, the rights of Aboriginal peoples – if we don't see them as individuals with rights, will we ever be able to attend to their needs?

Protection is a health issue. It's not a parental fault issue. We need to think about protection being more about families and parents, neighbourhoods and communities. We need to think about families, children, youth as people in need of assistance. We need to think about that more than about children in need of protection from their parents. They're all struggling.

So protection is a health issue and, as a health issue, that brings into play the importance of prevention. Health, good health, is concentrated on wellness. Policies concentrate on wellness not sickness. We need to concentrate on assistance to families as opposed to blaming parents.

I've already mentioned the importance of structural issues, the root causes: poverty, racism, discrimination. There's evidence that it's still very prevalent and it needs to be addressed. We need to talk about building community capacities exploring strengths and capabilities, not problems and deficits. We need to talk about collaboration, partnering with parents – real partnering.

I've been a part of the child protection system from 1965 to 1995, when I decided to go into academia. That was 30 years across this country I've worked in child protection, including eight years in the Northwest Territories in an Indigenous community.

I forgot my train of thought there, but we need to be –

**L. MOORE:** You were talking about community capacities and assistance –

**K. BARTER:** Community capacity.

**L. MOORE:** – to families as opposed to blaming.

**K. BARTER:** Yes, yes, and it's the capacities within the communities that we need to concentrate on and begin to develop, and we don't do that. We don't do that sufficiently.

As opposed to what currently exists, having a child-centred focus, we need to move to a family-community-centred focus. Certainly, we need to move protection far beyond the four walls of parenting and we need to include the community about that. We need to include the community.

I was saying before, spending 30 years in the field at various levels, when I decided to move into academia in 1995, I went to Lakehead University where there's a fair Indigenous population. I reflected on my 30 years many times and, when I looked back over those 30 years, I remember being a part of policy meetings, making decisions about services, making decisions on policies, making decisions on legislation and never once – never once – did it appear or come to us as we were doing this to seek out the opinion of the people who are going to be affected mostly by these policies and procedures. Never once did we consult with the parents, get their opinion on the impact or did they have something to contribute to that.

I used to tell my students when teaching child welfare courses, I used to say: Close your eyes for a minute and imagine a knock on your door. You go to that door and there's a person representing a large authority, child protection, someone that has the authority and you've heard about in the media, you know what authority they have, they can remove and take your child. And that person is there because someone made an allegation that you, as a parent, are not fulfilling your parenting responsibilities, that there's an alleged maltreatment. Can you imagine how devastating that would be?

I used to say to the students, if there were someone beside that social worker who could look at you and say, I know exactly what you're feeling right now because this happened to me, who do you think you're going to relate to? I know who I would relate to. It would be the person who can say, I know exactly how you're feeling right now, and the message being: We're here to help. That's building capacity. That's using parents and their skills; and many of them have skills. All of them have skills that can help with this important work and that's how you build capacities.

**L. MOORE:** Dr. Barter, do you mind if I ask you a question here?

**K. BARTER:** Not at all, go ahead.

**L. MOORE:** I'm a sort of a concrete thinker and I like to use examples.

So if you have a parent who is drinking to the point that the care of the child is negatively impacted, can you explain the way a community-centred approach or a different approach than the one we currently have and the current approach – like what would be the current approach now and what would be the approach that you would like to see in terms of a system which centres the family and the community?

**K. BARTER:** If a child is at risk, the approach that I would like to see is being able to connect with the parent as best as possible to seek out the resources within the family, the community, to bring together the necessary resources, in partnership with the parent, to say: How are we going to move forward to resolve this issue? It's a we: How are we going to do it?

Now, it's resting primarily with CSSD. If there is a protection intervention, particularly in small communities, everybody knows it – everybody knows it. When I was in the field, I used to hear daycare centre workers and kindergarten teachers saying if something is not done in this situation something serious is going to happen, but the law, as we currently have it, you've got to wait until something happens before we can intervene. Why can't we do the outreach and provide the services and the supports that are necessary?

Certainly, at times, apprehension is necessary for the safety of child and so on and so forth, but that's the last resort, not the first resort. I mean, the most tragic surgery that you can do to a family is to remove children – it's to remove. It's tragic.

**L. MOORE:** And there's also poor outcomes.

**K. BARTER**: Oh yeah, poor outcomes. I mean, we know that state does not make a very good parent.

**L. MOORE:** So what do you do with that person? You go in and you say to the mother or – say it's a single mother, you go in and you say to the mother: What can we do? And then where does it go from there?

**K. BARTER:** Well, what can we do? What does the mother think that we can do, what does the auntie, what does the grandparents, what does the teacher, what does the recreational people? Like, it's that neighbourhood community that can really come forward for providing those kinds of support.

The parent needs connections. They need assistance and the kind of assistance that they need cannot really come from someone who has the authority to remove their child. They have to be able to connect with others, similar others, and be able to see that, you know, changes are required, there's going to be supervision, et cetera, et cetera, supervised. All of these things are necessary for the safety of the child, but the parent also needs those kinds of supports.

**L. MOORE:** So, like, if it's drinking from trauma, then maybe some trauma counselling?

**K. BARTER:** Well, counselling certainly would help, particularly at a group level, having supports that they can rely on.

I would ask the question now: If I were a parent in a small community knowing what I know has happened in the past and so on, if I really needed help now, would I go to child protection for that help, voluntarily go and saying I'm struggling or last night I had a real bad episode with my child and I need help?

That's what the child protection system would like to see, but that's not what's happening in reality. Their child protection is something to be avoided, as opposed to something to be embraced. The challenge is, how do we turn that around so child protection is seen as something to be embraced?

That's where you go for help. That's where you go to seek out assistance. That's where you go, not to get your child removed from you, but in order to keep the family together. That image does not exist at this point in time. That's a lot of work to be able to change that around, but it is possible to do.

There are Indigenous communities across this country that are doing exactly that, and I provided some examples of that.

**L. MOORE:** And it is by offering assistance?

**K. BARTER:** By offering assistance, because it is about families and parents who are struggling and in need of assistance and so –

**L. MOORE:** And helping to provide that assistance when – say if you don't have, like, an auntie who can come in and give you a few hours to yourself, if you're a single parent, then would respite care be part of that? If it was available?

**K. BARTER:** It could be a part of that, of course.

I have a great belief in community family resource centres. They're a great resource. If a parent is feeling stressed, somewhere they can go, saying like: Can I get some help for this point in time? Or you know, I'm having this particular issue, help me do that? These family resource centres are very good at doing that.

The main thing is that they have relationships and they can develop those kinds of relationships and, once the relationships are developed, then they can rely on that to help them through difficult times. All parents struggle for sure.

**L. MOORE:** Yes. Thank you.

**K. BARTER:** So during the reconciliation celebrations in Ottawa, the executive director for the Truth and Reconciliation Commission, she stated in her speech that the Truth and Reconciliation Commission's *Calls to Action* built the mountain for us to climb and laid out a path on which to do so.

I thought that was pretty insightful; it built the mountain and created the path to bring about the change. That's the 94 Calls to Action, and my hope is, even though it's been 10 years and a lot of work has not been done, that if anybody's going to start engaging in order to bring about change, engaging in that climb, that mountain, to follow that path, then hopefully the principle number 9 of the Reconciliation Commission's report is in place. That principle is: Reconciliation requires political will, joint leadership, trust-building, accountability and transparency and a substantial investment of resources – and that's the key. That's the key.

That substantial investment of resources have not been in place, both federally and provincially. So, in some ways, my hope is that my report can give some support, some assistance, in being able to make this climb, to climb this mountain, and hopefully it provides sufficient evidence as to why there needs to be a significant investment in resources, because it's absolutely essential.

I say in my report that Newfoundland and Labrador, in terms of bringing about change, we've seen too many false starts – too many false starts – and I provided a little chart in one of the appendices of the report as to what is required in order for change to occur. If we don't have all the vision, the incentives and the resources and the action plan and so on, if all are not in place, then we're likely going to have more anxiety, more frustration and so on. We need to be very clear on that.

In my view, reaching the top of the mountain means what is being endorsed in the national and international Indigenous and non-Indigenous literature and research, and at the top for the Innu, that is an Innu child welfare system that is built on Innu traditions, values, customs, laws and also under Innu control and authority. The research is very clear on that, nationally and internationally, that it is important for self-determination to take its place and for the Indigenous populations to have control over child welfare.

