



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

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

Transcript of Proceedings
Public Inquiry Hearing,
held at the Fort Garry Hotel,
222 Broadway, Winnipeg, Manitoba

MONDAY, JANUARY 28, 2013

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3

4 THE COMMISSIONER: All right, Ms. Walsh.

5 MS. WALSH: Thank you, Mr. Commissioner.

6 THE COMMISSIONER: I see they've got this --
7 Diane, this thing usually is over there. Can it go over?

8 MS. WALSH: The clock is upside down.

9 THE COMMISSIONER: That's better, yeah.

10 THE CLERK: And I just realized the witness
11 should be angled more. I'll turn her on the break.

12 THE COMMISSIONER: On the break, yeah. Let it go
13 for now.

14 MS. WALSH: That's awfully far.

15 THE COMMISSIONER: All right.

16 MS. WALSH: Are we ready? Set up? Good, thank
17 you.

18 THE COMMISSIONER: Go ahead.

19

20 **LINDA JOYCE TRIGG**, previously
21 sworn, testified as follows:

22

23 DIRECT EXAMINATION CONTINUED BY MS. WALSH:

24 Q Dr. Trigg, you told us last week that in the
25 period that you were CEO of the agency --

1 THE COMMISSIONER: Speak into the mic.

2 MS. WALSH: Can you not hear me? How's that?

3 THE COMMISSIONER: Okay, that's fine.

4 MS. WALSH: Is that better?

5 THE COMMISSIONER: Yeah, that's better.

6 MS. WALSH: Thank you.

7

8 BY MS. WALSH:

9 Q You told us last week, Dr. Trigg, that in the
10 period that you were CEO, you believed that because of
11 workload issues children were put at risk including
12 Phoenix, was that --

13 A Yes.

14 Q My question is were you ever made aware of
15 specific occasions where staff were not able to do their
16 job because of workload issues in relation to services
17 delivered to a specific family including Phoenix's family?

18 A No.

19 Q Should that have been documented if that were the
20 case? If, if a worker were unable to deliver specific
21 services because of workload issues, should that fact have
22 been documented either in the case file or somewhere else?

23 A Perhaps. As I said last week, I obtained
24 information from the union about workload issues and was
25 very aware of the concerns of staff.

1 Q But if, if a worker weren't able to do something
2 specifically related to a given child or family, would you
3 have expected that that fact would have been documented,
4 either in the family's case file or somewhere else?

5 A Not necessarily, but I would imagine some workers
6 would have done something like that, cannot see family
7 until such and such a time due to workload or caseload.

8 Q And we did hear evidence early on in this inquiry
9 that one worker at the instruction of her supervisor, and
10 I'm speaking of Laura Forrest, wrote in her file recordings
11 in 2003 that she was unable to make contact with the family
12 due to workload demands, that she had gone out so many
13 times and then specifically included in the file recording
14 due to workload demands was to that effect, she was not
15 able to get out there and that that had been a direction
16 from her supervisor, Mr. Orobko. Was that a direction that
17 came from, from management to --

18 A No.

19 Q -- to document?

20 A No.

21 Q No? Would you agree it would be a good idea so
22 that --

23 A Yes.

24 Q -- the next worker would know --

25 A Yes.

1 Q -- if the reasons why contact --

2 A Something was done.

3 Q -- or something wasn't done?

4 A Yes.

5 Q And also so that the agency could address the
6 issue?

7 A Yes. Nothing like that, no case was brought to
8 my attention but I was well aware of, of the staff concerns
9 about workload.

10 Q In general?

11 A In general.

12 Q Thank you. If we could turn please to page
13 34655. This is a memo to staff from executive management
14 dated December 5, 2002. It relates to a focus group
15 with -- that was directed at family service workers; is
16 that right? Do I have that right?

17 A Front line workers. It was -- the agency
18 requested that Viewpoints conduct focus groups to see if we
19 could retain more staff on the front line because, as I
20 mentioned last week, there was considerable turnover.

21 Q And just for the record, the actual full report
22 of the focus group, and I'm not bringing that up for you,
23 Dr. Trigg, but for the record it's commission disclosure
24 2119, this memo was written by whom?

25 A Elaine Gelmon, the chief operating officer.

1 Q Do you recall when the focus group was conducted?

2 A The focus groups were conducted before I arrived
3 at Winnipeg Child and Family Services.

4 Q So not at your direction?

5 A No.

6 Q The memo, as I read it, in typing, the typed
7 portions have results paraphrased of the focus group
8 findings and then as we scroll down you can see in italics
9 that appears to be management's response in each case?

10 A Yes.

11 Q So if we look at, at the areas that were
12 discussed, one is training of supervisors:

13

14 "Staff have recommended that
15 supervisors receive better
16 training that will contribute to
17 their knowledge, ability to
18 support staff, and result in
19 better service to clients.

20 [They] recommended earlier
21 access to the Competency Based
22 Training Program for supervisors.
23 They also feel that the role of
24 supervision needs to be clarified,
25 especially for new staff, so that

1 the purpose and goals are better
2 understood."

3

4 Now when this response was prepared, were you part of the,
5 preparing the response?

6 A The entire management team gave some input into
7 the management response.

8 Q But it was while you were CEO?

9 A Yes.

10 Q Okay. So can you, on this page, if we can scroll
11 to the next page, just summarize the response that
12 management provided without having to read the whole thing
13 unless, unless you -- I mean take your time, but rather
14 than reading the whole thing into the record. Are you able
15 to advise as to management's response to the concerns about
16 supervisors?

17 A To which concerns about supervisors, not being
18 adequately trained?

19 Q Not being adequately trained, yes, I think
20 that's, that's essentially what the focus group findings
21 were on this heading.

22 A Yes. The supervisors, to their credit, took this
23 on as a project. Because one of the areas identified in
24 the Viewpoints report was a clearer need for better quality
25 supervision, perhaps an examination of different models of

1 supervision. The supervisors themselves organized a
2 workshop facilitated by Tony Morrison.

3 Q And that's, you told us about that last week.

4 A Last week.

5 Q And then that --

6 A Right.

7 Q -- ultimately in the new supervision policy?

8 A That ultimately resulted in the new supervision
9 policy, correct.

10 Q Okay. So that's all -- I mean this, this memo is
11 2002. It predates the implementation of that supervision
12 policy so we've gone back in time a bit.

13 A Yes. The supervision policy, I don't think was
14 released until early 2004.

15 Q Right.

16 A After consideration discussion, management teams,
17 supervisors, input from those sources.

18 Q So that issue was dealt with in the manner that
19 you discussed last week --

20 A Yes.

21 Q -- the issue of training supervisors.

22 A Yes.

23 Q Okay.

24 A Yes.

25 Q Then if we scroll down, please, item number 2,

1 "Orientation and Training for New Workers":

2

3 "Staff recommend more
4 training opportunities, especially
5 at the start of employment, which
6 is practical, skill-based, and
7 assists in understanding the
8 Agency's policies and practices.

9 Supervisors also recognize
10 the need for better orientation
11 and training for new staff, and
12 struggle to meet the training
13 needs of new staff with the high
14 turnover in Family Services."

15

16 Now again, do you recall what, what was done in response to
17 this concern of orientation and training for new workers?

18 A May I see the italics, please?

19 MS. WALSH: Can you scroll down to the next page,
20 please? Can we get the full page, please?

21 THE WITNESS: I talked about some of these things
22 last week. A mentor program had been established and then
23 it had been found that staff supervisors or staff didn't
24 really have the time to mentor somebody else. We discussed
25 the possibility, and I mentioned this last week, of a

1 training unit where one supervisor would have all the new
2 staff going to that unit, train them in standards, train
3 them in policies, train them in the program manual, give
4 them some more clinical training and then gradually give
5 them cases. We also talked about starting case managers
6 with half a caseload and then gradually building up the
7 caseload as they became more experienced, more sure of
8 themselves and had had more supervision. As I mentioned
9 last week, I think nobody comes out of school knowing 100
10 percent of what they know, you know, five years later
11 having been on the job.

12

13 BY MS. WALSH:

14 Q Was that reduced caseload something that the
15 agency was able to continue doing?

16 A We, we did not implement it, it was one of the
17 ideas. And feedback we had from supervisors actually was
18 we'd rather not make major changes at this point in time
19 because we know that six months from now other significant
20 changes are coming and we may put our effort into
21 developing something only to find we're just getting off
22 the ground as devolution is occurring.

23 Q Now if we scroll down, please, to item 3,
24 "Appreciation and Value":

25

1 "Staff are looking for indicators
2 that their work is valued and
3 appreciated within the agency.
4 This recognition might come in the
5 form of higher salary, financial
6 incentives, other tangible forms
7 of recognition, praise and
8 personal appreciation, etc."

9

10 If we go to the next page, please, that discusses
11 management's response.

12 A Management's response was a very significant
13 response. It was really an affirmation of what staff were
14 saying about not feeling validated, not having the
15 emotional support that they necessarily needed. And it was
16 even more difficult during that time to spend time with
17 staff to coach them, to reassure them they were doing a
18 good job and so forth.

19 Q More difficult because of the transitions the
20 agency was going through?

21 A Yes. In addition to their regular work, they
22 also were part of some of the AJI planning. For example,
23 an authority determined process occurred on each case and
24 it was the case manager who had to do that as well as other
25 things in preparation for the transition.

1 Q Which probably leads to item number 4. If we can
2 just scroll down to get more of the page, please.

3 "Stability":
4

5 "Staff have expressed frustration
6 with the constant state of change
7 that the agency has experienced,
8 particularly in recent years. Much
9 of this change seems to be beyond
10 the control of the agency, but
11 staff expect management to
12 strategize for long-term stability
13 and attention to effective
14 services, not so much of a
15 political agenda. With regard to
16 this theme, supervisors recommend
17 that internal change that is
18 within Agency control (eg. forms,
19 procedures, etc.) be introduced
20 only when 'mission critical'."
21

22 A Yes. And management did agree with that. Also
23 agreed that the agency was going through an unstable time
24 as a result of the three major transitions occurring.

25 Q And on the next page, "Quality of Supervision" is

1 identified:

2

3 "Staff have identified the need
4 to ensure that they receive
5 regular supervision, supportive
6 supervision ..."

7

8 I think in terms of management's response you've probably
9 addressed that. Is there anything more that was addressed?
10 Can you scroll down, please?

11 A No, but it says "as noted above". It refers, the
12 training in practical supervision skills refers to the Tony
13 Morrison workshop.

14 Q Right.

15 A Which the supervisors organize. And some
16 supervisors were suggesting that if let's say an assistant
17 program manager was being evaluated, that staff forward
18 feedback to the assistant program manager to give that
19 person feedback about how well they were doing, supervision
20 on supervisors, and how well they were supporting them.

21 Q It says in that first line of the paragraph in
22 italics, refers to supervisors in Family Services. Do you
23 know whether there was any focus on supervisors in other
24 areas such as intake?

25 A I can't recall.

1 Q I think that the focus group was just Family
2 Services. That is what it refers to, so that may be --

3 A Retention of the front line, yes.

4 Q Then item number 6 --

5 A But I include, I include intake in that front
6 line --

7 Q Okay.

8 A -- service.

9 Q All right. Number 6 is workload and of course
10 we've talked and heard much about workload and the response
11 identifies and acknowledges that workload is an issue?

12 A Yes.

13 Q Is there anything more -- if we scroll to the
14 next page, please -- that you want to advise with respect
15 to what was being done?

16 A I talked last week about the days care initiative
17 which was the program, two programs. One to help parents
18 with alcohol problems, find a place for their children when
19 they were going to go drinking. We did not expect that
20 they would all stop drinking. So basically this team
21 worked with the families to say all right, we know you're
22 going to drink sometimes. The problem is that your
23 children are not being supervised. How are you going to
24 address that problem? And then the other initiative was to
25 keep as many teenagers out of care as possible. To do some

1 more -- one of the family reunification teams specifically
2 set up people to work with parents and teens --

3 Q Right. So those were workload --

4 A -- and so to keep them home. Yes.

5 Q Addressing, addressing front end workload to
6 reduce the workload in the first instance?

7 A Um-hum. Trying to keep the number of children in
8 care, trying to make it lower, decrease it.

9 Q Right. Did you -- you told us that you had
10 ultimately fairly regular meetings with the ADM, the
11 assistant deputy minister, I believe?

12 A When, when Winnipeg Child and Family Services
13 became a branch of government --

14 Q Right.

15 A -- and no longer a free-standing agency with its
16 own board --

17 Q Yes.

18 A -- I reported to Martin Billinkoff, who was
19 assistant deputy minister.

20 Q Did you bring the concerns about workload and the
21 other concerns that are listed in this memo with results of
22 the focus group, did you bring those concerns to his
23 attention?

24 A Oh, very much so.

25 Q So far as you were aware during your tenure was

1 government made aware of the concerns such as the ones
2 outlined in this memo?

3 A Yes.

4 Q And that would have been specifically from, from
5 your advising them?

6 A Yes. And I think that Jay Rodgers played a hand
7 too in advising about issues such as workload.

8 Q Because of his role as chair of the interim
9 management board?

10 A Yes.

11 Q And you met with him regularly too?

12 A Yes. And actually we often both met with Martin
13 Billinkoff, the assistant deputy minister. There was
14 another initiative, our shelter initiative which had a
15 positive impact on the days care and also provided some
16 support to front line service workers and I don't know if
17 you want me to talk about that but I certainly could.

18 Q Sure. Just give us a brief, brief outline of
19 that and how it had an impact.

20 A Yes, just a little bit of background. There used
21 to be a receiving facility and by that I mean a facility in
22 which a case manager who had apprehended a child could
23 quickly put a child. Some went into foster care if their
24 needs were such the foster care could handle them, and some
25 went into Seven Oaks Centre for Youth which was out on

1 Main Street. It held about 30 children. Everybody agreed
2 that something needed to be done differently because the
3 atmosphere was not warm and welcoming. It was formerly a
4 women's jail. So it closed and there were other services
5 to come on stream. Residential treatment was to add more
6 beds, more specialized foster care. Meanwhile though,
7 while these resources were being developed, Winnipeg Child
8 and Family still had to have places to put children. So
9 they ended up in an ad hoc way renting homes and placing in
10 them one, two or three children, you couldn't go more than
11 four without a licence for a foster home. The shelters
12 were shift staffed and it's very expensive to shift staff a
13 home for one child. In addition to which some of the
14 workers had been given 16 hour and 24 hour shifts so they
15 were paid a considerable amount of overtime. Some were
16 making in the \$80,000.

17 Q What period of time was this?

18 A The shelter system was developing ad hoc before I
19 arrived. When I arrived there were 90 shelters, when I
20 left there were 45, and this is how we attended to it. We
21 reduced it over time whenever we could, when there was
22 staff turnover, because certain people had been promised
23 certain shifts and that was the shift. The program manager
24 in charge of resources had shelters, foster care, family
25 support under her supervision which was far too big a job.

1 So I hired somebody to oversee the shelters directly and we
2 found, for example, that the shelters were only 85 percent
3 occupied when there were children in hotels rooms. To keep
4 a child in a hotel room cost about \$300 a night. That
5 included the room plus we had to purchase services from
6 places that provided home care services and these people,
7 as well meaning as they were, were not familiar with the
8 child welfare system. So the new assistant program manager
9 was to consolidate the shelters as much as possible to push
10 the vacancy rate up much higher and also to get the
11 children out of hotels as quickly as possible. He worked
12 very closely with what was called a placement desk which
13 kept track of vacancies and foster care, specialized foster
14 care treatment centres around the city. And he, I think,
15 was instrumental in calling case managers and asking what
16 the case plan was. He did it in a facilitative way. We
17 have these things at the placement desk, what help do you
18 need, what are your thoughts about it. So he also managed
19 to move children quicker through that shelter system.

20 When I left we had reduced the number of shelters
21 from 90 to 45, which was a considerable reduction in
22 expenditures.

23 Q So that's one of the major initiatives that you
24 were working on while you were --

25 A Absolutely.

1 Q -- at the agency?

2 A I devoted a lot of my time to that initiative and
3 others -- I've been told since then other services have
4 come on stream. For example, I think that the agency was
5 in the process of thinking about some six bed homes for
6 siblings. It was very often siblings that went into the
7 hotels, traumatized by whatever had happened to them to
8 bring them to the attention of the agency, and then
9 traumatized again by going into a place, a strange place
10 with strangers, and sometimes siblings were split up and
11 put in different foster homes in that situation. So also
12 looking at trying to find a way to keep siblings together
13 in those very early days when it was frightening for them.

14 Q Thank you. Finally, in terms of the issues that
15 were dealt with in this focus group, if we can scroll to
16 the bottom of the page, page 34660, "Quality of Service":

17

18 "Staff are dedicated to the
19 provision of quality service to
20 clients, and have made
21 recommendations that this be an
22 Agency priority - Services that
23 are client-focused and validate
24 social workers' skills and
25 decision-making abilities would

1 assist in improving quality of
2 service. Workload issues also
3 impact on quality of service, as
4 do the lack of resources ...

5 Supervisors are also
6 concerned about quality of
7 service. One suggestion to improve
8 internal quality of service is to
9 strengthen relationships among
10 units and between programs, such
11 as by having designated contact
12 persons between service units and
13 other programs, and by arranging
14 social events to facilitate the
15 development of informal networks
16 and relationships."

17

18 Again, can you comment on the program management's
19 response --

20 A Yes.

21 Q -- in terms of quality of service?

22 A We were obviously committed to the provision of
23 the quality of service. I just talked about the projects
24 under the days care initiative. There was also a project
25 that took place with the family support program. If, as

1 you know, the agency moved from an area based to a program
2 based structure. Family support became its own program
3 rather than having family support workers attached to
4 different units. And it was not surprising that not all
5 the I's had been dotted and T's crossed when I had arrived
6 after the program reorganization. So, for example, it
7 wasn't always clear whether it was family support program's
8 job to let a case manager know that a contact was coming
9 due and by that I mean a family support worker would go
10 into the home for three months and then there should be a
11 review of the case plan.

12 Q Right.

13 A And when -- with the revolving door on the front
14 line, with a staff of some 27, 30 files, front line case
15 manager didn't necessarily know right at the outset how
16 many of their files involved family support workers. So we
17 set up the system where family support workers were flagged
18 for the case managers when a contract was coming due. And
19 it just meant less thing they had to monitor because family
20 support had the contracts, had all that in their
21 database --

22 Q Yes.

23 A -- and so I think that was a help.

24 Q And we did actually see evidence in this family
25 of a family support worker raising that her contract was

1 about to expire, so that would be --

2 A At the three months, yes, yes

3 Q Right. That would be because of the initiatives
4 that you're describing?

5 A Yes. And then it was also dealt with in a timely
6 basis. Without that sometimes contracts would slip, they
7 would run another month if a family support worker I guess
8 felt making progress with the family would continue, or the
9 case manager had not opened that 27th file to find a family
10 support contract.

11 Q And when you say that all the I's and T's had not
12 yet been dotted and crossed because of the change from
13 geographic to program based functioning, by the time you
14 left had, had the I's and T's been dotted and crossed?

15 A I think so. What, what was left over was still
16 development of between program communication and referral.

17 Q Meaning what?

18 A So case managers on the front line would make a
19 referral to family support services but there had to be a
20 form in place to do that. And so we spent time just, just
21 tidying up the administrative aspects of the program
22 reorganization.

23 Q Now I had referenced the time you left which was
24 July of '04. But we had been going back in time to look at
25 some of the correspondence from '02. Let's put up on the

1 screen, please, page 34662.

2 This is a letter dated December 19, 2002,
3 addressed to the Honourable Drew Caldwell, Minister of
4 Family Services and Housing. If we go to the last page,
5 34664 we can see who signed it. So it's signed by Jan
6 Henley, President, and Phyllis Toews, Chief Steward,
7 Winnipeg Child and Family Services Local 210 and also by
8 Rick Manteuffel, President, and Robert Wilson, Chief
9 Steward, Winnipeg Child and Family Services Local 209. If
10 we go back to the first page, please, which was 34662. I
11 didn't see you copied on this letter. Were you --

12 A No, I was not copied on it.

13 Q Okay. But it was written while you were CEO?

14 A Yes.

15 Q So in the letter, without going through the
16 entire letter, just looking at those initial paragraphs,
17 the authors write:

18

19 "It is with a sense of urgency
20 that we write to you today,
21 compelled to do so by the present
22 crisis in child welfare at
23 Winnipeg Child and Family
24 Services.

