



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 Eaton Hall, Marlborough Hotel,
331 Smith Street, Winnipeg, Manitoba

TUESDAY, MAY 14, 2013

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1 MAY 14, 2013

2 PROCEEDINGS CONTINUED FROM MAY 13, 2013

3

4 THE COMMISSIONER: Good morning.

5 MR. RODGERS: Good morning.

6 THE COMMISSIONER: Mr. McKinnon. Welcome back.

7 MR. MCKINNON: Thank you.

8 MR. RODGERS: Thank you, glad to be back. I'll
9 try and keep my responses short.

10 THE COMMISSIONER: Well, depends how many
11 questions the lawyer asks you.

12 MR. MCKINNON: Is this microphone on? No.

13 THE CLERK: Yes.

14 MR. MCKINNON: Is the microphone on? Yes.

15 MS. WALSH: Yes.

16 MR. MCKINNON: Thank you, Mr. Commissioner, the
17 next witness is Jay Rodgers. As I mentioned in my opening
18 statement, Mr. Rodgers is wearing two hats and therefore
19 has two counsel who will lead him through different parts
20 of his evidence. Madam Clerk, if the witness could be
21 sworn.

22 THE COMMISSIONER: Well, he has been sworn.
23 You're still under oath.

24 THE WITNESS: Yes.

25

1 **JOHN CHARLES RODGERS**, previously
2 sworn, testified as follows:

3
4 THE COMMISSIONER: I think that's satisfactory.

5 MR. MCKINNON: Thank you, Mr. Commissioner. As
6 you're aware, this witness testified previously on May 4th.
7 Or, sorry, February 4th and at the time Ms. Walsh took him
8 through his resume, very briefly. I might just highlight a
9 few aspects, additional aspects of his resume, just to
10 refresh your memory.

11 THE COMMISSIONER: Yes.

12

13 DIRECT EXAMINATION BY MR. MCKINNON:

14 Q Mr. Rodgers, your C, CV is at Commission
15 disclosure 1879, and Mr. Commissioner, it's also at tab 10
16 of Exhibit 64. Do you have that document in front of you,
17 Mr. Rodgers?

18 A No.

19 Q It's up on the screen.

20 A Thanks. Where is it?

21 Q It's at tab 10 of the binder in front of you and
22 I would suggest --

23 THE COMMISSIONER: Yes.

24 MR. MCKINNON: -- and I would suggest you use the
25 paper because we may be flipping around a little bit.

1 THE COMMISSIONER: I have it.

2

3 BY MR. MCKINNON:

4 Q You have a Bachelor of Social Work and a Masters
5 of Social Work from the University of Manitoba. You
6 obtained your MSW in 1983?

7 A That's correct.

8 Q And you've had a number of positions in the CFS
9 system. I'm not going to go through them all but I will
10 highlight a few. Your background was in the research and
11 planning area; correct? First at the Main Street Project
12 and then with the Department of Family Services as it was
13 then known?

14 A Yes.

15 Q And you've done some program evaluation
16 manager -- you worked as a program evaluation manager and
17 later as a team leader in the development area?

18 A Yes.

19 Q And what does that mean, team leader development?

20 A That was a team that was put in place, I believe
21 around April 1999, when I took the position. That was -- I
22 believe it was called the team that was responsible for
23 community engagement.

24 Q Okay.

25 MS. WALSH: Does he have two microphones?

1 MR. MCKINNON: There's two microphones there, are
2 they both turned on perhaps?

3 MS. WALSH: We're getting a stereo effect.

4 THE WITNESS: Do you want me to turn this one
5 away?

6 And that team was mainly to build relationships
7 with some of the external service providers that were
8 funded through the department.

9

10 BY MR. MCKINNON:

11 Q Okay. And in 2000 you became the managing
12 director of the Strategic Initiatives -- I think it's
13 called Strategic Initiatives Coordination and Support; is
14 that correct?

15 A Yes.

16 Q And what was that, very briefly?

17 A That was -- that position still exists today,
18 that was the first time the position was created in a
19 department and I was only to be in it for a few short
20 months, I had already accepted an appointment at the
21 University of Manitoba at that point.

22 Q Okay. And, just for the record then, that
23 position would have been reporting to the position that is
24 now occupied by Carolyn Loepky, who testified yesterday.
25 You would have reported to the Assistant Deputy Minister?

1 A That's correct.

2 Q And in 2000 you became an assistant professor at
3 the Faculty of Social Work at the University of Manitoba?

4 A Yes.

5 Q And I'm going to come back a little bit and ask
6 you about your teaching in a minute. From 2004 to 2006 you
7 were the CEO of Winnipeg CFS?

8 A That's correct. That was on a secondment basis,
9 I wasn't an employee of the department. And I believe my
10 secondment arrangement, when I took that position, was for
11 two years.

12 Q But did it last a total of four?

13 A No.

14 Q Oh, sorry, 2004 to 2006, correct.

15 A Yeah.

16 Q And then, in 2006 till 2007, you were the
17 Executive Director of the Child Protection Branch. That
18 position was, I think, about 11 months?

19 A Yes. And I believe the initial secondment
20 arrangement I agreed to for that position was one year.

21 Q Okay. And --

22 THE COMMISSIONER: Seconded from the university?

23 THE WITNESS: I was seconded from the university
24 and I was actually, at the time, the employee of the
25 Workers Compensation Board. So I was on loan from there to

1 the university and then back into the department. Kind of
2 a double secondment, kind of thing.

3 THE COMMISSIONER: Much in demand.

4 THE WITNESS: Apparently, I can't hold a job for
5 very long.

6

7 BY MR. MCKINNON:

8 Q The -- and I'm going to be asking you more about
9 what you -- your role as the Executive Director of Child
10 Protection Branch --

11 A Sure.

12 Q -- in a minute. In 2007, you became the
13 Executive Coordinator of the Changes for Children
14 Implementation staff team. Tell the Commissioner very
15 briefly what that is because we'll be going back to that in
16 a minute, as well.

17 A That was working with the co-chairs that had been
18 appointed to begin implementation of the Changes for
19 Children agenda that had been released, in October 2006.
20 And it was to lead a team of staff that were assigned to
21 work on this project and each authority named members to
22 the team.

23 Q And, in 2007, you became the -- in May of 2007
24 and, and, in fact, till present, you have been the Chief
25 Executive Officer of the General Authority?

1 A That's correct.

2 Q Now, going back to your work as an academic and
3 you can refer to your CV, please. I understand that you
4 have taught both at the undergraduate and graduate level?

5 A That's correct.

6 Q And what -- if, if you could describe, what's
7 your area of specialty?

8 A My area of specialty for, for my academic
9 teaching is generally in the areas of social policy,
10 research methods, statistics and community development.

11 Q And if we look at the courses you have taught, at
12 pages five, six and seven of your CV.

13 A Yeah.

14 Q Could you identify those courses taught that you
15 consider particularly relevant to your work in Child and
16 Family Services or perhaps your evidence today?

17 A Sure. First, I guess, the courses I taught at
18 the graduate level are particularly relevant to some of the
19 work we've done at the General Authority over the last few
20 years, two of them being courses in evaluation. Program
21 evaluation is one of the courses that I taught a number of
22 times. Clinical evaluation is another course I taught,
23 which is how do you evaluate case specific interventions.
24 Both of those courses have been very helpful over the last
25 few years, given the number of evaluations that we've

1 undertaken at the General Authority. I think it's given me
2 a solid background for contracting with external
3 consultants and knowing how evaluations should be done.

4 I've taught courses on -- theoretical courses and
5 practice courses on managing in the human services. That's
6 been very helpful in the leadership role that I, I now
7 have. And I've taught courses in community development and
8 I hope later to talk a little bit about how we've used a
9 community development strategy for some of the initiatives
10 at the Authority.

11 Q Okay.

12 A And numerous courses in social policy. So I
13 think I have a solid understanding in how government works,
14 how social policy is developed and how to analyze the
15 impacts of social policy.

