



COMMISSION OF INQUIRY INTO THE CIRCUMSTANCES
SURROUNDING THE DEATH OF PHOENIX SINCLAIR

The Honourable Edward (Ted) Hughes, Q.C.,
Commissioner

Transcript of Proceedings
Public Inquiry Hearing
held at the Victoria/Albert Room, Lower Level,
Delta Winnipeg Hotel,
385 St. Mary Avenue, Winnipeg, Manitoba

WEDNESDAY, APRIL 24, 2013

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MR. J. GINDIN and **MR. G. DERWIN**, for Mr. Nelson Draper Steve Sinclair and Ms. Kimberly-Ann Edwards

MR. J. FUNKE, for Assembly of Manitoba Chiefs and Southern Chiefs Organization Inc.

MS. M. VERSACE, for University of Manitoba, Faculty of Social Work

MS. C. DUNN, for Ka Ni Kanichihk Inc.

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MS. B. BOWLEY, for Witness, Ms. Diva Faria

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3

4 MS. WALSH: Good morning, Mr. Commissioner.

5 THE COMMISSIONER: Good morning. All right.

6 MS. WALSH: Our first witness this morning is Dr.
7 Alexandra Wright.

8 THE CLERK: If you could just stand for a moment?

9 THE WITNESS: Yeah.

10 THE CLERK: Is it your choice to swear on the
11 Bible or affirm without the Bible?

12 THE WITNESS: I'll affirm without the Bible.

13 THE CLERK: All right. And if you could just
14 state your full name for the court.

15 THE WITNESS: Alexandra Sharon Colleen Wright.

16 THE CLERK: And spell me your first name.

17 THE WITNESS: A-L-E-X-A-N-D-R-A.

18 THE CLERK: And your next name, please?

19 THE WITNESS: W-R-I-G-H-T.

20 THE CLERK: And you had middle names.

21 THE WITNESS: Oh, Sharon Colleen. S-H-A-R-O-N,
22 C-O-L-L-E-E-N.

23

24 **ALEXANDRA SHARON COLLEEN WRIGHT,**

25 affirmed, testified as follows:

1

2 THE CLERK: Thank you. You may be seated.

3 THE WITNESS: Thank you.

4 MS. WALSH: Mr. Commissioner, two exhibits to
5 enter. One is the CV of Dr. Wright and the second is the
6 paper that she prepared for the Commission, A Review of
7 Best Practices in Child Welfare.

8 THE COMMISSIONER: Yes, it doesn't happen to have
9 a date, does it?

10 MS. WALSH: I don't -- does it have a date on the
11 paper itself?

12 THE WITNESS: No, it doesn't.

13 THE COMMISSIONER: All right. That will become
14 -- the CV will be Exhibit, what, 39 or 40?

15 THE CLERK: Believe so. Or 41 (inaudible).

16 THE COMMISSIONER: Forty-one, I guess.

17 THE CLERK: Forty-one and 42.

18 THE COMMISSIONER: Right. CV 41, and 42 is the
19 report.

20 THE CLERK: Yes.

21

22 **EXHIBIT 41: CURRICULUM VITAE OF**
23 **ALEXANDRA SHARON COLLEEN WRIGHT**

24

25 **EXHIBIT 42: REPORT PREPARED BY**

1 **ALEXANDRA SHARON COLLEEN WRIGHT:**
2 **A REVIEW OF BEST PRACTICES IN**
3 **CHILD WELFARE**

4
5 THE COMMISSIONER: Thank you.

6
7 DIRECT EXAMINATION BY MS. WALSH:

8 Q Dr. Wright, you have copies of your CV and your
9 paper in front of you?

10 A Yes, I do.

11 Q And we'll also be pulling your paper up on the
12 computer screen as well as we go through it so that
13 everyone will be able to follow along wherever we refer to
14 the paper itself.

15 A Okay.

16 Q Let's start with, with your background and, and
17 your qualifications. You are currently a member of the
18 University of Manitoba's Faculty of Social Work.

19 A Yes.

20 Q And you have been a member of that faculty since
21 1992; is that right?

22 A Full-time in 2001, yes.

23 Q Part-time starting --

24 A Yeah.

25 Q -- in '92?

1 A Yeah.

2 Q Okay. And in terms of your own education, you
3 have a Bachelor of Arts that you obtained in '88.

4 A Um-hum.

5 Q And then you obtained your Bachelor of Social
6 Work from University of Manitoba in 1990. Then in 1995 you
7 obtained your Master of Social Work from the University of
8 Manitoba Faculty of Social Work.

9 A Um-hum.

10 Q What was the thesis or focus of your master's?

11 A My master's thesis focused on the topic of the
12 Manitoba risk estimation system and families with chronic
13 maltreatment problems.

14 MS. WALSH: And I wonder, should the witness pull
15 her microphone a little bit --

16 THE WITNESS: Oh.

17 MS. WALSH: -- closer, maybe?

18 THE WITNESS: Good? Okay.

19

20 BY MS. WALSH:

21 Q Thank you. Then in 2003 you obtained your
22 doctorate.

23 A Um-hum.

24 Q And that was from University of Glasgow?

25 A Yes.

1 Q What was the focus of your doctorate?

2 A The focus of my doctoral thesis was on the
3 implementation of a legislative category called children in
4 need, and how social work staff interpret and implement
5 that legislation in practice. The legislation, children in
6 need, includes children who are in need of protection,
7 children with special needs and those affected by special
8 needs, and children involved in the criminal justice
9 system.

10 Q That's how the legislation in Scotland defined
11 children in need.

12 A Um-hum.

13 Q So a broader definition of children in need than,
14 for instance, the Child and Family Services Act of Manitoba
15 or --

16 A Yes.

17 Q -- which refers to children in need of
18 protection --

19 A That's right.

20 Q -- in the sense of, of their safety and well-
21 being.

22 A Yes. So social work there would be involved with
23 those families or those children without focusing on the
24 reasons for their needs but -- the reasons, but on their
25 needs. So base interventions on that.

1 Q We may, if we have -- if we have time, we may
2 come back to that.

3 A Okay.

4 Q Coming back to your employment, from July of 2008
5 until June of 2010 you were the associate dean of the
6 undergraduate program at University of Manitoba Faculty of
7 Social Work?

8 A Yes.

9 Q What did your duties involve?

10 A Really, my position entailed implementing and
11 overseeing the undergraduate program. We have three sites:
12 one in the inner city, one in Thompson, Manitoba, and one
13 on the Fort Garry campus, as well as a distance program.
14 So really ensuring policies -- undergraduate policies and,
15 you know, education were provided at all those sites and
16 following university standards.

17 Q Okay. From 2009 to the present, you have had the
18 title associate professor --

19 A Um-hum.

20 Q -- at the U of M Faculty of Social Work and
21 you've listed, at pages 7 and 8 of your CV, a variety of
22 the courses and subjects that you have taught, starting at
23 page 7.

24 A Um-hum.

25 Q You indicate that you have supervised 13 graduate

1 students and have sat on the committees of ten graduate
2 students. You've been an external committee member for a
3 Ph.D. candidate and one political studies master's student,
4 and you're the content specialist for a six credit hour
5 child welfare undergraduate course.

6 A Um-hum.

7 Q Then over the years you have taught a number of
8 courses in the Bachelor of Social Work program. A number
9 of those have focused on child and family services
10 fieldwork?

11 A Um-hum.

12 Q So what would be some examples of the, the
13 courses that you've taught in the B.S.W. program?

14 A So the field-focused child and family services is
15 a six credit hour course which means it's three hours a
16 week from September to April, and the focus is on the child
17 welfare system, especially in Manitoba, but it does broaden
18 out to look at other areas or jurisdictions.

19 Q In a number of, of areas of the child welfare
20 system?

21 A The idea of the course is that it really ranges
22 from direct practice to a broader community level of
23 intervention.

24 Q You've also taught a number of courses in the
25 master's program.

1 A Um-hum.

2 Q Can you just highlight some of the subject that
3 you've taught in that program?

4 A Sure. My focus in terms of the master's level
5 teaching is on social service administration and
6 theoretical foundations of social service administration,
7 so organizational focus, and much of my research has been
8 in that area, often with child welfare agencies.

9 Q Social service administration. So an example of
10 that?

11 A Anything that a manager or administrator may be
12 needing in terms of a theoretical background or practice
13 involvement for running an organization.

14 Q I see that you were also, in the early part of
15 your career, a field worker in the child welfare field?

16 A Um-hum.

17 Q So you were a social worker in Ontario and a
18 family service worker ...

19 A In Winnipeg.

20 Q In Winnipeg.

21 A Yeah.

22 Q Then your publications and presentations are
23 listed at pages 4 through 6 of your CV. There are
24 asterisks beside many of the publications. What does that
25 indicate?

1 A Oh, that indicates peer reviewed --

2 Q Okay.

3 A -- publications.

4 Q Okay. For those of us who are not academics,
5 that, that --

6 A Yeah.

7 Q -- explains that. Going through some of the,
8 the publications, then -- and, and I'm certainly not going
9 to --

10 THE COMMISSIONER: What, what does the asterisk
11 indicate?

12 THE WITNESS: Peer reviewed publications, so
13 where they've been accepted through a peer review process.

14 THE COMMISSIONER: Oh, I, I follow you.

15 THE WITNESS: Yeah.

16 THE COMMISSIONER: Yeah. Thank you.

17 THE WITNESS: Yeah.

18

19 BY MS. WALSH:

20 Q Going through some of, of your many publications,
21 about a third of the way down the lead author is Reid,
22 Sigurdson, and Christianson-Wood, and Wright.

23 A Um-hum.

24 Q Risk assessment -- it's a paper from 1996 -- Some
25 Canadian Findings. Now, the -- again, for those of us who

1 aren't academics, what's the significance of the first name
2 in the list of authors?

3 A Right. So both Grant Reid and Eric Sigurdson
4 were the co-researchers on the project looking at risk
5 estimation in Manitoba, and Jan Christianson-Wood and I
6 were both on the research project as research assistants or
7 associates. So we both did our thesis in that area but,
8 really, the first author is sort of the primary author and,
9 you know, maybe took a greater role in writing the paper or
10 publication.

11 Q And that, that's a common way for --

12 A Yeah.

13 Q -- academic papers or research --

14 A Yeah.

15 Q -- papers to be identified.

16 A And sometimes if you really do share it, you
17 might then just rotate. So you might have, for example,
18 Sigurdson and Reid in the next one.

19 Q I see.

20 A Yeah.

21 Q What was that research project about?

22 A That looked at developing a Manitoba risk
23 estimation system in Manitoba, and I did my thesis there on
24 families with chronic maltreatment problems who were
25 involved with the system.

1 Q And did that lead to the development of a risk
2 assessment tool?

3 A Yes. Yes, that led to the development of the
4 MRES risk estimation system.

5 Q The next one I want to ask you about, you are
6 the, the lead author. It's published in 2013, Managing the
7 successful implementation of family-centered practice.

8 A Um-hum.

9 Q What was that about?

10 A So I had been invited to work with Dr. Barry
11 Trute and Dr. Diane Hiebert-Murphy on a project looking at
12 the implementation of family-centred practice in Manitoba
13 for families with children with special needs, and my focus
14 was on the organizational level of this implementation.
15 One of the outcomes of the research and analysis was this
16 publication that really is providing -- the idea is to
17 provide managers with a system of how to implement family
18 centred practice.

19 Q What is family-centred practice?

20 A Family-centred practice is really an approach to
21 social work where there's a real focus on engagement with
22 families, allowing the worker to build relationship,
23 finding -- working with family strengths, and really
24 focusing on enabling and empowering. And by enabling, I
25 mean creating opportunities, and empowering, the goal there

1 is through relationship to look at meeting needs in a
2 manner that allows for the individual -- or community
3 level, but individual to gain a sense of mastery and
4 control over their functioning.

5 Q What's the significance of that for protecting
6 children?

7 A Well, family-centred practice, from my
8 perspective, is good social work practice and I think, you
9 know -- I think there's a general agreement in terms of
10 that approach. And it seems that in terms of child welfare
11 practice on a direct level of service provision, certainly
12 a family-centred practice could take on a much more
13 important role of engaging with families, allowing the
14 social worker, for example, to engage with families in a
15 meaningful way, developing opportunities for empowerment,
16 and really positive outcomes for children and families.

17 Q And we'll, we'll come back to that as we go
18 through your paper.

19 A Okay.

20 Q The next paper, again you were the lead author,
21 2013, Supervision to enhance family-centred practice.

22 A Again, based on the analysis of the research
23 project that I did with Barry and Diane -- that's Dr. Trute
24 and Dr. Hiebert-Murphy -- one of the issues that came out
25 was supervision, and the importance of supervision in being

1 able to implement family-centred practice, so I wrote a
2 conceptual piece based on that.

3 Q When you say conceptual piece, that means as
4 opposed to a research --

5 A Yes.

6 Q -- piece?

7 A So as opposed to basing it purely on research
8 data. While the research data informed that writing, it's
9 more theoretical in presentation.

10 Q And I know we're going to come back and talk some
11 more about supervision as, as you discuss it in your paper,
12 but what were the findings or discussion in your paper
13 about the significance of supervision to family-centred
14 practice?

15 A Yeah, the -- it's, you know, really important for
16 workers to be able to have regular planned supervision with
17 their supervisor. It's important for a supervisor to be
18 skilled and have professional development in this area and
19 knowledge in this area. I mean, those are key, key
20 findings.

21 Q Right.

22 A Yeah.

23 Q Okay. Then in 2012 you authored, A conceptual
24 framework for child welfare service coordination,
25 collaboration, and integration. What did that cover?

1 A That again was based on, you know, sort of a --
2 that paper was informed of research projects in the past,
3 but what had been apparent in, for example, the disability
4 study I did with Gwen Gosek and Diane Hiebert-Murphy and
5 the kinship care project that I was on, really, the need
6 for collaborative and coordinated -- and maybe at times,
7 integrated -- processes in order to provide better for
8 children and their families from a system level. So
9 different organizations working together.

10 Q So that would be collaboration, coordination,
11 integration between the child welfare system and other
12 social service --

13 A Yes.

14 Q -- systems, for example?

15 A Yeah. Yeah. It can be within an organization to
16 ensure that services are sort of considered seamless, where
17 the transition for the family from one service to another
18 is fairly smooth, but it can also be within a broader
19 system across agencies.

20 Q Okay. In 2010 you did a paper entitled,
21 Responses to children in need in Scotland: Historical
22 challenges for social service planning, policy and
23 provision.

24 A Um-hum. This paper stemmed from my Ph.D.
25 research, and really tried -- it was sort of a chapter from

1 my Ph.D. research but really looked at a historical
2 analysis of planning for children in need from just prior
3 to the poor law system to kind of contemporary times, and
4 similar themes would come out. For example, the issue of
5 targeting for services versus universal services,
6 stigmatizing those who are receiving services, those types
7 of things.

8 Q And again, that, that reference to children in
9 need, that's based on the legislative definition in
10 Scotland that, that's broader than just children in need --

11 A Yes.

12 Q -- of protection in the child --

13 A Yeah.

14 Q -- welfare sense.

15 A Yeah, really children in need of support.

16 Q Whatever kind of support that might be.

17 A That's right. So it's very much a needs-based
18 assessment versus programs that are targeted specifically
19 for a particular group or category.

20 Q At the bottom of page 4, 2006 paper entitled,
21 Implementing family support policy: Empowering
22 practitioners. What did that cover?

23 A Again, that chapter really looked at the process
24 of policy implementation and how workers -- or supervisors
25 and managers, for that matter -- can analyze and understand

1 how a policy -- and plan for how a policy can be developed
2 and then implemented, or if it was implemented but maybe
3 not as expected, sort of understand maybe why not.

4 Q On the next page you're the lead author in a
5 paper published in 2011, Family-centred child welfare
6 practice. So this is, this is the same topic that you've
7 written on before. Did this appear in a textbook?

8 A This was in Dr. Brad Mackenzie's and Kathleen
9 Kufeldt's book, Child welfare: Connecting research, policy
10 and practice. And that chapter stemmed from my own
11 research and experience in the child welfare system where
12 it really seemed that the application of family-centred
13 tenets to child welfare seemed like a really good fit on
14 the direct practice level and on an organizational level.

15 Q When we talk -- when you, when you talk about
16 direct practice level, we've heard reference to case
17 management, delivery of, of front line services.

18 A Right.

19 Q That's the direct practice.

20 A That's what I mean, yeah.

21 Q Then in 2006 you were one of the authors of a
22 Final Report: Factors that contribute to positive outcomes
23 in the Awasis Pimicikamak Cree Nation Kinship Care Program.

24 A Right.

25 Q So what was that report about?

1 A So that project looked at kinship care in the
2 Awasis Cree Nation Child and Family Services agency, and
3 really the focus was trying to understand sort of strengths
4 and challenges to providing kinship care. And so children
5 and youth -- or youth, I guess, foster family providers,
6 kinship care providers, and then staff were interviewed and
7 asked just for their perceptions on kinship care.

8 Q What is kinship care?

9 A Kinship care is really focused on maintaining a
10 child's emotional bond within their community and extended
11 family. It can be blood relation, but it doesn't
12 necessarily have to be, but the family is viewed as
13 community-based and, and connected.

14 Q So that's an approach to --

15 A To alternate care. So for kids who do come into
16 care, the idea is it really maintains them within their
17 community and cultural context. Language context was a big
18 piece there, too.

19 Q Then finally, in 2010, you were the lead author
20 on a article entitled or study entitled, Professionals'
21 perspectives on organizational factors that support or
22 hinder the successful implementation of family-centered
23 practice. So what did that review?

24 A So again, that paper stemmed from the analysis of
25 the data on the family centred project that I did with Dr.

1 Trute and Dr. Hiebert-Murphy and, really -- one piece of
2 that was for me to focus on the professionals who were
3 involved in providing services: social workers,
4 supervisors, and then sort of key stakeholders on more of a
5 management level. But their perspectives on what worked in
6 order to implement family-centred and what were a hindrance
7 to that. So issues such as caseload or workload, lack of
8 supervision, a lack of support by the organization in terms
9 of management, those would be examples of factors that
10 hindered it.

11 Q Okay, that you've covered in, in your report.

12 A Yeah.

13 Q All right. And I think, I think that, that gives
14 us a good idea --

15 A Good.

16 Q -- of your background and experience, so we can
17 move on.

18 MS. WALSH: Unless, Mr. Commissioner, you have
19 any questions --

20 THE COMMISSIONER: No.

21 MS. WALSH: -- about that?

22 THE COMMISSIONER: I think, I think you've got
23 the right witness here for what we're dealing with.

24 MS. WALSH: Good.

25

1 BY MS. WALSH:

2 Q Now, Dr. Wright, you originally prepared a best
3 practices review at the request of the co-chairs who were
4 appointed to conduct the external review, which led to the
5 report that we put into evidence which is entitled
6 Strengthen the Commitment.

7 A Right.

8 Q And in particular, my understanding is that it
9 was Billie Schibler who asked you --

10 A Yes.

11 Q -- to prepare that review.

12 A Yes.

13 MS. WALSH: And that review is found at pages
14 three-thirty -- starting at page 335 of our disclosure. I
15 don't know that we have to bring it up -- oh, there it is.
16 Thank you.

17

18 BY MS. WALSH:

19 Q So that's, that's the original paper that, that
20 you prepared in 2006. And then at, at the Commission's
21 request, you prepared a paper that is a more comprehensive
22 review and discussion of best practice.

23 A Um-hum.

24 Q That's right?

25 A That's right, yes.

1 Q And that's the paper that we have entered into
2 evidence now as Exhibit 42. And we asked for this paper to
3 provide a framework and a resource for the Commission as we
4 conduct our analysis and as the Commissioner reviews the
5 evidence and, and makes his recommendations.

6 Would you describe just briefly what's the
7 difference between the paper that you prepared in 2006 and
8 the paper that you prepared for this Commission?

9 A Okay. So the paper in 2006 was sort of -- much
10 less time went into it, for example. It really tried to
11 provide just a brief overview of issues related to best
12 practice in child welfare. This one that we're looking at
13 today, you know, has much more time. It's more extensive
14 in terms of the issues that are addressed. So, for
15 example, there's a greater focus on community intervention
16 and, you know, I updated in terms of more recent
17 publications and reports.

18 Q At no time, either when you prepared the review
19 in 2006 or when you prepared the paper for this Commission,
20 were you ever asked to look at the facts that were specific
21 to the delivery of child welfare services to Phoenix
22 Sinclair and her family.

23 A Right.

24 Q I understand -- you live, you live in Ottawa.

25 A Yes.

1 Q And I understand that you have not been following
2 the evidence as it's being reported in the media of this
3 Inquiry.

4 A That's right, yes.

5 THE COMMISSIONER: You're presently not on the
6 faculty?

7 THE WITNESS: I am on the faculty, but I'm on
8 leave. I'm in a position in Ottawa right now.

9 THE COMMISSIONER: Oh, oh.

10

11 BY MS. WALSH:

12 Q And, you know, I missed that --

13 A Yeah.

14 Q -- from your CV, where you're currently working.

15 A Right.

16 Q You are the Executive Director of the Canadian
17 Association for Social Work Education.

18 A Yes.

19 Q Which is what? What is that organization?

20 A It's the national body, national body in Canada
21 that accredits social work programs in universities across
22 Canada on B.S.W. -- Bachelor of Social Work and Master of
23 Social Work programs. And really, the focus is on social
24 work education to promote and sustain excellence, and
25 social work education both through the accreditation

1 process but also there's an annual conference and there's a
2 publication.

3 THE COMMISSIONER: So you're on leave from the
4 faculty?

5 THE WITNESS: Yeah, that's right.

6

7 BY MS. WALSH:

8 Q What was the process, then, that you followed to
9 prepare the, the paper for this Commission?

10 A Essentially, I did a review of the social
11 sciences literature and current reports that were
12 available.

13 Q On best practices.

14 A On -- sorry --

15 Q Which --

16 A On best practices in child welfare.

17 Q Okay.

18 A Yes.

19 Q And before we get into the specifics of the
20 paper --

21 A Yeah.

22 Q -- just sort of by way of, of background, how do
23 you define child welfare?

24 A I guess I would define child welfare as a system
25 of service planning and delivery that really encompasses

1 policies and services aimed to support and protect children
2 and families.

3 Q I understand that you have described it more
4 broadly than referring simply to mandated legislated child
5 welfare services.

6 A Yes. I, I mean, I might be old-fashioned in this
7 one, but I do still see there's the protection component of
8 the child welfare system, but I also see a support
9 component, family support. I know there are some -- you
10 know, there are some who would say that the two should be
11 separated and that debate has been going on for a long
12 time, too. But certainly, from my perspective the child
13 welfare system encompasses both, whether it's one agency
14 that does both or whether it's multiple agencies.

15 Q You start your paper by describing the Canadian
16 child welfare system as a complex system.

17 A Um-hum.

18 Q What do you mean by that?

19 A I guess in terms of the complexity, you have
20 jurisdictional divisions and different funding bodies. You
21 also have, you know, a combination of private non-profit
22 agencies providing direct services, as well as government
23 services. So I think that complexity just on that
24 structural level can be, you know, at times difficult to
25 negotiate or to navigate, I guess. And then you do also

1 have, depending on the, the breadth that you're defining
2 the system, you can have multiple service providers
3 involved in the child welfare system.

4 Q Broadly speaking, what are some of the challenges
5 the child welfare system in Canada faces?

6 A I think one of the challenges is always funding
7 in terms of adequate funding and trying to find the balance
8 between limited resources and assessed needs. So meeting
9 needs that are assessed as opposed to just targeted
10 programming or planned programming.

11 I think with the history of colonization and the
12 effects of that on aboriginal communities in particular, I
13 think that has some really specific needs to Manitoba and
14 Canada as a whole. Jurisdictional divisions in terms of
15 who's responsible for what and the authority to do what, I
16 think, you know, can be very challenge, too. On a direct
17 practice level, the work itself can be really complex and
18 difficult and, and tough on frontline social workers and
19 supervisors. Yeah.

20 Q In terms of the paper that you prepared for the
21 Commission, you describe it as providing an overview of
22 principal elements in the topic of best practices. If
23 you've looking for where I'm getting that from, it's at
24 page 2, but I gather that this paper was not intended to be
25 an exhaustive discussion --

1 A That's right.

2 Q -- of the very -- of the numerous topics that you
3 raise in the paper.

4 A Yes. So what I really tried to do with the paper
5 -- because each of these topics can become unwieldy and,
6 and large and a book in their own right, but what I've
7 tried to do is structure it so that it follows an outline
8 that addresses specific issues -- for example, a structural
9 or systems level, then the community level, organizational
10 level issues, and direct practice level issues -- to try to
11 touch on key concepts or research or fundamental issues
12 that are really important for best practices in child
13 welfare.

14 A But it, it doesn't aim to be, you know, all
15 encompassing and I've really tried to identify different
16 texts, different people, even other researchers, who are
17 really focused in a specific area. I feel like it probably
18 hasn't done justice to people with special needs, for
19 example, or kids with special needs, or maybe kids with
20 sexual orientation, transgender issues. You know, I
21 haven't been able even to touch on those issues, but the
22 idea is that it would encompass all of that.

23 Q Okay.

24 A Yeah.

25 Q So in terms of how your paper is set out -- I'm

1 looking at, at page 3 in terms of how the paper is
2 structured. You begin with a definition of best practice,
3 you say, and "an explanation of an ecological and a
4 critical structural perspective." And we're going to
5 discuss what, what an ecological perspective is in more
6 detail, but, but what does that mean?

7 A In terms of -- what does best practice mean?

8 Q An ecological perspective.

9 A Okay.

10 Q We'll, we'll come to the definition of best
11 practice --

12 A Okay.

13 Q -- in a moment, but what, what does the reference
14 to an ecological perspective mean?

15 MS. WALSH: And perhaps we can follow along with
16 Dr. Wright's paper.

17 THE COMMISSIONER: Just, just before she answers
18 that, I want to ask you one question. I studied -- I don't
19 know whether it was a draft or not -- of your paper. And
20 there, there seems to be just the odd difference, perhaps,
21 in Exhibit 42 from the paper I studied. For instance, on
22 page 37 of the paper I studied, there was no heading, Out-
23 of-Home Care. I now see there is just the heading. If I
24 stick to the paper I studied, with -- am I pretty much got
25 the same paper? In other words, did you make some final

1 revisions? Is that ...

2 THE WITNESS: I believe that the one --

3 MS. WALSH: It's very close.

4 THE WITNESS: -- that says -- yeah, they're very
5 close. The one that has the subtitles such as out-of-home
6 care --

7 THE COMMISSIONER: Yes.

8 THE WITNESS: -- there may be a few minor
9 revisions, but there isn't huge content difference.

10 THE COMMISSIONER: Just minor.

11 THE WITNESS: Yeah.

12 THE COMMISSIONER: That's fine, because I'm
13 following the one I read --

14 THE WITNESS: Okay.

15 THE COMMISSIONER: -- and marked up. Thank --

16 THE WITNESS: Okay.

17 THE COMMISSIONER: Thank you.

18 THE WITNESS: Okay.

19 MS. WALSH: I think revisions really have been
20 stenographic.

21 THE WITNESS: Right, yeah.

22 MS. WALSH: Typos, that sort of thing.

23 THE COMMISSIONER: Okay.

24

25 BY MS. WALSH:

1 Q So you were going to, to explain for us the
2 meaning of the term, an ecological perspective, in the
3 context of, of child welfare or best practices.