25 As you know, this Agency has

1 been through a number of
2 structural changes over the past
3 number of years and we are now
4 facing two major upheavals with
5 the impending devolution of our
6 services to First Nations and
7 Metis communities and the
8 transition of the Agency into the
9 Civil Service. Although it has
10 been very difficult for our
11 members to cope with these
12 changes, particularly in view of
13 the fact that we have been given
14 so little information about the
15 process and impacts, we are
16 prepared to accept these changes
17 and move forward.

18 It is not about these changes
19 and the uncertainty that they
20 bring that we write to you today
21 but rather the decisions recently
22 taken by the Agency which we
23 believe are threatening the safety
24 and well being of children and
25 families and jeopardizing our

1 safety and professionalism as
2 well."

3

4 And then just to look at the headings that they
5 address, they address workload, and then onto the next
6 page, at the top of that page they reference the fact that
7 the agency and the union jointly undertook a focus group
8 study in early 2001 to address front line retention and
9 although the study was completed one year ago and a number
10 of important recommendations were made, they say,

11

12 "... Executive Management refused
13 to release the study until two
14 weeks ago and only after
15 continuous pressure from our
16 union."

17

18 They also raise issues about vacancy management
19 and about service cuts and on to the next page, they raise
20 the issue of labour/management relations and they end by
21 saying:

22

23 "It is for the above reasons that
24 we feel we must put this
25 government on notice that children

1 and families who require
2 protection services in Winnipeg
3 are at risk and we are workers
4 feel unable to ensure their
5 safety.

6 ... we ask that there be a
7 complete review of the Agency as a
8 whole and thereby give due
9 consideration to the concerns we
10 have raised."

11

12 Now you say you were not copied with this letter?

13 A No. I wrote a response to it though.

14 Q You did and we're going to pull that up next. So
15 let's pull up page 39816. How did you become aware of the
16 letter?

17 A I think from Jay Rodgers.

18 Q He was given a copy of it?

19 A I think he was copied on it. And he also
20 attended a meeting with the two bargaining units and
21 Mr. Caldwell.

22 Q That you were not present at?

23 A I was not invited.

24 Q Were not invited. So what we have in front of us
25 then, is this the letter that you wrote in response to

1 seeing the letter from the union to the minister?

2 A Yes.

3 Q And it's dated December 31, 2002. Can we just go
4 through it and you can tell us what, if you can paraphrase
5 what your response was by each issue. If we could scroll
6 up to have more of it on the screen, please. You start by
7 addressing workload.

8 A Yes. The accounting department, which kept track
9 of days care, because they issued the money to support the
10 children in care so they had all kinds of data, provided me
11 the days care and their figures were different than the
12 figures suggested by Ms. Henley and Mr. Manteuffel.

13 Q So you addressed that?

14 A Yes. And we talked about the days care
15 initiative. We certainly recognized that workload was an
16 issue and we were doing whatever we can to address it in
17 that climate and given that, we were told there would be no
18 more financial resources given to the agency.

19 Q Anything else on this page before we move to the
20 next page?

21 A No, the second item we've discussed --

22 Q Right.

23 A -- the Viewpoints focus group on retaining front
24 line staff.

25 Q If we turn to the next page, please. You've got

1 a chart here about Workers Comp sick and stress claims and
2 why did you include that?

3 A Partly as a measure of how the agency was
4 functioning we looked at sick days as one indicator and you
5 can see that our sick day average from 2001, 2002 went up
6 slightly, 1.2, and we were not much higher than the
7 national average sick days or the Manitoba average sick
8 days and it's a theory that if it had gone up considerably
9 then the pressure on staff might simply be unbearable. But
10 claims to the Workers Compensation Board, sick and stress
11 claims had not gone up, as well as long term disability
12 claims, they jumped. In the count on the first line, four
13 individuals were carried over from the previous year and as
14 I noted at the bottom, the human resources department
15 thought that 50 percent of stress leaves are the result of
16 personal crisis, elder care, divorce, death of immediate
17 family member.

18 Q As opposed to being work related?

19 A Yes.

20 Q So you included this chart to show that the
21 evidence of increased stress was not there, is that, is
22 that what you trying to show, that if workers, or at least
23 wasn't visible in terms of long-term disability claims --

24 A Right.

25 Q -- and sick claims?

1 A Right, right. It didn't reflect in these
2 statistics.

3 Q Okay. So that was just one measure?

4 A Yes.

5 Q Then in paragraph four, you say:

6

7 "With respect to the focus group
8 report, management takes great
9 exception to the comment about
10 refusal to release the study."

11

12 What was that about?

13 A The Viewpoint's report quoted a lot of the case
14 manager's comments about supervisors and the Viewpoint's
15 report included the names of those supervisors. Some were
16 spoken of well and some were spoken of not so well.
17 Management did not feel it was necessary to keep the names
18 in the report when it was distributed to staff. It would
19 obviously be embarrassing, humiliating for the supervisors
20 who had been not spoken of very well. We had discussions
21 with the bargaining unit about this issue. The bargaining
22 unit wanted the report released as is. We had several
23 rounds of discussion and I think at the end of the day we
24 released it with the names, which in some ways I regret but
25 it was done that way, and that was why the lag in

1 distributing them.

2 Q Thank you. Your response to vacancy management?

3 A Could I have the whole thing on my screen,
4 please? Thank you, oh thank you.

5 A vacancy management program wasn't new to the
6 agency and it was government who introduced a vacancy
7 management program, not the agency. To reduce expenditures
8 government had asked all departments to hold actually seven
9 percent of their positions empty at any time. Government
10 was very clear that that was not to apply to the front line
11 of Winnipeg Child and Family Services. We, yes, we had a
12 vacancy rate of four percent turnover to begin with and
13 then we held vacant positions as people left. If you could
14 scroll down just a bit. The 1.5 management positions I
15 know included aboriginal liaison as well as community based
16 program manager. I think there was some streamlining at
17 intake. We held clerical administrative positions which
18 did not make it easy for anybody 'cause somebody else had
19 to cover the work, it still had to be done, but there
20 wasn't the same risk if a report didn't get typed until
21 Friday when it might have been typed, you know, the
22 previous Monday, and then by attrition. And we actually
23 monitored every week at the management table, our vacancy
24 rate, which positions were full and if it meant reaching
25 the six or seven percent by leaving a front line position

1 vacant, I would go to Martin and ask to fill it, and
2 government was quite understanding of that.

3 Q Service cuts, you addressed those. If you scroll
4 down, please.

5 A Yes. That probably would have been part of
6 vacancy management, the community services. I think also
7 permanency planning. We kept some of those positions
8 vacant for a period of time. Those children were, already
9 had permanent plans and somebody else would have had to
10 cover the caseload, but the children were in foster care or
11 other places and at least had a comprehensive plan. There
12 were no cuts to family preservation reunification. We
13 allocated some of the time differently, as I've talked
14 about to you about the days care initiative. There was
15 some discussion at the interim management board about
16 reducing the amount of money spent on therapy for children.
17 Children would see social workers, psychologists,
18 psychiatrists in the community. That, they changed their
19 mind on that one actually after feedback from staff.

20 Q So cuts were not affected there?

21 A No. We also took issue with a number of
22 assessments we were doing. There were children seen by
23 private practitioners, psychologists in the community who
24 would charge a considerable sum for these assessments and
25 we questioned whether or not we really needed these

1 expensive assessments versus relying on the information
2 that we already had to present in court.

3 Q And then --

4 A And I mentioned here, I mentioned earlier the two
5 six-bed units for younger children that will care for
6 siblings.

7 Q Right.

8 A And then I mentioned the days care initiative to
9 try to reduce days care and workload.

10 Q Thank you. Then if we turn to the final page,
11 please, under the heading "Labour Management Relations" you
12 indicate:

13

14 "Neither bargaining unit has
15 spoken to me about a deterioration
16 in labour/management relations."

17

18 A That was correct.

19 Q So that speaks for itself.

20 A Yes, and I certainly was aware in that climate of
21 change. When we were distributing information rumours
22 would fly, staff were very apprehensive. The bargaining
23 units were very concerned about staff and future for staff.
24 There were things over which we did not have any power,
25 such as the vacancy management program and they might have

1 taken exception to that but there was nothing we could do
2 about with the government directive.

3 Q I see you did copy the board president on this
4 letter.

5 A Yes.

6 Q Do you recall what, if any, response you received
7 to your letter to the minister?

8 A To Mr. Dubiensi?ski?

9 Q Yes.

10 A I don't -- I did not receive a written response.
11 I think Mr. Dubiensi, Peter Dubiensi, who was the
12 Assistant Deputy Minister for Child and Family Services,
13 Program and Policy, would occasionally join the meetings
14 with Martin Billinkoff, as did Joy Cramer, who was the
15 director of the Child Protection Branch. So these items
16 were all discussed at those various meetings.

17 Q Let's turn to another matter. If we can pull up
18 page 19889, please. This is a letter dated April 25, 2002
19 from the Minister of Family Services and Housing to you --
20 if we could just scroll up, please, we can see the whole
21 letter -- informing you about the department's funding
22 allocation.

23 A Correct.

24 Q So what was your understanding of what you were
25 being told with this letter?

1 A We were being told that the 77 million was what
2 we had, close to 78 million was what we had to spend for
3 that fiscal year.

4 Q And was that what you wanted?

5 A Let's put it this way, we ran a deficit.

6 Q The entire time you were there?

7 A The entire time I was there there was a deficit.

8 Q Did you inherit a deficit?

9 A Yes.

10 Q Is that, is that a problem, running a deficit?

11 A Well government was unhappy about it, let's put
12 it that way, but they did cover the deficit year after
13 year.

14 Q Did you have concerns about funding during your
15 tenure as CEO?

16 A I did, but I also knew that there were some
17 places, such as the shelters where we needed to get our own
18 house in order.

19 Q Meaning you did what you needed to do?

20 A In that program.

21 Q Right.

22 A And I think ultimately the savings would have
23 been something like 10 million dollars which would have
24 reallocated for something else. We, we undertook another
25 measure too, but perhaps I should talk about that later, of

1 pushing the tracking of discretionary expenditures down the
2 hierarchy --

3 Q No, go ahead.

4 A -- which had a positive effect.

5 Q Sure, go ahead.

6 A The finance and accounting staff would go around
7 telling people to spend less. How much was less was the
8 question.

9 Q When you say go around telling people, who were
10 they telling?

11 A Telling supervisors, telling program managers,
12 spend less. What we did by January 2002, quality assurance
13 program and accounting had developed a form for supervisors
14 to track their discretionary expenditures, such as family
15 support in home was a discretionary expenditure. Camp was
16 a discretionary expenditure. School supplies, children's
17 birthday gifts, Christmas gifts, use of taxis was a
18 discretionary expenditure. We developed, I didn't, but
19 quality assurance and finance developed a form for each
20 unit to track those expenditures.

21 In the beginning of the 2003 fiscal year, I
22 think, the chief operating officer and the chief financial
23 officer had used some of the tracking data to allocate
24 budgets to each team. The supervisors were nervous about
25 it at first as they had never had an experience tracking

1 monetary money but at least they could see what they were
2 spending and many of them became quite happy with the
3 situation because they could look over their budget and say
4 what is our priority for family support, which children are
5 in the most need. How many children can we send to camp
6 this year versus putting in camp applications and the camp
7 budget would rise and rise and rise. They sometimes
8 managed to squirrel away a little money to buy a child a
9 bicycle. So that was another means of trying to control
10 expenditures, giving them some power to spend money in the
11 way that they thought best for the children in their care.

12 Q And was that still in place when you left?

13 A It was.

14 Q This would be budgets that would be available to
15 Family Services supervisors?

16 A And the permanent ward teams also.

17 Q Okay. And you were no longer at the agency when
18 Phoenix's death came to light?

19 A No.

20 Q Do you recall how you found out about it?

21 A I found out about it in the newspaper, in the
22 media.

23 Q We know that a number of reports were
24 commissioned shortly after her death was discovered,
25 reports prepared through the office of the Children's

1 Advocate, the Chief Medical Examiner's office and
2 internally. Were you shown any of those reports?

3 A Yes. Mr. McKinnon gave me copies of all three.

4 Q Um-hum, but that's as a result of your
5 participating in this inquiry?

6 A Yes.

7 Q Prior to participating in this inquiry, were you
8 ever contacted by the agency or the department to discuss
9 your involvement at the agency during the time that
10 services were delivered to Phoenix?

11 A No.

12 Q And you weren't shown any of the reports that
13 were prepared as a response to her death?

14 A No.

15 Q Would you have liked to have seen those reports
16 sometime before participating in this inquiry?

17 A Well, I did see them and read them before
18 participating in this inquiry. As I said, Mr. McKinnon
19 gave them to me.

20 Q But I mean other than -- had this inquiry not
21 been called or if you hadn't been a witness, just by virtue
22 of your having been involved with the agency during the
23 time that was covered by these reports, do you think that
24 it would have been a good thing either for you or the
25 agency to have been contacted and at least shown the

1 reports?

2 A Well I would have liked to know more, what had
3 happened. I was there at the time and was obviously
4 interested in what had taken place.

5 Q Would it have had some educational value, do you
6 think, for the agency to have gotten in touch with you to
7 discuss your involvement at the time?

8 A Not necessarily. There were certainly competent
9 people there who could read the reports and address the
10 findings.

11 Q We've heard evidence that none of the workers who
12 were involved in delivering services were ever contacted to
13 discuss their involvement with services delivered to
14 Phoenix until this inquiry. Does that surprise you?

15 A Yes.

16 Q What would you have expected as CEO of the
17 agency?

18 A That's a good question. I thought those reports,
19 the three referred to, were issued fairly soon after and
20 did not at least one of the report writers talk to some of
21 the workers?

22 Q Interviewed -- one report writer interviewed some
23 of the workers in preparing the report but the notes of his
24 interviews and the report themselves were not shared with
25 the workers.

1 A All right.

2 Q So I think my question was as CEO of the agency
3 is that something that you would have expected to be done,
4 that workers would be contacted to discuss their
5 involvement?

6 A I would have expected that.

7 Q And why is that?

8 A To get direct firsthand information about what
9 happened, what actions were taken in the case.

10 Q What about discussing findings of those reports,
11 would you have expected that the workers involved would
12 have been included in those discussions as well?

13 A At some point. And for all I know they may have
14 been, I don't know.

15 Q The evidence is that they were not until this
16 inquiry, so that's why I posed the question. Would that
17 have had a quality assurance value?

18 A Pardon me?

19 Q Would that have had value from a quality
20 assurance perspective to discuss with the workers who were
21 involved with the services, the findings of the reports?

22 A From a quality of service point of view, yes.

23 Q One of the reports was, as I said, prepared by
24 Andrew Koster and Billie Schibler through the office of the
25 Children's Advocate and it was prepared pursuant to

1 Section 4 of the Child and Family Services Act. I wanted
2 to take you to some of the conclusions that talk about the
3 environment and circumstances in the agency in general. If
4 we can turn please to page 63 for starters.

5 MS. WALSH: And this is CD number 1,
6 Mr. Commissioner.

7

8 BY MS. WALSH:

9 Q So this is in the report under the heading
10 "Conclusions". If we can turn to the next page, 64.
11 Scroll up please so we can see more of the page. Thank
12 you. Conclusion number 4:

13

14 "Correspondence between the Child
15 Protection Branch, Winnipeg CFS
16 and the Authorities from 1999 to
17 2006 shows that the full
18 institution of child protection
19 standards has been problematic."

20

21 And C5, conclusion number 5:

22

23 "The difficulty of instituting,
24 reinforcing and auditing Child
25 Protection Standards is directly

1 related to the chronic lack of
2 resources and staffing during the
3 period of this case file. This is
4 evident at all levels which
5 include the Child Protection
6 Branch, Winnipeg CFS and other
7 child welfare agencies across the
8 Province of Manitoba."

9

10 Now is this an issue that you were aware of during your
11 tenure?

12 A The issue of the standards certainly, yes.

13 Q And --

14 A I think --

15 Q Go ahead.

16 A There was some confusion at the time about which
17 standards were the guideline. The Province actually had
18 developed a new set of standards and piloted them. And
19 then when AJI-CWI came on board, decision was taken to
20 include the four authorities in writing foundational
21 standards and that was when the program manager and I,
22 Darlene MacDonald, discussed who to write to in government
23 and what to ask to determine what we were to use. And as I
24 mentioned on Thursday, we relied on the agency policy
25 procedure book manual which had everything in it from

1 A to Z.

2 Q Did I understand your evidence last week to be
3 that although there may have been confusion about which
4 specific standard or form to use, the information that was
5 underlying those standards was accessible through the
6 manual?

7 A Yes.

8 Q And we heard evidence from most of the social
9 workers and supervisors that they didn't receive training
10 on standards in any event.

11 A They would have received some, I think, in
12 competency based training and they had, I think each
13 supervisor had a copy of the manual.

14 Q Given that the information underlying the
15 standards was in the manual --

16 A Was?

17 Q In the manual.

18 A In the manual, yeah.

19 Q Was it your understanding that workers or
20 supervisors were unsure as to how to deliver their basic
21 social work services because of the changes to actual
22 standards and forms?

23 A I don't think so. I think the basics are the
24 basics.

25 Q Then there's another C4, this on page 68 of the

1 report:

2

3

"At various points in the case files relating to the safety of Phoenix Sinclair, the case managers and team supervisors were dealing with far too many cases than would be possible to manage appropriately."

10

11 The writer goes on to say:

12

13

"There were some important internal Agency factors affecting Child Welfare practice in Winnipeg Child and Family Services at the time of Phoenix Sinclair's death. They are listed below:

18

19

- The Agency was in a transitional time and writing its own policies. They are still partially in draft and have not yet been circulated to all staff due to a lack of clarity from the Child Protection Branch.

20

21

22

23

24

25

1 - The workers had not received
2 enough training.

3 - Caseloads in various departments
4 were excessive at the time of

5 - There were gaps in staff due to
6 holidays, training and stress
7 leaves.

8 - Funding issues appear to be
9 continuous and this has affected
10 programming and appropriate levels
11 of staffing."

12

13 Are these issues that were factors that were you
14 were aware of that affected service delivery when you were
15 CEO?

16 A When I was there? Yes, and I think we've touched
17 on a number of them.

18 Q We have. Do you have any other comments on this
19 conclusion and the comments?

20 A No.

21 THE COMMISSIONER: I take it there's some, some
22 renumbering problem, is there? C4 appears on page sixty --

23 MS. WALSH: Yes.

24 THE COMMISSIONER: And then -- at 64 and then
25 again on, C4 on 68.

1 MS. WALSH: That's correct, Mr. Commissioner.
2 The writer of the report repeated C4 twice. So there's C4
3 on page 64 and C4 on page 68.

4 THE COMMISSIONER: Yes, okay.

5 MS. WALSH: Thank you.

6

7 BY MS. WALSH:

8 Q Let's pull up, please, page 34653 and this is the
9 last area I want to cover with you. This is a one page
10 memo dated December 10, 2001 to all staff from you and I'm
11 going to ask you what, what you were addressing in this
12 memo. You say:

13

14 "I have observed throughout the
15 Agency a fear of censure as a
16 result of decisions we make. As
17 professionals --"

18

19 MS. WALSH: Mr. Commissioner, do you have this
20 memo? It's a, it's a one page document that would be in
21 your documents relating to Dr. Trigg. It's not in the
22 report. So it's a single page, it's page 34653. It's a
23 memo dated December 10, 2001.

24 THE COMMISSIONER: Yes, I have it.

25 MS. WALSH: Oh good, thank you.

1 BY MS. WALSH:

2 Q So it's "Re: Agency support" and you go on to
3 say:

4

5 "As professionals, our training
6 and experience prepares us to give
7 advice and make decisions.
8 Sometimes, despite reasonable
9 judgement, the outcome of our
10 advice and our decisions is not
11 what we had hoped or intended."

12 As professionals, we don't
13 guarantee results. What we do
14 guarantee is that we are
15 knowledgeable in the area and that
16 we will exercise our judgement to
17 the best of our ability at all
18 times.

19 When, despite your best
20 efforts, the results are not what
21 is hoped or intended, you will
22 receive support and not censure
23 from management. In these
24 situations I see management's role
25 as helping you address the

1 problem, not censuring you for an
2 unintended result. We will treat
3 these situations as an opportunity
4 to learn - both as individuals and
5 as an agency.

