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

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

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Transcript of Proceedings  
Public Inquiry Hearing,  
held at the Winnipeg Convention Centre,  
375 York Avenue, Winnipeg, Manitoba

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TUESDAY, DECEMBER 18, 2012

**APPEARANCES:**

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**MR. G. MCKINNON**, Department of Family Services and Labour

**MR. T. RAY**, Manitoba Government and General Employees Union

**MR. K. SAXBERG**, General Child and Family Services Authority, First Nations of Northern Manitoba Child and Family Services Authority First Nations of Southern Manitoba Child and Family Services Authority Child and Family All Nation Coordinated Response Network

**MR. J. BENSON**, for Intertribal Child and Family Services

**MR. J. GINDIN** and **MR. D. IRELAND**, Mr. Nelson Draper Steve Sinclair and Ms. Kimberly-Ann Edwards

**MR. J. FUNKE** and **MS. J. SAUNDERS**, Assembly of Manitoba Chiefs and Southern Chiefs Organization Inc.

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2 PROCEEDINGS CONTINUED FROM DECEMBER 17, 2012

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4 THE COMMISSIONER: All right, Mr. Olson.

5 MR. OLSON: We're ready to proceed.

6 THE CLERK: Could you just stand for a moment.

7 THE WITNESS: Sure.

8 THE CLERK: Is it your choice to swear on the

9 Bible or affirm without the Bible?

10 The Bible?

11 THE WITNESS: Yes, please.

12 THE CLERK: State your full name for the court,  
13 please.

14 THE WITNESS: Carolyn Frances Parsons.

15 THE CLERK: Can you spell me your first name.

16 THE WITNESS: C-A-R-O-L-Y-N.

17 THE CLERK: And your middle name.

18 THE WITNESS: F-R-A-N-C-E-S.

19 THE CLERK: And the last name.

20 THE WITNESS: P-A-R-S-O-N-S.

21

22 **CAROLYN FRANCES PARSONS,** sworn,

23 testified as follows:

24

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

1 DIRECT EXAMINATION BY MR. OLSON:

2 Q You have a bachelor of social work from the  
3 University of Manitoba?

4 A Yes, I do.

5 Q And that was obtained in 1980?

6 A Yes.

7 Q And then you started working in the child welfare  
8 system in 1982?

9 A Yes, I did.

10 Q When you started working it was with, it was with  
11 the Children's Aid Society?

12 A Yes.

13 Q And that was the predecessor to the Winnipeg  
14 Child and Family Services?

15 A Yes.

16 Q What was your position?

17 A I was a children's services worker.

18 Q What was the role of a children's services  
19 worker?

20 A A children's services worker would be responsible  
21 for services to children who were in the care of the  
22 agency, whether that be permanent wards or temporary wards,  
23 or under voluntary placement agreement, so it would be  
24 working, working in situations where a child was a  
25 temporary ward in conjunction with a family service worker,

1 to ensure that that child's needs were being met in  
2 placement, and as part of the reunification at home if that  
3 was what was happening, or with permanent wards it would  
4 have been to work with the foster parents and the child to  
5 make sure that their service needs were being met.

6 Q Okay. We're having a little bit of trouble  
7 hearing you. I wonder if you could pull the microphone a  
8 little closer --

9 A Okay.

10 Q -- or sit a bit closer to it.

11 A Is that any better?

12 Q That's better.

13 A Okay.

14 Q And so you held that position for three years?

15 A Yes.

16 Q And then you moved to Northwest Child and Family  
17 Services?

18 A Yes, I did.

19 Q And what year was that?

20 A That would have been in 1985.

21 Q Nineteen eighty-five.

22 A With the devolution of the Children's Aid of  
23 Winnipeg.

24 Q Okay. What was your position?

25 A I was, I was a generic social worker at that

1 time, and we were -- had responsibility for family services  
2 permanent wards, adoption, foster care, it was -- the  
3 responsibilities were across the board.

4 Q Sort of everything?

5 A Yes.

6 Q Okay. And you held that position for a year?

7 A For a year, yes.

8 Q And then you started in 1987 at the After Hours  
9 Unit?

10 A Yes, I did.

11 Q And you worked there from '87 to 1993?

12 A Yes.

13 Q And from there you went to the Intake Unit at  
14 Central Winnipeg?

15 A Yes.

16 Q And you worked there from 1993 to 2000?

17 A Yes.

18 Q And in 2000 you became a supervisor of the  
19 Central Intake Unit?

20 A Yes, I did.

21 Q And you stayed in that position until December,  
22 2006?

23 A Yes.

24 Q And then from December, 2006 to present I  
25 understand you've been at the office of The Children's

1 Advocate?

2 A Yes, I am.

3 Q And your position there was a -- is a children's  
4 advocacy officer?

5 A Yes.

6 Q And that was for that whole period of time?

7 A Yes, it is.

8 Q Are you currently employed there?

9 A Yes, I am.

10 Q And what do you do as a children's advocacy  
11 officer?

12 A As a children's advocacy officer I, I meet with  
13 -- as a children's advocacy officer I work with young  
14 people who are involved with the child welfare system, and  
15 our main purpose is to ensure that their rights and  
16 interests are being taken into consideration when agencies  
17 are making plans for them.

18 Q In that role are you looking at the services  
19 provided to the children by Winnipeg Child and Family  
20 Services?

21 A As part of it, yes. We, we work across the  
22 province with all agencies.

23 Q So other agencies as well?

24 A Yes.

25 Q How, how do you deal with the fact that you're,



1 you're looking at services delivered by employees of an  
2 agency who you were previously a supervisor in?

3 A I, I think there's been a period of time and  
4 distance where I'm able to do that effectively. I, I don't  
5 believe it's a conflict.

6 Q So it doesn't cause you any, any problems?

7 A No.

8 Q Are you unionized in that position?

9 A Yes, I am.

10 Q And which union is, is your union?

11 A It's the MGEU.

12 Q Okay. So that's the same union that is the union  
13 for many of the workers as well?

14 A Yes.

15 Q When you became a supervisor at the central  
16 intake unit in 2000 do you recall whether or not you  
17 received any training for that position?

18 A At the time I became a supervisor there was no  
19 immediate training.

20 Q Okay.

21 A Throughout my time as a supervisor I did receive  
22 some training.

23 Q We've heard other supervisors talk about a core  
24 competency training specifically for supervisors.

25 A Yes.

1 Q Is that what you received?

2 A Yes, that would have been what I received.

3 Q Do you recall when that was?

4 A That would have been -- I would have started in  
5 November, 2001 --

6 Q Okay.

7 A -- and I believe completed in February of 2002.

8 Q You completed the training in February, 2002?

9 A I believe so.

10 Q Okay. Was there any particular reason why you  
11 didn't have the training before starting as a supervisor?

12 A It wasn't offered at that time prior to becoming  
13 a supervisor.

14 Q When you first began as a supervisor did you feel  
15 that you had the adequate training to start in that  
16 position?

17 A I didn't have any training before starting in  
18 that position that particularly spoke to the job of  
19 supervision.

20 Q Right.

21 A What I had was my past experience in child  
22 welfare.

23 Q And was that past experience adequate to do the  
24 job you were doing as a supervisor?

25 A I think my job performance would have been

1 improved with more training.

2 Q When you eventually took the supervisor core  
3 training did that prepare you for your work as a  
4 supervisor, or was it helpful?

5 A It was helpful in some aspects.

6 Q Can you explain that a bit more, what you mean by  
7 that.

8 A The core training is, is not human resource  
9 based, so the core training would be more how to, how to  
10 interact with, with employees, how to work with them to  
11 bring out the best performance, how to problem solve  
12 issues, how to look at where their learning, learning style  
13 was, those kinds of things. It didn't cover, it didn't  
14 cover I guess the more basic problem focused areas, or ...

15 Q So that would have been helpful if you had  
16 additional training in those areas?

17 A Yes, it would have.

18 Q Okay. That, that is a large part of the job you  
19 do as a supervisor?

20 A Human resources --

21 Q Yes.

22 A -- performance? Yes.

23 Q Okay. I'm still having a little bit of  
24 difficulty hearing you. I wonder if you could maybe adjust  
25 the microphone so it's a bit closer.

1 A Okay. Pull it forward?

2 Q So maybe just pull out a little closer.

3 THE COMMISSIONER: Maybe, maybe the book should  
4 be over to the side.

5 THE WITNESS: Okay.

6 THE COMMISSIONER: Yes.

7 THE WITNESS: And pull this forward.

8 THE COMMISSIONER: And pull that in.

9 MR. OLSON: That would be --

10 THE COMMISSIONER: Yes, and then pull the book  
11 towards you when you need it.

12 THE WITNESS: Okay. Thank you.

13 MR. OLSON: That's, that's better.

14

15 BY MR. OLSON:

16 Q Do you recall whether or not you received any  
17 training on standards?

18 A I don't recall receiving training on standards.

19 Q And is that statement true for your whole  
20 employment with Child and Family Services?

21 A Yes.

22 Q Okay. You supervised Tracy Forbes in 2004?

23 A Yes, I did.

24 Q You were the supervisor for her when she was  
25 working on Ms. Kematch's file?

1 A Yes.

2 Q Okay. At that time what guided you in terms of  
3 standards -- sorry, in terms of practice?

4 A What ...

5 Q What guided your practice?

6 A What I had learned through competency based  
7 training both as a social worker and as a supervisor. My  
8 past history with being an employee of Child and Family  
9 Services, and my own practice and supervision.

10 Q Would specific training on standards have been  
11 helpful to you?

12 A It would have been.

13 Q Are you currently registered as a social worker?

14 A No, I'm not.

15 Q Have you ever been registered?

16 A No, I haven't.

17 Q Is there any particular reason why you haven't  
18 been?

19 A No, there isn't.

20 Q When you were a supervisor in 2004 who did you  
21 report to?

22 A I reported to Dan Berg at that time.

23 Q And he was a program manager?

24 A Yes, he was.

25 Q Okay. Did he provide supervision to you?

1 A Yes, he did.

2 Q And what -- can you just describe for me what  
3 that sort of -- what the supervision, the supervision would  
4 have consisted of?

5 A The supervision would have consisted of  
6 discussions with Mr. Berg around, around workers'  
7 performance, would have been around workload issues, would  
8 have been program development, would have been any  
9 particular challenges I was experiencing in supervising,  
10 those, those kinds of discussions would have occurred.

11 Q Would you discuss specific cases with him?

12 A At times, at times I would have.

13 Q And, and what sort of cases would you discuss?

14 A If there were particular -- if it was a  
15 particularly difficult case that I wasn't sure of the  
16 direction that I should be doing with it. If there were --  
17 if it was a high profile kind of case those would, would be  
18 the -- if there was discussions as to whether or not a case  
19 should be with intake or, or abuse, those kinds of  
20 discussions would have occurred.

21 Q So, so where the case should go, whether it's  
22 intake or abuse?

23 A Yes.

24 Q So he would provide direction to you?

25 A Yes, he would.

1 Q Did he provide you feedback in terms of your  
2 performance as a supervisor?

3 A Yes, he did.

4 Q And how was that done?

5 A It was done mostly in discussion, and then when  
6 he left his position he did a performance review, a written  
7 performance review.

8 Q That was when he left his position?

9 A When he left, yes.

10 Q Okay. Was that the only performance review that  
11 you received, formal performance review?

12 A From Mr. Berg?

13 Q From Mr. Berg.

14 A Yes.

15 Q Okay. And as a supervisor of the unit was -- did  
16 you receive any other formal performance reviews?

17 A No, I did not.

18 Q As a supervisor one of your roles was to provide  
19 supervision to workers; right?

20 A Yes.

21 Q How was that done, and I'm talking about in 2004?

22 A Supervision was provided mostly on an ad hoc  
23 basis.

24 Q Ad hoc.

25 A Which means that whenever a worker had a

1 question, or I had a question of a worker, we would, we  
2 would talk. It was -- my history with, with intake, and,  
3 and also my practice with intake was to have an open door  
4 kind of policy where workers were very free to come in  
5 whenever they had a question, or whenever they wanted to  
6 discuss something, that's, that's the supervision style I  
7 have.

8 Q Did you have any formalized supervision sessions  
9 with workers, intake workers, like a -- rather than ad hoc?

10 A In 2004 would have been around the time of the  
11 new supervision policy, and at that time I would have  
12 started to have regularly scheduled supervision, as well as  
13 the ad hoc supervision.

14 Q The supervision policy -- if we could put it on  
15 the screen, it's commission disclosure 1634, page 29039.  
16 You can scroll to the next page. Is this the supervision  
17 policy you're referring to?

18 A Yes, it is.

19 Q So this came into effect on March 1, 2004, right,  
20 according to what it says at the top?

21 A According to what it says in the top,  
22 implementation. I can't --

23 Q Is that --

24 A -- I can't recall whether in fact that's when I  
25 received the policy and when it was actually implemented.



1 Q Do you recall when you became aware of the  
2 policy?

3 A Of a date?

4 Q Right.

5 A No, I don't.

6 Q Okay.

7 A No.

8 Q Was this policy what guided your practice as a  
9 supervisor?

10 A It would have, it would have added to my  
11 practice, and I certainly tried to implement it.

12 Q When you had meetings with your, your staff, the  
13 ad hoc revision meetings --

14 A Yes.

15 Q -- would you discuss cases, specific cases?

16 A Yes.

17 Q And did you go through a list of the workers  
18 cases or did you just discuss cases they brought to your  
19 attention?

20 A Both would have occurred.

21 Q Okay. Did you make, did you make notes of your  
22 supervision with the workers?

23 A No, I did not.

24 Q Was there a reason you didn't make notes?

25 A Past practice had, had been that if I was going

1 into supervision that I would be documenting in my case  
2 file the outcome, or any direction that I received as part  
3 of that supervision.

4 Q You're talking about the worker?

5 A Right.

6 Q Okay.

7 A Well I guess -- that was practice and, and  
8 certainly that was understood the workers would be doing  
9 that.

10 Q But as a supervisor you wouldn't create your own  
11 record of what you told the worker?

12 A No, I wouldn't.

13 Q So there'd be no way to check back to see whether  
14 or not the worker understood your direction?

15 A Only by my reviewing their, their closing or, or  
16 transfer summary.

17 Q And that may be at some date down the road?

18 A Yes.

19 Q The supervision policy if you look at page 29040,  
20 at the bottom, under "Recording and Documentation" it talks  
21 about the need to keep notes; is that something that -- you  
22 said you didn't keep notes, when this, when this policy  
23 came into place did you change your practice in terms of  
24 note keeping?

25 A I made attempts to change my practice, but intake

1 is, is very different from ongoing family services. With  
2 intake you have people's lives and situations going  
3 through, through your office very quickly. Sometimes you  
4 would have very minimal contact, other times you would have  
5 a little bit more, whereas with family services you would  
6 have the same people that you were working with for  
7 sometimes years, and so I think certainly this, this policy  
8 is geared more for family services than, than it was for  
9 intake's purposes.

10 Q That was your understanding?

11 A That was my understanding.

12 Q Did you -- were you also of the understanding  
13 though that this policy did apply to you as an intake  
14 supervisor?

15 A Yes.

16 Q And what you're saying then is that it just  
17 didn't work out as well in practice in terms of note  
18 keeping?

19 A Yes.

20 Q Okay. And are you saying you didn't keep any  
21 notes at all of supervision?

22 A I kept, I kept some notes of supervision, and  
23 those notes were more of a personnel nature. I guess maybe  
24 to, to go back for, for a moment. When I would be  
25 reviewing files with workers we would be going through a

1 case list, and very often the documentation of what the  
2 worker was supposed to be doing with a particular situation  
3 was documented on the case list, and then the next time we  
4 had supervision we would go through that again, or with a  
5 new one, and sort of look at what progress had been made,  
6 whether there were things that were taking longer than they  
7 should have, and I think that was one of the ways that I  
8 used to document the case management part of it.

9 Q Were these case lists that you printed off of  
10 CFSIS?

11 A Yes.

12 Q And so you get a printout and sit down with the  
13 worker and you'd go through each case the worker had to  
14 find out what was happening?

15 A Yes.

16 Q Would you keep that case list in the notes?

17 A No.

18 Q Was there a reason you didn't keep it?

19 A Because once the, once the file had been  
20 transferred or closed it, it was no longer important to  
21 keep track of it.

22 Q Once the file had been transferred or closed --

23 A Yes.

24 Q -- would you keep it at least until the file was  
25 transferred or closed?

1           A       Not necessarily -- well -- because then there's a  
2 new case list every time, all right, so we would be working  
3 on the new case list.

4           Q       So you didn't keep a binder or something in your  
5 office where you put these case lists?

6           A       No, no.

7           Q       So really there is no record at all of any  
8 discussion you had with respect to either Samantha  
9 Kematch's case or any other case?

10          A       No.

11          Q       Did you conduct performance reviews?

12          A       I do.

13          Q       How often?

14          A       I've conducted performance reviews when I left my  
15 position of all of the workers who were in the unit at that  
16 point in time, and I conducted performance reviews on --  
17 for people who had, who had left the unit during the time I  
18 was there, not everyone but there were performance reviews  
19 done.

20          Q       Okay. Did that -- your practice in terms of  
21 conducting performance reviews did that in your view comply  
22 with the policy that we looked at?

23          A       No.

24          Q       It didn't, okay. Because it's -- pursuant to the  
25 policy you're required to conduct performance reviews on a

1 fairly regular basis?

2 A On a yearly basis.

3 Q Yearly basis?

4 A Yes.

5 Q Was there a reason that you didn't do that?

6 A Time.

7 Q Time. So you're saying --

8 A It, it wasn't the, it wasn't the priority.

9 Q We've heard evidence that when cases were  
10 referred to intake a CRU report would be sent to the intake  
11 supervisor, who would then assign it to a worker; is that  
12 how the process worked on your unit?

13 A Yes, it is.

14 Q Okay. And all of the cases that came in came in  
15 from CRU?

16 A Yes.

17 Q How, how did you determine who would receive a  
18 case?

19 A For the, for the most part when cases -- I had a,  
20 a list of cases that I entered, and so every case that came  
21 up would be -- would have been documented in a binder, and  
22 every -- and I would have done a rotation of -- and  
23 assigned as somebody's, somebody's name was up on the list,  
24 so I would --

25 Q So --

1           A           I would assign the case sort of one after the  
2 other.

3           Q           So just on, just on a rotation basis?

4           A           On a rotation basis, and taking into account if  
5 people were away, or going to be away, and there were,  
6 there were times when files would also be assigned based on  
7 somebody's case numbers.

8           Q           Okay.

9           A           That if they had a lower number of cases then  
10 they would be assigned an additional case.

11          Q           We've heard evidence from Ms. Forbes that she  
12 would get overloaded with cases because she was a worker  
13 who'd move her cases quickly; is that, is that something  
14 that you recall her expressing to you?

15          A           Yes.

16          Q           Did that happen?

17          A           I think there were times when it happened, but  
18 not that I would feel that she was overloaded.

19          Q           Well --

20          A           But -- that if she had a lower number of cases  
21 and something needed to be done then she would have -- she  
22 would be assigned a file.

23          Q           Did she express concerns to you about being  
24 overloaded at any point?

25          A           She did.

1 Q Do you recall when that was?

2 A No.

3 Q Do you recall whether it was in 2004?

4 A I don't believe it was. I, I don't know  
5 specifically. I, I do know that workload was constantly an  
6 issue not only for Ms. Forbes but for everyone in the unit.

7 Q You don't have any notes or, or documentation in  
8 terms of when she would have brought that to your  
9 attention; do you?

10 A No.

11 Q Was it on more than one occasion?

12 A I don't know.

13 Q You don't have a recollection?

14 A No. No, and again because it was a constant, a  
15 constant theme in unit discussions and discussions with all  
16 of the workers that people were feeling overwhelmed and  
17 unable to meet the needs of their, their clients.

18 Q Were they complaining about the service they were  
19 providing because of workload, is that something that would  
20 come up?

21 A Yes.

22 Q They weren't able to meet standards?

23 A Yes.

24 Q And were they finding it difficult to get out and  
25 actually see clients?



1           A       I think getting out and actually seeing clients  
2 was the priority.

3           Q       It was a priority they would have?

4           A       Yes.

5           Q       Were they complaining due to workload they  
6 weren't able to, to do that, to see all their clients?

7           A       Not within the standard time lines, they wouldn't  
8 be able to meet with clients --

9           Q       So they --

10          A       -- within the standard time lines.

11          Q       And when you say "the standard time lines" are  
12 those the timeframes recommended by the CRU workers?

13          A       Yes.

14          Q       Is that what governed the, the response time?

15          A       Pretty much, and it played a, a big role in  
16 determining response times. It would also be additional  
17 information that we received after having the file within  
18 the unit.

19          Q       When you would receive a CRU report would you  
20 read it first?

21          A       Yes, I would have.

22          Q       Would you read anything else before assigning the  
23 case to a worker?

24          A       Sometimes I would. It would be dependent on the  
25 CRU report.

1 Q And can you tell me -- give me an example of when  
2 you might read more than what's in the CRU report.

3 A If, if the CRU report isn't, isn't clear about,  
4 about history I would look further back into the file.

5 Q What about where you don't necessarily agree with  
6 the CRU worker's recommendation as to response time?

7 A Not necessarily because of the disagreement with  
8 response time I figured -- for the most part we would look  
9 at the, the response time, but we wouldn't go back and, and  
10 question CRU about why they had given such a response time.

11 Q Okay. So you wouldn't contact the CRU worker and  
12 say, you know, why, why did you make this recommendation?

13 A No.

14 Q Okay.

15 A No.

16 Q And you would just go with whatever the  
17 recommendation was and try to meet that?

18 A Yes.

19 Q Okay. When you assigned a file to a worker what  
20 would you expect them to read?

21 A I would expect them to read the CRU intake and  
22 whatever other information was attached to that intake, if,  
23 if the file information was there, until they had a sense  
24 of, of what was happening.

25 Q And what would be, what would be -- what would

1 the file information be comprised of typically? We know  
2 there was CFSIS.

3 A Um-hum.

4 Q Is that -- would that be part of the file  
5 information?

6 A You, you mean written information or --

7 Q When the worker, when the worker gets the CRU  
8 report do you expect them to access CFSIS to see what  
9 information is on CFSIS?

10 A Yes. If -- yeah, if that wasn't contained in the  
11 written report, if that wasn't part of the file that they  
12 had received.

13 Q Okay. When you say the file they received are  
14 you talking about a paper file?

15 A Yes.

16 Q And we heard from Ms. Forbes that it wasn't the  
17 case that paper files would always come with the CRU  
18 report; is that --

19 A That's, that's correct, yeah.

20 Q Okay.

21 A And that had changed over the period of time that  
22 I worked at Intake.

23 Q Do you recall when that change happened?

24 A No.

25 Q Do you recall what the change was?

1           A       The change -- when we were central intake our  
2 file information was all contained 90 percent of the time  
3 within the building, so we had pretty easy access to  
4 previous file information. It would just have been if  
5 somebody was living outside our catchment area that we  
6 would have to call for a file, or call for information from  
7 a file. At some point I believe it was when Intake  
8 amalgamated all of the files I believe then came over to  
9 our building and from there the file -- as, as we were  
10 getting closer to the AJI-CWI process the files were  
11 archived in another building, in another part of the city,  
12 so then the files had to be called for, the actual physical  
13 files.

14          Q       In May, 2004 --

15          A       Um-hum.

16          Q       -- that's when Samantha Kematch's file was in  
17 your unit; right?

18          A       Yes.

19          Q       Would the, the actual physical file have come  
20 over with the CRU report?

21          A       I don't know.

22          Q       So you don't know what would have happened at  
23 that point in time?

24          A       No, I don't.

25          Q       Would you expect the worker, whether or not the

1 physical file came over or not, to look at previous  
2 summaries and previous case histories, and that sort of  
3 information?

4 A Yes.

5 Q Why would you expect that?

6 A So that they have a sense of the history.

7 Q And why, why would you want them to have a sense  
8 of the history?

9 A Because the history contains information about  
10 what has happened previously, what work has been done.

11 Q Is that something that's important to doing an  
12 assessment as to what's to happen now --

13 A Yes.

14 Q -- when the worker gets the file?

15 A Yes.

16 Q Is that one of the key things the worker is  
17 expected to take into account?

18 A Yes.

19 Q Can you recall as of May, 2004, how many workers  
20 were in your unit?

21 A I don't recall exactly, but it was likely between  
22 six and seven.

23 Q Okay. We heard some evidence from Ms. Forbes  
24 yesterday that there may have been a time where your unit  
25 was down to three or four workers.

1 A Um-hum.

2 Q Is that -- was that -- is that accurate?

3 A I can't recall for that particular time period.  
4 I do know that during the time I supervised the Central  
5 Intake Unit that there were periods of time where workers  
6 were away due to, to illness or, or other family related  
7 matters, that there were periods of time when we would have  
8 -- or vacation, so there were periods of time when we would  
9 have had fewer than six workers.

10 Q Is that something that would have been documented  
11 in employment records?

12 A I would imagine so.

13 Q Okay. Do you know the situation in terms of the  
14 number of workers working on files in May, 2004, would have  
15 been?

16 A No.

17 Q Okay. Whether you were down some workers, or, or  
18 you had a full complement of workers what was the workload  
19 situation like in May, 2004?

20 A It's difficult to pinpoint exactly what the work  
21 situation was like in May, 2004. Overall the work  
22 situation was very difficult because of the changes that  
23 were occurring at that point in time. New programs being  
24 implemented, the workers, and left all staff of the intake  
25 unit wondering where they were going to be over the next

1 year. Family Services scrambling to complete all of their  
2 transfers. There were many things going on which  
3 contributed to the difficulties and the workload that  
4 people were trying to accomplish.

5 Q Do you know if that was the case in 2004?

6 A I think that a lot of those things were happening  
7 in 2004.

8 Q We heard about a number of measures taken by CFS  
9 to sort of reduce the workload pressures from the  
10 devolution process.

11 A Yes.

12 Q Did -- are you familiar with the steps that were  
13 taken in that regard, bringing in new workers or  
14 reassigning workers to handle intake in Family Services?

15 A I think most of the initiatives that were taken  
16 weren't to assist Family Services primarily in their work,  
17 and of course that had an overflow effect with intake.

18 Q When you say that you mean --

19 A An overflow, so that had a ripple effect with  
20 Intake so if there was more, more services available for  
21 Family Services then it wasn't pushing intake back as much.  
22 It took awhile for those, it took awhile for those ways of,  
23 of helping to be implemented.