16 Q Okay. And were you ever a colleague of Ms.
17 Wright, who's given evidence at this inquiry?

18 A I was. And since Ms. Wright has left I have, in
19 fact, taught one, sometimes two of the courses he (sic)
20 used to teach she used to teach, on a sessional basis --

21 Q Okay.

22 A -- with the University of Manitoba.

23 Q She used to teach?

24 A She used to teach.

25 Q Right.

1 A And I understand, as well, and I don't even know
2 if this is on your CV, but in some of the meetings you've
3 been rushing off to teach at Booth College. Can you tell
4 the Commissioner what that is?

5 A Booth College is a small college in the inner
6 city, it's just over here, and they offer a Bachelor of
7 Social Work program. That is a -- it's a very good program
8 and I teach there probably, if not once a year, once every
9 two years. And thanks for reminding me, one of the courses
10 I teach at the University of Manitoba, as well at Booth
11 College, is a course on Child and Family Services. And the
12 curriculum of that course is such that when students leave
13 that course they leave with a solid understanding of
14 Manitoba's child welfare system, how it's structured, how
15 it works, as well as a pretty good grounding in how to do
16 safety assessments, how to do risk assessments, and some of
17 the leading practice techniques in child welfare. So, if
18 students go through that course I believe they're closer to
19 being job ready to step into the child welfare field than
20 if they don't.

21 Q Okay. And, again, at pages nine and 10 of your
22 CV there's a list of the consulting jobs and contract
23 research jobs you've done. I'm not going to ask you to go
24 through all of them because they're quite lengthy but is
25 there anything that you think is relevant for the

1 Commissioner to know that is relevant to your evidence
2 today?

3 A Yeah, during, during my time where I had the
4 full-time appointment -- I keep pulling it closer. When I
5 had my full-time appointment at the University of Manitoba
6 I was approached by the Government of Alberta to do some
7 contract work and was involved in assisting them very early
8 on in designing and implementing their differential
9 response projects. I was involved in assisting the
10 government to develop what was called an outcomes driven
11 policy framework and I was involved in assisting the
12 department to develop a citizen engagement strategy.

13 THE COMMISSIONER: And which government was that?

14 THE WITNESS: Alberta.

15 THE COMMISSIONER: All right.

16

17 BY MR. MCKINNON:

18 Q Okay. Now, when you gave evidence on February
19 4th, Ms. Walsh asked you about your work as Chief Executive
20 Officer of Winnipeg CFS and I don't intend to repeat that.
21 I'm going to start by asking you primarily about your work
22 as the Executive Director of the Child Protection Branch in
23 2006, 2007 and then I may ask you a couple of questions
24 that go beyond that, in terms of time, because I've, I've
25 -- I'm going to ask you to speak about the work load issue

1 in the General Authority and, and in particular at Winnipeg
2 CFS.

3 So if I can start with your position as Executive
4 Director of Child Protection, you heard Ms. Loepky refer
5 to this as the statutory director. Is that the position
6 you had?

7 A Yes.

8 Q And Ms. Loepky --

9 THE COMMISSIONER: Did you say it was deputy
10 director or director?

11 THE WITNESS: No, it was director, statutory
12 director.

13 MR. MCKINNON: Statutory director I said. Sorry,
14 Mr. Commissioner.

15 THE COMMISSIONER: Oh, I thought ...

16 All right.

17

18 BY MR. MCKINNON:

19 Q Now, you were here when Ms. Loepky testified and
20 spoke about the role of this position. Is there anything
21 you wish to add to that description or is, is -- or in your
22 view was that sufficient?

23 A In my view that, that's sufficient just to get in
24 that this, this was post-devolution so the powers and
25 duties that the director had, at this time, many of them

1 had been devolved to the Authority so it was a different
2 position than it used to be.

3 Q Okay. And you were in that position in March of
4 2006 when the Phoenix Sinclair tragedy was discovered. You
5 told us again, on February 4th, how you became aware of
6 this. You spoke about how you commissioned a report under
7 Section 4 of the Child and Family Services Act through the
8 Office of the Children's Advocate. So I -- again, I am not
9 going to ask you to repeat that evidence. I'm going to ask
10 you to take it, though, into the responses to that report
11 and others.

12 So, according to my notes, in September of 2006
13 you received four different reports and I'm just going to
14 test your memory on that. You would have received the
15 Section 4 report that was prepared by Andrew Koster?

16 A Yes.

17 Q And you would have received the Section 10 report
18 prepared by the CME's office, Jan Christianson-Wood?

19 A Yeah, I don't recall the exact date. That one
20 may have been a bit earlier than the Section 4.

21 Q It may have been a bit earlier than September?

22 A Bit earlier than the Section 4.

23 Q Okay.

24 A The Section 4 came in right at the end of the
25 month.

1 Q Okay. But it was in around that time?

2 A Absolutely.

3 Q We're not, I think, that concerned about the
4 timing.

5 A Absolutely.

6 Q There was a report of the Ombudsman about that
7 time, as well. Again, I'm not sure if it was a month or
8 two before or after.

9 A Strengthen the Commitment?

10 Q Yes.

11 Q Yeah. Same time, at the end of September.

12 Q Same time, end of September. And there was a
13 report which I understand involved Ms. Schibler and others
14 called the Child Death Review?

15 A Honouring Their Spirits.

16 Q Honouring Their Spirits.

17 A Yes.

18 Q About the same time?

19 A Exact same time.

20 Q Okay.

21 A Those reports came in at the same day.

22 Q And those were the four reports you had received
23 at that time, some other reports came a little bit later?

24 A Yes. The Strengthening Our Youth report from the
25 Office of Children's Advocate, which was a report on how we

1 might improve services for youth transitioning from care
2 which I'm anxious to talk about in a bit. And I believe it
3 had 40 recommendations.

4 Q Do you, do you recall approximately when that was
5 received?

6 A It was a few months later, I don't recall
7 exactly.

8 Q Okay.

9 A And then there was the Auditor General's report
10 that came in, also.

11 Q A few months later?

12 A A few months later.

13 Q But if we talk about the four reports that we
14 first mentioned, which was the Section 4, Section 10, the
15 Ombudsman and the Child Death Review, I understand as a
16 result of receiving those four reports you played a role in
17 developing the departmental response on behalf of
18 government and, and that response was a document called
19 Changes for Children; is that correct?

20 A That is correct.

21 Q Could you tell the Commissioner then, briefly,
22 what role you played in developing a response to these four
23 reviews, the initial four reviews?

24 THE COMMISSIONER: That's preparing Changes for
25 Children document?

1 THE WITNESS: That's correct.

2 THE COMMISSIONER: Now, what exhibit is that?

3 MR. MCKINNON: It's at tab 11 in Exhibit 64. Mr.
4 Rodgers, you may wish to refer to it, too, to refresh your
5 memory.

6

7 BY MR. MCKINNON:

8 Q And my question to you is what role, if any, did
9 you, personally, play in putting together this document
10 called Changes for Children, Strengthening the Commitment
11 to Child Welfare?

12 A I was asked by the department to review those
13 four reports and to write a -- first draft a response. So
14 I was the principle author of the Changes for Children
15 document that you see.

16 Q And I asked Ms. Loepky to try to give the
17 Commissioner some sense of scale as to the significance of
18 the changes proposed in this document, relative to other
19 changes that you had witnessed as -- in, in your leadership
20 roles at the department. Can you sort of give us some
21 sense of the scope and scale of the initiatives and change
22 that's outlined in Changes for Children?

23 A Sure. I don't remember -- the number 289 or 295
24 recommendations I believe is the number of recommendations
25 that are inclusive of the six reports so there were --

1 weren't that many in the -- in these four, I think 230,
2 235, something like that, very broad reaching
3 recommendations with a lot of overlap in the reports.