6 I also want to encourage
7 creative innovation. I urge
8 managers and supervisors to
9 promote creativity throughout the
10 system. Significant breakthroughs
11 in service delivery often occur as
12 the result of front-line workers
13 suggesting some --"

14

15 A Excuse. Could you scroll it up a bit so I can
16 see the rest?

17 Q Sorry.

18 A That's okay. Thank you.

19 Q

20 "I urge managers and supervisors
21 to promote creativity throughout
22 the system. Significant
23 breakthroughs in service delivery
24 often occur as the result of
25 front-line workers suggesting some

1 simple innovation that leaves
2 everyone wondering why no one that
3 of 'that' long ago.

4 Every decision we make
5 involves some degree of risk.
6 Staff who seize opportunities for
7 innovation which involve an
8 appropriate degree of risk should
9 be assured of the Agency's
10 support. We ask only that you make
11 your best efforts to minimize risk
12 by using your experience and
13 expertise to assess each problem.

14 I have shared the contents of
15 this memo with the Minister of
16 Family Services and Housing and
17 the Board of Directors and they
18 have indicated their support of
19 this approach."

20

21 And you copied the minister, the deputy minister and the
22 president of the interim management board. So what were
23 you addressing in this memo, Dr. Trigg?

24 A First I'd like to point out in the paragraph ...

25

1 (DIGITAL EQUIPMENT MALFUNCTIONED)

2

3 THE CLERK: We're back on the record.

4 MS. WALSH: Where did we -- where did we lose the
5 power?

6 THE CLERK: I would say probably shortly after
7 the start of reading the memo.

8 MS. WALSH: We didn't get any --

9 MR. GINDIN: Counsel isn't back yet.

10 MS. WALSH: Oh sorry, that's right. The
11 witness's counsel is not here.

12 THE COMMISSIONER: What's the problem?

13 MS. WALSH: Mr. McKinnon is not in the room.

14 THE COMMISSIONER: Oh.

15 MS. WALSH: The witness's counsel.

16 THE COMMISSIONER: I guess we better wait for
17 him.

18 MS. WALSH: Thank you for pointing that out.

19 Now he's in the room.

20 MR. MCKINNON: Sorry.

21 MS. WALSH: No, no problem.

22 THE COMMISSIONER: I think maybe you might as
23 well start back on the letter.

24 MS. WALSH: Okay.

25 THE COMMISSIONER: Because we didn't get very far

1 into it.

2 MS. WALSH: No. So shall I read the report, the
3 memo again? All right. Is that -- does that make sense?

4 THE COMMISSIONER: Would that help the witness or
5 can she -- is she ready to answer questions about it?

6 THE WITNESS: I can answer questions about it.

7 MS. WALSH: All right. So what we've left from
8 the recording is simply my reading it out but we have the
9 document; is that right, Madam Clerk? Okay.

10 THE WITNESS: Could you scroll just so I can see
11 the full? Thank you.

12

13 BY MS. WALSH:

14 Q So I think you were going to start in commenting
15 on this memo with the paragraph related to risk; is that
16 right?

17 A Well, I think underline an appropriate degree of
18 risk is the context for this memo. The minister, the
19 deputy minister, Jay Rodgers and I had discussion about the
20 fact that the days care kept climbing. And it was the
21 tendency of staff to err on the side of caution, to take
22 more children into care, not less, notwithstanding what
23 happened with Phoenix.

24 Q And we had used the term just -- sorry to
25 interrupt you but I just want to make sure that everyone

1 knows what you mean when you use the term days care.

2 A Number of children in care on any given day
3 added --

4 Q Thank you.

5 A -- 365 days.

6 Q So of children who have been apprehended?

7 A Yes.

8 Q Okay, carry on.

9 A Apprehended or left in their home. So there was
10 a tendency to take children into care to err on that side,
11 or to err on the side of caution. There was pressure from
12 other organizations to take children into care, schools and
13 day cares sometimes put pressure on the agency to take
14 children into care that the case managers thought might not
15 be necessary so they would make a decision not to do so.
16 And this memo was intended to say that even if you know
17 your standards, know the program manual, it's still the
18 case that making a decision about a human being involves
19 judgment. So we're trying to say here if you use your best
20 judgment and something goes wrong, a foster parent hits a
21 child, a death is the ultimate wrongness, we will do our
22 best to support you rather than come down on you with a big
23 stick, support you in changing, support you in developing,
24 support you in learning whatever skills so that doesn't
25 happen again.

1 Q That's the essence of what you were doing with
2 this memo?

3 A Yes. I wrote it. Prior to writing it, it was
4 discussed by Mr. Sale, Ms. Mindell and Jay Rodgers.

5 Q So the minister, deputy minister and president of
6 the interim board. Who was it given to?

7 A All staff.

8 Q The entire staff of the agency?

9 A Yes, I think so. I see -- can I see for sure who
10 it's to? All staff, yes.

11 Q To all staff.

12 A Yeah. It would have gone out by email to all
13 staff.

14 Q By email. Did you receive a response to this
15 memo from any staff?

16 A Not specifically.

17 Q Was it the subject of some discussion once it
18 went out that were aware of?

19 A I was aware that there was some degree of
20 cynicism among staff. They weren't entirely trusting if
21 they made a mistake and something bad happened that they
22 would get the backup support, retraining, whatever they
23 needed and we were trying to dispel that.

24 Q What about -- did you discuss it with senior
25 management? Do you recall any discussions with that level

1 of staff?

2 A Before I wrote it?

3 Q No, after it went out.

4 A After it went out, I don't recall a lot of
5 discussion.

6 Q In terms of challenges generally to an agency
7 that's delivering child welfare services, and particularly
8 in light of what you've indicated in this memo, is it fair
9 to say that apprehending a child is, is one of the more
10 difficult decisions that a child welfare worker has to
11 make?

12 A Yes. It's traumatic for the child. It's
13 traumatic what happened to them that led to the reason.
14 It's also traumatic being taken to a new, strange place
15 with strangers and not knowing what's going to happen next
16 and they don't until the case plan is developed.

17 Q So first and foremost, it's traumatic to the
18 child and the family?

19 A Yes.

20 Q And then at --

21 A Well, the first is it's traumatic for the child
22 whatever happened --

23 Q Right.

24 A -- that brought them to the attention of the
25 agency.

1 Q Yes.

2 A And then the actual apprehension is traumatic
3 also.

4 Q And it's also fair to say that it's, in terms of
5 a social worker's job description that that's a difficult
6 part of their job?

7 A A very difficult part. And as I said last week,
8 less than 50 percent or some 50 percent on the front line
9 had worked two years or less.

10 Q Those are the workers who are doing the actual
11 apprehension?

12 A Yes. And they did not have a lot of experience
13 and it must also have been very stressful for them.

14 Q We heard a great deal of evidence from the
15 socials workers who testified and from individuals who had
16 contact with the system about the level of mistrust between
17 the child welfare system and the people that it needs to
18 serve. Was that something you were aware of when you were
19 at the head of the agency?

20 A Yes.

21 Q Were you aware of any measures that were being
22 taken by the agency to address that issue?

23 A That was a supervision issue, I think, that --
24 sorry, I just forgot your question. Ask me again, please.
25 I was thinking.

1 Q Whether, when you were a head of the agency,
2 whether you aware of any measures that were being taken to
3 address the issue of mistrust between agency and clients?

4 A It was a matter of skill and experience. I
5 remember one case manager who had such a rapport with a
6 mother that she was, over time apprehended four of the
7 mother's children and still had a good working relationship
8 with the mother. Now that would not always have been
9 possible. Certainly there were many parents, families very
10 angry that the children had been taken from them and would
11 slam the door in the face of a case manager who comes to
12 talk to them.

13 Q Was it an issue, from your perspective that, as
14 we heard evidence, the same worker who was providing
15 supportive services to a family could also be the worker
16 who was serving them with court papers and apprehending the
17 child?

18 A That's been under discussion for years and
19 there's simply -- there are two different opinions about
20 it.

21 Q What, what are the opinions as far as you know,
22 what are the two?

23 A One is that a skilled worker can wear both hats
24 and one is, the other opinion is that the family should
25 have a worker and the child should have his or her own

1 worker.

2 Q How does, how does that address the issue of
3 offering support and then serving with court papers to
4 separate the workers, how would that address that issue?

5 A Oh, support the child.

6 Q So the child would have their own support worker?

7 A Have their own worker and not get lost in the
8 shuffle between an angry family or parents and the agency.

9 Q I see.

10 A It's a, it's a hard thing to do, develop a
11 rapport and maintain a rapport with families whose kids are
12 in care when apprehended, but it is doable and many times
13 it happens well. Perhaps not at the beginning of a case
14 but later on as family service teams get to know their --
15 especially if you worked for the family on and off for five
16 or six years, you're more likely to have formed a
17 rapport --

18 Q Well, that kind of rapport --

19 A -- and develop some trust in you.

20 Q So to develop trust and to develop a rapport,
21 does that take time?

22 A Absolutely.

23 Q And again, much of the evidence we heard had
24 involved situations where workers were, by virtue of being,
25 for instance intake workers, were not in a situation where

1 they could develop a rapport with their family by virtue of
2 the nature of the program they were working in.

3 A Yes.

4 Q One other area I want your thoughts on in terms
5 of, from your experience as CEO of the agency, the child
6 welfare literature talks about sort of a dual mandate of
7 child welfare service, if you will, intervening to assure
8 urgent protection and safety versus intervening to provide
9 support to families and long-term well being to prevent
10 ongoing maltreatment and that that's a challenge for an
11 agency to again deliver both of those aspects all at once
12 and that sometimes the first aspect dealing with immediate
13 safety takes priority or affects the ability of the agency
14 to work long term with a family so that services are more
15 of a crisis driven nature than an ongoing supportive
16 nature. Is that something that, that you were aware of as
17 a challenge for the agency?

18 A Definitely, for front line --

19 Q And what could be done about that challenge?

20 A What needs to be done? Well, I still think a
21 balance of service is needed. You absolutely have to have
22 child protection front line services, but I also think that
23 some of the community based program helped keep some
24 children out of care by support, by mothers' groups,
25 cooking groups, time out, to bring your child and spend

1 time with other moms or dads or children.

2 Q So that's, that's the importance of services
3 beyond the child welfare agency itself?

4 A Or part of the child welfare agency.

5 Q Working in collaboration?

6 A In the same agency you would have those services,
7 as we did. We had a range of services, service the
8 children and families but there was also a community based
9 early intervention, which provided drop-in centres,
10 community kitchens, things like that.

11 Q When you say community based, that's, that's what
12 I'm wondering, are those community based organizations with
13 which the agency partners?

14 A No, they were community based centres run by the
15 agency.

16 Q I see. But, but then planted in the community
17 itself?

18 A Yes. Usually, almost always in a different
19 building than any other primary service.

20 Q And being able to focus on those kinds of
21 initiatives addresses the ongoing well being aspect of
22 child welfare delivery; is that what you're saying?

23 A It can help because a lot of the families, let's
24 face it, are very poor, very disorganized, alcohol
25 problems. Sometimes needs someone to just drop into and

1 talk with.

2 Q So those areas also deal with prevention which
3 goes back to your workload initiatives in terms of reducing
4 it?

5 A Yeah, one of the ways of trying to keep children
6 out of care.

7 Q I gather that, and correct me if I'm wrong, one
8 of the main areas that you were to address when you were
9 brought on to head the agency was to deal with the various
10 transitions that the agency was undergoing.

11 A That was part of my job.

12 Q Were there other things that you wanted to
13 accomplish?

14 A Specifically?

15 Q Yes.

16 A There were probably lots of things that I wanted
17 to accomplish but time and money would not allow them to
18 happen.

19 Q More generally then, if you can -- were there
20 areas that you wanted to address?

21 A More generally I wish we could have done an even
22 better job of helping staff stay reassured and calm about
23 the transitions and what was going to happen to them in the
24 future. It was really uppermost on the minds of staff, am
25 I going to have a job, what's that job going to look like.

1 When we roll into government, what's going to happen to my
2 pension? How does it stack up with the government pension
3 plan?

4 Q And those issues were still issues for staff by
5 the time you left in July of '04?

6 A Oh, yes, and, and becoming more intensely so as
7 devolution was around the corner.

8 MS. WALSH: Thank you. Those are my questions.
9 There will be some questions from the other lawyers. Thank
10 you.

11 THE WITNESS: You're welcome.

12 THE COMMISSIONER: Now, Ms. Walsh, we agreed this
13 witness would be able to take her leave for today at 11:30.

14 MS. WALSH: Actually the witness has very kindly
15 been able to adjust her schedule, so we have her until
16 12:30, Mr. Commissioner.

17 THE COMMISSIONER: Oh, thank you very much,
18 witness.

19 THE WITNESS: You're welcome.

20 THE COMMISSIONER: That would be very helpful,
21 I'm sure.

22 MS. WALSH: Yes.

23 THE COMMISSIONER: All right. Do you want to
24 break or are you ready to carry on, counsel?

25 MS. WALSH: Ready to go?

1 THE COMMISSIONER: Who's going to go first?
2 Mr. Saxberg, are you first?

3 MR. SAXBERG: Yes.

4 THE COMMISSIONER: Are you ready to go?
5 Are you all right without a further break,
6 witness?

7 THE WITNESS: I am fine without a further break.

8 MR. SAXBERG: Thank you, Mr. Commissioner.

9

10 CROSS-EXAMINATION BY MR. SAXBERG:

11 Q Good morning, Ms. Trigg. My name is Kris Saxberg
12 and I act for, and I act for the Northern, Southern and
13 General Authorities as well as ANCR. And the principal
14 area that I want to discuss with you, broadly speaking, is
15 the area of what rules and policies were promulgated and
16 made known to the social workers during the period that you
17 were the CEO. And so I want to begin, just a quick recap
18 of what you were testifying to last week and earlier today.
19 You had indicated that with respect to the creation of new
20 foundational standards that that was an ongoing process
21 during your time as CEO; is that fair?

22 A I don't know if it was an ongoing process. I'm
23 told that they were released in 2005 but when they actually
24 started developing them I don't know.

25 Q Well, when you started as the interim CEO and

1 then the CEO, you would have been aware that there had been
2 some new standards developed that were being piloted within
3 your agency.

4 A That had been piloted.

5 Q That had been piloted. And you were aware of
6 that?

7 A Yes.

8 Q And those standards. And you would have been
9 aware that there was continuing development of standards
10 and some draft standards that were also being prepared
11 during your period at the helm as it were, correct?

12 A I'm not sure what standards you're referring to.
13 Are you referring to the foundational standards?

14 Q Yes. Right now I'm just talking about
15 foundational standards.

16 A The foundational standards?

17 Q Yes.

18 A I was aware that the standards that have been
19 piloted were going to become foundational standards and
20 written, I thought, with the authorities and the child
21 protection branch.

22 Q I just wanted to make it clear, when you started
23 there had been standards that had been piloted --

24 A Right.

25 Q -- and you've acknowledged that.

1 A Yes.

2 Q My information, those are the 1999 case
3 management standards that had been piloted and therefore
4 were known to certain workers at the agency, particularly
5 the ones that --

6 A Yes, I guess if they had been piloted they would
7 be.

8 Q Yes. And then in 2001, I understand that there
9 was another draft of policies that was only in draft form
10 that wasn't piloted but that was floating around out there,
11 correct?

12 A It was floating around, that's a good way to put
13 it.

14 Q And so there was continual development of new
15 standards and you left before those standards were
16 finalized?

17 A Were released.

18 Q Were released and finalized January 1st, 2005,
19 correct?

20 A I don't know the exact date they were released.

21 Q But they were finalized after you left?

22 A Yes.

23 Q That's the point. So that's what you're talking
24 about when you're talking about confusion in terms of
25 standards?

1 A Yes.

2 Q So there was basically, in terms of the
3 foundational standards, a gap in terms of the guidance of
4 those standards for workers during the period that you were
5 CEO?

6 A Yes.

7 Q Yes. But you said that wasn't so much of an
8 issue for you because you had a policy manual that you
9 referenced; is that correct?

10 A Yes.

11 Q And I believe --

12 A That, that guided our practice.

13 Q Right. And you said that it covered from A to Z?

14 A It was huge.

15 MR. SAXBERG: And if we could turn to page 30361,
16 which is CD1656 and maybe just scroll down this index page
17 so the witness can see it. The page before.

18

19 BY MR. SAXBERG:

20 Q There are 15 areas that are outlined. My
21 understanding is that this CD number, which comprises
22 approximately 1600 pages of information, is the policy
23 manual that you were referring to, can you confirm that?

24 A Yes.

25 Q And now your evidence was that it was distributed

1 to every unit within the agency?

2 A I thought every team had a copy, service team.

3 Q But you're not sure about that, are you?

4 A I guess --

5 THE COMMISSIONER: Every who had a copy?

6 THE WITNESS: Every service team, family service
7 team permanent ward. I'm not a hundred percent sure but I
8 can't imagine why they wouldn't. I had one.

9

10 BY MR. SAXBERG:

11 Q And you're not aware as to whether or not intake,
12 the group under Patrick Harrison, had a copy of this that
13 was circulated to staff, supervisors working under him?

14 A I'd be very surprised if they did not have a
15 copy.

16 Q Okay. But you don't know -- you'd be surprised
17 if they didn't have a copy, but you don't know whether they
18 did or not?

19 A Did I ask every team at every intake? No.

20 Q And I believe what you were intending to convey
21 was that the standards relating --

22 A Intending to?

23 Q Convey.

24 A Yes.

25 Q Get across, was that the standards that would

1 otherwise be available to workers, the foundational
2 standards that weren't because of what we discussed would
3 be contained within this program manual, correct?

4 A It's a difficult one to answer because I didn't
5 see the foundational standards, so I don't know if there
6 was anything in addition to what was in this manual.

7 Q No, what I'm asking is that you were -- your
8 evidence was that this manual would convey what should be
9 in the standards to workers, so they could do their job.

10 A Yes.

11 Q And I'm going to put to you that, we're going to
12 go to section 12, roman numeral XII intake, which is at
13 page 31492, that's 31492.

14 MR. SAXBERG: And if we just scroll through this
15 section into the next page. If you could -- and just
16 scroll through. I just want to show the witness the five
17 or six pages that deal with intake.

18

19 BY MR. SAXBERG:

20 Q And you're familiar with this program manual,
21 correct?

22 A Yes.

23 Q I just want you to see the type of information
24 that's in there and how it looks. Would you agree with me
25 that there is nothing in that program manual that

1 indicates, for example, when workers, working in intake,
2 need to see children in the family for closing files.

3 THE COMMISSIONER: Need to see children, what was
4 that?

5 MR. SAXBERG: Children in the family.

6 THE COMMISSIONER: At what point?

7 MR. SAXBERG: During the intake process before
8 closing a file.

9 MR. MCKINNON: My concern about the question is
10 that the witness is going to have to read the entire
11 program manual, which we've established is very lengthy, in
12 order to answer that question. I think that Mr. Saxberg
13 could make this point in argument very well but to ask this
14 witness what's in a program manual from 2001 on a very
15 narrow point as he has suggested to her is really --
16 certainly I haven't prepared her to answer a question that
17 narrow.

18 THE COMMISSIONER: I hear you. Are you able to
19 answer the question without reviewing the document,
20 witness?

21 THE WITNESS: No.

22 MR. SAXBERG: Well, with respect there's only one
23 section that deals with intake in that large manual, yes.

24 THE WITNESS: But I do not recall the contents,
25 have not seen them for going on nine years.

1 THE COMMISSIONER: There are several pages
2 relating to intake, are there not?

3 MR. SAXBERG: Yes, about seven or eight pages.

4 THE COMMISSIONER: Is there one particular page
5 you have a question about?

6 MR. SAXBERG: Well, my question is, the issue is
7 this, the witness has indicated that even though there were
8 no foundational standards available, all of the information
9 that you would need from the standards to tell workers how
10 to do their job, including when to see children, is
11 indicated in this program manual and I'm putting it to the
12 witness that that's not the case, that there's no
13 information relating to the type of guidance workers would
14 need in doing a child investigation in this manual. It's
15 dealing with other things.

16 THE COMMISSIONER: Well, I guess her, what she's
17 just told me is that she can't answer that question without
18 looking at the whole document and if it's necessary that,
19 to get that question answered, we'll take an adjournment
20 while she reads the intake portion. That's the only way
21 you're going to get your answer, isn't it?

22 MR. SAXBERG: Sure, yeah, I agree.

23 THE WITNESS: I, I --

24 MR. SAXBERG: I thought she was familiar with it,
25 she had indicated she was familiar with the program manual.

1 THE WITNESS: Yes, but I don't remember nine
2 years later all the specific contents. I would also be
3 asking myself is there other place in the program manual on
4 closing files, discharge, where something like that might
5 be mentioned, rather than in this section?