That fits in line with The Innu Healing Strategy, the vision that they put forth, which is to rebuild healthy, sustainable and resilient Innu communities. That is a great vision. It is achievable. The skills on the part of the Innu, the leadership, the political will

is there, it just needs support. They need resources to be able to achieve that.

So I wish the best of success in terms of the Inquiry in terms of the Innu to achieve better outcomes for their children and youth.

There's one last thing that I would like to say is that there is a limitation in my report. It would have been a much richer report if I had the opportunity to bring the questions that I raised in the report, the issues that I've raised in the report, is to be able to have a dialogue with the Innu people, with their leaders, with the Elders, with the parents who have been exposed to child welfare systems; with the workers; with the police; with the community, generally, to be able to get their view on what – what their view would be on the questions that I raised. I would assume that, hopefully, the Inquiry would be asking those questions.

**L. MOORE:** Thank you.

Doctor, I do have one more question, if I could?

**K. BARTER:** Just one thing, so the limitation in my report is that it does not have the voice of the Innu or the voice of the stakeholders. It is primarily a research report with a study of the documents and so on and so forth, but I would have loved to have asked questions within focus groups of Elders and parents and so on.

Like, is the federal act, for example, being applied in services now? It came into effect in 2020, so are the principles of this act being applied? Can you see it working? Is it there, yes or no? Is the protocol working? Do you feel there's trust and confidence to be able to move forward to deal with many of these difficult challenges? Is there trust and confidence? And one really needs to look at that very carefully and be truthful about it. Is there sharing of power and decision-making? Are resources continuing as an issue?

So, hopefully, these kinds of questions will be raised in the Inquiry, for sure. So thank you, again, for the opportunity.

Your question, Lynn?

**L. MOORE:** Oh, my question, Sir, is: The influx of resources that you would need to take it from the kind of system which focuses – from the kind of system that we have to the kind of system that you envision, where it's helping and supporting, would this system that you would like to see, in terms of outcomes, would it require the sustained effort, say, in 20 years? If we had a fully resourced system now, would we be seeing the same kinds of mental health and health issues of the adults that we have in those communities now or would there be a path to healing that would go through the next generations?

**K. BARTER:** I would think there would be a path to healing that would go through the next generations; I would think that. I would think that if we move forward on the change, then we have to be very, very critical of ourselves. We have to be accountable to ourselves and we have to be transparent.

So I would ask the question – the Advocate's office have produced investigative report after investigative report on very serious child maltreatment situations. Within many of their reports, the same recommendations are being made, even though, if you turn the page, you can look at progress on the recommendations made. We're told that of all the recommendations made by the many reports of the Advocate's office, that these recommendations have been implemented, but yet these situations keep occurring and keep occurring.

In the reports themselves, the Advocate's – I think in one report it says: Here we go again, even though we were told, but it doesn't seem to translate into practice.

One of the big things that we've learned from the Hughes Inquiry is that it's not the responsibility of one department to be concerned about the protection and maltreatment. It's a collective responsibility. The police are supposed to talk to the social workers who in turn should talk to the police, to the nurse, to the doctor, to the

teachers – like, that kind of communication – and it comes up again and again in report after report. There's been a breakdown of communication. There's been no sharing of information.

We need to learn, particularly after things are being repeated and repeated. Like, what's happening here? What's happening here? What's happening that recruitment and retention of social workers is a big issue? Why is it that people don't want to work in this important field? Why is it? Is it because of the work? I would contend no, it's not because of the work. It's because of the bureaucracies that they're required to work in.

The association, the Canadian Association of Social Workers, have filed report after report over the years, and social workers, the morale is low, they don't feel respected. They're into a situation of many ethical dilemmas. They're damned if they do; they're damned if they don't. So who would want to work in a system like that?

I mean, you know, these are well-educated people with professional ethics and, certainly, they need discretion. They need autonomy. They need to be able to take risk when they're dealing with such a complex field and they need support in doing that. That's why it needs to be that kind of collective approach.

So there are many things that we need to kind of rethink in terms of child welfare. It's a very complex deal and it's connected. You know, it's connected politically. It's connected economically. It's connected socially and we are treating it now like we intervened in the family only. That's where the concentration is, but the concentration is not only an intervention required in the family. It's an intervention that's required at the community level, at the organizational level and at the professional services level.

I mean, if a child is being – that if there's a protection intervention plan within Natuashish or Sheshatshiu, then the teacher needs to know what that plan is, too, as does the police officer, as does the auntie or the uncle or the grandparent. That collectivity needs to be there and that child needs to know that they can go to the auntie or the uncle, if they require that, and get support for doing that, or the parent needs to know: I can do that, too, and get support. I won't be condemned if I do. That's a lot of work to bring together community capacities, but it is possible. It is possible.

**L. MOORE:** The trust that you were talking about earlier: Does a parent who's in trouble trust that if they go to CSSD, they will get help? Do you think that trust needs to happen between the higher-ups in the bureaucracy and the front-line social workers; that social workers need to trust their hierarchy and the hierarchy needs to trust the social workers?

**K. BARTER:** Indeed. Indeed.

Anyone working on the field, particularly in a field with this complexity, you need to know that your organization has your back and you need to feel that confidence and that kind of trust. I'm not sure, I would need to have focus groups with social workers to find out if that exists and, also, the bureaucrats. The hierarchical bureaucrats, they also need to be able to trust that their staff are going to be doing things in an ethical manner as well. So that kind of trust needs to be established.

Is it there? I don't know. I don't know, but I suspect that if there's a recruitment and retention problem then, yeah, there are issues – there are issues. And, certainly, you know, when you read – and everything that I've done in terms of this report, I've searched the documents, read the documents and so on and so forth. One of the reports that the department relies on heavily or relied on heavily when they were introducing new changes and bringing in new legislation was the Clinical Services Review report, and that was mentioned when the new act, the child, youth – child and families act.

There's been so many acts it's hard to remember all the names.

**L. MOORE:** Yeah.

**K. BARTER:** But, you know, that report was mentioned and I gave a preamble in one of the sections of the report about what that report was saying, the Clinical Services Review. You could see, when you read that review, the Clinical Services, the frustration coming out in the words, as to – like, do not let this be just another report.

**L. MOORE:** Right.

**K. BARTER:** For the sake of the children, this requires strong leadership. And do you get strong leadership when there's been four ministers in five years? No, you don't.

**L. MOORE:** So that Clinical Services pointed out some serious defects with the way child welfare was administered and then they decided after that to do less; they took prevention out.

**K. BARTER:** They did. They did and, what they did is, they created a legislation to serve the organization, not to serve the parents and the kids and the families and the communities.

**L. MOORE:** And then we all pay for that.

**K. BARTER:** And we all pay for it. We all pay for it and, I mean, child protection work can be a great play. It's sad that they are having trouble recruiting and retaining and, in the chart that I provide, we need to make some changes there, too.

We often say, you know, we need more social workers. Well, I'm sure that we do, we need more social workers, but the follow-up question to that is: We need more social workers to do what?

**L. MOORE:** Right.

**K. BARTER:** I would recall back in my days in the field where, as a social worker working with a caseload of 35 to 40 families, how much it would have benefited me if I had, working with me, a youth care worker, a home helper, a homemaker, a team that could work with me to help with helping the families. I mentioned – and I don't think, as I said before, that we've engaged parents enough and getting their opinion and making them a part of the decision-making process.

So when you go to a parent and you've had an experience with the child welfare system, can you tell us about this experience? In your view, what would you think might have helped – been a little bit more beneficial to you? What suggestions would you have for someone else? That kind of input is not being sought out. It's not being sought out at all and it needs to be.

Of course, the first thing that you would get from the child welfare system – like, saying, well, people need to know, particularly in small communities but in neighbourhoods as well, teachers, people need to know that. And the first thing that they would say is, well, it's confidential – confidentiality.

Well, I don't want to downgrade confidentiality, it's very, very important, but when it comes to the development and the health of a child, then I'm sure that most parents – I would probably go and say all parents – want the best for their child, so they would certainly sign consent to anything that's going to benefit their child. It's that inclusion.