24 Q Was there any pressure -- it sounds like Family  
25 Services was, was pretty busy at the time.

1 A Yes.

2 Q Was there any pressure at Intake to, to avoid  
3 sending up cases to Family Services?

4 A There was some pressure.

5 Q Okay.

6 A There was some -- certainly some -- Family  
7 Services knowing how, how busy they were with trying to get  
8 the work done for the, the whole transfer process that  
9 there was some greater push back from Family Service units  
10 around not sending files only for monitoring, for example.  
11 That there was a greater need to, to really have a plan in  
12 place, and to be sending family situations over that they  
13 could work with and, and that needed to be worked with.  
14 We, we did during the 2002 to 2004 time period try to come  
15 up with other ways of assisting families, so that we didn't  
16 have to transfer as much over to Family Services, we had a  
17 day's care initiative and some programs came from, from  
18 those initiatives that spoke directly to intake, and, and  
19 how we could provide services on more of a voluntary basis  
20 to families.

21 Q And those, those initiatives ended in 2004?

22 A Yes.

23 Q Prior to 2004 would a case like the Kematch file  
24 would, would a case like that have been transferred for  
25 ongoing services for monitoring?



1           A       Not necessarily.  It would have depended on, on  
2 the assessment, and what plan could come into effect.

3           Q       When you say that you know what the assessment  
4 was in this case; right?

5           A       Yes.  You're talking about Tracy's assessment?

6           Q       Right.

7           A       Yes.

8           Q       The assessment that you signed off on.

9           A       Yes.

10          Q       Based on that assessment would the case of --  
11 went for ongoing service?

12          A       No.

13          Q       No.  Okay.  In 2004 you described the workload  
14 already.  Did that result in, in cases of lower priority  
15 being overlooked for cases of higher priority?

16          A       Yes.

17          Q       How often was that occurring?

18          A       I wouldn't be able to give you a numerical value.

19          Q       I'm not necessarily looking for a numerical  
20 value.

21          A       Okay.

22          Q       Just, you know, half the time, more than half the  
23 time, less than half the time.  I just want to get a sense  
24 of how frequent that was.

25          A       I, I would say a quarter of the time --

1 Q A quarter --

2 A -- I wouldn't -- yeah, I wouldn't say that --  
3 could you repeat the question?

4 Q How often were the cases of lower priority being  
5 overlooked in terms of services for cases of higher  
6 priority?

7 A A quarter to half the time.

8 Q Quarter to half?

9 A Yeah, because you would -- as a, a worker you  
10 would always have to be juggling, you would also have to --  
11 you would always have, you would always have to be  
12 prioritizing the situations as they came in, so if you were  
13 having (inaudible) cases come in constantly, and I'm  
14 thinking of situations where the children have been  
15 apprehended, so you're having to quickly assess and make  
16 arrangements and, and decisions, and transfer, that would  
17 take higher priority so something that needed to be looked  
18 at a little bit would have to wait.

19 Q We, we heard evidence from Ms. Forbes about how  
20 you determine what's a high priority and what's a lower  
21 priority case, and I think you were present for her  
22 testimony, is that -- am I right on that?

23 A I was present in the afternoon yesterday so --

24 Q Okay.

25 A And not in the morning, so I'm not sure --

1 Q Okay. My sense from that testimony was that  
2 higher priority cases were those where there was an  
3 immediate concern of risk for the child, and examples given  
4 there was drinking going on in the house, or drugs, or that  
5 sort of thing; is, is that accurate?

6 A Yes, it is accurate.

7 Q And so lower priority cases would be those where  
8 there might have been concerns from the community, but they  
9 haven't been verified?

10 A That's true.

11 Q Okay. And so it's the higher priority cases, the  
12 cases where there's some current issue going on that a  
13 worker can verify that would get the attention?

14 A Yes, it would.

15 Q And the cases where a worker couldn't verify that  
16 something was actually going on wouldn't get the same  
17 attention; is that --

18 A That's true.

19 Q Okay.

20 A For, for the most part, yes.

21 Q Is that an issue you brought up to your program  
22 manager?

23 A Yes, that would have been.

24 Q Okay. And when, when would he have brought that  
25 up?

1           A        During, during that time period we would have had  
2 a workload redistribution program, program going on where I  
3 would have met with the other three intake workers and  
4 program supervisors, program managers, on a weekly or bi-  
5 weekly basis to discuss caseload issues, and to -- and we  
6 ended up having a redistribution of cases based on numbers  
7 through that process.     Certainly that was hoped to be  
8 helpful, but it wasn't.

9           Q        It wasn't helpful in the end?

10          A        It wasn't helpful in the end, and certainly as a,  
11 a supervisor I raised that concern very consistently, and  
12 -- but I don't have the exact times when I would have  
13 raised them.

14          Q        Would you have made any notes or would there be  
15 any record of, of these concerns being raised?

16          A        There could be with, with Mr. Berg.

17          Q        Okay.    But, yourself, you didn't make notes?

18          A        I didn't -- I recall sending a, a memo, but --

19          Q        Okay.

20          A        -- I don't have a copy of that.    I believe it  
21 would be still on the computer --

22          Q        Okay.

23          A        -- information.

24          Q        We heard Ms. Forbes talk about a meeting with  
25 Sandie Stoker --

1 A Yes.

2 Q -- is that something you recall?

3 A Yes.

4 Q Can you tell us what happened -- first of all do  
5 you know when that was?

6 A No, I don't remember when that was.

7 Q Can you recall even the year it happened in?

8 A No. I guess from, from yesterday's -- you were  
9 saying that Ms. Stoker didn't start until 2005 --

10 Q Okay.

11 A -- so, so it would have been during that time  
12 period --

13 Q That period.

14 A -- between then and when I left in 2006.

15 Q So some time after the involvement with Samantha  
16 Kematch's file?

17 A Yes.

18 Q Okay. And just -- what, what was the, the  
19 meeting about?

20 A The concern was around workload issues, and  
21 difficulties in managing workload.

22 Q Ms. Forbes said that there was nothing that  
23 really came out of that meeting; is that accurate?

24 A That would, that would be accurate.

25 Q In terms of your supervision of workers, and I'm

1 talking specifically about 2004, did you have certain  
2 expectations as to what you would expect them to document  
3 when -- first of all, on a field in terms of notes?

4 A The expectation would be that they would document  
5 where they went, why they went, and what happened while  
6 they were there.

7 Q Fair to say you would expect them to keep fairly  
8 accurate and comprehensive notes?

9 A Accurate notes. Comprehensive? The notes for  
10 the most part are, are there to, to jog the worker's  
11 memory, to -- for the most part they're a, a shorthand form  
12 of the situation, and, and what they came across.

13 Q Okay. So you're saying not necessarily  
14 comprehensive?

15 A Not necessarily. They wouldn't -- I wouldn't  
16 expect a worker to be writing verbatim --

17 Q Right.

18 A -- about what had happened. I would want -- I  
19 would expect them to put in the most important points, so  
20 that they would be able to refer to that when they were  
21 doing their closing or their, or their transfer.

22 Q That'd be important down the road when they're  
23 making their assessment as to what to do with the file?

24 A Yes, yes, and also documenting what happened  
25 during the time period that they were involved, and I guess

1 it would be dependant as well on the, the situation that  
2 they were in. It would be more important to, to document  
3 very clearly what was happening during an abuse  
4 investigation and, and interview than it would be to the  
5 knocking on somebody's door and finding nobody at home,  
6 for, for example.

7 Q Okay. If a worker goes out in the field and  
8 makes contact with a family, and, and sees children in the  
9 home would you expect them to document anything about their  
10 assessment of the children?

11 A Yes, I would.

12 Q And what sort of things would you expect to see?

13 A I would expect to see how the child looked, and  
14 how the child behaved, and, and I guess interaction between  
15 the child and the parent, and I think for the most part the  
16 worker would be documenting if there was any irregularity  
17 in that, than they would if everything looked okay.

18 Q So if everything looked okay you might not see  
19 any documentation?

20 A Very little documentation.

21 Q Very little. Okay. Would you expect the worker  
22 to spend any time with the child?

23 A It would depend on the situation. If there was  
24 concern, if there was concern that needed investigation  
25 around mistreatment then of course I would expect the

1 worker to be looking at the child, and, and talking with  
2 the child. If the concern was, was around neglect that  
3 would be more of a visual kind of situation.

4 Q If the concern was neglect do you think it might  
5 be helpful for a worker to actually speak to the child to  
6 find out sort of where they've been, who they've been with,  
7 whether or not there's food in the house and that, that  
8 kind of thing?

9 A No.

10 Q No?

11 A No, but -- and I guess if the, if the situation  
12 -- well, it would depend on the age of the child for, for  
13 one thing, and, and how the situation came in. If you were  
14 getting significant concerns around parents drinking and  
15 not providing for a child you would -- as a worker you  
16 would very often go out to the child's school and talk with  
17 them to see what their perception is.

18 Q So you'd have to do some investigation to figure  
19 out what was actually happening?

20 A Um-hum.

21 Q And that might involve speaking with collaterals  
22 or other sources of information?

23 A Yes.

24 Q And examples of that might be EIA we've heard?

25 A Yes. The school.



1 Q If you can get some demographic information from  
2 both EIA and the school?

3 A Yes.

4 Q Okay.

5 A The schools can very often tell you how the  
6 students are doing, whether they're showing up for school,  
7 whether they're fed and, and clothed appropriately.

8 Q Okay. I want to look at your specific  
9 involvement in this case as a supervisor. First of all, do  
10 you have any independent recollection of your involvement?

11 A Did I have?

12 Q Do you have?

13 A Do I have? Yes.

14 Q What's the extent of your recollection?

15 A The extent of my recollection is having a  
16 conversation with Ms. Forbes at some point about should the  
17 matter be referred to After Hours for a further follow-up  
18 when she couldn't locate or see Ms. Kematch and, and  
19 Phoenix on the first day.

20 Q Okay. Do you recall when that was, the  
21 conversation?

22 A It would have been after Tracy and Kathleen came  
23 back to the office.

24 Q After receiving the file and going out on --

25 A Yes.

1 Q -- to the first visit, first field?

2 A Yes.

3 Q Okay. There's no note or anything of that in  
4 either Ms. Forbes' notes or your notes; right?

5 A No.

6 Q Okay. So is there a reason why that stands out  
7 in your mind?

8 A Not that I know of, no.

9 Q Okay. So the services that your, your unit  
10 provided were under the Samantha Kematch file?

11 A Yes.

12 Q The CRU intake from Ms. De Gale is at page 36963,  
13 this is from commission disclosure 1795. This would have  
14 been the, the intake that came in from CRU; is that right?

15 A Yes.

16 Q Is this -- if you, if you can scroll through it  
17 are you able to say whether or not this is the form you  
18 would have received from CRU? In other words did it look  
19 just like this, is this the same form?

20 A Yes.

21 Q Okay. Do you recall whether the notation from  
22 Mr. Orobko was on the form when --

23 A I, I believe it was.

24 Q Okay.

25 A I would have no reason to think it wouldn't be.

1 THE COMMISSIONER: You're saying it wasn't there?

2 THE WITNESS: Sorry. No, I believe it was.

3 THE COMMISSIONER: You believe it was?

4 THE WITNESS: It was there, yeah.

5

6 BY MR. OLSON:

7 Q This, this form you'll see isn't signed, if you  
8 look at page 36966 there's no signature on it.

9 A Okay.

10 Q My understanding is what happened was the form --  
11 originally it was thought it was -- the file belonged to,  
12 to I think it was central intake.

13 A Northwest intake.

14 Q Northwest intake and they determined that it  
15 should be open under Steve Sinclair so it went to your unit  
16 instead; does that --

17 A No, the other way around.

18 Q Okay.

19 A They initially thought it should be open under  
20 Mr. Sinclair and --

21 Q Right, sorry.

22 A -- it was determined that, that Phoenix was in  
23 her mother's care, so opened it --

24 THE COMMISSIONER: Speak up, witness, a bit,  
25 please.

1 THE WITNESS: Oh, sure. Sorry. So sent it to  
2 our unit.

3

4 BY MR. OLSON:

5 Q Okay. And that's how you got the file?

6 A Yes.

7 Q Do you recall if you had any discussion with Mr.  
8 Orobko or, or anyone else at the time you received it or  
9 shortly after that about this file, about this intake?

10 A I had brief interaction with Mr. Orobko as he  
11 passed me the file. It was a hallway conversation just  
12 saying that, that this file had come to him and he was  
13 giving it to, to me because of the address.

14 Q Because of the address?

15 A Yes.

16 Q The response time you'll see -- and I take it you  
17 would have read this cover to cover?

18 A Yes.

19 Q Okay. And the response time that Ms. De Gale has  
20 indicated, according to this form, and you'll see it on  
21 page 36966, is 48 hours. Do you recall it being any  
22 different at any time, anything other than 48 hours?

23 A No, I don't.

24 Q And when you saw the form, and you saw what the  
25 presenting concern was, and the history, did you agree with

1 the assessment of 48 hours as being appropriate?

2 A I thought that the 48 hours was not necessarily  
3 appropriate, that there wasn't, there wasn't any immediate  
4 risk identified in the CRU report, and that the timeframe  
5 could have been a longer timeframe.

6 Q Longer than 48 hours?

7 A Yes.

8 Q What would have been appropriate in your view?

9 A I think a five day would have been appropriate.

10 Q Five day, okay. And just so we get an  
11 understanding of what you understand the five day response  
12 time to require --

13 A Um-hum.

14 Q -- what did, what did that mean to you at the  
15 time, what was expected to be done within five days?

16 A The worker would start to gather information and  
17 would connect with the family, best practice.

18 Q So an actual connecting with the family, seeing  
19 the child within that period?

20 A Yes, that would have been best practice.

21 Q And then we know the response time here was 48  
22 hours as indicated --

23 A Yes.

24 Q -- and that's the response time I take it you  
25 tried to comply with?

1 A Yes.

2 Q And what would be required to be done within that  
3 48 hours, and we're talking about best practice?

4 A It would be for the worker to review as much  
5 information as possible, and to go out and locate the  
6 family, and talk with them about the concerns, and, and  
7 certainly to -- and to see whoever is in the family.

8 Q Did -- if we could put page 36962 on the screen.  
9 This is a memo dated May 13, 2004, and --

10 A Yes.

11 Q -- it's addressed to you from Mr. Orobko?

12 A Yes.

13 Q Do you recall this, this memo?

14 A Yes, I do.

15 Q Okay. And did it come with the CRU intake?

16 A Yes, it did.

17 Q And the history that's -- under the subject it  
18 has the history.

19 A Yes.

20 Q Is that something you would have spoken to Mr.  
21 Orobko about?

22 A No.

23 Q Is it something you would have reviewed when you  
24 got the file?

25 A Yes, I did.

1 Q Did you have any understanding as to where Mr.  
2 Orobko got this information from?

3 A Just from what he's written, that he's spoken to  
4 the godparents and the EIA worker, and has received this  
5 information from them.

6 Q So he's saying he actually spoke to I take it the  
7 Stepensions; was that your understanding?

8 A Yes.

9 Q Okay. And that would be some time after Ms.  
10 Kematch retrieved Phoenix from the Stepensions?

11 A Yes. My understanding would have been that he  
12 had spoken to them after receiving the initial intake from  
13 CRU, so within the past day or two.

14 Q I see. Did you ever phone Mr. Orobko or talk to  
15 him to verify that timeline, or where he got the  
16 information from?

17 A No.

18 Q Okay. At the time you got the file where did you  
19 believe Phoenix was?

20 A With her mother.

21 Q So you, you didn't think she was any longer with  
22 the Stepensions?

23 A No.

24 Q Okay. Could you put page 37445 on the screen.  
25 Do you recognize this document?

1 A No.

2 Q You don't recognize it?

3 A No, no, I don't.

4 Q And when you say you don't recognize it you don't  
5 recognize this --

6 A Oh.

7 Q -- specific document or the form itself?

8 A I don't recognize this specific document.

9 Q Okay. And -- so this, this --

10 A But --

11 Q Sorry, you go ahead.

12 A Like I certainly the safety assessment form, like  
13 I, I know what that is, but I don't recall having seen this  
14 attached to the file.

15 Q We know that this would have been part of Steve  
16 Sinclair's file, which was just recently closed, so is that  
17 something you would have looked at as a supervisor?

18 A Mr. Sinclair's file?

19 Q Right.

20 A No.

21 Q Okay. This form wouldn't be on CFSIS; would it?

22 A No.

23 Q Can you just explain what this form is.

24 A It's -- the safety assessment form it's a  
25 required form for a 24 hour response time, and I think it's



1 sometimes a 24 hour response time to, to determine whether  
2 or not there are safety concerns.

3 Q Would you, would you expect your workers to  
4 utilize this form?

5 A Could, could --

6 MR. RAY: Maybe if we could just have -- scroll  
7 through the entire safety assessment so she can see it  
8 entirely before she answers any questions on it.

9

10 BY MR. OLSON:

11 Q Sure. If, if you want to just scroll through the  
12 document.

13 THE COMMISSIONER: I've just got the one page of  
14 the document, there's more to it than the one page?

15 MR. OLSON: Yes, it should, it should be -- I  
16 think it's four pages.

17 THE WITNESS: Can you go --

18 MR. OLSON: This is, this is the same document --  
19 we've looked d at it a few times.

20 THE COMMISSIONER: Oh, yes, I, I know what it is,  
21 but I'd just like to have it for this witness.

22 THE WITNESS: Can you go back?

23 MR. OLSON: Can you go back to the top, please.  
24 Would you like my copy, Mr. Commissioner?

25 THE COMMISSIONER: No, I'll, I'll look at it on

1 the screen.

2

3 BY MR. OLSON:

4 Q So now you've had a chance to, to look through  
5 it. Are you able to explain what it is?

6 A It's an assessment to look at what the, what the  
7 timeline should be for response.

8 Q That's something -- it's a form that CRU would  
9 have used?

10 A Yes.

11 Q Would it typically come up with the CRU intake?

12 A If it had been used, yes.

13 Q Well, do you, do you know if it was a mandatory  
14 form or not?

15 A I believe it was.

16 Q Okay.

17 THE COMMISSIONER: It wasn't?

18 THE WITNESS: It was. Sorry.

19 THE COMMISSIONER: It was.

20 THE WITNESS: Yes.

21

22 BY MR. OLSON:

23 Q And when I say "mandatory" that's mandatory for  
24 the CRU worker filling it out?

25 A Yes.

1 Q Was it mandatory to send it up with the CRU  
2 intake?

3 A Yes.

4 Q Okay. Did you expect your, your intake worker to  
5 refer to the form when they look at a file?

6 A Yes.

7 Q If the form didn't come up with the CRU intake  
8 would you do anything as a supervisor, I mean you're the  
9 first one who gets the CRU intake; right?

10 A Yes.

11 Q So would you do anything if you noticed it wasn't  
12 there?

13 A I'm not sure, I'm not sure.

14 Q Do you have any recollection in this case of ever  
15 seeing the safety assessment?

16 A No, I don't.

17 Q Ms. De Gale's evidence was that the response time  
18 was changed, and this is on page 37447, if we could put  
19 that up. You see at the top there?

20 A Yes.

21 Q She said she indicated a 24 hour response, and it  
22 was changed to a 48 hour response.

23 A Okay.

24 Q Do you know anything about that?

25 A No, I don't.

1 Q During your involvement as a supervisor in this  
2 file were you aware of any concerns with respect to abuse  
3 of Phoenix?

4 A No.

5 Q So you said you recall having some conversation  
6 with Ms. Forbes after she got the file, and went out on her  
7 first field?

8 A Yes, I do.

9 Q And what was your advice to her?

10 A My advice to her was that based on the  
11 information that we had it didn't make any sense to refer  
12 it to After Hours to go out, and that we had no reason to  
13 immediately place her under apprehension, and that we would  
14 need to -- what we needed to do was to continue to try to  
15 meet with Samantha, Ms. Kematch, and to, to complete an  
16 assessment.

17 Q Was there any discussion about contacting other  
18 collaterals to see what they might be able to tell you?

19 A No.

20 Q No. Is there a reason why not?

21 A I think because -- I can speculate that it was --  
22 it would be because that was something that an Intake  
23 worker would do in the normal course of their work. If  
24 they felt that they needed or believed that they needed  
25 more information or that somebody could provide some

1 information to them that they would do that.

2 Q Did you expect that Ms. Forbes would do that in  
3 this case?

4 A If it was necessary.

5 Q Okay. And you've, you've seen the file though,  
6 you saw the referral that came in?

7 A Yes.

8 Q And when you looked at it would you have  
9 determined it to be necessary to contact collaterals and,  
10 and gather more information?

11 A Not at that point, no.

12 Q Okay. So what did you expect the worker to do in  
13 this case?

14 A I expected her to continue to locate -- try to  
15 locate Ms. Kematch, and to assess how Phoenix was doing in  
16 her care.

17 Q Was the focus of the concern Phoenix in this  
18 case?

19 A Yes.

20 Q What did you understand the, the reason for the  
21 referral to be?

22 A The reason for the referral was based on  
23 historical information, the employment and income  
24 assistance worker was asking -- was letting us know that  
25 Phoenix was in her mother's care, and asking us to

1 determine whether that was okay, so she could place her on  
2 her mother's budget.

3 Q Were you aware of previous concerns about --  
4 other workers were making about the risk that Ms. Kematch  
5 would pose to Phoenix, if, if found in her care?

6 A Yes.

7 Q And how did that factor into your assessment of  
8 this case as a supervisor?

9 A That was another consideration, but, but the  
10 statement of risk that had been completed previously, the,  
11 the one file opening before this one was that -- was based  
12 on not having met with the mom, so it was, it was  
13 speculative.

14 Q Okay. You're talking about Ms. Mirochnick's --

15 A Yes.

16 Q -- assessment?

17 A Yes.

18 Q You've -- and you've reviewed it, and --

19 A Yes, I have.

20 Q -- you would have reviewed as a supervisor as  
21 well?

22 A Most likely.

23 Q You don't -- you're not able to say one way or  
24 the other at this point?

25 A No.

1 THE COMMISSIONER: Is that Forrest?

2 MR. OLSON: Mirochnick, Lisa Mirochnick.

3 THE COMMISSIONER: Yes.

4 MR. OLSON: Yeah, the February 13th --

5 THE COMMISSIONER: Yeah.

6

7 BY MR. OLSON:

8 Q So that's information -- you can't say now  
9 whether or not you would have known that at the time you  
10 were supervising Ms. Forbes?

11 A I believe I did.

12 Q You believe you did?

13 A I believe I did.

14 Q Are you -- but you're not able to say that with  
15 certainty; are you?

16 A Yes.

17 Q Yes, you are --

18 A Yes.

19 Q -- saying it with certainty?

20 A Yes, I am.

21 Q Is that based on a recollection you have?

22 A Yes.

23 Q There's no indication in the file that you  
24 reviewed anything beyond what Ms. Forbes provided to you  
25 in, in her closing summary here?

1 A Right.

2 Q If we could turn -- put the closing summary of  
3 Ms. Forbes on the screen. It's at page 36953, that's  
4 disclosure 1795, and if -- so that's the first page of the  
5 summary, and if we scroll through to page 36958 that would  
6 be the last page; is, is that your signature --

7 A Yes, it is.

8 Q -- there?

9 A Yes, it is.

10 Q The notation underneath it it looks like it says  
11 "August 6, 2004"?

12 A Yes.

13 Q What would that indicate?

14 A How do you mean?

15 Q Pardon me?

16 A How, how do you mean?

17 Q What does that date indicate?

18 A That would indicate -- that was the date that I  
19 signed off on the closing.

20 Q Does that mean -- signing off on closing was  
21 required -- was one of the things that required supervisor  
22 approval?

23 A Yes.

24 Q And so is that the date you would have read it  
25 and approved it?



1 A Yes.

2 Q We've heard from Ms. Forbes that she completed it  
3 on July 14, 2004.

4 A Yes.

5 Q And then would have handed it into the  
6 administrative person who would have closed it on the  
7 system July 15, 2004?

8 A She wouldn't have closed it on the system until I  
9 signed off on it.

10 Q So you're saying it would not have been closed  
11 until August 6?

12 A Yes, but, but it could have been back dated.

13 Q Can you explain that, what you mean by "back  
14 dated"?

15 A It could have been -- Tracy would have completed  
16 her work on that date, on July the 14th, and put in her  
17 closing information. I didn't read it until August the  
18 6th, so at that point would have signed off on it, and  
19 given it to our admin. support person  
20 to officially close, so the admin. support person could  
21 have used the closing date on the, the file, rather than  
22 the closing date that I signed off on it on --

23 Q Was that --

24 A I don't know.

25 Q You don't know?

1 A I don't know.

2 Q Was that a common practice at the time to back  
3 date the closing?

4 A I can't recall.

5 Q Okay. So is it fair that you're basically  
6 guessing about what happened here?

7 A Yes.

8 Q Okay. Would it be appropriate, and I'm asking  
9 you as a supervisor at the time, to have a file closed on  
10 the system before you reviewed it and signed off on it?

11 A It wouldn't have been closed off on the system.  
12 After I read it and agreed to the closing it would have  
13 been closed off.

14 Q What happens once you sign off on it, what would,  
15 what would you do with it?

16 A I would give it to the admin. support person to  
17 close.

18 Q Okay. The -- it looks like it took about three  
19 weeks from the date Ms. Forbes prepared and handed in the  
20 closing summary until when you reviewed it?

21 A Yes.

22 Q Was that the timeframe within which you would  
23 review closing summaries?

24 A Not generally. Generally I would try to do it  
25 within a week or two --

1 Q Okay.

2 A -- at the very most. I, I can't explain why this  
3 took three weeks, other than it could have been vacation  
4 time, or it was particularly busy covering for other people  
5 during that time.

6 Q Was there a reason why you wanted to get it --  
7 you wanted to review these fairly close to the time they  
8 were provided to you by the worker?

9 A In case there were other issues that needed to be  
10 addressed, and to, to give it back if, if necessary, if  
11 more work needed to occur.

12 Q So you want to make sure you agree with it --

13 A Yes.

14 Q -- and there aren't any other safety concerns?

15 A Yes.

16 Q Okay. And so waiting --

17 THE COMMISSIONER: Did you have a discussion with  
18 her about the -- her sign-off report when it was delivered  
19 to you?

20 THE WITNESS: No, I did not.

21

22 BY MR. OLSON:

23 Q If you didn't agree with the report within that  
24 three weeks what, what would you have done?

25 A I would have had a discussion with Tracy about

1 why I didn't agree with it, and what I would expect her to,  
2 to look into before closing off, or, or transferring.