6 MR. SAXBERG: Yes, and I've gone through it and I
7 don't see that and so I'm putting it to you, but the
8 commissioner is absolutely right that you should have the
9 opportunity to look at the document to satisfy yourself.

10 THE COMMISSIONER: Well now what she's just said
11 was that she would have to look at the whole document, not
12 just the intake portion --

13 MR. SAXBERG: Yeah.

14 THE COMMISSIONER: -- because the reference to
15 your question may appear in some other place.

16 MR. SAXBERG: That's right. Well I think it's
17 important, Mr. Commissioner, and firstly, it's not that
18 difficult to go through this document. It is 1600 pages
19 but when you get a flavour --

20 THE WITNESS: Sorry, I can't hear you.

21 THE COMMISSIONER: What did you say, witness?

22 THE WITNESS: I can't hear.

23 MR. SAXBERG: I'll repeat. I think that it's
24 important, that this issue was important, was there
25 information that was advising workers at the time in terms

1 of important issues such as what the policies were with
2 respect to seeing children at CRU, at intake, in family
3 services, what those standards were during the period. And
4 this witness said it's in the program manual and I'm simply
5 saying, okay, show me where. So it's important for her to
6 be able to answer that question for the commission's
7 purposes. So she should be able to review the document, I
8 agree, that's fair, and what I'm telling you is from
9 reviewing it myself, it is a fairly easy job actually,
10 believe it or not, to go through the 1600 pages because
11 most of them are completely irrelevant to this question.
12 I'd say 99.9 percent of the pages are irrelevant so it's
13 simply a matter of flipping through them.

14 THE COMMISSIONER: In your judgment.

15 MR. SAXBERG: Yes.

16 THE COMMISSIONER: The witness may not agree with
17 you.

18 MR. SAXBERG: Well, until she -- she'd have to
19 look at it before she could reach that conclusion, yes.

20 THE COMMISSIONER: Well --

21 THE WITNESS: I don't how long that would take me
22 to reread it. The other thing I'd like to say though, if
23 it's not specifically stated anywhere in the manual, basic
24 social work practice in doing a child protection
25 investigation, as I mentioned last week involves face to

1 face contact with children and families. It would be
2 impossible, it would be impossible to close a file unless
3 you knew the status of the family.

4

5 BY MR. SAXBERG:

6 Q Now you've never practiced social work, correct?

7 A Correct.

8 Q And you've never --

9 THE COMMISSIONER: Well now just a minute, I
10 don't want to leave you with not get an answer to your
11 question. What do you suggest, that you go through with
12 your other questions --

13 MR. SAXBERG: Yeah.

14 THE COMMISSIONER: -- and then over a break of
15 some days when the witness next comes back she goes through
16 the 1600 pages, is that -- I want to be fair to you. If
17 you want that reviewed by her I'll direct that be done but
18 she can't do that sitting here today.

19 MR. SAXBERG: Yeah, in order to be as efficient
20 as we can with time, perhaps what we could do is I'll
21 continue with my questioning and the witness has caught on
22 to the area that I want to talk about specifically. We'll
23 continue on with that questioning. At this point in time
24 she's not able to indicate where in the program manual
25 there was guidance with respect to these issues and perhaps

1 then she can undertake to indicate if she has any
2 information contrary to what I've asserted to her through
3 her counsel at a later point.

4 THE COMMISSIONER: No, I'd be inclined to have
5 her back to answer the question but, Mr. McKinnon?

6 MR. MCKINNON: I just want to make sure I
7 understand where this is going, Mr. Commissioner. There is
8 a document that has been referred to repeatedly through
9 this inquiry and it's the intake program description and
10 procedures manual. It's about 60 pages, 60 pages or so.
11 If the point my learned friend is making is that this
12 procedures document is not in the 1600 pages, if he's
13 prepared to tell me that's the case, that it wasn't
14 physically in that binder, maybe -- but there's quite a bit
15 of detail in this procedures document that is obviously not
16 contained in the five pages he's referred to in the manual
17 so there may have been an issue as to where this procedures
18 manual was placed. But numerous witnesses have been
19 referred to it and have all acknowledged that it was in
20 existence and relied upon at the relevant time. So I just
21 want to make sure I understand, is he questioning that this
22 was not part of the books that were distributed? I don't
23 understand where he's going is my point.

24 THE COMMISSIONER: Well, it's a fact that those
25 60 pages aren't included in the 1600, is it not?

1 MR. SAXBERG: Yes.

2 THE COMMISSIONER: All right, so --

3 MR. MCKINNON: Yes, and if that's his point I can
4 agree with that, if that's his point, but --

5 MR. SAXBERG: Fine, fine, that's fine.

6 MR. MCKINNON: But I think the issue the witness
7 was talking about was more general as to what the
8 procedures were in the organization.

9 THE COMMISSIONER: I think so. But that is the
10 point, that those 60 pages are not included in the 1600 and
11 that's what you're trying to get at, Mr. Saxberg?

12 MR. SAXBERG: Well, it's going to move us forward
13 if we can stipulate that that policy manual, or the program
14 manual that I'm going to refer to, the intake program
15 manual, is the manual that was governing the work that was
16 being done at intake and not the program manual. So that
17 would be one of the stipulations that could move us
18 forward.

19 MR. MCKINNON: That's certainly my understanding.
20 If the witness disagrees she can, she can speak to it, but
21 my understanding is there was a document entitled "Intake
22 Program Description and Procedures" from July 2001 and
23 that's where all the witnesses have been referring to. If
24 it's not in --

25 THE COMMISSIONER: With respect to intake.

1 MR. MCKINNON: With respect to intake. If it's
2 not in the procedures manual that's something I hadn't
3 noted till today.

4 THE COMMISSIONER: Are you familiar with that
5 document Mr. McKinnon is talking about, witness?

6 THE WITNESS: I no longer remember it.

7 THE COMMISSIONER: Can you show it to her,
8 Mr. McKinnon?

9 MR. MCKINNON: It's CD992 and the page number is
10 19625.

11 THE COMMISSIONER: 19625. I guess, witness, the
12 question is are you familiar with that document?

13 THE WITNESS: I'm not familiar with it enough
14 today to speak to it.

15 THE COMMISSIONER: All right, fair enough.

16 MR. SAXBERG: Perhaps if I could just continue
17 along with the line of questioning I may get to the point
18 that --

19 THE COMMISSIONER: And then when you're through
20 summarize any questions you feel you want the witness to
21 return to deal with.

22 MR. SAXBERG: Right.

23 THE COMMISSIONER: All right.

24 MR. SAXBERG: Thank you.

25

1 BY MR. SAXBERG:

2 Q This -- the line of questioning is all arising
3 out of the comment that you made last --

4 A Excuse me. I have some trouble hearing you.

5 THE COMMISSIONER: Can you -- that's better.

6 THE CLERK: It's not the volume --

7 MR. SAXBERG: Pardon me?

8 THE CLERK: It's not the volume (inaudible), it's
9 the clarity of the speech?

10 THE WITNESS: The clarity and the volume.

11

12 BY MR. SAXBERG:

13 Q The questioning arises --

14 THE COMMISSIONER: Maybe the mic just has to go
15 up an inch or so, just ...

16 MR. SAXBERG: How's that?

17 THE COMMISSIONER: Down a bit. Got it.

18 MR. SAXBERG: Okay. I apologize for that. Plus
19 my mouth is a little dry right now so it might be, the
20 words might be scrunching together, so I'll try to
21 enunciate a little more.

22

23 BY MR. SAXBERG:

24 Q The questioning relates to the comment that you
25 made that you couldn't child, a child protection

1 investigation without having face to face contact. So
2 that's what all these --

3 A With a child.

4 Q With the child. And now you're talking about,
5 what you're saying is that as the CEO that was what you
6 understood to be the rules and policies and procedures in
7 your agency that the workers would follow; is that what
8 you're saying?

9 A That was an expectation.

10 Q Okay. Best -- that would --

11 A That was the best practices expectation.

12 Q Okay. And I just want to take you to a specific
13 page in this intake manual, at page 31492. I'm sorry, it's
14 page 19634 and if you could scroll to the bottom. This is
15 the section that's been put to the commission over and over
16 through various witnesses who were workers under your
17 charge and who have testified that they were relying on
18 this manual and the procedures and policies set out in this
19 manual in performing their work.

20 A Workers directly under my charge?

21 Q Workers that work for CFS.

22 A Right, um-hum.

23 Q And in this commission the last two contacts with
24 Phoenix Sinclair have been the subject of most of the
25 scrutiny this past month or so and they relate to work done

1 by the CRU, crisis response unit, and are you aware of the
2 crisis response unit and its particular function within the
3 agency?

4 A Yes.

5 Q And in this section it's dealing with "Recording
6 Outline: Closings - CRU" and under item (b) it says:

7

8 "Generally speaking, if a matter
9 may be resolved and the case
10 closed with limited further
11 intervention (a few phone calls or
12 a field) the case may be kept by
13 the CRU beyond 48 hours to
14 facilitate the case disposal."

15

16 Do you see that?

17 A Yes.

18 Q Okay. And are you aware, there were statistics
19 compiled by CRU during the period that you were the CEO,
20 would show the number of files that go through CRU. Had
21 you seen the document that shows those statistics?

22 A Mr. McKinnon showed me the document.

23 Q I'm just going to use round numbers rather than
24 going to the document, but really what it shows is that CRU
25 received about 6,000, opened about 6,000 files -- sorry,

1 opened approximately 600 files in any given month and
2 closed, before advancing to intake or further it in the
3 system, about a third of those. That was the evidence that
4 you put to certain witnesses and it's contained in that
5 document and those are just rough general figures. But
6 were aware of the function of CRU to deal, to do some short
7 term intervention and close files?

8 A Yes.

9 Q And so I just --

10 A Short term or crisis intervention?

11 Q Well both.

12 A Yes.

13 Q They do both and they're in opposite ends of the
14 spectrum. They're dealing with crisis matters that then
15 get advanced but they're also dealing with matters that can
16 be dealt with at CRU and then closed.

17 A Yes.

18 Q And that's what I'm indicating amount to
19 approximately a third of the work, a third to one-fourth of
20 the work that they do on a monthly basis and I'm asking if
21 you were aware of that.

22 A I'd have to have those statistics in front of me
23 to have --

24 Q Okay.

25 A -- a proper discussion with you.

1 Q Page 44741, this is 2004 and if we perhaps just
2 scroll over to the December, to the right, yes. And then
3 scroll down slightly. In December of 2004 -- yes, if you
4 could scroll up to see the headings first. There's a
5 heading near the bottom of the page "Total Open File &
6 Transfer to Service Unit" and then below that "Open & Close
7 File". Do you see that?

8 A I do.

9 Q And so those are the two figures that I'm
10 referring to when I was talking about the one-third to one-
11 fourth of the matters are closed at CRU. And you could
12 pick any month. I was picking December of 2004 because
13 that's a relevant month in terms of the work that was done
14 on this case. Within that month there's approximately 400
15 matters that are transferred further within the system to
16 intake and then perhaps to family services and there's 135
17 that are dealt with at CRU and closed. See that?

18 A I can see that.

19 Q Okay. So the questions that I'm putting to you
20 are with respect to the rules and procedures that were
21 applicable to supervisors and workers in CRU that were
22 handling matters where they determined that short term
23 services were applicable and that the file could be closed.
24 Okay? I'm talking about the type of files that are within
25 that --

1 A Yes.

2 Q -- 135. And what I'm asking for you to confirm
3 is that you're not aware, firstly with respect to the
4 program manual of any specific provision within that manual
5 that provided guidance with respect to the obligation to
6 see every child in the house before the file was closed.

7 A No, but I think if they closed the file and
8 didn't pass it on for intake, I doubt there would be
9 significant concerns.

10 Q Right. And of course you're aware in this case
11 that the workers made a determination that there were no
12 child protection concerns --

13 A Yes.

14 Q -- and they testified about that.

15 A Yes.

16 Q And so it was on that basis that they determined
17 that they could close the file even though, for instance,
18 in March one child was seen and the other child wasn't
19 seen.

20 A Yes, but that's not the only type of case CRU
21 would handle. They'd also handle the very mundane phone
22 calls from the public asking about services, asking where
23 to go for this --

24 Q Yes.

25 A -- mothers saying I'm out of money, I need

1 Pampers. Not all the calls were about child protection
2 issues.

3 Q That's right. But the files that were opened,
4 the 600 or so we're looking at are all about child
5 protection issues.

6 A I would, I would think so.

7 Q The larger number on this document shows that
8 there's approximately 1300 requests for service. The
9 matters that get open are about half of that and they deal
10 with child protection concerns, correct?

11 A Yes.

12 Q So I'm talking about matters where an allegation
13 or there was some information that could be described as a
14 child protection concern and CRU has to do some work. They
15 do some work and they decide that there are no child
16 protection concerns and they close the file. Understand
17 that?

18 A Yes.

19 Q Okay. So I'm talking about in that scenario,
20 which is the scenario in these, in this Phoenix Sinclair
21 case for the last two openings, that you're not aware of
22 any rule in this program manual that you referenced giving
23 specific direction and requiring that a file, that all the
24 children had to be seen before the file could be closed?

25 A I honestly don't know whether it's in there or

1 not. I can say, if there's a section on assessment, there
2 may be a comment in there. But it was certainly expected
3 day to day social work practice that you would know the
4 physical and emotional status of a child before you close
5 the file.

6 Q Yeah. And, and -- but you're understanding the
7 distinction I'm making between intake and CRU --

8 A Yes.

9 Q -- and the different functions?

10 A No, actually I'm not.

11 Q Okay. Well are you aware that CRU deals with the
12 file --

13 A Yes.

14 Q -- for 48 hours?

15 A Oh yes, I understand that, yes.

16 Q Whereas intake can deal with it, it's usually 30
17 days --

18 A Right.

19 Q -- but it can be longer and there there's
20 obviously that expectation to see the child before deciding
21 what to do with the file. That's not what's at issue
22 here --

23 A Yes.

24 Q -- with respect to these last two intakes.
25 What's at issue is the file is at CRU --

1 A Yes.

2 Q -- where they have 48 hours and they're doing
3 screening work and I'm asking if you were aware of any rule
4 that you promulgated or any policy or standard that gave
5 those CRU workers the direction that they had to see every
6 child on every occasion for every matter they opened before
7 they closed those files that they were working on.

8 A I honestly don't recall.

9 Q And if we could turn to page 19157. These are
10 the case management standards that had been piloted before
11 you started as the CEO.

12 A May I go back to one of the issues you raised?

13 THE COMMISSIONER: Yes.

14 THE WITNESS: I do recall reading in the press
15 that two workers attended the home of Samantha Kematch, I
16 don't recall the purpose, that Samantha brought a child to
17 the door other than Phoenix.

18 MR. SAXBERG: I'm just going to have to interject
19 here --

20 THE WITNESS: This -- no, this --

21 MR. SAXBERG: -- because if she's just talking
22 about what she's read in the newspaper ...

23 THE WITNESS: No, no.

24 THE COMMISSIONER: Well, let's hear her --

25 THE WITNESS: Assuming it's true --

1 THE COMMISSIONER: -- and then you can ask any
2 further questions. Let's hear her.

3 THE WITNESS: It's important and this speaks to
4 my concern about training and supervision. An experienced
5 worker would immediately ask why is this proxy child being
6 brought to the door. That is a clinical skill that every
7 worker should have and should have insisted on seeing the
8 child in question, not the child that was brought to the
9 door, if the media has reported accurately.

10

11 BY MR. SAXBERG:

12 Q You're not -- you haven't listened to the
13 evidence that was given by the worker. You weren't in
14 attendance for that evidence, that sworn evidence before
15 this commission?

16 A No.

17 Q Okay.

18 A But I'm saying if what I read in the media is
19 true.

20 Q Well, the witness testified that he asked to see
21 Phoenix, he would have asked to see Phoenix, that would
22 have been his regular practice.

23 THE COMMISSIONER: Well just a minute now.

24 THE WITNESS: I can't hear you.

25 THE COMMISSIONER: Just a minute. Mr. McKinnon?

1 MR. MCKINNON: I'll let you go first,
2 Mr. Commissioner.

3 THE COMMISSIONER: Well, I just -- I think you
4 have to point out to her that there was nothing in the
5 closing report on that subject. And you say, you say the
6 worker said what after that?

7 MR. SAXBERG: The worker's evidence was based on
8 the report which indicated that he had asked questions
9 about Phoenix and based on his regular practice, he
10 testified that he believes he would have asked to see
11 Phoenix.

12 THE COMMISSIONER: Well we better get that report
13 up here for the witness to see in fairness to her. Get
14 whatever -- what is the number of that closing report?

15 MS. WALSH: 36926.

16 THE COMMISSIONER: Pardon?

17 MS. WALSH: 36926.

18 THE COMMISSIONER: Now let the witness read that,
19 that closing statement signed by the worker and the
20 supervisor.

21 THE WITNESS: You can scroll a bit.

22 THE COMMISSIONER: Just leave it there till she's
23 ready to move the screen.

24 THE WITNESS: Oh, all right.

25 THE COMMISSIONER: I guess we can scroll to

1 the -- put on the screen the presenting problem, from there
2 on.

3 MS. WALSH: Dr. Trigg, would you like a hard copy
4 to look at?

5 THE WITNESS: No, I'm okay so far and actually
6 some of this was quoted in some of the reports that were
7 done, so you can go up further, or down further.

8 THE COMMISSIONER: And I guess -- if you can read
9 that.

10 THE WITNESS: Yes.

11 THE COMMISSIONER: All right. Move on to the
12 next. Okay, now leave it there.

13 THE WITNESS: Okay. Next page, please. Okay,
14 you can scroll further if there's further to be add. Okay.

15 THE COMMISSIONER: The blanked out part is the
16 other child.

17 THE WITNESS: Okay, thank you.

18 THE COMMISSIONER: Now she's read that,
19 Mr. Saxberg. Would you be kind enough to rephrase your
20 question?

21 MR. SAXBERG: It wasn't a question from me, it
22 was the witness wanting to offer information -- it was --
23 that led to this.

24 THE WITNESS: Oh, I wanted to offer information
25 that clinical judgment and clinical skill was involved

1 here. It should be something that every worker should know
2 through training, not necessarily by prescription. But I
3 would agree with you, it's best to have these things
4 written by prescription. When I read this, interestingly,
5 when I read it, I think a portion is in one or more of the
6 reports, I found it interesting that the worker wanted to
7 take a second person with him, which workers usually do if
8 there are any concerns about their own safety. Now I found
9 it interesting that that occurred, that they were
10 sufficiently concerned about what might be going on that
11 they took two people but they left without actually getting
12 in the home and seeing everybody in the home, including
13 Phoenix.

14

15 BY MR. SAXBERG:

16 Q Okay. And the evidence that the commission's
17 heard almost unanimously and I think it's essentially what
18 you're saying is that the best practice, notwithstanding
19 what you've just referred to as written by prescription,
20 but the best practice in any investigation at whatever
21 level is to see all the children.

22 A All the children, right.

23 Q Yes. And --

24 A Because as pointed out in one of the reports,
25 families can treat one child differently than the others.

1 Q Okay. But what -- and I thank you for that, that
2 observation and I think it's something that everyone agrees
3 on. But what I'm dealing with is simply going through what
4 the rules and procedures were at the time and clarifying
5 that.

6 And so apropos that, if we could turn to page
7 19189 and I'm looking -- this is from those 1999 case
8 management standards and it deals with -- you agree that
9 there are different standards and procedures that apply at
10 intake versus family services, correct?

11 A Correct.

12 Q And --

13 A But there's some basics that apply both.

14 Q Absolutely, absolutely. Now but in these, and
15 the current standards, intake is separate from family
16 services in terms of the policies and procedures, correct?

17 A Yes.

18 Q So here, under item number 3, it's indicating
19 that:

20

21 "If the rating for response time
22 is in the high or medium range
23 (i.e. within 48 hours or less),
24 the worker ensures the safety of
25 the child either through direct

1 contact or through confirmation of
2 the child's safety by a reliable
3 source."

4

5 Do you see that?

6 A Yes.

7 Q And so are you aware that with respect to work
8 that CRU has done, doing, that the standard allowed them to
9 rely on a reliable source in order to determine the safety
10 of the children in doing their work?