I remember being a regional director of the largest agency in Prince Edward Island and remember a foster parent came into my office. He went through the worker, the supervisor, and finally got an appointment with me, because she was so angry – not a foster parent, a biological mom whose child was in care – she was so angry at the social worker, the foster parents and so on and so forth, and she was very angry at me as well for allowing this to happen, and we talked and we talked.

What she was angry about is not what happened, like her daughter being outfitted with new clothes, a new bike, new this, new that, everything was great, the daughter was so happy – not that her daughter got that, what she was most angry about is they didn't include her to be part of that

experience with her daughter. That's what it was.

**L. MOORE:** Right.

**K. BARTER:** So it's that inclusion that's very, very important. We need to reach out.

I mean, there's a lot of capabilities. There's a lot of energy from people who have been involved with the system that could help make the system much better, if we give them the opportunity. That's what social work is about in my opinion and that's what front-line child welfare protection is about. It's about creating opportunities for people to discover their power.

**L. MOORE:** Right.

I think that's a really good way to end.

Thank you, Dr. Barter.

**K. BARTER:** Thank you.

**L. MOORE:** Okay.

[Transcript of video ends.]

**COMMISSIONER IGLOLIORTE:** Thank you.

Welcome back everyone from the virtual presentation. Commissioner Nashtash would like to say a few words.

**COMMISSIONER QUPEE:** [Sheshatshiu-aimun spoken.]

So I'd like to say thank you to Ken Barter for your presentation this morning. And I just gave a brief background of Ken and where he came from so that people can understand, and in my language.

Again, thank you, Ken, for your presentation. I know that it will be very useful, going forward, when we're doing our work.

Thank you.

**COMMISSIONER IGLOLIORTE:** Thank you very much.

That was translated into Innu-aimun.

And now I'll ask our lead counsel, Caitlin Urquhart, to put us through the next steps.

**C. URQUHART:** Thank you.

First, we will ask Inquiry manager, Ruth Steele, to affirm – and also Clerk for our hearings today – the witness.

**CLERK (Steele):** I don't know if you can see me on the screen but, Dr. Barter, I will just ask do you solemnly affirm that the evidence you shall give to this Inquiry shall be the truth, the whole truth and nothing but the truth?

**K. BARTER:** I do.

**CLERK:** Thank you.

Please state your name for the record.

**K. BARTER:** My name is Ken Barter.

**CLERK:** Thank you.

**C. URQUHART:** And, to begin, I'll just ask that you confirm for the record that that was your evidence in the presentation we just watched, and that that was accurate.

**K. BARTER:** Yes.

**C. URQUHART:** Where Commission counsel asked questions during the presentation, we've concluded our direct, so we will now hand it over to the Innu Representative Organizations, represented today by Victoria Wicks who is on the screen there.

**V. WICKS:** Good morning.

Can everyone hear me okay?

**C. URQUHART:** Yes, and we'll just wait for translation, one moment.

**INTERPRETER BYRNE:** [Mushuau-aimun spoken.]

**V. WICKS:** Good morning.

My name is Victoria. I am counsel for the Innu Representative Organizations.

Thank you, Dr. Barter, for your report and your testimony.

I just want to note that I will be pausing for translation and will indicate when I am doing so, and I will do so now.

**INTERPRETER BYRNE:** [Mushuau-aimun spoken.]

**V. WICKS:** Where I wanted to start today by asking you about the various Child Welfare reports that you reviewed when preparing your own report, and I wanted to just start by confirming that several of those reports did recommend a prevention-based early intervention approach. Is that correct?

**K. BARTER:** Yes, indeed.

**V. WICKS:** I'll just pause here for translation.

**INTERPRETER BYRNE:** [Mushuau-aimun spoken.]

**V. WICKS:** And did any of the reports that you reviewed recommend against a prevention-based or early intervention approach?

**K. BARTER:** No report that I know of would recommend against prevention and most of the – all of the reports, basically, see the importance of early intervention and prevention outreach.

**V. WICKS:** Thank you.

And so I understand the key issue – or one of the key issues – highlighted in the reports and your report is that there was a lack of adequate resourcing to actually implement that preventative approach. But you said that those resources never came. Do you have any sense of why that is, why those resources never came?

And I'll just pause here first for translation.

**INTERPRETER BYRNE:** [Mushuau-aimun spoken.]

**K. BARTER:** I have a sense of why the resources never came. It would be my opinion – and I'll speak to my experience with being a member of the minister's advisory committee in reviewing the Child, Youth and Family Services Act of 2000. I was a part of the minister's advisory committee to see if in fact the Child, Youth and Family Services Act was achieving what it was intended to achieve.

In my opinion, the Child, Youth and Family Services Act was a great piece of legislation; it marked out a future for child welfare in Newfoundland and Labrador. Yes, it wasn't perfect, but to my knowledge in every document that I read in, the act was enforced. There was never a recommendation to replace the act.

When the act was discussed in committees, in reports, in forums about child welfare, it was always endorsed as a great framework – a great legislative framework. It just needed resources.

**COMMISSIONER IGLOLIORTE:** Okay, I'm gonna stop you there for interpretation, Sir. Just one second.

**INTERPRETER BYRNE:** [Mushuau-aimun spoken.]

**COMMISSIONER IGLOLIORTE:** Go ahead.

**K. BARTER:** Yes, and as we were completing, at least the minister's advisory report, it was acknowledged again that resources were required; and that recommendation was in fact made.

There was no recommendation with respect to changing the legislation; it's just that more fiscal and human resources were required and that captures a fair range of what those resources were intended to be.

Primarily, for example, more therapeutic foster homes, more home care supports, more emphasis on prevention services, early intervention services, more in terms of lower caseloads for social workers, which requires more social work staff as well.

So these were the kinds of resources that were constantly being advocated for and they were never given to sufficient capacity.

**V. WICKS:** Thank you.

My understanding from your report and your testimony is that the current system has not taken that early prevention community-oriented approach and instead, taken more of a reactive crisis approach.

So I'd like to discuss some of your critiques of that current approach. To start –

**COMMISSIONER IGLOLIORTE:** Pause, please.

**INTERPRETER BYRNE:** [Mushuau-aimun spoken.]

**V. WICKS:** One standard piece within your report, and in your testimony, you talked about how the current system doesn't adequately address or deal with root causes of child welfare issues. Could you expand a bit on this? What do you mean by root causes and how does this system not take those into account?

I'll pause here first for translation.

**K. BARTER:** The root causes and I think they were –

**V. WICKS:** I think I paused first for translation, if that's okay.

**INTERPRETER BYRNE:** [Mushuau-aimun spoken.]

**K. BARTER:** The root causes – those two words were mentioned specifically in the report prepared for the premiers across the country, the report on the overrepresentation of Indigenous children in care in Canada, which at that time, 2015, as still very much today, which is considered – I think the words of one federal minister was: A humanitarian crisis within the child welfare system.

In the premiers' report on that very topic was things will not change until root causes are addressed. These root causes were imbedded in issues of inequalities, food insecurity, poverty, inadequate housing, accommodations, not sufficient resources for mental addiction issues and the list goes on.

Like, unless you address –

**COMMISSIONER IGLOLIORTE:** Pause here, please.

Thank you.

**INTERPRETER BYRNE:** [Mushuau-aimun spoken.]

**K. BARTER:** The current child welfare system in Newfoundland and Labrador says that it is child centred.

The research and certain comments in my report based upon the literature will challenge that, and the way that the literature and the research defines child-centred practice is doing things for parents and families what they could do for themselves if they had the resources. The thing is the resources are not provided for them to do that.

**V. WICKS:** Thank you.

So is it fair to say that one way to provide those resources to families is to ensure they're better connected to broader social services?

**K. BARTER:** Definitely. These –

**V. WICKS:** And in your – oops.

Sorry. Go ahead.

**K. BARTER:** These connections is the key and when families are struggling with challenges, be it health or structural issues

of housing, food security and so on and so forth, unless you deal with basic needs, you can hardly expect people to act at that fullest potential.

Basic needs are very important. Housing, food, shelter, clothing, social relationships, sense of belonging, all of these things are very important and they have to be attended to in order for people to move forward.