3 Q Did that happen in practice very often where you  
4 wouldn't sign off on a worker's report?

5 A It did happen. I can't say how often it  
6 happened.

7 Q Well, when you reviewed the closing summaries  
8 how, how much time did you spend looking at them, like a  
9 closing summary like this one?

10 A Um-hum. It would depend on the, the length of  
11 the report. I would read through it and make a decision  
12 whether I agreed with it or not.

13 Q Okay. So you'd just read through the report and  
14 then decide?

15 A Yes.

16 Q Would you look at the file or, or check anything  
17 else?

18 A If I had questions I would look back through the  
19 file, or if I had questions I would go back to the worker.

20 Q Do you know what you did in this case?

21 A I believe I read through it and signed off on it.

22 Q If you saw any errors or anything that was, that  
23 was confusing to you in the document what would you do?

24 A I would have gone back to Tracy.

25 Q I just want to go through a few things from the

1 closing summary, so if we could put page 36953 on the  
2 screen. The first part gives you the demographic  
3 information, and then there's the children in the family,  
4 alternate caregivers and then the source of referral and  
5 presenting problem; is that all information that came from  
6 CRU?

7 A Yes.

8 Q Okay. Go to the next page. It's my  
9 understanding that that's CRU information until where it  
10 says "Upon further investigation ..."?

11 A Yes.

12 Q Okay. And then it says "Refer to AHU/CRU report  
13 on file for further details"; is that something that, that  
14 your workers would write in these types of closings?

15 A Yes.

16 Q Okay. Was that something that you told them to  
17 do?

18 A Not necessarily.

19 Q Under the "History" what sort of information do  
20 you expect there?

21 A A brief summary of previous openings and closings  
22 and what happened during the time the file was open.

23 Q Here we know that Steve Sinclair's file was  
24 closed just before Samantha Kematch's was reopened. Would  
25 you expect your worker to go to Steve Sinclair's file and

1 read through it?

2 A Not necessarily.

3 Q Given that it was just, just closed before this  
4 wouldn't you expect it to have the most current information  
5 on it?

6 A I would expect it to have the most current  
7 information on Mr. Sinclair, but not necessarily on Ms.  
8 Kematch.

9 Q Didn't you also want to have the information  
10 about Phoenix and what was happening with her?

11 A Yes, and there's a summary of that information.

12 Q There's a, there's a summary of that information?

13 A In, in the "History".

14 Q Do you know where that summary came from?

15 A No.

16 Q Would you -- when you were reviewing this report  
17 before signing off on it would you be looking at this  
18 history to determine whether or not the recommendation to  
19 close the file was appropriate?

20 A Yes, that would have been part of it.

21 Q And so when you look at it, and I'm not going to  
22 go through it with you, but when you look at it what, what  
23 would have been the factors from this history that would  
24 have gone into your decision making, and if you need to  
25 take your time to review it to see --

1           A        Okay.  I'm wondering if I can start and then we  
2 could move the history up as, as I'm reviewing it.

3           MR. OLSON:  Certainly.  Do you want to do it  
4 paragraph by paragraph?

5           THE WITNESS:  I, I think so.

6           MR. OLSON:  Okay.

7           THE WITNESS:  Because I guess -- you know, the  
8 first thing that stands --

9           THE COMMISSIONER:  Would this, would this be a  
10 time to take our mid-morning break and let the witness take  
11 her time to go through it?

12          MR. OLSON:  That, that would work for me.

13          THE COMMISSIONER:  Okay.  Now, Mr. Olson, the  
14 reason I'm having trouble finding these documents, and  
15 following it, is that the cover page on them all doesn't  
16 relate to what's behind them, and -- for instance, on, on  
17 this -- on 36953 there's a cover page that says Commission  
18 disclosure 1795, and it's number is 36878, which is --  
19 doesn't lead me to, lead me to 36953 so --

20          MR. OLSON:  Yeah, I can see how that would be  
21 confusing.

22          THE COMMISSIONER:  -- if these cover pages aren't  
23 necessary I'd appreciate after today they, they get off  
24 there.  That's, that's why I can't find things as quickly  
25 as I'd like.





1 necessarily say that they should not be parents because  
2 they've been children in care.

3 I see that there's been previous contact as  
4 parents, and with Samantha, Ms. Kematch, not being able to  
5 parent her first child, but part of my thinking with that  
6 is that she was a young parent, and sometimes that happens  
7 that young people are just leaving care, and aren't in a  
8 position to be able to parent.

9 I see that with her second child, Phoenix, there  
10 was some pretty intensive agency involvement at that point  
11 in time.

12 Q What was -- and just so we know what you're  
13 referring to there --

14 A Um-hum.

15 Q -- what do you mean by that?

16 A That there was indication on the file that, that  
17 Family Services had been, had been open, and that --

18 Q Are you talking about where --

19 A -- there had been --

20 Q -- Phoenix was born --

21 A Yes.

22 Q -- in that timeframe?

23 A Yes. That there had been an assessment after  
24 Phoenix was born, that the assessment must have been  
25 somewhat positive --

1 Q Are you talking about the, the health assessment,  
2 the mental --

3 A I'm talking about the -- I guess what I assumed  
4 to be at that point in time was a parenting capacity  
5 assessment because what I was reading was that both the  
6 mother and father had, had been involved in that  
7 assessment, and generally that's what would be expected.

8 Q So you, you --

9 A But based on whatever assessment it was it was  
10 positive because the child was returned to their care.

11 Q So you're, you're referring to the assessment  
12 done by Dr. Altman?

13 A Yes.

14 Q You would have assumed that that was a parental  
15 capacity assessment?

16 A I, I did assume that.

17 Q Was that something that was done at the time with  
18 -- in these types of situations?

19 A Yes, it was.

20 Q Okay. So it was not uncommon?

21 A It was not uncommon.

22 Q So in your experience you've seen parental  
23 capacity assessments in the past?

24 A Yes.

25 Q Were they only done in cases where there was a

1 custody dispute, or a custody issue, or were they done in  
2 any, any case?

3 A They were done if an agency had questions about a  
4 person's ability to parent, and what very often they would  
5 be looking for were -- are signs of strength, and, and  
6 signs of weakness, and where the agency should be working  
7 to increase somebody's -- a parent's ability to provide  
8 care for their children.

9 Q Did you ever see the actual assessment done in  
10 this case?

11 A No, I did not.

12 Q No. So you don't know what kind of assessment it  
13 actually was?

14 A No.

15 Q Is that something you would have had access to  
16 if, if you wanted to get it as a supervisor?

17 A It should have been on, on one of the files.

18 Q Okay. So --

19 A Or it should have been on both of the files.

20 Q So Ms. Forbes, if she had had the paper file she  
21 could have went through it and seen that, that assessment?

22 A If it was on -- yeah, if it was on her file.

23 Q Okay. Would you have expected her to do that  
24 knowing that one had been done?

25 A I would have expected that she would have looked

1 at it, if she had access to it.

2 Q Would that have been a key piece of information  
3 for a worker?

4 A It would have been another piece of information.

5 Q Okay. So aside from that, that assessment,  
6 whatever it was, what, what else did, did you understand  
7 happened at that time in terms of -- you said a fairly  
8 intensive agency intervention?

9 A My understanding is that the, the parents had an  
10 assessment, they have been involved in parenting classes,  
11 they had been involved with a teaching homemaker and that  
12 as a result of all of those interventions the file had been  
13 closed.

14 Q Okay. Were you aware though that Ms. Kematch  
15 abandoned the family and left Steve Sinclair with both the  
16 baby and Phoenix?

17 A What I, what I read was that Ms. Kematch and Mr.  
18 Sinclair had separated, and that Mr. Kematch had been left  
19 with the care of the children.

20 Q Mr., Mr. Sinclair.

21 A Sorry, sorry, Mr. Sinclair had been left with the  
22 care of the children.

23 Q Would that, that fact have influenced your  
24 assessment?

25 A That would have been another factor, but it's

1 not, it's not clearly stated what the difficulties were.  
2 Parents are not always remaining together, parents  
3 sometimes separate and that doesn't necessarily mean that  
4 there are major -- or protection concerns with, with either  
5 parent caring for the child, that's not information that's  
6 -- that I would read into that necessarily.

7 Q Do you know if Samantha Kematch had any  
8 involvement with Phoenix from when she and Steve separated  
9 in 2001 until Phoenix came back into her care in, in  
10 possible late 2003?

11 A I don't know with certainty, but my, my  
12 recollection of information is that there was some  
13 visitation prior to her returning -- prior to Phoenix  
14 returning to Ms. Kematch's care.

15 Q Before determining whether or not the file should  
16 be closed at intake here would it be important to get an  
17 idea as to just how much time Samantha had spent with  
18 Phoenix over the years, how much involvement she had had  
19 with her?

20 A I think we knew that from the information that's  
21 recorded that she was with her mom and dad, her dad was  
22 caring, and then there was some back and forth. I don't  
23 know that it would have changed our decision at that point  
24 in time.

25 Q So even if the information was that Samantha

1 Kematch just had Phoenix back for a very short period of  
2 time, and hadn't done any parenting in the interim, that  
3 wouldn't have changed the decision to close the file?

4 A Not necessarily, no.

5 Q Okay. And the fact that Ms. Kematch herself was  
6 a permanent ward would that have impacted the decision?

7 A No.

8 Q No. Okay.

9 A No.

10 Q What about the fact that the first baby was  
11 apprehended?

12 A That would have been a factor, but what happened  
13 after that was taken into consideration, and I think seen  
14 as, as more immediate information about her, her abilities  
15 to parent, and, and cooperate, and I think replaced  
16 importance on the fact that she had parented and that there  
17 -- after agency involvement the file had been closed so --

18 Q The file had been closed?

19 A Yes.

20 Q What was the -- and you're talking about by Lisa  
21 Mirochnick; is that ...

22 A No, I'm talking, I'm talking about when Family  
23 Services had their involvement.

24 Q Back in 2000 to 2001?

25 A Yes.

1 Q Okay.

2 A Yes.

3 Q What was the role of, of Intake in this file at  
4 this point?

5 A The role of Intake was to assess Phoenix's safety  
6 with her mom, and --

7 Q Okay. What -- first what does "safety" mean?

8 A Whether or not she's being cared for, or whether  
9 or not there are any indications of neglect or, or abuse.

10 Q Is that a, a long term thing "safety" or is it  
11 just immediate --

12 A It's a short term.

13 Q Just immediate safety?

14 A Yes.

15 Q So you're assessing the safety of a child at  
16 present?

17 A Yes.

18 Q And what about long term?

19 A And looking at risk longer term.

20 Q Risk is a long term?

21 A Risk is a longer term.

22 Q And what is it -- what goes into the risk there,  
23 what, what do you look at in the long term?

24 A In the longer term best practice, and so we're  
25 looking at what resources the family has, what capacity the

1 family has, are there any indications of mental health, or  
2 developmental concerns of the parents. Is there some  
3 stability, we're looking at the household, we're looking  
4 at, at who the child is, having all, all of those things  
5 and, and more that enter into looking at risk.

6 Q So a lot of, a lot of factors go into that risk  
7 assessment?

8 A Yes.

9 Q And that risk assessment is something you -- the  
10 workers are required to do as part of intake?

11 A Well -- and assessment is really always risk  
12 assessment, and you're -- yes.

13 Q You want to make sure that the child, in this  
14 case Phoenix, is, is safe and in the home in the long term?

15 A As much as you can.

16 Q Not just the immediate risk if something's  
17 happening at that point in time, but whether or not the  
18 child is going to be safe in that home?

19 A Yes.

20 Q In this case if you go through the interventions  
21 by Ms. Forbes, and that begins at page 36955, and it  
22 continues until 36957, do you see that, she made several  
23 attempts to go out and see Samantha Kematch and Phoenix?

24 A Yes.

25 Q And it took some time for her to actually make



1 contact with Samantha --

2 A Yes.

3 Q -- and physically see Phoenix? It looks like it  
4 was -- she first made her -- the first field May 13th, and  
5 she actually met with Samantha for the first time July 13,  
6 2004?

7 A Yes.

8 Q Okay. That period of time was that acceptable in  
9 this case?

10 A It was a reality, it wasn't best practice, no.

11 Q But was it acceptable?

12 A I'm not sure what you mean by that.

13 Q Well, you're, you're the supervisor at the time;  
14 right?

15 A Um-hum.

16 Q So you have to determine if whether or not -- or  
17 what was happening on the file the work of your worker was  
18 acceptable; right? Is that, is that fair?

19 A Yes.

20 Q Okay. So are you able to say whether or not it  
21 was acceptable?

22 A Yes.

23 Q Yes, it was?

24 A Yes, it was.

25 Q What -- you see here that --

1           A       And qualifying though given the, the workload and  
2 -- given the workload and the other priorities that Ms.  
3 Forbes would have had, it was acceptable. I wouldn't have  
4 -- at that point in time I wouldn't have talked to her  
5 about that to say that it wasn't acceptable.

6           Q       You wouldn't have talked to her?

7           A       I wouldn't have, no.

8           Q       And you're saying that's because of workload?

9           A       Yes, yes. Best practice we should have been out  
10 there and we should have -- you know, within five days we  
11 should have been having conversations and, and hopefully  
12 more than one conversation and looking at things more in-  
13 depth. I don't think there's any question about that, that  
14 that's what we would want to do. If we could we would want  
15 to have (inaudible).

16          Q       When you look at the, the interventions the first  
17 one is when -- on May 13th when Ms. Forbes goes out to the  
18 residence.

19          A       Um-hum.

20          Q       If you look at the note, I just wanted to take  
21 you through it for a minute, it says, it says:

22

23                       "Field to Sara's residence --"

24

25                       And we heard yesterday that that was a typo, it

1 should have been Samantha's.

2 A Yes.

3 Q Is, is that something that if you read it you  
4 would have wanted to correct at the time?

5 A No, not necessarily. I knew, I knew -- well I  
6 guess -- I thought I knew what she meant. It was just a  
7 typo, it was -- I didn't see it as, as taking away from the  
8 meaning of the, the closing.

9 THE COMMISSIONER: Just a minute. Which, which  
10 reference are you making?

11 MR. OLSON: Page 36955.

12 THE COMMISSIONER: Yes.

13 MR. OLSON: Under "Data/Interventions".

14 THE COMMISSIONER: Yes.

15 MR. OLSON: Under May 13, 2004 it says "Field to  
16 Sara's residence". Oh, it's, it's actually -- I'm told  
17 it's redacted on the screen. At the time the documents  
18 were being redacted I think the assumption was that that  
19 may be some other party.

20 THE COMMISSIONER: And so what are you  
21 referencing about that?

22 MR. OLSON: So it says, "Field to Sara's  
23 residence". That should be field to Samantha's residence,  
24 and you'll see there's a reference a few times to attending  
25 Sara's house and Sara's mother.

1 THE COMMISSIONER: Oh, I see what you mean.

2 MR. OLSON: That should all read Samantha so --

3 THE COMMISSIONER: Yeah, I have it.

4 MR. OLSON: -- when it was being redacted the  
5 assumption was that Sara was actually someone, someone  
6 involved in the file.

7 THE COMMISSIONER: All right, I've got you.

8

9 BY MR. OLSON:

10 Q So on that visit, the May 13, 2004 visit, Ms.  
11 Forbes meets for the first time a Wes?

12 A Yes.

13 Q Would you have expected her to do any -- make any  
14 further inquiries of Wes to find out who he was or whether  
15 or not he was living in the residence?

16 A Not at that time.

17 Q Not at that time?

18 A No.

19 Q At some point would you have expected her to?

20 A When she -- when Ms. Forbes was meeting privately  
21 with, with Ms. Kematch that would have been a time to ask  
22 or --

23 Q So ask Ms. Kematch herself when she actually met  
24 with her on July 13, 2004?

25 A Yes.

1 Q Okay. She did get information from Samantha on  
2 July 13, 2004, that Samantha -- her main support was her  
3 boyfriend, who was a trucker and stays with her when he's  
4 in the city?

5 A Yes.

6 Q Based on that information, which I believe she  
7 indicated Samantha volunteered to her, would you expect her  
8 to do some follow-up to find out who Wes is, do a prior  
9 contact check?

10 A She could have at that point in time, but my  
11 understanding was the -- and my reading of the information,  
12 as, as I'm closing it, is that it's -- to me it wasn't  
13 clear how involved he was, and to me it sounded like he was  
14 a boyfriend who was there sometimes, but really isn't  
15 fulfilling a, a parenting role. I didn't -- that's my  
16 interpretation.

17 Q And isn't that exactly what you'd expect the  
18 worker to try to, to get out, to find out exactly what his  
19 involvement was?

20 A That would be part of the information she would  
21 be looking for.

22 Q Right. Because based, based on what you know of  
23 Samantha Kematch at the time she hasn't always made the  
24 best choices in terms of, of -- for example, leaving  
25 Phoenix with inappropriate caregivers, and things like

1 that, so you'd want to know who this person is?

2 A We don't -- I don't believe we had a lot of, I  
3 don't believe we had a lot of information saying that Ms.  
4 Kematch was leaving her children inappropriately.

5 Q Well, wasn't that one of the main reasons for the  
6 file coming in, that the concern was that Samantha Kematch  
7 had left Phoenix with an inappropriate caregiver who was  
8 smoking crack cocaine?

9 A That was an allegation that was, that was not  
10 followed up on, and not substantiated. Like where Ms.  
11 Kematch had been involved in leaving her children was with  
12 Ms. Edwards and Mr. Stephenson, and those caregivers were  
13 seen as appropriate.

14 Q Okay. There wasn't --

15 A So, so I guess I couldn't extrapolate from that  
16 that there was a big history of her leaving her children  
17 with inappropriate caregivers.

18 Q There was a history though throughout the file  
19 of, of Samantha possibly abusing substances and, and there  
20 being concerns about domestic violence, and that sort of  
21 thing in the home?

22 A Yes, there were things.

23 Q Okay. And just with the background, what, what  
24 you knew, wouldn't you want to find out who was actually  
25 living in the home now with this little girl? Wouldn't

1 that be part of the job?

2 A That would be, but at that point in time it  
3 didn't come across as, as significant. Best practice we,  
4 we should have, for sure, and we certainly wish that we  
5 had.

6 Q At that point in time would you have expected  
7 your workers to do those kind of prior background checks on  
8 people in the home, new, new people?

9 A Yes, if, yes, if they were going to a home and  
10 they would be looking at who was parenting, and doing  
11 background checks.

12 Q It appears that it was based on really this one  
13 visit that Ms. Forbes had with Samantha that she determined  
14 it was safe for Phoenix to be in the home --

15 A Yes.

16 Q -- is that fair?

17 A Yes.

18 Q In your review, as a supervisor, was that enough  
19 work on this particular file to be able to close it?

20 A Yes.

21 Q And so based on that was, was Phoenix in your  
22 view safe?

23 A At that point in time, yes.

24 Q Well "safe" you said was not just a point in  
25 time, right, it's -- was this child going to be safe in

1 this home; is that -- do I have that right?

2 A Safety is -- in child welfare is it's -- it  
3 refers to a particular -- for a particular moment. Risk  
4 speaks to longer term.

5 Q Right. Sorry, I --

6 A And looking -- we didn't have the substantiation  
7 that said that there was risk. If we had more time and --

8 Q But, but -- I just want to stop you there --

9 A Sure.

10 Q -- just for a minute. The -- part of the process  
11 of investigation is try to figure out what the situation is  
12 at the time; right?

13 A Yes.

14 Q And that's, that's done by asking questions,  
15 finding out who's in the home, who's caring for the child,  
16 things like that?

17 A Yes.

18 Q And it's only once you do those things you can  
19 determine the risk?

20 A Yes.

21 Q And so my, my specific question is based on what  
22 Ms. Forbes did in this case, and that's had a meeting with  
23 Samantha Kematch --

24 A Um-hum.

25 Q -- she determined that the risk was low?



1 A Yes.

2 Q Was that, was that acceptable practice in this  
3 case, to you as a supervisor?

4 A At that point in time, yes.

5 Q And what is it about that point in time that  
6 would make it an acceptable practice?

7 A At that point in time because of the, the  
8 workload that was occurring in the unit, because of the  
9 uncertainty of all of those, all of those things together  
10 made Intake a very hectic and chaotic kind of place to  
11 work, and --

12 Q Okay. I, I understand what you're saying about  
13 the workload, and the situation --

14 MR. RAY: Sorry, no disrespect to my friend, but  
15 he keeps interrupting the, the witness when she's  
16 attempting to give her answer, and perhaps he could let her  
17 finish her answer.

18 THE COMMISSIONER: Well certainly the witness  
19 should be allowed to complete her answer every time.

20 MR. OLSON: Absolutely.

21

22 BY MR. OLSON:

23 Q Was there more you wanted to add?

24 A There was an expectation for workers, if they  
25 were going to be -- if, if they had enough information to,

1 to transfer a file that they would complete a much more  
2 detailed written assessment. If they were -- if they had  
3 information that was showing that the file was not going to  
4 be transferred, and could safely be closed, then the detail  
5 that was expected by myself was not as great because we  
6 were trying to get out and, and see people, and do the  
7 actual work, and not be spending as much time on those  
8 situations recording and, and documenting.

9 THE COMMISSIONER: Witness, you said a minute ago  
10 that, that the workplace was chaotic and hectic, and that  
11 related to workload, and brought about the situation that  
12 Ms. Forbes was working in. Was that always the case or are  
13 you talking about that being in, in that chaotic and hectic  
14 environment just only about this time that we're dealing  
15 with in 2004?

16 THE WITNESS: I think Intake is always chaotic  
17 and hectic, but during this time period it was even more so  
18 because of the huge changes that were occurring within the  
19 system, and that was taking a lot of energy from people,  
20 and away from the practice.

21 THE COMMISSIONER: Thank you again.

22

23 BY MR. OLSON:

24 Q So I understand what you're saying about it was,  
25 it was chaotic at the time, workload was high, morale was

1 low --

2 A Um-hum.

3 Q -- that's, that's essentially what you're saying?

4 A Yes.

5 Q But ultimately if, if you can't determine whether  
6 or not the home is a high risk or a low risk, because the  
7 investigation hasn't been done, how can you close the file?

8 A Because when I looked at it the work to determine  
9 the child's safety was done, and there was nothing  
10 substantiated to transfer the file on for ongoing services  
11 when we -- when Tracy, Ms. Forbes went out there was no  
12 indication that there were problems at that point in time  
13 with, with alcohol and drugs. Ms. Forbes saw Phoenix, and,  
14 and found her to be in good health, and, and appearing to,  
15 to be well, and the same for Ms. Kematch. She was somewhat  
16 receptive and certainly that was another -- something that  
17 I look at as a supervisor, she was, she was not -- it took  
18 awhile to, to connect with her, but when we did she was  
19 open to having Tracy come into her home and sit down and,  
20 and talk about what her experience was, and how she had  
21 come to parent Phoenix again, and what her plans were, so I  
22 think those were all things that were taken into  
23 consideration that we -- and I think because of the time it  
24 was we were at that point in time looking for specific  
25 incidents that would translate into -- to risk. We weren't

1 taking the time to really do in-depth assessments, and ask  
2 lots of questions, unless we had something to really go on  
3 to start with, so I think you can see a very different  
4 summary from the one that you see with Ms. Kematch than you  
5 would with another file that had been presenting as more  
6 difficult, and having had more, more eminent concerns to  
7 it. You would have seen a different recording style and a  
8 lot more information, and, and that's unfortunate, and --  
9 but that's a reality.

10 Q Is that -- is this case an example of, of what  
11 you mentioned before when, when the lesser priority cases  
12 would sort of be overlooked for the higher priority cases?

13 A Unfortunately, yes, and that's the way it came  
14 into the unit.

15 Q Well it came in with a 48 hour response time.

16 A It came in with a 48 hour response time, but with  
17 a very low level of concern.

18 Q And that's how you read --

19 A Yes.

20 Q But if you looked at the prior summary done by  
21 Ms. Mirochnick it talked about being a high risk if, if  
22 Phoenix ends up with Samantha Kematch.

23 A Without seeing Ms. Kematch.

24 Q That's what you understood?

25 A Yes.

1 Q Okay. Ms. Forbes said the language used by Ms.  
2 Mirochnick in her closing summary was sort of I guess -- I  
3 don't mean this in a (inaudible) way, but social worker's  
4 speak for I haven't actually seen Ms. Kematch, so I'm  
5 calling this a high risk case until she's seen; was that --

6 A Yes.

7 Q Is that something --

8 A Yes, so it needed -- there, there needed to be  
9 some further assessment.

10 Q In your experience as a supervisor is that what  
11 social workers would do at the time when they, they wanted  
12 to indicate that to the next worker, use that sort of  
13 language?

14 A I can't comment on that. It's ...

15 Q You're unable to say?

16 A Yeah, I'm unable to say.

17 Q Ms. Forbes mentioned one of the reasons she  
18 didn't get a lot of information about Wes was because she  
19 didn't want to be too intrusive, or violate privacy; is  
20 that a concern? Is that, I guess, a reasonable concern for  
21 a social worker in her situation at the time?

22 A Which time are you referring to?

23 Q The time of this file.

24 A Okay. But are you -- if you're referring to the  
25 first time she met Mr. McKay at the door of Ms. Kematch's

1 home --

2 Q Sure, tell me about that.

3 A -- then, then I would say that she was right in  
4 not saying who she was, or why she was there because she  
5 had no idea who this person was, or whether they should be  
6 privy to that information --

7 Q Okay.

8 A -- so I think that's -- you know, very often  
9 social workers will go to somebody's door and, and really  
10 won't give any information if they can't find who they're  
11 looking for because there is the, the hope of  
12 confidentiality for -- and the protection of families  
13 involved with the child welfare system to confidentiality.

14 Q That wouldn't -- I take it safety of the child  
15 would trump confidentiality in, in a case where there was  
16 an immediate safety concern?

17 A Of course, yes.

18 Q Okay. Now, you did say when Ms. Forbes met with  
19 Ms. Kematch you would have expected her to ask about Wes  
20 McKay at that point?

21 A Yes, that would have been the opportunity to ask  
22 further questions about him.

23 Q There was -- privacy concerns wouldn't have come  
24 into play at that point?

25 A No.

1 Q Okay. Would you have expected her to get his  
2 full name?

3 A Yes, best --

4 Q And how much time -- sorry, I don't want to  
5 interrupt you if you --

6 A Yes, best practice would have been to have his  
7 full name.

8 Q Full name --

9 A And what he was doing there.

10 Q What he was doing there, how much care, if any,  
11 he was providing to the child?

12 A Yes.

13 Q You'd want to know if he had kids of his own, of  
14 his own in the house?

15 A Yes.

16 Q Okay. Would you want to know -- what, what other  
17 sort of information would you expect her to ask about Mr.  
18 McKay?