11 A I don't remember specifically but that does make
12 sense to me. If the worker calls the school, for example,
13 as a starting point and the school has no reason to believe
14 that the child is in need of protection or calls the school
15 psychologist, they might make a decision on that basis not
16 to pursue.

17 Q Correct.

18 A There are a certain number of false allegations
19 that go through, go to CRU.

20 Q Correct. And are you aware that today, in any
21 child investigation, even at the CRU level that before a
22 file can be closed all of the children have to be seen.
23 Are you aware that that's a standard today?

24 A I don't -- I'm not aware of today's standards at
25 all.

1 Q Okay. But you can confirm that you're not aware
2 that that particular standard, that particular rule was in
3 place at the time that you were the CEO?

4 A I don't mean to be difficult, I don't recall.

5 Q Okay, no, that's good enough. Which is the same
6 as saying at this point you don't, you don't know the
7 answer to that question.

8 A I don't know.

9 Q And that would then qualify the answer you had
10 given earlier that you have to see the children face to
11 fact every single time. There may be --

12 A Every, every single time before closure?

13 Q Yes.

14 A Yes, I said that would be a skill.

15 Q Right. And a best practice, something to strive
16 for, correct?

17 A Yes.

18 Q Okay.

19 MR. SAXBERG: Okay, those are all my questions.
20 Thank you.

21 THE COMMISSIONER: Thank you, Mr. Saxberg.

22 All right. Mr. Ray, do you have any questions?

23 MR. RAY: How's that?

24 THE COMMISSIONER: Fine.

25

1 CROSS-EXAMINATION BY MR. RAY:

2 Q Good morning, Dr. Trigg, my name is Trevor Ray.
3 I represent the MGEU and just have a few questions for you,
4 in particular, as it relates to your comments about best
5 practice. I understood from your last exchange with
6 Mr. Saxberg that certain things were strived for by social
7 workers and that is what best practice is, you're
8 attempting to strive to achieve best practice. And we've
9 heard your evidence and we've heard the evidence of many
10 witnesses that, including Dan Berg, who was an assistant
11 program manager that was under you, correct?

12 Mr. Berg was assistant program manager that
13 reported to you, correct?

14 A Yes, yes.

15 Q And we heard evidence from Mr. Berg and from many
16 social workers that best practice was often impeded by such
17 things as high workload, would you agree with that?

18 A Probably.

19 Q Lack of training?

20 A Yes.

21 Q Excessive caseloads?

22 A Excessive work.

23 Q Excessive work generally. In 2006 a report was
24 written, "Strengthen the Commitment". Are you familiar
25 with that report by any chance?

1 A Who's the author?

2 Q Michael Harding, Billie Schibler, Irene Hamilton.

3 A No.

4 Q Are you familiar with the professor at the
5 University of Manitoba, Alexander Wright (phonetic)? Do
6 you know who that is?

7 A I don't know about that report either. These
8 were written after my time at CFS, right?

9 Q That's correct, they, to be fair to you, they
10 were written -- this report was in 2006.

11 A Um-hum.

12 Q But if I understand your evidence and to be fair
13 to you, it sounds as though you had a very difficult task
14 on your hands. You started your position with a funding
15 deficit, correct?

16 A Yes.

17 Q And you started your position and there was
18 already at that time workplace challenges that included
19 high workloads, high caseloads, lack of training and all
20 those things were brought to your attention, what, during
21 your tenure, correct?

22 A Yes.

23 Q And I think, if I understand your evidence, was
24 that, and I don't want to generalize too much but to be
25 fair to you, you were aware of those issues. The

1 fundamental problem for you being that government had
2 severe restrictions on providing you with a budget to
3 address those concerns; is that correct?

4 A Yes.

5 Q And as a result, it was difficult for you to, to
6 correct those challenges during your time with Winnipeg CFS
7 to the degree that you would have wanted to.

8 A Yeah, to add extra staff or training team, yes,
9 it was difficult to do that, if not impossible.

10 Q Thank you. And I just have a section of a report
11 and it's CD3. There's no need to bring it up but I just
12 want to, for the record it's CD3 and it's page 346 and this
13 is the report that's written by Professor Wright or
14 Associate Professor Wright and in it she identifies a
15 number of impediments to good practice or best practice and
16 I'd just like to read to you the list that she's identified
17 and see if you would agree with the comments that she's --

18 THE COMMISSIONER: Do you know who Professor
19 Wright is?

20 THE WITNESS: No.

21 THE COMMISSIONER: I think you better tell her
22 who she is.

23

24 BY MR. RAY:

25 Q Professor Wright wrote a report that was attached

1 to the report that I just mentioned which was ...

2 THE COMMISSIONER: What is her academic
3 background?

4 MR. RAY: To be honest, Mr. Commissioner, I
5 simply know that she's an associate professor at the
6 University of Manitoba in the area of child welfare,
7 perhaps with the Department of Child Welfare but I --

8 THE COMMISSIONER: That gives, that gives some
9 contexture to it.

10 MR. RAY: Social work, Department of Social Work,
11 Mr. McKinnon advises.

12

13 BY MR. RAY:

14 Q And this is attached to the "Strengthen the
15 Commitment" report and what she has identified as
16 impediments to good practice are: High caseloads, which
17 you've indicated; a need for more fiscal resources to meet
18 legislative mandate. Would you agree with that?

19 A Yes, I'd agree with both of those.

20 Q Visible supports for good practice.

21 A And what does that mean, visible supports for
22 good practice?

23 Q She doesn't elaborate, I was hoping you would,
24 but we can perhaps leave that one. Comprehensive job
25 specific training by employer for all new staff.

1 A Yes.

2 Q Ongoing opportunities for professional
3 development?

4 A Yes.

5 Q A shared view of child protection that enables
6 everyone to work together?

7 A Yes.

8 Q Accessible clinical supervision?

9 A Yes.

10 Q Appropriate workloads?

11 A Yes.

12 Q Adequate appropriate and accessible resources?
13 That's fairly general, I think, but ...

14 A What type of resources?

15 Q Again, I'm just reading from her report and she
16 doesn't elaborate, but --

17 A All right.

18 Q -- I appreciate that's very difficult for you to
19 agree with because it's fairly general.

20 A Right.

21 Q Social work staff who are specialized in child
22 protection, job training and continuing education and good
23 practice?

24 A Yes.

25 Q Sense of pride in social work, positive public

1 profiles?

2 A Yes.

3 MR. RAY: Thank you. Those are my questions.

4 THE COMMISSIONER: Thank you, Mr. Ray.

5 Mr. Khan, any questions?

6 MR. KHAN: No, no questions.

7 THE COMMISSIONER: Mr. Gindin?

8 MR. GINDIN: Mr. Commissioner, I'm not really
9 sure that I can complete my questioning in the time
10 restraints that we have. I'm not sure if I want to be in
11 the middle of it. I was going to suggest a few minutes
12 just to go over some notes. Of course if we do that it
13 will be even more difficult. I'm not sure what to --

14 THE COMMISSIONER: Well, we've got 25 minutes.
15 Your point is that length wouldn't be sufficient?

16 MR. GINDIN: It may not be, it may not be. I'm
17 not sure.

18 THE COMMISSIONER: Well are you ready to start?

19 MR. GINDIN: I can start.

20 THE COMMISSIONER: Go ahead. We'll see where we
21 get.

22

23 CROSS-EXAMINATION BY MR. GINDIN:

24 Q First of all, I'll introduce myself. Jeff
25 Gindin, I'm representing Kim Edwards and Steve Sinclair.

1 A Kim Edwards and? It may be my hearing but ...

2 Q And Steve Sinclair, sorry.

3 A Thank you.

4 THE COMMISSIONER: That's the father of Phoenix.

5 THE WITNESS: Yes.

6

7 BY MR. GINDIN:

8 Q The last time you were here you were discussing
9 some of the problems with the front line workers being the
10 least experienced --

11 A Yes.

12 Q -- of the workers. And you indicated they didn't
13 have adequate clinical training, right?

14 A Yes.

15 Q And you mentioned one of the issues was that they
16 didn't necessarily know, because of their limited
17 experience, what types of questions that needed to be
18 asked.

19 A Yes.

20 Q And were you referring to the types of questions
21 that needed to be asked while they were meeting with the
22 family, for example?

23 A Yes.

24 Q Trying to find out things?

25 A Yes. One comment might lead to another idea,

1 another question and so forth.

2 Q And would that also include their assessment of
3 the answers that they received --

4 A Yes.

5 Q -- when they asked questions, right?

6 A That might direct them to another question.

7 Q Now the involvement that you had referred to
8 earlier when you talked about what you read in the
9 newspaper and you had a chance to look over it again, which
10 is the March 2005 involvement by CRU. With respect to that
11 particular involvement, if you look at the reports, and
12 this has been dealt with at some length and there's been
13 some criticism of the things that weren't asked or should
14 have been asked and that kind of thing, you're familiar
15 with that?

16 A Yes.

17 Q And so if workers are going to a home like they
18 did in that particular involvement in March of 2005, and
19 they're there to ask about an abuse allegation, right?

20 A Yes.

21 Q Which they were in this case.

22 A Yes.

23 Q And the response they received was well I may
24 have yelled at the child. Is it your view that that is
25 simply something that you just accept as an answer to the

1 allegation?

2 A No, not necessarily. I would take it further
3 than that.

4 Q Yeah. And one of the things you might want to
5 know is a little more history as to how this particular
6 mother, like Samantha, has responded in the past?

7 A Yes, responded initially to the child when the
8 child was born --

9 Q Yes.

10 A -- the impact of that potentially.

11 Q So the history of the, of the --

12 A Yes.

13 Q -- whole involvement over years might be very
14 important to know before workers are out there trying to
15 assess a response?

16 A Yes.

17 Q And in this case we have heard evidence that the
18 workers that went out there, Mr. Zalevich and Mr. Leskiw,
19 really hadn't read the history. They read the CRU report
20 which described the call that came in referencing an abuse
21 allegation but really not much beyond that. You would
22 agree with me that that wouldn't be best practice?

23 A I can't hear you.

24 Q That wouldn't be best practice, to not read the
25 history?

1 A No, it would not be best practice to not read the
2 history so that you know what you might be walking into.

3 Q And you, as a psychologist, can appreciate the
4 importance of the questions you ask, how you ask them --

5 A Yes.

6 Q -- right?

7 A Yes.

8 Q And how you assess the response.

9 A Yes.

10 Q And the more that you know about the person
11 talking to you and responding and how they responded in the
12 past, makes it easier to assess the situation?

13 A The big picture.

14 Q Right. And that kind of thing takes experience.

15 A It does.

16 Q And a problem that --

17 A Experience and supervision.

18 Q Right. Now you mention with respect to that
19 particular involvement that something that struck you was
20 that there was a second worker who came along.

21 A Yes.

22 Q I'm not sure if you're aware but a couple of days
23 earlier a Mr. Buchkowski went out on his own a couple of
24 times and wasn't able to get in. And then the next step
25 was that these two workers went out again and it struck

1 you that a second worker coming along indicated that this
2 was -- there was potential here for a problem.

3 A There was potential for a problem.

4 Q And would you have expected from your experience
5 that the one who comes along as the backup would know
6 anything about the matter?

7 A I would --

8 Q They wouldn't just be muscle, they would --

9 A Pardon me?

10 Q They wouldn't just be muscle?

11 A No. I would think that at least on the way out
12 the primary worker would have alerted the accompanying
13 worker to the situation and given some background
14 information and also explained why he thought he needed
15 somebody to accompany him.

16 Q Right. And we hear, we see from the report of
17 those two workers that Samantha didn't allow them in, met
18 them in the hallway.

19 A Yes.

20 Q That would have some significance, would it not?

21 A Yes.

22 Q Now what would that be?

23 A I would wonder why she wouldn't let me past the
24 front door.

25 Q Um-hum. That would make you suspicious, right?

1 A Yes.

2 Q And then we know --

3 A I would have various hypotheses. I mean she
4 wasn't -- she probably wasn't welcoming or wanting Child
5 and Family Services in her face, but nevertheless, I would
6 wonder why, yes.

7 Q And that's a common theme that sometimes people
8 don't, very often people don't really want CFS to come
9 along.

10 A Correct.

11 Q But that mere fact shouldn't deter them from
12 doing their job.

13 A Right.

14 Q So we have her not allowing the workers in and
15 meeting them in the hallway, right, and indicating that the
16 reason is there's somebody in the suite, a visitor, right?

17 A Yes.

18 Q That seems to have been accepted without any
19 further sort of re-questioning or asking again. Does that
20 strike you as reasonable?

21 A No, I think I would have pushed the point of it.

22 Q And if it was an issue of confidentiality,
23 wouldn't you think a reasonable idea would be to ask when
24 they can come back when maybe no one's there, no visitor, I
25 mean?

1 A That might be one way to address it. Certainly
2 when -- you may be getting there so I'll wait.

3 MR. RAY: Mr. Commissioner, I appreciate that
4 Dr. Trigg was the CEO at Winnipeg CFS for certain time
5 periods. We've heard her evidence that she was not a
6 social worker, she did not have a background in social work
7 and she was not the CEO at the time that this particular
8 involvement was occurring. We've had many views expressed
9 by social workers, their supervisors and the assistant
10 program managers who are social workers and who were there
11 at the time and I'm not sure of the relevance of asking
12 Ms. Trigg as a non-social worker when she wasn't the CEO as
13 to speculating about what was and what shouldn't have been
14 done at the time and that's my only comment. I just wonder
15 how --

16 THE COMMISSIONER: I understand your point but at
17 the same time, those with the responsibility put her in
18 charge as a CEO of this operation and obviously therefore
19 in the views of those making the appointment, she had
20 qualifications to do this job and I think that these, in
21 light of that fact, these are reasonable questions. But
22 your point can be borne in mind, and she quickly
23 acknowledged she does not have a social work background and
24 that, I understand that and I'm sure she appreciated that
25 throughout so I think they're appropriate questions but

1 those factors will be borne in mind.

2 MR. RAY: Thank you, Mr. Commissioner. I just
3 wanted to add that certainly from her level of expertise
4 and to running the operation, if we could put that way, and
5 to attempting to gain funding and all those sorts of
6 things, I think those are important areas that this witness
7 could speak to. Once we get down to the actual specific
8 questions that were asked by social workers, that's where I
9 just somewhat temper this witness's evidence.

10 THE COMMISSIONER: Well, I think if she doesn't
11 feel that she's able to answer the questions, she's shown
12 she's quite quick to give that answer and I'm sure she will
13 again if that's her position but I think they're fair
14 enough questions, bearing in mind her immediate concession
15 that she is not a social worker.

16 MR. RAY: Thank you very much, Mr. Commissioner.

17 THE WITNESS: May I add something about my
18 qualifications?

19 THE COMMISSIONER: Yes, you certainly may.

20 THE WITNESS: I'm one of the clinical
21 psychologists in private practice who does assessments for
22 the various Child and Family Service Agencies around the
23 province, parental capacity assessments they're typically
24 called. So I am very familiar with the day-to-day
25 assessment and question asking process.

1 BY MR. GINDIN:

2 Q So you're quite comfortable answering the
3 questions that have been put to you?

4 A I feel quite comfortable answering the questions.

5 MR. GINDIN: As well, Mr. Commissioner, some of
6 these issues were raised by Mr. Saxberg when he cross-
7 examined.

8

9 BY MR. GINDIN:

10 Q So going back to that scenario we were discussing
11 with Samantha in March of '05, so the evidence was that her
12 response to the allegation of abuse was that maybe she
13 yelled at the child and maybe somebody heard that and that
14 seems to have been completely accepted as an explanation
15 for the original call that came in. We know that --

16 A And see, I would have followed up what was the
17 yelling all about, what happened, why do you think you lost
18 your temper.

19 Q Exactly.

20 A There are a whole series of questions to follow
21 that one.

22 Q Um-hum. And there was another allegation that
23 they went out to investigate and that was that Samantha may
24 have been locking Phoenix in the bedroom and the report
25 indicates that they asked about that. Samantha admitted

1 there was a lock on the bedroom. I take it you would have
2 liked to see the bedroom?

3 A Absolutely, especially if there was a lock. And
4 you would query why was there a lock on the outside of the
5 door.

6 Q Exactly. You'd want to know whether the child
7 was indeed locked in the bedroom, right?

8 A Yes.

9 Q It's not enough just to know that there happens
10 to be a lock outside the door. You'd want to know whether
11 the child was locked in the bedroom and left alone there.

12 A Yes, the condition of the bedroom.

13 Q Right. So we know that these workers left and
14 rather than seeing the child at all or even making an
15 appointment to return --

16 A My understanding is they saw one child.

17 Q Yes, they did --

18 A Is that correct?

19 Q They did see the other child.

20 A Okay.

21 Q The other child was brought out into the hallway
22 and I think you indicated that the next question would be
23 well, what about Phoenix, maybe she should be brought out
24 here for us to see as well.

25 A I would have been asking myself is this a proxy

1 child.

2 Q Exactly. That would make you somewhat
3 suspicious?

4 A Yes.

5 Q All right. There was also something in the
6 report about asking whether Phoenix was in school or in
7 child care and the answer was that she was registering at
8 school for some time later but wasn't in child care.
9 Wouldn't you think the next question would be well where is
10 she?

11 A Yes, that would be the logical question.

12 Q We've heard some evidence as well that children
13 are more vulnerable when they're not in school or child
14 care because there's no real corroboration in case
15 something might occur.

16 A And no one else is observing the child.

17 Q Right. So we know that these two workers left
18 the scene without having seen Phoenix who was the subject
19 of the original allegations and then, rather than attending
20 again or keeping the file even a little bit longer, the
21 file was simply closed. And I take it you would agree that
22 that's certainly not best practice.

23 A I would agree.

24 Q In fact, there was an involvement in December of
25 '04 where CRU kept the file for six days, so we know that

1 that can sometimes occur if necessary. So would it have
2 been best practice to maybe keep it maybe an extra day and
3 just see if you can find out more, since they haven't seen
4 Phoenix?

5 A Yes.

6 Q Certainly a supervisor reviewing the report that
7 these two workers submitted has the discretion to agree
8 with the recommendation to close or not, that's their job,
9 right?

10 A Yes.

11 Q There was also some -- there was an issue with
12 respect to both of these two involvements that we've just
13 talked about, the December '04 involvement and the March
14 '05 involvement where the file apparently was sent over to
15 intake and got rejected and brought back. No one seems to
16 know exactly why that happened, how that happened or what
17 the discussions were. Is that surprising to you, that we
18 can't really have an answer for what exactly took place or
19 why?

20 A Yes. I have to be careful because I've been told
21 this information. It's not firsthand information I had.

22 Q Well, really what I was asking was this, there
23 doesn't appear to be any notes that we've seen that would
24 indicate the reasons for why it might have been rejected or
25 what the discussions might have been surrounding that.

1 A Okay, all right.

2 Q Do you think maybe we should have notes on those
3 kinds of issues rather than having to speculate?

4 A Intake have those kinds of notes as to --

5 Q Anyone, anyone. We just don't seem to know.

6 A Yes, for the record and also for them to state
7 why or give them the opportunity to state why or why not
8 was something done. It would be helpful to the individual
9 to have it on the record what they did and the reason for
10 it.

11 Q This morning you were talking about various
12 improvements and certain issues that you were trying to see
13 implemented and I think you said that there were certain
14 things that you decided maybe should wait for devolution
15 because what would be the point of bringing them in for a
16 few months or six months and then there would be changes
17 made.

18 A Not just me. We had some feedback from some
19 supervisors. They didn't want to undertake a significant
20 change, which maybe unraveled six months later when
21 devolution occurs and the other agencies want to do
22 something differently.

23 Q Are you aware of any specific changes you had in
24 mind that you decided well, let's not do that right now and
25 wait till later?

1 A Yes, the training team, but that was also
2 hampered by lack of money to direct a supervisor's
3 attention to a group of new staff and had those new staff
4 with a very low caseload. We didn't have the resources to
5 do it at the time.

6 Q Were there other issues that where resources
7 weren't the obstacle, it was just a matter of well let's
8 just wait until after devolution comes in?

9 A Yes, because it was impending any day. We never
10 knew which day, which month, the actual transfer of cases
11 was going to occur. So --

12 Q Can you be specific about anything?

13 A When I was asked to (inaudible), I was also told
14 to try to hold the fort while these big significant changes
15 are taking place in the entire system.

16 Q But was there anything specific that you would
17 have liked to see happen right away, but for the fact that
18 devolution is coming so let's maybe wait a little longer
19 before we do it?