**V. WICKS:** In your report and your testimony you've also talked about how bureaucratic and top-down child welfare systems have become, and you spoke a bit, for instance, about how this can impact the morale and the effectiveness of social workers. I'm wondering if you could tell us a bit more about how that top-down approach impacts the day to day of a service provider?

I'll just pause here first for translation.

**INTERPRETER BYRNE:** [Mushuau-aimun spoken.]

**K. BARTER:** It is said within much of the management literature that one of the biggest issues that we have today is a result of the bureaucratization of work and relationships. When you're working with vulnerable citizens and families and communities, things have to be not so much policy driven as driven by people's motivations, incentives, dreams and wishes.

Where the bureaucracy comes into play is it puts barriers to being able to have professional autonomy in the field – autonomy that professionals require in terms of professional discretion, in terms of authority to make decisions, in terms of high-risk situations to be able to take risks in partnership with others. The idea of being able to include others, to be inclusive – like, these are things that you cannot put policy manuals around.

These are professional, ethical, work kind of practice issues that I believe the bureaucracy, particularly for front-line social workers and others, the bureaucracy stifles that professional integrity, professional autonomy and so on. That's been well documented in report after report by the Canadian Association of Social Workers.

**V. WICKS:** Thank you.

**K. BARTER:** It's also been documented in several reports completed in Newfoundland and Labrador. I think Deloitte & Touche did an organizational review, and social workers were saying in that review that the amount of time they spend attending to the needs of the organization oftentimes outweighs the amount of time they're able to spend with children and families.

And there have been incidents, particularly since the Zachary Turner death, where social workers have been on record to say they are afraid. They were afraid to make decisions. They're – because of not getting the support that they require, not having the professional discretion and autonomy to really act in the best interest of the families that they're working with, and there is that fear that they have.

**V. WICKS:** Thank you.

So there was some testimony earlier in the Inquiry from Ms. Lyla Andrews who was working as a zone manager and she spoke about how she didn't have a chance to be involved in policy making – the local office didn't have a chance to be involved in policy making when Child Welfare services were part of the line department in government. In comparison when the local Health Authority was delivering those services, she felt there was more flexibility to come up with responses and programs that weren't necessarily mandated by policy.

I'm wondering, would you say it's fair to say that's an example of, sort of, the way that local solutions can be more flexible?

I'll stop there, just for translation.

**INTERPRETER BYRNE:** [Mushuau-aimun spoken.]

**K. BARTER:** I would agree with that. Most certainly, when services were under the

umbrella of the Health Authority, or the health boards, there was more flexibility. There was more of a concentration on preventative services for sure. The community health boards were – unfortunately, when government decided to pass down the responsibility of child welfare to the boards, what government did not do was tell the boards that they were passing down a system that was in dire crises.

And that left the boards being overwhelmed and, again, having a responsibility for a service that was under resourced. I recall conversations during those years when the government was told very clearly, by the health boards, if you're going to be passing this legislation and giving us this responsibility, you need to give us the resources. But those resources never came.

**V. WICKS:** I'd like to talk a bit now about sort of looking forward. You said in your presentation that a new system is necessary, not just one that makes things more culturally appropriate, and the focus should be on, you know, proactive, a collective approach, community and health focused; and so I'd like to know from your perspective: What would a proactive child welfare system look like in terms of the steps that staff should be taking?

I'll just pause there for translation.

**INTERPRETER BYRNE:** [Mushuau-aimun spoken.]

**K. BARTER:** What would a proactive system – interesting.

I was listening to an interview just the other day, a CBC interview, with the former prime minister of Finland. She was talking about her baby box, and the interviewer said: A baby – like what –?

Well, she said, in Finland, every newborn baby and mother is given a baby box, regardless of income, status, what have you. Every child that's born in Finland is given a baby box which is everything that a newborn will need. That is a proactive system.

We need to spend more time on preventing maltreatment than on involving ourselves in families after maltreatment has occurred; that would be a proactive system. We need to be – the biggest child welfare system that we have are the schools. We need to be involved in the schools far more than what we are. That would be a proactive system.

**COMMISSIONER IGLOLIORTE:** Let me interrupt for a moment.

In consideration of the time and in consideration of the well-being of our interpreter, well-being of our witness, I need to know where you are in your cross-examination.

**V. WICKS:** Yes, I just have one last question.

**COMMISSIONER IGLOLIORTE:** Please continue.

**V. WICKS:** You've noted that the prevention approach would also require building community and local capacity, so I think that relates to your last answer about getting involved earlier and taking more of a community approach.

I'm wondering, do you have – what do you think are the steps that are needed to get to that level of community connection and trust between, not just, for instance, the parent and the child welfare system, but also with the schools, with the police, with other community stakeholders?

I'll pause there for a translation.

**INTERPRETER BYRNE:** [Mushuau-aimun spoken.]

**K. BARTER:** Your question again, please?

**V. WICKS:** Just what steps do you think might be worth taking in order to improve levels of trust between community stakeholders to get to that early intervention-prevention approach?

**K. BARTER:** The question is how do you establish trust and how do you establish

confidence, and one of the critical questions in my report is: Is the trust and confidence there? And I don't know.

I would need to understand it from both parties. Is it there? You know, I don't know if things that are currently in place are working or not working. One would assume that they are but who knows? Is the protocol working? Is the strategy working, and if it is, then obviously there is trust and there is confidence and there is collaboration – not co-operation, collaboration. There is a difference.

I believe the emphasis has oftentimes been on co-operation as opposed to collaboration, and the difference is you can co-operate with something but you're not invested in the end result, but when you collaborate, you are interested and you are invested in the end result. That's a difference; and how do you establish that collaboration? It's building capacities within the community. It's earning the respect; it's earning the trust and it's being able to show evidence that positive things can happen.

If there's anything that's in my report if anything, there is sufficient evidence that what's currently happening is not getting the outcomes that are required, and there's sufficient evidence to know that better outcomes do not come because you change the name of a department or you create a new policy manual or you change the legislation. We've got all the evidence to suggest that doesn't bring about change.

What brings about change is relationships. You can look at your own personal life, anybody, what's been significant in your life is probably attributed to a significant relationship with someone. As I used to say to my students, that's what social work is all about. It's about relationship building, and there are four key elements to relationship: there's respect, there's caring, there's trust and responsibility. The responsibility is key because a relationship is not a feeling, it's an action, and you have to be responsible. In order to get respect, you've got to give it. In order to be respected, you've got to be respectful. In order to be cared about, you've got to care for others as well.

So it's all about relationships, and those relationships need to be developed within the communities and within family support centres, within daycare centres, within the schools, within the medical clinics. They're all a part – everybody's interested in collaborating so that children are getting the best outcomes that they possibly can. We all have the same goal, we want the best for our children and for our communities and for our families, and relationships are key to doing that.

**V. WICKS:** Thank you.

I think that's a great place to end.

**COMMISSIONER IGLOLIORTE:** Thank you both very much.

A special thanks to Dr. Barter and also to Victoria. Thank you for respecting and recognizing the need for interpretation and translation; that's really useful for us.

**INTERPRETER BYRNE:** [Mushuau-aimun spoken.]

I said: Utshimau says thank you.

**COMMISSIONER IGLOLIORTE:** Perfect. Perfect.

We'll ask lead counsel and Giles, what's next?

Giles, can you go by Mommy? Oh, he's shy.

**C. URQUHART:** Thanks, Commissioners.

I would suggest at this time that we take our lunch break and then we'll come back for questions from the province, as well as Canada.

**COMMISSIONER IGLOLIORTE:** Okay.

I'll ask Dr. Barter if you're good with an hour break. Will that work for you in your situation there?

**K. BARTER:** Yes, I'm fine. Yes.

**COMMISSIONER IGLOLIORTE:** Good.

Thank you very much. We'll be back in an hour, about 1:15 p.m. local time.

Thank you again.

**Recess**

**COMMISSIONER IGLOLIORTE:** Thank you very much.

Good afternoon.

Sorry about the delay but we're ready to proceed again. I'll ask lead counsel to ask the next cross-examiner.

**C. URQUHART:** Thank you, Commissioners.

Up next we have Cathy – or Catherine Boyde – apologies – from the Government of Newfoundland and Labrador.