19 A Best practice --

20 Q Best practice.

21 A -- is that you would, you would want to know the  
22 same things about him if he was parenting as you would Ms.  
23 Kematch.

24 Q Okay. So you'd want a full background of him as  
25 much as possible?

1 A Yes.

2 Q Getting that information, assuming you were able  
3 to get a name, would you expect a prior contact check to be  
4 performed --

5 A Yes.

6 Q -- after that?

7 A Yes.

8 Q Okay. What would be involved in the prior  
9 contact check, how would that be done?

10 A A prior contact check would be a check on the  
11 computer. For instance, a person's past child welfare  
12 contact.

13 Q So by doing a CFSIS --

14 A Yes.

15 Q -- going on to CFSIS and typing in the name Wes  
16 McKay --

17 A Yes.

18 Q -- and seeing what comes up, and then it would  
19 just be a process of matching the right person?

20 A Yes.

21 Q Assuming there was a file?

22 A Yeah, assuming there was a file.

23 Q You're, you're aware that Mr. McKay did have a  
24 file?

25 A Pardon me?



1 Q You're, you're aware now that Mr. McKay did have  
2 a file?

3 A Yes.

4 Q And I can't recall -- and I don't know if you  
5 were present when I went through some of his file with Ms.  
6 Forbes.

7 A Yes.

8 Q And I want to be fair to you, so if you want me  
9 to put anything specific to you I will, but the file  
10 contains a lot of references to domestic violence, severe  
11 abuse, some concern about abuse of a child. If you had  
12 those concerns -- the prior contact check was done --

13 A Yes.

14 Q -- and those concerns were apparent would the --  
15 should the -- would the file have been closed in that case?

16 MR. RAY: Well, Mr., Mr. Commissioner, just, just  
17 for the record I'm just renewing my objection that I made  
18 yesterday regarding Ms. Forbes, this being somewhat  
19 speculative for the witness. Appreciating your ruling  
20 yesterday, but I'm just mentioning it and also mentioning  
21 that we need to be careful about the amount of weight that  
22 we would place on this witness' evidence, given that she  
23 didn't see the information at the time.

24 THE COMMISSIONER: Yeah, the question relates to,  
25 to if -- what she knows now about the content of that

1 file --

2 MR. RAY: Had she seen it.

3 THE COMMISSIONER: -- what, what might have  
4 happened at that time.

5 MR. RAY: Correct.

6 THE COMMISSIONER: Well -- I'll allow her to  
7 answer that question. I think it's not an unfair question,  
8 but it's, it's got a speculative nature to it, and I'm sure  
9 she understands that.

10 MR. RAY: I agree, and just for the record as, as  
11 I stated yesterday.

12

13 BY MR. OLSON:

14 Q I guess maybe another way to put it is, that  
15 information is this, is this information significant when  
16 assessing risk? If you had this information would it be  
17 significant in assessing risk on this file?

18 A Yes, it would have.

19 Q Would the file have been closed?

20 A No.

21 Q What would have happened with it?

22 A If, if we had -- I guess I've now read the file  
23 that Mr. McKay is part of, and based on the information  
24 that I have read about him at the very, at the very least  
25 we would have had grounds to have him removed from the

1 home, if we could have some confidence that Ms. Kematch  
2 would respect that. Certainly the file would have been  
3 transferred.

4 Q Would have been transferred for ongoing services?

5 A For ongoing services.

6 Q We did hear information -- testimony from Ms.  
7 Forbes that if she had information she wouldn't necessarily  
8 share the concerns with Ms. Kematch; would there be a  
9 problem with sharing her concerns with Ms. Kematch, knowing  
10 that Mr. McKay is parenting?

11 MR. RAY: I think -- just for the record I think  
12 Ms. Forbes' evidence was she wouldn't state the specific  
13 facts contained in the file of Mr. McKay, but that she  
14 would have advised Ms. Kematch that he presented a risk I  
15 think is what her, her evidence was.

16 THE COMMISSIONER: Do you agree with that?

17 MR. OLSON: That's fine. If -- I don't have a  
18 problem with putting it to the witness that way.

19 THE COMMISSIONER: I think you should do that.

20 BY MR. OLSON:

21 Q So do you understand that?

22 A Could you repeat that again?

23 Q So Ms., Ms. Forbes' testimony was that she  
24 wouldn't, she wouldn't share the specifics of the  
25 allegations or the concerns that the agency had about Mr.

1 McKay with Ms. Kematch, had she known. She, she may just  
2 say, you know, we have some concerns.

3 A Yes.

4 Q My question was would there be a problem -- for  
5 you as a supervisor, if you were looking at the file, would  
6 there be any problem with actually talking to Samantha  
7 about the specific concerns the agency had with Mr. McKay  
8 at that point?

9 A I think, I think we're always cognizant of  
10 confidentiality, and the practice generally is to go to  
11 people when we have information that a partner is high  
12 risk, to go to them with the information that there are  
13 high risk concerns, not the specifics but based on our high  
14 risk concerns we would be asking for -- or advising them we  
15 would be having further involvement and putting the onus  
16 back on the person who has the concern to either self-  
17 disclose or that would happen through the Family Service  
18 worker if it was decided that that was something that  
19 needed to be disclosed in more detail, but I think it's  
20 generally sufficient for Intake to have the high risk  
21 information and to tell the other person that that's a  
22 concern, and whether that person's residing in the house  
23 or, or not, just having access.

24 Q And that, I take it, is because the information  
25 presents possibly a high risk of harm to come to the child;

1 is that, is that why it would be disclosed?

2 A Yes.

3 Q Okay. You said with this information there would  
4 be grounds -- I want to be sure of what you said, to have  
5 Mr. McKay removed from the home?

6 A Yes, to ask him to voluntarily leave while we  
7 were looking into it further.

8 Q Okay. And if he wouldn't voluntarily leave could  
9 -- if he's --

10 A Then I think we would have had grounds to  
11 apprehend.

12 Q Okay. I want to change over to just a slightly  
13 different area.

14 A Okay.

15 Q We've, we've heard evidence that files sometimes  
16 were sent up to Intake by CRU, and they were rejected and  
17 sent back down; is that, is that something you're aware of?

18 A I'm, I'm aware of, but I would use different  
19 terminology.

20 Q Maybe you can tell us what, what was happening in  
21 your view.

22 A I think there were times when files would come up  
23 to, to Intake where we would look at that file, and have  
24 questions about whether or not it was necessary to come to  
25 Intake, whether or not the CRU could make a further phone

1 call, whether the -- if it was a very urgent case whether  
2 or not it was better for CRU to be going out as a first  
3 responder, so those kinds of situations we would -- I would  
4 go down and speak with the CRU supervisor for the file, and  
5 we would have a discussion about the different points of  
6 view and whether or not they would do some further work, or  
7 not, and sometimes there was a decision made that CRU would  
8 continue to work on the file, to try to gather some further  
9 information, to determine whether or not it really required  
10 an assessment, and sometimes the decision would be that  
11 there wasn't sufficient information there, and that Intake  
12 would, would do the fuller assessment.

13 Q In that context had you ever heard of the phrase  
14 "a lock of shame"?

15 A No, I hadn't.

16 Q That's not a phrase you're familiar with?

17 A No.

18 Q Do you recall if you had any other involvement in  
19 this file, in either Ms. Kematch's or Mr. Sinclair's file?

20 A I don't have, I don't have any recollection of,  
21 of other situations. I don't have any clear recollections.  
22 The information that's been presented to me through the  
23 course of the Commission inquiry. There is another  
24 incident that I've looked at, and I've -- and I have some  
25 vague recollections of receiving information and, and going

1 down to talk to -- but I can't be absolutely certain that  
2 that in fact was this situation --

3 Q Okay.

4 A -- or something else that I'm being confused  
5 about because it would have been a very, you know, sort of  
6 a minute involvement or interaction.

7 Q And so in order to be completely fair to you --

8 A Um-hum.

9 Q -- I, I want to ask you a couple of questions  
10 about this, and I suspect you, you can't recall, but there  
11 is some information I think from the department that you  
12 may have been the intake supervisor at the time Shelly --  
13 and we haven't heard this evidence yet about Shelly Wiebe-  
14 Willox's involvement in December, 2004, or Richard  
15 Buchkowski's involvement on March 1st. There's some  
16 indication he may have been the supervisor at that time; do  
17 you have any recollection of, of anything around that?

18 Is that what, what you were speaking about?

19 A That's, that's what I was speaking about.

20 Q Okay.

21 A Shelly Wiebe ...

22 Q And just to give it a bit more context --

23 A Okay.

24 Q -- the specific issue is a file being referred  
25 from CRU, sent up to Intake, and then Intake rejecting the

1 file, that's the context, that's -- and you're familiar  
2 with that?

3 A Yes.

4 Q Is, is that something you're able to recall?

5 A Not with great certainty. I believe, I believe  
6 that the Shelly Wiebe file that came up -- that came up --  
7 that, that was opened as a result of a call from the  
8 hospital with the birth of another child, I believe that I  
9 saw that intake and had a discussion with Diva (phonetic)  
10 about whether or not there was sufficient information to --  
11 for Intake to follow up on that, or whether CRU could make  
12 some further inquiries, and -- but I don't have a clear  
13 recollection of having that conversation, but when I'm  
14 looking at it I'm thinking that that's something that I  
15 could possibly have done.

16 Q So it's not a -- you don't have a clear  
17 recollection, but that might have occurred?

18 A Yes.

19 Q Okay. And do you recall -- would you have ever  
20 actually outright rejected a file --

21 A No.

22 Q -- from the CRU?

23 A No, and I, I don't recall ever rejecting a file  
24 from CRU. My recollections are of having conversations  
25 with whoever the CRU supervisor was and coming to an



1 agreement one way or the other to either take the file and  
2 work on it, or to have, to have CRU do further work.

3 Q Okay. So it would be some sort of an negotiated  
4 agreement between you and the CRU supervisor?

5 A Yes.

6 Q Okay. And would those sometimes be heated  
7 discussions?

8 A I, I wasn't involved in any heated discussions  
9 around the file work.

10 Q Okay.

11 THE COMMISSIONER: And what timeframe are we  
12 talking about here again?

13 MR. OLSON: So the timeframe for that, Mr.  
14 Commissioner, would be -- there was a December, 2004, and  
15 you're going to -- you're going to hear evidence from Ms.  
16 Willox about that, Shelly Wiebe, and March 1, 2005.

17 THE COMMISSIONER: All right.

18

19 BY MR. OLSON:

20 Q Is there anything else you want to add about that  
21 before I move on?

22 A No.

23 Q Can you recall when you first learned about  
24 Phoenix's death?

25 A I would have been at work.

1 Q Do you recall when it was?

2 A The date, no.

3 Q Even the year? Would it have been shortly after  
4 the discovery of her death? You have to --

5 A Sorry?

6 Q It would have been shortly after the discovery of  
7 Phoenix's death?

8 A Yes, yes.

9 Q Okay. How did it come to your attention?

10 A I don't know. I don't know whether it was a news  
11 report, and then information started to flow through the  
12 office. I don't recall who -- whether somebody came in to  
13 tell me, or whether it was -- oh, I guess I can't imagine  
14 how else I would have received the information.

15 Q Did anyone talk -- did you realize you were  
16 involved in the --

17 A Not immediately.

18 Q Okay. How -- when did you realize that you had  
19 some involvement?

20 A After I looked at CFSIS to --

21 Q You looked it up --

22 A -- see whether our unit had been involved, and,  
23 and whether we had been involved.

24 Q And at that point you realized you were involved?

25 A Yes.

1 Q Would that have been some time shortly after  
2 first finding out about Phoenix's death?

3 A Immediately.

4 Q Immediately?

5 A Yes.

6 Q That's the first thing that you --

7 A Yeah.

8 Q -- would have done? Okay.

9 Did anyone talk to you about your involvement,  
10 and by that I mean anyone from your employer?

11 A Not particularly.

12 Q Okay.

13 A No. I would have -- I can't recall, I can't  
14 recall having any conversation.

15 Q Okay. There was no conversation with your  
16 employer about the extent of your involvement, or things of  
17 that nature?

18 A No.

19 Q Okay. Were you interviewed by any, any of the  
20 report writers, the report's done -- a section 4 report, a  
21 section 10 report; were you interviewed by anyone?

22 A I was interviewed very briefly by a person from  
23 the Office of the Children's Advocates Office, but it  
24 wasn't particularly extensive. It was more around changes  
25 to the system.

1 Q About changes to the system?

2 A Yes.

3 Q Not about your involvement --

4 A No.

5 Q -- in the files?

6 A No.

7 Q Okay. Now, you've, you've seen the reports  
8 through this process?

9 A Yes.

10 Q And you're aware of the areas where you were  
11 involved?

12 A Yes.

13 Q And what the report writers have said about your  
14 involvement?

15 A Yes.

16 Q Okay. And so what I want to do now is just give  
17 you an opportunity to respond or clarify anything with  
18 respect to your involvement --

19 A Okay.

20 Q -- as, as recorded by the report writers. So the  
21 first report I'll take you to is the report entitled  
22 Special Case Review in Regard to the Death of Phoenix  
23 Sinclair, by Andrew Koster, it's a section 4 report, and  
24 the specific reference is on page 41.

25 Q Where would I find them?

1           A        If it's arranged by tabs it'll be tab -- it will  
2 be commission disclosure 1. So do you have that page 41?

3           A        Yes.

4           Q        And it's the page on the right-hand corner, not  
5 the, not the one in the center, but on the right-hand side  
6 of the page; is that the one you're looking at?

7           A        Yes.

8           Q        Okay. And so your involvement as a supervisor  
9 would have -- began around May 13, 2004?

10          A        Yes.

11          Q        This is basically a factual write-up to the end  
12 of page 42?

13          A        Yes.

14          Q        Is there anything in, in that area of the report  
15 that you want to correct, clarify or comment on?

16                THE COMMISSIONER: Have you seen this before,  
17 witness?

18                THE WITNESS: Yes, I have. Okay.

19

20 BY MR. OLSON:

21          Q        Is there anything in that section?

22          A        No.

23          Q        And just, just to be clear for the record, and I  
24 appreciate that you may not have noticed it, but on page 42  
25 Ms. Forbes indicated that her June 2nd involvement was

1 missing and the June 15th involvement was not quite  
2 accurate, so that's not something you picked up here. I  
3 just wanted to have that clear for the record.

4 Page 43, these are the bullet points here, or the  
5 reasons given for the closure by Ms. Forbes.

6 A Um-hum.

7 Q Do you agree with them?

8 A Yes.

9 Q Okay. Under the heading The Worker's  
10 Circumstances Beyond the Case File it says:

11

12 "The worker indicated that there  
13 were at least three colleagues on  
14 her unit sick at the time that  
15 she had carriage of the intake  
16 file on Samantha Kematch."

17

18 A I can't comment on that.

19 Q Okay.

20 A I don't know that to be true or not true.

21 Q You, you can't say one way or the other?

22 A No.

23 Q Okay. She also said that:

24

25 "In 2004 as is the case now in

1                   2006 --"

2

3       When she was interviewed.

4

5                   " -- standards were not a priority  
6                   for workers since the reality is  
7                   that they cannot necessarily meet  
8                   them."

9

10                   Is that something you agree with, was that the  
11       case at the time?

12       A       Yes.

13       Q       And then she goes on to say:

14

15                   "In particular, high medium or low  
16                   time frames are not met and  
17                   workers use their own judgment."

18

19                   Is that accurate?

20       A       To a, to a certain extent. I think that high  
21       risk standards were met. I think workers sometimes think  
22       that they're not meeting standards when they actually are.  
23       I, I think that, you know, medium and, and low risk  
24       timeframes were not being met.

25       Q       Finding 27, the same page, the report writer

1 talks about the 48 hour safety, 48 hour response under the  
2 safety assessment, and the report writer says:

3

4 "It would have been important to  
5 go out the same day when previous  
6 concerns about the mother's  
7 parenting and possible drug  
8 problems are considered."

9

10 Do you want to comment on that?

11 A The only comment I have about that is that there  
12 was no immediate incident being raised, there was no  
13 concern that something was happening immediately, which,  
14 which is generally what a, a 24 hour response is, that  
15 there's grave risk.

16 Q So I take it you don't agree with the assessment?

17 A I don't, no.

18 Q The next finding on page 44, it's just the next  
19 page so. Finding 28:

20

21 "It would have been good practice  
22 to obtain Wes's full name if the  
23 worker had thought that he was  
24 living in the home."

25



1           Now, there is -- you did comment somewhat on  
2 this. Is there anything you want to add?

3           I, I take it you agree with this statement?

4       A     I, I do agree with that, yes.

5       Q     Okay. And you'll see in the paragraph explaining  
6 it that the writer is confused about it being Sara's  
7 residence, you've explained that. Your understanding is  
8 that was a typo?

9       A     Yes.

10      Q     Finding 29, same page, it says:

11

12                    "It would have been difficult to  
13                    access the CFSIS system to obtain  
14                    information on 'Wes' even if more  
15                    information was known."

16

17                    Do you agree with that?

18      A     Just from, from what I've heard that there were  
19 difficulties even when Mr. McKay's name was known as to  
20 where -- whether he was actually involved in files because  
21 there were a number of them with different birth dates,  
22 and ...

23      Q     You're talking about -- it's based on a CFSIS  
24 search at some other point; is that what you're referring  
25 to?

1 A I think so.

2 Q Just based on your understanding of what's  
3 involved in, in doing a prior contact check you explained  
4 before that you put the name in --

5 A Um-hum.

6 Q -- and, and names come up?

7 A Um-hum.

8 Q That's the process?

9 A That's the process, and if you have the correct  
10 name, and if the name has actually been entered into the  
11 CFSIS system you will get a match. I think older,  
12 historical content are not entered as well as they are --  
13 or as they, they were once the intake module came into  
14 being, and there would be files where there would be  
15 mention of a, a partner and perhaps a birth date included  
16 in the file, but that wouldn't necessarily have made it  
17 into the computer system.

18 Q Okay. The next finding, 30, it says:

19

20 "This file should have been  
21 transferred to Family Services due  
22 to the past history of the case,  
23 the mother's possible drug and  
24 alcohol problems and the young age  
25 of Phoenix Sinclair."

1

2           Is that something you agree with?

3       A     No.

4       Q     And do you want to explain it any more or  
5 just ...

6       A     I think based on the information I've given  
7 previously it would, would be the, the same reasons for not  
8 transferring it at that point in time.

9       Q     Okay. And then finding 31:

10

11                   "The Statement of Risk for Phoenix  
12                   was assessed at too low level for  
13                   the risk factors that were known  
14                   to exist in the recent past."

15

16           Do you have any comments?

17       A     I think that the, the risk could have been  
18 between low and medium, based on the risk factors.

19       Q     So you agree then with the assessment done by Ms.  
20 Forbes at the time? She assessed it as a low risk.

21       A     Yes.

22       Q     And you don't necessarily agree with what the  
23 report writer found?

24       A     In retrospect -- I guess in retrospect I look at  
25 it and think it was -- it could have been between a low and a

1 medium risk.

2 Q Okay.

3 A At the point in time that I was reviewing it I, I  
4 believe that it was a low risk as well.

5 Q And I want to give you an opportunity to --  
6 another -- there's another report called the section 4  
7 report, it's at commission disclosure 2.

8 THE COMMISSIONER: Just a minute. This -- does  
9 she -- did you ask her -- did she remember being  
10 interviewed by the author of this report?

11 MR. OLSON: She -- you were not interviewed by  
12 the author I think is what you said?

13 THE WITNESS: No, no.

14 THE COMMISSIONER: All right.

15

16 BY MR. OLSON:

17 Q When you were -- you were interviewed by someone  
18 from the Children's Advocate, I think you said?

19 A Yes, I was.

20 Q Do you know who that person was?

21 A It was -- I believe it was Cybil Williams.

22 Q So it wasn't Billie Schibler or Andrew Koster?

23 A No. That's Cybil Williams.

24 Q The next report I want to give you an opportunity  
25 to respond to is the section 4 report.

1 A Okay.

2 Q That's at commission disclosure 2, page 152, is  
3 where your involvement began.

4 Many of the comments are similar and I don't want  
5 to read it out to you because it's fairly lengthy, but take  
6 your time, if you need to, to review it, and then let me  
7 know if there's anything you want to correct, clarify or  
8 elaborate on.

9 A Um-hum.

10 Q Just for the record while you're reviewing that I  
11 just wanted to clarify that this is actually the section 10  
12 report. I think I misspoke and said --

13 A Okay.

14 Q -- it was the section 4 report.

15 A Okay. Maybe as I'm reading this if I could  
16 comment?

17 Q Absolutely.

18 A The designation of Ms. Kematch as a high risk  
19 caregiver I think that wasn't clearly defined, it was --  
20 she would -- the child would be at high risk should she be  
21 in Ms. Kematch's care prior to an assessment occurring.

22 Q Okay. And just so we understand what, what part  
23 of the report you're referring to where are you reading  
24 from?

25 A I'm sorry. I'm referring to page 152 --

1 THE COMMISSIONER: Yes.

2 THE WITNESS: -- "As Ms. Kematch was designed  
3 (sic) a 'high risk' caregiver."

4 MR. OLSON: I see. At the bold portion there?

5 THE WITNESS: Yeah.

6 MR. OLSON: Okay.

7 THE WITNESS: That, that one sentence.

8

9 BY MR. OLSON:

10 Q Your comment is that, that wasn't something that  
11 was clearly defined?

12 A Right.

13 Q Okay.

14 THE COMMISSIONER: What wasn't clearly defined?

15 THE WITNESS: The, the statement that she was a  
16 high risk caregiver.

17 THE COMMISSIONER: That it was -- that is it  
18 wasn't clearly defined in the materials you had available?

19 THE WITNESS: Yes. I guess what, what I had read  
20 at that time was that she could -- that the child could be  
21 at high risk in her mother's care prior to the assessment,  
22 and that an assessment needed to be done to take a look at  
23 that.

24

25 (PAUSE WHILE WITNESS READS REPORT)

1 THE COMMISSIONER: How far are you asking her to  
2 read?

3 MR. OLSON: Up to page 160.

4 THE COMMISSIONER: Have you seen this report  
5 before today?

6 THE WITNESS: I have seen this report before.

7 THE COMMISSIONER: Yes. And have you had a  
8 chance to go up -- look at it now up to that -- up to the  
9 point of page 160?

10 THE WITNESS: Have I looked at it before up to  
11 page 160?

12 THE COMMISSIONER: No, no. Today.

13 THE WITNESS: No, today I'm at page 155.

14 THE COMMISSIONER: Okay. Do you, do you want her  
15 to read all those five pages?

16 MR. OLSON: Do I want her to read all of those?

17 THE COMMISSIONER: Yes.

18 MR. OLSON: I want to give her an opportunity to,  
19 to respond to anything written in those five pages.

20 THE COMMISSIONER: Well then she's got to have  
21 the opportunity to read it now.

22 MR. OLSON: She -- and, and I, I know she, she  
23 has had the document for some time, but she may want to go  
24 through it now. Would it make sense to --

25 THE COMMISSIONER: I, I guess based upon having

1 seen it before --

2 THE WITNESS: Yes.

3 THE COMMISSIONER: -- and having it put in front  
4 of you today is there any comment you want to make on  
5 what's included in those pages, or do you want some more  
6 time to review it?

7 THE WITNESS: I would like some more time to  
8 review it.

9 THE COMMISSIONER: All right, that's fair enough.

10 MR. OLSON: Would it then make sense to maybe  
11 take the, the lunch break, and come back --

12 THE COMMISSIONER: I, I think it would.

13 MR. OLSON: -- and finish a little early?

14 THE COMMISSIONER: I think it would. So we'll  
15 adjourn until two o'clock?

16 MR. OLSON: Yeah, maybe in that case what I'll do  
17 is I'll, I'll let the witness know I'm also going to refer  
18 to the internal report by Rhonda Warren.

19 THE COMMISSIONER: Yes.

20 MR. OLSON: She should have it in her book, it's  
21 at 1802, commission disclosure 1802, page 37998.

22 THE WITNESS: Um-hum.

23 MR. OLSON: I'm going to ask you -- the same  
24 exercise with that.

25 THE COMMISSIONER: And are there a number of



1 pages there, too?

2 MR. OLSON: Sorry, the pages -- I just misspoke.

3 Thank you for that.

4 The pages are 38008 to 38009 and then there's a  
5 comment with respect to risk assessment, page 38018, okay,  
6 and 38020.

7 THE WITNESS: Okay.

8 THE COMMISSIONER: We, we -- I think we'll  
9 adjourn and if there's any questions to which page you're  
10 talking about you and Mr. Ray can confer with the witness,  
11 and make sure she understands which ones.

12 MR. OLSON: That, that makes sense.

13 THE COMMISSIONER: Now if we adjourn until two  
14 o'clock will, will -- we're likely to get through this  
15 witness today, I'm sure we will?

16 MR. OLSON: Yeah, I'll be done after these  
17 questions.

18 THE COMMISSIONER: And then the questions -- how  
19 be it we return at 1:45 or two o'clock, what was the  
20 preference?

21 MR. GINDIN: I prefer two.

22 THE COMMISSIONER: All right. We'll, we'll  
23 adjourn until two o'clock.

24 MR. OLSON: Very good.

25 THE COMMISSIONER: And I'm going to sort papers

1 here so you're now -- we now stand adjourned.

2

3

(LUNCHEON RECESS)

4

5 THE COMMISSIONER: All right. Yes. Mr. Gindin.

6 MR. GINDIN: Thank you, Mr. Commissioner.

7 THE COMMISSIONER: Well wait --

8 MR. GINDIN: Oh, do you have some more? Oh,

9 sorry. I thought you were finished.

10 MR. OLSON: I just have -- I'm not quite done.

11 THE COMMISSIONER: No, I don't think -- I know --

12 I thought you had some other point.

13 MR. GINDIN: Oh, no, I thought that he --

14 THE COMMISSIONER: We're not ready for you yet, I

15 don't think.

16 MR. OLSON: Almost, almost done.

17 MR GINDIN: I'll wait.

18 MR. OLSON: Almost done.

19 MR. GINDIN: I forgot. I'm sorry.

20

21 BY MR. OLSON:

22 Q You've -- you had a chance over the lunch hour to  
23 review the section 10 reports that -- the pages that I  
24 referred you to?

25 A Yes, I have had time and so I would like to thank

26

1 you very much for giving me the opportunity to re-read  
2 through those reports.