4 Q And when you say overlap in the reports you mean
5 in the, in the specifics of the recommendations?

6 A Yes, so a lot of recommendations along similar
7 lines. So it was evident from my review of those reports
8 that it would be possible to identify, you know, dominant
9 themes across those four reports.

10 The Change for Children document, itself, was
11 somewhat precedent setting, in my view. First of all, it
12 committed the department to 42 million dollars in new
13 expenditures and I don't think there's been any time in the
14 history of child welfare, in Manitoba, where there's been
15 that level of financial commitment in a response to a
16 report.

17 Secondly, the Changes for Children document,
18 consistent with the way the recommendations were made in
19 the Strengthen the Commitment report, predominantly, that
20 42 million dollars was allocated across certain areas. So
21 there were an amount identified for work load relief, for
22 example, as Ms. Loeppky spoke to yesterday, an amount for
23 differential response, et cetera. And that was a bit
24 unusual, as well, in terms of government response to these
25 types of reports.

1 Q Now, when you say it's unusual can you tell the
2 Commissioner was it unusually in, in a good sense or a bad
3 sense, what do you mean by that?

4 A It, it was in a good sense. The external reviews
5 had recommended certain funding for certain areas and the
6 government accepted those recommendations and, and I
7 believe identified the amount of money for each of those
8 areas, as was recommended. So this was creating tremendous
9 opportunity for new investments and approaching our work
10 differently in the child welfare system. So it was, in
11 many ways, an opportunity for further development that was
12 coming on the heels of the changes that were just being
13 essentially completed for the AJI/CWI.

14 The other thing that was common across the
15 reports was that while they all had individual
16 recommendations and some, as I mentioned some duplication
17 and overlap, those reports clearly endorsed the devolution
18 and the new structure that was in place. Those reports
19 noted that many of the challenges that they found facing
20 the child welfare system were pervasive to child welfare,
21 they'd been around a long time, they weren't associated
22 with the new structure or the new way we were doing
23 services and they really emphasized the importance of
24 finding ways of child welfare to work in a more integrated
25 way with other systems. Those were kind of like over

1 arching findings of --

2 Q Okay.

3 A -- common across those reports.

4 Q And I want to take you then to the report,
5 itself, and the, the concept that Ms. Loeppky spoke very
6 briefly about, I'm going to ask you to elaborate a bit, the
7 themes. You ended up coming up with themes. Why, why
8 instead of, you know, 295 recommendations, or 240 or
9 whatever it was at that time, how did you settle on these
10 themes?

11 A Well, again, when I started going through the
12 reports one of the things I did was group the
13 recommendations according to sort of commonalities and it
14 started to become clear through this process that there
15 would be a number of themes that we could identify. And it
16 seemed, to me, to recommend back to government that the
17 most appropriate response from government would be a themed
18 response, rather than recommendation, by recommendation, by
19 recommendation. Although under each of the themes I was
20 able to identify all the various recommendations that fell
21 under each of the themes.

22 Q And, and when you say identify all the
23 recommendations that's -- that level of detail is not in
24 the -- to the document Changes for Children, that would
25 have been in your working documents?

1 A Absolutely.

2 Q Okay.

3 A It would have been in behind the Changes for
4 Children document when we started to prepare work plans.

5 Q Okay. So I want to take you through some of the
6 themes that you have identified and I'm not going to touch
7 on the themes, Mr. Commissioner, if, in my view, they're
8 not relevant to Phoenix Sinclair.

9 And I'm on page 6 of your Changes for Children
10 document, Mr. Rodgers. It's theme one, it's entitled
11 Keeping Children Safe Through Primary Prevention Programs.
12 My understanding is that this is aimed at building
13 relationships between the various systems like the
14 Department of Education, et cetera. Could you sort of
15 briefly summarize what this theme was for the Commissioner?

16 A It, it, it was certainly that. There are a
17 number of recommendations about creating closer working
18 relationships between the child welfare system and other
19 systems like education, and health, and collateral service
20 providers. I think the reviewers found that child welfare
21 tended to operate maybe a bit too much in isolation and it
22 would be important to include these other systems in
23 creating networks of care for kids.

24 There were a number of recommendations around
25 things that could be done to prevent suicides and those

1 recommendations led to the provincial suicide prevention
2 strategy. There were a number of recommendations about
3 getting information out that might prevent risk to kids
4 like getting information out on water safety, getting
5 information out on the risk associated with kids riding on
6 ATVs, et cetera, et cetera. So there were a number of
7 recommendations there that were acted on.

8 Q Okay. And I'm going to try and bring you back to
9 the ones that are most relevant to Phoenix Sinclair and
10 that would be sort of the inter-government relationships.
11 You heard Ms. Loeppky speak about some of the initiatives
12 that were interdepartmental. Do you have anything to add
13 to that in terms of this theme?

14 A Other than there were a number of
15 recommendations, as summarized on page 7, I believe, about
16 involving communities in a more formal way with the child
17 welfare system, so more of a community capacity building
18 approach.

19 Q Okay. The second theme is entitled -- and this
20 is at page 8. It's entitled A Priority Emphasis on Early
21 Intervention for Families. Again, Ms. Loeppky spoke about
22 this to some extent. Tell us what this is.

23 A This is how I would understand what has been
24 referred to at various points throughout this inquiry as
25 secondary prevention. This is predominantly about

1 differential response and differential response, if I
2 recall, was the single biggest financial commitment
3 recommended and accepted by government. And the
4 recommendation -- they had recommendation specific to how
5 differential response should be implemented which were
6 followed.

7 The idea of differential response, as recommended
8 in the reports, was based on the research that the
9 reviewers had done in other jurisdictions and the research
10 they had done into some of the statistical trends in Canada
11 and the United States and predominantly those trends were
12 indicating that very often when the child welfare system
13 has to become involved in a family in an intrusive way,
14 like taking their kids into care, in a high number of cases
15 those families had come to the attention of the child
16 welfare system earlier and had been closed and they came
17 back at a later date. So the idea of differential response
18 is to identify those families early, who are most likely to
19 come back later on and require a more intrusive response,
20 to identify those families and then to provide them with
21 supports then, as opposed to later, and by doing so keep
22 those kids from having to come into care later on.

23 So child welfare is a threshold system, if
24 differential response is about moving the threshold this
25 way to capture those families who are at risk of coming

1 back later but the situation isn't serious enough to have
2 to apprehend their kids at that point in time.

3 Q Okay. And you used the expression, I think,
4 secondary response?

5 A Secondary prevention is how I would describe
6 that.

7 Q Secondary prevention? Okay. And just to refresh
8 the Commissioner's mind, primary prevention would be what?

9 A Primary prevention would be those programs like
10 the programs through Healthy Child Manitoba, for example,
11 that you're going to hear about, that are intended to keep
12 families from coming to the attention of the child welfare
13 system. Secondary prevention is about those families who
14 have come to the attention of child welfare system but
15 you're preventing their kids from needing to come into
16 care.

17 Q And I know Ms. Harris is going to take you
18 through, in her evidence, how some of this rolled out but
19 you made the comment about the size of the financial
20 commitment. I see there's a reference to 22.5 million
21 dollars at page 9 of this report. My understanding is by
22 the time it rolled out it was actually greater than that.

23 THE COMMISSIONER: Is this for a differential
24 response?

25 THE WITNESS: This was for differential response.

1 My recollection of the 22.5 million was that 7.5 million
2 was for a pilot stage for each of the authorities to do
3 pilot projects. And then there was a notional amount, I
4 think of 15 million, identified for full roll out.

5 THE COMMISSIONER: For what?

6 THE WITNESS: For full roll out, full
7 implementation --

8 THE COMMISSIONER: Oh, full roll out.

9 THE WITNESS: -- of differential response. Which
10 would be done after each of the pilots had been evaluated.

11

12 BY MR. MCKINNON:

13 Q And I know when Ms. Harris asks you to give
14 evidence she's going to talk to you about the structured
15 decision making tools but just while we're on this point.
16 How do the structured decision making tools relate to
17 whether or not the case is treated as secondary prevention
18 or goes all the way over to protection? How do the tools
19 just relate to that?