**C. BOYDE:** No worries, Caitlin, I answer to both.

Can you hear me okay?

**C. URQUHART:** We can, yeah.

**COMMISSIONER IGLOLIORTE:** All good.

**C. BOYDE:** Okay.

Dr. Barter, can you hear me okay?

**K. BARTER:** Yes, I can.

**C. BOYDE:** Okay, perfect.

**C. URQUHART:** I'll just gently remind you to pause for translation.

**C. BOYDE:** Sure.

So, Dr. Barter, I just wanted to start off by asking you a couple of questions about your CV. I understand that you worked in child protection for about 30 years; is that correct?

**K. BARTER:** That's correct.

**C. BOYDE:** Okay, and it sounded like you started your career in Bonavista from the comments of Dr. Devine; is that correct?

**K. BARTER:** No, I started my career in Grand Bank, Newfoundland.

**C. BOYDE:** Oh, okay, gotcha. And then you –

**K. BARTER:** October 17, 1965.

**C. BOYDE:** Okay, and perhaps I'll pause there to let the translator do her work.

**INTERPRETER BYRNE:** [Mushuau-aimun spoken.]

**C. BOYDE:** You practised in Newfoundland from '65 to '78, did that include any practice in Labrador?

**K. BARTER:** No. No. None in Labrador.

**C. BOYDE:** Okay, and then in 1978 you transitioned into a policy position with the Government of PEI; is that correct?

**K. BARTER:** Management position, yes, 1978.

**C. BOYDE:** Okay.

After that date, did you have any involvement with front-line social work yourself?

**K. BARTER:** Indeed, I did. Yes. That was a part and parcel of my role as regional director.

**C. BOYDE:** Okay, and that would be –

**COMMISSIONER IGLOLIORTE:** Let's pause here.

**C. BOYDE:** Yup.

**INTERPRETER BYRNE:** [Mushuau-aimun spoken.]

**C. BOYDE:** Okay.

So you were regional director in PEI and that was the position you were until you transitioned to academia in 1995; is that correct?

**K. BARTER:** That's correct.

**C. BOYDE:** Okay.

So I want to ask you a few questions about a comment that you made in your presentation, and I'll just read the comment to you and then I'll pause for translation and then, I guess, I'll ask the follow-up question.

You stated that – you were talking about the 2020 federal act. You said: In any policy manual, CSSD work plans or the minister's mandate letter, I didn't see any reference to this federal act.

So I'll pause for translation there.

**INTERPRETER BYRNE:** [Mushuau-aimun spoken.]

**C. BOYDE:** It's my understanding that the CSSD policy manual does refer several times to the act you're referring to – the 2020 act.

I would bring your attention to section 1.35 which is a notice of significant measure in relation to an Indigenous child, which is specific to section 12 of the federal act.

I'll pause there.

**INTERPRETER BYRNE:** [Mushuau-aimun spoken.]

**C. BOYDE:** I also understand there's reference to the focus on prevention services in the section of all the information sharing, collaboration and coordination under the Innu-CSSD Protocol.

I'll pause there.

**INTERPRETER BYRNE:** [Mushuau-aimun spoken.]

**C. BOYDE:** There's also policies involving the supporting connections with relatives or significant persons, referencing section 10 of the act, relating to the importance of social workers to identify and initiate and maintain connections between the child or youth in care and their relatives.

I'll pause there.

**INTERPRETER BYRNE:** [Mushuau-aimun spoken.]

**C. BOYDE:** So would you agree there are references to the act in policy manuals currently in use?

**K. BARTER:** There's reference to it, yes. Yes.

**C. BOYDE:** Okay.

**K. BARTER:** I know that I did say it in a – that was a preliminary review and that was way back but, yeah, I do know now that there was mention of the act.

**C. BOYDE:** Okay.

**K. BARTER:** My main concern – I went to the mandate letter for the minister, and that goes back before the current minister right now, and I felt that such an important piece of legislation concerning services to Indigenous children was deserving of at least mention there as well, but there was no mention in the letter of mandate to the minister.

I tried yesterday to get the mandate letter for now the new minister of now the new department where child welfare is a part of six other departments – I'm not sure which is which right now. It was very confusing, but the mandate letter was not able to be retrieved. I wanted to see again if that was in fact mentioned as a key.

My main concern with respect to the federal act and the question that I have – I don't have the answer because I can't find that in the documents. My question is: Has services and programs to Indigenous children changed since the introduction of the 2020 federal act?

**C. BOYDE:** Okay, and you haven't – you weren't in a position to speak to any stakeholders in the compiling of your report; is that correct?

**K. BARTER:** No. That's one of the limitations in my report.

**C. BOYDE:** Okay.

I will ask you, or provide you some additional information about that, but I just wanted to establish first off – and I apologize for my cat who's been sleeping all morning very peacefully – stick her down there.

I just wanted to acknowledge that there is some reference in the policy manual, and I think you acknowledge as well in your report at page 89 that the provincial – the 2019 *Children, Youth and Families Act* has been amended to facilitate Innu authority over child welfare since the 2020 act; is that correct?

**K. BARTER:** That's correct.

**COMMISSIONER IGLOLIORTE:** Pause, please.

**C. BOYDE:** Sure.

**INTERPRETER BYRNE:** [Mushuau-aimun spoken.]

Can you shorten that some time?

**C. BOYDE:** If the translator wants me to repeat anything –

**INTERPRETER BYRNE:** Can you shorten that some time because I can't catch up with you.

**C. BOYDE:** Sure. Sure. Sorry.

Feel free to interrupt me.

**INTERPRETER BYRNE:** Okay.

**C. BOYDE:** I first asked to confirm that there was reference to the act in the policy manual, which I believe he did.

**K. BARTER:** Yes.

**C. BOYDE:** So I had just asked about the 2019 legislation; I can't remember now if you had confirmed that or not. I think you did.

**K. BARTER:** Confirmed –?

**C. BOYDE:** That the 2019 legislation had been amended to bring it in line with the federal act.

**K. BARTER:** It's been amended, yes.

It's been amended and it's one of the things I mentioned as one of the advances, or positive advances, being made towards Indigenous self-governance.

**C. BOYDE:** Okay. So you do acknowledge there have been some positive advancements that have taken place?

**K. BARTER:** Oh, of course. Yes.

**C. BOYDE:** Page 7 of your report, I guess, you make the statement –

**COMMISSIONER IGLOLIORTE:** Pause there. Thank you.

**C. BOYDE:** Sure.

**INTERPRETER BYRNE:** [Mushuau-aimun spoken.]

**C. BOYDE:** At page 7 of your report, you state the Government of Newfoundland and Labrador has not taken seriously the Truth and Reconciliation Commission's principle 9: Reconciliation requires political will, joint leadership, trust building, accountability and transparency, as well as substantial investment of resources.

I'll pause for translation.

**INTERPRETER BYRNE:** [Mushuau-aimun spoken.]

**C. BOYDE:** Do you feel, given that steps have been taken, that that is the case, that

the Government of Newfoundland is not taking this seriously?

**K. BARTER:** I do.

**C. BOYDE:** Okay.

**K. BARTER:** I feel that both the federal government and the provincial governments across this country have not taken the truth and reconciliation seriously. That, of course, is supported by the research from the Yellowhead Institute. Based upon their progress reports, they say that the reconciliation process is somewhat stagnant. It stands to reason, after 10 years, 94 recommendations were made, the first five being child welfare as priority, have not been acted upon.

**C. BOYDE:** Okay.

So you have acknowledged that there have been changes made, and I've mentioned those. You have not spoken to anyone, government officials, front-line social workers, in the compiling of your report and in arriving at that conclusion; is that correct?

**K. BARTER:** No, that was not a part of the scope of my work. My work was to review documents, as I've done and no, I did not have the opportunity, unfortunately, to do interviews, focus groups and so on. It would have been a much richer report if I had.

**C. BOYDE:** Mm-hmm, no doubt.

**COMMISSIONER IGLOLIORTE:** Pause please.

**INTERPRETER BYRNE:** [Mushuau-aimun spoken.]

**C. BOYDE:** And, again, you did not speak to any of the Innu stakeholders such as the IRT or either of the Bands in compiling your report; is that correct?