20 A I would have liked to seen more training.

21 Q Anything other than that that you can think of
22 now?

23 A I think training was my biggest concern.

24 Q And that was during your tenure --

25 A Yes.

1 Q -- which, just remind us again, was between '02
2 was it and '04? '01, 2001 and 2004?

3 A 2001 to 2004.

4 Q You were also talking about the need to reassure
5 the workers that they were doing a good job and that's
6 mentioned throughout some of the material.

7 A Yes.

8 Q What if, what if they weren't doing a good job?
9 What was the process that you -- I appreciate that it's
10 nice to have, to be supportive when you're doing a good
11 job, but what if it, what if you're not doing a good job or
12 mistakes are being made, was there a process?

13 A If I'm -- well I assume that Jay Rodgers would
14 attend to any mistakes that I had made.

15 Q Not you, not talking about mistakes you might
16 have made.

17 A I thought you said you.

18 Q I'm sorry. I'm talking about the workers. There
19 was a philosophy that you wanted to reassure workers that
20 they were doing a good job and be supportive --

21 A Yes.

22 Q -- and that kind of thing. And I'm wondering
23 what the philosophy is if they're not doing a good job.

24 A That would be a supervisory issue.

25 Q And would that be something that's dealt with by

1 way of performance reviews, for example?

2 A Yes, or in supervision meetings, rather than wait
3 for an annual performance review.

4 Q So was it your feeling there was a reluctance to
5 criticize? And I say that with reference to your memo
6 about everyone feared censure and that was something that
7 you had to kind of deal with. Is there a connection
8 between people feeling --

9 A There was not a reluctance to deliver
10 constructive criticism and I know my program managers might
11 do that with the assistant program managers, who I assume
12 might give criticism or feedback in the most helpful way to
13 the supervisors.

14 Q And was that the purpose of performance reviews
15 to keep in touch with how people are doing?

16 A Yes.

17 Q And would these performance reviews be recorded
18 somewhere or kept in a file or, do you know?

19 A Oh, they wouldn't be kept in a case file.

20 Q Not in a case file.

21 A They'd go to human resources.

22 Q But some were.

23 A Human resources, they'd go to staff person's
24 file.

25 Q So somewhere there should be a record of the

1 performance reviews prepared by supervisors about the
2 workers that they were supervising?

3 A Yes.

4 Q And you were also talking about, I think the way
5 the question was worded, distrust between CFS and the
6 public.

7 A CFS and the public?

8 Q And the public, yes. Do you recall that?

9 A Not the public in general.

10 Q Well, how did you understand the question? The
11 clients you mean?

12 A The clients.

13 Q One of the things we did discuss earlier on is
14 the perception or image that the public seems to have of
15 CFS and that to a large degree might be negative. You're
16 familiar with that?

17 A Unfortunately there is that segment of the
18 population.

19 Q And is that something you tried to address in any
20 way? Because obviously that would affect clients and how
21 they respond and things of that nature.

22 A Did not directly address, no.

23 Q You do agree that that perception, that image, if
24 it were improved might help social workers do their job?

25 A Might help, yes. And then I think there were

1 others who were terribly sympathetic and understood how
2 difficult it was to be a case manager making very difficult
3 decisions.

4 Q Are you referring particularly to people who
5 worked in the system and understood it?

6 A Certainly people who worked in the system but I
7 think some members of the public understand that too.

8 THE COMMISSIONER: Mr. Gindin, you indicated you
9 might not get finished. Are you going to be a little while
10 yet? If you are we'll have to make some other
11 arrangements.

12 MR. GINDIN: I can see that we probably have to
13 conclude right now. I can't say that I have covered
14 everything I intended.

15 THE COMMISSIONER: Well, I want you to have the
16 opportunity to cover everything you intended. So you, you
17 would -- you do have more questions?

18 MR. GINDIN: I do. I can't say how long I would
19 be. I'm not sure what to suggest. I know the witness has
20 to move on to something else. It may well be that I would
21 require her some other time for maybe 20 minutes or so or
22 half an hour. It may also be that upon reflection that
23 time period might be less.

24 THE COMMISSIONER: Well and then there's,
25 Mr. McKinnon may have some questions and re-examination.

1 MR. GINDIN: And there might be some --

2 THE COMMISSIONER: Witness, I think you said at
3 one point there was another date when this witness could
4 come back.

5 MS. WALSH: We had talked about possibly the
6 following Monday, but have you got your calendar there,
7 Dr. Trigg?

8 THE WITNESS: I do have my calendar.

9 MS. WALSH: We'd be looking for another hour?
10 Mr. McKinnon, Mr. Gindin, do you think another hour?

11 MR. MCKINNON: I'll be about five minutes and
12 re-direct remaining.

13 MS. WALSH: I don't have anything at the moment.

14 MR. GINDIN: It certainly won't take more than an
15 hour. In fact I think it will probably take less, but I
16 don't to be pressed into making --

17 THE COMMISSIONER: No, you're entitled to --

18 THE WITNESS: We had talked about my coming back
19 on the 4th.

20 MS. WALSH: So ...

21 THE COMMISSIONER: That's a week today, is it?

22 MS. WALSH: Yes.

23 THE COMMISSIONER: At 9:30 in the morning?

24 THE WITNESS: Yes.

25 THE COMMISSIONER: All right. Well then if you

1 make yourself available from 9:30 to 11:00, that's, I'm
2 sure we'll be easily finished in that period of time next
3 Monday morning.

4 THE WITNESS: All right.

5 THE COMMISSIONER: Is that satisfactory to
6 everybody?

7 MR. MCKINNON: Thank you, Mr. Commissioner.

8 THE COMMISSIONER: All right. You'll work that
9 in the schedule then obviously, Ms. Walsh?

10 MS. WALSH: Yes.

11 THE COMMISSIONER: And with that we'll adjourn
12 for lunch now until two o'clock. And thank you, witness,
13 for your accommodation.

14 THE WITNESS: You're welcome.

15

16 (WITNESS STOOD DOWN)

17

18 MS. WALSH: Oh, Mr. Commissioner, I'm sorry.
19 Mr. Gindin reminds me he has a motion in Queen's Bench
20 which starts at --

21 MR. GINDIN: At 1:30 and I'm just concerned I
22 might be a few minutes late.

23 THE COMMISSIONER: Well, we'll adjourn till 2:15
24 and if you're not back we'll wait for you.

25 MR. GINDIN: Thank you, thank you.

1 (LUNCHEON RECESS)

2

3 THE COMMISSIONER: Mr. Olson?

4 MR. OLSON: We're ready to proceed. Just have
5 the witness sworn.

6 THE CLERK: Sir, is it your choice to swear on
7 the Bible or affirm without the Bible?

8 THE WITNESS: Use the Bible.

9 THE CLERK: All right. State your full name to
10 the court.

11 THE WITNESS: Robert John Wilson.

12 THE CLERK: And spell me your first name.

13 THE WITNESS: R-O-B-E-R-T.

14 THE CLERK: And your middle name, please?

15 THE WITNESS: J-O-H-N.

16 THE CLERK: And your last name?

17 THE WITNESS: W-I-L-S-O-N.

18 THE CLERK: Thank you.

19

20 **ROBERT JOHN WILSON,** sworn,
21 testified as follows:

22

23 DIRECT EXAMINATION BY MR. OLSON:

24 Q You were the assistant program manager for intake
25 at Winnipeg Child and Family Services from the spring of

1 2003 until March 2008; is that right?

2 A Correct.

3 Q And you were -- which jurisdiction did you
4 oversee at that time?

5 A '03 I was responsible for CRU, the second tier
6 intake two teams, a community team and then post '05 I had
7 responsibilities for the after hours and the crisis
8 response team.

9 Q And the other assistant program manager at the
10 time was Mr. Berg?

11 THE COMMISSIONER: What were you, what were you
12 in -- what was your middle assignment? You said --

13 THE WITNESS: The CRU team?

14 THE COMMISSIONER: In '03?

15 THE WITNESS: In '03, the CRU.

16 THE COMMISSIONER: Till when?

17 THE WITNESS: '03 to '05.

18 THE COMMISSIONER: Yes.

19 THE WITNESS: I had the CRU, one CRU team.

20 THE COMMISSIONER: Yes.

21 THE WITNESS: I had two tier 2 intake teams, I
22 had one abuse team that I didn't previously acknowledge and
23 a community team, '03 to '05. And '05 to '08 I had after
24 hours, crisis response team.

25

1 BY MR. OLSON:

2 Q Between '05 and '08 did your position remain the
3 same though, assistant program manager?

4 A Yes.

5 Q I just want to go through your educational
6 background. I understand that you obtained your BSW in
7 1983?

8 A Correct.

9 Q And after that -- did you have any other formal
10 education other than that with respect to child welfare
11 work?

12 A No.

13 Q Where did you work after obtaining your BSW?

14 A I worked in Child and Family Services of Central
15 Manitoba from '03 to '05.

16 Q Sorry, you said from 2003 to 2005?

17 A Oh, sorry, 1993 to 1995. And then I left social
18 work practice for about 10 months. Then I worked for the
19 City of Winnipeg welfare program. That would have been
20 1985 to 1988.

21 Q Okay.

22 A And then in 1988 I went to child welfare in
23 Winnipeg to an organization agency called New Faces which
24 subsequently became East area. 1988 to 1992, roughly
25 there, then I was in west Winnipeg.

1 Q What was your position then?

2 A Those positions -- my first position in Portage
3 la Prairie was as a foster care worker. My positions with
4 Winnipeg, initially with New Faces was a family service
5 worker.

6 Q Okay.

7 A Then with West it was as a family services
8 worker. Then in 1994 I became a family preservation
9 reunification worker with Winnipeg still.

10 Q Okay.

11 A Then in 1997 I took on a supervisory position
12 with Northwest Child and Family Services, the Keewatin
13 office.

14 Q Who was it you were supervising at that time?

15 A A family service team.

16 Q Family service team?

17 A Yes. And then in 1999, I took on the abuse
18 supervisor position with Winnipeg at the intake program.
19 In 2001, 2000-2001, I took on the family services
20 reunification preservation team supervisor position until I
21 moved to the assistant program position in 2003. I think
22 that is it.

23 Q After -- where are you currently employed?

24 A I currently work for the Winnipeg Regional Health
25 Authority.

1 Q Not in a child welfare position?

2 A I haven't worked in child welfare since
3 March '08.

4 Q So following your working as, as the assistant
5 program manager?

6 A Correct.

7 Q You were the assistant program manager at intake
8 when referrals were made about Phoenix Sinclair in January
9 2004, May 2004 and March 2005, you're aware of that?

10 A I was in that role at that time, correct.

11 Q Who did you report to at that time?

12 A Patrick Harrison.

13 Q Just so we get a sense of how you fit in here, if
14 we could pull up onto the screen, please, page 29596, which
15 is commission disclosure 1653. It's the organizational
16 chart. So you'll see -- have you seen this document
17 before?

18 A I have.

19 Q Okay. And it appears that it's dated, effective
20 anyway as of January 2004. It's not the easiest read but
21 it's in the top left-hand corner.

22 A Okay, yeah.

23 Q Okay. And so if we look at the chart it shows
24 you, the left-hand side under -- there's assistant program
25 manager Dan Berg --

1 A Yeah.

2 Q -- and then after hours and then assistant
3 program manager Rob Wilson.

4 A That's me.

5 Q The names underneath that, those would be the
6 supervisors you were supervising at the time?

7 A Correct.

8 Q So that would be Diana Verrier, Doug Ingram,
9 Kevin O'Toole and the other two names aren't familiar to us
10 and they weren't involved in this particular matter but
11 those, is that accurate?

12 A That's accurate.

13 Q And in terms of the reporting structure you said
14 you reported directly to Patrick Harrison --

15 A Correct.

16 Q -- who would have been the program manager and
17 then he would have reported to Linda Trigg, the CEO at the
18 time.

19 A Yes.

20 Q And then ultimately the deputy minister?

21 A Yes.

22 Q And then at some point if we could go to page
23 29597, this is another chart. I believe you've seen this
24 one before as well?

25 A Yes.

1 Q And in this case, it's dated September 15th, 2004
2 and it's a similar structure except the position that was
3 previously held by Ms. Trigg is now Jay Rodgers as a CEO;
4 is that --

5 A Correct.

6 Q And that's the structure change in that time
7 period?

8 A Yes.

9 THE COMMISSIONER: What's the difference between
10 the two?

11 MR. OLSON: The difference, Mr. Commissioner, is
12 in the position of chief executive officer and --

13 THE COMMISSIONER: Oh, yes, okay.

14 MR. OLSON: Yeah. It went from Dr. Trigg to --

15 THE COMMISSIONER: I follow you.

16 MR. OLSON: -- Jay Rodgers.

17 THE COMMISSIONER: Thank you.

18

19 BY MR. OLSON:

20 Q We've heard from Mr. Berg and he indicated that
21 you worked alongside him in your role as assistant program
22 manager?

23 A Yes.

24 Q How is it that staff were divided between you and
25 Mr. Berg?

1 A How is it that they were divided?

2 Q Right.

3 A Well, essentially we -- when we went to the
4 position the initial decision was that there was an
5 opportunity to best learn the intake program and probably
6 the best way to learn that would be to have
7 responsibilities for each element of the intake program.
8 So that's where the split occurred. So we were essentially
9 a mirror of each other. Dan had one half, I had the other
10 half. I think Dan had one additional community team.

11 Q Okay. Had you any previous experience in a role
12 like this where you're supervising a number of different
13 units, intake units?

14 A No, this would have been my first senior
15 management or more senior management role. Previously I
16 had been a supervisor of social workers, but in this role I
17 was going to be a supervisor of supervisors. I hadn't had
18 that experience before.

19 Q When you came into the program, what was, what
20 was the atmosphere like?

21 A The atmosphere? Well, it was busy. It was a
22 challenging workplace. There was lots of change,
23 organizational change happening. You referenced earlier
24 the change from one executive officer to another executive
25 officer, the AGI fundamentals were rolling out. In '99

1 there had been a restructuring of programs, so there was a
2 lot going on in terms of people moving, many moving parts
3 probably would be a fair way to describe what was happening
4 there.

5 Q You referenced a change between the CEOs and
6 we've heard just now from Dr. Trigg. What -- can you, can
7 you describe how that had an impact? Was there a different
8 change in philosophy or the way things were going to work
9 or how did it impact things?

10 A You know I don't think that it impacted me
11 directly, at least not that I can recall other than it was
12 another change in the organization.

13 Q So it's just one more change?

14 A One more change.

15 Q Okay. So a lot of changes were happening at the
16 time?

17 A Yes.

18 Q In terms of your contact with the supervisors
19 that you were supervising, how well would you get to know
20 each one, for example, Diana Verrier?

21 A Diana and I would have had daily contact in that
22 role. I mean certainly if I was on site and if she was on
23 site we would be connecting with each other.

24 Q When you came on in your role as assistant
25 program manager, did you know any of the supervisors that

1 you were assigned to?

2 A I did.

3 Q And with who did you know?

4 A I knew Doug Ingram. You're okay with me naming
5 names that you previously indicated weren't connected?

6 Q Yes, that's fine.

7 A I knew Doug Ingram, Lisa Cheshire (phonetic),
8 Eleanor Payne, Kevin O'Toole. Diana initially -- when I
9 initially was hired and Diana wasn't in that position yet.
10 I think that position was created subsequent to mine
11 provided and then Diana was a new hire. I didn't know
12 Diana other than knowing she worked in child welfare.

13 Q Okay. So she was new to you then?

14 A She was new to me and new to intake.

15 Q You said you knew Mr. Ingram?

16 A I did.

17 Q And how is it you knew him?

18 A I had previously worked at 835 Portage in the
19 intake program as an abuse supervisor in 1999. So I had
20 connections to that building that intake program, through
21 that work responsibility.

22 Q Did you know what sort of training they had in
23 terms of their, the supervisors and the roles that they
24 filled? Were you aware of their training?

25 A I wasn't specifically aware of their training.

1 They had been -- well certainly Doug Ingram and Kevin
2 O'Toole and Eleanor Payne had been in supervisor roles for
3 a number of years prior to my arrival there. Lisa Cheshire
4 -- actually when I first started there Lisa wasn't in that
5 position either. That position was filled at that time by
6 Patty Cox. Lisa then was hired, was a hire that I made.
7 So the existing supervisors would have had their previous
8 training, core competency training and so forth and a new
9 supervisor would have gone through the core competency for
10 supervisors training package.

11 Q Okay. So you weren't then specifically aware of
12 what training they had had?

13 A Not specifically, no.

14 Q What about performance reviews, were you aware of
15 their performance in the past?

16 A Again, not, not specifically aware of prior
17 performance appraisals, no.

18 Q What sort of contact would you have with the
19 people on the other team, for example Diva Faria?

20 A Well, Dan and I, as partners, would cover off for
21 each other so if Dan was unavailable, the other supervisors
22 would know that I would be there direct report in his
23 absence so certainly for vacation coverage or if Dan was
24 away on other duties or assignments they would know to come
25 to me. So I was aware of those supervisors and had contact

1 with them. They also participated in management meetings
2 and so forth with, with us at a larger group.

3 Q So when, when Mr. Berg was away they would report
4 to you directly?

5 A Yes, they certainly would come to me with
6 questions or urgent matters, needs of the day, yeah.

7 Q Was -- did, did the supervisors of the other
8 programs report to you directly on a regular basis?

9 A The -- my direct reports?

10 Q Right.

11 A Yes.

12 Q Tell us about that, how did that work?

13 A Well, in the intake program, I was present,
14 again, pretty much every day, that's where I started and
15 ended my days. The days would start with activity down at
16 crisis response unit, reviewing after hours reports,
17 providing sort of hands on support to CRU and getting the
18 day started. There were often times that Dan and, Dan Berg
19 and I provided coverage into those units. So if those
20 units were, supervisors weren't there we would step into
21 that role and provide that support, but in terms --

22 Q So you would act as supervisor in those
23 instances?

24 A At times we did, yes, at times we did. In terms
25 of my direct reports, I would say if I was on site and they

1 were on site we'd be seeing each other daily.

2 Q When you say you'd provide support, what do you
3 mean by providing support?

4 A Well, support in terms of responding to questions
5 about cases, responding to questions about vacancies,
6 hiring, issues related to budget, issues related to
7 relationships within, within the program, questions with
8 regards to activity, work volume, sort of general
9 operations I suppose, would be the best way that I could
10 capture that. And I think any of that supervisory group
11 would know that they could approach me and engage any
12 question that was relevant to them being able to do their
13 job well.

14 Q Would you have meetings with the other assistant
15 program manager, Mr. Berg, and Mr. Harrison on a regular
16 basis?

17 A Yes, we met regularly. I'd be challenged in my
18 mind to remember the frequency of how regular but I mean
19 sometimes we would be meeting consecutive days on matters,
20 other times it was a scheduled meeting in a week down the
21 road to review an issue or to make plans.

22 Q Would it typically be the three of you at those
23 types of meetings?

24 A Yes, the three of us would often confer and meet.
25 Dan and I would often confer and meet, sometimes without

1 Patrick, but certainly Patrick was there as a resource to
2 us.

3 Q And what were the issues that you would be
4 dealing with? If issues were recurring, what sort of
5 things would be constantly dealt with at those meetings?

6 A Well, there were issues related to staffing
7 resource, issues related to workload, work volume, issues
8 related to the devolution process and strategies going
9 forward. And we had attempted some workload work
10 initiatives, the parent team initiative as referenced to
11 substance misuse. We used our community staff to do some
12 community diversion, pardon me, to do some community
13 diversion. There was a period of time where we engaged
14 with the Métis Federation to bring some interns on board,
15 to do some additional work, bringing in casual staff. I
16 mean it's sort of difficult to capture all the dynamics but
17 I mean those were some of the ongoing themes, I suppose,
18 that I would reference.

19 Q Now as assistant program manager you oversaw CRU,
20 a tier 2 intake team, abuse team and a community team as
21 well?

22 A Correct.

23 Q Those, I would take it each of those programs
24 would have different issues that would come up and
25 different concerns?

1 A Yes.

2 Q How is it as the assistant program manager you
3 were able to learn about what those were and how to address
4 them?

5 A Well the program, the framework for intake abuse,
6 after hours, CRU, tier 2, community, was all developed as
7 part of a program, description of program, model with
8 policies and procedures. So that was our frame of
9 reference in terms of their roles and responsibilities and
10 duties. With regards to, you know, whether it was a
11 community initiative or a community activity, if that
12 supervisor needed to engage discussions about that program
13 then we would do that in our supervision time.