4 A Okay. So Urie Bronfenbrenner in, I think it was
5 1977, came up with this term of an ecological perspective
6 based on the notion that you can't just look at one element
7 of a family or child without looking at the context in
8 which they live and reside, so community and the -- to the
9 larger societal or systems level. There's also, though,
10 the organizational level that really implements policies in
11 direct practice delivery. So that's an important piece to
12 look at, and how these different elements interact with
13 each other and influence each other.

14 Q So as we go through the paper, then, we're going
15 to go through the sections referring to system, community,
16 organizational, and direct practice levels. And each --the
17 paper is structured very helpfully such that at the end of
18 each section you do have key points and recommendations to
19 summarize the commentary in, in the section.

20 You start off under the heading, Best Practices
21 in Child Welfare, by saying that:

22

23 "A basic tenet of this paper
24 is that [best practice] should be
25 incorporated as a systemic

1 approach to child welfare
2 planning, provision, and
3 evaluation."

4

5 How do you define "best practice"?

6 A Best practice really reflects the most desirable
7 sort of service planning and delivery approaches in child
8 welfare and there are standards that can be used as
9 benchmarks for child welfare, service planning, and
10 delivery. The, the aim of best practices is to benefit
11 children and families and the communities within which they
12 reside through positive outcomes. So, for example, improve
13 family functioning or, you know, well-being on a community
14 level. You can sort of view best practices as best efforts
15 in terms of service planning and delivery, too.

16 The concept of best practices isn't that mistakes
17 aren't made -- and there are mistakes that are made or
18 there are outcomes that maybe aren't foreseen or planned
19 for -- but it's a concept that argues that child welfare
20 practice and service delivery should be informed and should
21 be thought about, and that if mistakes are made, then
22 people learn from them and you integrate that knowledge,
23 ideally, to improve service planning and practice.

24 I guess why, why it's important -- do you want me
25 to --

1 Q Sure.

2 A -- talk about that piece?

3 Q Yes.

4 A You know, best practices are important because I
5 think it provides an accountability, accountability to, to
6 service users, so to families and children. I think it can
7 provide, though, accountability to funders, too, who are
8 supporting these services and the broader community in
9 which it occurs.

10 I think best practices can result in positive
11 outcomes for children and families, or communities, and it
12 can set an expectation of consistency for service provision
13 across, you know, various jurisdictions or regions. It can
14 also help organizations in terms of identifying areas for
15 improvement, maybe gaps in services that, you know, require
16 reallocated funding or new funding. And I think it can be
17 used as an evaluative capacity, so if it wasn't met, why
18 wasn't it met, and how wasn't it met, things like that.

19 Q What's the relationship between best practices
20 and minimum standards of child welfare service delivery?

21 A I guess, you know -- I guess best practices -- I
22 guess the concept behind best practices is that it would
23 become incorporated from an organizational perspective as
24 the standard for service delivery and so there isn't
25 necessarily a conflict between minimal standards and best

1 practices. And, certainly, some minimum standards may
2 reflect best practices already, right, so there's not an
3 automatic tension there or conflict. An example is maybe,
4 on a direct practice level, meeting with family members
5 when you're doing an assessment. That would be a best
6 practice standard or, or expectation, but that certainly, I
7 think, would be a minimum standard. Does that make sense?

8 Q I think so.

9 A Okay.

10 Q So when you say meeting with, with family
11 members, you mean people who are in the house with the
12 child?

13 A Right. Right. So when you're doing your
14 assessment on a -- I know I'm jumping ahead here, but
15 meeting with the parents, meeting with siblings, meeting
16 with maybe the child who was the focus of the referral.
17 You know, best practices would require contact with
18 collateral service providers on an interagency level. I
19 would argue that minimal standards would, too. So I, I
20 don't see that as a conflict. I think there's a real
21 focus, though, on aiming to improve, you know, if --
22 improve services, improve planning and policy.

23 Q So minimum standards should reflect best
24 practices. Is that, is that fair?

25 A Yes.

1 Q You talk about evidence-based social work. What
2 is that?

3 A Evidence-based is really -- stems in the 1970s
4 from the concept of, you know, decision making or planned
5 intervention should be based on research, clinical evidence
6 or, you know, maybe the family's own sort of interpretation
7 of issues, too. But really, it should be planned in a
8 thoughtful way. It, it isn't -- some people think
9 evidence-based only refers to sort of research-based
10 decision making, but I think it's broader to include
11 clinical experience to -- or frontline experience as well
12 as sort of the, the family's perspectives.

13 I added, Gilgun also has a fourth element of, of
14 evidence-based that includes the worker's own sort of
15 values and perceptions, but the concept of it is that
16 there's a planned process to decision making.

17 Q You also, at page 5, identify that there can be
18 certain -- a certain caution has to be used in approaching
19 evidence-based processes. What does that refer to?

20 A Yeah, I think, you know, organizations can be
21 under pressure to have good outcomes, so good -- so-called
22 good numbers, and funders, you know, want to demonstrate
23 that their funding is being used effectively. Depending on
24 the measurements used, it doesn't necessary reflect maybe
25 good work in terms of a process. It can also exclude

1 really necessary work that's time consuming, that doesn't,
2 you know, provide good numbers in six months. So things
3 like relationship building or developing -- engaging with
4 families really can be a long process, working with
5 community can really be a longer process, and I think you
6 need to be careful in terms of that. Another issue is
7 targeted funding where it only focuses on one group that
8 may, maybe responds really quickly to, to services, whereas
9 another group may, may need more longer term involvement.

10 Q The -- at the bottom of page 5 you start with the
11 heading, An Ecological Approach to Child Welfare Service
12 Planning and Provision, and this is, this is the approach
13 that you just explained to us. And if we turn to page 6
14 you say in the first -- or the second paragraph:

15

16 "An ecological approach to
17 child welfare practice emphasizes
18 the relationship between the
19 service user, their family, the
20 broader community and the larger
21 society and how a person adapts
22 to, and interacts with, their
23 environment [that] the focus of
24 child welfare practice from an
25 ecological perspective situates

1 the child within their environment
2 recognizing the various elements
3 of an individual's and family's
4 life ..."

5

6 And you go on to talk about:

7

8 "An ecological approach to working
9 in child welfare integrates
10 individual, familial, community,
11 environmental, and cultural
12 factors as important contributors
13 to, as well as solutions to, child
14 maltreatment."

15

16 Can you talk a little bit more about that
17 approach?

18 A I guess really the focus of that approach is that
19 there isn't, for example, just one direct focus on maybe
20 family problems or not looking at the broader context
21 within which a family lives. Issues such as poverty or
22 racism, for example, might be really impacting a family
23 negatively, you know, creating stressors which can then
24 result in really maybe negative family functioning. So it
25 really tries to get away from a blaming approach and

1 looking at strength-based approaches to working with
2 families in communities.

3 Q And places, then, a contextual approach --

4 A Yes.

5 Q -- to protecting children?

6 A Yeah, it really looks at things from a context in
7 which, in which child welfare occurs.

8 Q Then you start at describing the system level.
9 What's the system?

10 A The system level really looks at broader
11 structural issues such as, you know, organizations or
12 policies or legislation that's in place related to families
13 and communities. Issues such as poverty have real impacts
14 on families on a direct level, so that could be an example
15 of a system level.

16 Q And, in fact, at the top of page 7 you say that:

17

18 "In order to address issues of
19 child maltreatment, these larger
20 systemic and societal issues
21 cannot be ignored."

22

23 And you cite an author, Barter, from 2001:

24

25 "... poverty; the residual nature

1 of child protection work; little
2 investment in prevention and early
3 intervention; power imbalances
4 that have detrimental effects on
5 women, children and minority
6 groups; negative public attitudes
7 towards poor and disadvantaged
8 citizens; and being driven by
9 neglect and abuse investigations
10 rather than family strengthening."
11

12 What's the impact of that aspect of the system on
13 protecting children?

14 A I think, as I said in a couple of, of articles --
15 both Pelton and Jonson-Reid, Drake and Kohl's -- that an
16 example would be where the concept is, for example, a
17 poverty that the, the majority of, of people in low
18 socioeconomic status do not abuse or neglect their
19 children, it's a minority that do, but nevertheless there
20 is a higher proportion in that group. And I think these
21 two studies demonstrate that poverty increases stressors
22 and also there are fewer supports. As a result, that can
23 really relate to poorer family functioning and problems
24 such as maltreatment may occur.

25 Q So you cite -- you refer to Barter and then you

1 cite the study that Pelton did. The Barter study is from
2 2001; the Pelton study is from 1978.

3 A Yeah.

4 Q So this, this concept or this notion of the
5 impact of the stressors that arise from living in poverty
6 and the impact that has on protection of children, those
7 aren't new concepts.

8 A No. And I guess at the beginning when you asked
9 me how I did this research, it wasn't just current. It was
10 also -- I included seminal pieces that it seemed to me were
11 really relevant --

12 Q Um-hum.

13 A -- for this discussion, too. So that's an
14 example, yes.

15 Q Well, I think it's helpful to know how long a
16 given --

17 A Perspective.

18 Q -- perspective has been in, in effect.

19 Then Pelton goes on to say, therefore, as, as
20 part of child welfare intervention:

21

22 "[He] recommended the provision of
23 services to minimize the negative
24 effects of poverty through
25 concrete services such as advocacy

1 for better housing, child care,
2 and emergency cash."

3

4 A Um-hum.

5 Q So those are possibly not obvious recommendations
6 in terms of protecting children.

7 A Right. But at -- I guess within that ecological
8 perspective, a real focus is you have to look at the
9 broader context in which families and communities exist,
10 and that being able to alleviate as a society some of these
11 stressors can really have positive impacts on family
12 functioning and well-being.

13 Q Right. Then at the top of page 8, you say that:

14

15 "Poverty is of particular
16 importance when considering
17 Aboriginal children and women with
18 children. For example, a higher
19 percentage of Aboriginal children
20 reside in low-income families
21 compared to non-Aboriginal
22 children in urban settings
23 (excluding reserves). In 2006,
24 21% of non-Aboriginal children
25 lived in low income families

1 compared with 57% of First Nation,
2 45% of Inuit and 42% of Métis
3 children.... A community without
4 the capacity for economic
5 independence will be significantly
6 impaired relative to a community
7 that has an economic
8 sustainability. This impairment
9 has negative impacts on families,
10 including children."

11

12 Can you tell us a little bit more about that,
13 please?

14 A I think those stats provide examples of where,
15 you know, fewer resources and fewer opportunities within
16 the community really can create greater stressors and often
17 reflect fewer supports, which then involve -- can involve,
18 you know, problems with family functioning within a
19 community. So I guess part of what this is demonstrating
20 is solutions to -- can include solutions that look at these
21 issues and try to address them.

22 Q So I think you've possibly answered the question,
23 but how does a best practice approach address these
24 concerns?

25 A A best practice approach would, would -- in terms

1 of working directly with a family or a community, for
2 example, really would, as part of the assessment, include
3 issues such as poverty or experiences of racism or sexism
4 and how that can negatively impact on the family
5 functioning. So that might reflect, then, policy makers
6 who develop a specific policy to address housing problems
7 in a certain area, for example; perhaps access to other
8 resources to support families of -- lone parent families
9 with children.

10 THE COMMISSIONER: If, if I can just ask this:
11 You make reference to a community that has an economic
12 sustainability. Let's look at a community that doesn't
13 have economic sustainability.

14 THE WITNESS: Um-hum.

15 THE COMMISSIONER: What effect is that going to
16 have with respect to the child welfare system relating to
17 families that are trying to cope in that kind of an
18 environment without that economic sustainability?

19 THE WITNESS: Right. Based on, you know, the
20 analysis of what the authors have said, it seems to me what
21 that will, will result in is much greater stressors on the
22 community. So greater stressors on just basic needs in
23 terms of, you know, housing, food, clothing, that sort of
24 concept, but even greater stressors in terms of safe
25 communities, so engagement on a community level within --

1 between and within community people. You know, I'll act to
2 protect children and families, and then -- so the fewer
3 supports concept within that, too. And then from a child
4 welfare perspective, then, problems with family functioning
5 in a greater proportion that then require intervention.

6 THE COMMISSIONER: Yeah, but do you expect to see
7 more children having to come into care being raised in that
8 kind of an environment?

9 THE WITNESS: I would expect a higher proportion
10 of kids being referred to child protection services, and
11 likely more community care, yes.

12 THE COMMISSIONER: And does your study or your
13 knowledge of the world around you tell you that there are,
14 under our reserve system in this country -- you have
15 referred to colonization this morning.

16 THE WITNESS: Um-hum.

17 THE COMMISSIONER: That there are a number of
18 reserves that don't have economic sustainability.

19 THE WITNESS: Sure. I mean, I can use my example
20 of the study in Cross Lake, for example. You know, there
21 was social work, the family service workers within the
22 community, and the foster parents, and they were doing
23 their best to provide really good services but they were
24 the only show in town in terms of any kind of family
25 support service. So it obviously puts huge stress on this

1 organization to provide services that then you prioritize
2 into Band-Aid approaches because you simply don't have the
3 resources to be able to provide family support that works
4 on engagement, on trying to empower individuals, but also
5 communities to make positive change.

6 And Cross Lake also -- I just remembered this --
7 they had instituted a crisis line. I think they had
8 something like 500 calls in six months on the crisis line,
9 that were all manned or peopled by the staff of the child
10 welfare agency. So, you know, there's a huge demand on
11 their organizational resources to support the community,
12 too.

13 THE COMMISSIONER: Well, having raised as you
14 have in this paper on this page --

15 THE WITNESS: Yeah.

16 THE COMMISSIONER: -- the state of aboriginal
17 children, reference to urban centre, but --

18 THE WITNESS: Um-hum.

19 THE COMMISSIONER: -- the fact of the matter is
20 that with respect to aboriginal people, many who have their
21 start on reserves, as I understand it, we find the
22 statistics being grossly out of line not only with respect
23 to, to child -- children coming into care, but
24 incarceration --

25 THE WITNESS: Um-hum.

1 THE COMMISSIONER: -- suicide rate, drug use --

2 THE WITNESS: Um-hum.

3 THE COMMISSIONER: -- and that kind of thing.

4 Does, does -- do those things grow out of -- along with the
5 child-in-care problem from units that don't have economic
6 sustainability?

7 THE WITNESS: I, I think it's really important to
8 -- from, from my perspective, to go back to an ecological
9 perspective where the structural or system level issues
10 such as poverty absolutely impact that level of functioning
11 and can result in higher rates of all those issues you just
12 identified. I don't think it's the only issue, though, but
13 I do think that's a really important piece to look at, too.

14 So there can also be interpersonal factors from
15 an -- on an individual level or on a family level, that
16 also negatively impact family functioning.

17 THE COMMISSIONER: But that is, as you say, an
18 important piece of --

19 THE WITNESS: Yes.

20 THE COMMISSIONER: -- of what some of the
21 problems that society is facing in --

22 THE WITNESS: Yes.

23 THE COMMISSIONER: -- our country today.

24 THE WITNESS: Yeah. And I think a real difficult
25 challenge for child welfare practice. Yeah.

1 THE COMMISSIONER: And might you speak to
2 solutions at some point?

3 THE WITNESS: Am I -- will we talk about that
4 then, or now?

5 MS. WALSH: Go ahead.

6 THE COMMISSIONER: No --

7 THE WITNESS: We --

8 THE COMMISSIONER: Is --

9 MS. WALSH: Go ahead. I mean --

10 THE COMMISSIONER: Yes, please.

11 MS. WALSH: Absolutely.

12 THE WITNESS: Okay. You know, I think, really,
13 trying to find a coordinated approach to where the outcome
14 is focused on benefits for families and children, so
15 almost, you know, a family-focused lens or a child-focused
16 lens, where there can be coordination in terms of policies
17 for, you know, early intervention support services to
18 families maybe who are experiencing low socioeconomic
19 status. There can be targeted interventions. For example,
20 substance abuse problems. But really where there's an
21 assessed need focus and then the services are provided for
22 that assessed need.

23 So I think when we talk -- when I talk about the
24 prevention levels -- primary, secondary, and tertiary -- it
25 seems that a child welfare system could look at all those

1 levels. You're all -- there will always be a need for the
2 protection level support and intervention. But it seems
3 that there's been such a focus on that level to the
4 detriment of early prevention and support to families, to
5 improve functioning prior to getting to that level. And
6 poverty of the -- alleviation would be a positive step.

7 MS. WALSH: Thank you.

8 THE COMMISSIONER: Thank you. I have an obvious
9 interest in that with respect to the responsibility I have
10 here, and that was the reason for my interjection. But,
11 please, carry on.

12 MS. WALSH: Well, I think, I think Dr. Wright
13 has, has, through her dialogue with you, Mr. Commissioner,
14 very much expressed a focus of, of the Commission in terms
15 of how to protect children.

16

17 BY MS. WALSH:

18 Q And there is, then, sort of a dual aspect towards
19 protecting children. Can you comment on that?

20 A Yeah. I think in terms of protecting children,
21 that piece of family support or community support and, you
22 know, the breadth that can go with that is important not to
23 lose sight of. You know, the legislation still really
24 focuses on best interests of children, the focus on family
25 as the most important place for children to grow up in, so,

1 you know, as a society, it would seem logical that we would
2 then support those families in being able to raise children
3 in a really positive and functioning way.

4 Q In terms, as well, of protecting children,
5 protection can be looked at in, in a broader sense than
6 just protecting their safety. In fact, the legislation
7 speaks to safety and well-being. Can you talk about those
8 two aspects of protecting children?

9 A Yes. I mean, I think, you know, child growth and
10 development focuses on children being able to reach their
11 potential, which requires maybe a greater focus on well-
12 being as the outcome and safety is, is within that context.

13 Q And I think this is a theme that we'll hear
14 throughout your evidence, but being able to focus on
15 promoting and protecting a child's well-being is time
16 consuming.

17 A Yes.

18 Q That be fair?

19 A Time consuming and, and requires -- it's time
20 consuming, it requires resources, and it requires skills
21 and knowledge.

22 Q Time consuming, but necessary.

23 A Yeah.

24 Q And we're going to talk about this some more, but
25 while we're talking about it, it would also involve the

1 development of the genuine relationship between a service
2 provider, a social worker, and the child.

3 A Yeah. The -- certainly, the literature is
4 identifying really the importance of relationship building
5 and engagement with individuals or families or community to
6 enable and empower them to make positive changes or
7 choices.

8 Q Where you said to the Commissioner that poverty
9 is not the, the only factor that can be a stress on a
10 family, you referred to interpersonal stresses. It would
11 be fair to say, though, that even there a condition of, of
12 living in a socioeconomically disadvantaged community would
13 have a negative impact on even interpersonal relationships.

14 A Certainly could. I mean, there's, there's also a
15 greater focus on resilience in the literature and how, you
16 know, individuals facing adversity are able to adapt and
17 overcome and really function well, so resilience is, is an
18 interesting area, too --

19 Q Um-hum.

20 A -- from that focus. But, yeah, I think, I think
21 the concept of stressors on family, on families -- and that
22 can be environmental stressors -- really can negatively
23 impact the ability of parents to care for children.

24 Q And as an aside, when we come to Phase 3 we're
25 going to be hearing evidence from the medical research --

1 research that's being done, for instance, out of Harvard
2 and, and across the, the globe -- about the effect of
3 socioeconomic stressors on brain development of --

4 A Right.

5 Q -- young children and, and how that can even have
6 an intergenerational effect, so -- and those would be
7 stressors of a socioeconomic nature.

8 A Yeah, and that importance of early intervention,
9 yeah.

10 Q Right. At page 8 of your paper still, just very
11 briefly, you refer to the United Nations Convention on the
12 Rights of the Child. What's the significant --
13 significance of that convention?

14 A Well, Canada is a signatory to the convention
15 and, again, focusing on, on concepts such as, you know, the
16 primary consideration of the child's best interests, the
17 child's views must be taken into account in decisions
18 affecting the child, also the importance of cultural and
19 spiritual development in, in providing services with
20 children and families.

21 Q In terms of domestic legislation, we know that
22 the, the declaration of principles in the Child and Family
23 Services Act refers to the importance of, of those values
24 and the, the Authorities Act refers to the importance of
25 culturally appropriate service delivery. But are you aware

1 of, of any domestic legislation other than the child
2 welfare legislation that specifically refers to the kinds
3 of things that you've identified the Convention on the
4 Rights of the Child protects?

5 A No, I'm not.

6 Q So then at page 10 towards the second paragraph
7 from the bottom, you talk about:

8
9 "The negative effects of
10 colonization on the Aboriginal
11 community, through government
12 sanctioned practices such as
13 residential schools and the
14 apprehension of children, continue
15 to permeate the health and well-
16 being of Aboriginal families."

17
18 So, just briefly, what's the relevance of that in
19 terms of your best practice review?

20 A I think the, the relevance really is, from a best
21 practice perspective on a community level, these types of
22 collective issues need to be addressed and cultural
23 identity supported. You know, focus -- I know later on in
24 the paper it talks about sort of community levels of
25 intervention, but the focus really is on empowering

1 communities to take control, to be responsible for the care
2 of, of their children and -- but within a, within a way
3 that, you know, results in positive outcomes and, really, a
4 sense of mastery in terms of being able to make choices or
5 decisions to benefit their community.

6 Q And you do cite studies by Trocmé and
7 Blackstock --

8 MS. WALSH: And, Mr. Commissioner, I can advise
9 that both of those individuals will be testifying before
10 the Commission, Cindy Blackstock next week and Dr. Trocmé
11 in Phase 3.

12

13 BY MS. WALSH:

14 Q At --

15 A Can I just add one --

16 Q Yes, please.

17 A You know, again, with the paper, I'm not sure
18 that it covered it sufficiently but diversity and cultural
19 diversity in Canada is a really important issue, too, and
20 while I really focused on the particular needs of
21 aboriginal communities, it is important also to recognize,
22 you know, the other diversity, for example, of newcomers to
23 Canada and, and being able to respect and work with
24 cultural differences, too.

25 Q Thank you for identifying that, because that is

1 very much something to keep in mind.

2 THE COMMISSIONER: Just before you leave that
3 paragraph --

4 THE WITNESS: Um-hum.

5 THE COMMISSIONER: -- let me just ask you this
6 question. You've been in the social work field now in
7 excess of 20 years, I gather, and, and involved with --
8 especially with respect to families and children. Relative
9 to what you say there about the negative effects of
10 colonization and so on, do you see any improvement
11 occurring?

12 THE WITNESS: Absolutely, yes. Yeah, so --

13 THE COMMISSIONER: Give, give me the -- where you
14 see the improvement.

15 THE WITNESS: Well, I can talk from a social work
16 educator perspective now just for -- as an example, but
17 certainly in terms of the number of aboriginal people, you
18 know, going to get a social work degree, for example, and
19 working within their community. I also, though, see really
20 a greater recognition and integration of even some what
21 would be called traditional aboriginal practices within
22 social work that I think are mutually beneficial for, you
23 know, even non, non-aboriginal families or -- so the
24 integration, for example, of family group conferencing, of
25 really working with extended family members, too, those

1 would be on just a really practical level.

2 I know, though, even different organizations,
3 different child and family service agencies, aboriginal
4 child and family service agencies, have really tried to
5 incorporate aboriginal approaches in terms of their policy
6 planning and service provision. I, I can't comment
7 specifically on, you know, those functioning, but I'm sure
8 others in Manitoba can.

9 THE COMMISSIONER: But looking at the last
10 sentence in that paragraph --

11 THE WITNESS: Yeah.

12 THE COMMISSIONER:

13

14 ... "[the] long-term social and
15 economic impacts of colonization on
16 Indigenous family life,"

17

18 do you, do you see an improvement with respect to the
19 matters referred to in the preceding sentence:

20

21 "... substance abuse, suicide,
22 family violence, mental health
23 issues and parenting."

24

25 Do, do you see a lessening of those evils, if I

1 can put it a way -- put it that way, in, in, in our society
2 of today than when you started out in your field of social
3 work?

4 THE WITNESS: I don't know if there's -- I can't
5 say if there's a lessening, but I can say that there's been
6 an increased awareness and growth of the need for
7 culturally appropriate service provision, respectful
8 service provision, and finding solutions not from an expert
9 perspective of telling people what to do, but from a
10 working, working in sort of relationship and partnership
11 with families or communities. So finding that strength
12 based from within, I think that's a very different kind of
13 focus and shift which is, you know, I think a positive
14 step. And incorporating culturally appropriate practices.

15 THE COMMISSIONER: Thank you.

16 THE WITNESS: Yeah, okay.

17 MS. WALSH: Mr. Commissioner, having identified
18 that question for us, that was part of how this paper was
19 precisely to be used by you, we had hoped. You will then
20 be able to, to put some of those questions or we will hear
21 from some of the witnesses that follow to answer those same
22 questions.

23 THE COMMISSIONER: Obviously, very helpful to all
24 of us.

25

1 BY MS. WALSH:

2 Q On page 11 of your paper, you do refer to the
3 Aboriginal Justice Inquiry report which advocated for
4 increased funding for aboriginal agencies to ensure the
5 provision of protection and preventive services, and that
6 goes back to 1992, and echoed findings, you say, of
7 previous reviews such as those from 1987. And then you
8 talk a little bit about services to First Nations and
9 funding. Can you comment a little bit on that, please?

10 A Well, in terms of just how the funding works?

11 Q And issues related to that.

12 A Okay. So I guess one of the key limitations of
13 funding for services for First Nations children and
14 families is that it's federally based and, based on data
15 that's been provided by Blackstock, you know, really
16 reflects a much lower per child level of funding when
17 compared with children in other jurisdictions. So there's
18 just the funding amount that can be problematic.

19 There's also jurisdictional disputes of how
20 certain children get their costs covered and how much those
21 costs are covered for, which can, on a direct practice
22 level, can just be problematic and try to kind of just meet
23 the needs.

24 The other issue I think, though, in terms of the
25 reserve focus is that there aren't many -- you know, and I

1 don't know all the reserves, but there aren't many
2 collateral service providers. So the child and family
3 service agency really is the only support agency available
4 in the community, which, you know, has a very detrimental
5 effect of burning people out, people whose intentions can
6 be really good, but burning them out within their own
7 service providing context.

8 The other thing that I think bears comment is
9 that staff who work in reserve agencies also often live in
10 the reserve agency, and that can also create a different
11 dynamic on sort of a day-to-day basis for them. So there's
12 sort of a real commitment there of improvement and, and
13 strength, I think, needs to be identified but it can result
14 in, in really stressing the resources of that community.