20 A In, in order to effectively implement
21 differential response there are two prerequisites. One is
22 child safety has to be assured. So we have to effectively
23 and appropriately assess the safety of kids to know that we
24 don't need to proceed down the investigation track. Once
25 that's established we need to know which families are most

1 likely to come back later on for service, if we don't
2 provide them with supports at that point in time. So we
3 have to be able to have some way of predicting whether
4 they're going to come back for services later on. That's
5 where we started introducing the Probability of Future Harm
6 tool because that's exactly what that tool is intended to
7 do.

8 Q Okay. And I know Ms. Harris will take you
9 through that in more detail in a minute but I just wanted
10 the Commissioner to understand the importance of that from
11 the -- in, in connection the implementation of DR. And did
12 that, to some extent, affect the timing of the
13 implementation of DR?

14 A I'm not sure I understand the question.

15 Q In terms of the, the, the commitment being made
16 in 2006, DR didn't roll out for some period of time. I, I
17 take it there was some preparation required?

18 A Yeah. The, the, the reports actually recommended
19 that DR be done in three phases, that there -- and this is
20 modelled on how DR has been introduced in many
21 jurisdictions around the world.

22 The, the first phase is an education promotion
23 phase where it's important to educate systems and
24 collaterals about how DR is different than the, you know,
25 more investigation focused types of child welfare systems.

1 So there was a period of education promotion that was done
2 by each of the authorities, that was to be followed by the
3 pilots and then that was to be followed by the third phase
4 which was the full roll out I mentioned earlier.

5 During the education promotion phase, which I
6 think lasted about a year, that was the time during which
7 that we worked with the Children's Research Centre to
8 identify and adapt the tools we needed to implement the
9 pilot projects.

10 Q Okay. I think that's as far as I'm going to take
11 you on this topic. I'm going to now take you to theme
12 three which is the Enhanced Support for Frontline Child
13 Protection Workers. And if you look at -- and I don't know
14 if you have a copy of your evidence there, but pages 24 and
15 25 of your summary of evidence. Do you have that with you?

16 A Of course.

17 Q Good.

18 A Okay.

19 Q And this --

20 THE COMMISSIONER: Wait a minute. Twenty-four
21 and 25 in, in the ...

22 MR. MCKINNON: Not in the, in the exhibit, Mr.
23 Commissioner, but in his summary of evidence which is the
24 spiral bound document in front of you. That's Exhibit 63,
25 as I recall.

1 THE COMMISSIONER: Well, is this the full
2 response report?

3 MR. MCKINNON: This is -- yes, this is the
4 department's evidence for phase two, which was prepared by
5 me in conjunction with this witness.

6 THE COMMISSIONER: Well, is tab 11 repeated in
7 Exhibit 63?

8 MR. MCKINNON: No. It's put into what I'll call
9 plain English for a better expression.

10 THE COMMISSIONER: So what pages are you going to
11 here?

12 MR. MCKINNON: I'm, I'm directing him to pages 24
13 and 25 and we're moving on to another topic.

14 THE COMMISSIONER: I understand that.

15 MR. MCKINNON: So we're on theme three, which is
16 the Support for Frontline Workers and there are five
17 points, at pages 24 and 25, and I was going to ask the
18 witness just to highlight these five points. And the first
19 point there is work load relief. This arises from theme
20 three. If you look at, Mr. Commissioner, at page 11 of the
21 Changes for Children document, at tab 11, you'll see the
22 first point there is work load relief.

23 THE COMMISSIONER: Yes.

24 MR. MCKINNON: So I'm asking the witness now to
25 comment on work load relief and what the commitment was in

1 Changes for Children for work load.

2 THE COMMISSIONER: So I've got to follow two
3 documents here.

4 MR. MCKINNON: Well, I was only hoping the
5 witness would follow one and you could follow tab 11, Mr.
6 Commissioner.

7 THE COMMISSIONER: And Workload, Workload Relief
8 Fund --

9 MR. MCKINNON: Yes.

10 THE COMMISSIONER: -- is a component of the
11 Enhanced Support for Front-line Workers?

12 MR. MCKINNON: Yes. There are a total of five
13 components to that. So the first component is work load
14 relief.

15 THE COMMISSIONER: All right.

16

17 BY MR. MCKINNON:

18 Q Now, Mr. Rodgers, the extent of the investment
19 for work load relief and the priority of that investment,
20 could you talk about those two points or those two issues?

21 A Sure. This was a dominant theme across the
22 reports and is well documented in the child welfare
23 literature, the importance of trying to create manageable
24 workloads for front line staff in this field. I believe it
25 was the Strengthen the Commitment report where the monetary

1 recommendations were made but, again, the, the importance
2 of dealing with work load was pervasive across those
3 reports.

4 The monetary recommendation in the external
5 reviews was for five million dollars on an annualized basis
6 as an additional investment in work load, to be done
7 immediately. The government accepted that recommendation
8 and immediately made five million dollars available for
9 work load relief.

10 When I was on the implementation team, working
11 with the authorities on which recommendations to
12 prioritized, it was unanimously agreed that the work load
13 relief recommendation should be implemented first. So each
14 of the authorities then came to an agreement on how much of
15 that five million would go to each of the four authorities
16 and then each of the four authorities then worked out with
17 their agencies which of those agencies would receive work
18 load relief funding from the initial allocation of five
19 million.

20 Q Okay. And Ms. Loeppky gave evidence yesterday
21 and she referred to Commission disclosure 1033, and it's
22 now marked as Exhibit 68, Mr. Commissioner, and she
23 indicated that under the column work load relief a total of
24 63.5 new positions were created with these funds. Does
25 that sound about right to you?

1 A That sounds about right.

2 Q And the other component that you might
3 characterize as work load relief came later with the
4 introduction of differential response. That also arose out
5 of Changes for Children and this document, Exhibit 68, says
6 that the initial funding to differential response was 54.5
7 positions. Does that sound about right to you?

8 A Yes. The -- I'll just -- the other comment I'll
9 make on work load relief is that the external reviews also
10 recommended that agencies determine how best to utilize
11 that money and suggested that it doesn't necessarily mean
12 all new social workers. They encourage agencies to think
13 about things like service assistance and other types of
14 support positions that would relieve work from social work
15 positions.

16 Q Thank you. I'm now going to take the witness to
17 the second point of these five, which is Information System
18 Upgrades. You heard Ms. Loepky yesterday, there's no need
19 to repeat that, but can I get -- ask you this question just
20 to talk about the information system that existed in 2006
21 and whether, in your view, it's better today?

22 A I think the information system today is a lot
23 better for a variety of reasons. It's still CFSIS but I
24 think there have been a number of improvements that have
25 been made.

1 There is greater accessibility to, to CFSIS
2 across the agencies and we've ensured that in the General
3 Authority. There is much greater, for lack of a better
4 word, communication between the intake module and CFSIS
5 which was a problem when these external reviews were done.
6 Many of those communication problems have been fixed so
7 there's much more seamless transfer of information from the
8 intake module to CFSIS.

9 And I also think that one of the greatest changes
10 for us has been the ability to get better information out
11 of CFSIS so that we can do better analysis of outcomes and
12 trends.

13 Q Okay. And I'm going let Ms. Harris take you
14 through that because I know that's part of your evidence,
15 when she's talking about what you're doing at the GA.

16 A Yeah. And Ms. Loepky went over the detailed
17 changes yesterday.

18 Q The third one I -- I understand and correct me if
19 I'm wrong, that the improved access to information after
20 hours was a very narrow, time specific situation. Is, is
21 that correct?

22 A You know what, I don't, I don't recall the
23 details on that one. I believe that was creating access
24 around the province from after hours staff to the database
25 that ANCR had. But, you know, I honestly don't recall the

1 details on that one.