**K. BARTER:** That's correct; I only read reports.

**C. BOYDE:** Okay.

So the IRT have tendered a report, which also encompasses other Innu stakeholders, and they describe the relationship between themselves and the government as improving, I would say. They state at page 38 of the report that government skeptics evolved into neutral observers, then reluctant helpers, and now trusted allies and loud supporters.

Do you agree that this appears to be evidence of the government, you know, taking this seriously and working towards increased collaboration?

**K. BARTER:** I'm not so sure – I'm not so sure. Like I said, I haven't spoken to either of the Innu leadership or government officials or what have you. I've just relied on the documents and what I read in the documents, and from what I can gather, things in Newfoundland and Labrador have not changed dramatically in terms of making children and youth a priority.

And I say the federal government is much the same. We only have to look at the current outcomes for children in Newfoundland and Labrador to realize that. Are improvements being made? Yes, probably. But, I mean, why do you have a staffing crisis there in terms of the social work protection workers?

**COMMISSIONER IGLOLIORTE:** Pause, please.

Thank you.

**INTERPRETER BYRNE:** [Mushuau-aimun spoken.]

**K. BARTER:** The question is, like, why is it that there's a staffing crisis? Why is it that the Advocate's office, in report after report, was suggesting and making the same recommendations, even though in other reports, we're led to believe that the recommendations have been implemented? Why is it that the Child, Youth and Family Services Act, which was supported in every report that was completed, including the Turner inquiry, that is was a good piece of legislation but it was changed – why?

These kinds of questions lead me to believe that the Government of Newfoundland and Labrador have really not progressed in a way that's realizing positive outcomes for children and youth. Why do you have the highest poverty rate in the country in Newfoundland and Labrador? Why are the children being a part of the largest population of the food banks that are being there? And the list goes on.

**C. BOYDE:** Translation, I guess, would be appropriate here.

**INTERPRETER BYRNE:** [Mushuau-aimun spoken.]

**C. BOYDE:** Okay.

So just to summarize, my original question had been: Given that the testimony of the Innu themselves who were involved in the system seems to show an improvement in the collaboration between them and the government, is that a sign that the government does appear to be taking this seriously; and your response is no. Is that correct?

**K. BARTER:** My response is I can't say for sure.

Based upon what's happened in the past and many of the reports that I have read, I would say that the situation is not positive. I would say that even today there is this issue of trust and confidence.

As a former Newfoundland and Labradorian, personally, based upon what I know has happened over the past number of decades, I personally don't have the trust and confidence in the Newfoundland government to make children a priority, and I have sufficient evidence over the years to explain why.

**C. BOYDE:** So my question –

**K. BARTER:** The most recent –

**C. BOYDE:** Sorry, we'll pause for translation there.

**INTERPRETER BYRNE:** [Mushuau-aimun spoken.]

**C. BOYDE:** Okay.

Earlier in the Inquiry, we heard testimony from a witness named Steve Joudry, who was a witness with the federal government who was doing work with the IRT. He stated that in the last five years government has become supporters and helpers: I think they probably became our biggest cheerleaders in some of the work that has been going on in Child and Family Services.

I'll pause for translation there.

**INTERPRETER BYRNE:** [Mushuau-aimun spoken.]

**C. BOYDE:** So, would you – you would not agree that that, I guess, suggests a more positive direction in the relationship between the Innu stakeholders and the government?

**K. BARTER:** I would need to hear from the Innu leaders and Elders if that is in fact the case.

**C. BOYDE:** Okay, but you did not speak to them in the production of your report because that wasn't part of the scope, correct?

**K. BARTER:** That wasn't a part of my scope of work, it was – and unfortunately that was the case, but I had no opportunity to sit down in focus groups and conversations with groups, Elders, with leaders, with government officials, with social workers, with parents, youth. I had not had that opportunity unfortunately.

**C. BOYDE:** Okay. We can pause for translation there.

**INTERPRETER BYRNE:** [Mushuau-aimun spoken.]

**C. BOYDE:** In your, I guess, presentation, you suggested that one of the issues involving retention of social workers may be tied to increased policy burdens under the legislation. You cited a report from Deloitte

&Touche; that was the 2007 report, is that correct?

**K. BARTER:** I believe that was the year, yeah, the organizational review report.

**C. BOYDE:** Okay. I'll pause for translation there.

**INTERPRETER BYRNE:** [Mushuau-aimun spoken.]

**C. BOYDE:** You haven't had the opportunity to interview any social workers who are currently working in the system to speak to them about, I guess, their frustrations or anything of that nature, have you?

**K. BARTER:** No, I haven't. Unfortunately, I have not.

**C. BOYDE:** I'll pause for translation there.

**INTERPRETER BYRNE:** [Mushuau-aimun spoken.]

**C. BOYDE:** You spoke to the importance of capacity building and the importance of supports for parents being available from members of their own community and how important that can be to parents, especially parents in crisis. Are you aware that the IR2 – sorry, the IRT, in collaboration with the government, is now providing those supports?

**K. BARTER:** I hear that there are prevention services being provided, and certainly that's a positive thing.

**C. BOYDE:** Mm-hmm.

**K. BARTER:** But is that under the umbrella of the child protection mandate? That's my question.

**C. BOYDE:** (Inaudible.)

**K. BARTER:** And I don't know if it is or it isn't, but its prevention services, is it really integrated into the whole child protection to child welfare service delivery model? And my – from what I've read, it seems to be somewhat different.

**C. BOYDE:** You are aware that these services are being provided by the IRT, though; that is correct?

**K. BARTER:** Oh, yes.

**C. BOYDE:** I'll pause for translation.

**K. BARTER:** Yeah.

**C. BOYDE:** So I'll pause for translation there.

**K. BARTER:** Okay.

**INTERPRETER BYRNE:** [Mushuau-aimun spoken.]

Okay.

**C. BOYDE:** You would certainly acknowledge you're someone with a lot of experience in this field that the child protection is a very complex area of practice from every perspective: social workers, government, lawyers, people involved in it. It's a very – there's a lot of moving parts and it can be very complex. Would you agree with that?

**K. BARTER:** I think in my report I said that that it's not rocket science; it's far more complex than that.

**C. BOYDE:** Yeah.

And I'll pause for translation.

**INTERPRETER BYRNE:** [Mushuau-aimun spoken.]

**C. BOYDE:** In your report, you make the analogy of an airplane. If an airplane is broken, if a door falls off an airplane, we ground the airplanes and we fix the problem. With the suggestion being that that's what we should be doing with child protection services in Canada right now – or in Newfoundland, more particularly.

You would agree, I mean, it's not as simple with child protection as it is with an airplane; we can't stop everything and start from

scratch. There are issues that must be addressed on an ongoing basis.

I'll pause for translation there.

**INTERPRETER BYRNE:** [Mushuau-aimun spoken.]

**C. BOYDE:** That's the end of my question. You can just – would you agree that that's a difficult analogy to make?

**K. BARTER:** I guess the thought was – it's like you referred to the airline or vehicles, it's the same thing; you need to have trust and confidence in the public, in the parents, in the youth. You need to have that trust and confidence that services are going to be there for them in terms of support and guidance and what have you.

And my question is, I'm – well, in my opinion, I don't think the Newfoundland government, as well as other governments across the country, as well as the federal government, have invested sufficient – and particularly for Indigenous children across the country, I don't think that the governments have invested sufficiently in developing the trust and the confidence.

When you look at the outcomes, then the evidence would suggest that that's true – I'm not sure, like, I would have to ask the question, first knowing, as a former Newfoundlander and Labradorian, I don't have the trust and confidence in the Newfoundland government to look after the best interests and the health and well-being of children. And that's based upon what I've seen over the last several decades.

In fact, I would say that the Danny Williams government took the child welfare system in Newfoundland and Labrador – took it backwards more than 25 years when they replaced the Child, Youth and Family Services Act. I believe that strongly, and the evidence is still coming forward in reports to suggest that the outcomes are not acceptable.

And just doing a little search on – I'm not sure what's happening back there now, politically, but from what I gathered, from a quick review yesterday, there's been three ministers of whatever department is responsible for child welfare now – there's been three ministers in 2025 alone, and 2025 is still with us.