15 Q And you gave the example of Cross Lake --

16 A Yeah.

17 Q -- receiving -- the child welfare workers
18 receiving 500 calls in six months --

19 A Yeah.

20 Q -- for help, which probably didn't all relate
21 specifically to child protection issues.

22 A Right.

23 Q Even in Winnipeg we heard evidence from the
24 social workers who were working for Winnipeg Child and
25 Family Services that they felt that they were required to

1 be the, the be all and the end all, that, that they
2 couldn't say no because of their mandate and yet they were
3 being required to provide services beyond what they as
4 child welfare workers could be expected to provide, and
5 that's even in a community where there are more collateral
6 resources.

7 A Yeah, I'm -- I guess in terms of a workload
8 issue, if social workers are expected to engage with
9 families and develop relationship and, and sort of build
10 that trust piece to then enable some, some changes within
11 the family functioning, you need time and resources to be
12 able to do that. And if, if, you know, caseloads are so
13 high that that ability to, to really engage and do best
14 practice on a direct service level isn't allowed, it's,
15 it's very difficult. So then you really work from a case
16 management approach as opposed to sort of a family support
17 approach and, you know, you can end up, from a social
18 worker's perspective, just really scrambling to, to get
19 anything done.

20 Q So crisis response rather than real family
21 support.

22 A Um-hum.

23 Q Sorry, and, and because we create a transcript of
24 these proceedings the, the clerk has reminded me that --

25 A Oh, yes.

1 Q -- um-hum doesn't --

2 A Yes.

3 Q -- type well.

4 A Yes, sorry.

5 Q Just while we're on that, when you --

6 A Yes.

7 Q -- talk about other resources, even, then, in, in
8 an urban setting the existence of collateral services in
9 non-child welfare support services, can you talk about the
10 importance of that?

11 A Yes. So whether those sort of family support
12 services are provided through collateral service providers
13 or within, maybe, the mandated agency, what, what is
14 important is that they are available and provided. And you
15 know, issues like wait lists -- so where a family may be
16 assessed and identified with a specific need but then has
17 to wait six months to get the service -- that's
18 problematic. So it's really important that based on the
19 worker's assessment -- this is on the direct service level,
20 I'm talking, that based on that assessment services are
21 then available and reflect the assessed need.

22 Q You talk -- I'm still on page 11. You talk about
23 prevention services and prevention being viewed as
24 occurring on three levels. Tell us a bit about that,
25 please.

1 A Well, I guess there's a growing consensus in the
2 literature that, you know, early intervention or prevention
3 on sort of the primary or secondary level really needs to
4 occur, as well as, obviously, having prevention on a
5 tertiary level. But the concept is, is that there's the
6 potential to reduce protection concerns through early
7 intervention support services for -- to improve child and
8 family outcomes.

9 Q Can you give us examples of primary, secondary,
10 and tertiary prevention?

11 A Sure. A primary level is often referred to as
12 more as a universal level, so might be a public awareness
13 campaign. I mean, it can be everything from sort of
14 physical activity to -- the Triple P Parenting Program has
15 one level that just talks about kind of good parenting
16 approaches. That might be an example.

17 The secondary level looks at sort of more
18 targeted areas, so it could be targeted at maybe youth with
19 substance abuse problems from an -- within the educational
20 system.

21 And then the tertiary level really focuses on
22 services for families that are identified as where there
23 are protection concerns.

24 Q Thank you, because that, that concept of the
25 three levels of, of prevention is something that we're

1 going to hear referred to, certainly, in Phase 3 when we're
2 focusing beyond the strict parameters of the child welfare
3 system and looking at what the community can do to protect
4 children.

5 MS. WALSH: And again, Mr. Commissioner, on that
6 page, on page 11, Dr. Wright does refer to Cindy
7 Blackstock's work and, as I said, she's going to be here to
8 testify on Monday.

9

10 BY MS. WALSH:

11 Q Moving to the next page, 12, you cite Bowlus,
12 saying:

13

14 "In writing of the need for
15 government to increase investment
16 in prevention and treatment
17 programs, Bowlus [in 2003 and
18 colleagues] note that benefits to
19 society would result in a decrease
20 in overall costs and reduce 'the
21 multiplier effects' of
22 maltreatment."

23

24 Just tell us about that study, please.

25 A I believe Bowlus et al came out with a paper that

1 really was looking at the costs, identifying the costs of
2 child welfare involvement and, you know, consistent with
3 prior discussion in terms of poverty, alleviation, or, you
4 know, decreasing stress, the concept is, is that early
5 intervention approach to support families and to improve
6 family functioning will result in a decrease in funds
7 expended when problems are really at a much greater level.
8 So criminal justice issues, for example, substance abuse
9 problems, kids out of care -- or kids in care.

10 Q So investment -- public investment in the early
11 prevention system prevents or saves money from investing
12 in, in --

13 A In the longer term, yeah.

14 Q So aside from any notion of, of whether it's the
15 right thing to do to focus on prevention even from a
16 cost --

17 A Analysis.

18 Q -- benefit or cost --

19 A Yeah.

20 Q -- analysis, it, it has benefits.

21 A Yes.

22 Q At the end of that page, you say that:

23

24 "On a systems' level, there
25 has been a call for a national

1 coordinated approach to monitor
2 and evaluate policies and services
3 for Aboriginal children across
4 Canada."

5

6 Tell us a bit about that, please.

7 A Well, I, I -- the paper, you know, suggests that
8 federal approach to monitoring the -- and evaluating child
9 welfare policies and services would benefit Canadian
10 children and their families. You know, it can set a
11 standard, too, in terms of service provision expectations
12 which, again, results in greater accountability, probably
13 greater service provision for families and, and kids, and
14 also, I think, even from the social worker's perspective,
15 greater clarity in terms of expectations on their services.

16 THE COMMISSIONER: You, you talk about there
17 having been a call for a national --

18 THE WITNESS: Yeah.

19 THE COMMISSIONER: -- coordinated approach, and
20 you talk about how children would benefit. Has anything
21 happened?

22 THE WITNESS: I believe Trocmé has tried in his
23 research to get a national overview of, of, of his measures
24 for sort of child well-being, and then ...

25 THE COMMISSIONER: He's going to be here, too, I

1 believe.

2 MS. WALSH: He is.

3 THE COMMISSIONER: Yes.

4 MS. WALSH: In Phase 3.

5 THE WITNESS: And then with the Looking After
6 Children model, that project, too, tried to get a national
7 sort of dataset but there hasn't -- as far as I'm aware
8 there hasn't been any federal commitment to sort of
9 developing, maintaining a system like that. Ball spoke
10 specifically of aboriginal services, but I think it's
11 relevant for child welfare services, generally.

12 THE COMMISSIONER: Thank you, Witness.

13

14 BY MS. WALSH:

15 Q So then on page 13 where you summarize the key
16 points of consideration and recommendation regarding best
17 practice and the larger system level, I note that the last
18 point identifies:

19

20 "The need for a comprehensive,
21 national strategy to resource,
22 monitor, maintain, and evaluate
23 the well-being of Canada's
24 children."

25

1 A Um-hum.

2 Q All children.

3 A Yeah, and I think that then reflects the
4 Convention on the Rights of the Child. Even just as an
5 example, when I worked in Ontario, essentially, children
6 who were 16 were no longer involved with the system. You
7 know, in Manitoba, they are. So just those types of
8 differences.

9 THE COMMISSIONER: But you'd agree with respect
10 to your first bullet, where you say what you do:

11

12 "The negative effects of
13 structural issues such as poverty,
14 sexism, and racism, including the
15 impact of colonization on
16 Aboriginal communities, children,
17 and families should be
18 acknowledged."

19

20 THE WITNESS: Yeah.

21 THE COMMISSIONER: You would agree, I'm sure,
22 that simply acknowledging is not enough.

23 THE WITNESS: Right, right. Acknowledgement and
24 then development of plans to address that, absolutely.

25 THE COMMISSIONER: Thanks.

1

2 BY MS. WALSH:

3 Q Then you move on to discuss the community level.
4 What do you mean by the community?

5 A Really, the community, I mean, can be specific to
6 geographic community, but it can also reflect more the sort
7 of sense of belonging based on shared values and interests
8 of the group.

9 Q You go on to the next page. You say that:

10

11 "... communities have the right to
12 determine what is best for their
13 children; and ... communities have
14 the responsibility to ensure their
15 children's well-being and
16 protection from harm. From a
17 community building approach,
18 children are 'a community
19 responsibility' in which
20 children's protection is a
21 'collective concern.'"

22

23 And that's something that the literature has
24 reflected.

25 A Yeah. And the concept of community intervention

1 reflects those two perspectives.

2 Q Can you give us just an outline, then, of how
3 community building and the significance of community to
4 best practice, a best practice approach to child welfare?

5 A Okay. So the idea really is to work with
6 community members in identifying strengths and partnering
7 for, you know, identified changes that really result in
8 outcomes for improved well-being for children and their
9 families. So that can result in increased services or
10 perhaps just community activities, but it enables the
11 engagement of community members with each other as well as
12 with formal service providers, but the focus is on
13 developing an informal support network to benefit families
14 and children.

15 Q How does that happen?

16 A Well, I think, you know, from an organizational
17 perspective there would be a commitment to developing
18 community approaches to intervention and really identifying
19 specific workers who would then be engaged with, you know,
20 those specific communities. But it's a long process.

21 Q Yes.

22 A It's -- there's got to be a commitment to that
23 process. It is based on relationship building and trust,
24 and, you know, development of sort of enabling
25 opportunities and empowering.

1 Q When you talk about these kinds of things being
2 long processes, does that mean, then -- I mean, your paper
3 is full of, of papers, studies of various approaches. What
4 does that mean to -- or what's the, the effect in terms of
5 how, how long you have to wait to, to evaluate a given
6 approach? Is there a concern, for instance, that, that
7 certain kinds of programs not be assessed too soon or --

8 A Well, again, from a best practices approach, the
9 concept is, is that there is a valuation built in to
10 service provision and, and perhaps policy so that even if
11 -- you know, even if maybe the expected changes haven't
12 been identified immediately, part of that evaluation may
13 be, well, what's, you know, a reflection on what's going
14 on, a discussion of possible areas for improvement or
15 changes made, or maybe the decision made we need to wait.
16 You know, that needs to -- the process needs to continue to
17 be allowed to happen prior to any final decision being
18 made.

19 Q And at page 15 you do talk about Strong-Boag's
20 study, and recognizing that the welfare of children is the
21 responsibility of the community in which the child resides.
22 At page 60 you talk about a study by Jack and Gill, who
23 argue that:

24

25 "... a key measure of child well-

1 being '... is the ability of a
2 society to safeguard its children
3 and young people from injury and
4 abuse.'"

5

6 Tell us a bit about their study, please.

7 A They -- Jack and Gill tried -- or implemented a
8 community approach and -- where they provided -- or they
9 evaluated sort of preventative services and activities to
10 look at individual and then family engagement in the, in
11 the local community. This was in England and they, they
12 really did try to focus on the development of informal
13 support networks. So, you know, they identify practices
14 that are really important just in terms of listening to
15 children and adults, and that means engaging in partnership
16 with them, you know, looking at safeguarding activities
17 within the community and developing that, those capacities
18 within the local, the people who live in those communities,
19 and then promoting partnerships that may be beyond the
20 community boundaries where appropriate.

21 Q And again at page 17, you refer to several
22 studies which have noted success with community approaches
23 in child welfare, and you cite the Tilbury Safe Kids
24 project in England.

25 A Um-hum.

1 Q What was that project?

2 A Again, similar to the, to the one I just
3 described, but where the, the focus was on community
4 development through linking activities, offering activities
5 to children and youth and parents, developing relationship,
6 and then sort of identifying even local community safety
7 needs, which then increased engagement with the sort of
8 service providers, but looking at community strength for
9 areas to build on and to strengthen the informal networks
10 within communities.

11 Q And that would be sort of in the nature of a
12 prevention action, I would think.

13 A Yes, yeah.

14 Q Further down on that page, 17, you talk about:

15

16 "... the data [in Canada showing]
17 an over-representation of
18 Aboriginal families involved with
19 the child welfare system, as well
20 as an over-representation of
21 Aboriginal children and youth in
22 the care of child welfare
23 agencies."

24

25 Can you talk a bit about the significance of a

1 community approach to child welfare in the context of that
2 over-representation?

3 A I guess in term, in terms of the reasons to
4 develop a community approach, it's to ultimately have a
5 community that is empowered to be able to make positive
6 choices and develop programs or activities, rely on the
7 informal support networks -- and maybe there are formal
8 support networks that are developed within the community,
9 but ultimately with that goal of providing the community
10 the control and responsibility and authority for their
11 children.

12 Q So from a practical perspective, do you know how
13 that would be done?

14 A Well, I know Winnipeg Child and Family Services
15 years ago had a community development section that, you
16 know, there were workers identified who would go out and
17 really try to engage with local -- there would be targeted
18 areas or neighbourhoods -- really try to engage with local
19 community members and develop informal supports. I mean,
20 I, I remember they provided things as basic as a clothing
21 depot, you know, really helped to engage in terms of
22 providing bus tickets, so some really basic needs were met
23 but, of course -- and that allows for the trust to be
24 building and allows for that group of service providers to
25 have a sense, too, of just family functioning. I don't

1 know, I don't know where that's going now, but it was --

2 Q Well, and I do remember -- you've jogged my
3 memory that we heard evidence from Lance Barber from when
4 he was the head of Winnipeg CFS, that he had a program in
5 place where he had a worker housed in a unit in a --

6 A Um-hum.

7 Q -- social housing project --

8 A Um-hum.

9 Q -- for that very purpose.

10 THE COMMISSIONER: Now, Ms. Walsh, I notice the
11 time.

12 MS. WALSH: Um-hum.

13 THE COMMISSIONER: Do you want to finish the, the
14 section on community level and then break or --

15 MS. WALSH: That was my thinking, Mr.
16 Commissioner, so --

17 THE COMMISSIONER: All right.

18 MS. WALSH: -- just another few minutes and then
19 we would take a break.

20 THE COMMISSIONER: Then we'll take a mid-morning
21 break, fine.

22

23 BY MS. WALSH:

24 Q So then, Dr. Wright, your, your paper has a
25 fairly extensive review of social work practice with

1 aboriginal people or by aboriginal people, and I know that
2 we're going to hear from a number of witnesses coming
3 forward from the parties who have standing. But can you --
4 are there certain things that you want to just highlight
5 for us in terms of that aspect of your paper, which really
6 goes all the way to the end of, of this section.

7 A I guess the issue that I'd like to highlight is
8 just that there is, you know, a growing body of literature
9 that reflects different approaches and different real
10 initiatives to try to integrate aboriginal perspectives
11 within child welfare service planning and delivery, and
12 even within organizational governance and sort of
13 administration. So I think that is, you know, a body of
14 literature out there of studies or reports that are
15 positive impacts in terms of the potential for child
16 welfare.

17 THE COMMISSIONER: And have you identified those
18 in these pages that counsel has just referred to?

19 THE WITNESS: Um-hum.

20 THE COMMISSIONER: Thank you.

21

22 BY MS. WALSH:

23 Q What about -- because you raised it, what about
24 literature that looks at culturally appropriate services
25 for individuals from other cultures? You refer to, to new

1 Canadians.

2 A Right. For newcomers, for example. The paper
3 unfortunately doesn't really cover that area, but it's a
4 particularly relevant area for, I know, Winnipeg, but lots
5 of Canada, too.

6 Q Um-hum.

7 A So yeah, that, that's an important area.

8 Q And a developing area, I would imagine.

9 A Um-hum.

10 Q So just to summarize, then, your key points of
11 consideration and recommendation regarding best practice
12 and the community level, at page 23:

13

14 "The importance of community
15 and seeing the child's needs and
16 strengths within the context of
17 the family and community.

18 "The focus of community
19 intervention on engagement and
20 empowerment and the necessity for
21 culturally respectful and
22 appropriate services for all
23 service users.

24 "An acknowledgement of the
25 negative effects of colonization

1 on Aboriginal people, families,
2 and communities and the need to
3 return to community to seek
4 solutions."

5

6 MS. WALSH: Mr. Commissioner, would you like to
7 take the morning break now?

8 THE COMMISSIONER: Yes. Just let me ask you
9 this. And we are referenced to the need to return to
10 community to seek solutions, which you feel some progress
11 will be found in those various reports you referred to that
12 are beginning to address this matter.

13 THE WITNESS: Um-hum.

14 THE COMMISSIONER: Is that correct?

15 THE WITNESS: Yes. And, and I believe, you know,
16 I believe even some of the child and family service
17 agencies in Manitoba are trying to integrate and, and apply
18 those approaches within their own services.

19 MS. WALSH: And again, Mr. Commissioner, I think
20 Dr. Wright's comments will inform our questions as we hear
21 from the witnesses who are brought forward in Phase 2.

22 THE COMMISSIONER: Yes, yes, I, I understand
23 that, and I, I perhaps have over-questioned myself this
24 morning, but --

25 MS. WALSH: No.

1 THE COMMISSIONER: -- I --

2 MS. WALSH: Not at all.

3 THE COMMISSIONER: I find this very helpful and
4 that's why. We'll take a 15-minute break.

5 MS. WALSH: Thank you.

6

7 (BRIEF RECESS)

8

9 THE COMMISSIONER: Well, that was one of the
10 longest 15 minutes I've experienced. There may be -- there
11 may have been a good reason, but I think we've got to try
12 to hit the mark with a little more precision, but I think
13 we all understand that.

14 MS. WALSH: Thank you.

15

16 BY MS. WALSH:

17 Q So we were at page 23 of your paper, the heading,
18 Organizational Level. So what are the key organizational
19 topics related to best practice?

20 A The -- when best practices are applied to an
21 organizational level, it really encompasses all parts, so
22 everything from sort of administration in terms of
23 governance, management, or human resources, program
24 administration, planning and design, and programs and
25 services, looks at workload factors, even interagency

1 relations or community relations, and then information
2 technology.

3 Q You say that:

4

5 "Child welfare service planning
6 and provision is challenging and
7 frequently stressful ... and is
8 often described as 'crisis driven'."

9

10 What's the significance of, of that opening
11 sentence to this part of your paper?

12 A I think it provides a context in which
13 organizations exist, so it's important not to, not to
14 forget that there is -- that they exist within a context
15 that's often political, that often has, you know, funding
16 issues or contestation about where funding goes and how
17 it's targeted or not, and that decisions are made within
18 those contexts about service planning and provision.

19 Q On the next page, 24, you say that:

20

21 "Best Practices stems from
22 administrative and management
23 approaches to organizational
24 functioning in order to address
25 the quality of services."

1

2

And you refer to:

3

4

"Terms such as 'Total Quality

5

Management', 'Quality Management',

6

'Continuous Learning' and

7

'Continuous Quality Improvement'

8

[referring] to organizations in

9

which all staff have an active

10

role in ensuring all

11

organizational components are

12

integrated and connected in a

13

continuous learning environment."

14

15

So just explain for us what you're talking about

16

there, please.

17

A Okay. The best practices approach on an

18

organizational level really looks at a perception where the

19

expectations are that there is this organizational learning

20

and any of the organizational activity is identified as

21

being the best practice when -- if outcomes aren't, aren't

22

as what was expected, you know, there's a learning process

23

that goes on with that, and then that new information is

24

added into the policy or the procedure or the service to

25

improve it.

1 Q So that's part of continuous quality improvement
2 or --

3 A Right. So what I think best practices from a
4 organizational perspective really does reflect is an
5 organizational culture that sets that as the tone of
6 planning and operations.

7 Q The tone being?

8 A The expectations that people in the organization
9 are applying a best practices approach to their work.

10 Q And that's a, that's a necessary aspect of the
11 organizational culture.

12 A Um-hum.

13 Q At the bottom of page 24, you say that:

14

15 "One means to implement [best
16 practice] on an organizational
17 level is the adoption of
18 accreditation standards through
19 accrediting bodies such as the
20 Council on Accreditation ...
21 (founded by the Child Welfare
22 League of America and the Family
23 Service ...) for service delivery
24 planning, implementation, and
25 evaluation."

1

2 Can you talk to us about accreditation?

3 A Okay. In this context of accreditation, this is
4 based on the child welfare league of America standards.
5 This is an approach to accrediting organizations where
6 essentially most of the, most of the sort of operational
7 practices are based on their standards and it identifies
8 sort of measurable criteria that an organization would meet
9 in order to become accredited. And, and the CWLA, you
10 know, would argue that these are best practices, best
11 practices criteria in terms of organizational structure and
12 delivery of services and planning.

13 Q Do you know whether any child welfare
14 organizations in Manitoba are accredited in this way?

15 A No, I'm not aware. I'm not aware if any of them
16 are, or if any aren't.

17 THE COMMISSIONER: Who, who, who would be the
18 accrediting body?

19 THE WITNESS: It's through, I believe, the Family
20 Service America that actually is the accrediting body. And
21 from my understanding, this is an example of an accrediting
22 system. It -- you know, there are other ways that
23 organizations can do best practices, but this would be an
24 example of, you know, a body that provides infrastructure
25 and support in order that organizations meet these

1 criteria. It's certainly not the only way.

2

3 BY MS. WALSH:

4 Q You said this was one context of accreditation.
5 What's, what's another context?

6 A Oh, there's the academic level of accreditation
7 for university programs, for example, where I'm currently
8 employed, which looks at standards for social work
9 education.

10 Q Okay.

11 A Just wanted to differentiate that, yeah.

12 Q You discuss at page 25:

13

14 "One Canadian study examined
15 good practice in child welfare
16 drawing on responses from close to
17 1,000 child welfare staff through
18 the use of surveys and focus
19 groups. ... Based on results, the
20 definition of good practice was
21 expanded to include:

22 "... creating the capacity
23 and conditions for positive
24 change within families so
25 that children can maximize

1 their potential within stable
2 and safe environments. Good
3 practice must be based on
4 strong, personal commitment
5 to serve children and
6 families and dedication to
7 positive outcomes. Good
8 practice implies the creative
9 use of resources to support
10 each family's plan for their
11 children.'"

12

13 Now, this reference to "strong, personal
14 commitment," is that something that you see recurring in
15 the literature?

16 A Certainly, in terms of the review of this
17 literature, it did stand out on the direct practice level,
18 and even on the community intervention level, that social
19 workers need to -- or should have and should be supported
20 in maintaining a personal commitment to the values of
21 working with families, building relationship, and
22 empowerment.

23 Q What does that look like? A strong, personal
24 commitment.

25 A I, I think, you know, it would all -- it's also

1 reflective of a family-centred approach to working with
2 families but, really, it means valuing engaging with
3 families and working to building a trusting relationship,
4 working to enable opportunities and to empower families.
5 And, you know, building relationships and developing
6 relationships and trying to develop that trust is
7 challenging in this context, in child welfare context, and
8 can be, you know, on a continuum of challenges. But it
9 really can be challenging so, as a result, it's really
10 important for -- in terms of recruitment, ongoing
11 professional development. It's important to, to be able to
12 ensure that social workers who are working with families
13 and children in communities demonstrate that commitment,
14 too.

15 Q Thank you. The study, you say, went on to
16 identify factors considered impediments to good practice,
17 and you list them:

18

19

20 "- Caseload size, staff turnover,
21 and vacancies which negatively
22 impacted relationship-based work

23 "- Practice decisions based on
24 fiscal economizing

25 "- General resource limitation in

1 the service delivery system
2 "- A lack of recognition for good
3 practice: child protection social
4 workers feel vulnerable, fear
5 liability and lack confidence in
6 the employer's support should a
7 crisis occur
8 "- Inadequate and badly timed
9 training
10 "- Failure to implement
11 recommendations from previous
12 reports/projects
13 "- Front-line service provider
14 remuneration
15 "- Lack of supervisory expertise"
16 --

17
18 And then on page 26:

19
20 "- Limited ability to do
21 relationship-based social work
22 practice."
23

24 A Um-hum.

25 Q These are factors that were identified in this

1 particular study -- this is the Herbert study from 2007 --
2 as, as considered impediments to good practice through the,
3 the discussion with the social workers themselves.

4 A Um-hum. And I think these, you know, factors
5 would also be reflective of challenges in terms of being
6 able to perform family-centred practice, too. They'd be
7 very similar.

8 Q And these impediments referred to in, in this
9 report, are those things that the literature refers to on a
10 regular basis as impediments to providing best practices?

11 A Yes, absolutely. I mean, you know, caseload or
12 workload, staff turnover, the need for support from
13 management, professional development, supervisory expertise
14 or even availability, all of those have absolutely been
15 identified as problematic.

16 Q Let me ask you this: In terms of, of various
17 matters that can be viewed as impediments to implementing
18 best practice --

19 A Um-hum.

20 Q -- what is a social worker's responsibility in
21 that case in terms of carrying out the mandate of child
22 welfare work?

23 A Well, I think, at the very least, social workers
24 have a responsibility to raise issues. If they can't
25 perform their work as, as it's been contracted to do or

1 agreed to do, they need to be discussing this issue with
2 their supervisors. And, you know, from an organizational
3 perspective, supervisors have a responsibility to be
4 addressing this with managers. There has to be an
5 organizational context to address problems which obviously
6 impact on the larger system in terms of funding or
7 resources or policies, whatever the issue may be.

8 Having said that -- so I think there is that
9 responsibility, but I also think, you know, from a
10 professional social work perspective, too, there is a code
11 of ethics that they follow and that certainly needs to be
12 respected. And if they're, if they're struggling in terms
13 of, of that, again, you know, perhaps the college or the
14 professional social work context needs to be made aware of
15 these issues, too, in terms of, you know, on a collective
16 level of what's going on.

17 So I, I don't think it's any one responsibility,
18 but having said that, at the very least, an individual
19 social worker needs to be addressing these issues with
20 their supervisor. I, I don't know, but I -- you know, I
21 would also wonder the role of their own -- if there is a
22 union, what role that plays in it, too, but ...

23 Q But on the direct service level --

24 A Yeah.

25 Q -- you would expect that a worker would identify

1 an impediment to their supervisor.

2 A Yeah, absolutely.

3 Q With the goal being what?

4 A Well, the goal being to address either ways to
5 overcome the impediment to how they can provide, you know,
6 service, or needing to find a solution. And a solution
7 that's sanctioned through an authority that -- who has that
8 responsibility to make that decision.

9 Q At page 27 you discuss education and training.
10 You say:

11

12 "The importance of qualified
13 staff in child welfare services
14 has also been found as important
15 to ensure effective services and
16 is a relevant [best practice]
17 issue. The need for improvement
18 in child welfare staff education
19 and training has been noted in
20 previous reviews and inquiries" --

21

22 going back 2003, 1985, 1975,

23

24 "... and more recently, in their
25 examination of good practice in

1 child welfare, the CASW (2003)
2 echoed the need for 'competent and
3 qualified staff' with opportunity
4 for specialization in child
5 protection and regular
6 professional development
7 opportunities."

8

9 So the -- this need is not a new concept.

10 A No.

11 Q What's the relationship between training and
12 maintaining a stable workforce?

13 A Staff need to be supported through their
14 organization to be able to perform their work well, and
15 that requires orientation, it requires ongoing professional
16 development, it requires regular supervision and, you know,
17 supervision that can occur on a one -- on one level or a
18 group level. I mean, there can be different ways of
19 addressing those needs. It, it requires knowledge transfer
20 opportunities, so maybe if a new approach comes out how
21 does that get transferred within the organization to the
22 front line. But -- so it can go from top down but it also
23 has to allow for staff feedback to be incorporated within
24 the organization to improve policies or practices, too.