2 Q Okay. And I don't think it's particularly
3 relevant. We'll move to number four which is the New
4 Training Programs. And I'm going to ask you, again,
5 because I think a large part of what we're trying to
6 accomplish at phase two is to help the Commissioner
7 understand what was -- what it was like in 2006 and what
8 it's like today, and keeping in mind that I'll be calling a
9 lot of evidence from others, Ms. Brownlee and Ms. McDonald,
10 about what it's like today, I'm going to ask you to comment
11 on what the training situation was like in 2006.

12 A Given what --

13 Q Good, good or bad.

14 A Given what I know about the training today and
15 what it was like then, there's no comparison. There were
16 very few resources available for training. The province
17 did the best it could, it could through competency based
18 training at that time. But this was an investment of 1.5
19 million dollars on an annual basis for authorities to take
20 over responsibility for training and I don't think I can
21 overstate the importance or the positive impact that this
22 has had on our system.

23 I'm going to talk later on in detail about some
24 of the training we've done at the General Authority. We
25 heard from Ms. Kehler in her testimony some of the positive

1 feedback she's received from her membership on the training
2 that we now offer. I think that this has had one of the
3 biggest and most positive impacts across our system is the
4 availability of this money to support our staff.

5 Q And we'll talk more about what that is in a
6 minute. The fifth relates to Critical Incident
7 De-briefing. And I know that was a theme in a number of
8 the recommendations. What's that about, who's it for, what
9 is it?

10 A Front line child protection work is difficult
11 work and the people doing that work are affected by what
12 they see, day-to-day. And what constitutes a critical
13 incident for one staff person may not be the same thing
14 that constitutes a critical incident for another staff
15 person. But this is dealing with the day-to-day trauma,
16 vicarious trauma that the child welfare workers have to
17 deal with.

18 The idea of the critical incident stress
19 management peer support team is building on an idea that
20 was implemented in Winnipeg Child and Family Services, I
21 believe in the late '90s or the early 2000s. This is to
22 create a team of colleagues at an agency, who receive
23 training in supporting their colleagues when their
24 colleagues experience one of these incidents that's
25 affecting them. And it involves outreach to that staff and

1 peer support. It doesn't replace an employee assistance
2 program, it's about an onsite, early capacity, just to
3 provide supports and help those affected by those critical
4 incidents diffuse.

5 Q And when you're talking about critical incidents
6 that could be something like a child death?

7 A Could be a child death, could be a threat, could
8 be any variety of incidents. And, and we track, each year,
9 the incidents that these teams deal with. So the idea here
10 was to build on the very positive experience and success of
11 this first team at Winnipeg Child and Family Services and
12 train teams to be available in every agency across the
13 province. And in the General Authority we've had those
14 teams available now in every agency for at least two to
15 three years.

16 Q I'm going to jump -- I'm going to skip theme four
17 because I don't see it as relevant and I'm going to ask you
18 to talk about theme five which is Strengthen the New
19 Governance Structure. It's at page 14.

20 And, again, Ms. Loepky spoke about this
21 yesterday. She talked about some of the positions and
22 funding that were added. So I think what, again, I'd like
23 to ask you to do is to talk about where we were with
24 respect to the ability of, of, of the authorities to meet
25 their mandate, in 2006, and where we are today.

1 A I, I think the, the theme that came out of these
2 reports, particularly the Strengthen the Commitment report,
3 was that the -- again, being in support of devolution, one
4 of the themes coming out of the Strengthen the Commitment
5 report was that the authorities, having taken over these
6 responsibilities through devolution, needed more supports
7 to adequately fulfill their mandates and also to get ready
8 should there be further powers devolved to the authorities
9 over time which was something that was talked about at the
10 time of devolution being done. And so this, this basically
11 recommended more staffing for the authorities, themselves,
12 but also, staff to create the capacity for the authorities
13 to do collective work.

14 During the implementation of devolution the
15 authorities worked collectively to design the new system
16 and implement the changes that were required. After
17 devolution the -- there was no collective capacity to do
18 this work and the report suggested that we create an office
19 that would be authority specific staff but assigned to the
20 office to do the collective and foundational work for
21 consistency across the system.

22 Q And was that office --

23 THE COMMISSIONER: To, to make what consistent
24 across the system?

25 THE WITNESS: Things like -- things we share

1 like, like, like standards, like the opportunity to share
2 our practices, the information system. So there were a
3 number of things that need to be consistent across our
4 system. And the idea of this office was to have the
5 opportunity for the four authorities to have staff working
6 on these collective interests.

7

8 BY MR. MCKINNON:

9 Q And what's that office called today?

10 A That is called the Office of the Standing
11 Committee.

12 THE COMMISSIONER: The office of what?

13 THE WITNESS: Office of the Standing Committee.

14

15 BY MR. MCKINNON:

16 Q And that is -- Ms. Loepky spoke about that.
17 That is the employed staff who support the standing
18 committee, that is not the four individuals who are the
19 CEOs and the Director of Child Protection, it's the staff
20 that supports the office?

21 A That's correct.

22 Q And I'm going to just ask you to identify theme
23 six. This is the one that's entitled the Fiduciary
24 Obligation of the Government of Canada. This one, in
25 particular, related to funding of on reserve, what we've

1 been called -- what we've been calling here federal kids;
2 correct?

3 A That's correct.

4 Q And --

5 THE COMMISSIONER: What's that, funding what?

6 MR. MCKINNON: What we've been calling here
7 federal kids. That is, aboriginal children on reserve with
8 status.

9

10 BY MR. MCKINNON:

11 Q And I'm not going to ask you to go through what
12 Ms. Loepky went through in terms of all of the details of
13 the new funding model and how that came out of this but
14 just if you could tell the Commissioner what was identified
15 in the reports that gave rise to this recommendation or, or
16 this being, being, being described as a theme?

17 A There, there were two major areas One was the
18 reports identified at that time, what they considered to be
19 a major funding disparity between the off-reserve services
20 funded by the province and the on-reserve services funded
21 by the federal government under Directive 20-1.

22 Q And when you say a funding disparity, just to
23 make it clear, was it high or low and who, who was high and
24 who was low?

25 A The -- there was a significant gap between what

1 was available to on-reserve agencies, through 20-1, versus
2 what was available to off-reserve agencies from the
3 province. That gap has since been closed through the
4 funding model, although some inequities remained, which
5 I'll talk a little bit about later on.

6 Q Now, you said there were two theme -- or two,
7 two, two issues. That was one.

8 A That was one. The other one was the issues known
9 as Jordan's Principle, which is a principle that states if
10 there's a funding dispute between the federal and
11 provincial governments over meeting the needs of a
12 particular kid that the government to which this kid first
13 comes to the attention of that agency should pay the money
14 and sort out the dispute later on so the kid gets the
15 service.

16 Q Okay. And I won't ask you to go further into
17 that and Ms. Harris may well. The final theme that's being
18 highlighted in Changes for Children is theme seven which
19 has to do with Section 10 reviews. We know what a Section
20 10 review is because we, we've seen one here, that's the
21 reviews being done by the Chief Medical Examiner. And
22 we've heard a fair bit of evidence already, Mr.
23 Commissioner, as to how that's changed since 2006 but I'll
24 just ask this witness, again for the purposes of your
25 report, Mr. Commissioner, to describe what the situation

1 was in 2006 and what the problem was that was identified.

2 A The situation in 2006 was that Section 10
3 reviews, Section 10 refers to -- Section 10 under the
4 Fatalities Inquiry, Fatalities Inquiry Act, these reviews
5 were being done by the Office of the Chief Medical
6 Examiner. The recommendation in the external reviews was
7 that this responsibility be transferred, legislatively, to
8 the Office of the Children's Advocate. I'm not sure I can
9 recall the specific problems that had been cited in the
10 external reviews that led to this recommendation. This was
11 also a recommendation that was acted on very quickly. The
12 legislation was amended and the Office of the Children's
13 Advocate quickly assumed responsibility for what are known
14 as child death reviews.