3 I believe that there's nothing further that I  
4 have to add for any of them.

5 Q For any of the remaining reports?

6 A Yes.

7 Q Okay. So that's the section 10 report, as well  
8 as the internal case review?

9 A Yes.

10 MR. OLSON: Thank you very much. Those are my  
11 questions.

12 THE COMMISSIONER: Now it's time for you, Mr.  
13 Gindin.

14 MR. GINDIN: All right.

15

16 CROSS-EXAMINATION BY MR. GINDIN:

17 Q Good afternoon, Ms. Parsons. Jeff Gindin is my  
18 name and I represent Kim Edwards and Steve Sinclair.

19 You told us that you reported to Dan Berg; is  
20 that right?

21 A That's correct.

22 Q And essentially he supervised you?

23 A Yes.

24 Q And you told us about the kinds of things you  
25 dealt with with him, and you said you have no notes of

1 those meetings or discussions; correct?

2 A No.

3 Q Did you keep the notes -- did you keep notes at  
4 the time?

5 A Not, not very often, not that I recall  
6 specifically.

7 Q You told us that some of the things that you  
8 would discuss would be difficult cases, and I think you  
9 mentioned high profile cases?

10 A Yes.

11 Q Are high profile cases dealt with differently?

12 A There might be a need for a different type of  
13 consultation.

14 Q In what way?

15 A Because it would -- could either be something  
16 media related or that we just wanted to be sure of -- or,  
17 or other situations where we just wanted to be sure --

18 Q Would --

19 A -- of our direction.

20 Q If the case was high profile would that lead to  
21 you perhaps keeping more notes or better notes?

22 A Perhaps, but it would be the same sort of  
23 expectations as I had had with, with workers where if I was  
24 asking for consultation I would then speak with the worker,  
25 and the information would be documented in the case file.

1 Q You talked about the times that, that you would  
2 meet with the workers as their supervisor.

3 A Yes.

4 Q And I think you said that there weren't regularly  
5 scheduled meetings; right?

6 A There, there were ad hoc meetings and after the  
7 supervision, supervision policy came out then I did have  
8 more regular meetings --

9 Q Okay.

10 A -- with workers, unscheduled meetings.

11 Q And did you ever start making notes of those  
12 meetings after the policies came out?

13 A I did make some notes.

14 Q Do you know -- and where are they?

15 A At this point I, I don't have those notes any  
16 longer. There would be a variety of places where the notes  
17 could be. For situations where I had done a performance  
18 appraisal I would discard the notes after doing the  
19 performance appraisal because the information was contained  
20 in, in the appraisal. Notes that I had for workers who  
21 were -- remained employed with the Intake Unit after I was  
22 finished would have been left behind.

23 Q Okay. Have you seen those notes?

24 A No.

25 Q You don't know where they are? You don't know

1 where they are?

2 A No, I don't know where they are.

3 Q Do you have anything that even tells us the dates  
4 of the meetings you had?

5 A No.

6 Q No. You certainly kept track, I think you said,  
7 of the dates at least of when you'd have a meeting?

8 A No.

9 Q No, you didn't even keep track of the dates?

10 A I would have had dates in my appointment book of  
11 when meetings were scheduled.

12 Q I see. Does, does that still exist?

13 A No.

14 Q Is that something that was destroyed or lost,  
15 or ...

16 A The appointment books?

17 Q Yeah.

18 A After a period of time they would have been  
19 destroyed.

20 Q We heard about you sometimes looking at a  
21 transfer summary from a worker that you're supervising;  
22 right?

23 A Yes.

24 Q And you'd have to sign off on it; right?

25 A Yes.

1 Q Were there occasions where you didn't agree with  
2 something that you read that required some changes, or some  
3 discussion with the worker?

4 A Yes.

5 Q That happens from time to time?

6 A Yes, it would.

7 Q Do you know whether it happened here?

8 A No.

9 Q You don't know?

10 A Oh, no, it didn't happen here.

11 Q Okay. Do you actually have an independent  
12 recollection of your involvement in this file? We've heard  
13 from many people that they don't. I'm not sure whether you  
14 do or you're relying on documents or notes.

15 A I, I have independent recollection of some --

16 Q Some things.

17 A -- some things, but not of others.

18 Q So when you say you began to change some of your  
19 methods because of the new supervision policy --

20 A Yes.

21 Q -- still you don't have notes of, of how you did  
22 that, or when you did that, or how often you met, or  
23 anything; right?

24 A No.

25 Q You were also talking about performance reviews.

1 A Yes.

2 Q And we heard Ms. Forbes tell us that in a period  
3 of about eight and a half years she had two performance  
4 reviews of her own work.

5 A Yes.

6 Q Do you think that's sufficient, or they should be  
7 done more?

8 A It should be done more.

9 Q And is it happening now that that kind of thing  
10 is done more?

11 A I can't comment on that because I'm no longer  
12 employed there.

13 Q You also told us that you kept a binder in which  
14 -- I think you, and correct me if I'm wrong, but I think  
15 you said that you kind of kept a list of certain workers'  
16 files?

17 A Every worker's files, yeah.

18 Q Yeah. And I think you said that sometimes when  
19 you met you'd make a note on this list as to some point or  
20 other; right?

21 A Right. I guess -- I thought you were referring  
22 to the case assignment lists, so ...

23 Q Okay. Maybe you can correct me, but I recall you  
24 talking about keeping a binder, and, and it related to case  
25 lists for each worker, or perhaps for all of them, I'm not



1 sure what you meant.

2 A Yeah. Oh. If you'd like me to explain --

3 Q Yeah.

4 A -- what the binder was. There were two binders.  
5 One of them was a list of every case that came into the  
6 unit with sort of the main problem. So the date it came  
7 in, who was the case reference, the main problem, and who  
8 it was assigned to, and then there was a separate binder  
9 with each worker's file tab, which recorded all of the  
10 files that were assigned to them, so those were the things  
11 that I was talking about in that context. I'm wondering if  
12 what you're referring to is when I was talking about  
13 meeting with workers and reviewing their cases --

14 Q Yes.

15 A -- and I would have a print-out --

16 Q Yes, that's what I was talking about.

17 A -- from CFSIS --

18 Q You're correct.

19 A -- and would mark on those -- on that CFSIS  
20 record what the next step was, whether it was to transfer  
21 or close, whether there was some contacts that should be  
22 made, it --

23 Q Okay. And --

24 A -- would just be a brief notation.

25 Q -- where, where would that binder be, where would

1 that binder be you're now talking about?

2 A Okay. That I wouldn't have any longer because  
3 that was -- went from month to month.

4 Q Okay.

5 A And we started fresh every month --

6 Q I see.

7 A -- and the other one would be destroyed.

8 Q So at the end of the month, when you started  
9 another one, the previous one would be destroyed?

10 A Right after I had met with the worker again.

11 Q Was that a policy or just a decision of yours?

12 A That was just a decision of mine. I don't know  
13 that there was a policy around that in particular.

14 Q And do you know whether all the other  
15 supervisors, or some of them, used the same policy?

16 A I don't know.

17 Q But your policy was to destroy this list of your  
18 little notations after every month?

19 A Yes.

20 Q You also told us about concerns that you had  
21 about workload and things of that nature, and that you  
22 brought that to the attention of others at times?

23 A Yes.

24 Q Any notes about when you brought those concerns  
25 up?

1 A No.

2 Q If you didn't agree with the response time that  
3 one of your workers had marked down on a safety assessment  
4 form I take it you had the authority to disagree or, or ...

5 Did you ever on occasion have a look at a safety  
6 assessment form like the one you've been shown earlier, and  
7 feel that you disagreed with it?

8 A Yes.

9 Q And if you did do that, and felt that way, what  
10 would you then do? Would you, would you bring it to the  
11 attention of whoever prepared the form and --

12 A No, no.

13 Q No.

14 A Generally what would happen we would go with  
15 whatever had been assessed as being the timeline and would  
16 go with that, and, and make our attempts to connect.

17 Q So even though you might not agree you, you would  
18 leave it the way it was?

19 A Yes.

20 Q Even if you disagreed strongly?

21 A Yes.

22 Q You were asked earlier as well about your  
23 expectations of the kind of notes that a worker would make,  
24 and it was in particular with reference to Ms. Forbes and  
25 her discussion with Samantha when she finally got to see

1 her; do you recall that?

2 A Yes.

3 Q And you indicated that you didn't expect the  
4 notes to be verbatim?

5 A No, I did not.

6 Q Even if it involved a conversation with the very  
7 person that you're hoping to meet like Samantha?

8 A Yes.

9 Q Okay. And what you expected, I suppose, was the  
10 gist of what occurred --

11 A Yes.

12 Q -- right?

13 A Yes.

14 Q And I think you indicated that if no one was  
15 home, or, or there wasn't a connection the notes weren't as  
16 important as if -- those times when there was --

17 A Right.

18 Q -- right? And, obviously the most important type  
19 of connection would be when you're actually having a  
20 conversation with the very person you were trying to  
21 assess?

22 A That's correct.

23 Q In this case it would be Samantha --

24 A Yes.

25 Q -- right? And I think you agreed that notes

1 might not have been as comprehensive here as they could  
2 have been?

3 A Yes.

4 Q You talked about some of the things that  
5 sometimes can be done when you're trying to assess a  
6 situation. You talked about, for example, going to the  
7 child's school perhaps, checking that out; right?

8 A Yes.

9 Q Or nursery, or wherever they might be; right?

10 A Yes.

11 Q There's no notes here that that -- anything like  
12 that was done by you or Ms. Forbes?

13 A I don't believe that the child was in school at  
14 that point in time.

15 Q Another thing you mentioned was you could speak  
16 to somebody at EIA?

17 A Yes.

18 Q And was that done here?

19 A No, that wasn't done by Ms. Forbes, it had been  
20 done by Mr. Orobko according to his notes.

21 Q If we can just get up page 28208. I'm not sure  
22 if you've ever seen this document, but we'll have a look.

23 Okay. Well, it's a very brief document, so maybe  
24 I'll just refer to it. We've heard some evidence from an  
25 EIA worker -- did you deal with them on occasion?

1 A With EIA workers?

2 Q Yeah.

3 A Yes.

4 Q And information is sometimes shared back and  
5 forth?

6 A Yes.

7 Q All right. And certainly it was the case back in  
8 2004 that that kind of thing went on; right?

9 A Yes.

10 Q Now, according to the records we've seen there's  
11 a record here dated May 28, '04 indicating a Karl McKay  
12 went down to the office to claim Phoenix as living with  
13 him, we --

14 A Okay.

15 Q -- have that record here, so they would be aware  
16 of that; right? His full name is on this document,  
17 including his initial.

18 A Um-hum.

19 Q Now, that's something that you're saying you  
20 didn't know or were aware of?

21 A No, I did not know that, no.

22 Q So one of the things you said could be done  
23 sometimes is to check with EIA to see if maybe they know  
24 something about exactly who Phoenix is living with, and for  
25 example if it was done here you would have seen this

1 document, or have been advised of it, for example; right?

2 A Yes, potentially.

3 Q And you might have known on May 28th, which is  
4 prior to the visit that Tracy Forbes had with Samantha in  
5 her home, that in fact Karl McKay was claiming that Phoenix  
6 was living with him?

7 A Yes.

8 Q But that wasn't done; right?

9 A No, that wasn't done. We did not have any  
10 information because it was the EIA person who called us in  
11 the first place, so perhaps if it had been another source  
12 of referral we would have thought to do that, but I guess  
13 the thought would have been that whatever information the  
14 EIA person had would have been provided to the CRU contact  
15 at the point that they made contact.

16 Q I think the evidence was that the EIA person  
17 called in a few weeks prior to that date that I've just  
18 referred you to, and --

19 A Okay.

20 Q -- certainly someone could have made further  
21 contact with them and made some inquiries; that wasn't done  
22 though, for whatever reason; right?

23 A No, my understanding is the only time Ms. Forbes  
24 made contact with the EIA worker was to determine where Ms.  
25 Kematch had moved, and --

1 Q Okay. And after the meeting that we know now  
2 took place between Ms. Forbes and Samantha Kematch, where  
3 Phoenix was present, there doesn't appear to be any  
4 evidence that anybody then after that meeting, seeing that  
5 someone else was involved to some extent by the name of  
6 Wes, no one bothered to check the EIA records to see if  
7 there was anything else that you could glean from those --

8 A No.

9 Q -- records; right?

10 A No, but I think -- at that -- my interpretation  
11 of, of that would be -- was that at that point in time we  
12 didn't believe that he was particularly involved. He was a  
13 boyfriend who was there sometimes, so we wouldn't have  
14 expected him to be on the employment and income assistance  
15 budget.

16 Q Okay. Well let's take a look at the actual notes  
17 that were made by Ms. Forbes, which I think you've looked  
18 at already.

19 THE COMMISSIONER: I think they now have that  
20 document on the screen, if it's of any interest.

21 MR. GINDIN: No, we're finished with that  
22 document.

23

24 BY MR. GINDIN:

25 Q But we can take a look at page 36956, and have



1 that brought up.

2 Now, if you look at the meeting of July 13, 2004  
3 where we know that contact was made, right, and then  
4 there's a whole paragraph there explaining the  
5 conversation, what went on, now three or four lines from  
6 the bottom it says as follows. I'm reading this to you  
7 because you just said there was no real evidence as to the  
8 involvement of Wes.

9

10 "Samantha advised that her main  
11 support --"

12

13 "Main support" is the word that was written down,  
14 not just a casual support --

15 A Um-hum.

16 Q -- but the word "main support" was used.

17

18 "-- is her boyfriend who is a  
19 trucker and stays with her when he  
20 is in the city."

21

22

23 So he is described as her "main support" and he  
24 was described as staying with her when he's in the city.

25 A Yeah.

1 Q It appears that no one asked how often he's in  
2 the city.

3 A No.

4 Q Right, do you agree now that should have been  
5 asked?

6 A I've, I've agreed throughout I think that it  
7 should have been asked --

8 Q Yeah.

9 A -- based on the information that we have at this  
10 point.

11 Q But that was information that was -- that you had  
12 on that particular day?

13 A Yeah.

14 Q And again there's no evidence here that after  
15 this conversation --

16 A Um-hum.

17 Q -- where she described someone as her main  
18 support that stays with her --

19 A Yes.

20 Q -- no one contacted EIA to see if they have some  
21 record that could help you with more --

22 A Nobody did, nobody did, no.

23 Q -- information; right? You also told us that you  
24 recall on your own, and I don't think you have notes of  
25 this, but you do recall -- you say that you spoke to Tracy

1 Forbes and you recall having a conversation with her about  
2 whether AHU should become involved in --

3 A Sorry, could you repeat that?

4 Q You told us that you seemed to recall having  
5 spoken to Tracy Forbes --

6 A Um-hum.

7 Q -- on the issue of whether or not someone from  
8 AHU should go out when she was having difficulty making the  
9 connection with Samantha?

10 A Yes.

11 Q And you recall that conversation taking place?

12 A Yes.

13 Q Now, Tracy Forbes on the stand was asked why --  
14 by me why she --

15 A Um-hum.

16 Q -- didn't consider having someone go out in the  
17 evening, or the weekend, especially after several attempts  
18 failed --

19 A Um-hum.

20 Q -- and her explanation was simply that it didn't  
21 happen, and no mention was made of having a, a special  
22 meeting with you to discuss it, so is it your position that  
23 that meeting took place, and the responsibility for not  
24 doing that was yours, for not sending out someone from AHU  
25 to look into it further? It sounds like it wasn't her

1 decision but it was yours.

2 A I think After Hours was raised as a possibility,  
3 but because --

4 Q Um-hum.

5 A -- there wasn't an immediate concern being  
6 expressed about the child's safety my recollection is that  
7 I said that that wouldn't be necessary, and that we would  
8 continue ourselves to try to connect.

9 Q But there was a 48 hour response time indicated  
10 on --

11 A Yes.

12 Q -- May the 14th, and now we've got a couple of  
13 months go by before she finally --

14 A But at that point --

15 Q -- is able to connect with her, after several  
16 attempts were made --

17 A Um-hum.

18 Q -- and I'm suggesting that trying to get AHU to  
19 go out a lot sooner would not have been a bad idea.

20 A At the point in time that Tracy asked or we  
21 talked about that, I'm not saying Tracy asked me, that we  
22 talked about what had happened and for trying to connect,  
23 that was the very same day that we received the file  
24 information, so there hadn't been days or weeks of  
25 attempts, and during Tracy's contact there was no question

1 as to whether or not the child was, was with Ms. Kematch.  
2 The information that she was getting is that they were  
3 together, so it didn't --

4 Q So you --

5 A -- there was nothing that I saw as emergent in  
6 that, and there was nothing in the, the information that we  
7 received that said that she was at immediate risk.

8 Q But there was a 48 hour response time noted?

9 A Yes, there was.

10 Q And are you saying the meeting with Tracy Forbes  
11 on this issue took place right when the file was first  
12 opened?

13 A Yes.

14 Q I see. And after a month, or a month and a half,  
15 went by and no contact was made did you have another such  
16 meeting to discuss it again?

17 A No, we did not.

18 Q Well, I'm going to direct you to page 36958. I'm  
19 a little confused about this particular page. You told us  
20 that you signed off on August the 6th. I think it's up on  
21 your screen if you want to have a look.

22 THE COMMISSIONER: Yes, it is.

23 MR. GINDIN: Yeah.

24 THE WITNESS: Okay.

25

1 BY MR. GINDIN:

2 Q And we're just talking about the signature and  
3 the dates at the end, okay.

4 A Um-hum.

5 Q So we've heard from Ms. Forbes that she  
6 essentially closed the file on July 14, 2004, as far as her  
7 job was concerned.

8 A Yes.

9 Q And now it's your job as supervisor to sign off  
10 on it?

11 A Yes.

12 Q You told us that usually you like to do that  
13 within a week or so, if you can?

14 A Yes.

15 Q Here it's almost three times that length.

16 A Um-hum.

17 Q First of all, do you have any reason -- any  
18 explanation as to why it would take that long?

19 A I have -- I could make guesses if --

20 Q Well, I don't want you to make guesses, but you  
21 remember nothing specific?

22 A No.

23 Q Okay.

24 A No, I don't recall whether that was a vacation  
25 time or whether it was a coverage for other supervisor's

1 vacation.

2 Q All right.

3 A You know, it could make sense based on the  
4 timelines --

5 Q Okay.

6 A -- but I don't, I don't have those records to  
7 know that.

8 Q But we do see from this record that August the  
9 6th is when you signed off --

10 A Yes.

11 Q -- and, and the file should not be closed until  
12 that date?

13 A Right. Well --

14 Q Yet at the top of that page it says "Case closed  
15 July 15, 2004" which would be wrong?

16 A Yes.

17 Q All right.

18 A And that was just the way it was done, this was  
19 not a different kind of file closure. The workers put in  
20 the dates that they were completing their work, and put the  
21 file closed as of, and then I would review it and put in  
22 the date that I reviewed it, and I think I said this  
23 morning that I'm not certain how that was actually  
24 recorded. I don't know whether on CFSIS this file is  
25 closed -- showing it's closed on July the 14th, or whether

1 it's showing closed on August the 6th when I closed it off.

2 Q I think you said that it might have been  
3 backdated.

4 A It might have been.

5 Q Is that something that happened on occasion, or  
6 documents --

7 A I'm, I'm not --

8 Q -- would be backdated?

9 A Yeah, I'm not really certain about that at this  
10 point, but I know that if I had read the file, and I had  
11 thought that Tracy should do some more work on the file,  
12 that it just would have gone back to her and that would  
13 have been taken off, and she would have continued to work  
14 on it and then a new closing date would have been put on.

15 Q Okay. So really for this to be an accurate  
16 document it should say, case closed August 6th, based on  
17 your signature?

18 A Based on my signature.

19 Q Okay. And then you talked about earlier some of  
20 the factors you consider when you decide to close a file as  
21 you did here; right?

22 A Yes.

23 Q And one of the things that you talked about was  
24 that first of all you knew you had information that  
25 Samantha couldn't parent her first child, you mentioned



1 that briefly; right?

2 A Yes.

3 Q Then you moved on to the second child, which  
4 would be Phoenix; right?

5 A Um-hum.

6 Q And you said that there was intensive agency  
7 involvement; do you recall using that phrase?

8 A Yeah.

9 Q And one of the things that you -- that lead you  
10 to that conclusion was that you assumed there was a  
11 parenting capacity assessment done?

12 A Yes, I did.

13 Q Now we've heard evidence that in fact that wasn't  
14 the case.

15 A Um-hum.

16 Q That Dr. Altman simply checked to see whether  
17 Samantha was depressed, and there was no parental  
18 assessment done; how did you conclude, or how did you  
19 assume there was one based on what ...

20 A Based on past practice.

21 Q Pardon?

22 A Based on -- sorry, based on past practice, and  
23 that generally an assessment that's being done with both  
24 parents, which is what it said in the file history, would  
25 be a parental capacity assessment.

1 Q So you're making that assumption --

2 A Yes, I was making that assumption.

3 Q -- based on best practice essentially?

4 A Based on what I was reading in the file and my  
5 past experience, yes.

6 Q In this file?

7 A Yes. That there had been an assessment done, and  
8 I just assumed --

9 Q Oh, so you made the assumption --

10 A -- it was a parenting --

11 Q -- that's what it was?

12 A Yes.

13 Q And making that assumption seemed like a  
14 reasonable assumption to you?

15 A Yes.

16 Q Because you felt that it might be necessary to do  
17 something like that; right?

18 A Yes.

19 Q Okay. Now, you indicated that it was an  
20 assessment done of both of them, the evidence tells us that  
21 in fact it was an assessment of her only --

22 A Um-hum.

23 Q -- which you weren't aware of, or --

24 A No, I was not aware of it because the file stated  
25 that both went to the assessment.

1 Q And you also said that your assumption was that  
2 it was something that was done after the child was returned  
3 home. The evidence actually was that it was done -- the  
4 child was returned home first, and then the assessment was  
5 completed some time after, but your assumption was that it  
6 was done before the child was --

7 A I don't, I don't know that I clearly stated one  
8 way or the other.

9 Q I think your evidence earlier was that you  
10 assumed there was a parental capacity assessment done of  
11 both parents --

12 A Um-hum.

13 Q -- and that it was done first, and then the child  
14 was returned home.

15 A Okay. Yes.

16 Q In fact it was done of one parent, it wasn't a  
17 parental capacity assessment, and it was done after the  
18 child was returned home --

19 A Um-hum.

20 Q -- so your assumptions seem to be off.

21 A Yes.

22 Q All right. Then you were asked about the fact  
23 that Samantha had abandoned essentially both children and  
24 left when they split up in June of 2001, and you indicated  
25 that rather than her abandoning them they just split up?

1 A Yes.

2 Q You'd agree that often the mother stays with the  
3 children when there's a split up; right?

4 A Often, yes.

5 Q Yeah. In this case the evidence was clear that  
6 the mother left leaving two very young children with Steve,  
7 which some people might call abandonment, you can  
8 understand that; right?

9 A Sure.

10 Q Okay. You were asked also about the fact that  
11 you were kind of assessing immediate safety, and you  
12 explained that.

13 A Yes.

14 Q And then you were asked about longer term risk  
15 and what things you considered when you thought about that,  
16 and one of the things you mentioned was mental health  
17 capacity, and things of that nature.

18 A Um-hum.

19 Q And I assume you're talking about the mother?

20 A I'm talking about any parent --

21 Q Right.

22 A -- that we're assessing.

23 Q Okay. So in this case it's really Samantha --

24 A Those would be things that we would take into  
25 consideration.

1 Q -- that we're talking -- yeah, yeah.

2 Now, were you aware that some concerns were  
3 expressed about Samantha's cognitive functioning, did you  
4 have any knowledge that that --

5 A At that point in time, no, I didn't.

6 Q -- that that was an issue earlier on, were you  
7 aware of that?

8 A Not at that time.

9 Q Were you aware of the evidence or any information  
10 from Nikki Taylor who told us that it was rather obvious  
11 from talking to Samantha that there might have been some  
12 cognitive problems?

13 A No.

14 Q Okay. Had you been aware of that you would have  
15 considered it I'm sure?

16 A Yes.

17 Q There was also a mention that there was an  
18 allegation that crack cocaine was being smoked in front of  
19 Phoenix --

20 A Yes.

21 Q -- and that was something that really wasn't  
22 followed up on, other than to ask her?

23 A Right, right.

24 Q So --

25 A And it wasn't followed up on at the time the

1 allegation was made is my understanding.

2 Q And there was some suggestion in the files that  
3 it was either Samantha smoking rock --

4 A Yes.

5 Q -- or her own mother, Samantha's mother that is,  
6 smoking rock in front of Phoenix?

7 A Yes.

8 Q So one would think that maybe we should talk to  
9 the mother about that --

10 A Um-hum.

11 Q -- it doesn't appear that anybody did it, but you  
12 would agree that that would be a wise thing to look into?

13 A Ms. Forbes did talk to Ms. Kematch about that --

14 Q Her mother?

15 A No, not to her mother.

16 Q Okay. But her mother wasn't spoken to about  
17 that?

18 A No.

19 Q So the only way that allegation was followed up  
20 on was to simply ask Phoenix -- I mean Samantha, when you  
21 finally saw her --

22 A Yes.

23 Q -- that is Tracy Forbes when she finally saw her,  
24 she made an assessment based on how Samantha and Phoenix  
25 looked on that one day; right?

1 A And the information that she had received from --

2 Q And Samantha's version --

3 A Yes.

4 Q -- of events?

5 A Yes.

6 Q So the determination that Samantha was safe -- or  
7 Phoenix was safe with Samantha was basically determined on  
8 the basis of the, the one visit, the one viewing of Phoenix  
9 and Samantha and that they looked okay that day; right?

10 A Yes. And, and the lack of other calls that were  
11 coming in that she had had the child for a period of time,  
12 with, with no other concerns being expressed that she had  
13 been involved with the agency prior, and had been working  
14 along with them, and that she had a long period of  
15 visitation with, with Phoenix when she was in care of the  
16 agency, without any concerns being raised about that.

17 Q So the fact that, so the fact that nobody called  
18 in to tell you things was sufficient as well?

19 A Well, it isn't sufficient, and it's another --  
20 something else that we think about and, and look at when  
21 we're making decisions.

22 Q And had someone visited Samantha in an  
23 unannounced way perhaps in the evening, or on a weekend,  
24 that might have been a better time to assess her true  
25 activities or whether she was in fact abusing?