25 Q In terms of, of maintaining a stable workforce,

1 then, what, what do you mean?

2 A Well, I mean, I guess then issues such as burnout
3 or stress in terms of a culture -- an organizational
4 culture, certainly ones that are supportive of staff, that
5 do try to manage workload, you know, even within high
6 caseloads but still try to make them manageable, that
7 provide the supports necessary to implement best practices
8 or good practices. You know, I think that really can
9 benefit in terms of decreasing staff illness or
10 absenteeism, and staff turnover, and, you know, maintain
11 support.

12 There are also other, you know -- focus of
13 research has been the need to also allow for sort of a
14 career planning approach for social work staff so that, you
15 know, there is a focus in terms of improvements and gaining
16 new knowledge and skills and, really, performance-related
17 opportunities.

18 Q What's the significance of, of that kind of
19 planning and a stable workforce to best practice delivery
20 of services?

21 A If, if there's a stable workforce -- really, the
22 focus of all of this is on improved services for children
23 and their families, and the benefits to children and their
24 families, so stable workforces result in the, in the
25 capacity for social workers to develop relationships and

1 maintain ongoing relationships. It allows for smooth
2 transitions, whether it's between workers or even case
3 closures. But where it's done in a planned and deliberate
4 manner as opposed to just sort of a suddenly there's a new
5 worker on the scene.

6 It also allows, though, I think, for that
7 organization to develop a real learning culture where
8 there's this sort of continuous feedback capacity to
9 improve services and planning.

10 Q Sorry. Did you --

11 A Yeah, I'm done.

12 Q Thank you.

13 A Yeah.

14 Q Further down on page 27 you say:

15

16 "Given the complexity of the work,
17 the requirement of a B.S.W. degree
18 is one means to ensure a minimal
19 level of knowledge and abilities,
20 which include the development of
21 critical judgment and analysis,
22 knowledge, and practice skills."

23

24 Tell us a bit about that, please.

25 A Well, certainly, you know, reviewing the

1 literature, it does suggest that a minimum requirement of a
2 B.S.W. provides basic knowledge and skills necessary to be
3 able to perform child welfare work. You know, the -- I've
4 also talked about the importance of the ongoing training
5 and also there does have to be some recognition of,
6 perhaps, social workers who may not have a B.S.W. but who
7 need to receive the training and education in order to be
8 able to perform the job appropriately, so that would be
9 part of a performance evaluation with a planned, you know,
10 training and education piece to that.

11 Q What's the importance of the development of
12 critical judgment and analysis to delivery of best practice
13 services?

14 A It's really important to remember that social
15 work isn't just about -- it's not just a skill-based
16 capacity, and that there is a real element in all the work
17 of needing critical judgment and the ability to analyze,
18 you know, various contexts and information that's coming
19 in.

20 Q In the last paragraph on that page, you, you use
21 this phrase again, the, the "personal commitment" -- I
22 think previously it was the "individual commitment."

23

24 "The personal commitment of
25 individual workers that valued

1 their work and the goal of
2 empowering families was found to
3 be an important variable in the
4 recruitment and retention of
5 social workers ..."

6

7 What, what are you referring to there?

8 A Again, sort of the values of the individual
9 social worker who's committed to working, really, in
10 relationship with families and developing that trusting
11 relationship and engaging with them.

12 Q What's the impact of continuity of, of consistent
13 worker-service user relationship to developing a
14 relationship with a family and to best practice delivery?

15 A Having a consistent relationship with a worker
16 allows for the development of partnership. It allows for
17 the relationship to start, including trust within it, and
18 to have expectations met from both sides. It really allows
19 for the setting up of, you know, a family plan, service
20 plan, or contract, some might use the word, but to identify
21 areas for change, means and methods for change, or other
22 areas for support. That consistency, though, really
23 provides the family and the, and the children with,
24 ideally, someone they can trust and depend on in terms of
25 ensuring their needs are met.

1 Q On the next page, 28, you have a section on
2 workload. What's the significance of that to best practice
3 delivery?

4 A Yeah, workload, workload is a big issue and, you
5 know, certainly, the topic of caseloads has been found to
6 be problematic in terms of providing best practices in a,
7 in a lot of different areas. I think it's important for
8 organizations and for funders when they're, when they're
9 planning this, to think about, you know, the importance of
10 workers being able to spend time building relationships and
11 developing that context, and as a result -- as opposed to
12 just case management approach, really a family -- shifting
13 to that family support approach.

14 And, you know, the Child Welfare League of
15 America provides numbers in terms of sort of ideal workload
16 numbers, but -- so an example is the 12 cases per month per
17 social worker working in assessment and investigation or 17
18 active family cases. There, there does have to be a
19 recognition that workload impacts that ability.

20 Q And examples of that would be because of the, the
21 various time-consuming aspects --

22 A Yeah.

23 Q -- of a best --

24 A So --

25 Q -- practice service that you discussed?

1 A Right. So caseload might just look at the number
2 of families on someone's list; workload really addresses
3 how much time is involved. You might have a family with,
4 you know, five, five siblings where the worker needs to be
5 engaged with all five. That has a real -- and where
6 there's, you know, maybe an active, acute incident going on
7 that needs to be dealt with immediately. That has a real
8 different impact than someone who's stable and, you know,
9 maybe has one child or ... That's just an example.

10 Q Is it fair to say that workload has been an issue
11 for child welfare service delivery from the beginning of
12 time?

13 A I, I don't know about from the beginning of time,
14 but --

15 Q Well --

16 A -- it's -- as long as I've been involved, it's
17 been an issue.

18 Q Are you aware of solutions to address that issue?

19 A Well, you know, again, I think looking at it from
20 a context of all aspects, you know, a shift or an increase
21 in the prevention and family support opportunities I think
22 can have some really positive effects on family functioning
23 and engagement. And then I do think there are going to be
24 protection cases that require, you know, intense
25 involvement, but even then allowing the worker to get

1 involved and engaged on a relationship base as opposed to
2 just case management I think would prove to be a positive
3 step.

4 Q You've used the term "case management" and you
5 contrasted that with a family support approach.

6 A Right.

7 Q Tell us a little bit more about that distinction.

8 A Well, I'm, I'm using that distinction today,
9 really, to clarify that sort of from a family -- or a case
10 management perspective. It's really providing the barest
11 minimum of, of services in order to meet assessed needs,
12 and really relying on collateral service providers to maybe
13 develop a trusting relationship or more engagement with
14 families or enabling or empowering families. A family
15 support approach to social work really is more about that
16 main social worker developing that relationship with
17 families. So collateral services may very well be
18 involved, too, but it would be that person having a real
19 relationship with the family is important, too.

20 Q And what's the relationship between the
21 development of a long-term trusting relationship and
22 outcomes? Do you know?

23 A Really, in terms of certainly family-centred
24 practice, research suggests that the benefits of developing
25 a long-term trust-based relationship that builds on family

1 strengths, that works in partnership with families,
2 ultimately result in improved outcomes for families. And
3 the concept is based on the idea that families are unable
4 to identify and use greater opportunities, but also are
5 empowered so that their needs are met through increased
6 sense of mastery and control over their own abilities to
7 improve family functioning.

8 Q At the bottom of page 29, you refer to
9 supervision.

10 A Um-hum.

11 Q What's the significance of that to best practice
12 delivery?

13 A Yeah, supervision is a key piece of best
14 practices from an organizational perspective. Really,
15 supervisors, you know, can act in terms of setting the tone
16 of the organization or reflecting that and modelling that,
17 and also ensuring just appropriate service provision and
18 accountability, accountability both to the organization,
19 funders, and other stakeholders, but really, importantly,
20 accountability to families and children who are receiving
21 the services. So super --

22 Q How does that work?

23 A Pardon me?

24 Q How does that work?

25 A Well, supervision -- in a supervisory process,

1 for example, you know, if services aren't being offered as
2 they should be, that provides an opportunity for the
3 supervisor to, you know, determine with the worker what's
4 going on, to plan for necessary changes, and then also to
5 do that follow-up piece of ensure that has been done. That
6 would be an example.

7 Q At the direct practice level you talk about
8 supervision providing an opportunity for a supervisor to --
9 I can't remember your exact words, but to look at what,
10 what's being done by a worker. Would it be fair to say
11 that it's not only an opportunity but it's a responsibility
12 of the supervisor?

13 A Yes, yeah, absolutely it is. And, you know,
14 ensuring that the social worker has the skills and
15 abilities and knowledge necessary to perform the job.

16 Q Midway through the page, on page 30, you say
17 that:

18

19 "From an organizational
20 perspective, good supervision is
21 one means to ensure accountability
22 to service users through the
23 identification of poor service
24 provision and the implementation
25 of necessary improvements to

1 service."

2

3 So that's what --

4 A Um-hum, um-hum.

5 Q -- what you've told us about.

6 A Yeah.

7 Q And then you go on to say that:

8

9 "Supervisors must also have
10 sufficient education and training
11 to supervise.... This includes
12 ongoing professional development
13 opportunities ..., as well as
14 their own regular supervision."
15

16 Can you talk a little bit more, please, about
17 what supervisors need in order to be able to fulfil their
18 role?

19 A Right. You know, supervisors do need to be -- to
20 have support, too, in terms of being able to do their work
21 appropriately and so that means initial, you know, capacity
22 to take over the supervisory role, but -- in education or
23 professional development, but also ongoing professional
24 development opportunities. And also they require, you
25 know, some supervisory capacity to ensure that they're able

1 to function well and support their staff well.

2 Q From the, the evidence that we heard when we
3 asked the question who within the agency was expected to
4 know what was happening on a given file -- the number of
5 times a file had been opened, whether a child had been
6 seen, that sort of thing -- the answer was typically the
7 worker and the supervisor. Would that be consistent with
8 your understanding of who within an agency would have the
9 direct knowledge of what's happening on a given file?

10 A That would be my understanding.

11 Q And so is it fair to say, then, that, that the
12 role of the supervisor is a form of quality assurance in
13 terms of the direct practice delivery?

14 A Um-hum. Um-hum. Absolutely.

15 Q And, and an important form of ensuring compliance
16 with, with the mandate of the legislation.

17 A Um-hum. Yes.

18 Q The next section that you have starting at page
19 31, Inter-professional coordination, collaboration, and
20 integration, what -- very briefly, what is that section
21 referring to?

22 A This, this piece really focuses on the concept of
23 benefiting families and service users through sort of,
24 really, to professional coordination and collaboration and
25 at times integration, but essentially it's the system

1 working together to minimize transitions in terms of
2 services to, you know, share information that's necessary
3 appropriately -- you know, with signed releases of
4 confidentiality -- but not -- but really for the benefit --
5 the focus is on the benefit of the children and families.

6 Q Does that refer, then, to coordination within the
7 agency and with itself and between the agency and other
8 social service agencies?

9 A Yeah, so it can be intra-organizational or extra-
10 or inter-organizational and, you know, it can be between
11 units so maybe somebody transferred from intake to family
12 services, but it can also be a family services worker
13 working with the education system.

14 Q Then you talk about evaluation. What's the
15 significance of that to best practices?

16 A The concept is, is that within best practices
17 there's an evaluative component to all aspects of the
18 organizational's work and, really, it allows for the
19 monitoring and improvement of service planning and
20 delivery.

21 Q So at page 33, then, you summarize your
22 considerations and, and recommendations regarding the
23 organizational level:

24

25 "- Recruitment and hiring

1 requirements suggest a B.S.W. with
2 a child welfare and Aboriginal
3 practice focus as well as ongoing
4 opportunities for professional
5 development and regular, qualified
6 supervision.

7

8 A Um-hum.

9 Q

10 "- Workers should have a personal
11 commitment to empower children and
12 families and workloads that allow
13 them to develop and maintain
14 relationship-building with
15 children, families, and
16 communities.

17 "- Organizational leadership must
18 be supportive of the context of
19 direct practice and the work
20 challenges through workload
21 assignments, flexibility in
22 service provision, and accessible,
23 relevant service options.

24 "- The importance of evaluation as
25 an integral component of service

1 planning and delivery."

2

3 A Um-hum.

4 Q The last section that you cover, the last area
5 that you cover in your paper is the direct practice level.
6 What does that refer to?

7 A So the direct practice level really refers to
8 when the social worker is involved and providing services
9 with service user, individual or family.

10 Q So at page 34 you say that:

11

12 "Some studies report that [best
13 practice] is predominantly
14 grounded in the social worker -
15 service user relationship."

16

17 A Um-hum.

18 Q And that studies -- and going back to, to '98:

19

20 "... describe [best practice] as a
21 process in which service is client
22 focused, and a genuine
23 relationship exists between
24 service users and the social
25 worker in which both share their

1 efforts to make real change."

2

3 A Um-hum.

4 Q So this is again -- you're talking again about
5 the, the significance of the genuine relationship between
6 the worker and the, the user, the --

7 A Yeah.

8 Q -- the family or the child.

9 A Really working toward the enabling and empowering
10 of the service user.

11 Q Then going over to page 35, this is where you
12 reference your work on the family-centred approach.

13 A Um-hum.

14 Q And you say that:

15

16 "Based on a review of family
17 centered and child welfare
18 literature, [you] produced a
19 conceptual paper that integrates a
20 family-centered ... approach to
21 child welfare practice."

22

23 Do you, do you want to comment a little bit more
24 about that work?

25 A Well, I think the focus was on how family-centred

1 -- a family-centred approach to service -- or child welfare
2 practice really can benefit workers working within the
3 child welfare system. It emphasizes the relationship based
4 piece and, you know, it emphasizes working honestly even if
5 the involvement is with involuntary service users. So, you
6 know, I think the point is not to ignore sometimes the
7 difficult or challenging cases, but it is really focusing
8 on strengths, safety, and, you know, trying to work to
9 empower families.

10 Q Go on to say:

11

12 There are six general stages to
13 child welfare practice: intake,
14 investigation, assessment
15 (including risk assessment),
16 service provision, evaluation, and
17 closure (or transfer for continued
18 services as assessed).

19

20 And you say that:

21

22 "Throughout the service stages,
23 workers should ensure that they
24 document relevant information and
25 are familiar with any previous

1 involvement."

2

3 And you cite a 1993 study.

4 A Um-hum.

5 Q What, what's the significance of that to best
6 practice?

7 A You know, assessment is based on information
8 gathered, and so that information gathered can be,
9 obviously, the face-to-face piece, but there are certainly
10 circumstances where families have had previous involvement
11 with child welfare agencies and it's important for the
12 workers, when they're preparing to work with the family, to
13 be aware of what that previous involvement is. That then
14 becomes integrated, if appropriate, into the, you know,
15 assessment plan with the family.

16 Q How does that previous involvement inform the
17 assessment plan?

18 A Well, you know, depending on previous
19 involvement, but it really could be an area for just
20 continued services in terms of what was previously assessed
21 and issues that still may need to be addressed. It could
22 really be a focus on strengths, of positive changes that
23 have been made, maybe next steps in terms of working from
24 that positive change, any kind of, I guess, changes within
25 the family system and context. There may be new additions

1 to the family or members may have left the family. So, you
2 know, just really being up to date on changes. Often,
3 within -- when providing those direct services, you know,
4 changes can really impact emotionally so those may be areas
5 that require further follow-up or work with the family.

6 Q You go on to say:

7

8 "If an allegation of maltreatment
9 is reported, the worker proceeds
10 with an investigation and meets
11 with family members to discuss
12 concerns. Incongruities between
13 the parents and child or other
14 relevant parties should be
15 considered as areas requiring
16 further investigation to ensure
17 the safety of the child."

18

19 And you cite a 1983 study for that.

20 A Yes, a text of child investigation, yeah.

21 Q So that's, that's not a new concept.

22 A No.

23 Q

24 "The attachment between the child
25 and the parental figure is also an

1 important element of the
2 assessment process."

3

4 And then you say:

5

6 "When necessary, the child should
7 be examined by a physician."

8

9 THE COMMISSIONER: What page are you on?

10 MS. WALSH: I'm on page 35.

11 THE COMMISSIONER: Yes. Carry on.

12

13 BY MS. WALSH:

14 Q Then towards the bottom of the page, you cite
15 Swift and Callahan, who raised:

16

17 "... valid concerns about the
18 pervasiveness of risk and the
19 assessment of risk throughout
20 social services. Nevertheless" --

21

22 you say,

23

24 ... a risk assessment ... tool can
25 be useful to systematically

1 address variables that impact
2 child well-being as part of the
3 broader assessment focus. Risk
4 assessment in child welfare requires
5 the assessment of the vulnerability
6 of the child; the probability of
7 future instances of abuse or
8 neglect; and the probable severity
9 of any future instances of abuse
10 or neglect.

11

12 You cite a 1987 study, and you go on to say that:

13

14 "A [risk assessment] tool is not
15 in conflict with cultural
16 appropriate practices,"

17

18 but you say then that:

19

20 "... it is simply one piece of
21 larger assessment, intervention
22 and evaluation ..., provided
23 within the context of culturally
24 appropriate service planning and
25 delivery."

1

2

And you cite Christianson-Wood as noting that:

3

4

"... risk assessment must be

5

accompanied by 'good clinical

6

judgment' in order to effectively

7

plan with families and can [be]

8

held 'to reduce the negative

9

effects of idiosyncratic

10

assessment or poor supervision.'"

11

12

A Um-hum.

13

Q Tell us what you're saying about, about risk

14

assessment and, and how it's used for best practices --

15

A Right.

16

Q -- or what best practices say about risk

17

assessment.

18

A Okay. And certainly, to be clear, I know

19

Sigurdson's and Reid's risk assessment tool the best, so

20

I'm, I'm certainly speaking on that. But the concept of

21

risk assessment is to identify whether a child is at risk

22

of a future incident of abuse or neglect in the future, so

23

there is a predictive element. And if you're assessing

24

that there is a possibility of a future incident, then to

25

what severity is it likely going to be. I think those are

1 really key.

2 But, you know, I think risk assessment tools can
3 be very helpful in providing a piece of a larger assessment
4 tool and can really help in terms of identifying specific
5 areas for, you know, work that needs to be done, or changes
6 that need to be made, or strengths that exist within the
7 family and that can be built upon.

8 So I, I do not see them as incompatible and that
9 risk assessment is problematic to a broader assessment, but
10 it is important to remember that risk assessment cannot be
11 some sort of computational model that neglects to have, you
12 know, professional judgment in terms of a case.

13 Q What about the use of history to risk assessment?
14 What's the significance of that, if any?

15 A In terms of what's gone on before?

16 Q Yes.

17 A Well, certainly with the MRES, you know, the
18 predictive validity increases based on prior history of
19 abuse or neglect.

20 Q So history has a predictive value.

21 A Yeah.

22 Q And you go on to say:

23

24 "The assessment process
25 should include the service user's

1 (i.e. all family members)
2 understanding of the situation and
3 the referred problem, as well as
4 the identification of strengths,
5 problems, and potential areas for
6 changes. In addition, other
7 identified issues such as food,
8 housing, or educational needs should
9 be incorporated into the plan [and
10 that] assessments should always
11 include the identification of
12 strengths...."

13

14 Why should, should an assessment include both the
15 food, housing, and educational needs, and also
16 identification of strengths?

17 A You know, working with families on a really basic
18 level, basic needs need to be met, and in, in order to
19 develop and support families to improve outcomes for
20 children, that's pretty basic in terms of, of, of a
21 positive intervention. And, I guess, have you all, all of
22 that within the context of building relationship and
23 engaging and providing some really, sort of, viable, useful
24 services.

25 Q Sometimes just giving someone a bus pass can make

1 a big difference?

2 A Yeah, yeah.

3 Q Then you talk at the bottom of the page about
4 developing a service plan. What's the significance of
5 that, and, and how does that look?

6 A So, so based on the assessment and in, in
7 partnership with the family, really, a service plan would
8 be developed where people would identify what things need
9 to be changed, how is it going to be changed within the
10 context -- timeline, sort of responsibilities for maybe
11 following up on specific activities or, or something.

12 Q And --

13 A And then -- sorry, and then that service plan is
14 the basis for kind of, you know, meeting again and talking,
15 okay, how are things going, what's worked, what hasn't
16 worked, and then revising accordingly, but, really, the
17 identification of needs and strengths and, and supporting
18 those changes.

19 Q And then if, if a service plan is developed, does
20 it need to be monitored by anyone or --

21 A Well, so that -- those would be the regular
22 meetings between the worker and the family, to talk about
23 how the plan and the identified tasks and roles are being
24 met. Yeah.

25 Q Now, still on page 37, the first full paragraph

1 you say:

2

3 "Within the context of the
4 initial and ongoing assessments,
5 it is crucial that the worker has
6 physical access to the children,
7 and is able to meet with them as
8 part of the assessment and
9 intervention process to ensure
10 their well-being."

11

12 And you cite studies from 1987 and 1993, so that's not a
13 new concept.

14 A No, it's not a new concept.

15 Q Then you go on to say:

16

17 "Changes in the family's
18 composition (for example, a new
19 partner) and the impact on the
20 children should also be included
21 as key parts of ongoing
22 assessment."

23

24 And again you refer to a 1993 study.

25 Then you say:

1

2

"When working with involuntary

3

service users in which past child

4

maltreatment has occurred, the

5

withdrawal of parents from contact

6

with social workers and other

7

professionals, also requires

8

further assessment."

9

10 Again, you refer to Reder, Duncan, and Gray, 1993. Is that
11 a textbook?

12 A No, it was -- let me just refer to this.

13 Yeah, it was the book that really provided a
14 summary of child abuse tragedies where children were killed
15 in England -- or in Britain.

16 Q Based on your, your work as an educator in
17 Manitoba, is this textbook which was published in 1993, is
18 this something that has been made known and available to
19 social workers in -- or social work students, in any event,
20 in Manitoba?

21 A I, I'm -- I can't answer that. I don't know. I
22 know certainly, in terms of my own lectures, I would make
23 reference to them. I --

24 THE COMMISSIONER: Which book -- which textbook
25 are you talking about?

1 MS. WALSH: This is Reder, Duncan, and Gray,
2 1993.

3 THE COMMISSIONER: I see it. Okay. I just
4 wasn't sure. Yeah. Your question was, is that text made
5 available to the students?

6 MS. WALSH: Yes.

7 THE COMMISSIONER: What was the answer?

8 THE WITNESS: Well, I know when I teach the child
9 and family services course, I would make reference to these
10 points in terms of, you know, family assessment issues and,
11 and reference them, but I can't answer in terms of others.

12

13 BY MS. WALSH:

14 Q In terms of the, the family assessment concepts
15 that are referenced in, in that 1993 textbook, are those
16 concepts that were known by other authorities within the,
17 the profession or are they something unique to Reder,
18 Duncan, and Gray?

19 A I'm not sure I totally understand the question.

20 Q Are they -- how well known are those concepts,
21 generally? Even if someone hadn't read that specific
22 textbook, is that, is that a concept within best practice,
23 these assessments and aspects of assessment that you're
24 referring to in this paragraph?

25 A Yeah, certainly in terms of an assessment

1 process, meeting with family members, which includes
2 potentially new members of the family, yes, that would be
3 consistent.

4 Q Okay.

5 A Yeah.

6 Q And then you go on to say:

7

8 "In the context of families who
9 avoid contact and have had a
10 previous maltreatment concern
11 workers must take an
12 'authoritative and decisive'
13 stance to ensure the child is
14 protected, regardless of the
15 discomfort a worker may have in
16 taking on this role."

17

18 A Um-hum.

19 Q And finally, you say that Wright -- is that you,
20 Wright --

21 A Yes.

22 Q -- in the paper?

23 A Yeah.

24 Q In your 2011 study:

25

1 "... note that even in the context
2 of involuntary service users,
3 workers should maintain honesty in
4 their work with families, and work
5 respectfully with families
6 reminding 'the service user of
7 his/her right to non-compliance
8 and related consequences.'"

9

10 A Right.

11 Q So what are you talking about there?

12 A Well, I know that it's difficult working with
13 families, particularly where -- in the context of where
14 maybe someone doesn't want to be involved at all with child
15 welfare and I know there can be times where workers may be
16 very intimidated by that. But I guess in terms of, you
17 know, best practices and, and sort of working with families
18 to engage and to do an assessment, it's really important to
19 ensure that issues of child safety are prioritized. And if
20 the point is that there needs to be a clear statement to
21 that effect, you know, just being honest about what you can
22 or can't do is, is really part of that engagement process.
23 That's what Diane and I were hoping to connect from family
24 centred to child welfare.

25 Q Okay. Then you go on to talk about out-of-home

1 care. What's the significance of this discussion in the
2 paper?

3 A Really, what I tried to do in this section was
4 just identify that one piece of child welfare includes out-
5 of-home care. It's a really important area in terms of
6 service provision and caring for children and ensuring they
7 are cared for, but, you know, I didn't go into a whole lot
8 of detail on that so I tried to just identify key issues
9 there.

10 Q And what are the key issues?

11 A Oh, that family, you know, is viewed as, as the
12 best place for children in terms of out-of-home care in the
13 alternate care sort of arrangements, that kinship care and
14 connection to community or at least to extended family is
15 really important. Kufeldt, in that Looking After Children
16 project, you know, is really a positive step in terms of
17 trying to ensure there are best practices associated for
18 kids in care.

19 Q Page 39, you refer to the study that you did with
20 respect to kinship care provision?

21 A Yeah.

22 Q And that's, that's the work you did in Cross
23 Lake.

24 A Yeah.

25 Q And what was your findings? What were the, the

1 most significant findings from that study?

2 A I think it was --

3 THE COMMISSIONER: Page 38, you're on?

4 MS. WALSH: Thirty-nine, now.

5 THE COMMISSIONER: Thirty-nine.

6 MS. WALSH: Yes.

7 THE WITNESS: I think there was -- what was
8 really impressive and positive was the importance of
9 kinship care and community, and maintaining the community's
10 children within the community by community members. So
11 that value was really strong in there. Challenges include,
12 you know, overextending community members to care for these
13 kids and, you know, burnout and associated factors related
14 to that.

15

16 BY MS. WALSH:

17 Q At the bottom of page 39, you make reference to a
18 diagram which you say:

19

20 "... provides a visual
21 representation of the direct
22 practice process identifying five
23 stages and some associated tasks."

24

25 That diagram is at page 41. If we could look at

1 it and you could walk us through how to read it, please.

2 A Okay. Really, what I tried to do was just
3 visually present different stages of direct practice. They
4 aren't all separated and, you know, distinct stages, but
5 the main focus was to ensure that there's this sort of
6 circularity and the feedback loop throughout the process.
7 So as new information or new activities, new changes come
8 into the family context, that's integrated within the
9 assessment and the plan and, you know, the service
10 provision may be modified. But there's this sort of
11 continual process that's the idea of it.

12 Q Then you summarize points for consideration and
13 recommendations regarding best practice on the direct
14 practice level as including:

15

16 "The focus of direct practice
17 should be on child and family
18 health and well-being with the
19 goal of empowerment."
20

21 A Um-hum.

22 Q

23 "The importance of the
24 relationship between the social
25 worker and service user should be

1 emphasized and supported, based on
2 trust and respect, and culturally
3 appropriate services.