15 Q Okay. I want to take you to another area now,
16 and that is, in this case I'm going to ask you to go
17 through the, the work load relief funding but from the
18 point of view of the General Authority and, in particular,
19 as it relates to Winnipeg CFS. And let me start by asking
20 you this question, so that the Commissioner has some sense.

21 There are several agencies which the GA mandates.

22 A Four.

23 Q And of those four, what's -- in terms of size and
24 scale how big is Winnipeg CFS?

25 A Winnipeg CFS is not an agency in and of itself,

1 the agency is actually Winnipeg Rural and Northern.

2 Q Right.

3 A So the agency, itself, is about 70 percent --

4 THE COMMISSIONER: Wait a minute. The General
5 Authority funds four agencies?

6 THE WITNESS: Four separate agencies under the
7 legislation.

8 THE COMMISSIONER: And you -- but you said
9 Winnipeg Child and Family Services is not one of
10 them?

11 THE WITNESS: Winnipeg Child and Family Services
12 branch is part of a bigger agency, in legislation, called
13 Winnipeg Rural and Northern Services. So it is the stand
14 alone child welfare --

15 THE COMMISSIONER: Winnipeg what?

16 THE WITNESS: Winnipeg Rural and Northern
17 Services. Mr. Commissioner, these are the services
18 delivered through government.

19 THE COMMISSIONER: Yes.

20 THE WITNESS: And it's considered one agency
21 under the legislation.

22 THE COMMISSIONER: All a department of
23 government?

24 THE WITNESS: Yes. All the child welfare
25 component of government.

1 BY MR. MCKINNON:

2 Q And since you have brought that issue up, who
3 else, other than Winnipeg, is in Winnipeg Rural and
4 Northern?

5 A There are four rural regions. Eastman region,
6 Interlake region --

7 THE COMMISSIONER: Just a minute. Winnipeg is
8 one?

9 THE WITNESS: Winnipeg is a branch.

10 THE COMMISSIONER: Yes.

11 THE WITNESS: Yes. Eastman region.

12 THE COMMISSIONER: East what?

13 THE WITNESS: Eastman. Eastern
14 Manitoba.

15 THE COMMISSIONER: Yes.

16 THE WITNESS: Interlake.

17 THE COMMISSIONER: Yes.

18 THE WITNESS: Parkland.

19 THE COMMISSIONER: Separate?

20 THE WITNESS: Separate.

21 THE COMMISSIONER: Yeah.

22 THE WITNESS: And Northern.

23 THE COMMISSIONER: Wait a minute. Isn't that
24 five?

25

1 BY MR. MCKINNON:

2 Q That's -- is there five sub-agencies --

3 A Areas.

4 Q -- or, or, or call them offices within --

5 A Those --

6 Q -- Winnipeg and Rural?

7 A The best way to understand it is those are five
8 geographic areas being served by this one agency through
9 government.

10 Q Okay. And then to make sure the Commissioner has
11 it because I don't claim to have it myself, there -- you,
12 you start up by saying there were four agencies.

13 A That's correct.

14 Q One of them is Winnipeg Rural and Northern?

15 A That is correct.

16 Q Who are the other three?

17 A The other three are private agencies under a
18 board of directors.

19 Q So one is Jewish Child and Family?

20 A One is Jewish Child and Family Services which has
21 a province-wide mandate, although the vast majority of
22 their services are in Winnipeg. There is Child and Family
23 Services of Central Manitoba, which has its headquarters in
24 Portage la Prairie and a satellite office in Winkler. Then
25 there is Child and Family Services of Western Manitoba

1 which is headquartered in Brandon, in the western part of
2 the province, and has sub-offices in Russell and another
3 community, the name just escapes me.

4 Q Okay.

5 A But there -- those are private agencies under a
6 board of directors.

7 Q And do those, with the exception of Jewish Child
8 and Family, do those private agencies have geographic
9 mandates?

10 A Yes.

11 Q Okay. And Winnipeg Rural and Northern then is
12 the whole of the province, other than Jewish Child and
13 Family and other than those with the geographic mandates?

14 A Yes.

15 MR. MCKINNON: Is that helpful, Mr. Commissioner?

16 THE COMMISSIONER: Yes.

17 MR. MCKINNON: Okay.

18

19 BY MR. MCKINNON:

20 Q Now, we're going to be hearing later from Alana
21 Brownlee. How does she fit in to the description that you
22 just gave of Winnipeg Rural and Northern?

23 A Okay. So if you recall the organizational chart
24 that I believe Ms. Loepky put up, she referred to a
25 division of government called Community Service Delivery.

1 Q And that would be Exhibit 11, if it would be
2 helpful.

3 MS. WALSH: Sixty-seven.

4 MR. MCKINNON: Is it 67?

5 MS. WALSH: The one that she did. Yeah, the most
6 recent one.

7

8 BY MR. MCKINNON:

9 Q Do you want -- is it the most recent one you
10 want?

11 MS. WALSH: That's this one you did through
12 Carolyn.

13 THE MCKINNON: Yeah, that would be the --
14 sorry.

15

16 BY MR. MCKINNON:

17 Q It's -- is that the one on the screen in front of
18 you that you were thinking of?

19 THE COMMISSIONER: What exhibit is that?

20 MR. MCKINNON: Sixty-seven.

21 THE WITNESS: I believe so.

22 MR. MCKINNON: And on the right-hand side are,
23 are the two columns, Madam Clerk, if you could scroll up so
24 we can see those two columns on the right-hand side.
25 Sorry, scroll down.

1 BY MR. MCKINNON:

2 Q Is that what you're thinking of when you say Ms.
3 Loepky referred to --

4 A Yes.

5 Q -- an organizational chart? Okay. Proceed.

6 A So within Community Service Delivery you see an
7 assistant deputy minister.

8 THE COMMISSIONER: Wait a minute, where is that?

9 THE WITNESS: It's on the right-hand side.

10 THE COMMISSIONER: Yes.

11 THE WITNESS: You see Peter Dubienski is the
12 Assistant Deputy Minister of Community Service Delivery.
13 And Ms. Loepky described his role in government as a
14 equivalent to a board of directors in a private agency for
15 child welfare. So under Mr. Dubienski would be Winnipeg
16 Child and Family Services branch which is headed by a CEO
17 and that's Ms. Brownlee.

18

19 BY MR. MCKINNON:

20 Q So the point I'm making is of the five
21 sub-agencies or sub-offices within Winnipeg Rural and
22 Northern, Ms. Brownlee is responsible for how many of
23 those?

24 A How many of?

25 Q Is it just Winnipeg CFS?

1 A Yes.

2 Q Okay. That's the point I was trying to --

3 A Yes.

4 Q -- make sure because I didn't want the
5 Commissioner confused that Ms. Brownlee was responsible for
6 the whole of Manitoba.

7 A Yes. And, and just, just to finish this
8 briefly --

9 THE COMMISSIONER: Well, is she, is she not
10 responsible for East Manitoba, Interlake, Parkland and
11 Northern?

12 THE WITNESS: No, that would be -- an equivalent
13 would be the executive director within government and her
14 name is Debbie Besant. She would be responsible for those
15 four regions.

16 THE COMMISSIONER: Is she shown on this, on this
17 graph?

18 THE WITNESS: Is she on the chart? Yeah.

19 THE COMMISSIONER: Is she?

20 MR. MCKINNON: No, she's not, not by name.

21 UNIDENTIFIED PERSON: Yes, she is.

22 MR. MCKINNON: Is she by name?

23 UNIDENTIFIED PERSON: Yeah.

24 MR. MCKINNON: Yes. Sorry, Mr. Commissioner, it
25 is there. It's poor -- it's difficult to read. It's the

1 second box under Mr. Dubiensi.

2 THE WITNESS: Yes, there it is.

3 MR. MCKINNON: The third box in total.

4 THE WITNESS: So Ms. Besant and Ms. Brownlee
5 would be at the same level for purposes of the delivery of
6 child welfare.