Where's the leadership? Where's the investment? Where's the commitment? Where's the political will when you see that kind of behaviour with our vulnerable population? I mean, I can't say anything more. I don't have the trust and confidence based upon their record. And I would have to ask –

**C. BOYDE:** (Inaudible.)

**K. BARTER:** – the front-line workers whether they do, or the public of Newfoundland whether they do. And I listen to the media sometimes. I read the reports, and I can see that, yeah, there are concerns.

**C. BOYDE:** So you would acknowledge it is very important to speak to people, stakeholders, government workers, the Innu themselves, and that would be a very important, I'll say, source in data for a report such as yours.

**K. BARTER:** Most definitely.

**C. BOYDE:** I'll pause for translation there.

**INTERPRETER BYRNE:** [Mushuau-aimun spoken.]

**C. BOYDE:** Sorry, I just need one second there.

I don't have any further questions. Thank you very much.

**COMMISSIONER IGLOLIORTE:** Thank you both.

This is an appropriate time to have a little health break of about 10 minutes. We'll see you back at this location at 2:30 p.m.

Thank you very much.

**Recess**

**COMMISSIONER IGLOLIORTE:** Welcome back after the break.

Thank you, Ms. Boyde, for the cross-examination. We'll now ask lead counsel who's next on the cross-examination list.

**C. URQUHART:** Good afternoon, Commissioners.

Can you hear me all right?

**COMMISSIONER IGLOLIORTE:** Yes.

**C. URQUHART:** Okay.

Next, we call on Victor Ryan, counsel for Government of Canada.

**V. RYAN:** Good afternoon.

I had had a number of questions for Dr. Barter but the benefit of going after my friend, counsel for the province, is that she has capably canvassed those topics, and so Government of Canada has no questions for Dr. Barter.

Thank you.

**COMMISSIONER IGLOLIORTE:** Thank you very much, Mr. Ryan.

Continue please, Caitlin.

**C. URQUHART:** So that would be all of our parties with standing, so it would be over to you, Commissioners.

**COMMISSIONER IGLOLIORTE:** Cheers, thank you.

I'll ask Commissioner Devine whether he'd like to have any comments or closing remarks on the witness's presentation.

Please go ahead, Sir.

**COMMISSIONER DEVINE:** Well, first of all, I'm happy to be able to say hi, Ken. It's good to see you again. If it's at least only virtually, maybe next time will be in person. It's been a while. It's been a while.

**K. BARTER:** It has been a while; nice to see you, Mike.

**COMMISSIONER DEVINE:** You, too. You, too.

I guess the – yeah – the first thing I wanted to say was that we are in the midst of a snowstorm today, and I'm sure that where you're to there's probably not much snow, at least from where – you're located in Victoria?

**K. BARTER:** In Victoria, yes.

**COMMISSIONER DEVINE:** Victoria. Not much snow.

**K. BARTER:** Just a few rain showers today.

**COMMISSIONER DEVINE:** Okay.

Anyway, my two fellow Commissioners, they're hardy Labradorians, they went into the hearing room this morning, but I stayed put, so I'm at home doing it virtually also.

The other thing I wanted to say was that – yes – when I spoke this morning, did a brief introduction, I'm not sure if you were online or not, but I remembered it as being Bonavista, but of course, I think, that was because – I think you might have been there at some point and I was too, so (inaudible) –

**K. BARTER:** Yes, that's right.

**COMMISSIONER DEVINE:** So we have a lot of very interesting points today and we could talk for hours, I guess, or have a discussion about many of them, but that's not my role here today. I will do some, possibly, reflections or comments and I got a couple of questions.

Again, as the counsel for the Government of Canada said, there were some questions that I had but they've been covered at least to a fair extent.

**COMMISSIONER IGLOLIORTE:** Let's pause for the cause, please, Commissioner.

**COMMISSIONER DEVINE:** Oh, sorry.

I even had a note here to stop for translation. I'm a long time at it; I should know better.

**COMMISSIONER IGLOLIORTE:** Nympha is laughing.

**COMMISSIONER DEVINE:** And I talk too fast. Go ahead.

**INTERPRETER BYRNE:** [Mushuau-aimun spoken.]

**COMMISSIONER DEVINE:** Okay.

The first thing I just wanted to touch upon is the whole notion that you talked about in regard to, you know, resourcing programs and services concerning child welfare, and you presented and referred to a number of documents in terms of the problems that has been. A comment from me is that it doesn't matter what kind of a child protection system or what legislation we have, if there's not adequate resourcing then it's not going to work very well at best.

I think, certainly – to speak, you know, from a historical perspective, if you like – that I believe also that that has been the case, and not just in this province, but I think other provinces were similar in this regard.

So I'll just pause here.

**INTERPRETER BYRNE:** [Mushuau-aimun spoken.]

**COMMISSIONER DEVINE:** I was also reminded of, you know, in the past, some of the approaches that had been I guess put forward or implemented to some extent in the child protection system.

I'll pause there.

**INTERPRETER BYRNE:** [Mushuau-aimun spoken.]

**COMMISSIONER DEVINE:** In the past, there have been, I guess, models that have been developed – like if you remember the Family Group Decision Making Project that Gale Burford and Joan Pennell had implemented – that seemed to work well, but it did require additional resources and, in that regard, I'm not sure how much or if it's even used today.

Well let's pause there and if there's any comments you have to make, anything you wanted to say, then now's the time. If not, I'll move on.

**K. BARTER:** Yeah, there have been – well, resources have always been an issue.

What is bothersome is, when government in its wisdom decided to delegate the responsibility for child welfare to the regional health boards, they did so knowing full well that the system that they were passing to them was a system that was fraught with many difficulties and problems. The government did not be upfront with what those issues and problems were and when they were clarifying the roles, they passed the service on to the health boards, and then the government was basically responsible for policy planning and evaluation, and then they looked to the health boards to get outcomes that government itself couldn't get because it never had the resources.

So that's where this whole issue of trust and confidence comes in is where is the government – or when is the government going to make children, vulnerable children particularly and Indigenous children, when are they going to make the children a priority, and that doesn't seem to come through in any of the documents. There's rhetoric about it and there's this and that but it really doesn't come through. When I see protocols and agreements being signed, and, yes, it's all good and what have you, but you don't necessarily see the follow-up with what additional resources are attached to those agreements and to those protocols.

Finally, the big question is, when those protocols and agreements are being made,

who has the decision-making power? I would say that that decision-making power stays with the Newfoundland government not necessarily with the Indigenous populations, and the power is not shared and that's a big issue.

**COMMISSIONER DEVINE:** Translation.

**INTERPRETER BYRNE:** [Mushuau-aimun spoken.]

**COMMISSIONER DEVINE:** So the other thing I wanted to talk about briefly was prevention services and the whole concept of prevention, and very much – there's obviously very much interest to the Inquiry, but also the notion of trauma – intergenerational trauma from forced settlement and so on.

Yesterday we had somebody who presented their research on the trauma, and I'll repeat what I said yesterday, is that, in terms of the prevention, I said I never really understood why prevention didn't get implemented in a comprehensive way within government because it – you know, to me it's, like, obvious that it should have been. It will prevent – like, to prevent harm to children and, you know, I've been involved in the assistance.

And the way that I talk about it is in terms of primary prevention, secondary and tertiary. The tertiary, of course, are when children are in imminent danger of coming into care and, you know, it's obviously a priority. But the others are also. So it's not just, you know, one or the other. There is strides being made by the Innu with regard to their prevention services. And certainly, at this point in time, it seems to be working very well.

I'll pause for translation. Sorry, Nympha.

**INTERPRETER BYRNE:** [Mushuau-aimun spoken.]

**COMMISSIONER DEVINE:** And just one more point and then I'll ask if there are any comments you've had. Because we talk about protection and it has certain connotations around it, right? Like it's, to me, it's a negative connotation, whereas – and you've talked about this apparently a number of times, speaking of, concepts like child care, child well-being, child and family centred services. So it's a really different kind of focus in child protection, which is going out when children are in immediate danger.

So pause for translation, and then (inaudible) that you have.