4 "The importance of meeting
5 with all family members,
6 particularly children and their
7 parents and the necessity of
8 incorporating regular feedback
9 into the intervention process,
10 modifying goals and services as
11 necessary.

12 "The importance of minimizing
13 disruptions for children and
14 families throughout, and across,
15 the service continuum.

16 "The importance of national
17 standards for children in care,
18 and the implementation of an
19 approach to service such as the
20 LAC model."

21

22 Now, we didn't discuss that today, but it's, it's in your
23 paper.

24 A Yes.

25 Q LAC refers to?

1 A Look After Children.

2 Q And:

3

4 "The maintenance of family-
5 based care as the preferred form
6 of alternate care and the
7 development and support for
8 kinship care."

9

10 Can I just ask you, when you talk about the
11 necessity of incorporating regular feedback into the
12 intervention process and, and making the service users a
13 partner in the work that, that the, the social worker is
14 doing, first of all, would you agree that that's, that's
15 important?

16 A Um-hum.

17 Q And to that end, I mean, for instance, as lawyers
18 we have to keep our clients informed. We have to phone
19 them; we have to send them letters; we have to give them
20 copies of documents. Doctors are required to give patients
21 copies of their charts. What's the obligation with respect
22 to how social workers keep their clients informed?

23 A You know, from a family support perspective,
24 really, it's an ongoing sort of planned involvement and
25 relationship so there is, there is continual updating or

1 connecting, whether that may be at times over the
2 telephone, but there is -- you know, you would have planned
3 meetings, face-to-face meetings to address the issues as
4 identified in your sort of service plan.

5 Q And can service users' families be given -- is
6 there any reason why they can't be given copies of service
7 plans, copies of assessments, the, the contents of, of the
8 files that are about them and their children?

9 A I, I do not have special knowledge of, you know,
10 privacy laws --

11 Q Right.

12 A -- but, certainly, I don't see -- I mean, really,
13 those service plans are made in -- with the family so I, I
14 would always leave a copy, for example, with the family.
15 So I don't --

16 Q Would that be important for --

17 A Yeah.

18 Q -- for a family to have?

19 A Yeah. Yeah, from, from this perspective, yes.

20 Q What about assessments that are, that are made
21 about a family? Would it be important for a family to know
22 what assessments have been made about them by service
23 providers?

24 A Well, I think in terms of -- depending on the
25 assessment that's made and depending on the content that's

1 within the assessment, I think it would be appropriate for
2 judgment to determine who that should be shared with, you
3 know, in -- but, I mean, generally, if it's an individual
4 person, it's my understanding is it belongs to them. And I
5 guess my focus would be more from a service delivery focus
6 of engaging on identifying strengths, areas for change, how
7 can that information be used, you know, to improve the
8 family's and child's health and well-being or family
9 functioning.

10 Q So is, is a goal in service provision, then, to,
11 to make the, the family, the service user, a partner in
12 whatever the work is?

13 A Um-hum.

14 Q Sorry, the, the um-hum we --

15 A Yeah, sorry.

16 Q -- can't type.

17 A Yeah. Yes.

18 Q I'm sorry.

19 A And, you know, I know within the context of child
20 welfare there are going to be involuntary service users who
21 don't want partnership.

22 Q Right.

23 A And I think it's really important, though, to be
24 clear, then, if you don't want partnership, this is a
25 consequence of that. And the consequence may be that you

1 have to be far more intrusive in terms of an intervention
2 approach.

3 Q What else does best practice say about families
4 who don't want intervention?

5 A I think best practices would really strive to
6 keep focusing on that relationship building and engagement,
7 and work honestly with families and, you know, identify
8 what you can and can't do.

9 Q Then you, you summarize your recommendations --
10 final recommendations at page -- starting at page 43 and I
11 think, really, they, they repeat much of what --

12 A Um-hum.

13 Q -- what you discussed previously in the paper.

14 MS. WALSH: Mr. Commissioner, I have about ten
15 more minutes of questions for this witness. If we could at
16 least finish my questioning of the witness?

17 THE COMMISSIONER: We'll, we'll do that, and then
18 we won't return till later in the afternoon.

19 MS. WALSH: Thank you.

20

21 BY MS. WALSH:

22 Q In going through your paper, then, Dr. Wright,
23 tell me if it's fair to say that, that the following themes
24 come out -- and I may miss some, but I see accountability
25 as a theme in, in your paper?

1 A Yes.

2 Q Relationship building?

3 A Yes.

4 Q The importance of prevention?

5 A Yes.

6 Q Empowerment?

7 A Yes.

8 Q And the delivery of culturally appropriate
9 services.

10 A Yes. I, I also think there's one more that --

11 Q Yes.

12 A -- is really -- I think there is the importance
13 of social workers on an individual level to be committed to
14 the process of family support.

15 Q The last area that I want to ask you about -- and
16 I think you touched on this -- is the idea of outcomes. I
17 think, I think you said that even when best practices are
18 implemented, outcomes aren't always what is expected.

19 A Um-hum.

20 Q Is that right?

21 A That's right.

22 Q That fair?

23 A Yeah.

24 Q You can't predict every tragedy, clearly.

25 A Right.

1 Q But what does best practices say you need to do?

2 A I think from a best practices perspective, even
3 if the outcomes aren't what were intended, then on an
4 organizational level and a service delivery level there are
5 processes in place to really learn from what happened, you
6 know, identify areas for improvement, modify as necessary,
7 make changes. But the point is, is that all of these --
8 these are considered opportunities for learning and to
9 improve services. So whether it's on a direct practice
10 level with a social worker or supervisor or through
11 management, or on a broader organizational or policy level,
12 the goal is, from a best practice, is to learn from it and,
13 and, you know, improve. Make improvement.

14 Q So that where, for example, an unexpected or
15 adverse outcome occurs, is the expectation that the workers
16 involved will be made aware of what happened?

17 A Well, from looking at sort of the supervisory
18 role, for example, it would be appropriate for a supervisor
19 to address, you know, issues in terms of performance, talk
20 about, you know, maybe what was learned, how things could
21 be improved, so, yes, yeah.

22 Q We often -- is it fair to say that, that after a
23 social worker has, has closed a file and finished working
24 with a family, they don't know what happens to the family?

25 A Um-hum.

1 Q That be fair?

2 A Yes.

3 Q So if, if there is an adverse outcome or an
4 unexpected outcome, in order for them to learn from that
5 outcome, what has to happen?

6 A I guess it depends on what adverse outcome is,
7 but there certainly can be a system where, you know, in
8 supervision, for example, where you could have a discussion
9 about, you know, a difficult case and what, what are the
10 options in terms of providing services to this family and
11 how could things have improved. So really turning it into
12 a learning opportunity to develop better practices. That
13 could be carried up, though, even to develop better
14 policies or procedures, you know, from an organizational or
15 system level, too.

16 Q Is it fair to say if, if a worker is not made
17 aware of what the outcome of their involvement was, it's
18 difficult or impossible for them to learn from that
19 outcome?

20 A It would -- I think it would be difficult to
21 learn from it.

22 Q And then finally, you said that, that a worker
23 can't control the outcome necessarily of their work, but
24 what, what should be within their control?

25 A I think from a best practices perspective on, on

1 a direct service level, the worker really works with the
2 concept of best interests for the child -- and, and the
3 family, but for the child -- with the concept of sort of
4 ethical professional practice and family support in terms
5 of striving to develop opportunities for engagement and to
6 build trust and to see strengths. So I think the worker
7 has the responsibility on those levels. Or if there are
8 problems, also to report back to the supervisor or the team
9 and, and discuss how things could be improved.

10 MS. WALSH: Thank you. Those are my questions.

11 THE WITNESS: Thank you.

12 THE COMMISSIONER: Well, thank you, Ms. Walsh.

13 We're obviously going to have to bring you back
14 this afternoon, Witness.

15 THE WITNESS: Okay.

16 THE COMMISSIONER: There will be -- some of the
17 lawyers will have questions for you.

18 So it's, it's quarter to, to one, so we'll
19 adjourn till 2:15, but we may well sit towards five
20 o'clock. I won't sit beyond, but to not get too far
21 behind, that may happen. So we'll rise now till 2:15.

22 MS. WALSH: Thank you, Mr. Commissioner. Unless
23 you want to come back at two.

24 THE COMMISSIONER: Well, if everyone's available
25 to come at -- ready to come at two, I'll be here. Check

1 with your counsel. Do they, do they accept that?

2 MS. WALSH: Can we do that?

3 Looks like people prefer 2:15.

4 THE COMMISSIONER: 2:15, it'll be. All right.

5 MS. WALSH: Thank you. Thank you, Dr. Wright.

6 THE COMMISSIONER: Thank you.

7 THE WITNESS: Thank you.

8 THE COMMISSIONER: You can leave the stand.

9 THE WITNESS: Okay, thanks.

10 THE COMMISSIONER: Thank you.

11

12 (WITNESS STOOD DOWN)

13

14 (LUNCHEON RECESS)

15

16 MS. WALSH: Mr. Commissioner, as you can see, we
17 now have a different witness seated next to you. Dean
18 Frankel is going to be led through his evidence and
19 available for cross-examination. We think that his
20 evidence will be able to be finished -- started and
21 finished before the afternoon is over, and then Dr. Wright
22 will come back and the cross-examination will begin, and to
23 the extent that her cross-examination is not completed --
24 some counsel have asked for extra time to prepare -- she is
25 prepared to make herself available either through video

1 conference or by flying back, but she was not available to
2 stay tomorrow. She's got a work commitment back in Ottawa
3 tomorrow.

4 THE COMMISSIONER: All right. Welcome, Dean.

5 THE WITNESS: Thank you.

6 THE COMMISSIONER: And Mr. Globerman.

7 MR. GLOBERMAN: Thank you, sir.

8 THE CLERK: Sir, if you could just stand for a
9 moment.

10 THE WITNESS: Oh, I'm sorry.

11 THE CLERK: It's okay. Is it your choice to
12 swear on the Bible?

13 THE WITNESS: I'd rather not.

14 THE CLERK: Or, or affirm to tell the truth
15 without the Bible.

16 THE WITNESS: Without.

17 THE CLERK: All right. Just state your full name
18 to the court.

19 THE WITNESS: Harvy Frankel.

20 THE CLERK: And spell me your first name, please.

21 THE WITNESS: H-A-R-V-Y.

22 THE CLERK: And your last name.

23 THE WITNESS: F-R-A-N-K-E-L.

24

25 **HARVY FRANKEL**, affirmed, testified

1 as follows:

2

3 THE CLERK: Thank you. You may be seated.

4

5 DIRECT EXAMINATION BY MR. GLOBERMAN:

6 Q Good afternoon, Dr. Frankel.

7 A Good afternoon.

8 Q You are currently the dean of the Faculty of
9 Social Work at the University of Manitoba?

10 A That's correct.

11 Q You've held this position since 2008?

12 A That's right.

13 Q Just briefly, if you could describe for the
14 Commissioner what is involved in being dean of the Faculty
15 of Social Work?

16 A Basically the dean is, is akin to the chief
17 executive officer of the faculty. I'm responsible for the
18 academic and administrative operations of the faculty,
19 which includes monitoring, curriculum, supervising staff,
20 managing the budget, those sorts of things.

21 Q I understand that you received your Bachelor of
22 Social Work degree from the University of Manitoba in 1976?

23 A That's correct.

24 Q And you received your Master of Social Work
25 McGill University in 1981?

1 A That's right.

2 Q You obtained your Ph.D. in social welfare from
3 the University of California Berkley in 1988?

4 A That's right.

5 Q And since that time you have been at the
6 University of Manitoba?

7 A Yes.

8 Q I understand that you were the associate dean at
9 the university for roughly nine years?

10 A That's right.

11 Q And after, after that you became the dean?

12 A Yes.

13 Q I understand that you are also a full professor
14 at the University of Manitoba.

15 A That's correct.

16 Q What courses have you taught?

17 A I teach -- when I do teach, I teach largely in
18 the area of clinical practice. In the graduate program
19 specifically, practice with families. I also teach
20 clinical research and research methods.

21 Q What is your academic focus at the university?

22 A My academic focus is, broadly, children and
23 families under stress. I have an interest specifically in
24 family and fetal alcohol syndrome, families and -- what was
25 called family preservation and placement prevention, and

1 I've done some work lately on program adoption.

2 Q What do you mean by program adoption?

3 A Program adoption is, is the idea of taking a
4 program from one jurisdiction or one setting and
5 implementing it in another setting.

6 Q Have you practised at all since you've been an
7 academic?

8 A I've practised in a couple of ways. It's been
9 pretty minimal. I've, I've done my own direct practice.
10 I've also practised in the sense that I supervise graduate
11 students who are practising, and I've also taught a course
12 that involves direct supervision of students who are
13 practising with families.

14 Q You mentioned that you have your own direct
15 practice. What does that involve?

16 A It's essentially private practice. I've done it
17 most commonly through an employee assistance program and it
18 might be one or two families a month. And I, I haven't
19 done that since my appointment as dean.

20 Q I understand that you are also an approved
21 supervisor with the American Association of Marriage and
22 Family Therapists.

23 A Yeah. This, this was an organization that
24 basically accredits therapists. It's a voluntary
25 organization, American based, but there is a Manitoba

1 chapter of the organization. This enables me to provide
2 supervision to individuals who want to become clinical
3 members of the association. It also enables me to
4 supervise individuals who are seeking to become approved
5 supervisors.

6 Q It is my understanding that you're also involved
7 in a transition board which has been established to help
8 create a college of social work in Manitoba?

9 A Right. I've been appointed by order-in-council
10 on the transition board for the College of Social Workers.
11 This has to do with, with Bill 9 which passed but hasn't
12 been acclaimed until some procedures are put in place to
13 establish the college.

14 Q And who sits on this board with you?

15 A The board is chaired by Ovide Mercredi. The
16 executive director of Ma Mawi Chi Itata is, is on the
17 board, a representative from the aboriginal social work
18 society, a representative from the Manitoba Institute of
19 Registered Social Workers, and a practising social worker.

20 THE COMMISSIONER: Is there anything to do, with
21 the bill unproclaimed?

22 THE WITNESS: I'm sorry, I don't understand the
23 question.

24 THE COMMISSIONER: Well, the bill has not been
25 proclaimed.

1 THE WITNESS: Right.

2 THE COMMISSIONER: And this is a transition
3 committee to get ready for when it is?

4 THE WITNESS: Exactly, exactly. So there, there
5 was some -- as people may know, there was some controversy
6 with the extent of consultation that the professional
7 association did prior to the bill so there were, there were
8 a number of objections and the Minister chose to go the
9 route of a transition board rather than simply establishing
10 the college.

11 THE COMMISSIONER: Well, then, where's, where's
12 the bill at?

13 THE WITNESS: As I understand it, the bill is, is
14 awaiting proclamation, if that's the term, after this
15 transition board reports to the Minister.

16 THE COMMISSIONER: And how soon will that be?

17 THE WITNESS: The transition board is to report
18 before July of this year.

19 THE COMMISSIONER: Thanks, Dean.

20 THE WITNESS: Sure, thank you.

21

22 BY MR. GLOBERMAN:

23 Q How is the board going about establishing a
24 college of social work?

25 A I can tell you, I can tell you that generally the

1 board is looking at criteria for inclusion in the college
2 and governance of the college. The, the details are -- I'm
3 not at liberty to share the details at this point. The
4 agreement is that the details remain confidential until we
5 report to the Minister.

6 Q And just briefly, in your view, what is the
7 significance of establishing a college of social work in
8 Manitoba?

9 A Well, I think, broadly, it, it does a couple of
10 things. One of the things it does is puts Manitoba in line
11 with the other provinces around the mobility agreement, so
12 the, the federal mobility agreement.

13 Q Can you --

14 A So this would allow social workers to seek
15 registration in other provinces if they're registered in
16 Manitoba. The legislation is really what's called
17 protection of title, so it has to do with who can legally
18 call themselves a social worker, and I, I think in Manitoba
19 it's been a longstanding issue and, and this will bring
20 some closure to the issue of who, who can and can't call
21 themselves a social worker.

22 Q Do you have any understanding as to what
23 parameters the college will be using to determine who will
24 and will not be able to call themselves a social worker?

25 A I, I can tell you that, that the principle that's

1 been agreed upon is, is a principle of inclusivity, meaning
2 that there has to be some way to include those who are
3 practising social work but don't have the typical
4 credentials, which would be a degree from an accredited
5 school. So there, there's a commitment to, to look at that
6 issue and find a solution to it.

7 Q You mentioned registration earlier. Would the
8 college of social work have any role in actually
9 registering social workers?

10 A What it would mean is that the only people who
11 could call themselves social workers are people who are
12 registered with the college, and anyone who calls
13 themselves a social worker would be required to register.

14 Q And just briefly, do you have any thoughts on the
15 registration of social workers?

16 A Well, I think protection of title is a specific
17 kind of registration so we're, we're talking about a pretty
18 narrow group. For example, the province employs not social
19 workers but family service workers, mental health workers.
20 Those people could choose not to register as social workers
21 so, so I think there's some difficulty there.

22 I think the, the other issue is, is that social
23 work is somewhat unique in that its scope of practice
24 overlaps with a number of other professions. That's not
25 true, for example, of medicine or law. So, you know, there

1 -- it's, it's a more complex issue that, that needs to be
2 worked out.

3 Q I understand that you also sit on a board
4 involving the Canadian deans and directors of social work?

5 A Actually, I, I'm a member of the Canadian Deans
6 and Directors. This is an organization of all the deans
7 and directors of accredited programs in Canada, and I sit
8 as their representative on the board of the Canadian
9 Association for Social Work Education, which is primarily
10 the accrediting body for university-based social work
11 programs.

12 Q I'd like to ask you a few questions about the
13 program offered at the University of Manitoba.

14 A Sure.

15 Q And you just mentioned accreditation. Is the
16 Faculty of Social Work program at the University of
17 Manitoba accredited?

18 A The, the bachelor's and master's programs are
19 fully accredited. Ph.D. programs, in general, are not
20 accredited.

21 Q And what's the significance of, of being
22 accredited?

23 A I guess the significance is that the
24 accreditation assures that we're adhering to a number of
25 principles and practices about how to deliver social work

1 education. It, it deals with content of curriculum,
2 structure of programs, number of hours, credentials of
3 faculty, those sorts of issues. Also, many employers
4 require a degree from an accredited school in order to, to
5 be hired. And I guess the, the third thing is, is
6 academically, that in order to, to register in a graduate
7 program of social work, typically you need an undergraduate
8 degree from an accredited school.

9 Q And I believe you said that the accrediting body
10 in Canada is the Canadian Association for Social Work
11 Education?

12 A That's correct.

13 Q And just briefly, what else does this body do?

14 A Well, this body basically is the national voice
15 for, for social work education. In terms of activities, it
16 publishes a journal, it organizes an annual conference, and
17 it, it administers the accreditation process for, for all
18 Canadian programs that are university based.

19 MR. GLOBERMAN: Madam Clerk, if you could please
20 pull up Commission disclosure 2109, page 44691?

21

22 BY MR. GLOBERMAN:

23 Q Now, this is a document we received from your
24 counsel?

25 A Yeah.

1 Q It's entitled Canadian Association for Social
2 Work Education, Standards for Accreditation, May 2012. Are
3 you familiar with this document?

4 A Yes, I am.

5 Q Does this document contain the current standards
6 for accreditation?

7 A These are the current accreditation standards.

8 Q Does accreditation pose any problems or
9 limitations for the faculty?

10 A It does pose limitations in that it, it
11 prescribes certain course content, certain structures,
12 certain numbers of hours devoted to particular things. It
13 also speaks to the issue of governance for a faculty. And
14 I guess, you know, the other -- the, the major limitation
15 is really a financial one in that the accreditation process
16 has a financial cost connected with it.

17 Q I just have a few questions about the population
18 that's enrolled at the Faculty of Social Work --

19 A Sure.

20 Q -- program. How many students are currently
21 enrolled in the faculty of social work program?

22 A I believe at last count, it was 979.

23 Q Do you know how these figures compare with other
24 faculties of social work in Canada?

25 A I do know that in terms of numbers of students,

1 we're the largest faculty in the country, second to Ryerson
2 University in Toronto.

3 Q And just briefly, if you can, can you describe
4 for the Commission what the entrance requirements are for
5 the Faculty of Social Work?

6 A It's a bit complicated. The entrance
7 requirements for the undergraduate program in our main
8 program are essentially 30 credit hours, which, which
9 equates to one year of university study. We admit some of
10 our students -- the majority of our students through simply
11 grade point average, and the other proportion of students
12 are admitted through a combination of grade point average
13 and membership in a specified minority group. Now, that
14 applies to our main program at the Fort Garry campus.
15 There are variations in our other delivery sites and
16 formats.

17 Q Is admission competitive into the Faculty of
18 Social Work program?

19 A Admission to the undergraduate program is
20 competitive at about three applicants to each spot.

21 Q And what about the Master and Ph.D. level?

22 A The graduate program, it, it ranges from one and
23 a half to two applicants for each spot.

24 Q And how long does it take a student to obtain
25 their Bachelor of Social Work degree?

1 A In terms of full-time study, it would take them
2 four years after the one year -- I'm sorry, three years
3 after the one-year admission requirement. So a total of
4 four years.

5 MR. GLOBERMAN: Madam Clerk, if you could please
6 pull up Commission disclosure 2107, page 44657? And this
7 document runs through to page 44687, just for the record.

8

9 BY MR. GLOBERMAN:

10 Q Now, this is a document we received from your
11 counsel. It appears to be the academic calendar for the
12 year 2012-2013.

13 A That's correct.

14 Q Are you familiar with this document?

15 A I am.

16 Q Would this document contain all of the courses
17 offered by the Faculty of Social Work program at the
18 University of Manitoba?

19 A It would contain all of the courses, including
20 some courses that we refer to as topics courses. So the
21 topic would change annually, but the course would still be
22 included there. So it might be called, you know, Current
23 Issues in Social Work, for example.

24 Q But the issues would change from --

25 A Yes.

1 Q -- year to year.

2 A Exactly.

3 THE COMMISSIONER: Is this bachelor's and
4 master's, too, both?

5 THE WITNESS: This, I believe, is the
6 undergraduate academic calendar.

7 THE COMMISSIONER: Right.

8

9 BY MR. GLOBERMAN:

10 Q Are students enrolled at the Faculty of Social
11 Work program required to take courses on child welfare?

12 A Students are certainly required to take courses
13 that have content relevant to child welfare --

14 Q Can you --

15 A -- so, for example, child development. Students
16 who are in a field placement in a child welfare agency are
17 required to take a course -- a companion course
18 specifically around child welfare.

19 Q You mention courses related to child welfare like
20 child development. What other courses in that regard are
21 all students enrolled at the faculty required to take?

22 A There are a range of courses. All students have
23 to take a course in -- called Human Behaviour in the Social
24 Environment, which is really a course that applies social
25 science theory to, to working with people, so this would

1 include child welfare content. All students take an
2 Introduction to Social Work Practice. All students take a
3 communications course, a research course, a social policy
4 course, a course related to aboriginal peoples in social
5 work practice, and a course related to feminist
6 perspectives on social work practice. So that would
7 constitute sort of the core of the required courses.

8 Q Does the Faculty of Social Work offer specialized
9 courses or a concentration in child and family services?

10 A We have designed a specialized concentration. We
11 have offered it primarily in our distance education
12 programs where we deliver the same curriculum, the Bachelor
13 of Social Work degree, to cohorts throughout the province.

14 Q Why is that the case, that, that it's being
15 delivered in those areas?

16 A Well, these are really -- these tend to be
17 partnerships with, with agencies, largely child welfare
18 agencies, so we, we're able to design the course schedule
19 and delivery around the needs of the students. And in, in
20 these cases, the partnerships are with child and family
21 service agencies so, so the focus on, on a specialization
22 is indicated.

23 MR. GLOBERMAN: Madam Clerk, if you could just
24 pull up Commission disclosure 2108, page 44689.

25 Oh, pardon me, you have page 4679 there.

1 THE CLERK: Oh, sorry.

2 MR. GLOBERMAN: That's okay.

3 Thank you.

4

5 BY MR. GLOBERMAN:

6 Q This is a document entitled B.S.W. Concentration
7 in child and family services --

8 A Exactly.

9 Q -- received by your counsel. Are you familiar
10 with this document?

11 A Yes, I am.

12 Q Now, what exactly does this document contain?

13 A So, so this describes the courses that would have
14 to be taken in order for, for a student to graduate with a
15 B.S.W. and a designation that says concentration in child
16 and family services. So it's a combination of required
17 courses in the Faculty of Social Work, a number of
18 electives in the faculty, and relevant electives throughout
19 the university.

20 Q Does the Faculty of Social Work program offer any
21 courses on addiction and mental health issues?

22 A We do. In, in our undergraduate program, there's
23 a six credit hour course on, on addictions. There's also a
24 six credit hour course on mental health.

25 Q Are those courses compulsory?

1 A Those courses are, are compulsory for students
2 who are involved in related field placements and -- but can
3 be taken by, by other students.

4 Q But they don't have to be taken by --

5 A They don't have to --

6 Q -- by everybody, okay.

7 A -- taken, that's right.

8 Q Does the faculty offer courses on or relating to
9 detecting child abuse or neglect?

10 A We would offer that both in our Introduction to
11 Practice course and in the, the specific child welfare
12 course.

13 Q And I believe you said the Introduction to
14 Practice course was required?

15 A Yes, yes.

16 Q Yes. Does the faculty offer any programs related
17 to performing risk and safety assessments?

18 A Again, there would be specific material in, for
19 example, a family violence course, which is related again
20 to a practice field placement, and again in the
21 Introduction to Practice course because, really, all of
22 social work practice involves some form of risk assessment.

23 Q I believe earlier you mentioned that students are
24 required to take a course on aboriginal peoples.

25 A Yes.

1 Q Is that unique to the program in Manitoba?

2 A I'm not familiar in detail with, with the
3 curricula across the country. I know it was unique at the
4 time we, we introduced it. Other programs may have, may
5 have adopted a similar policy.

6 Q And what does that course involve?

7 A That, that's a course that really -- it's, it's a
8 six credit hour course which means it runs both terms --
9 and we have very few of those so that, that sort of
10 indicates the emphasis. It looks at both social policy and
11 social work practice with aboriginal peoples.

12 Q Does the university offer an indigenous-based
13 program of social work?

14 A We are -- we have proposed an indigenous-based
15 master's of social work program and that program -- that
16 proposal is making its way through, through the university
17 processes. So it first has to be approved by the Faculty
18 of Graduate Studies, then by university Senate, and then
19 there's the issue of funding the program.