7

8 BY MR. MCKINNON:

9 Q And as between the agencies that Ms. Brownlee is
10 responsible, Winnipeg CFS, the agency, sorry, and the
11 agencies that Ms. Besant is responsible for, can you give
12 the Commissioner some sense, how much of it is Winnipeg and
13 how much of it is in the other rural and northern areas?

14 A Okay. So that -- I believe that was your
15 original question.

16 Q That's where I started, yes.

17 A The agency known as Winnipeg Rural and Northern
18 Services makes up about 70 percent of the service within
19 the General Authority. Winnipeg Child and Family Services
20 tends to be, year over year, between 50 and 55 percent of
21 the services offered by the General Authority.

22 Q Okay. So the point that -- and, and I'm sorry we
23 went down this long road but it may be helpful to the
24 Commissioner at -- in terms of his report to understand the
25 relationship. The point is that if you look at what we've

1 been calling Winnipeg CFS throughout this inquiry, it's the
2 organization that Ms. Brownlee is currently the CEO of,
3 it's about 50 to 55 percent of the case load and staff load
4 of the General Authority?

5 A That's correct. And just, just to be clear, so
6 there is no confusion on this point, Ms. Brownlee, Ms.
7 Besant and Mr. Dubiensi, under the legislation for child
8 welfare, would be accountable to the General Authority.

9 THE COMMISSIONER: Just a minute. Is it, is it
10 one, one, one to four, the General Authority and the three
11 private agencies that make up the 70 percent of the
12 services of the General Authority?

13 THE WITNESS: The 70 percent is what's delivered
14 through government.

15

16 BY MR. MCKINNON:

17 Q So the two -- the, the, the Winnipeg Rural and
18 Northern which includes the five areas that you
19 described --

20 A Yes.

21 Q -- that's the 70 percent?

22 A Yes.

23 THE COMMISSIONER: All right, just a minute. All
24 right. All right. And, and so then it's the, the Jewish
25 Child and Family Services, the Central Manitoba and the

1 Western Manitoba make up the other 30 percent?

2 THE WITNESS: That's correct.

3 THE COMMISSIONER: And then of the 70 percent, 50
4 percent -- 50 to 55 percent is, is expended by Winnipeg
5 Child and Family Services?

6 THE WITNESS: That's correct. So it, it is my
7 single biggest --

8 THE COMMISSIONER: And the other --

9 THE WITNESS: -- service provider.

10 THE COMMISSIONER: -- the other 50 -- 45 to 50
11 percent is spread between the, the three private agencies?

12 THE WITNESS: The three private agencies make up
13 about 30 percent.

14 THE COMMISSIONER: All right. So what, what
15 we're talking about of, of the, of the hundred percent, 70
16 percent goes to -- of the General Authority's expenditures
17 goes to -- goes where?

18 THE WITNESS: Through government, Winnipeg Rural
19 and Northern Services, and of the hundred percent, 55
20 percent of that would be through Winnipeg.

21 MR. MCKINNON: Ms. Walsh is --

22 THE COMMISSIONER: Well, well, does the, does the
23 -- the, the four -- the Winnipeg Rural Northern plus the
24 Jewish and the, the Central and the Western, does that make
25 up a hundred percent --

1 THE WITNESS: Yes.

2 THE COMMISSIONER: -- of the expenditures of the
3 General Authority?

4 THE WITNESS: Yes.

5 THE COMMISSIONER: All right. Let me, let me
6 just get that. So that, that's, that's a hundred percent.
7 And then of the hundred percent, 70 percent is consumed by
8 Winnipeg Rural and Northern Services, alone?

9 THE WITNESS: That's correct.

10 THE COMMISSIONER: And of that 70 percent, 50 to
11 55 percent of it?

12 THE WITNESS: Fifty-five percent of the hundred
13 percent would be Winnipeg, yes.

14 THE COMMISSIONER: Not 55 percent of the 70
15 percent?

16 MR. MCKINNON: It's - I think that's where we've
17 gotten confused.

18 THE WITNESS: That -- yeah.

19

20 BY MR. MCKINNON:

21 Q It's 55 percent of the hundred percent --

22 A That's correct.

23 Q -- or 55 percent of the hundred -- of the, of the
24 70 percent?

25 A No, 55 percent of the hundred.

1 Q Okay. So that would leave about 15 percent of
2 the hundred percent for the --

3 A Yes.

4 Q -- what I'll call the rural agencies that are
5 governed by -- and I've already forgot her name, Debbie
6 Besant?

7 A Debbie Besant. That's correct.

8 THE COMMISSIONER: How, how about over the noon
9 hour preparing a chart showing the breakdown --

10 THE WITNESS: Sure.

11 THE COMMISSIONER: -- of that. It's, it's ...

12 THE WITNESS: Sure.

13 MR. MCKINNON: Just -- I'm just going to try and
14 see if we've got it from the witness. Ms. Walsh is asking
15 me to clarify.

16 THE COMMISSIONER: Well, make sure Ms. Walsh gets
17 it, I certainly haven't got it.

18

19 BY MR. MCKINNON:

20 Q There's Winnipeg -- the GA has four agencies?

21 A Yes.

22 Q One of them is really big?

23 A Yes.

24 Q And that's called Winnipeg Rural and Northern?

25 A Yes.

1 Q And that agency contains what we commonly call
2 Winnipeg CFS?

3 A Yes.

4 Q Which is the -- which is what Ms. Brownlee is in
5 charge of. And four other smaller geographic regions,
6 which I'm going to call, for sake of convenience, the rural
7 and northern areas?

8 A Yes

9 Q Okay. If we take that hundred percent, Winnipeg
10 Rural and Northern is 70 percent?

11 A Yes.

12 THE COMMISSIONER: But, but it, it isn't a
13 hundred percent of the whole expenditure of the Authority
14 because a portion of it goes to the other three private
15 agencies, does it not?

16 MR. MCKINNON: That's, that's right, Mr.
17 Commissioner --

18 THE WITNESS: That's correct.

19 MR. MCKINNON: -- it's 70 percent goes to
20 Winnipeg Rural and Northern.

21 THE COMMISSIONER: So you're really dividing up
22 70 percent when you're -- of the total expenditure of the
23 Authority when you're looking at Winnipeg Rural and
24 Northern Services?

25 MR. MCKINNON: They get 75 percent of the whole

1 and the other --

2 THE COMMISSIONER: Seventy or 75?

3 THE WITNESS: Seventy.

4 MR. MCKINNON: Seventy.

5 THE COMMISSIONER: Seventy percent.

6 MR. MCKINNON: Seventy percent of the whole.

7 THE COMMISSIONER: Yes.

8 MR. MCKINNON: And the other three agencies get
9 30 percent.

10 THE COMMISSIONER: Yes.

11 THE WITNESS: Yes. Fifty-five percent of the 70
12 is Winnipeg.

13 THE COMMISSIONER: Yes.

14 THE WITNESS: Yes.

15 THE COMMISSIONER: And, and, and that 70 percent
16 goes there. And now you're going to tell me how you divide
17 up the 70 percent.

18

19 BY MR. MCKINNON:

20 Q And, as I understand it, the 70 percent is 55
21 percent what we commonly call Winnipeg and 15 percent what
22 we commonly call Rural and Northern?

23 A That's correct.

24 Q And those two, together, are the 70 percent?

25 A Yes. This, this is an important point for some

1 later testimony.

2 MR. MCKINNON: Sorry for that sidebar, Mr.
3 Commissioner, but I think it is important that we
4 understand this.

5 THE COMMISSIONER: I think you're right.

6

7 BY MR. MCKINNON:

8 Q What I was leading up to is the -- if we look at
9 the significance of the Winnipeg portion -- I'm going to
10 call it Ms. Alana Brownlee's branch -- it's a big part of
11 the GA, no matter how you slice it?