**INTERPRETER BYRNE:** [Mushuau-aimun spoken.]

**COMMISSIONER DEVINE:** Any comments from you on that point?

**K. BARTER:** You're right. It's difficult to understand why government has not made prevention a bigger priority and a part of the whole spectrum within the child welfare field. But you've got to remember when the *Child, Youth and Family Services Act* was replaced by the *Children and Youth Care and Protection Act*, the minister of the day responsible for that – Joan Burke in the Williams government – she was quoted in *The Telegram* as saying prevention doesn't work.

So you've got to bear in mind that kind of thinking at a very powerful level, the political level, the leadership level and it's that kind of thinking that's probably undermines – you know, underpins why prevention hasn't been given the priority that it needs to be.

The thing with protection, it's got a negative connotation; you're right, but that depends on what kind of protection and we've got the negative connotation that children need protection primarily from their parents. Because we're very much into the parent blaming, but they also need protection from the biggest perpetrator of maltreatment towards them, is society in general.

Again, when you look at issues like poverty and violence and some of those structural inequalities, then children need protection from that as well. It's not just – they need assistance, along with their parents, to deal

with it. Unfortunately, you're right; we've got a negative connotation and the challenge is to shift that and turn it around into a more positive. Protecting children's rights sounds better than protecting children from parents.

So, you know, protecting children's health care needs, protecting their educational needs and so on, then, we need to use protection in a more positive light for sure.

**COMMISSIONER DEVINE:** Translation, then I'll –

**INTERPRETER BYRNE:** [Mushuau-aimun spoken.]

**COMMISSIONER DEVINE:** I have two questions, then I'm done.

**K. BARTER:** Yeah.

**COMMISSIONER DEVINE:** And the first question has to do with retention of social workers in northern communities.

With the Innu right now, they have a program that there are 10 students enrolled in. The program is out of BC; I forget the name. They just completed their first year, now they're into their second year. It's done remotely so eventually there will – that's building the capacity, of course, in these communities.

I'll pause now and let Nympha –

**INTERPRETER BYRNE:** [Mushuau-aimun spoken.]

**COMMISSIONER DEVINE:** So currently the model, as you're probably aware, is a fly-in, fly-out for those who don't live in the communities but, in the meantime, that model will have to stay in place or some kind of a model for non-Innu social workers in the community.

Do you have any thoughts or experiences with regard to how to, I guess, increase retention, 'cause there's often a fair turnover of social workers in northern communities?

(Inaudible.)

**UNIDENTIFIED SPEAKER:** Translation.

**COMMISSIONER DEVINE:** Translation

**INTERPRETER BYRNE:** [Mushuau-aimun spoken.]

**K. BARTER:** Well, certainly, recruitment and retention to work in remote northern communities has been an ongoing challenge.

One method of doing that or one method of dealing with it, of course, is to recruit from within and to educate from within and put the resources in place so that recruitment and education can take place. So it's kind of like developing your own skills within your own communities and so on and so forth. That, to me, would be the way to go, and to partner with universities or what have you across the country if necessary to be able to do that.

If you're going to be doing that, then do it in a way that the education of what's required in small communities to work with families and children, the education curriculum to do that, is not necessarily the social work curriculum that we're used to. It's probably got some different components to it and different qualifications attached to it as well, and we need to be a little bit more flexible on that, and of course, you know, with the Innu authority and Innu control, that that flexibility can in fact exist. So, yeah, you build in the resources that's required for sure in order to deal with that recruitment.

The fly-in model and the fly-out model, well, there's always probably room for consultation and supervision and with all of the technologies these days, that can be an asset as well for sure. I mean, they're doing it for medicine now. You can get a diagnosis virtually and within seconds when you're dealing with AI doctors. Yeah, so there are ways and means about it but it is an ongoing issue.

The other thing when it comes to working with children and families – yes, social work is a very important profession, an important part of it, but, I mean, you need other skills

too that are very important. You need youth worker skills. You need community development skills. You need relationship skills, and in my career some of the best social work that I've seen done has been done by foster parents, has been done by relatives, aunts, uncles; it's been done by teachers and youth workers. That's some of the best social work that I've seen done and they don't have social work degrees. It's that relationship, eh, that's so critical. That's so critical.

**COMMISSIONER DEVINE**: Okay. The translation. Thank you.

**INTERPRETER BYRNE:** [Mushuau-aimun spoken.]

**COMMISSIONER DEVINE:** Okay, the last question I have is a question that you can't answer, so I'm just gonna tell you that upfront, because it's one that's been, you know, I guess haunting many of us in the profession for decades. That has to do with new social workers who come out, is that they usually – many of them end up in child protection as their first job. And I've always found that to be problematic.

Now, sometimes, in practice, I've seen new social workers come out and they've been like fireflies. Like, they just go, they have it – not any professional training, but I think, kind of, an intuitive almost way. But my own bias is that I think that, in a perfect kind of environment, that social workers should have at least five years experience, for example, before they go into child protection.

And that hasn't changed, you know, the way that it is. So just any thoughts you might have on if there's any hope of that ever changing.

Translation first.

**INTERPRETER BYRNE:** [Mushuau-aimun spoken.]

**K. BARTER:** You hope of that changing – you're right, that's where many social workers, shortly after graduation, they end up in doing child protection work, 'cause that's where the vacancies are. Yet, we talked earlier today with someone about how complex child protection work is, how it's so interconnected in every aspect of political, social, economic that are very complex.

It's so complex that what it should be is your most experienced, your most educated, your most mature, your most skilled workers, that's where they should be, into that complex field. It could be that way if the system were amenable to bringing about that change.

I've known many social workers over the years, myself included, who loved the front-line protection work, but the only way to advance into supervisor or management positions is you move away from the field and that gives you a higher salary and so on. So the system would need to change to support the experience and the skills to stay on the front line and be compensated as well for that.

So it can change if the system agreed to change, and I think there's a burden of responsibility here as well for the profession of social work and the professional association to perhaps do a little stronger advocacy to bring about that kind of change on behalf of its members. Again, my experience has been it's people in that field – it's not for everybody but there are many who want to work in that field and they're there because they enjoy the work. But they're moving out of it because of the bureaucracies that they're working in. And that's gotta change, as well, in order for to have the skill set compatible with the complexity of the work.

**COMMISSIONER DEVINE:** Thank you for that.

Translation.

**INTERPRETER BYRNE:** [Mushuau-aimun spoken.]

**COMMISSIONER DEVINE:** Okay, well that's all of the prompting, but just in closing

I want to say thank you, Ken, for your report. It certainly gives us a good timeline in a comprehensive way of all the various things that have happened and how the system has changed in structures and all those over the years and in a very concise way so to have all of that together in the manner.

I'm sure will be very helpful to us, so thank you again, appreciate it and hope to see you again soon.

**K. BARTER:** Thank you, Mike and the Commissioners. Thank you very much for your service in this important work; appreciate it.

**COMMISSIONER IGLOLIORTE:** Thank you very much.

I'll now ask Commissioner Nashtash Qupee, please.

**COMMISSIONER QUPEE:** Thank you, Ken, for your time this afternoon and for today.

I have no questions.

Thank you.

**COMMISSIONER IGLOLIORTE:** Thank you very much, Dr. Barter, and I hope we have not taxed you too hard, you and Nympha. You for your health and Nympha for her mental health. It's been a hard three days as far as having to do all this interpretation, and I understand that you have your own challenges and we wish you all the best.

**K. BARTER:** Thank you.

**COMMISSIONER IGLOLIORTE:** I want to thank the witnesses who attended all this week.

We've had – this formal hearing has shown us that researchers, scholars and experts in the field are extremely valuable for the work we do and the report we're going to produce. These witnesses, because they're experts, have a perspective, but we also rely on counsel for the parties to balance that perspective. We're grateful that we have had their input as well.

After 3½ years, the Inquiry is getting a real sense that we're winding down. We still have reports to come in; we still have confirmation hearings and formal hearings to do, but we feel confident that we'll be able to meet our deadline, especially with the quality of the input and the quality of the witnesses we have seen.

Our lead counsel has already had one child since the Inquiry started, and we want to end before that number gets up to six.

So, in conclusion, we want to say thank you to all of you. Thank you for all the work that you've put in on our behalf.

I'll ask Elder Nympha Byrne to close our week's session with a prayer.

**INTERPRETER BYRNE:** [Mushuau-aimun spoken.]

**COMMISSIONER IGLOLIORTE:** Thank you.