20 Q How will this program differ from the standard
21 Bachelor of Social Work program?

22 A Well, two things. It's, it's a master's level
23 program so people coming in will, will have a Bachelor of
24 Social Work. But it's, it's a program that, that really is
25 based on aboriginal perspectives and, and indigenous

1 knowledge rather than sort of a mainstream program that's
2 based on -- largely on, on traditional social science
3 knowledge that allows space -- and then allows space for
4 aboriginal knowledge. This program really centres
5 indigenous knowledge, but allows space for, for
6 conventional, you know, social science content. This --
7 there's a lot of emphasis on what's a growing practice
8 area, sort of indigenous orientations to, to practice, to
9 healing, that kind of thing. The program also incorporates
10 elders into the academic program, which is, which is really
11 quite unique, so, so courses are delivered really with
12 teams of academics and elders.

13 Q Just briefly, what is the significance of this
14 type of program in the context of child welfare in
15 Manitoba?

16 A Well, I, I guess there are a couple of things.
17 One is, as I'm sure the Inquiry has heard, child welfare in
18 Manitoba is predominantly aboriginal child welfare and,
19 and, you know, I think that's important because that's not
20 true of all provinces. I think the other thing is that if
21 we're expecting to see changes in the child welfare system,
22 we have to develop leaders who really have a different
23 paradigm, who come with a different basis for practice.
24 In, in many ways that's what this program is aimed at, is,
25 is, really, the, the future leaders in, in child welfare

1 and social work practice.

2 MR. GLOBERMAN: Madam Clerk, if you could please
3 pull up Commission disclosure 2133, page 45066.

4 THE WITNESS: Yes.

5

6 BY MR. GLOBERMAN:

7 Q This is a document that we received from your
8 counsel --

9 A Yeah.

10 Q -- entitled Faculty --

11 A I'm familiar with it.

12 Q -- of Social Work, aboriginal students by degree
13 program, 2010-11, and then below that Aboriginal Full-Time
14 Faculty Members. Are you familiar with this document?

15 A I am.

16 Q Was this prepared by the Faculty of Social Work?

17 A The, the top portion, the portion related to
18 students would be prepared by the office of institutional
19 analysis at the university, so it would relate to self-
20 declared -- self-declarations of aboriginal status for
21 students who are in the faculty in the 2010-11 academic
22 year.

23 Q And can you explain the figures you see here?

24 A So these, these are students who on their
25 admissions forms have declared that they, they consider

1 themselves to be aboriginal. So the first line around
2 B.S.W. says that about 28 percent of our student population
3 in the Bachelor of Social Work program is aboriginal. The
4 next line speaks to our Master of Social Work program,
5 which, of course, is much smaller, but about 22 percent of
6 the, the population are, are aboriginal students.

7 Q And do you know how these figures compare to
8 other faculties of social work in Canada?

9 A My impression from, from talking to other deans
10 and directors is, is it's considerably higher than most
11 faculties.

12 Q And can you explain the numbers with respect to
13 the faculty members?

14 A So this is actually produced by my office and,
15 basically, at that point there were 30 full-time faculty
16 members, seven of which report aboriginal status.

17 Q And how do these figures relate to other
18 faculties of social work

19 THE COMMISSIONER: Mr. Globerman, just speak up a
20 bit, will you, please?

21 MR. GLOBERMAN: Pardon me.

22

23 BY MR. GLOBERMAN:

24 Q How do these figures relating to the full-time
25 faculty members relate to -- or, pardon me, compare to

1 other faculties of social work?

2 A Again, there is no national database but my
3 impression is we, we're certainly at the high end, but
4 there, there might be a program -- for example, University
5 of Regina -- that may have more aboriginal faculty members.
6 But we would certainly be at the high end of that.

7 Q And this document lists students and faculty
8 members as of 2010-2011?

9 A Yes.

10 Q Are these figures similar to the current figures?

11 A They are. The current figures have, have come
12 out very recently and they're very close. And, and the
13 faculty status will not have changed.

14 Q Earlier you mentioned field placements. Are
15 students of the Faculty of Social Work program required to
16 take field placements?

17 A In, in the B.S.W. program, actually, two-thirds
18 of -- I'm sorry, one-third of the curriculum is devoted to
19 field placements so students have to spend a minimum of 450
20 hours in, in supervised practice twice, so a total of 900
21 hours.

22 Q And, and just briefly for the Commission, what
23 exactly is a field placement?

24 A So this is, this is essentially a combination of
25 models. It's both, both -- sort of draws on a mentorship

1 model and on an academic model. So students -- this is the
2 student's opportunity to apply theory to practice in a
3 social agency under the supervision of a practising social
4 worker, and, and this activity is, is also monitored by the
5 university.

6 Q What is the importance of requiring students to
7 do a field placement?

8 A Well, we know that the vast majority, if not all,
9 of our students are going to end up practising so this,
10 this is really part of -- this is a traditional part of
11 social work programs that, that we, we devote a good
12 portion of the curriculum to, the application of theory to
13 practice, and we give students an opportunity to practice
14 in, if you will, a sort of a protected environment.

15 Q Will students taking course in child welfare or
16 the concentration in child and family services do field
17 placements at child welfare agencies?

18 A Yes, the concentration is designed and specifies
19 that they take one field placement in a mandated child
20 welfare agency, so a child and family service agency;
21 another placement in a non-mandated agency. So this would
22 be an agency that is working with the same population but
23 is providing support services, counselling services, that
24 kind of thing.

25 Q Are graduates of the Bachelor of Social Work

1 program able to work for a child welfare agency if they
2 have not taken specialized programming or courses in child
3 welfare?

4 A They are. There's nothing to, to constrain them
5 from practising in a child welfare agency.

6 Q In your opinion, is that appropriate?

7 A That's a complicated question. I think given the
8 labour force demands, it's essential, and, and given the
9 number of graduates we produce with, with a specialization,
10 it's, it's, it's just essential that people be able to do
11 that. It also depends on the extent to which the agencies
12 mentor and supervise their, their new employees.

13 Q And I'm going to come back to mentorship and
14 supervision in a moment. I'd just like to ask you a few
15 questions first about other social work programs --

16 A Um-hum.

17 Q -- affiliated with the Faculty of Social Work
18 program at the University of Manitoba. I understand that
19 the university has an ACCESS program out of the William
20 Norrie Centre?

21 A We have an ACCESS program out of the William
22 Norrie Centre, and another ACCESS program in Northern
23 Manitoba that operates out of Thompson, Manitoba.

24 Q And what are the ACCESS programs for?

25 A So ACCESS programs are, are aimed at what

1 educators refer to as non-traditional students, students
2 who would not typically qualify for university study,
3 wouldn't have that sort of preparation. And the thing
4 that's different about ACCESS programs is they include
5 academic and personal supports, they tend to have smaller
6 classes and sort of a more supportive atmosphere than, than
7 your typical large university. In Manitoba, most of our
8 ACCESS students are either aboriginal -- well, the majority
9 are certainly aboriginal. The other group that tends to,
10 to be included in ACCESS programs are new Canadians,
11 immigrants, refugees, those populations.

12 Q And do these programs have the same curriculum as
13 the standard program at the university?

14 A The curriculum is somewhat enriched, but the
15 degree is the same degree. Students in those programs
16 receive a Bachelor of Social Work from the University of
17 Manitoba, and there's no specific designation that says
18 they attended an ACCESS program.

19 Q You mentioned that the students that attend the
20 ACCESS program, the program is enriched. What do you mean
21 by that?

22 A Our field placements may last a little longer.
23 Courses may go beyond the, the usual 13, you know -- I'm
24 sorry, 39 hours in a term. There may be special tutorials,
25 those, those sorts of things.

1 Q Are there any other programs the Faculty of
2 Social Work offers outside of Winnipeg?

3 A We, we have quite a large distance education
4 program and that has, has really two methods of delivery.
5 One is online delivery so, so the degree is available
6 completely online, and we offer that in partnership with
7 the extended education division. So we have students in
8 rural and northern Manitoba as well as across the country,
9 and we've been really a leader in, in that method.

10 We also do face-to-face delivery with, with
11 groups throughout the province. So when I was talking
12 about the cohort in Brandon, that would be one of the
13 locations. And these are one-time deliveries of the
14 Bachelor of Social Work curriculum really tailored to the
15 needs of, of the student group. And these have
16 traditionally been students who have had some involvement
17 in -- I'm sorry, in practice -- in social work practice.
18 So, you know, we will -- part of the admission criteria is
19 that they have one year of social service experience, now,
20 within the last five years.

21 Q We've heard evidence from certain social workers
22 at this Inquiry about diplomas and certificates.

23 A Um-hum.

24 Q Is the university involved in that at all?

25 A We're involved, again, in partnership with the

1 continuing education division in one, one diploma which is
2 -- well, two diplomas. One in aboriginal child and family
3 services. It's a 60 credit hour diploma. There's also a
4 diploma in community wellness. Diplomas are made up
5 totally of academic courses, so courses that can be used
6 for credit towards a degree and, in fact, both of these
7 diplomas allow 60 credit hours, which would be the
8 equivalent of two years towards a B.S.W. if the student
9 completes the entire diploma and is admitted to the
10 faculty.

11 There are also a number of certificates, and
12 certificates can be a combination of academic and non-
13 academic courses. They typically are shorter, last a year
14 at the most, and so we, we have an entry level certificate
15 which, which was really designed to give people sort of a
16 primer on child welfare practice, and it is specific to
17 child welfare.

18 Q Now if somebody has one of these certificates but
19 does not have a Bachelor of Social Work degree, can they
20 practise, for example, at a child welfare agency?

21 A Absolutely. There's, there's no requirement
22 currently that, that someone who practises have a degree of
23 any kind, really.

24 Q Do you have any comment on that?

25 A Well, well, certainly, as a social work educator

1 I have, I have a strong bias that says child welfare
2 practice is typically best done by somebody who has a
3 social work education and, you know, from an accredited
4 social work program.

5 Q Are there any other social work faculties in
6 Manitoba?

7 A There is. Booth College, which is located in, in
8 Winnipeg, offers a Bachelor of Social Work degree. The
9 degree is not accredited but, you know, again, there's no
10 requirement that they be accredited.

11 Q Are you familiar with the child welfare
12 initiative of the Aboriginal Justice Inquiry?

13 A I am.

14 Q Did that initiative result in any new programming
15 being offered through the Faculty of Social Work at the
16 University --

17 A It did.

18 Q -- of Manitoba?

19 A It did. At the William Norrie Centre, we did, I
20 believe, four intakes of students based on funding from the
21 province, and these students were -- took a curriculum that
22 had more focus on child and family services -- in some
23 ways, was the precursor to our specialization -- and as I
24 recall, these were exclusively aboriginal students. And so
25 we did, I believe it's four, four intakes of students. So,

1 you know, takes several years for students to move through
2 the program, but the program lasted as long as there were
3 students moving through it.

4 Q And what was the focus of that program?

5 A The focus was, was particularly on child welfare,
6 so field placements, electives, were organized around child
7 welfare.

8 Q Is this program still being offered?

9 A The program is, is no longer offered as a
10 distinct program. At the William Norrie Centre, which,
11 which, again, is an ACCESS program, when the, when the
12 child welfare initiative program was offered, these
13 students were actually separate from our other ACCESS
14 students. What's evolved over time is the province has
15 continued its funding commitment but they've asked us
16 essentially to double our intake, so now we have all of the
17 students in, in the ACCESS program. But the effect was we,
18 we've doubled the intake and certainly many of those
19 students end up practising in child welfare.

20 Q Was this program successful, in your opinion?

21 A I think it was. I think there was a good
22 graduation rate, about 80 percent, I think. And moreover,
23 the students ended up working in child welfare agencies.
24 The vast majority did.

25 Q You mentioned a graduation rate of about 80

1 percent for the ACCESS program out of William Norrie
2 Centre.

3 A Right.

4 Q How does that compare with the, with the
5 graduation rate for students enrolled at the Faculty of
6 Social Work program?

7 A Okay. Now, I was talking specifically about the,
8 the aboriginal child welfare initiative --

9 Q Okay.

10 A -- being at around 80 percent. That compares
11 pretty favourably. I think on, on the Fort Garry campus
12 it's around 85 to 89 percent, so that, that compares quite
13 favourably.

14 I will say that ACCESS programs in general have,
15 have a somewhat lower graduation rate and, and that's to be
16 expected because these are students who are facing many
17 more challenges. It's always -- it's difficult to specify
18 a graduation rate because many students return and, and do
19 finish their programs, but it might be five or six years
20 later.

21 Q Now, we heard evidence at this Inquiry with
22 respect to how certain practising social workers that have
23 not completed their Bachelor of Social Work degree are
24 taking courses towards that degree.

25 A Right.

1 Q Can you explain how that works?

2 A Well, I -- many of our undergraduate students are
3 employed so these may be individuals who are already
4 working for, for child welfare agencies and have chosen,
5 for a variety of reasons -- it may be related to the, the
6 licensing legislation -- have chosen to come, come to
7 school and, and get their degrees. To -- some of these
8 students would be supported by their agencies. Some would
9 be -- either, either financially or in terms of flexible
10 work times. Some of these students would be doing it on
11 their own.

12 Q And in your opinion, is it appropriate for
13 somebody to be working in child welfare or child protection
14 work who does not have a Bachelor of Social Work degree?

15 A I really do make that distinction between child
16 welfare and child protection. I see child welfare as a
17 much broader practice area having to do really with child
18 well-being. I see child protection really focusing on, on
19 child safety. I, I would say certainly the typical
20 qualification for child protection work should be a
21 Bachelor of Social Work degree from an accredited school.
22 Some jurisdictions in Canada have chosen to specify that in
23 their, their regulations. Manitoba hasn't.

24 Q Do you know which provinces require that
25 designation?

1 A I'm quite sure Ontario has that requirement.

2 Q So they require workers working in the child
3 protection field to have --

4 A A B.S.W. from an accredited program.

5 Q What type of work do the majority of graduates,
6 the Faculty of Social Work program, do upon completing
7 their program?

8 A The vast majority of our graduates end up, of
9 course, doing what we call line work, direct service.
10 About 40 percent of them work in the area of child welfare
11 or child and family services. So -- I'm, I'm defining it
12 quite broadly. Another almost 40 percent end up working in
13 health and mental health. And then the remainder, which is
14 about 20 percent, are distributed among Corrections,
15 juvenile justice, community agencies, community development
16 work, policy work. So there's, there's quite a range.
17 Gerontology. So there's, there's really quite a range.

18 Q You distinguished between child welfare and child
19 protection earlier. Do you know how many graduates are
20 working or what percentage of the graduates work in child
21 protection?

22 A I actually don't know how, how many graduates
23 work in, in child protection specifically.

24 Q Has it been difficult to attract social work
25 graduates to child welfare work?

1 A Again a complicated question. Some, some
2 students come into the faculty having decided that this is
3 the work they want to do. These are typically, but not
4 exclusively, people who've had experience in the child
5 welfare system in a variety of ways. They may have been
6 clients, they may have known somebody, you know, that kind
7 of thing. These students, I think, are quite focused and,
8 and they, they remain focused on child welfare.

9 There's another group, I think a larger group of
10 students, who aren't sure what area of practice they, they
11 want to engage in, and for these students it's, it's more
12 of a challenge. I think fewer and fewer of these students
13 are, are choosing child welfare work as, as their calling.

14 Q Why do you think that is the case?

15 A Again, I think there are a number of factors. I
16 think this is very difficult and challenging work that,
17 that requires a lot of emotional strength, and some people
18 just make up their minds they're not suited to it. I think
19 it's, it's been pretty clear that, that working conditions
20 are not always optimal in terms of caseload sizes,
21 supervision, that kind of thing, and students get that
22 word. And I think child welfare, specifically child
23 protection, is under considerable public scrutiny and that
24 certainly has an effect on students.

25 Q Has anything been done to help attract these

1 students to child protection work?

2 A We've, we've begun some initiatives. One of the
3 things that's happening now is we're having child welfare
4 workers and managers and chief executive officers talk to
5 our students about a career in child welfare, and that,
6 that actually -- that makes quite a difference. We also --
7 you know, we, we are following this Inquiry pretty closely
8 and, and talking with students about it. I think that has
9 some impact. So those are beginning initiatives.

10 Q In your opinion, what else can be done to attract
11 graduates to child protection work?

12 A Well, I think a lot of it has to do with changing
13 the work environment so -- when I say that, I guess I'm
14 really talking about something I mentioned earlier:
15 mentorship, supervision, support for, for new graduates. I
16 think funding is also important. So supporting specially
17 those who are currently employed but don't have the benefit
18 of a degree, supporting them both financially and in terms
19 of flexible work hours to, to get their degrees. I think
20 that, that would make a tremendous difference. I think
21 just a closer association between the faculty and those who
22 manage the child welfare system is beginning to make a
23 difference and we need to do more of that.

24 Q And I believe you touched upon this briefly, but
25 are there any unique challenges that work in the child

1 protection field presents in Manitoba?

2 A Well, again, I, I did mention earlier that child
3 welfare in Manitoba is aboriginal child welfare, by and
4 large. And I'm not saying a hundred percent, but we
5 certainly know that most -- the majority of families
6 involved in our child welfare system are, are indigenous
7 families. So that's a challenge.

8 Most of the families involved in child welfare
9 are families living in poverty and, and that's a special
10 challenge. So, you know, that's a long way of saying the
11 work is really difficult and requires, requires a person
12 who really wants to do it. And again, certainly the work
13 can be made easier in a number of ways, but when it comes
14 down to it, it's difficult work to do, it's, it's important
15 work but, you know, not all areas of social work practice
16 involve life and death decisions. And, you know, while a
17 worker doesn't make that decision on their own, they're
18 still involved in, in those kinds of decisions and that's,
19 that's difficult.

20 Q What do graduates of the Faculty of Social Work
21 require to enter the workforce in the child protection
22 field?

23 A What do they require. That's a tough one. Are
24 you asking in terms of sort of academic training?

25 Q Academics and training.

1 A Well, what do they require. I, I guess they
2 require a knowledge of child development, a knowledge of
3 crisis intervention, a knowledge of how to work with
4 families who are, are really in multiple difficulties, a
5 knowledge of the child welfare legislation and child
6 welfare policies and procedures. I, I would say that's
7 sort of the basic requirement.

8 Q Does the Faculty of Social Work prepare its
9 graduates for work in the child welfare field?

10 A I think we -- the short answer is yes, keeping in
11 mind that an undergraduate degree in social work is, is a
12 generalist degree, and that's according to our
13 accreditation standards. Specialization tends to, to occur
14 at the master's level. So we do expect that the, the
15 employer provides training, you know, field specific
16 training, supervision, hopefully mentorship.

17 Q Is it the Faculty of Social Work's expectation
18 that its graduates will receive some sort of mentoring or
19 apprenticeship prior to being given a full caseload at a
20 agency?

21 A It is our expectation. I'd say that's fair.

22 Q Whose responsibility is it to ensure that
23 graduates are practice-ready for work in child welfare?

24 A I think it really is a partnership between the
25 faculty and, and the employer, the social work community.

1 I would not -- I would certainly not say that -- a B.S.W.
2 graduate with no prior experience in the field, I would not
3 say that person is practice ready. I think that person is
4 at a point in a developmental process where they're ready
5 to, to work in an agency, and that developmental process
6 involves some specific training, some, some supervision,
7 some mentorship.

8 Q Does the Faculty of Social Work program maintain
9 contact with its graduates to see how they're finding life
10 in the profession?

11 A We do in an informal way. We don't have a formal
12 mechanism for doing so.

13 Q In an informal way, are you aware of what the
14 graduates working in the child welfare field say about
15 their experiences?

16 A Again, I, I think it's quite variable. I, I've
17 heard from students who are very happy with what they're
18 doing, this is what they wanted to do, and they, they are
19 feeling supported and, and will continue to do so. I've
20 also heard from students who, who feel that, you know, this
21 is really the last place they want to work and it's been a
22 real mistake and they want to move on to another area.

23 Q We have heard evidence throughout this Inquiry
24 about workload and caseload issues. Has --

25 THE COMMISSIONER: Workload and what?

1 MR. GLOBERMAN: Caseload issues.

2

3 BY MR. GLOBERMAN:

4 Q As dean of the Faculty of Social Work, are you
5 made aware of these issues?

6 A I, I am made aware of them. I'm not sure it has
7 to do with my role as dean as much as the fact that I, I'm
8 involved in, in the area broadly of child welfare.

9 Q Does the University of Manitoba have any
10 responsibility with respect to this information?

11 A Oh, I would say we do. I think we, as a faculty,
12 see ourselves as supporting and advocating for good social
13 work practice, effective social work practice. Also, part
14 of our mission is, is basically to advocate for those who
15 are socially marginalized, so we do see a role there.

16 Q Do you have any other thoughts as to how the
17 faculty can better prepare its graduates for work in the
18 child welfare field?

19 A I do, and I think we've, we've actually responded
20 to some of that. The faculty is, is redesigning its
21 Bachelor of Social Work program. Again, in the university
22 that doesn't happen instantly so that will take a couple
23 years to, to actually come to fruition. But we, we did
24 survey our, our community, meaning our students, our
25 employers. One of the things we heard is that there was a

1 desire for more, more emphasis on practice skills. So in
2 the redesigned Bachelor of Social Work program, there will,
3 indeed, be more an emphasis on practice skills, and, and I
4 think that's pretty important.

5 I think, also, the, the specialization in child
6 and family service could be emphasized more. Students --
7 one of the difficulties or challenges with it is students
8 have to really make a decision they want to pursue the
9 specialization quite early in their career as students.

10 Q How early?

11 A Actually, in, in their first year, and, and
12 depending on their credentials coming in, they may actually
13 have had to make that election before the first year. I'm
14 speaking there of -- some of our students come in with,
15 with Bachelor of Arts degrees already, meaning they,
16 they've met the requirement for most of their electives.
17 So in some cases, students would have to take extra
18 courses. So I think we have to examine that.

19 Q You mentioned that the program is being
20 redesigned.

21 A Yeah.

22 Q When is that coming to fruition?

23 A I think the earliest would be in two years.
24 Again, it's difficult to predict. I know the faculty will
25 finish its work this spring, and then it has to be approved

1 by the university, so it has to go through university
2 Senate and ultimately be approved there.

3 Q I'd like to just ask you a few questions about
4 how the Faculty of Social Work interacts with the various
5 child welfare agencies and authorities.

6 A Um-hum.

7 Q How would you characterize the relationship
8 between the Faculty of Social Work and the child welfare
9 agencies in Manitoba?

10 A I think -- I mean, the relationship's at a couple
11 of levels. I think at the level of individual faculty
12 members with the agencies, it's quite good, and by that I
13 mean faculty members are involved in research with the
14 agencies and consultation with the agencies. I think at
15 the, the level of field placements, it's also very good. I
16 think at the level of curriculum, it's, it's improved but
17 it, it has certainly been, been strained, I think is the
18 word I would use to characterize it, I think.

19 Q Can you explain what you mean by "strained"?

20 A I think there's -- there hasn't been -- there was
21 a period where there wasn't much conversation, meaningful
22 conversation, between the faculty and the child welfare
23 agencies about the kind of content that should be included
24 in, in the Bachelor of Social Work program. But I think
25 that has improved and, and will continue to improve.

1 Q And when was it that that relationship was
2 strained?

3 A I would think certainly in, in the early 2000s
4 there, there was more of a strain. I -- you know, this
5 isn't an unusual thing, you know, talking to my, my
6 colleagues across the country and, in a sense, it's, it's
7 not exclusive to child welfare. Faculties of social work
8 often hear from practice communities that we're not doing
9 enough in their particular area so, you know, I think it
10 ebbs and flows. I -- you know, I can talk about my term as
11 dean and, and, you know, it's been one of my intentions and
12 focuses to, to involve the child welfare community in our
13 curriculum discussions.

14 Q And I believe you said that the faculty meets
15 with representatives of child welfare agencies. How often
16 do those meetings take place?

17 A We, we're now committed to meeting with what we
18 call the Standing Committee on Child Welfare, which is made
19 up of all the, the direct -- the CEOs of the Authorities
20 and, and the province. We meet with them twice a year, is
21 our commitment. We did meet with them more frequently, but
22 I, I think we're now at a point where, where twice a year
23 probably makes sense.

24 Q And what do you meet about?

25 A Basically the relationship between child welfare

1 and the faculty, labour force demands, curriculum demands,
2 research possibilities.

3 Q What is the child and family services strategic
4 committee for education and training?

5 A This, this is in a committee, obviously -- a name
6 we gave to a committee that Elsie Flette and I initiated.
7 Elsie Flette is the CEO of the Southern Authority. And it,
8 it was an attempt to involve, really, all of the major
9 stakeholders in, in child welfare, and the university, in,
10 in determining what the labour force needs were for, for
11 child welfare in this province and in trying to develop
12 some, some measures for meeting those needs both in the
13 short term and the long term.

14 Q And what has this group done, exactly, with
15 respect to the educational needs of social workers?

16 A Well, I think -- I mean, the committee was quite
17 ambitious and we probably didn't accomplish everything we
18 set out to. I think one of the things that we did
19 accomplish was the development of some entry level
20 certificates that are delivered through the continuing
21 education division. I think the other thing we
22 accomplished was a survey of current employees in, in all
23 of the child welfare authorities in terms of their
24 educational backgrounds, work experience, educational
25 needs, if you will.

1 MR. GLOBERMAN: Okay. Madam Clerk, can you
2 please pull up Commission disclosure 2132, page 45060? And
3 just for the record this document runs through to page
4 45064.

5

6 BY MR. GLOBERMAN:

7 Q This is a document we received from your counsel
8 entitled, CFS SCET Survey Results November 2010. Are these
9 the results of the survey you were just speaking about?

10 A They are. They're the -- a summary of the
11 results.

12 Q And you're familiar with this document?

13 A I am.

14 Q Was this document prepared by the Child and
15 Family Services Strategic Committee for Educational
16 Training?

17 THE COMMISSIONER: I don't hear you, Mr.
18 Globerman.

19 MR. GLOBERMAN: Oh, pardon me, sorry.

20 I'm just asking the witness if this document was
21 prepared by the Child and Family Services Strategic
22 Committee for Education and Training.

23 THE WITNESS: It, it was prepared by a staff
24 member of the committee, so the, the university, the
25 authorities, and the province collaborated on funding a

1 position -- a research coordinator position for two years,
2 and, and this was prepared by that individual.

3

4 BY MR. GLOBERMAN:

5 Q And what exactly was the focus of this survey?

6 A This, this was an attempt to get a snapshot of
7 the educational credentials of workers and whether or not
8 they were involved in, in further education and also in
9 what they identified as, as needs for further education.

10 Q And what were the results of this survey, if you
11 can distil it for me.

12 A Well, there were a lot of results. The results
13 were that about half the workers in, in -- very largely in
14 the system had B.S.W. degrees or were pursuing them, but
15 there were certainly differences among the, the
16 authorities, so there were many more -- the vast majority
17 of workers in the General Authority had at least a Bachelor
18 of Social Work. That was less true for the Southern
19 Authority and even less true for the Northern Authority.
20 The Métis authority, I believe, was second. So it gave us
21 a picture of, of who had a B.S.W. degree, who was working
22 on a B.S.W. degree, who had other sorts of credentials.

23 And we then looked at sort of areas that people
24 identified in terms of needing more education, and that
25 varied really across agencies, which led us to, to the

1 conclusion that we really needed to work with the
2 authorities individually rather than an initiative across
3 all the authorities.