1 A Possibly, but not necessarily.

2 Q Possibly, possibly at least; right?

3 A Yes. But as a general practice --

4 Q Um-hum.

5 A -- child welfare is not going out to see clients  
6 unannounced based on possibility --

7 Q Even if --

8 A -- of something happening. If we were receiving  
9 information that there were ongoing concerns, and very --  
10 you know, concerns that day then of course somebody would  
11 go out in the evening or on the weekend, but there wasn't  
12 anything coming in that was saying it was -- there was  
13 something immediate, it was long term under current to what  
14 was happening with the family and people need to be ready  
15 to address those issues as well.

16 Q But there was a, a referral advising that she's  
17 drinking alcohol and smoking rock in front of Phoenix, you  
18 did have that information; right?

19 A Um-hum. From, from a number of months earlier.

20 Q Which wasn't checked --

21 A That was not substantiated.

22 Q And that wasn't checked out --

23 A No.

24 Q -- and it wasn't checked out now?

25 A Except for Ms. Forbes asking her about that, yes.



1 Q And that's the extent of the way in which that  
2 allegation was checked out by simply saying to Phoenix  
3 (sic), are you smoking or abusing --

4 A To Samantha.

5 Q -- substances, and she said, no; right?

6 A Yes.

7 Q And I think you said that one of the reasons that  
8 the time wasn't taken, to ask and investigate more on this  
9 issue, was that this was deemed to be a less priority  
10 matter compared to other matters that you were dealing  
11 with?

12 A That would have been part of it, but the other  
13 part would have been that there was no immediate incident  
14 to, to investigate. It was a longer term, a longer term  
15 historical kind of situation that was being looked at.

16 Q If you were aware of the information about Wes  
17 McKay, which might have started with a call to EIA, for  
18 example, and we've heard some very drastic and severe  
19 background that he had --

20 A Um-hum.

21 Q -- I think you now agree that had you been aware  
22 of anything like that it might have been grounds to have  
23 him removed, and some serious measures undertaken; right?

24 A Most certainly.

25 MR. GINDIN: Those are my questions. Thank you.

1 THE COMMISSIONER: Mr. Saxberg.

2 MR. SAXBERG: Thank you, Mr. Commissioner. Good  
3 afternoon, Ms. Parsons. My name is Kris Saxberg, and I act  
4 for ANCR, the General Authority, the Northern Authority,  
5 the Southern Authority, and several witnesses including  
6 Diva Faria.

7

8 CROSS-EXAMINATION BY MR. SAXBERG:

9 Q Firstly, I just want to ask you about that  
10 meeting that you'd referenced that involved yourself,  
11 Sandie Stoker and Tracy Forbes. You indicated that you  
12 didn't know when that meeting occurred specifically;  
13 correct?

14 A No, I did not.

15 Q And -- but you did accept that it would have been  
16 after Sandie Stoker started, and, and that on my  
17 information is in September of 2005?

18 A Yes.

19 Q And that of course is more than a year after your  
20 involvement with respect to supervising Tracy Forbes in her  
21 work on the Phoenix Sinclair file; correct?

22 A Correct.

23 Q So it's safe to then say that that meeting, and  
24 it's, it's raising of workload concerns, that meeting  
25 involving Sandie Stoker and Tracy Forbes had nothing to do

1 with the Phoenix Sinclair case?

2 A No, it would have been ongoing workload issues.

3 Q Right. And then you, you left Winnipeg CFS as an  
4 intake supervisor I understand in December of 2006?

5 A Yes.

6 Q And that's before the -- at that point in time it  
7 was being referred to as JIRU, The Joint Intake -- or had  
8 you left?

9 A Yes, it would have been referred to as JIRU, I  
10 believe.

11 Q Right. And, and that really was the beginning of  
12 the segregation of the intake function the After Hours,  
13 CRU, Intake, Abuse and Early intervention, the segregation  
14 of those functions from Family Services work; correct?

15 A I'm not quite sure what you're meaning.

16 Q Let me just -- let me try it this way.

17 You left before ANCR came into existence;  
18 correct?

19 A Right.

20 Q And ANCR is a separate agency that now performs  
21 all of the After Hours, CRU, Intake, Abuse and --

22 A Yes.

23 Q -- Early Prevention Work in Winnipeg; correct?

24 A Yes.

25 Q That's not done by Winnipeg CFS any longer?

1 A No, it's not.

2 Q Okay. And so you left before ANCR was formed in  
3 February of 2007, and so you wouldn't know anything about  
4 the current workload situation at ANCR today?

5 A No, I have no idea.

6 Q And so the topics raised in that meeting that you  
7 were discussing, and whether they were addressed or not,  
8 you have no information on that, and you don't know whether  
9 Sandie Stoker has addressed those issues as the executive  
10 director of ANCR?

11 A No, the only thing I could, could speak to is the  
12 immediate -- whether there was an immediate outcome to that  
13 meeting, whether there was an immediate workload relief for  
14 redistribution of, of workload.

15 Q Okay, yeah. And that's fair --

16 A And, and, yeah, I couldn't speak into the future.

17 Q You're just saying that when this meeting  
18 occurred in the immediate timeframe after the meeting there  
19 wasn't any noticeable improvement from your perspective?

20 A Yes.

21 Q Correct?

22 A Yes, yes, correct.

23 Q Which isn't to say that those problems exist  
24 today?

25 A Correct.

1 Q Now, just one note with respect to -- you were  
2 being asked as to why Ms. Forbes or yourself wouldn't have  
3 considered contacting EIA by Mr. Gindin, you remember that,  
4 those questions?

5 A Yes.

6 Q And isn't it the case that when Ms. Forbes or  
7 yourself were made aware that Mr. McKay was a trucker, or  
8 that Wes, the boyfriend, was a trucker, isn't it the case  
9 that in a situation like that there'd be no need to contact  
10 Employment and Income Assistance because he would be  
11 employed?

12 A Possibly.

13 Q In other words if someone's employed it's not a  
14 usual response for CFS to contact Employment and Income  
15 Assistance; is it?

16 A Right. If, if people are employed they're not  
17 generally on employment and income assistance, unless  
18 they're being subsidized.

19 Q Now, I, I just want to ask you about the evidence  
20 that you gave with respect to a recollection that you had  
21 regarding a CRU report prepared by Shelly Wiebe --

22 A Yes.

23 Q -- you remember that?

24 A Yes.

25 Q And you -- I, I believe your evidence was that

1 you don't have great certainty with respect to your  
2 recollection, but you do have some, some memory of, of an  
3 event surrounding --

4 A Yes.

5 Q -- Ms. Wiebe? And I want to show you a document.  
6 If we could turn to CD 1795, that's Samantha Kematch's  
7 file, and the page specifically is 36943.

8 THE COMMISSIONER: That's not a document I have;  
9 is it?

10 MR. OLSON: No, it's not.

11

12 BY MR. SAXBERG:

13 Q If you scroll down to the bottom is this -- yes,  
14 sorry, I just wanted to see what page number it was. Yeah,  
15 36943. If we can go to the top then. We have here a CRU  
16 form completed by Shelly Wiebe. It's December 1, 2004, and  
17 it's to central intake, and you were the supervisor of  
18 central intake?

19 A I was at that point in time, yes.

20 Q Yes. At that point in time, so it's addressed to  
21 you because as you explained in your evidence you'd receive  
22 these CRU reports that are addressed to your unit, and then  
23 you take the reports and assign them to your workers;  
24 correct?

25 A Correct.

1           Q       So if we then scroll down to the presenting  
2 issue, and we'll stop right there.     It's "Presenting  
3 Problem/Intervention", and it reads:

4

5                    "SOR called to report that  
6 Samantha was admitted to hospital  
7 yesterday and delivered her fourth  
8 child --"

9

10       And then it goes on.   Do you see that?

11           A       Yes.

12           Q       And then if you scroll down further you will see  
13 in the third paragraph it reads:

14

15                    "After reviewing the recorded  
16 documentation on CFSIS, this  
17 worker consulted with supervisor,  
18 Faria, with respect to the  
19 Agency's role with respect to this  
20 matter.   Faria agreed that this  
21 matter should be referred to  
22 intake for ongoing follow up and  
23 assessment of the home environment  
24 at this time."

25

1 Do you see that?

2 A Yes, I do.

3 Q And if we could then scroll down to the bottom of  
4 the document -- oh, let me just stop right there, sorry.  
5 While you're here just for context the paragraph that  
6 begins:

7

8 "On Dec. 1/04 this worker  
9 contacted EIA to inquire about the  
10 demographic information of  
11 Samantha's common-law partner, Wes  
12 McKay. Worker was advised by EIA  
13 that Samantha only has one child  
14 listed on her budget, and that  
15 there is not expected to be a  
16 common-law partner residing in the  
17 home. Therefore the date of birth  
18 for Wes McKay could not be  
19 obtained."

20

21 Do you see that?

22 A Um-hum.

23 Q And now if we flip to the recommendation you'll  
24 see at the bottom there it says:

25



1                    "It is recommended this file be  
2                    opened for assessment and  
3                    intervention."

4  
5                    And then the next page -- I'm sorry, if we could  
6 turn up to page 36951. Right, this was -- this is the same  
7 information. If we could scroll down and you'll stop there  
8 and we'll see the paragraph that I just read out about the  
9 worker contacting EIA, and then if we scroll down further,  
10 stop right there. You see under "Recommendations":

11  
12                    "It is recommended this file be  
13                    opened for assessment and  
14                    intervention."

15  
16                    And it's signed by Ms. Wiebe, and it's signed by  
17 Diva Faria; do you see that?

18            A        Yes.

19            Q        And so when a file like this is -- a report like  
20 this is prepared and signed and -- because it's addressed  
21 to Central Intake it would have been sent to you for, for  
22 you to then distribute the work, correct, in the regular  
23 course?

24            A        In the regular course.

25            Q        But in this case you have a recollection of a

1 discussion with Diva Faria about this file, and that's what  
2 you had, had indicated, you didn't have great certainty  
3 with respect to it, but you did recall the flavor of the  
4 conversation; correct?

5           Is that right?

6           A     Yes.

7           Q     And so if we could then turn -- just perhaps if  
8 you can scroll up and continue to the next page, and keep  
9 going now, and stop right there -- sorry, just scroll up  
10 one page, and right there. Now -- sorry, scroll down  
11 slightly again, and you'll see here this is that  
12 recommendation section, this is a longer form of document  
13 now, and if you, if you can go to the next page, please,  
14 and stop right there. You'll see -- now we're on December  
15 2nd under "Interventions". It says:

16

17                   "On Dec. 2/04 this worker received  
18                   the above referral information  
19                   back from CRU supervisor, Faria,  
20                   for ongoing follow up and  
21                   assessment."

22

23           And there's a whole bunch of other work that  
24 precedes that --

25           A     Um-hum.

1 Q -- and, and so my understanding is that when --  
2 that there was -- the file had originally been sent up at  
3 the December 1st point, but it appears from this document  
4 that it -- and from evidence that we expect to hear  
5 subsequently that it was then sent back to CRU for further  
6 work to be done; do you see that?

7 A Okay.

8 Q And that's what you were referring to when you  
9 were talking about a discussion that may have had -- that  
10 you had with Ms. Faria; correct?

11 A Yes.

12 Q Now, is it the case that there were sometimes  
13 informal discussions between CRU supervisor and an Intake  
14 supervisor, like yourself, about files and whether there  
15 should be additional work done by CRU and that that was  
16 something that was done on an informal basis before the  
17 file was formally transferred on CFSIS? Do you agree that  
18 that happened?

19 A Yes, I think so.

20 Q And, and my understanding is that that -- it  
21 appears that something like that happened in this case?

22 A Yes.

23 Q Now, you said that in terms of your discussion  
24 with Ms. Faria -- I'm just going to read that first  
25 paragraph that I looked at again where it says:

1

2

"On Dec. 2/04 this worker received

3

the above referral information

4

back from CRU supervisor, Faria,

5

for ongoing follow up and

6

assessment. Worker was directed

7

by Faria to connect with the

8

mother, offer the family supports,

9

and close the file to CRU - if the

10

Agency is unable to mandate

11

services within the home at this

12

time."

13

14

Do you see that?

15

A Yes.

16

Q Do you agree that in terms of your discussion

17

with Ms. Faria about what to do with, with this file that

18

that paragraph encapsulates the understanding that you and

19

Ms. Faria would have had which is that there was going to

20

be some further work in the direction of having the file

21

closed, and offering family supports to this family; do you

22

agree with that?

23

A Yes.

24

Q And, and that seems logical in that the, the only

25

additional information that CFS was receiving at this point

1 in December of 2004 about the family was that there was now  
2 going to be another -- a new member to the family?

3 A Right.

4 Q A new -- a baby?

5 A Yes.

6 Q But other than that there were no other  
7 presenting problems or information that was made available  
8 to CFS with respect to this family, other than Samantha  
9 Kematch was having a child; correct?

10 A That's correct. And I guess the other additional  
11 information was that she had had good pre-natal care, the  
12 baby was healthy, and that is different from previous  
13 contact information.

14 Q Right, and that's significant because you'd know  
15 from reading the history when you were involved in the file  
16 that Samantha Kematch had not sought pre-natal care with  
17 her previous pregnancies?

18 A Yes.

19 Q But on this occasion she had and the APGAR scores  
20 and other indicia were that this was a healthy situation  
21 with the baby being born?

22 A Yes.

23 Q Yes?

24 A Yes.

25 Q And so with that being the only incremental

1 information you had since your involvement in the file it  
2 makes sense that if the file was sent up to you by Ms.  
3 Faria you would want to talk to her and say, well there's  
4 really nothing new going on here, why don't you just offer  
5 support and close the file; isn't that fair?

6 A That's fair.

7 MR. SAXBERG: I think those are my only  
8 questions. Thank you very much.

9 THE COMMISSIONER: Thank you, Mr. Saxberg. Mr.  
10 Paul.

11 MR. PAUL: Good afternoon, Ms. Parsons. My name  
12 is Sacha Paul. I'm one of the lawyers for Winnipeg CFS and  
13 the department.

14 Mr. Commissioner, please excuse me as I fling my  
15 papers all about.

16 THE COMMISSIONER: Yes, take your, take your  
17 time.

18

19 CROSS-EXAMINATION BY MR. PAUL:

20 Q If we could go back to 2004. My understanding is  
21 that your intake unit was at 835 Portage; is that correct?

22 A That's correct.

23 Q And for you personally, as I understand, whatever  
24 unit you had you would have stayed at 835 Portage until you  
25 left in 2006; is that fair?

1 A That's, that's correct.

2 Q All right.

3 THE COMMISSIONER: Pardon?

4 THE WITNESS: That's correct.

5

6 BY MR. PAUL:

7 Q And, again, if we can jump back in time, back to  
8 2004, the people that you supervised they, too, would have  
9 been housed in 835 Portage?

10 A Whatever workers were employed with the unit  
11 would have been housed at 835 Portage Avenue.

12 Q Okay. And I believe that you were here  
13 yesterday, and heard my cross-examination of Ms. Forbes --

14 A Yes, I was.

15 Q -- am I correct in that?

16 A Yeah.

17 MR. PAUL: And, Mr. Commissioner, I'll apologize  
18 for, for a bit of repetition on this particular point.

19 THE COMMISSIONER: Different witness.

20 MR. PAUL: Different witness, I appreciate it.

21

22 BY MR. PAUL:

23 Q These are some of the questions I put to Ms.  
24 Forbes and you'll tell me if you agree or disagree. I just  
25 want to talk about who was in your unit in 2004; is that

1 okay?

2 A Okay, sure.

3 Q Okay. And of course you were the supervisor of  
4 your particular unit?

5 A Yes.

6 Q Your clerical support was a woman by the name of  
7 Lizzie Sikora (phonetic)?

8 A Yes.

9 Q In terms of the workers that were there in 2004  
10 you would agree with me that a Barb Grain (phonetic) was  
11 working there?

12 A Yes.

13 Q You would agree that Nora Warren was in your unit  
14 at that time?

15 A Yes.

16 Q The same would be with Marion Johnasson  
17 (phonetic)?

18 A Yes.

19 Q Tracy Forbes?

20 A Yes.

21 Q Deanna Shaw?

22 A Yes.

23 Q Janet Desrochers (phonetic) sometimes known as  
24 Mondor?

25 A Yes.



1 Q And Kathleen Marks?

2 A Yes.

3 Q So that's seven people in your unit in 2004?

4 A Yes.

5 Q If we could then go to page 36955, and again  
6 we're looking at Ms. Forbes' closing summary, the one that  
7 I think that you ultimately approved in August.

8 A Yes.

9 Q I just want to take you through it briefly. You  
10 would agree with me then that on May 13, 2004 what you saw  
11 happening was that you had two of your workers in your unit  
12 leaving 835 Portage to do a field?

13 A Yes.

14 Q And they were doing that field to Ms. Kematch's  
15 residence?

16 A Yes.

17 Q And then they went on from Ms. Kematch's  
18 residence to Ms. Kematch's mother's residence?

19 A Yes.

20 Q So on that particular day they voyaged from their  
21 office to two different locations --

22 A Yes.

23 Q -- and then presumably returned to the office?

24 A Presumably.

25 Q And in terms of who was in your unit on that

1 particular day I'm advised from the, the payroll records  
2 that you had a full compliment of seven workers --

3 A Okay.

4 Q -- would you accept that?

5 A If, if that's what the record shows, yes.

6 Q If we could go to the next page, 36956, and we'll  
7 skip the other interventions. We'll go to the field of  
8 June 2, and you would agree with me again that what you're  
9 seeing there is one of your workers leaving the office and  
10 going to a field, outside of the office?

11 A Yes.

12 Q And you would accept that if the payroll records  
13 show that you had five people in your unit on that day  
14 you'd accept that to be the case?

15 A Yes.

16 Q That in that particular day you had two workers  
17 sick?

18 A Sure.

19 Q And despite that you still had Ms. Forbes going  
20 out on that particular field?

21 A Yes, and she probably had another worker with  
22 her.

23 Q So two of them went out?

24 A Yes.

25 Q Okay. Then -- now to June 29th, and again we

1 skip over the other steps, you're agreeing with me here as  
2 I think I gather from your last answer, that two workers  
3 are leaving 835 Portage and they're going out to Samantha's  
4 residence?

5 A Yes.

6 Q And presumably coming back?

7 THE COMMISSIONER: You're talking about June 2nd?

8 MR. PAUL: June 29th.

9 THE COMMISSIONER: But you previously were  
10 talking about June 2nd?

11 MR. PAUL: I was, yes.

12 THE COMMISSIONER: Yeah, all right.

13

14 BY MR. PAUL:

15 Q And you wouldn't disagree with me if I were to  
16 suggest that at that particular time, on June 29th, there  
17 were six workers in your unit on that day because one of  
18 your workers was sick?

19 A Okay.

20 Q If we then go to July 13, 2004 what we see here  
21 is another field, beginning with a message, a phone call,  
22 then ultimately a field by Ms. --

23 A Um-hum.

24 Q -- Forbes and Ms. Marks off to Samantha Kematch's  
25 residence; correct?

1 A Yes.

2 Q And, again, what that would involve is leaving  
3 835 Portage and going to that particular residence and  
4 presumably coming back?

5 A Yes.

6 Q And if I were to suggest to you that at that  
7 particular day you had seven people in that unit you  
8 wouldn't disagree with that?

9 A No, I wouldn't disagree.

10 Q And ultimately when Ms. Forbes does the closing  
11 document, which if you turn to page 36958, whether you use  
12 July 14 or July 15 you would agree with me that Ms. Forbes  
13 is typing up this report whether all in one day or, or  
14 otherwise, whatever the evidence was, but she ultimately  
15 completed that report and handed it in to, to you for your  
16 consideration?

17 A Yes.

18 Q And if I were to suggest to you that on those two  
19 days you've got six people actively in your unit because  
20 one person was on vacation you wouldn't disagree with that?

21 A No, I would not disagree with that.

22 Q Okay. And all of these various fields taken by  
23 Ms. Forbes that I've taken you through, and all of the  
24 other things documented by Ms. Forbes, the letters and the  
25 phone calls, they were all things done between May and July

1 of 2004; correct?

2 A Yes.

3 Q And these were all things done despite your  
4 comments on workload?

5 A Yes.

6 Q If I can move to a concept about prioritization  
7 of files. I take it that one of the things intake will do,  
8 with whatever's on their caseload, is they will address a  
9 file that is of an immediate and pressing concern; correct?

10 A First, yes.

11 Q Right. So if you were to get a referral from CRU  
12 suggesting some benign concern, say a five day response  
13 time, that wouldn't be the highest on the priority list at  
14 that particular time?

15 A No, it would not.

16 Q But of course if a call were to come in in the  
17 interim to say, this child is wandering the streets alone  
18 without any supervision, that would change --

19 A Yes.

20 Q -- the priority?

21 A Yes.

22 Q And despite it all you'd send someone out there  
23 to address that particular situation?

24 A Exactly.

25 Q Because of course you're here to prioritize what

1 the work is?

2 A Yes.

3 Q In some respects what you're doing as an intake  
4 worker or supervisor is almost like what someone does in an  
5 emergency room, the triage?

6 A That's true.

7 Q So if we can move from 2004, and if we can move  
8 up a year into 2005, my understanding is that this concept  
9 of devolution it went live in May of 2005; right?

10 A Yes.

11 Q And my understanding is that essentially what's  
12 happening at this time, in 2005, is that you would have a  
13 number of family service agencies being created, and, and  
14 taking files?

15 A Yes, in Winnipeg.

16 Q Right, in Winnipeg. And that my understanding at  
17 this time, and also in 2006, I'm building upon something  
18 that Mr. Saxberg was, was asking you, that your role as an  
19 intake supervisor you remained at 835 Portage during this  
20 period; right?

21 A Yes.

22 Q That I think your program manager would have  
23 remained the same during this period, Mr. Harrison?

24 A Yes.

25 Q And that essentially you were doing the same job

1 regardless of the changes in the system that was happening  
2 on the family service level?

3 A That's true.

4 Q Which is taking calls --

5 A Um-hum.

6 Q -- and assessing the matter?

7 A Yes.

8 Q And you would agree with me that when we're  
9 talking about devolution in 2005 and 2006 I think you agree  
10 with me that this was happening on the Family Service level  
11 -- unit level; is that correct?

12 A Yes.

13 Q And of course however the system is organizing  
14 itself that doesn't have an impact upon the number of calls  
15 people are making to report concerns?

16 A No, it does not.

17 Q Do you agree with me?

18 A I agree with you.

19 Q Okay. And, again, I will move to this file area,  
20 which I will alert the Commissioner will be a rehash of  
21 what we did yesterday, but to talk about this transition  
22 into devolution in '05, or so, were you aware that there  
23 was a mechanism put in place so that the Family Service  
24 Unit between January, '05 to May, '05 wouldn't take new  
25 referrals so they could do their paperwork --

1 A Yes.

2 Q -- were you aware of that?

3 A Yes, I was aware of that.

4 Q And are you aware that the Winnipeg CFS  
5 preservation reunification teams that they were in essence  
6 picking up the slack, doing the intakes coming in?

7 A Yes.

8 Q And you were -- you'd agree with me that during  
9 the same period that the community programming department  
10 they were volunteering to assist in the transition?

11 A Yes.

12 Q And you'd agree with me that part-time staff were  
13 approached and asked to increase their hours, and many of  
14 them did during this period?

15 A I wasn't aware of that.

16 Q Fair enough. Would you be aware then that social  
17 work students were approached to do work on a casual basis  
18 at this period of time?

19 A Yes, I'd heard that social work students were  
20 approached to do some of the transfer summaries.

21 Q Okay. And were you aware that during this period  
22 recent retirees were also approached to, to assist in this  
23 transition?

24 A Yes, yes, I had heard that.

25 Q And, finally, were you aware that during this



1 period additional administrative staff were hired to assist  
2 in this transitional period?

3 A Yes.

4 Q Okay. And, again, just for the clarity based on  
5 your previous evidence, this transition was to assist the  
6 family service level at --

7 A Yes.

8 Q -- that particular time?

9 A Yes.

10 MR. PAUL: Those are my questions. Thank you.

11 THE COMMISSIONER: Thank you, Mr. Paul. All  
12 right, anybody else? Mr. Ray, I guess you're on.

13 MR. RAY: For the record Trevor Ray for MGEU and  
14 various social workers.

15

16 CROSS-EXAMINATION BY MR. RAY:

17 Q Ms. Parsons, I just have a few questions for you  
18 of clarification. You had stated in your evidence that  
19 intake was generally a very busy place to work, it had high  
20 workloads, and you mentioned -- I think your quote was,  
21 Tracy Forbes was not overloaded. Could you --

22 THE COMMISSIONER: Tracy Forbes was --

23 MR. RAY: Ms. Forbes --

24 THE COMMISSIONER: Yes.

25 MR. RAY: -- was not overloaded I think was her,

1 her statement regarding case workload.

2

3 BY MR. RAY:

4 Q Could you just explain what you mean by that, is  
5 that contextual or ...

6 A In comparison to other people in the unit?

7 Q Let me ask you, was, was Ms. Forbes' workload  
8 high, notwithstanding --

9 A Ms. --

10 Q -- your feeling that she wasn't overloaded, I  
11 think --

12 A Oh, I guess to qualify that I think everybody's  
13 workload at intake was overloaded, everybody had more that  
14 they were dealing with than they should have been. You  
15 know, notwithstanding the number of people that were in the  
16 unit that doesn't really speak to the, the cases that were  
17 coming in, the kinds of situations that people were dealing  
18 with, the number of apprehensions. I think people need to  
19 understand that at that point in time the central intake  
20 unit was a core area intake unit, and most of the files  
21 that we were receiving were families who had had many  
22 generations of difficulties, and trying to work through  
23 those situations was very different from say a suburban  
24 unit where most of their issues would be with a lot more  
25 parent/child conflict kinds of issues, maybe mental health,

1 family dysfunction, but in the core area you had a lot more  
2 people who were desperate and had had a long period of time  
3 where they were living in, in poverty, and, and  
4 disenfranchised and the difficulties were very different  
5 that we were dealing with, so the workload was different,  
6 and I think that has to be taken into consideration when  
7 we're talking about whether or not workers are, are  
8 overloaded and why they're overloaded and struggling, so I  
9 guess that would qualify it. I didn't see Ms. Forbes as  
10 being more overworked than others. Certainly my -- in  
11 looking at Tracy Forbes' work I was always very impressed  
12 with her, she was always a hard worker, she got to things  
13 as soon as she could and usually immediately. I knew her  
14 to, you know, work long hours and to be working at home  
15 over the weekend, as were many other workers in the unit,  
16 so it's all relative I guess is what I'm trying to say.

17 Q Mr. Gindin asked you several questions about the  
18 page that's actually present before you, which talks about  
19 the date that Tracy Forbes indicated the file was closed,  
20 the date you signed and the date that is indicated, there's  
21 a reference there that says, "Case closed July 15th", it's  
22 underlined. I'm not sure of the distinctions, but let me  
23 ask you.