14 Q But in terms of issues unique to each program,
15 for example, there must have been certain issues that were
16 unique to CRU as opposed to intake?

17 A I don't know that I would necessarily say that.
18 I mean it was an intake program, there were two segments, I
19 mean there were more than two segments, but as it relates
20 to intake and CRU, if that's specifically the question,
21 were there things that were unique to them? Sure, but I
22 don't -- I mean I think it would be difficult for me to be
23 specific about what those unique characters would be
24 without you offering me a question back maybe.

25 Q Well, just in terms of CRU what was role, what

1 was your understanding of the role of CRU at the time?

2 A The role of CRU at the time?

3 Q Um-hum.

4 A They were our front response. They were our
5 initial response and they would handle matters that were
6 deemed to be urgent or less than 48 hour response
7 primarily. If there was an urgent matter that required a
8 social worker to get out to a family, get out to see a
9 child, respond to a matter immediately, that's what they
10 did. If they were able to do some other work on a file to
11 make a determination as to whether it would be remaining
12 open for further service or be closed, that was their role.
13 And as it related to our abuse intake program, they would
14 make a determination as to whether a case needed to be
15 responded to beyond CRU that was urgent, there was an
16 immediate disclosure, an issue of safety but was particular
17 to abuse, those would be moved forward to our abuse team.

18 Q So CRU, the CRU workers would have to make a
19 determination as to whether the file is open, if it's
20 already open it goes to the family service worker it's open
21 to or to send it up to intake, those are the sorts of the
22 decisions that CRU was making?

23 A Yes, they were managing, essentially they were
24 managing the front door of intake.

25 Q We've heard evidence so far that there wasn't

1 mandatory training for supervisors; is that right?

2 A Well, there was the core competency training for
3 supervisors that was part of the package that supervisors
4 needed to take and participate in on hire.

5 Q Was that a mandatory requirement to participate
6 in the core programming for supervisors?

7 A I certainly saw it as mandatory.

8 Q How, in your view, how well did that training
9 equip the supervisor to do their jobs?

10 A How well did it equip? I don't know how well did
11 it equip. It provided the fundamentals of supervision, it
12 provided the fundamentals of supervision within child
13 welfare, so I think it provided a framework to at least
14 work from. That would be my way of best describing it, I
15 think.

16 Q Had, had you taken that program previously?

17 A Yes.

18 Q We've heard evidence about the files being sent
19 up to tier 2 intake from CRU and then being sent back down.
20 Is that an issue you were aware of?

21 A I'm aware of that, yes.

22 Q Were you aware of it at the time back in 2004,
23 2005?

24 A Yes.

25 Q What, what, what was your understanding as to why

1 that was happening?

2 A Well I think my take on that would be that
3 that's, that's how the program was learning, that's how
4 supervisors were learning, that's how communication was
5 being managed. I think roles of CRU, roles of tier 2 can
6 be fluid and a case might move from CRU to tier 2 intake
7 and there might be a question about that in terms of
8 whether the intake manager or supervisor thought that
9 enough work had been done or whether more work needed to be
10 done or if there were questions about the work. Our only
11 expectation in this situation was that there be a
12 conversation and a dialogue between the supervisors to come
13 to a decision, to ensure that service was in place and was
14 offered and that that shouldn't happen sort of at the
15 expense of the client, that it should wait, and that they
16 should make ready and informed decisions about that. If
17 themes were surfacing, if concerns were surfacing they
18 should come forward to me or to Dan as program manager. If
19 those supervisors couldn't work out that kind of internal
20 question then they could engage myself or they could engage
21 Dan and given the model where Dan had responsibility for
22 one CRU team and I had a responsibility for another CRU
23 team and we had different responsibilities of tier 2, there
24 were times where that could be managed by myself because it
25 might be my supervisor at CRU and the supervisor I had

1 responsibility at tier 2 for. On the other hand, it could
2 be CRU team supervisor I had responsibility for and Dan had
3 tier 2 supervisor responsibility, so we'd work them out.

4 Q How often did that come up, would you say, where
5 files are being sent back down? And was that a regular
6 occurrence?

7 A I don't know that it was regular. It certainly
8 was happening. And I'm not trying to be -- how regular it
9 -- it was happening. How often it was happening, I don't
10 know. I didn't view it myself as being problematic. In
11 fact, I thought it was part of learning to work with each
12 other. We had new supervisors coming on board, we had new
13 assistant program managers on board and I think people were
14 trying to work within the parameters of the program
15 description and then also trying to make decisions about
16 how to manage their work.

17 Q I understand you didn't view it as a significant
18 problem but were you able to assess how the supervisors
19 themselves viewed it? Was it a contentious issue for them?

20 A It was an irritant. You know, I suppose anybody
21 assigning work to you, you would like to believe that the
22 assigned, assigned file is simply going to flow through and
23 that there won't be a question about that, but there were
24 questions and I don't think that the questions were not
25 legitimate and they informed our practice. So, yeah, I

1 could see how a supervisor or a worker or an assistant
2 program manager might at times say this is a bit
3 irritating, but it's part of learning the work and doing
4 the work and delivering the service.

5 Q We've -- there's been reference to a term "walk
6 of shame".

7 A Um-hum.

8 Q Is that something you had heard?

9 A You know, I didn't -- when I first met with my
10 counsel he used that term and I couldn't remember that term
11 being actively used. It certainly wasn't a term that I
12 would use because I didn't see it as a walk of shame. I
13 saw it as work getting done. So whether it was a term that
14 I heard at one point in time and simply didn't use myself
15 because I didn't think it was an appropriate term, or
16 whether I never heard it, I don't know.

17 Q Was it, was it typically the case that when files
18 would be sent up to intake and sent back down, that would
19 be, that process would be something that was negotiated
20 between the supervisors? There would be some agreement as
21 to what should be done with the file?

22 A Yes.

23 Q And if the CRU supervisor decided, you know,
24 we've done our work here or this is an intake file, what
25 would happen?

1 A If a CRU supervisor signed off on a file to go to
2 tier 2 intake?

3 Q Right, didn't want it back, didn't think it was
4 appropriate to have it back.

5 A And the tier 2 supervisor raised the question of
6 saying I think this should come back?

7 Q Right.

8 A Well, as I said before, if they couldn't reach an
9 agreement on who would maintain status with that case, they
10 would engage the appropriate assistant program managers to
11 have a decision and Dan or I would make a decision.

12 Q And do you recall being, that happening on
13 occasion?

14 A That either Dan or I got engaged?

15 Q Where you had to make a decision, yeah.

16 A Oh absolutely.

17 Q When a referral came in what was CRU's role in
18 terms of determining how to handle that response, how to
19 handle the referral in terms of response time?

20 A Well, response times were determined based on the
21 presenting issue. So if it was an immediate response, if
22 it fit -- if it appeared to be an immediate response and
23 fit the frame of reference for immediate response, example
24 a child left unattended under the age of 12, for example,
25 that would meet the standard of an immediate response. So

1 our response times were generated through our safety
2 assessments and workers would then attend their response to
3 that unless there was some additional or other information
4 that would suggest that the response time should be
5 different.

6 Q Was it, was it part of CRU's role to determine
7 whether a particular matter required to have a certain
8 response time of two day, five day --

9 A Yes, that was the role of CRU.

10 Q That was, that was done, you've seen it done,
11 you've seen a safety assessment form.

12 A Um-hum.

13 Q You've also seen it done in reports.

14 A Yes.

15 Q Was there a standard way to do this and to make a
16 determination as to time, response time?

17 A Was there a standard way of CRU to do that?

18 Q Right.

19 A Yes.

20 Q And what was the standard way?

21 A The standard way was -- well, I don't have it in
22 front of me, but there was the CRU report that would be
23 done and the safety assessment that would be completed and
24 that would guide the response time and those were completed
25 when a CRU case, intake was activated.

1 Q Would the response time determined by CRU be
2 simply a suggestion to intake or was it actually something
3 intake would be expected to adhere to?

4 A To me I see response times outside of the
5 immediate urgent child in danger response times as
6 guidelines and information that's available to the
7 supervisor or to the worker may determine whether you're
8 meeting that timeline or not and if you're not meeting that
9 timeline then you would account for, account for that
10 difference.

11 Q But if the CRU worker determines that, for
12 example, the file's a five day response time.

13 A They determined that at CRU or moving forward --

14 Q They determine that at CRU.

15 A Yes.

16 Q They write it in the report.

17 A Yes.

18 Q That report gets sent up to intake --

19 A Yes.

20 Q -- usually by the next day. Is the intake worker
21 required to meet that timeline, respond within the five
22 days?

23 A Required to. That's the guideline that's --
24 that's the timeline that's attached to the record. If a
25 worker wasn't able to respond within that five days, I

1 would expect that they would have a discussion with their
2 supervisor about what is manageable or what is not. I
3 would also expect that there would be a dialogue about what
4 contact actually would mean, contact into that file. So
5 are we making an initial phone call or are we doing a
6 field? What is required? And if we're not meeting that
7 timeline then as a supervisor I would expect that that
8 would be a discussion between the intake worker and the
9 supervisor.

10 Q Were there issues around whether or not intake
11 was able to meet the recommended response times coming in
12 from CRU?

13 A Yes.

14 Q And can you just elaborate on what the issue was
15 specifically?

16 A I think specifically the ability to respond was
17 based on the volume of work that was at the tier 2 intake.
18 So if the work is being done and we're relatively assured
19 of the risk that is presenting and we're able to make a
20 decision, then again that's a conversation between the
21 supervisor and the worker. The, the volume of activity at
22 tier 2 was heavy certainly, and you know, if you would
23 account for vacation, if you account for vacancy, if you
24 account for some of those other challenges and then of
25 course attending to the most high risk first, it was not

1 unusual that the five day response cases maybe were not
2 always being responded to in that timeline.

3 Q There's been some suggestion that the response
4 times that CRU would come up, would sometimes be adjusted
5 to reflect what was happening at intake in terms of
6 busyness. Is that an issue you were aware of that that was
7 occurring?

8 A Yeah, I would -- again, my take on the response
9 time, the supervisor -- I'll walk it through. Can I, can I
10 walk it through?

11 Q Please, yes.

12 A The CRU worker handles the case, they make a
13 decision. The supervisor then reviews it. The supervisor,
14 the CRU supervisor reviews it, signs it off or asks
15 questions, whatever they do at that time, and then it goes
16 to tier 2. Tier 2 supervisor reviews it and says this is
17 what's happening in my team, this is the current situation
18 within my volume of cases, this is my take on the case
19 based on my experience, my knowledge, my skill, my
20 awareness, whatever it might be and the decision will be
21 made in terms of deciding that case and if a response time
22 was changed it would be changed in accordance with that
23 kind of thought.

24 Q So I'm not sure if that answers the question I
25 was looking for an answer to and maybe it's just the way I

1 phrased it --

2 A Might have been my response too.

3 Q There's been evidence that has suggested and I
4 think there was reference made to it in one of the reports
5 that response times would be sort of tailored to meet what
6 intake could handle. So if intake, it was known that it
7 was particularly busy in intake ...

8 A I wouldn't agree with that.

9 Q Okay, that's what I was asking you.

10 A Yeah, I wouldn't agree with that that at all.

11 Q You're not aware of that happening?

12 A No. That wouldn't have been supported.

13 Q And if a supervisor was telling workers to do
14 that, that wouldn't be appropriate?

15 A To tailor a response time based on what tier 2
16 can do?

17 Q Right.

18 A No.

19 Q Okay. What, what was the purpose of having the
20 supervisor review file closings? When a decision is made
21 to close a file, why, why would you have supervisors have
22 to sign off and review that?

23 A For final accountability, to verify the work
24 primarily, to be able to account that an individual worker
25 isn't able to make individual decisions that may not be

1 consistent with policy or practice.

2 Q What was your expectation as to what a supervisor
3 would review before signing off on an intake, a closing
4 summary?

5 A The supervisor would read the materials that were
6 presented to them at sign off.

7 Q Just whatever was in the report or would you
8 expect the supervisor to look at anything else?

9 A Generally they would be looking at the report.
10 Now if there was a question the supervisor had or if the
11 supervisor required, thought they required more information
12 to inform that decision, that might be different but in
13 terms of just signing off a report, they would be reading
14 the documentation that was presented to them for sign off
15 that had been prepared by the worker.

16 Q And for a child protection matter are there
17 certain things that a supervisor would be expected to look
18 for in a report before signing off on it and the
19 recommendation to close?

20 A Yes, there's probably a number of things you'd be
21 looking for.

22 Q What are some of the most important or
23 significant things?

24 A Probably the number one would be current safety
25 of the child.

1 Q So that should be foremost in the supervisor's
2 mind?

3 A At CRU, at intake, yes.

4 Q In either case, whether it's CRU or intake that
5 should be the first thing in a supervisor's mind?

6 A I think probably right across the frame of child
7 welfare, safety of the child should be first.

8 Q Right.

9 A I mean you can probably step down from there but
10 I think safety would be first.

11 Q Okay. When, when a supervisor would be looking
12 at safety, would the history for the family play into that
13 assessment?

14 A Yes.

15 Q And how would that work and why would the history
16 play into it?

17 A Well, it, it would be one of the determinants or
18 one of the factors that you would want to consider when
19 signing off a file, have we seen this family before or has
20 this been a family that's had significant challenges in the
21 past? Have issues resolved at intake easily? readily?
22 What supports have they previously accessed? Have they
23 been open to receiving supports and there's probably, we
24 can spend a lengthy conversation about that, but history
25 would have value in making that decision, yes.

1 Q What about the age of the child?

2 A Age of the child would relate back to safety,
3 yes.

4 Q Okay. And what is it, what is it about age that
5 would relate back to safety?

6 A Well vulnerability of the child would be an issue
7 of safety. So is the child a toddler? Is the child an
8 infant? Is the child in school or not in school? I mean
9 all of those would be again factors to consider.

10 Q Would you expect the worker and the supervisor to
11 look to see what sort of supports are in place for the
12 family?

13 A That would be one protective measure, yeah.

14 Q When a CRU worker opens a file, what do you
15 expect the worker to review? What would you have expected
16 the worker to review in terms of history?

17 A Well, the worker would be reviewing the current
18 incident. The worker would be reviewing any history that's
19 already been completed. The worker would be reviewing the
20 CFSIS history. So that would be the history that would be
21 readily available to the CRU worker to access or to review.

22 Q And would you expect the worker to do a fairly
23 thorough review of the history to the extent that it's
24 available?

25 A I would expect that the worker would review what

1 was available, yes.

2 Q So looking at, for example, the past closing
3 summary would that -- if you know that it's a file that's
4 been open for some time or there's multiple openings, would
5 it be sufficient just to look at the last closing summary
6 or would you expect more than that to be done?

7 A Well, I guess it might depend on how complete the
8 history appeared to be. If you looked at a history and
9 looked at CFSIS and it didn't line up and you said -- you
10 may ask yourself a question to say there appears to be more
11 history and I need to do some more work. But if it
12 appeared to be a complete history, history would be in your
13 mind but again, thinking from the CRU perspective, though
14 the family may have had a history we're attending to today,
15 we're attending to the matter that is present today. So
16 the issue that is present today may have nothing to do with
17 the prior history, it may have something to do with the
18 prior history. So history was a guide but response and the
19 need to respond and make a plan about safety now was
20 primary at CRU.

21 Q When it came to actually training CRU workers,
22 did you have any role in that as an assistant program
23 manager?

24 A No.

25 Q What about for intake workers, did you have any

1 role?

2 A No.

3 Q Who, who would be expected to train the workers,
4 would it be the supervisors?

5 A The supervisors, their colleagues in terms of
6 mentorship and then training through the core competency
7 program.

8 Q Was it part of your role to ensure that the
9 trainers received the appropriate -- sorry, was it part of
10 your role to ensure that the supervisors were ensuring that
11 the workers had appropriate training?

12 A Yes.

13 Q How did you do that?

14 A The supervisors, when they were bringing on new
15 hires, would be made aware and would know that a new hire
16 would be signed up for the core competency training, so it
17 was -- I guess how would I know that, it was part of our
18 practice that a new social worker would move through that
19 program, so.

20 Q Would you do any auditing yourself of the
21 worker's files or reviewing work that had been done?

22 A When you say --

23 Q On various, on various cases or intakes.

24 A I looked at intakes every day. I reviewed
25 intakes every day. So in terms of an audit function or an

1 audit process, I saw the work of probably every single
2 worker at CRU intake, abuse intake. On some level I would
3 have seen their work, I think.

4 Q Why is it you would have seen their work on a
5 daily basis?

6 A Again, covering, providing support, sort of the
7 hands on backup to our supervisor group is something that
8 Dan and I took, took on a serious responsibility to make
9 ensure that the workflow continued and that supervisors had
10 opportunity to manage their teams when another supervisor
11 was away. So we stepped in to that role.

12 Q Are you saying that's something you did on a
13 daily basis?

14 A Well, on a daily basis I would have been aware of
15 case activity and how workers were doing and how
16 supervisors were engaging with the worker. That's what I
17 meant in terms of that level of involvement. In terms of
18 if I was covering if my CRU supervisor was away, I would
19 take time to be available to review CRU opens and closes.
20 Or if my intake supervisor was away I would do the same
21 thing.

22 Q Where were you actually -- where was your office
23 in relation to the units you were supervisor of?

24 A Where was my office?

25 Q Where was your office?

1 A I was -- had an office on the second floor of
2 835 Portage Avenue.

3 Q Would you -- you said you would see what was
4 happening between the supervisors and the workers on a
5 daily basis?

6 A Yes.

7 Q And how -- I'm just trying to understand how you
8 would make those observations. Were you, were you where
9 they were working or how is it you would have the ability
10 to do that?

11 A Well, tier 2 intake was located on the second
12 floor with the abuse intake and CRU was located on the main
13 floor with abuse intake. So as I said, I would generally
14 begin my day down in CRU, get a sense of volume activity,
15 what had occurred through our after hours, do some of the
16 review of the after hours reports to support that process
17 of the day, connect with my CRU team supervisor to again
18 get a sense of what their activity and volume was like and
19 essentially the same on tier 2. So we were, we were
20 working throughout the building.

21 Q Would you have these meetings with the
22 supervisors on a daily basis? So as you come in, you meet
23 with the CRU supervisor, for example, and say, you know,
24 what's, what's the workload look like today?

25 A Yeah, I think that there was a check-in function

1 that both Dan and I, Dan Berg and I did on a regular basis
2 with intake, tier 2 intake, CRU, abuse.

3 Q That would involve meeting with the supervisors
4 and asking what's happening?

5 A Yeah, essentially checking in.

6 Q Okay.

7 A And being available.

8 Q What else did you do as an assistant program
9 manager?

10 A Well, as I referenced earlier, I mean a lot of
11 our work was related to some of the transitional issues
12 that were upon us as we moved into the role, policy
13 procedure, engaging teams, problem solving, issues related
14 to hiring, budget, relationships back to our executive
15 management through Patrick Harrison through to that senior
16 management table. So those were some of the functions that
17 we were vested of.

18 Q You said earlier that the workload at intake was
19 pretty high, fairly constantly high; is that right?

20 A Yeah, it was a busy place.

21 Q But was it manageable?

22 A Was it manageable. Well somehow we managed. I
23 mean volume and activity was daily and fairly constant
24 and ...

25 Q Well, in your view or your opinion based on your

1 involvement, was -- did you find that the workload was too
2 much or too high?

3 A The workload was absolutely high and we did, we
4 attempted to manage that workload in different ways as
5 indicated with the CRU diversion. We did some things with
6 activities at the second floor. We did some workload
7 management at tier 2. We looked at work volume and looked
8 at our staffing resources and tried to move cases
9 appropriately based on vacancy and activity. So there was
10 a fairly organized effort to do our best to attend to work
11 volume workload within our role as assistant program
12 managers.

13 Q Did the workload have any impact on the services
14 being delivered to clients?

15 A Well, we, I believe we did the work that was
16 assigned to be done, so workload, workload has an impact on
17 everyone. I mean I worked in child welfare for 20 years.
18 Workload was, in my 20 years workload was always an issue.
19 Work volume, work activity, the number of families was
20 always an issue. So, you know, in that period of time,
21 from '03 to '05, as assistant program manager it was part
22 of being in child welfare was high volume, high activity,
23 high workload and trying to manage that workload, so ...

24 Q Had that been your experience generally over your
25 career in terms of workload was always high in child

1 welfare?