4 Q And has that been done since November of 2010?

5 A Has that been done? To, to a limited extent, the
6 faculty committed to offering what we call two cohorts of
7 our Bachelor of Social Work program in the north and two in
8 the south. I believe we have offered annually two in the
9 south. I can't say the same is true in the north, there
10 have been difficulties in, in organizing that, but our
11 commitment remains there.

12 Q And what would have been done with the results of
13 the survey?

14 A Really, the -- as far as we're concerned, the
15 authorities have the ownership of, of the data on their, on
16 their employees, so each authority has, has, I think, dealt
17 with it differently and I'm really not aware of what
18 they've done with it.

19 Q I'd just like to ask you a few questions about
20 your academic focus and, and the research that goes on at
21 the Faculty of Social Work. Are you directly involved in
22 any of the research that goes on at the Faculty of Social
23 Work?

24 A Am I personally involved?

25 Q Yes.

1 A Not in the last five years, no.

2 Q Has your faculty done any research with respect
3 to child protection or apprehension related issues?

4 A Oh, certainly. It's, it's been a real strength
5 in our faculty. So we've had faculty members involved in,
6 in research with the General Authority, with the Northern
7 Authority. This would be research on alternative programs.
8 There's really been a wide range of research. We have one
9 faculty member who, who does research on the relationship
10 between clients and child welfare workers. So there,
11 there's really been a broad range, and I, I think the
12 Inquiry has heard from some of our faculty members and will
13 hear from more.

14 Q We heard evidence at this Inquiry about how the
15 number of children in the care of a child welfare agency in
16 Manitoba has increased over the last number of years.

17 A Um-hum.

18 Q Has your faculty done any research as to why that
19 is the case?

20 A I don't think specifically, no.

21 Q You mentioned research with respect to
22 alternatives.

23 A Um-hum.

24 Q Can you explain what you meant by that?

25 A Certainly the, the -- all of the authorities have

1 engaged in, in programs really aimed at what I would
2 consider diverting children from the substitute care
3 system, from, from placement outside of the family. So,
4 for example, Dr. Judy Hughes did some work with some
5 agencies in the Northern Authority, looking at whether
6 those programs were successful. I know Dr. Brad McKenzie,
7 who you'll be hearing from, did some research with the
8 General Authority on, on the success of -- and --
9 implementation and success of those programs. And, and
10 there may well be others.

11 Q Has your faculty done any research with respect
12 to an increased focus on child protection or apprehension?

13 A I'm not sure what you're asking.

14 Q Has, has your faculty done any research that
15 demonstrates that there has been an increased focus among
16 child welfare agencies on child protection and
17 apprehension?

18 A I, I don't think we've done research in the area
19 but that certainly would be the observation of, of a number
20 of our faculty members, and they would have written about
21 it.

22 Q Do you have any thoughts on, on why that focus
23 has changed?

24 A Well, I mean, my own opinion, as someone who does
25 some academic work in the area, is that part of what

1 happens is when funding is constrained, the system tends
2 to, to move towards protection because if, if you're going
3 to do less, it's more likely you're going to do less in, in
4 the areas of prevention and support than you are in terms
5 of protection because protection, after all, is, is, is the
6 bottom line. So, so I think that's, that's part of what
7 happens.

8 I think in Manitoba there's been a real sort of
9 separation between the protection and what I call family
10 service sort of orientation to child welfare, so protection
11 tends to happen with the child and family service agencies,
12 a lot of the supportive work has tended to happen with
13 agencies that don't carry a child welfare mandate. And
14 that varies by province, to be honest.

15 Q I, I believe I just have one last question for
16 you.

17 A Okay.

18 Q Do you know if professors at the Faculty of
19 Social Work at the University of Manitoba have discussed
20 Phoenix's -- Phoenix Sinclair's case with their classes so
21 that they may learn from it?

22 A I don't know that systematically. I do know --
23 so in that sense, I haven't asked the question. But
24 certainly in discussion with faculty members and the
25 students, we've, we've certainly used it in a couple of

1 ways. I think some faculty members have required
2 assignments that have to do with the Inquiry, and certainly
3 students have, have asked questions and talked to faculty
4 members about what's, what's happening in the Inquiry. So
5 it's certainly present, but I haven't systematically, you
6 know, surveyed the faculty about that.

7 MR. GLOBERMAN: I believe those are all of my
8 questions for this witness, Mr. Commissioner.

9 THE COMMISSIONER: Thank you, Mr. Globerman.

10 Now, there'll be some cross-examination, I
11 assume. Do you want to do that before we break, or are you
12 prepared to carry on, Dean, or --

13 THE WITNESS: Oh, absolutely.

14 THE COMMISSIONER: Who's coming first?

15 Mr. Gindin. Thought they might let you go last
16 this time.

17 MR. GINDIN: I might go, I might go last, but I'm
18 just conveying the impression that we would like a break
19 for a few minutes.

20 THE COMMISSIONER: All right. We'll take the 15
21 minute mid-afternoon break now.

22

23 (BRIEF RECESS)

24

25 MR. GINDIN: Thank you.

1

2 CROSS-EXAMINATION BY MR. GINDIN:

3 Q Dr. Frankel, I represent Kim Edwards and Steve
4 Sinclair.

5 A Um-hum.

6 Q My name is Jeff Gindin. I do have a few
7 questions for you. You were talking about Bill 9 --

8 A Right.

9 Q -- earlier, and that's a bill that has not been
10 proclaimed yet.

11 A Correct.

12 Q And I presume that's a bill that you're basically
13 in favour of.

14 A Basically. I, I might been at different
15 (inaudible) but, yes.

16 Q Now, we've heard from various witnesses -- social
17 workers in particular -- some of whom have told us that
18 they're registered.

19 A Um-hum.

20 Q Some have told us they're not. Many couldn't
21 tell us why they were one way or the other, or what the
22 advantages were of being registered or not. Your position
23 on registration is that it's a good thing?

24 A My general position is that it's a good thing,
25 but also that it, it has to be inclusive. And by that, I

1 mean what I stated earlier, that there has to be a way to
2 include people who don't come in in the traditional route.

3 Q So people who have had a certain amount of
4 experience --

5 A Um-hum.

6 Q -- shouldn't simply be let go.

7 A Exactly.

8 Q And I take it that the holdup seems to be centred
9 around the definition of who should be a social worker and
10 who should be included.

11 A That's one major area. The other area has to do
12 with a position put forth by the Aboriginal Social Workers
13 Society which, which really has to do with the whole
14 discipline process and who should be involved in that
15 process, who should administer that process, especially for
16 aboriginal social workers.

17 Q We've heard some evidence that one of the
18 benefits of registration would be that there would be a
19 complaint process that would be organized so that people,
20 if they had a complaint about a social worker, would have a
21 board to go to or to make a complaint to.

22 A Um-hum.

23 Q And is that something that you would welcome, I
24 presume?

25 A It's something I would support, but under the

1 current legislation, as I understand it, that would apply
2 only to people who chose to define themselves as social
3 workers.

4 Q So we're back to how to define that.

5 A Exactly.

6 Q And that's one of the holdups.

7 A Yes.

8 Q I see. Now, you were talking also about what
9 courses are offered in the child welfare field.

10 A Um-hum.

11 Q Are there any prerequisites or courses that focus
12 on, for example, child psychology?

13 A Yes, the Human Behaviour in Social Environment
14 course would, would include aspects of child psychology.

15 Q There is no prerequisite, for example, that
16 someone have taken a course in child psychology before they
17 go into social work?

18 A No, there is no prerequisite.

19 Q Do you think that might be a good idea?

20 A Not really.

21 Q No?

22 A I think part of what we offer students in our
23 curriculum is a view of child psychology from the
24 perspective of social work practice. I mean, the fact is,
25 many of our students coming in do have that kind of

1 background just by virtue of what they do in their first
2 couple years in university.

3 Q But there is a difference between, for example,
4 questioning adults about --

5 A Um-hum.

6 Q -- certain types of situations and knowing how to
7 question children.

8 A Oh, absolutely.

9 Q And that takes a certain understanding of human
10 behaviour.

11 A Um-hum, agreed.

12 Q And, and certain aspects of child psychology,
13 right?

14 A Yes, but not something that would be covered,
15 say, in an Intro Child Psychology course. You're talking
16 about a pretty advanced course.

17 Q Okay. Is that something that is covered in, in
18 your faculty?

19 A To some extent, but also through the field
20 placements.

21 Q To a limited extent?

22 A To a limited extent, depending on the student.

23 Q And are there courses or segments of courses that
24 deal with the dynamics of domestic violence, for example?

25 A Oh, certainly.

1 Q Yes?

2 A Both in our required courses and in very specific
3 courses. There's a, there's a course on family violence.

4 Q Now, we heard some things about parental
5 capacity.

6 A Um-hum.

7 Q And how that could be assessed and when it should
8 be assessed. Are there courses that deal with assessing
9 things like parental capacity?

10 A Absolutely. That, that would be a component of a
11 course. It --

12 Q Which course?

13 A -- wouldn't be --

14 Q Which course would that --

15 A -- an entire course. Certainly, the -- what we
16 call the Field Focus of Practice, child welfare course.

17 Q Is that an optional course or ...

18 A Again, that's the course that's required of
19 students who are doing a field placement in child welfare,
20 so for some students it's optional.

21 Q Now, you were talking about field placements.

22 A Um-hum.

23 Q How much time is actually spent by students doing
24 that?

25 A A minimum of 900 hours over -- that would be two

1 placements, and all students have to do two placements.

2 Q And that's over the course of the three-year --

3 A Yeah, actually --

4 Q -- program?

5 A -- two years, yeah.

6 Q Two years. Is that something you think is
7 sufficient, or should be more or less?

8 A I think it's sufficient, and it certainly -- I
9 mean, it is the national standard.

10 Q Um-hum. And you talked about part of that
11 process being that there's people who act as mentors.

12 A Yes.

13 Q Out in the field.

14 A Um-hum.

15 Q And that would be social work.

16 A Yeah. The minimum requirement is, is a B.S.W.,
17 and several years of practice.

18 Q And how are these mentors picked?

19 A Really through a process between the agency and
20 our field coordinator. So the agency sort of nominates
21 individuals. These might be individuals who have expressed
22 an interest to the agency.

23 Q Are they, are they interviewed by the faculty?

24 A They are interviewed and they have to take a
25 course, so they're not simply put together.

1 Q I see.

2 A They --

3 Q So to be a mentor to students in field placement,
4 there's a course you have to take.

5 A Yeah. They must complete a course. It's a non-
6 credit course.

7 Q What is that course?

8 A It's a course specifically for field instructors,
9 so it goes over the process of developing learning
10 contract, it goes over what kind of experiences are
11 appropriate for students, how to deal with problematic
12 students. So it's a course led by one of our field liaison
13 people and one of the coordinators of our field program.

14 Q So these mentors would have to, I guess, take
15 time off --

16 A Yes.

17 Q -- work and --

18 A Oh, absolutely. It's --

19 Q -- and take this course.

20 A It's a contribution from their agencies.

21 Q And is it a one-year?

22 A No, it's a course that goes over about eight
23 weeks.

24 Q Eight weeks.

25 A Yeah.

1 Q Now, you mentioned that the degree, Bachelor of
2 Social Work, is -- I think the term used was a generalized
3 degree.

4 A Generalist, yes.

5 Q Yeah, generalist degree. Now, for example, some
6 people can say I have a degree from the Asper School of
7 Business, I specialized in marketing.

8 A Um-hum.

9 Q When it comes to social work, is there such a
10 designation?

11 A Not at the undergraduate level.

12 Q So there's no way of specializing in a particular
13 area --

14 A Well --

15 Q -- as you have in other faculties?

16 A There is, in terms of, of the concentration I
17 referred to earlier, so that will result in a designation
18 on their degree, which is B.S.W. with a concentration. We
19 also offer an option on aging which is an inter-faculty --
20 intra -- no, inter-faculty initiative, and that has a
21 designation. So it is possible, for sure.

22 Q Is it similar to the concept of majoring in a
23 particular --

24 A Yeah, I, I would, I would say it's quite
25 analogous to a major.

1 Q You were asked about the fact that less and less
2 students seem to be going into the child protection type of
3 work.

4 A Um-hum.

5 Q And you told us that one of the reasons may be
6 that people who do that kind of work are under considerable
7 public scrutiny.

8 A Um-hum.

9 Q So this idea of being under public scrutiny is
10 clearly something well-known to the students when they come
11 in?

12 A Yes, I would think so.

13 Q Yeah. And, of course, there are some who still
14 choose it?

15 A Oh, for sure.

16 Q But they certainly know that if you choose it,
17 it's going to be under public scrutiny.

18 A Hmm, yeah.

19 Q You were asked about the relationship between the
20 faculty and various agencies, and you talked about how in
21 some areas it was good --

22 A Um-hum.

23 Q -- some areas it was strained, particularly with
24 respect to the curriculum --

25 A Um-hum.

1 Q -- area. And I take it that one of the reasons
2 curriculum is discussed is it would be important to know
3 what social workers wished they knew --

4 A Absolutely.

5 Q -- before they went to work.

6 A Yes, for sure.

7 Q Right? That would be important to know.

8 A Um-hum.

9 Q And have you had some feedback as to the kinds of
10 things that most of them feel they wish they took or wish
11 they learned --

12 A Um-hum.

13 Q -- before they went out to work?

14 A We have, in the sense that in preparation for our
15 curriculum review we surveyed social workers. We surveyed
16 our graduates, as well as others, and that's where we heard
17 about the desire for an increased emphasis on practice
18 skills and we heard, for example, that they were -- it'd be
19 nice if we did some training in suicide detection and
20 prevention, which is actually something we've, we've
21 adopted. So we do get that kind of feedback.

22 Q Anything else that you can be specific about?

23 A I think, you know, the whole area of practice
24 skills really spoke to, to what I would consider the area
25 of crisis intervention. And I, I think that is consistent

1 with, with a bit of a shift in the field.

2 Q So that's something that social workers have
3 specifically made known to the faculty, that they wished
4 they were better prepared for crisis intervention.

5 A Some, some graduates, yeah.

6 Q Do you have any idea how they could be better
7 prepared? What, what could, what could the faculty do
8 to --

9 A Well --

10 Q -- achieve that?

11 A I -- you know, I think we -- in redesigning our
12 curriculum, we've really added a number of -- I would, I
13 would say sort of lab-based courses where students get to
14 practice some of the skills even before they enter their
15 field placements. We've also included what we're referring
16 to as sort of an integration seminar that, that really --
17 that students will take as part of their field experience.
18 So it's, it's, it's that issue of connecting, you know,
19 theory and practice that's going to get a little more
20 emphasis.

21 Q Do, do any social workers take part in lecturing
22 at the faculty? Like, we have sectional lectures at the
23 law --

24 A Oh, absolutely.

25 Q -- school, for example.

1 A Yeah.

2 Q They do involve themselves in that?

3 A They do, and it's, it's, it's really been our
4 practice to use experienced practitioners for the
5 undergraduate practice-oriented courses.

6 Q And what kind of courses do they teach? Are they
7 very practical, down to earth?

8 A They're, they're a combination of theory and
9 practice, but they -- the thing about practitioners is they
10 can draw on their practice experience as examples, and as,
11 as ways of teaching. So, you know, for example, we have a
12 social worker employed by the school division who teaches a
13 course in the school of social work. We -- our child
14 welfare course is always offered either by one of our full-
15 time faculty who has child welfare experience as a
16 practitioner or, or by a sessional instructor who has
17 experience.

18 Q Is this, is this something you think there should
19 be more of, or do you -- are you satisfied with the present
20 system?

21 A I'm pretty satisfied with the balance at this
22 point.

23 Q Now, you were talking about research and some of
24 the research your -- the faculty members are involved with
25 now --

1 A Um-hum.

2 Q -- you mentioned one particular one that had to
3 do with relationships between clients and the social
4 worker.

5 A Um-hum.

6 Q Have you got, have you gotten any feedback in
7 terms of what they've learned or what their research shows?

8 A I know Dr. Hughes has published in the area.

9 Q Um-hum.

10 A I, I wouldn't pretend to, to have a detailed
11 knowledge of her work in that area.

12 Q Are there any other research projects that might
13 be helpful to us here to know about?

14 A I think we provided a list to counsel for the
15 Inquiry, of all of our research.

16 Q Any other ones come to mind other than the one
17 you mentioned?

18 A Well, certainly Dr. McKenzie's work with the
19 General Authority, Dr. Hughes' work with the Northern
20 Authority. Dr. Taylor-Henley also did some work with one
21 of the northern agencies.

22 Q Okay.

23 A So these tend to be fairly program-specific bits
24 of research that are fed back to the agencies, with the
25 exception of the work on, on client relationships which was

1 a Social Science and Humanities Research Council grant. So
2 that, that would receive --

3 Q That's still going on?

4 A I believe it is, yeah.

5 Q And just one more point. You were asked about
6 the effect this Inquiry might be having out at the faculty.

7 A Um-hum.

8 Q You told us about the fact that it's discussed
9 and it's present.

10 A For sure.

11 Q I think you mentioned that there were perhaps
12 some assignments that students were doing about the
13 Inquiry.

14 A I think that's quite likely.

15 Q Are you able to be more specific and tell us what
16 kind?

17 A I -- you know, I really can't. I mean, I can
18 imagine that, that it's really the connection of the
19 Inquiry to what students are learning in their practice
20 courses. I can't be more specific.

21 Q Has it been -- has the idea come up that students
22 could always come down --

23 A Oh, absolutely.

24 Q -- here and --

25 A Yes.

1 Q -- listen to certain parts of the evidence?

2 A Absolutely.

3 Q Has that happened; do you know?

4 A You know, I don't know.

5 Q But it might be, might be a good idea.

6 A Oh, I think it's a great idea. It's a problem of
7 being in class and being in your field placement and being
8 here.

9 THE COMMISSIONER: Well, if they haven't been
10 down, they've missed a lot.

11 THE WITNESS: That's right.

12 MR. GINDIN: Those are my questions, thank you.

13 THE WITNESS: Thanks.

14 THE COMMISSIONER: Thank you, Mr. Gindin.

15 Ms. (inaudible)?

16 MS. BOWLEY: Good afternoon, Mr. Commissioner.
17 As the lawyer for Diva Faria at this Inquiry, I would like
18 your permission to ask this witness some questions.

19 THE COMMISSIONER: Permission granted.

20 MS. BOWLEY: Thank you.

21

22 CROSS-EXAMINATION BY MS. BOWLEY:

23 Q Dean Frankel, as you heard, my name is Bernice
24 Bowley and I'm representing a witness in this Inquiry. I
25 just want to review with you a couple of points that were

1 brought out in your direct examination.

2 First, you spoke about a specialized
3 concentration in child and family services, and I just want
4 to be sure that was with respect to being offered in your
5 distance education program; is that right?

6 A Well, it's offered specifically in our distance
7 program, but it's, it's really -- it's open to any student
8 in that they can satisfy the requirements of a
9 concentration also on campus, but we don't offer a specific
10 cohort for students on the Fort Garry campus.

11 Q When did that begin to be offered?

12 A I believe two years ago.

13 Q And you were asked about courses that had content
14 about detecting child abuse and neglect. Do you recall
15 that?

16 A Um-hum. Yes.

17 Q And you mentioned there being some content in the
18 course called Intro to Practice.

19 A Right.

20 MS. BOWLEY: And, Madam Clerk, if you could
21 please call up page 44609, this is from Commission
22 disclosure number 2104.

23

24 BY MS. BOWLEY:

25 Q This is the undergraduate calendar for 2009-2010.

1 A Um-hum.

2 Q And I'm sorry, I don't have the page reference
3 for the current academic year. But if you look at that
4 page, there's a course entitled Introduction to Social Work
5 Practice. Is that the course that you meant?

6 A That is the course I meant, yes.

7 Q And so in that course:

8
9 It introduces students to
10 ecological and other generalist
11 based practice frameworks and the
12 role of professional social
13 workers. The course emphasizes
14 values and knowledge in context of
15 a rational approach to problem
16 solving which includes problem
17 definition, assessment,
18 contracting, intervention and
19 evaluation.

20

21 A Um-hum.

22 Q That's the course?

23 A Yes.

24 Q And somewhere in there, there is detecting child
25 abuse and neglect.

1 A Um-hum. Yes. Certainly, the, the assessment
2 area would include that.

3 Q Are there any other required courses that have
4 content relating to child abuse and neglect?

5 A There would be some content in Social Work 2090,
6 Human Behaviour and Social Work Practice.

7 Q I'm sorry, can you say that again? I didn't hear
8 you.

9 A Social Work 2090, Human Behaviour and Social Work
10 Practice.

11 Q And so in that course:

12

13 "Students are introduced to a
14 broad range of theories and will
15 develop an understanding of how
16 people and environments
17 reciprocally affect each other.
18 Particular emphasis is placed on
19 understanding how gender, race,
20 ethnicity, socioeconomic factors,
21 age, ability, and sexual
22 orientation contribute to and
23 influence human behaviour
24 throughout the lifespan."
25

1 A Exactly.

2 Q Are there any other required courses that have
3 content relating to the detection of child abuse and
4 neglect?

5 A At, at the policy level, certainly the
6 Introduction to Social Welfare Policy Analysis and ...

7 Q Wait, before you go on, can you tell me what the
8 number is?

9 A Social Work 1310, I believe.

10 Yeah, right at the --

11 Q And am I reading this number right, because it
12 says 1310 that's a first year course?

13 A That's, that's a course available -- it's a
14 required course in the B.S.W. program. It's also available
15 to first-year university students in general.

16 MS. BOWLEY: All right. And for the record,
17 that's on page 44608 of, of the Commission disclosure.

18

19 BY MS. BOWLEY:

20 Q And as well, I'll just put this into the record,
21 as well.

22

23 This course examines social
24 welfare policy as the end product
25 of ideologies. There are

1 introduction of elements of
2 ideology and the comparison of
3 competing ideological systems.
4 The relationship of economic,
5 political and ethical views of
6 society and their manifestations
7 in societal responses to human
8 need and social services.

9

10 A Right. So again, this would be at the broad
11 policy level.

12 Q And then students may or may not get further
13 knowledge as to detection of child abuse and neglect,
14 depending on their field placement; is that right?

15 A Depending on their field placement and the
16 electives they choose.

17 Q When did the 900-hour field placement come into
18 effect?

19 A I honestly have no idea. It's been in effect
20 certainly since I joined the faculty in 1988 and probably
21 well before that. Well, let me retract that. It was in
22 effect when I was a student in 1976.

23 Q Thank you. And you may hear this more today, but
24 I just want to use it as a starting-off point. A B.S.W. is
25 a generalist degree?

1 A Yes.

2 Q In what areas can you obtain concentrations?

3 A At this point, child and family services ...
4 It's not called a concentration, but in aging, social work
5 in aging, so this is the option on aging. And those are
6 the two areas right now.

7 Q So the only one where you can get a concentration
8 after your B.S.W. is in child and family services?

9 A Yes.

10 Q And that is child and family services in general?

11 A Yes.

12 Q There is no specific concentration for child
13 protection services?

14 A No, there is not.

15 THE COMMISSIONER: That's after your BMW --
16 B.S.W., is it?

17 THE WITNESS: No, it's as part of the degree.

18 MS. BOWLEY: As part of your Bachelor of Social
19 Work.

20 THE COMMISSIONER: That's what I understood --

21 MS. BOWLEY: Yes.

22 THE COMMISSIONER: -- but I thought you said
23 after, I'm sorry. It, it --

24 MS. BOWLEY: I'm not sure --

25 THE WITNESS: You did say --

1 MS. BOWLEY: -- if I said after, Mr.
2 Commissioner. I didn't mean to. What I --

3 THE COMMISSIONER: No.

4 MS. BOWLEY: -- meant to ask the witness --

5 THE COMMISSIONER: It's part of.

6 MS. BOWLEY: Yes.

7 THE COMMISSIONER: Yeah.

8 MS. BOWLEY: The only time you get a
9 concentration -- here's what I said -- after the B.S.W.,
10 that you get to put after your name, is if you've done a --

11 THE COURT: Oh.

12 MS. BOWLEY: -- concentration in the general
13 category of child and family services.

14 THE COMMISSIONER: And I thought you, I thought
15 you meant after you got the degree, but I follow you.

16 THE WITNESS: So --

17 MS. BOWLEY: The letters after the name.

18 THE COMMISSIONER: Yeah.

19 THE WITNESS: So let me clarify. You will get a
20 designation on your academic transcript.

21 MS. BOWLEY: Right.

22 THE WITNESS: Not on your, your degree. Your
23 actual degree will simply say Bachelor of Social Work.

24

25 BY MS. BOWLEY:

1 Q So to the world, it's still a generalist
2 degree --

3 A Yes.

4 Q -- a Bachelor of Social Work.

5 A Yeah.

6 Q So you'd agree with me, then, that the B.S.W.
7 degree does not confer particular child abuse or neglect
8 expertise on a graduate?

9 A I'm not sure I'd agree with that statement
10 because it does, it does include some content in those
11 areas.

12 Q Well, isn't "some content" different than
13 expertise?

14 A Well, think about medicine, a general
15 practitioner in medicine.

16 Q Well, a general practitioner in medicine does a
17 lot more than a three-year generalist degree.

18 A I'm not sure that's the case.

19 Q Are you saying that someone who becomes a general
20 doctor of medicine has only done three years of
21 university?

22 A No, but I'm saying they haven't done much more in
23 terms of --

24 THE COMMISSIONER: You're saying they don't come
25 out as a specialist.

1 THE WITNESS: Yeah, I -- thank you. They, they
2 really don't come out as a specialist in the same sense
3 that a general practitioner of social work doesn't come out
4 as a specialist.

5

6 BY MS. BOWLEY:

7 Q That was my point.

8 A Yeah.

9 Q Thank you.

10 A But I would not agree that there's no content.

11 Q Oh, I wasn't suggesting that there was no
12 content. I'm just saying that B.S.W.s do not come out
13 with, for example, a concentration that's listed on their
14 transcript as to child in protection -- child protection
15 services.

16 A No, not unless they elect that program -- oh,
17 child protection, no, you're correct.

18 Q Okay. And just so we're clear, again, there is
19 no special concentration in child protection services --

20 A That is correct.

21 Q -- for someone with a B.S.W. from --

22 A Yeah.

23 Q -- the University of Manitoba.

24 A Yeah. Or any other B.S.W. program in the
25 country.

1 Q And would you agree that after graduation, in
2 order to do child protection work a graduate with a B.S.W.
3 from the University of Manitoba would need on-the-job
4 training in order to broaden their knowledge base?

5 A I, I would agree they need -- they would need
6 training, yes, and supervision and mentorship.

7 MS. BOWLEY: Thank you, sir. Those are my
8 questions.

9 THE WITNESS: Sure.

10 THE COMMISSIONER: Thank you, Ms. Bowley.

11 Mr. Paul?

12

13 DIRECT EXAMINATION BY MR. PAUL:

14 Q Good after, Dean Frankel. My name's Sasha Paul.
15 I am one of the lawyers for the Department of Family
16 Services and Labour, as well as for Winnipeg Child and
17 Family Services --

18 A Um-hum.

19 Q -- and I just have a few brief questions for you.

20 Again, my understanding of your evidence is that
21 you've been an academic since 1988?

22 A Yes.

23 Q And I understand from your direct this morning
24 that essentially you've been a full-time academic since
25 that time?