24 If during this period of time between the time  
25 Tracy wrote the document, which is July 14, '04 and the

1 date that you signed off which appears to be August 6, '04  
2 if any new concern or issue was raised regarding Ms.  
3 Kematch or Phoenix Sinclair how would that be treated?

4 A It, it would have been treated as an open file  
5 and Tracy would have continued to work on the file.

6 Q So it's not as though the file just disappears  
7 and sits in limbo without any activity --

8 A No, no.

9 Q -- being taken if a new file comes in --

10 A The, the assigned worker would remain responsible  
11 for any -- for that file.

12 THE COMMISSIONER: Until it's closed?

13 THE WITNESS: Until it's closed, signed off by  
14 myself or another supervisor.

15

16 BY MR. RAY:

17 Q Mr. Saxberg asked you some points of  
18 clarification about the timing, as to whether -- as to when  
19 you had that meeting with Ms. Stoker and Ms. Forbes, and I  
20 think you agreed that it was likely some time in '05 after  
21 your specific involvement with Ms. Sinclair's file.

22 A Yes.

23 Q Does that -- and, and the topic of the meeting of  
24 course at that time was workload.

25 A Yes.

1 Q Does that change your impression as to whether  
2 workload was high at the time you dealt with Ms. Sinclair's  
3 file or Phoenix Sinclair's file?

4 A I'm not sure what you're asking.

5 Q Well, the, the -- in 2005 roughly, or, or  
6 thereafter you had a meeting with Sandy Stoker to address  
7 Tracy Forbes' concerns about workload?

8 A Yes.

9 Q Okay. Was the workload high at the time that you  
10 had the Phoenix Sinclair file?

11 A Yes. I think -- the other clarifying thing that  
12 I wanted to say on that is that the, the process of  
13 devolution and the AJI-CWI process was not merely a 2005,  
14 2006 experience. It went on for many, many years with --  
15 leading up to that and changes that were occurring within  
16 our system, our intake system, including the authority to  
17 determination process and other things that went along with  
18 that, a change in our recording format so that we went  
19 along with the same recording format as the AJI-CWI  
20 transfers, so -- while I appreciate the work that was done  
21 for Family Services, and how that could alleviate the work  
22 at intake, because they had more resources, it's not to say  
23 that there wasn't a long period of time of uncertainty and  
24 anxiety in working towards that which impacted on peoples'  
25 ability to do the work.

1 Q Do, do you recall when the concept of devolution  
2 was first announced, and when the department started  
3 working towards that goal?

4 A Actually it was -- at least by 2000.

5 Q Two thousand?

6 A I believe so.

7 Q Do you recall when people started having concerns  
8 that you described which related to morale, or lack of  
9 certainty about their jobs, those sorts of things, when  
10 those, those would have been occurring?

11 A They, they started to be more prevalent as --  
12 2003, and, and onward. I think people became more anxious  
13 as we started to attend meetings about the devolution, and  
14 the whole process of devolution was starting to be  
15 explained to people.

16 Q And Mr. Paul described to you a number of things  
17 that the department attempted to do to address various  
18 things which maybe have been problematic with devolution in  
19 and around 2004/2005, and it's certainly to the  
20 department's credit to, to make those attempts, but did  
21 those attempts necessarily change or reduce workload  
22 concerns or morale concerns, or some of the other concerns  
23 that you expressed?

24 A No, they did not.

25 THE COMMISSIONER: And what things are you

1 talking about that, that didn't make an improvement,  
2 that's --

3 THE WITNESS: Oh, talking about the additional  
4 staffing and the people coming back who have been retired.

5 THE COMMISSIONER: Okay.

6 THE WITNES: Those kinds of things hadn't made an  
7 impact for intake. They made an impact for Family  
8 Services.

9 MR. RAY: Thank you. Those are, those are all my  
10 questions.

11 THE COMMISSIONER: Thank you, Mr. Ray. Mr.  
12 Olson.

13 MR. OLSON: I just have a couple of questions.

14 THE COMMISSIONER: All right.

15

16 RE-EXAMINATION BY MR. OLSON:

17 Q If we can put page 36943 on the screen. Can you  
18 scroll down, please. I think it's actually on the next  
19 page. Sorry, 36951, and we'll try the next page. That's a  
20 wrong reference again. It's 36946. That's it.

21 This is a paragraph that Mr. Saxberg pointed you  
22 to, and it was in the context of discussing the file being  
23 sent up to intake and then returned back to CRU.

24 A You're talking about the first paragraph?

25 Q Yes.

1 A Okay.

2 Q The line there -- if you, if you look at the last  
3 sentence it says:

4

5 "Worker was directed by Faria to  
6 connect with the mother, offer the  
7 family supports, and close the  
8 file to CRU --"

9

10 And then there's a hyphen.

11

12 "-- - if the Agency is unable to  
13 mandate services within the home  
14 at this time."

15

16 That last -- the last bit there where it's  
17 talking about the Agency being able to mandate services --

18 A Yes.

19 Q -- is that something that you would have  
20 discussed with Ms. Faria; do you have a recollection of  
21 that?

22 A I don't have a clear recollection of it, but --

23 Q Okay.

24 A -- it, it makes sense in that context.

25 Q Do you have an understanding as to what that



1 means?

2 A Yes, that means unless the agency is able to go  
3 to court and obtain some kind of order, whether it's a  
4 supervision order or a temporary order that's -- that would  
5 be a mandated, a mandated --

6 Q To mandate service?

7 A Yeah.

8 Q Okay.

9 A Or you can ...

10 Q Pardon me?

11 A Sorry. Or you can stretch that a little bit  
12 further, right, and, and -- to make sure that there's a  
13 reason to, to be there, and to ...

14 Q So if there was ongoing risk, risk to Phoenix, or  
15 safety concerns --

16 A Yes.

17 Q -- then you could -- you'd have -- under the Act  
18 you could intervene?

19 A Yes.

20 Q Okay. The, the advice that it appears Ms. Faria  
21 gave to the worker, to connect with the mother, offer the  
22 family supports, and close the file to CRU. Do you know if  
23 you discussed that with, with Ms. Faria?

24 Let me put it this way. You said previously  
25 sometimes a file would go back to CRU to get some more

1 investigation done.

2 A Yeah, to, to have a better understanding, to have  
3 a better understanding, yeah.

4 Q So you would have discussed -- trying to get a  
5 better, a better understanding of the situation?

6 A Yes.

7 Q Okay.

8 A Yes. I think if in this time we had been able to  
9 determine Mr. McKay's history that certainly would have  
10 changed everything --

11 Q Okay.

12 A -- and I think that's something that every person  
13 who has been involved with the situation wishes had  
14 happened.

15 Q Right. In retrospect it's easy to see that?

16 A Yes.

17 Q At this point -- Mr. Saxberg had asked you if  
18 there, if there was anything new that wasn't new before,  
19 and he mentioned there was the birth of a new baby, and  
20 good pre-natal care, but the other thing that I'm going to  
21 suggest was new was that it was known at that point that  
22 Wes McKay was actually parenting and involved in that  
23 family unit; is that right?

24 A That's right, because his name is there.

25 Q Okay. And his last name is there as well?

1           A       Yes.

2           Q       At that point was your expectation that there'd  
3 be some sort of check on Wes McKay --

4           MR. RAY:   Well, I'm not -- she's not involved  
5 with the file at all, I mean all, all she's been asked to  
6 comment on is on a report that's, that's come up after her  
7 involvement, and -- which she has absolutely no knowledge  
8 of.

9           THE COMMISSIONER:   Well, let -- if that's the  
10 case she'll, she'll tell that to counsel.

11          MR. OLSON:   Yeah. I think the point is she was a  
12 supervisor apparently that sent the file back down to CRU  
13 and --

14          THE COMMISSIONER:   Yes.

15          MR. OLSON:   -- what is it she expected CRU to do,  
16 what information and so in that context --

17          THE WITNESS:   Um-hum.

18          MR. OLSON:   -- would you have expected CRU to do  
19 a prior contact check?

20          THE WITNESS:   Yes --

21          MR. RAY:   Okay.

22          THE WITNESS:   -- with that, with that name, yes,  
23 I would have expected it.

24

25

1 BY MR. OLSON:

2 Q With that name, okay. Moving to a different area  
3 when Mr. Paul was asking you questions he suggested to you  
4 that the -- your, your staffing levels at certain dates  
5 would be a certain number based on employment records?

6 A Yes.

7 Q Have you ever seen those employment records?

8 A No.

9 Q Okay. So when you were answering his questions  
10 that was just accepting that what he was saying is  
11 accurate?

12 A Yes, letters.

13 Q Okay.

14 A That, that they would have accurate records of  
15 people sick and vacation time.

16 Q And I just thought that should, that should be  
17 clear for the, for the record that that isn't -- you  
18 haven't seen that evidence?

19 A Right, and I don't have that recollection.

20 Q Okay. The last thing I wanted to follow up on  
21 was something that Mr. Ray put to you, and you were  
22 explaining that it was important to understand the, the  
23 core area as opposed to the suburbs.

24 A Yes.

25 Q And that was in the context of workload, there

1 was more intense cases, involved work, going on in the core  
2 area?

3 A Yes.

4 Q And there was more -- there were more problems  
5 you were dealing with?

6 A There were more multi-faceted problems --

7 Q Okay.

8 A -- and it wasn't a person coming in with --  
9 sorry, there wasn't one person coming in with one issue, it  
10 was usually many different concerns.

11 Q And I, I just want to understand exactly what  
12 you're saying by that.

13 A Um-hum.

14 Q And I understand the workload issue --

15 A Yes.

16 Q -- but did that impact on the level of services  
17 you would provide to clients in the area, as opposed to  
18 what they might receive in a different area of the city?

19 A At times I think it would.

20 Q And so because there are so many problems you're  
21 dealing with they may get less services than they get  
22 somewhere else; is that, is that accurate?

23 A I think it is true.

24 Q In terms of what they'd be entitled to under --  
25 you know, pursuant to the Act should it make a difference

1 as to what area of the city they're in?

2 A No, it shouldn't, and I think we tried at various  
3 times to address that and by the time I was leaving we had  
4 collapsed all of the areas so there wasn't a specific  
5 geographic area that anyone was responsible for, and I  
6 think that over time would make a difference.

7 MR. OLSON: I see. Those are all my questions.

8 THE COMMISSIONER: All right. Thank you, Mr.  
9 Olson. Witness, you're completed. Thank you very much for  
10 your participation.

11

12 (WITNESS EXCUSED)

13

14 THE COMMISSIONER: All right. Have you got  
15 another witness after a break?

16 MR. OLSON: I believe we do.

17 THE COMMISSIONER: All right. It's nearly three-  
18 thirty so why don't we try for a 10 minute break.

19 MR. OLSON: Very good.

20 THE COMMISSIONER: We stand adjourned.

21

22 (BRIEF RECESS)

23

24 THE CLERK: State your full name to the court?

25 THE WITNESS: Miriam Browne.

1 THE CLERK: And could you spell your first name,  
2 please.

3 THE WITNESS: M-I-R-I-A-M.

4 THE CLERK: And your last name.

5 THE WITNESS: Browne, B-R-O-W-N-E.

6

7 **MIRIAM BROWNE**, affirmed, testified  
8 as follows:

9

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

11

12 DIRECT EXAMINATION BY MS. WALSH:

13 Q Ms. Browne, you are the executive director of the  
14 Manitoba Institute of Registered Social Workers?

15 A Yes, I am.

16 Q How long have you held that position?

17 A For 15 years.

18 Q Was the institute called something before it was  
19 called the Manitoba Institute of Registered Social Workers?

20 A For a number of years we operated both as the  
21 Manitoba Institute of Registered Social Workers, and the  
22 Manitoba Association of Social Workers, two distinct  
23 organizations but under one board of directors, and it  
24 operated as one organization. In 2010, December, 2010, we  
25 dissolved the Manitoba Association of Social Workers.

1 Q What's your educational background?

2 A I have both a BSW and an MSW from the University  
3 of Manitoba.

4 Q Prior to, prior to working with the Manitoba  
5 Institute where were you employed?

6 A Well, for quite a number of years, I think it was  
7 10, I actually was employed both by the Manitoba Institute  
8 of Registered Social Workers and by the Department of  
9 Justice, Probation Services, provincial Department of  
10 Justice.

11 Q At the same time?

12 A Correct. I worked .5 in both positions.

13 Q You're no longer with Justice and Probation  
14 Services?

15 A That's right. I took a leave of absence in 2009  
16 and resigned in 2010.

17 Q What is the function of the Manitoba Institute of  
18 Registered Social Workers?

19 A We are the regulatory body for the profession of  
20 social work in the province of Manitoba, so our mandate is  
21 to protect the public interest by regulating the profession  
22 of social work, and by supporting the profession of social  
23 work.

24 Q The institute was created pursuant to  
25 legislation?



1 A Yes.

2 MS. WALSH: If you can pull up, please, the  
3 Manitoba Institute of Registered Social Workers  
4 Incorporation Act. Good.

5 Mr. Commissioner, you should have this in front  
6 of you. We're not entering this as an exhibit, it's a  
7 piece of legislation, but you should have it in front of  
8 you.

9 THE COMMISSIONER: Yes.

10

11 BY MS. WALSH:

12 Q So looking at -- if you can go to the next page,  
13 please, and one more page. Good, thank you.

14 Looking at the preamble of that act -- you're  
15 okay following along on the screen?

16 A Yes.

17 Q It says that a number of named social workers who  
18 were members of the unincorporated association known as the  
19 Manitoba Association of Social Workers petitioned the  
20 government to incorporate a body to be known as the  
21 Manitoba Institute of Registered Social Workers, and that  
22 resulted in the enactment of this legislation?

23 A Yes.

24 Q Were you involved in the implementation of this  
25 legislation?

1           A       No.    This legislation was implemented, as you'll  
2 see there in the second paragraph in 1966.

3           Q       Okay.  This legislation is currently in force?

4           A       Yes, it is.

5           Q       Okay.  And if we turn to the next page of the  
6 legislation under section 3, Objects, that indicates that:

7

8                   "The objects of the institute  
9 shall be to improve and promote  
10 the knowledge, efficiency and  
11 ability of its members so as to  
12 ensure that the public at all  
13 times receives the services of  
14 proficient and competent social  
15 workers of high ethical standards,  
16 and to do all such lawful things  
17 as are incidental or conducive to  
18 the attainment of such objects."

19

20          A       That's correct.

21          Q       Then if we turn to section 8 of the legislation,  
22 8(1) identifies that:

23

24                   "The management of the institute  
25 shall be vested in a board of

1 directors (...)"

2

3 And 8(2) says that the board has the power to  
4 make regulations, for example:

5

6 "Prescribing the proofs to be  
7 furnished as to education, good  
8 character and experience, or

9 (b) prescribing the subjects for  
10 examination of candidates for  
11 registration as registered social  
12 workers and the fees to be paid on  
13 examinations and registration."

14

15 The legislation also provides the criteria for  
16 membership, and that's set out in section 9?

17 A Yes, although I can't see it yet. Okay, there it  
18 is.

19 Q So that provides:

20

21 "Every person is eligible to be a  
22 member of the institute and to be  
23 registered by the institute as a  
24 registered social worker who has  
25 passed any examination or has met

1           all other conditions consistent  
2           with the objects of this Act and  
3           the by-laws of the institute, as  
4           prescribed by the board, and who  
5           produces

6           (a) evidence of a Bachelor of  
7           Social Work degree or a Master of  
8           Social Work degree, provided that  
9           such degrees were issued by a  
10          university or college which is  
11          accredited by the Council of  
12          Social Work Education or in the  
13          opinion of the head of the Faculty  
14          of the School of Social Work of  
15          The University of Manitoba, is an  
16          accredited university or college;  
17          or

18          (b) evidence which, in the opinion  
19          of the board, is equivalent to the  
20          academic status referred to in  
21          clause (a)."

22

23                   So does that mean that the institute has control  
24 over who qualifies for the title Registered Social Worker?

25           A        Yes.

1 Q What does (b) refer to, can you give us an  
2 example of evidence which in the opinion of the Board is  
3 equivalent to the academic status that's referred to in  
4 9(1)(a)?

5 A Yes. For example, there is a college in  
6 Winnipeg, the Booth University College, which has a  
7 bachelor of social work program and graduates bachelor  
8 degrees in social work, and our board has approved the  
9 graduates of that program, notwithstanding the fact that  
10 the program is not accredited through the aforementioned  
11 council of social work education, and another example would  
12 be that we have a process of evaluating substantial  
13 equivalency so that people who do not have a degree in  
14 social work can still come forward, based on other formal  
15 education, and experience, and make application to become a  
16 registered social worker.

17 Q And then section 10 of the Act provides for  
18 registration. That:

19

20 "The board shall register and  
21 issue a certificate of  
22 registration to every member of  
23 the institute and such member  
24 shall be entitled to practice as a  
25 registered social worker during

1                   the currency of such certificate."

2

3                   What's the process for registration?

4           A        Oh. Well, it's, it's a process of information  
5 gathering criteria for registration that has been  
6 established by the organization over the years, so we begin  
7 with an on-line application for a new member, an applicant,  
8 and then it's an information gathering process whereby they  
9 submit to us a criminal record check within the last 12  
10 months, a child abuse registry check, again within the last  
11 12 months. They provide us with the names of two  
12 professional references that we then independently contact  
13 and inquire as to the social work practice of the  
14 applicant. We ask the applicant to produce evidence of 40  
15 hours of their own professional development that they have  
16 acquired in the last 12 months prior to application.

17           Q        Forty did you say?

18           A        Forty, yes, and we ask the applicant to supply us  
19 with a transcript, although we actually insist that the  
20 transcript must be an original transcript from the  
21 university, and it has to come directly from the university  
22 so we can verify its authenticity, so we, we have an  
23 information gathering process of those, those documents and  
24 then ultimately the entire application is taken to the  
25 registration committee of MIRS, which is a committee made

1 up of members of the organization, and myself as registrar,  
2 and the recommendations from that committee go to our board  
3 of directors for approval.

4 We also publish all the names of the perspective  
5 applicants in our electronic newsletter in order that  
6 members of the profession who might have concern about any  
7 new members, applicants, can come forward with any of those  
8 concerns, so that's the standard process.

9 Q Does membership in the MIRSW provide benefits to  
10 the workers who become registered?

11 A Well certainly. I, I think so. Some of the  
12 benefits are concrete in nature, and I would suggest that  
13 there are other benefits that I think are perhaps more  
14 important which are not as concrete, so concretely some of  
15 the benefits would be, you know, they are receiving the  
16 electronic newsletter on a quarterly basis, they're  
17 receiving weekly, usually e-mail, from our office with  
18 upcoming workshops, professional development, events they  
19 might be interested in, job postings. Lots of employers  
20 advertise with us through the electronic, you know, e-mail  
21 system, so they're getting a lot of communication from us.

22 We also host at least one, sometimes two,  
23 professional development workshops in, in various sectors  
24 of social work practice, and they receive discounted rates  
25 to attend workshops of that kind.

1           One of the -- perhaps the best benefits is we  
2 have an ethical consultation service, so that if individual  
3 members have an ethical dilemma in their practice, and they  
4 wish to receive some guidance from our organization they  
5 can submit their ethical dilemma to us, and we have a  
6 committee of senior social work members who will review the  
7 dilemma and provide them with a written report. We try to  
8 do it as quickly as possible, obviously, because often  
9 dilemmas are time sensitive, whereby the committee members  
10 will review the code of ethics, our own standards of  
11 practice, and guidelines to ethical practice, and provide  
12 some advice and guidance, if you like, for social workers,  
13 so those are the kinds of benefits, if you like, that are  
14 somewhat practical. People who are in private practice  
15 often need to purchase liability insurance. In fact for  
16 our members it's a requirement that if they're in private  
17 practice they must purchase liability insurance to be yet  
18 another safety mechanism for the public to whom they're  
19 providing service, and so we offer them lower cost  
20 liability insurance than they would be able to probably  
21 purchase elsewhere, but I guess my view on the benefits of  
22 registration are really more about the commitment that the  
23 members make to the profession, and the, the satisfaction I  
24 hope that they have, and that they tell me they have, from  
25 being part of the profession, from being able to feel



1 collegial support when they meet with other members of the  
2 organization, when they work together on committees, or on  
3 interest groups that we have within the organization. That  
4 there is a community, if you like, of registered social  
5 workers, and I think that that is very important to our  
6 members, and I think that the ability to be accountable for  
7 their practice, that they feel confident that if a member  
8 of the public or a client is concerned or dissatisfied with  
9 the services that they receive from a registered social  
10 worker that they have a venue to bring their complaints  
11 forward because we do have a formal complaint and  
12 disciplinary process that members of the public can access,  
13 and, and generally I would say that our social workers are  
14 proud to be registered social workers, and very much  
15 identify with being a profession, and working within a code  
16 of ethics and recognized standards of practice and  
17 providing excellent social work.

18 Q You talked about the public. Does the institute  
19 provide benefits or protection to the public?

20 A Well, the complaint process I think would be the  
21 most significant benefit to the public. That a member of  
22 the public who has had contact with a registered social  
23 worker is able, if they have concerns about that registered  
24 social worker, to make a written complaint and if the  
25 person is indeed registered with us that there is a, a

1 requirement for the registrar and for the complaints  
2 committee to follow up that complaint in an investigative  
3 process.

4 Q Membership in the MIRSW is not mandatory at this  
5 point; is it?

6 A No. Manitoba is the only province now that does  
7 not have some form of mandatory regulation for social  
8 workers in Canada.

9 Q And we'll talk more about that in a minute.

10 As we noted the institute has a board. How many  
11 members?

12 A Currently 16.

13 THE COMMISSIONER: Sixteen what?

14 MS. WALSH: Sixteen members on its board.

15 THE COMMISSIONER: Oh board members.

16

17 BY MS. WALSH:

18 Q And how big is your staff?

19 A We have a very small staff. We have two social  
20 work staff, myself and another part-time social work  
21 consultant, and we have an administrative coordinator who  
22 works .8.

23 Q Are there any members on the board who are from  
24 the public, that is who are not social workers?

25 A Yes, we have one lay member who happens to be a

1 lawyer, and we also have a social work student who's not  
2 yet a registered social worker.

3 Q How many members does the institute have at this  
4 point?

5 A We have just over a thousand members. We have  
6 900 registered social work members, and we have  
7 approximately a hundred social work students, and a small  
8 number, 20 or 25, retired members who are no longer  
9 practicing, but who wish to remain involved with the  
10 organization.

11 Q Do you know how many individuals there are in the  
12 province who call themselves social workers?

13 A Unfortunately I don't, and I think it would be  
14 very difficult to have accurate statistics about the number  
15 of social workers. First of all because social workers are  
16 employed both in government and non-governmental  
17 organizations, and/or are in private practice, and further  
18 there are a number of people who use the title social  
19 worker who would not meet the qualifications for  
20 registration, and in my view are not social workers in that  
21 they may not have formal training in social work at all, or  
22 limited training, but the term is used rather generically  
23 so it would be very difficult to say how many social  
24 workers, whether you mean university trained social  
25 workers, or people who use the term in the province I

1 really don't know.

2 Q So right now in Manitoba there's no regulation as  
3 to who can call themselves a social worker?

4 A Yes, that's correct.

5 Q Do you know where the members of the institute  
6 are employed, what types of employment your members have?

7 A Yes. I just, I just looked yesterday at our --  
8 the composition of our membership, and it is a, a varied  
9 membership. We have social workers who work in health, in  
10 mental health, in corrections, in child welfare, in private  
11 practice, in school social work, in non-governmental  
12 organizations, small community agencies, it's a real  
13 variety. I would suggest that the largest sector is the  
14 health sector and that's not surprising because the health  
15 sector is generally regulated so, you know, for example, in  
16 a hospital setting, you know, the doctors, the nurses, the  
17 OTs and physiotherapist are all regulated, and it's a  
18 culture that requires regulation, so a significant  
19 percentage of our membership -- I think I looked yesterday  
20 and it was 18 percent are working in the health sector,  
21 which could be hospitals or community health organizations.

22 Q Do you know whether there are any employers who  
23 require registration as a term of employment?

24 A Yes, there are. Most of the health employers do,  
25 as in Regional Health Authorities or hospitals

1 specifically, and some smaller agencies have chosen to  
2 require registration, and in fact I know of at least one  
3 child welfare agency that required registration for its  
4 social work staff, and in fact paid the fees for their  
5 social work staff for a one or two year period to get them  
6 used to the notion of being regulated, so it's certainly  
7 not the majority of employers who require registration, but  
8 there are some in some sectors certainly more so than  
9 others.

10 Q The institute has a website?

11 A Yes, we do.

12 Q Are its members listed on the website?

13 A Yes.

14 Q Tell me about the complaints process that you  
15 referred to earlier.

16 A Um-hum. Well, we have actually in the last  
17 couple of years put quite a lot more information about the  
18 complaints process on the website so that it's more  
19 understandable for members of the public. It sets out I  
20 guess a common set of facts, things that people can  
21 anticipate. Most people, if they are going to make a  
22 complaint, they usually start by contacting us by telephone  
23 and then they are encouraged to put their complaint in  
24 writing, although we do have a form that people can fill in  
25 if they prefer to do that.

1           One of the very first things that we have to  
2 determine is whether or not we have the jurisdiction to  
3 investigate the complaint, and given that we know that the  
4 membership of MIRSW, you know, does not extend to the  
5 majority of social workers in the province, it's quite  
6 often that when we are contacted with regard to  
7 investigating a complaint we simply have to tell the  
8 complainant that we're not able to investigate their  
9 complaint because the person that they wish to make the  
10 complaint about is not a registered social worker, so we  
11 first determine the jurisdiction, and if indeed they are a  
12 registered social worker then we will begin by asking for  
13 the complaint from the complainant determining exactly what  
14 the conduct or behavior is that they're concerned about,  
15 and then the process begins whereby we then contact the  
16 registered social workers, you know, get their side of the  
17 story, if you like, and every investigation is different,  
18 so sometimes it will involve interviewing the complainant  
19 or the registered social worker, or exchange of documents,  
20 et cetera.

21           Q       Who investigates the complaints?

22           A       The committee, the complaints committee,  
23 undertakes investigations. We would like to be in a  
24 position to be able to hire independent investigators  
25 because we feel that that would be a more expedient way.

1 It's quite difficult and slow for our own committee members  
2 to have to conduct investigations because they're for the  
3 most part paid social workers with full-time jobs in other  
4 areas, but we don't have the resources to hire an  
5 investigator at this time.