2 A In, in my experience as a foster care worker, I
3 wasn't subjected to the same level of workload as a
4 frontline case manager. As a family preservation
5 reunification worker, I wasn't subjected to the same
6 workload, work volume. But when I worked in intake, abuse
7 intake, family services, family services supervisor
8 position, assistant program manager position, workload was
9 always demanding.

10 Q With that in mind, was there anything unique
11 about the workload situation in 2004, 2005?

12 A I think the unique aspects of '04 and '05 were
13 the additional external forces or challenges related to
14 devolution, related to the where will I be next, where's my
15 home position? Home position in terms of where's my next
16 job going to be. You know I would think if I transported
17 myself back to '04, '05, home position is a word that was
18 used regularly. Where will I be? Where will I go? What
19 will I do? Will I remain in child welfare? Will I be
20 somewhere else? So '04, '05 was a difficult time,
21 particularly related to transition issues. So that's my
22 recall of '04, '05.

23 Q That I take had a -- that would have had an
24 impact on the morale of the workers in the various units?

25 A Absolutely.

1 Q Earlier when I asked you if the workload had
2 impacted the services, you somewhat hesitated when you
3 said, you know, we did the work.

4 A Yeah.

5 Q What was -- when you say we did the work, what do
6 you mean by that?

7 THE COMMISSIONER: I think his word, term was
8 somehow we managed.

9

10 BY MR. OLSON:

11 Q Yeah, somehow we managed but I think you also
12 said --

13 A Yeah.

14 Q -- we did the work.

15 A Right.

16 Q But what was -- was there a difference between
17 doing the work to the level you would like to as opposed to
18 just doing the work? Was there a distinction that you were
19 making?

20 A I don't think I was making a distinction other
21 than to say, you know, workload, work volume was an issue,
22 it was a challenge, but at the end of the day and through
23 our work efforts we attended to the matters that we needed
24 to attend to.

25 Q Okay. In your view were children ever put at

1 risk because of the workload issues?

2 A I would say generally speaking, and I'm on record
3 previously of writing the communication to the minister
4 about workload and risk, so yes.

5 Q How, how -- what sort of impact would it have?

6 THE COMMISSIONER: Just a minute. You're saying
7 yes to what?

8 THE WITNESS: That there would be risk --

9 MR. OLSON: To children.

10 THE WITNESS: -- to children as a result of
11 workload. Or there could be risk to children as a result
12 of workload or volume.

13 THE COMMISSIONER: Thank you.

14 THE WITNESS: Yeah.

15

16 BY MR. OLSON:

17 Q Are you able to explain that in more detail what
18 you mean?

19 A Well ...

20 Q For example, were you aware of any specific
21 instances where that occurred, where a child was placed at
22 risk because of workload?

23 A Not specific, not a specific case or a specific
24 instant where somebody said this child's at risk because of
25 this workload issue, no. More generic, more generally,

1 recognizing that workload was heavy and as a result risk
2 was an element that needed to be part of our work, or was
3 part of our work. But risk is, I mean risk is inherent in
4 the work, so ...

5 Q I guess if -- are you saying that because
6 workload was high, workers may cut corners they otherwise
7 wouldn't have, having more time which would put children at
8 risk, is that what --

9 A I wouldn't say cut corners, but it's possible
10 that work may not have been as thorough necessarily as it
11 could have been. I'll give you as an example, I suppose,
12 if a family -- if we made a determination at intake or at
13 CRU that a case could close, there was never opportunity,
14 in my experience there wasn't opportunity to spend
15 additional time to engage a family around additional
16 resources or additional community supports or additional
17 offerings of service. There just wasn't that opportunity
18 and that time to do that. So in my view that was one of
19 the challenges in order, when you use the word thorough,
20 that would be where I would place my thought with regards
21 to thorough, that would be more thorough.

22 Q Were things like that important to you?

23 A Well important in the sense that you want a
24 family to have best outcome of your service and you want a
25 family to, as best possible, not cycle back into a child

1 welfare referral or investigation. So important, important
2 in that regard.

3 Q So those types of things may prevent families
4 from coming back into the system?

5 A If there was more time or more opportunity to
6 deliver service, is that (inaudible)?

7 Q Right.

8 A Yeah. Yeah, and the child, I mean the child
9 welfare report was only one element of a family's existence
10 often when we were talking about families compromised by a
11 number of issues, whether it be issues relating to poverty
12 or isolation or housing or mental health issues or, you
13 know we were looking -- our work was related to the child
14 welfare domain and ensuring the safety. So more thorough
15 work, potentially different results but that wasn't the
16 role either.

17 Q What do you mean when you say that wasn't the
18 role?

19 A Well, in terms of the CRU worker, that wasn't
20 necessarily their role. It was certainly their role to
21 achieve best outcome and if I, if I walk that back from
22 where you were previously asking the question about being
23 thorough, we didn't have that opportunity to be as thorough
24 as may have been best for a family at closing.

25 Q But at the time if a CRU worker, for example,

1 identified the family as a family that might need some
2 extra supports, which you know, may provide a better
3 outcome for the family and then the family not having, be
4 in contact with the system again, wouldn't it be part of
5 CRU's role at that time to identify that and try to make
6 those connections?

7 A Yes, absolutely, it would be.

8 Q So when you said it's not CRU's role, what, what
9 did you mean by that? Is that ...

10 A Well, what I meant by that was to me there's a
11 fundamental difference between saying to a family we're
12 closing your CRU intake and here's some resources for you,
13 than actually being able to have the opportunity to meet
14 with the family, have a more engaged dialogue and help them
15 to take the next steps that they may benefit from. So the
16 workload in that regard didn't allow you to say I'm going
17 to spend more time with X family because that wasn't
18 available to you. So that's, coming back to my comment
19 about that wasn't the role of CRU, you didn't have the time
20 and opportunity to do that.

21 Q So the system just wasn't set up that way?

22 A Correct.

23 Q You're not saying it wouldn't have been a good
24 idea to do that because it would have been a good idea to
25 have those sorts of services in place?

1 A Yes, and I think we did when it came to the --
2 some of the diversion stuff that we did at CRU would be an
3 example of that kind of work that we got to.

4 Q Was there any pressure to close files at CRU to
5 keep them from going, for example, up to intake?

6 A I think there was pressure to close -- there were
7 pressure points to close files all the time but I don't
8 think it was specific to closing a file so that it didn't
9 get to tier 2. I think there was pressure to close files
10 because you knew the next day a whole bunch more were
11 coming in, so -- but I wouldn't, I wouldn't tie the two
12 together. I wouldn't tie those together.

13 Q You mean workload and pressure to close files?

14 A Correct, to tier 2. I, I --

15 THE COMMISSIONER: What were the two things you
16 wouldn't tie together?

17 THE WITNESS: The question was, was there
18 pressure in CRU to close files so they wouldn't get to
19 tier 2, is that correct?

20 MR. OLSON: That's right.

21 THE WITNESS: And I'm saying I don't think that
22 there was pressure, at least not that I'm aware of, that
23 supervisors at CRU felt pressure to close a file so it
24 wouldn't get to tier 2. That doesn't mean that a tier 2
25 supervisor might say to a CRU supervisor hey slow it down,

1 man, because we're having a hard time up here. I mean if
2 you want to call that pressure, maybe that's a form of
3 pressure. But within the system, right, and you're asking
4 about my take on it and my view as the assistant program
5 manager at the time, no, there was not pressure at CRU to
6 close files so it didn't get to tier 2.

7 MR. OLSON: I wonder if this might be a good time
8 for the afternoon break.

9 THE COMMISSIONER: Yes. All right, we'll take a
10 15 minute mid-afternoon break.

11

12 (BRIEF RECESS)

13

14 BY MR. OLSON:

15 Q Mr. Wilson, did you have any direct involvement
16 in any of the services provided here to Phoenix Sinclair?

17 A No.

18 Q And do you have any recollection of talking with
19 any of the supervisors or anyone else about the facts of
20 this case at the time they were happening?

21 A No.

22 Q No?

23 A No.

24 Q I wanted to ask you about one issue. If we turn,
25 or put on the monitor, please, page 37344. This was an

1 intake completed by Debbie De Gale. She was one of the
2 workers that Ms. Verrier supervised. Are you aware of
3 that, that Ms. De Gale was one of the workers?

4 A Yes.

5 Q There's been some evidence that Ms. De Gale
6 believes that this, her report, as well as the safety
7 assessment she prepared was altered by someone. Do you
8 have any knowledge of that happening?

9 A No.

10 Q And if someone were to alter a report, for
11 example, if a supervisor were to alter the worker's report,
12 what would be the appropriate way to do that?

13 A If a supervisor wanted to alter a report or
14 change a report or amend a report, they would either have a
15 conversation with the worker, in this case the CRU worker,
16 to add additional information or detail to the report or to
17 be more clear, consistent, whatever the issue was. The
18 supervisor would ask the CRU worker to make those changes.
19 If a supervisor reviewed a report and felt that there was
20 some additional information they could do an addendum
21 themselves into the report. So those would be two ways
22 that a report could be changed.

23 Q If the supervisor were to add to a report a
24 change in report without the worker's knowledge, would
25 there be some indication of that in the report or would it

1 be, sort of would it be required that there be some
2 indication of that in the report?

3 A If the supervisor, like looking at the CRU intake
4 after hours form that's in front of me --

5 Q Right.

6 A -- if a supervisor wanted to add information
7 themselves, they would add it into the report and that
8 would be referenced under their name.

9 Q Okay. So there would be an indication that the
10 supervisor --

11 A Yes, it would be clear that the supervisor had
12 gone in and made a change or updated information or
13 received new information.

14 Q But again, you're not aware of any changes being
15 made to this report by a supervisor?

16 A No.

17 MR. OLSON: Those, those are my questions. Thank
18 you.

19 THE COMMISSIONER: Thank you, Mr. Olson.

20 All right, who's going first? Mr. Gindin?

21 MR. GINDIN: I have no questions.

22 THE COMMISSIONER: No questions? Mr. Ray?

23 Mr. McKinnon, are you --

24 MR. MCKINNON: Nothing yet, Mr. Commissioner.

25 THE COMMISSIONER: Thank you. Mr. Khan?

1 UNIDENTIFIED PERSON: (Inaudible).

2 THE COMMISSIONER: Oh sorry. Mr. Ray.

3 MR. RAY: Yes, Mr. Commissioner, I just have one
4 area with Mr. Wilson.

5

6 CROSS-EXAMINATION BY MR. RAY:

7 Q It's Trevor Ray. I represent MGEU and a number
8 of social workers. And just one question with respect to
9 CD1663, page 34661.

10 MR. RAY: If you can just scroll up, please. If
11 you can scroll through the entire document to give the
12 witness an opportunity to see it. If you could stop right
13 there.

14 THE COMMISSIONER: This is a letter from whom to
15 whom?

16 MR. RAY: I was just going to put that,
17 Mr. Commissioner. This is a letter which this witness, I
18 understand, and the witness can confirm, which he
19 co-authored.

20 THE COMMISSIONER: Oh, okay.

21 MR. RAY: His name is at the bottom right-hand
22 side.

23

24 BY MR. RAY:

25 Q That's you, Mr. Wilson --

1 A That's correct.

2 Q -- I'm correct?

3 A Yeah.

4 Q And is that your signature above, I'm assuming
5 would be the signature of Mr. Manteuffel on the right-hand
6 side, at the bottom right?

7 A Yes.

8 Q Okay.

9 MR. RAY: If we could just scroll up to the first
10 page, please, Madam Clerk. One down, sorry. Yes.

11

12 BY MR. RAY:

13 Q So this letter was written December 19th, 2002, I
14 understand. At the time what would was your position at
15 the time you co-authored this letter?

16 A I was supervisor for the family preservation
17 reunification team.

18 Q Okay. And I just, because it's been put into
19 evidence and because I expect someone from the MGEU may
20 perhaps comment on the letter at some point in the future
21 in their evidence, I wanted to give you an opportunity to
22 comment on it. But as I understand the letter, you, you
23 and the others authored the letter as a result of concerns
24 you had about, in particular, high workload at the time and
25 the impact that that was having on the ability to service

1 clients, is that --

2 A That's correct.

3 Q -- correct?

4 A Yes.

5 MR. RAY: And if you could just scroll up a
6 slight bit, Madam Clerk, please. A little more. And if
7 you could keep going. That's fine, thank you.

8

9 BY MR. RAY:

10 Q I have no other questions about that document. I
11 just wanted to give you an opportunity to comment on the
12 workload issue if you had any further comments.

13 A Well as I, as I had indicated earlier, in my 20
14 years in child welfare, workload and workload demands were
15 an ongoing challenge, particularly in the family service
16 intake programs. And at the time I was a supervisor at the
17 family preservation unit and I was the chief shop steward
18 for our supervisors' local and as part of our effort to
19 appropriately support our members, in partnership with the
20 workers' local, we thought that we needed to bring the
21 issues forward in a more complete way and identify what we
22 believed to be real issues that were facing our supervisor
23 group and our worker group during that time.

24 Q The letter was directed to the minister if I
25 recall correctly.

1 A Correct.

2 Q Had you attempted to express those concerns to
3 management above yourself prior to going to the minister?

4 A Yes.

5 Q And what was the response that you received from
6 management at that point in time, if you recall?

7 A Well, I think my recall of it, though I can't
8 remember specifics, was that both the supervisor group and
9 the worker group were frustrated, disappointed in the
10 labour management relationships that were in place at the
11 time and in particular, we were concerned that the current
12 executive management wasn't attending to labour management
13 questions that were being brought forward and in fact that
14 the labour management relationship, which had been a fairly
15 good working relationship at a prior date, had eroded to
16 such time that we didn't have confidence that these issues
17 were being heard or were being attended to and as a result,
18 we went directly to the minister with our concerns.

19 Q Do you recall whether your concerns were ever
20 addressed to your satisfaction at the time by the minister
21 or the person who responded on behalf of the minister?

22 A Well, we had an opportunity to bring forward our
23 issues but it didn't, it didn't resolve all of the issues
24 contained within, within the letter, but I think we felt as
25 though at least the message had been conveyed and

1 communicated to the appropriate people.

2 Q More specifically, did, did workload concerns,
3 were workload concerns addressed or did you felt that there
4 was an improvement in workload to, across the board or to
5 your unit specifically?

6 A As a result of this initiative or this letter?

7 Q Yes.

8 A No.

9 MR. RAY: Thank you, Mr. Wilson. Those are my
10 questions.

11 THE COMMISSIONER: Mr. McKinnon?

12 MR. MCKINNON:

13

14 CROSS-EXAMINATION BY MR. MCKINNON:

15 Q Just, Mr. Wilson, it's Gordon McKinnon. I'm the
16 lawyer for Winnipeg CFS and the department. I just want to
17 ask you a couple of questions that arose out of the last
18 few questions that Mr. Ray put to you. When you wrote this
19 letter you were a supervisor in scope? You were in the
20 union at that time?

21 A Yes, correct.

22 Q And when you became an assistant program manager
23 at intake you were out of scope?

24 A That's correct.

25 Q So you moved between the date of this letter and

1 the date that you became the assistant program manager you
2 moved out of scope?

3 A That's correct.

4 Q And if I recall your evidence earlier today,
5 workload was not a particular concern of the unit where you
6 were the supervisor that, and if I have that right it was
7 the permanency planning unit that you were the supervisor
8 at at this time when this letter was written?

9 A Yeah. It wasn't a permanency planning unit. It
10 was a preservation reunification unit.

11 Q Sorry, a preservation reunification.

12 A Yes.

13 Q And you were the supervisor?

14 A Correct. And workload there was managed because
15 we capped the number of referrals and cases that we could
16 manage in that program, which was a resource essentially,
17 operated as a resource to intake and family services.

18 Q Right. And so your -- as I understand your
19 evidence from this morning, your view was that the workload
20 was heavier, more difficult to manage in the intake and
21 family service units?

22 A Correct.

23 Q So my point is at the time you are writing this
24 letter you are not complaining about the workload in your
25 unit, you are writing this letter on behalf of units that

1 you are not supervising, fair?

2 A Yeah, fair.

3 Q Okay. And in terms of the workload at the units
4 when you became assistant program manager, we have your
5 evidence on that from this morning --

6 A Yes.

7 Q -- or from this afternoon.

8 A Yes.

9 MR. MCKINNON: Thank you.

10 THE COMMISSIONER: Thank you, Mr. McKinnon.

11 Mr. Saxberg?

12 MR. SAXBERG: Thank you, Mr. Commissioner.

13

14 CROSS-EXAMINATION BY MR. SAXBERG:

15 Q Good afternoon, Mr. Wilson. Just a couple of
16 quick questions arising out of the questions you've been
17 asked already by counsel. Firstly, with respect to Diana
18 Verrier, you were her supervisor?

19 A I was her supervisor, yes.

20 Q Did you ever hear a complaint about Ms. Verrier
21 from any of her staff or other staff about Ms. Verrier
22 changing reports?

23 A No.

24 Q Did you hear any complaints about Ms. Verrier
25 from her staff at all?

1 A No.

2 Q With respect to the workload questions you were
3 asked, in particular, how does workload impact delivery of
4 services and does it potentially put children at risk. Did
5 workload affect the ability of workers at intake including
6 CRU and after hours to achieve best practice in every case?

7 A Could you restate that? Sorry.

8 Q Does the workload issues and workload volumes
9 affect worker's ability to meet best practices --

10 A Yes.

11 Q -- in each of the files they're working on?

12 A Yes.

13 Q Yes, it does?

14 A Yes.

15 Q And that would include the amount of history that
16 a worker could review prior to doing an assessment?

17 A That would be a good example, yes.

18 Q And would it also include whether all children
19 could be seen on a particular investigation?

20 A Yes.

21 Q And did that happen, to your experience, from
22 time to time? In CRU, for instance, where not all of the
23 children were able to be seen during an investigation?

24 A Correct.

25 Q That that happened?

1 A That -- yes.

2 Q And were you aware of any specific rule or
3 procedure that was in place that said that should never
4 happen at a CRU investigation?

5 A I wasn't aware of any such rule.

6 THE COMMISSIONER: What was the rule?

7 MR. SAXBERG: If there was a rule, I was asking
8 if he was aware of a rule that said on every single
9 investigation at CRU you must see all the children.

10 THE COMMISSIONER: You're asking him though was
11 there such a rule?

12 MR. SAXBERG: Yes.

13 THE COMMISSIONER: Thank you.

14

15 BY MR. SAXBERG:

16 Q And your answer was?

17 A I wasn't aware of any such rule.

18 Q Okay. And then with respect to pressure to close
19 files, you indicated that there was no pressure to close
20 files at CRU as a result of intake per se; is that fair?

21 A Correct, I didn't believe that there was pressure
22 from tier 2 intake to our CRU teams to close files so they
23 wouldn't be advanced to tier 2.

24 Q But in general, in terms of was there a general
25 pressure at CRU to close files?

1 A I think I would say that there was pressure at
2 all points of intake to close files. There was pressure at
3 CRU to close files. There was pressure at intake to close
4 files. There was pressure at abuse intake to close files.

5 Q And was that because there was only so much
6 resource available to manage those files that you had to
7 prioritize?

8 A There was only so much resource and capacity to
9 manage, yes.

10 Q Okay.

11 MR. SAXBERG: Those are my questions.

12 THE COMMISSIONER: Thank you.

13 MR. SAXBERG: Thank you.

14 THE COMMISSIONER: Mr. Olson?

15 MR. OLSON: I have no additional questions.

16 THE COMMISSIONER: One question, witness. You
17 said that before you co-authored that letter you had taken
18 the concerns that are in the letter to your management.

19 THE WITNESS: Yes, through our labour management
20 committee, correct.

21 THE COMMISSIONER: And who, who was there from
22 management that heard your concerns?

23 THE WITNESS: Well, I don't know that I can
24 recall specifically who was there from management. There
25 was a labour management committee that met with executive

1 management. Exactly who was there I don't know.

2 THE COMMISSIONER: Thank you. You're through,
3 witness.

4 THE WITNESS: Thank you.

5

6 (WITNESS EXCUSED)

7

8 THE COMMISSIONER: All right, Mr. Olson?

9 MR. OLSON: Well we've managed to finish earlier
10 than anticipated today. Mr. Wilson was our last witness
11 scheduled.

12 THE COMMISSIONER: I see, all right. So we're
13 through till 9:30 tomorrow morning then, are we?

14 MR. OLSON: Yes, we are.

15 THE COMMISSIONER: All right. We'll stand
16 adjourned now till 9:30 tomorrow morning.

17 (PROCEEDINGS ADJOURNED TO JANUARY 29, 2013)