1 A Yes.

2 Q And that your connection to practice has been, I
3 think you said, limited to an employee assistance program?

4 A In terms of -- if we're talking about my own
5 direct practice --

6 Q Yes.

7 A -- with clients, but it's broader than that if
8 you consider my supervision of graduate students who are
9 doing practice. And I, I do mean clinical supervision, not
10 supervision of their academic work.

11 Q Okay, fair enough. It's fair to say that you're
12 not involved in the administration of a child welfare
13 agency operating in Manitoba? That's fair to say?

14 A That's fair to say.

15 Q Right.

16 A Yes.

17 Q And, of course, my understanding of your
18 testimony is that your academic interests are centred upon
19 family practice and human behaviour?

20 A Okay, that's fair.

21 Q Fair enough?

22 A Um-hum.

23 Q And that your academic interest isn't directing
24 you to the administration of child and family service
25 agencies, per se?

1 A That would be correct.

2 Q Sorry?

3 A That's correct.

4 Q Okay. And we're expecting to hear evidence that
5 there has been the institution of a new funding model for
6 child and family services agencies. Can I take it that
7 that's not something that you're personally aware of?

8 A I'm certainly aware of it. I don't claim any
9 expertise in that area.

10 Q Okay. So no expertise in terms of how this
11 funding model works?

12 A Yeah, no.

13 Q And that you wouldn't be able to dispute that
14 there is influx of funds from the provincial government and
15 federal government presently?

16 A I wouldn't, no.

17 Q And that there is funding both for protection
18 cases and prevention cases?

19 A No. I --

20 Q And --

21 A I would defer to Dr. McKenzie on that one.

22 Q You wouldn't also be able to dispute that from
23 2001 to 2011, provincial funding of child welfare has
24 increased from 165 million to 423 million over that time
25 period?

1 A I'm actually aware of that. I --

2 Q Okay, you are --

3 A -- I would be --

4 Q -- aware of that?

5 A -- able to agree with that.

6 Q So you'd agree with it.

7 A Yeah.

8 Q And over that same time span, federal funding has
9 increased from 50 million to 125 million dollars? You
10 agree with that as well?

11 A I'm not sure about that.

12 Q You wouldn't be able to dispute that?

13 A No. Or confirm it.

14 Q Okay. In terms of the issue of training, we
15 expect to hear some evidence that when it comes to Winnipeg
16 Child and Family Services, that new workers have a limited
17 caseload when they come on now?

18 A Um-hum.

19 Q Or do you have any ability to comment on that?

20 A I -- that is my understanding.

21 Q Yeah. And that we also expect to hear evidence
22 that, of course, their caseload is gradually increased over
23 time to 20 files. You'd agree with that, as well.

24 A Yeah, that is my understanding.

25 MR. PAUL: Mr. Commissioner, those are my quick

1 and brief questions (inaudible).

2 THE COMMISSIONER: Thank you, Mr. Paul.

3 MR. PAUL: Thank you, Mr. Commissioner.

4 THE COMMISSIONER: Mr. Khan.

5

6 DIRECT EXAMINATION BY MR. KHAN:

7 Q Hello, Dean Frankel. My name is Hafeez Khan. I
8 am counsel for Intertribal Child and Family Services.

9 I just wanted to clarify a few points. I may
10 have missed a couple things.

11 A Sure.

12 Q I just wanted to make sure I heard things
13 correctly. You were asked about your, your opinion on
14 social workers completing a B.S.W. while working with the
15 agency.

16 A Um-hum.

17 Q And I understood part of your answer to be the
18 reality is that there's a strong labour market demand for
19 social workers; is that correct?

20 A Yes.

21 Q So you're aware of high turnover rates for child
22 protection workers, for example. Right?

23 A Yes.

24 Q It's a stressful and challenging job?

25 A Um-hum.

1 Q You're not opposed to social workers continuing
2 their, their education, right?

3 A Oh, not at all. I think my point was that it
4 works best when their employer is supportive, either
5 financially or in terms of flexible, flexible work time.

6 Q Perfect. And during your testimony, I thought I
7 heard -- and correct me if I'm wrong, but I thought I heard
8 you mention that past graduates who have worked in child
9 protection field have -- some have said they like the work,
10 some have told you that it's just not for them.

11 A Yeah, that's true.

12 Q So you'd agree that, of course, child protection
13 work's not suited for everybody.

14 A Oh, absolutely.

15 Q And, and certainly just having a B.S.W. doesn't
16 necessarily mean that child protection work is for you.

17 A Right.

18 Q Correct?

19 A I would agree with that.

20 Q And again, correct me if I'm wrong, but I thought
21 I had heard you mention that a B.S.W. graduate is not
22 necessarily practice ready, that they should get mentorship
23 at the agency, sort of on-the-job training to basically get
24 into the work.

25 A Yes, I did say that, and I guess I'm making the

1 distinction between the B.S.W. graduate who's already
2 working in the agency --

3 Q Um-hum.

4 A -- and the B.S.W. graduate who has literally no
5 experience.

6 Q And that's what I meant.

7 A Yeah.

8 Q So someone who hasn't worked in CFS before --

9 A Yeah. I would --

10 Q -- just gone to school --

11 A -- agree with that.

12 Q -- and so on. Now, now you're, you're on the
13 board of the College of Social Workers; is that correct?

14 A There's a transition board.

15 Q Okay.

16 A Which -- the legislation allows the Minister to,
17 to appoint such a board.

18 Q And you talked about inclusivity, which --

19 A Yes.

20 Q -- which is about including social workers who,
21 who don't have a B.S.W.

22 A That's correct.

23 Q And from Mr. Gindin's questions, that -- you're
24 referring to social workers with experience in social,
25 social work.

1 A Yes.

2 Q Did you also -- and, and again, I, I may have
3 misheard you. Did you also -- is it your personal opinion
4 that an individual should have a Bachelor of Social Work
5 before they do child protection work?

6 A It's, it's my personal opinion, yes.

7 Q But you're not saying that current social workers
8 without a Bachelor of Social Work aren't doing just as good
9 a job?

10 A I really don't know.

11 Q Oh, you --

12 A I have no way of evaluating that.

13 Q But isn't that somewhat conflicting with, with
14 the concept of inclusivity with respect to the, to the
15 college of social workers?

16 A I don't think so. Maybe you can ask the question
17 again.

18 Q Well, you said, you said that the college has a
19 commitment to including social workers who don't have a
20 B.S.W.

21 A Yes.

22 Q So they call themselves social workers.

23 A Um-hum.

24 Q But your view is also that someone should have a
25 B.S.W. before becoming a social worker.

1 A Ideally, yes. So ideally, yes, but this is, this
2 is not an ideal situation. And I, I guess my response was
3 I really have no way to evaluate the practice of either
4 B.S.W. graduates or non-B.S.W. graduates doing child
5 welfare work so I, I simply don't know, and I, I don't
6 think there's -- I'm not aware of any literature in that
7 area.

8 Q So you're not saying that someone without a
9 B.S.W. isn't doing -- you're not in a position to say
10 whether or not they're doing a good job or not.

11 A No, exactly. I don't know.

12 MR. KHAN: Thank you, those are my questions.

13 THE COMMISSIONER: Thank you, Mr. Khan. No, we
14 got --

15 THE WITNESS: There's a race.

16 THE COMMISSIONER: We're not through yet.
17 You'll, you'll be last --

18 UNIDENTIFIED PERSON: Yeah.

19 THE COMMISSIONER: -- before any re-examination.
20 Yeah.

21 MS. HARRIS: (Inaudible).

22 THE COMMISSIONER: You're counsel for the General
23 Authority; am I right?

24 MS. HARRIS: Correct. Correct, Mr. Commissioner.

25

1 CROSS-EXAMINATION BY MS. HARRIS:

2 Q Dean Frankel, my name is Laurelle Harris, and I'm
3 counsel for the General Authority. I just have a few
4 questions for you.

5 A Sure.

6 Q Would you agree that it would be best practice
7 that there be a smooth and seamless transition between the
8 education that students receive in the school and then the
9 further on-the-job training that they receive once they're
10 out in the workforce?

11 A I, I would agree in situations where the
12 student's field placement is related to their job. That's
13 not always the case.

14 Q Thank you. And in the case of a person who is --
15 a student who was leaving the Faculty of Social Work and is
16 entering into child protection specifically --

17 A Um-hum.

18 Q -- would you agree that it would be helpful for
19 there to be some coordination of training so that --

20 A Um-hum.

21 Q -- that transition is more seamless?

22 A I, I would agree.

23 Q There's been discussion about the fact that not
24 -- some people don't want to go into the area of child
25 protection.

1 A Um-hum.

2 Q In your opinion, would it be helpful to draw
3 students to child protection practice or child welfare
4 practice after they've completed their degree if they knew
5 that they would receive comprehensive training very early
6 in their careers in the workplace?

7 A I, I think that would make a difference. I would
8 observe, though, that students -- my observation is that
9 students make that decision quite early in their
10 educational program so this probably isn't something I
11 would present to students in their final year. I don't
12 think that would make much difference.

13 Q So it would be an inducement if the information
14 about what type of on-the-job training they would receive
15 would be introduced to them very early on in their
16 education as --

17 A I would agree with that, yeah.

18 Q And similarly, if students were aware that if
19 they went into child protection practice, that very early
20 in their career they would again have a dedicated mentor or
21 coach that would be different from their supervisor --

22 A Um-hum.

23 Q -- would that be of assistance in inducing those
24 students to enter into the field of child welfare?

25 A I think it would be.

1 Q And you again would agree that introducing that
2 information earlier rather than later in their curriculum
3 or, you know, in terms of --

4 A Um-hum.

5 Q -- how information is delivered to students at
6 the faculty, would be helpful.

7 A Yes.

8 Q Okay. Do you also agree that it's best practice
9 to ease new graduates in child protection into their
10 caseloads on a graduated basis?

11 A Oh, absolutely.

12 Q Earlier you referenced your belief that part of
13 the job for the Faculty of Social Work is to advocate for
14 the socially marginalized.

15 A Um-hum.

16 Q Would you agree that it would be an important
17 tool or, or important assistance for youth who are in care
18 and are transitioning from care as adults, to achieve
19 independence by having access to various supports including
20 free post-secondary education?

21 A I would agree, sure.

22 Q Are you aware that a number of post-secondary
23 educational institutions have already committed in Manitoba
24 to provide tuition waivers to children --

25 A Um-hum.

1 Q -- who are in care?

2 A Yes, I am aware of that.

3 Q And would you agree that it would be beneficial
4 for the University of Manitoba to also provide free tuition
5 waivers to students who are transitioning out of --

6 A I'm, I'm not sure if it would be -- if I'm
7 prepared to be that specific, that it would be tuition
8 waivers as, as opposed to other mechanisms.

9 Q But you would agree that it would be beneficial
10 for the University of Manitoba to offer some form of
11 financial assistance to youth transitioning out of care, to
12 assist them in obtaining an education --

13 A Absolutely.

14 Q -- post-secondary.

15 A Yeah.

16 Q In what ways are issues of diversity -- for
17 example, dealing with newcomer communities, in what ways
18 are issues of diversity changing the nature of social work
19 education?

20 A Changing the nature of social -- it's, it's
21 really throughout our curriculum. I mean, it is one of the
22 realities of practice in Manitoba. So as, as you heard
23 earlier, the human behaviour course which is sort of one
24 the foundational courses introduces the idea of diversity.
25 But I would say it's really -- it's woven throughout our

1 curriculum.

2 Q In what ways can you or would you like to see
3 further collaboration between authorities or child welfare
4 agencies and the faculty?

5 A Well, I think we're beginning to see some of it
6 so, for example, I know the, the General Authority has had
7 a staff person involved in our curriculum review committee.
8 We seek to have practitioners on our B.S.W. program
9 committee, which is the committee that sort of is concerned
10 with, with that curriculum. So I guess I would say, you
11 know, more, more involvement like that. More
12 representation. But the mechanism's already there; the
13 take-up isn't, isn't all that great. Yeah, I think I will
14 leave it there.

15 MS. HARRIS: Thank you. Those are my questions.

16 THE WITNESS: Sure.

17 THE COMMISSIONER: Just for the record, I'm still
18 getting used to counsels' names. Would you put your name
19 on the record?

20 MS. HARRIS: Certainly, Mr. Commissioner. It's
21 Laurelle Harris.

22 THE COMMISSIONER: That's what I thought, but I
23 was not just quite certain and so that, that will now be on
24 the record.

25 MS. HARRIS: Thank you.

1 THE COMMISSIONER: Thank you very much.

2 Anybody else? Mr. Saxberg?

3 MR. SAXBERG: Thank you, Mr. Commissioner.

4

5 CROSS-EXAMINATION BY MR. SAXBERG:

6 Q I just -- Chris Saxberg, for the Northern
7 Authority, the Southern Authority, and ANCR.

8 Just want to clarify one area. You were asked
9 whether or not you believed it should be a requirement for
10 a freshly minted frontline social worker or for any
11 frontline social worker to have a B.S.W. Do you recall
12 your evidence on that point?

13 A I don't. I hope I said I thought it should be a
14 requirement.

15 Q Yeah, I think you said that at this point in time
16 with the workload demands, it's essential that we don't
17 have that requirement --

18 A Ah.

19 Q -- but as a --

20 A In an ideal -- yeah.

21 Q But as an academic, your inclination is that that
22 would be a good thing to have that.

23 A Um-hum.

24 Q And you're familiar with the provincial
25 foundational standards?

1 A I am.

2 Q And you're aware that standard 1.8.2 deals with
3 human resource practices? Are you aware of that
4 specifically?

5 A I don't have an encyclopedic knowledge of, of it.

6 MR. SAXBERG: And I, I -- if I -- I, I don't have
7 the CD number that we could put on the screen that is the
8 current provincial foundational standards but I, I just
9 want --

10 THE COMMISSIONER: Do you have a copy of it
11 yourself?

12 MR. SAXBERG: I'm looking at the internet right
13 now, the, the foundational standards on the internet.

14 THE WITNESS: Um-hum.

15

16 BY MR. SAXBERG:

17 Q But I think it'll serve our purpose if I just
18 draw your attention to what the foundational standard --

19 A Sure.

20 Q -- requirements are just for the purpose of
21 asking whether you agree.

22 THE COMMISSIONER: This is 1.8.2 you're going to
23 read, are you?

24 MR. SAXBERG: Right. Of the --

25 THE COMMISSIONER: Fair enough.

1 MR. SAXBERG: -- current provincial foundational
2 standards.

3 THE WITNESS: Yes.

4 MR. SAXBERG: And it's --

5 THE COMMISSIONER: 1.8.2.

6 MR. SAXBERG: Yeah, under the title, Human
7 Resources Practices.

8 THE WITNESS: Right, um-hum.

9

10 BY MR. SAXBERG:

11 Q And at standard number 3, Field Staff 2 (FS2)
12 Designation. And it says that:

13

14 "An agency must not designate a
15 person hired to do front-line
16 child protection work as an FS2
17 unless the person meets one of the
18 following criteria."

19

20 And the first is a B.S.W.

21 A Yes.

22 Q Accredited -- from an accredited university.
23 Second -- and you agree with that --

24 A Um-hum.

25 Q -- as an ultimate goal, once we get past the

1 workload.

2 A Yes.

3 Q -- problems. Second is Master of Social Work
4 degree from an accredited university.

5 A Right.

6 Q You agree with that.

7 A Um-hum.

8 Q Yes?

9 A Yes.

10 Q And a completed Pre-Master in Social Work from an
11 accredited university. Would you agree with that?

12 A Actually, I don't.

13 Q Okay. And why not?

14 A Well, there are very few pre-master's programs in
15 the country. We are one of the few. But our pre-master's
16 program is not designed as a credential. It's -- and, and
17 we're very clear about that in all of our material. But
18 it's, it's really designed to prepare students for the
19 master's program. So it's not a credential I would stand
20 behind and say this a social work degree.

21 Q Right, but you need a B.S.W. to get a pre-
22 master's.

23 A No.

24 Q You do not?

25 A No. The pre-master's program is specifically for

1 students who have a bachelor's degree in a discipline other
2 than social work.

3 Q Okay.

4 A So it's, it's, in a sense, an additional year to
5 the master's program.

6 Q Okay. The next criteria in the provincial
7 standard is:

8

9 "... [a] related social services
10 degree from an accredited
11 university plus two years social
12 service experience."

13

14 A I, I would agree that needs to be included
15 because there are always exceptions.

16 Q And Mr. McKinnon has provided me with the page
17 number, for the record. It's page four ...

18 MR. MCKINNON: Sorry (inaudible). Just make sure
19 I've got the right one, Mr. Commissioner. 42569.

20 MR. SAXBERG: 42569.

21 THE COMMISSIONER: 42569. We'll see if the clerk
22 can find that.

23 MR. SAXBERG: And if, if I could ask the clerk to
24 just scroll down, it's standard number 3 --

25 THE WITNESS: Um-hum.

1 MR. SAXBERG: -- that we're referring, so --

2 THE WITNESS: Yeah.

3 MR. SAXBERG: -- I'm on --

4 THE COMMISSIONER: My screen's not working today,
5 but now I'm just going to -- I can get along fine, but I'm
6 just telling you that so after we adjourn you can look into
7 that.

8 THE CLERK: I will.

9 THE COMMISSIONER: Okay.

10

11 BY MR. SAXBERG:

12 Q And I was on bullet number 4.

13 A Right.

14 Q

15 "[A] related social services
16 degree from an accredited
17 university plus two years social
18 service experience."

19

20 That's what the provincial standard is and that's
21 in -- as an alternative to having a B.S.W. And the
22 question I have for you is, what's your view as to whether
23 that's an appropriate standard?

24 A I, I think it's appropriate depending on the
25 definition of a "related social service degree." And by

1 that I mean some programs may not call their degree a
2 Bachelor of Social Work. They may call it a Bachelor of
3 Social Welfare, a Bachelor of Social Services, so I think
4 that, that is necessary.

5 Q And the next bullet is:

6

7 "[A] post-secondary diploma in a
8 related field plus three years
9 direct child welfare experience."

10

11 Is that something that you see is an appropriate
12 qualification as an alternative to having a B.S.W.?

13 A As an alternative, yes.

14 Q And the next is:

15

16 "Post-secondary certificate in a
17 related field plus five years
18 direct child welfare experience."

19

20 A I -- honestly, I have difficulty sort of in the
21 quantification of years of experience. I understand why
22 these requirements are there, why these standards are
23 there. I, I would say I have difficulty with it going
24 forward, but I understand the need for them at the present
25 time.

1 Q Okay. And you see the final exception there
2 being --

3 A Um-hum.

4 Q -- if you have ten years' experience, direct
5 experience in child welfare, but no post-secondary degree,
6 that at present the provincial foundational standard allows
7 that to be --

8 A Yes.

9 Q -- an alternative to having a B.S.W. And at this
10 point in time, you don't oppose that, especially in --

11 A No.

12 Q -- light of the workload requirements.

13 A Exactly.

14 MR. SAXBERG: Okay. Those are all my questions.

15 Thank you.

16 THE WITNESS: Thanks.

17 THE COMMISSIONER: Thank you, Mr. Saxberg.

18 Now is there anybody else? It would appear not,
19 so counsel, it's your turn.

20 MS. VERSACE: Good afternoon, Mr. Commissioner.

21 It's Maria Versace from the University of Manitoba, and I
22 just have a couple of very brief questions.

23

24 CROSS-EXAMINATION BY MS. VERSACE:

25 Q Dr. Frankel, you had mentioned earlier that the

1 University of Manitoba is the only accredited university in
2 the Province of Manitoba; is that correct?

3 A That the Faculty of Social Work --

4 Q Social --

5 A -- is, is the only --

6 Q First --

7 A Has the only accredited social work program --

8 Q Thank you.

9 A -- in the province, yes.

10 Q Thank you for clarifying that. You had also
11 mentioned that the Faculty of Social Work is currently
12 redesigning its program --

13 A Yes.

14 Q -- based on feedback from various --

15 A Um-hum.

16 Q -- groups. My question is, is the faculty's
17 ability to redesign the program, is that affected by the
18 accreditation standards?

19 A Well, we really redesign the program with the
20 standards in mind so they, they provide some of the
21 guidance for, for, for redesigning the program. It
22 certainly presents some limitations. It will specify, for
23 example, what percentage of a student's credit hours will
24 be social work content as opposed to general social science
25 content. So, so, yes, there are limitations.

1 MS. VERSACE: Okay. And that -- I believe that's
2 really the only thing I wanted to clarify.

3 THE COMMISSIONER: Thank you.

4 MS. VERSACE: Thank you.

5 THE COMMISSIONER: Mr. Globerman?

6 MR. GLOBERMAN: I just have a few brief
7 questions --

8 THE COMMISSIONER: Yes.

9 MR. GLOBERMAN: -- in re-examination.

10 I just wanted to confirm for the record, I
11 referred earlier to Commission disclosure 2109. I just
12 wanted to confirm that that document runs through to page
13 44706; I forgot to do that earlier. Oh, Commission
14 disclosure 2109.

15 THE WITNESS: I was going to say, I've never seen
16 this.

17 MR. GLOBERMAN: It's the document on standards
18 for accreditation.

19 THE WITNESS: Ah.

20 MR. GLOBERMAN: Just runs through to page 44706.
21 And you can see at the bottom it says, Page 16 of 16.

22 THE COMMISSIONER: Is that, is that the document
23 you mean?

24 MR. GLOBERMAN: Yes --

25 THE WITNESS: Yes.

1 MR. GLOBERMAN: -- Mr. Commissioner.

2 THE COMMISSIONER: Well, according to my sheet,
3 that's 44691.

4 MR. GLOBERMAN: The, the first page is. I was
5 just clarifying for the record --

6 THE COMMISSIONER: Oh.

7 MR. GLOBERMAN: -- that the document runs through
8 to --

9 THE COMMISSIONER: Oh.

10 MR. GLOBERMAN: -- page 44706.

11 THE COMMISSIONER: Correct.

12

13 RE-EXAMINATION BY MR. GLOBERMAN:

14 Q Just have a few brief questions for you.

15 A Sure.

16 Q How many students that are enrolled at the
17 Faculty of Social Work graduate with that concentration in
18 child and family services?

19 A Given we, we just implemented it two years ago,
20 the first graduates wouldn't -- the earliest the first
21 graduates would come through is next year, so, so at this
22 point there are none.

23 Q And do you know how many are enrolled in that
24 concentration?

25 A I would say there are roughly 30.

1 Q Now, earlier when we were discussing people
2 working child welfare and child protection, you were using
3 the terms somewhat interchangeably. Can you give me an
4 example of somebody working in child welfare but not in
5 child protection?

6 A Sure. Somebody who is working with, with parents
7 of a child who's been defined as difficult. So someone
8 who's, who's working on parenting skills, parenting
9 attitudes, that kind of thing. As compared to somebody who
10 is doing an abuse investigation and, and, for that matter,
11 working with a family where it's been substantiated that
12 abuse has occurred and, and evaluating whether there's been
13 progress.

14 Q I believe Mr. Khan, for Intertribal, was asking
15 you about comparing people working with a Bachelor of
16 Social Work degree compared to people that don't have a
17 degree, and I believe he was asking you to kind of confirm
18 that you're not in a position to, to say that one are doing
19 better than the other. I believe that was his line of
20 questioning. Do you have any knowledge as to how graduates
21 with a Bachelor of Social Work degree compare in child --
22 in the child protection field compare to those without such
23 a degree?

24 A Again, I don't have empirical knowledge so I
25 cannot point to a study, but I mean, I can point to my own

1 observations as a practitioner as well as sort of the
2 consensus among social work educators and, and I would say
3 clearly the -- a social work education is preferable to not
4 having a social work education. I think that's as
5 definitive as I can be, really.

6 Q That's fair enough. Now, you testified about
7 the, the workload issues that you're aware of and the
8 demand --

9 A Um-hum.

10 Q -- for social workers in the profession. Would
11 you like to see the Faculty of Social Work admit more
12 students?

13 A I would like to see something really similar to
14 the nursing initiative that the province is continuing to,
15 to support. I would really like to see a social work
16 initiative in this province.

17 Q Can you explain what you mean by that?

18 A Well, for me that means a comprehensive labour
19 force assessment and plan and, certainly, we could start in
20 the area of child welfare. I don't think we, we have a
21 comprehensive picture of really what the labour force needs
22 are. And then related to that, I would like to see
23 increased support to, to the university to admit more
24 social work students maybe in the area of child welfare. I
25 think that's a possibility. So very much like the province

1 has committed to, to making more spaces available for
2 nursing students based on their assessment of the labour
3 force, I think we could go through a similar process with,
4 with child welfare and other areas of social work.

5 MR. GLOBERMAN: I believe those are all my
6 questions for this witness, Mr. Commissioner.

7 THE COMMISSIONER: Thank you, Mr. Globerman.

8 Well, Dean Frankel, you're finished.

9 THE WITNESS: Thank you very much.

10 THE COMMISSIONER: I want to thank you very much
11 for coming. I'm a great believer that besides the teaching
12 and the research, that there's a place for coming down into
13 the real world and this has been a real example of coming
14 down and --

15 THE WITNESS: Couldn't agree with you more.

16 THE COMMISSIONER: And I, I, I think it's the
17 proper place for a university to be involved, and
18 appreciate the time and concentration and study you've put
19 into being ready to come and give us the benefit of your
20 advice today.

21 THE WITNESS: Thank you very much.

22 THE COMMISSIONER: Thank you.

23 THE WITNESS: I agree.

24 THE COMMISSIONER: So you, you can leave the
25 stand.

1 THE WITNESS: Ah, thank you.

2

3 (WITNESS EXCUSED)

4

5 THE COMMISSIONER: Now, we're obviously not going
6 to have Dr. Wright back tonight. Mr. Globerman, you want
7 to speak to that?

8 MR. GLOBERMAN: Yeah, I believe she'll be called
9 back at a later day, perhaps by teleconference, to have her
10 cross-examination conducted.

11 THE COMMISSIONER: That's what I understand.

12 MR. GLOBERMAN: But I believe the schedule, as
13 far as tomorrow is concerned, it's as is.

14 THE COMMISSIONER: Our schedule tomorrow will
15 hold as it is.

16 MR. GLOBERMAN: That's my understanding.

17 THE COMMISSIONER: Yes. And that, that
18 arrangements will be made for a convenient time for the
19 cross-examination of Dr. Wright, and that'll be done in
20 collaboration by your office and all other counsel.

21 MR. GLOBERMAN: Yes, sir.

22 THE COMMISSIONER: All right. So we're adjourned
23 till 9:30 in the morning?

24 MR. GLOBERMAN: Yes, sir.

25 THE COMMISSIONER: All right. We stand adjourned

1 as of now. Thank you.

2

3 (PROCEEDINGS ADJOURNED TO APRIL 25, 2013)