6 Q The source of your resources is your membership?

7 A Oh, yes. Our only resource -- financial  
8 resources come from the fees that our members pay.

9 Q What are the possible outcomes of a complaint?

10 A Oh. Well, the, the range would be from dismissal  
11 all the way to sanctioning the social worker such that we  
12 would remove their certificate of registration. That  
13 doesn't happen very often, but unfortunately even if it  
14 were to happen because regulation of social work is not  
15 mandatory in Manitoba even if we were to sanction a member  
16 in such a way to take away their registration certificate  
17 it wouldn't prevent them from continuing to be employed in  
18 the province if they were able to find an employer who was  
19 willing to hire them, so the, the range of our sanctions is  
20 quite limited.

21 What we would like to do in most cases, and we do  
22 find we are able to do this often, is to work with  
23 registered social workers, if there is merit to a  
24 complaint, to try to provide supervision, education, other,  
25 other mechanisms that can help them to improve their

1 practice.

2 Q Does the institute have its own set of standards?

3 A Yes, we do. We have a set of 10 core standards  
4 that are applicable to all sectors of social work. They're  
5 not specific to child welfare or to, you know, specific  
6 areas of practice, they're general standards for, for best  
7 practices in social work, and they last have been updated  
8 in 2004.

9 Q Are those published anywhere?

10 A They're on the website.

11 Q Do you know how those standards compare, for  
12 instance, to the provincial standards for child welfare?

13 A I don't. I, I would hazard a guess that ours  
14 would be more general.

15 Q And you said that Manitoba is unique in terms of  
16 not having any type of mandatory regulation of social  
17 workers?

18 A Yes. In the last 25 years there's been a  
19 significant movement in the profession of social work  
20 across Canada where all of the other provinces have moved  
21 to, at the very least, legislation which is often referred  
22 to as title protection legislation, so that at least the  
23 title, social worker, is protected under the legislation,  
24 and all --

25 Q And what does that mean?



1           A       That means that a person would not be able to use  
2 the title of social worker, either in their -- on their  
3 business card, for example, as a credential, or position  
4 title, or further then that they wouldn't be able to  
5 represent themselves as a social worker to the public, or  
6 to a client, if they were not a member of the regulatory  
7 body, which in a number of provinces are now colleges of  
8 social work, so we are the last province that does not have  
9 legislation that at the very least protects the title  
10 social worker. There are also a number of provinces who  
11 have gone farther than that, and who have legislation which  
12 controls the practice of social work as well as the title,  
13 and --

14           Q       So what does that mean?

15           A       Well that means that a person regardless of  
16 whether they would be called an addictions worker or a  
17 probation officer, or a child welfare worker if they were  
18 working within the scope of social work practice they would  
19 need to be a member of the college of social work.

20           Q       And subject to its provisions and requirements?

21           A       Correct.

22           Q       Okay. Do you know how many jurisdictions in  
23 Canada have that protection?

24           A       Yes, the three Atlantic provinces have what I  
25 refer to as practice legislation, and some people call it

1 licensing, and the province of Alberta has somewhat of a  
2 hybrid. They have title protection, but they also require  
3 social workers to be registered with them if they have a  
4 degree of social work and they're working in the field of  
5 social work, no matter what the position title is.

6 Q Now I understand that there have been some  
7 actions taken towards changing the regulation of who can  
8 call themselves a social worker in Manitoba.

9 A Um-hum.

10 Q There is new legislation which controls the title  
11 "social worker"?

12 A Yes, it was passed by the Manitoba legislature in  
13 October of 2009.

14 Q So that's legislation that has been passed, but  
15 has not been put into force?

16 A Correct.

17 Q So I'd like to go through that legislation. Is  
18 this something that you had involvement with?

19 A Yes, MIRSWS for many years, decades really, has  
20 been lobbying the Manitoba government to bring forward more  
21 modern legislation to control the profession of social  
22 work, and regulate the profession of social work, and the  
23 most recent sort of formal lobbying efforts of ours were  
24 done in the early 2000s, so there was a series of, you  
25 know, meetings and submission of documents, and so on,

1 which we would like to, you know, believe had an impact on  
2 the government ultimately writing the legislation which is  
3 -- I'm sure you're going to show us, which is the Social  
4 Profession Act.

5 Q So that's bill 9, if we can put that on the  
6 screen, please. Turn to the next page, please. We'll  
7 start with the explanatory note. It says:

8

9 "This Bill replaces The Manitoba  
10 Institute of Registered Social  
11 Workers Incorporation Act, and  
12 provides for the regulation of the  
13 social work profession.

14 It includes provisions:

- 15 - establishing the Manitoba  
16 College of Social Workers;  
17 - establishing a governing board  
18 with public representatives;  
19 - allowing members to provide  
20 social work services through  
21 professional corporations;  
22 - requiring the registration of  
23 members and professional  
24 corporations; and  
25 - creating processes for

1                   complaints and discipline."

2

3           A        Um-hum.

4           Q        I gather the institute supports this legislation?

5           A        Yes, we do.

6           Q        Okay.  What are the benefits of this particular  
7 legislation, which we will go through, but in a general  
8 way?

9           A        I think the biggest change will be that this  
10 legislation will require all workers using the title social  
11 worker to meet the minimum qualifications for registration  
12 with the College.  I believe that it will improve the  
13 protection of the public interest in that the public will  
14 have a better assurance that the services they're receiving  
15 from social workers are coming from qualified professionals  
16 who are members of the College, and it increases the  
17 accountability in that members of the public have a process  
18 whereby they can make complainants if they're dissatisfied.

19                   THE COMMISSIONER:  What's the holdup in getting  
20 it enacted?

21                   THE WITNESS:  How much time do you have?

22                   It's -- there's, there's been quite a bit of  
23 opposition to the enactment of the Act from a variety of  
24 stakeholders in the social work community.

25                   THE COMMISSIONER:  I see.  That's, that's the

1 short version.

2 THE WITNESS: That's the short answer.

3 MS. WALSH: And --

4 THE COMMISSIONER: I get the point.

5 MS. WALSH: -- perhaps we'll get to more of, of  
6 that specific opposition --

7 THE WITNESS: Um-hum.

8 MS. WALSH: -- in a moment.

9

10 BY MS. WALSH:

11 Q You said that the institute was involved in  
12 drafting this legislation, had some input?

13 A We were not involved in drafting, we certainly  
14 provided discussion documents to urge the government to go  
15 in a certain direction with the legislation. In the end  
16 they drafted the legislation which in my mind is actually  
17 very similar looking to other professional regulatory  
18 legislation that has been drafted in the last 10 or 15  
19 years. The midwives, and the physiotherapists come to  
20 mind. Some of the key points that we as an organization  
21 were urging them to do they did not do which is, for  
22 instance to regulate the practice of social work. They  
23 chose to craft a piece of legislation which protects title  
24 only, it does not go so far as to protect practice.

25 Q Do you know whether there was consultation with

1 any specific child welfare authorities, for instance?

2 A Well, MIRSWS as an organization undertook many,  
3 many consultations with many stakeholders in the social  
4 work community over many, many years, both before the, the  
5 Act was introduced and during the period of time between  
6 when the Act was introduced and when it was passed, so as  
7 an organization, as the regulatory body for social work in  
8 the province, we did undertake a significant consultative  
9 process.

10 If you're asking whether there was a consultative  
11 process undertaken by the Manitoba government, separate and  
12 apart from the consultative process that we undertook, I'm  
13 not aware that that occurred in a broad way prior.

14 Q I was referring to a consultative process through  
15 your institute.

16 A Um-hum.

17 Q So that, that did occur?

18 A Yes.

19 MS. WALSH: Okay. So what I'd like to do is go  
20 through the highlights of the legislation.

21 Mr. Commissioner, I think that will take us to  
22 the end of today, and with your indulgence the witness has  
23 said that she's prepared to, to stay over four-thirty, and  
24 then we would call the witness back to discuss some other  
25 areas of her testimony. She actually has some areas of

1 testimony to give with respect to the specific facts of  
2 Phoenix Sinclair's life as well, so if we'll just -- we'll  
3 just --

4 THE COMMISSIONER: All right. You, you tell me  
5 when we're there.

6 MS. WALSH: Okay. Thank you.

7

8 BY MS. WALSH:

9 Q So let's start with -- the legislation is divided  
10 into a number of parts. Let's start with part 2. It's at  
11 page 4, on the bottom left-hand corner you can see the page  
12 numbers. There you go.

13 So part 2 is entitled "Practice of Social Work"  
14 and section 2 defines the practice to be the:

15

16 "Application of social work  
17 knowledge, skills, values and  
18 practice methods in a person-in-  
19 environment context, with the  
20 following objectives:

21 (a) to accomplish the core  
22 functions of social work,  
23 including

24 (i) helping people obtain  
25 services relating to their basic

1 human needs,  
2 (ii) counseling of individuals,  
3 families and groups, and  
4 (iii) helping communities and  
5 groups provide or improve social  
6 and health services;  
7 (b) to assess, remediate and  
8 prevent social problems  
9 encountered by individuals,  
10 families and communities;  
11 (c) to enhance individual, family  
12 and community social functioning."  
13

14 Then section 3 identifies representation as a  
15 social worker, and that section 3(1) identifies that:

16  
17 "No person except a social worker  
18 who holds a current certificate of  
19 practice shall --"  
20

21 And I'm paraphrasing, hold themselves out to be a  
22 practicing social worker or engaging in social work, and  
23 this is the protection of title of who can call themselves  
24 a social worker that you were telling us about earlier?

25 A Yes.



1 Q And then on sub 3 -- 3(2), the next page, please,  
2 it specifically identifies that:

3

4 "No person except a social worker  
5 who holds a current certificate of  
6 practice shall use any of the  
7 following designations or  
8 abbreviated designations, a  
9 variation of any such designation  
10 or an equivalent in another  
11 language:

12 (a) 'social worker' or 'registered  
13 social worker';

14 (b) 'S.W.' or 'R.S.W.'."

15

16 And section -- or part 3 is entitled "Manitoba  
17 College of Social Workers", so this would be something new,  
18 section 4(1) identifies that the Manitoba Institute of  
19 Registered Social Workers would be continued as a body  
20 corporate to be known as the Manitoba College of Social  
21 Workers?

22 A Yes.

23 Q Then section 4(3) talks about:

24

25 "The membership of the college

1                   consisting of the individuals  
2                   whose names are entered in the  
3                   register."

4

5                   And then it sets out in sub. 4 the objects of the  
6 College.

7

8                   "(a) promote and increase the  
9                   professional knowledge, skill and  
10                  proficiency of its members as  
11                  social workers;

12                  (b) regulate and govern the  
13                  professional conduct and  
14                  discipline of its members,  
15                  students and professional  
16                  corporations, consistent with the  
17                  principles of self-regulation and  
18                  the public interest;

19                  (c) promote and foster in the  
20                  public a greater awareness of the  
21                  importance of social work; and

22                  (d) generally advance the  
23                  professional interests of its  
24                  members."

25

1           Then section 5 goes on to provide for the  
2 establishment of a Board, which would be the governing  
3 body.

4           Section 6(1) identifies -- or discusses the  
5 composition of the Board, and at sub. 2 specifically  
6 provides that:

7

8                   "At least four of the board  
9                   members must be public  
10                   representatives."

11

12           So those would be what you called lay  
13 representatives, non-social workers?

14           A     Yes.

15           Q     And if we turn to page 11 to section 10. This  
16 deals with applications for registration. Section 10(1)  
17 lists the specific requirements to qualify for  
18 registration, and so under that section:

19

20                   " an applicant must  
21                   (a) produce to the registrar  
22                   satisfactory evidence that he or  
23                   she  
24                   (i) has a bachelor's, master's or  
25                   doctoral degree in social work,

1 from a school or faculty of social  
2 work accredited by the Canadian  
3 Association of Schools of Social  
4 Work,

5 (ii) has successfully completed  
6 any other education program  
7 approved by the board, or

8 (iii) has a combination of

9 (A) education or training, or  
10 both, and

11 (B) work or volunteer experience,  
12 or both, that, in the opinion of  
13 the registrar after having  
14 considered any guidelines  
15 established by regulation under  
16 clause 60(1)(b), qualifies the  
17 person for registration."

18

19 So can you just, just describe what you  
20 understand an individual would need to qualify for  
21 registration.

22 A This is one of the areas that has been the  
23 subject of great debate since the legislation has passed.  
24 The issue of this particular section of the legislation,  
25 and how the organization would decide, or how the

1 regulation would determine what is the minimum  
2 qualification for registration, if not a bachelor of social  
3 work degree, which is the common university training to  
4 prepare one to practice as a social worker, so the Manitoba  
5 Institute of Registered Social Workers has a view as to  
6 what kind of combination of formal education and training  
7 would be appropriate, and we have taken that view forward  
8 in the form of the draft bylaws and regulations that we  
9 have developed, but I just want to say that that is the  
10 view of our organization, not necessarily held widely by  
11 other people because there are some who feel that the very  
12 -- this very clause ought not to be in the legislation at  
13 all, it's a real problem for some people because it allows  
14 for people without a BSW to find a route of entry, if you  
15 like, into the college, and for other people they're  
16 concerned that even with that clause that the legislation  
17 may not be broad enough to allow for all kinds of people  
18 who are currently working within the field of social work,  
19 so you've identified an area of the Act which is of  
20 significant controversy.

21 Q So is that part of -- is it your understanding  
22 that's part of, of the reason for the hold-up in having the  
23 Act come into force?

24 A Yes, I think that's at the heart of quite a few  
25 people's concerns.

1 Q Then if we go to section 11(1) that's entitled  
2 "Registering Existing Practitioners Without Academic  
3 Credentials" so --

4 A Right.

5 Q -- this says:

6

7 "Despite subsection 10(1) --"

8

9 Which we just looked at.

10

11 "-- during the period of three  
12 years after the day that this  
13 section comes into force, a person  
14 who does not possess the academic  
15 credentials specified in  
16 subclause 10(1)(a)(i) or (ii) is  
17 qualified for registration if he  
18 or she

19 (a) satisfies the registrar that  
20 he or she currently functions, or  
21 has recent experience functioning  
22 in, the role of a social worker;

23 (b) meets the requirements of  
24 clauses 10(1)(b) to (d); and

25 (c) meets any other requirements

1           that may be specified in the  
2           regulations for registration under  
3           this section."

4

5           So what's your understanding of what this section  
6 does?

7           A       Right.    So this section in my view is what is  
8 often referred to as a grand parenting clause, so it's the  
9 idea that when a profession is moving from a voluntary  
10 regulatory environment to a mandatory regulatory  
11 environment there has to be some recognition of existing  
12 practitioners who may not meet the new requirements for  
13 registration, so section 11(1) would give an opportunity  
14 for three years for people who are working in the field of  
15 social work, who do not possess the qualifications  
16 previously mentioned in 10, to come forward and make  
17 application to become a registered social worker, and this  
18 has been done in I believe most other provinces with the  
19 exception of Quebec when they made this transfer from a  
20 voluntary environment to a mandatory environment.

21          Q       And would those individuals ever have to acquire  
22 a BSW or an MSW in order to become registered social  
23 workers?

24          A       Not historically they have not in other  
25 provinces, and certainly the view of the MIRS is that they

1 would not.

2 Q Okay. And part 5 deals with "Professional  
3 Corporations" so I'm not going to go through that. Let's  
4 go to page 24, part 6, and this is under the heading --  
5 oh, we're not there yet. There you go.

6 "Continuing Competence".

7 A Um-hum.

8 Q Section 25 says:

9

10 "The board must establish a  
11 continuing competence program to  
12 oversee the practice of social  
13 work. The program may provide  
14 for, but is not limited to,

15 (a) reviewing the professional  
16 competence of members;

17 (b) requiring members to  
18 participate in programs for  
19 ensuring competence; and

20 (c) conducting practice reviews  
21 in accordance with this Act."

22

23 So what does this section provide?

24 A The continuing competence program referred to in  
25 this Act is the continuation, if you like, or similar to



1 what we currently have which is a professional development  
2 process, so we require our current members to have to  
3 maintain 40 hours of professional development, which means  
4 that they must go beyond their scope of their normal work,  
5 and either take workshops, seminars, courses, delve into  
6 their own reading, volunteer in a different setting, so  
7 there's a whole range of activities that social workers can  
8 undertake in order to gain those 40 hours, but the, the  
9 principle is that social workers ought to be engaged in a  
10 process of life long learning, and that they ought to  
11 continue to keep up with current and new practices in the  
12 profession, and that by maintaining a minimum of 40 hours  
13 of professional development that there's -- you know, we  
14 are able to see that they are maintaining their currency,  
15 if you like, in the profession, and the continuing  
16 competence program in the new Act is very similar. It's,  
17 it's the notion of continuing to do that under the new  
18 college.

19 Q Then the next part on the next page, part 7,  
20 deals with complaints. Section 27(1) establishes a  
21 complaints committee that must be appointed by the board,  
22 and again sub. (2), 27(2) says:

23

24 "At least 1/3 of the persons  
25 appointed to the complaints

1 committee must be public  
2 representatives."

3

4 28(1) says:

5

6 "A person who employs another  
7 person as a social worker must  
8 ensure that the social worker is  
9 registered under this Act during  
10 the period of employment."

11

12 And conduct -- if we just look -- scroll up  
13 "Conduct" is defined -- just scroll up on the page. Thank  
14 you. "Conduct includes an act or omission."

15 And then complaints are referred to a complaints  
16 committee. We see section 29(1) on the next page. That:

17

18 "The registrar must refer to the  
19 complaints committee

20 (a) a complaint made under  
21 section 28; and

22 (b) any other matter that the  
23 registrar considers appropriate."

24

25 That there can be "informal resolution". That if

1 informal resolution is attempted and the complaint is not  
2 resolved then section 30(2) provides that there will be an  
3 investigation, and in that regard section 30(3) sets out  
4 the powers of an investigator, which include:

5

6           "(a) require the investigated  
7 member or any other member to  
8 produce to the investigator any  
9 records in his or her possession  
10 or under his or her control that  
11 may be relevant to the  
12 investigation;

13           (b) require the investigated  
14 member or any other member to be  
15 interviewed for the purpose of the  
16 investigation; and

17           (c) direct that an inspection or  
18 audit of the investigated member's  
19 practice be conducted."

20

21           And there are consequences under section 30(4)  
22 for failure to produce records. The college may apply to  
23 the court for an order in that case.

24           Section 31(1) lists a number of actions that the  
25 complaints committee may take after attempting either

1 informal resolution, or an investigation, so those include  
2 directing that the matter be referred to an inquiry  
3 committee, or that it not, or accepting the voluntary  
4 surrender of the member's registration, censuring or  
5 entering into an agreement with the member that provides  
6 for one or more of -- a number of factors, including  
7 assessing the member's capacity or fitness to practice  
8 social work, counseling or treatment.

9           And there is an appeal process that's set out on  
10 page 31, section 36 sets out that there is an appeal  
11 process to the board from the decision of the complaint's  
12 committee.

13           Then section 41 at page 33 provides that there  
14 will also be established by the board an inquiry committee.

15           What's your understanding of, of what that  
16 committee does?

17           A       That's really the hearing committee, so if a  
18 matter can't be resolved at the level of the complaint's  
19 committee then it will become a more formal matter, and be  
20 passed to the inquiry committee, who will hold a hearing.

21           Q       And, again, the Act provides that at least one-  
22 third of the persons appointed to the inquiry committee  
23 must be public representatives, so down at the bottom of  
24 this page under the heading "Hearings" that's exactly what,  
25 what you've just described that there must be a hearing,

1 and the next page sets out the provisions with respect to  
2 notice of a hearing, public notice, the right to appear and  
3 be represented, the usual types of things I think that one  
4 sees with respect to a regulatory body.

5           And at the conclusion of a hearing there may be a  
6 finding that the member is not guilty of professional  
7 misconduct, or of contravening the Act.

8           We turn to section 51 on page 37. If, however,  
9 the panel, the hearing panel, finds that the member is  
10 guilty of professional misconduct under 51, or has  
11 contravened the Act, or the regulations, or has -- if we go  
12 to the next page please, and I'm paraphrasing, I'm just  
13 picking out a few things that the hearing panel might find.

14           Displayed a lack of knowledge under (d), or lack  
15 of skill or judgment in the practice of social work, for  
16 instance, then the panel must deal with the member in  
17 accordance with the Act.

18           The next section provides a number of options in  
19 terms of orders that the panel could make. For instance,  
20 it might reprimand the member, suspend their certificate of  
21 registration, or impose conditions on their entitlement to  
22 practice social work.

23           Again if we could turn to page 38. There is an  
24 appeal process and that includes being able to appeal to  
25 the court of appeal.

1           If we go to page 48, this is part 9, under the  
2 heading "General Provisions" there is a provision relating  
3 to practice auditors.

4           What do you understand these provisions to  
5 involve?

6           A       This would be a significant change from our  
7 current structure. We do not have any capacity to do  
8 practice audits, and most of the other provinces in Canada  
9 do not include provisional practice audits in their social  
10 work legislation. The province of Quebec, however, does.  
11 In my understanding of the way that that process works in  
12 that province is that they respond to requests for audits  
13 in different ways, so an audit may occur because of a  
14 concern about the workplace practices in a particular  
15 agency or organization, or audits can be generated randomly  
16 or just on an ongoing basis as the regulatory body attempts  
17 to ascertain that there's good quality practice occurring  
18 across the province.

19          Q       Is the ability to audit restricted to members who  
20 are in private practice or would it apply to anyone  
21 regardless of who their employer is?

22          A       My understanding it's to everyone. All agencies,  
23 not, not restricted to private practice.

24          Q       The Act also provides some responsibilities which  
25 are imposed on employers. If we'd turn to page 53, section

1 74, if you'd go down to the bottom, please.

2 Section 74(1) provides that:

3

4 "A person who employs another  
5 person as a social worker must  
6 ensure that the social worker is  
7 registered under this Act during  
8 the period of employment."

9

10 Sub. (2) says:

11

12 "If a person who employs a social  
13 worker terminates the employment  
14 for misconduct, incompetence or  
15 incapacity, the employer must  
16 promptly report the termination to  
17 the registrar and give the social  
18 worker a copy of the report."

19

20 Is that a, a common provision that you're aware  
21 of?

22 A It is. It's certainly not part of our current  
23 legislation, but it is a common provision in other  
24 regulatory bodies, certainly in other social work  
25 regulatory bodies across Canada.

1 Q The legislation referred to "regulations". Have  
2 those regulations been drafted?

3 A In short, no. The -- during the course of the  
4 last three years, since the bill was passed, but not yet  
5 proclaimed, MIRSW has done a number of things to try to  
6 speed along the enactment of the Act, and we have as an  
7 organization drafted bylaws and a model for regulations,  
8 which we finished the work on that last spring, and it was  
9 passed by the membership of our organization in May, 2012.  
10 The government of Manitoba has appointed a transition board  
11 to -- under section 77 of this Act, and that board has been  
12 provided with the draft bylaws and regulations that our  
13 organization has drafted.

14 Q Okay. What is your understanding as to the major  
15 impediment in moving this legislation forward?

16 A Well, at the time when the legislation was passed  
17 there was a number of interested parties who came out to  
18 speak to the legislative hearing process, which was several  
19 weeks before the legislation passed in October of 2009, and  
20 what, what I took away from those hearings is that there's  
21 a long history of not having a regulated profession, social  
22 work has not been regulated in Manitoba, and it's a  
23 significant change to move from a voluntary environment to  
24 a fully mandatory regulated environment, and quite a number  
25 of people came to those hearings both to support the new



1 Act, there certainly were people who made presentations in  
2 support of the new Act, but there were certainly those who  
3 came to voice their displeasure with the new Act, and they  
4 really range in their disagreement with it, all the way  
5 from people who really believe that there should be no  
6 flexibility about the entrance requirements, that it must  
7 be BSWs, and to allow any flexibility in that will be to  
8 really erode the profession of social work, and then in my  
9 view on the other end of the spectrum there's a number of  
10 people who fully believe that social work is not something  
11 that can be trained, that it is something that people have  
12 an aptitude for, and that formal training is not  
13 necessarily required, and so to regulate and to create  
14 boundaries around who can practice for some people is  
15 something that they philosophically don't agree with, so  
16 since the legislation passed our organization has made  
17 ongoing efforts to try to consult with key stakeholders  
18 within the social work community, and I would include  
19 amongst those social work educators, the family service --  
20 child welfare authorities, the four authorities, large  
21 employers, our own members, you know there's a long, long  
22 list of stakeholders that we've included in our  
23 consultations.

24           We formed an advisory group to try to move the  
25 legislation along from the point of passage to enactment,

1 and after one meeting of that advisory group several key  
2 stakeholders I would say indicated that they were not  
3 comfortable with that process, and that rather than see our  
4 organization lead the legislation through to proclamation  
5 they really were in favour of the government of Manitoba  
6 appointing a transition board, so the process, the time  
7 that it has taken from the point at which we did that  
8 consultation, and formed the advisory group, to the point  
9 at which the government of Manitoba appointed the  
10 transition board was quite a lengthy amount of time, more  
11 than a year.

12 Q So when was that transition board appointed?

13 A The order-in-council for the transition board was  
14 passed in -- I don't know if the term is passed or approved  
15 by government in August, 2011, but the appointment of the  
16 members to the transition board I do not believe occurred  
17 until April, 2012.

18 Q So any movement towards resolving the  
19 philosophical difficulties and proclaiming the Act into  
20 force is now in the hands of that transitional board  
21 established by the government?

22 A Yes, and I received a letter from the Department  
23 of Family Services and Labour, from Minister Howard's  
24 office, just in the last week indicating that the  
25 transition board is meeting and working toward enacting the

1 legislation.

2 Q Give you a timeframe in that letter?

3 A The timeframe indicated that they had  
4 expectations that they might be completed their work in the  
5 spring of 2013.

6 Q Completing their work meaning -- did you take  
7 that to mean ready to proclaim the Act into force?

8 A I think that the sentence read that their work  
9 could be completed in the spring of 2013, and proclamation  
10 could follow shortly thereafter.

11 MS. WALSH: Mr. Commissioner, this is a logical  
12 point for me to take a break with this witness.

13 THE COMMISSIONER: All right. So we'll adjourn  
14 until nine-thirty tomorrow, and you'll have to return,  
15 witness.

16 THE WITNESS: All right. Thank you.

17 THE COMMISSIONER: Thank you.

18 MS. WALSH: Thank you.

19 THE COMMISSIONER: All right. We stand adjourned  
20 now.

21

22 (PROCEEDINGS ADJOURNED TO DECEMBER 19, 2012)