12 A Yes.

13 Q Okay.

14 A More than half.

15 THE COMMISSIONER: Of the whole authority?

16 The WITNESS: Yes.

17 MR. MCKINNON: And that's why, Mr. Commissioner,
18 I'm going to ask this witness to talk a little bit about
19 work load at Winnipeg CFS, in part because he's been there
20 since 2007 in his role as CEO of the GA and in part because
21 Ms. Brownlee has not. So I thought it would be best if I
22 lead the evidence from this witness even though I'm asking
23 him to go a little bit outside of his role as CEO of the
24 GA, I think he's in the best position to give you the
25 background of what's happened to work load relief at

1 Winnipeg CFS over the last six years or so.

2 MR. COMMISSIONER: And is it just the Brownlee's
3 portion?

4 MR. MCKINNON: This would be just Brownlee's
5 portion of the agency but I'm looking at the witness to
6 make sure I'm correct.

7

8 BY MR. MCKINNON:

9 Q Mr. Rodgers, am I correct? I'm going to take you
10 to the chart.

11 MR. MCKINNON: Let, let me, Mr. Commissioner, ask
12 Mr. Rodgers to look at the Commission disclosure 1855.
13 It's at tab 12 of the binder which is in front of you,
14 Exhibit 64. Have you found that, Mr. Commissioner?

15 THE COMMISSIONER: Yes.

16 MR. MCKINNON: It's at tab 12 and I'm --

17 THE COMMISSIONER: Yes.

18 MR. MCKINNON: -- going to take the -- take you
19 to page 6. There's a chart there.

20

21 BY MR. MCKINNON:

22 Q Mr. Rodgers, have you found that?

23 A A chart saying New Positions Added or Approved at
24 Winnipeg Child and Family Services Between 2007 and 2011?

25 A Yes.

1 Q Okay. Just to make sure I'm clear, when we're
2 here referring to Winnipeg Child and Family Services,
3 that's the branch, the portion of Winnipeg Rural and
4 Northern, that Ms. Brownlee is, is the CEO of?

5 A Yes.

6 Q Okay. That's what I had thought and that's what
7 I want you to talk about. And if we look at this chart --
8 and, Mr. Commissioner, this will relate to when Ms. Loepky
9 gave evidence yesterday she talked about these numbers from
10 a provincial perspective. I'm going to ask this witness to
11 speak about them strictly from the perspective of Winnipeg
12 CFS.

13 THE COMMISSIONER: Okay.

14

15 BY MR. MCKINNON:

16 Q Fair enough, Mr. Rodgers, is that what you
17 understand?

18 A Yes.

19 Q Okay. So if we look at the column 2007 on page 6
20 of this, if you could -- if the -- just scroll down to see
21 the total at the bottom, it's 165.6 positions. What does
22 that represent?

23 A That represents the number of positions that were
24 left with Winnipeg Child and Family Services after
25 devolution.

1 Q Okay. And if we look at the next column, moving
2 towards the, moving towards the left, work load relief,
3 there are 20.5 positions. Ms. Loeppky presented this is as
4 I think 12.5 in eight but collectively it was 20.5. That's
5 the first injection of new staff into Winnipeg CFS?

6 A Yes, I believe that was the 12.5 in 2008 and then
7 eight in 2009, if I recall.

8 Q Okay. And then the next column moving to the
9 left is differential response. That was the portion of the
10 DR funding and staffing that went to Winnipeg CFS?

11 A For the pilot projects, yes.

12 Q Okay. And you make the point for the pilot
13 projects. What happened after the pilot projects?

14 A After the pilot projects the funding for
15 differential response was consolidated into the funding
16 model.

17 Q Okay. So those positions still exist in Winnipeg
18 is my point?

19 THE COMMISSIONER: Well, it's the next column?

20 THE WITNESS: Yes.

21

22 BY MR. MCKINNON:

23 Q And in addition to -- just so the Commissioner is
24 clear, the 15.9 under the funding model is over and above
25 the 10? Those are 15.9 new positions?

1 A Yes.

2 Q Okay.

3 A They're incremental.

4 Q Thank you. And the 2011 total is 212 positions?

5 A Under the funding model, as of that date Winnipeg
6 was entitled to 212 positions, that's correct.

7 Q Now, you've taken these same figures and you've
8 put them on a chart which is at figure 5 at page 7, the
9 next page. And if you could explain to the Commissioner --
10 and, and the issue here, Mr. Commissioner, is the extent to
11 which the funding has increased as compared to the case
12 load.

13 So could you take the Commissioner and just
14 explain to him what this chart means?

15 A So what we did is, using 2007 as a baseline year,
16 is we tracked the increases in staffing at Winnipeg Child
17 and Family Services and for purposes of this chart it was
18 limited to increases in front line positions. And then we
19 correspondingly tracked the number of cases opened
20 according to the annual report of the Department of Family
21 Services and Labour to show a comparison between the
22 percentage increase of new resources versus the percentage
23 increase in cases. And this demonstrates that the rate of
24 resource increase has exceeded the rate of case load
25 increase.

1 Q Right. And the numbers are the front line staff
2 has increased by, I'm going round up, 33 percent?

3 THE COMMISSIONER: And that's the difference
4 between 165.6 and 212?

5 MR. MCKINNON: Correct.

6

7 BY MR. MCKINNON:

8 Q So there's a 33 percent increase in staffing and
9 about a nine percent increase in case load; is that
10 correct?

11 A Yes.

12 MR. MCKINNON: Mr. Commissioner, it's probably
13 all I need to do and it's eleven o'clock so after the break
14 perhaps Ms. Harris can continue with this witness.

15 THE COMMISSIONER: You're finished your portion?

16 MR. MCKINNON: I'm finished my portion.

17 THE COMMISSIONER: All right, that's a good time
18 to break.

19 MR. MCKINNON: The witness is gesturing one more
20 point.

21 THE WITNESS: Just, just one more point.
22 Although we were talking about Winnipeg Child and Family
23 Services this trend is consistent across the General
24 Authority as a service system.

25 MR. MCKINNON: Okay. I only called him for the

1 purposes of Winnipeg CFS so ...

2 THE COMMISSIONER: All right. We'll, we'll take
3 a 15 minute break and then Ms. Harris will examine the
4 witness.

5 MR. MCKINNON: Thank you.

6

7 (BRIEF RECESS)

8

9 THE COMMISSIONER: All right, Ms. Harris.

10 MS. HARRIS: Thank you, Mr. Commissioner.

11 Prior to beginning I think it would best if we
12 marked all of the exhibits that I intend to tender now and
13 then that will be out of the way, with your permission.
14 The first is that you should have two grey binders. Are
15 they grey, Ms. Walsh?

16 MS. WALSH: I think -- do you have them? Yeah,
17 they're grey.

18 MS. HARRIS: Okay.

19 THE COMMISSIONER: Wait a minute now, let me get
20 these out of the way. Now, do I have them?

21 THE CLERK: I have them.

22 MS. HARRIS: Madam Clerk has them at the moment.

23 THE COMMISSIONER: Oh, they're coming. Good.

24 MS. HARRIS: They're coming.

25 THE COMMISSIONER: Good.

1 MR. HARRIS: Our written evidence is at the front
2 of that binder and I'd like to mark that as an exhibit
3 separately because it's not represented by a tab in the
4 index.

5 THE COMMISSIONER: Do you -- so you want that as
6 a separate --

7 MS. HARRIS: I think that it would best to mark
8 that as a separate exhibit.

9 MR. COMMISSIONER: All right. Do you follow
10 that, clerk?

11 THE CLERK: I do.

12 MS. HARRIS: And then the --

13 THE CLERK: So the, the exhibit -- Exhibit 73 is
14 the two binders and 74 is the written portion?

15 MS. HARRIS: I would make -- whatever you prefer.

16 THE CLERK: Or other way around?

17 MS. HARRIS: I would do it the other way around.

18 THE CLERK: Okay.

19 MS. HARRIS: Seventy-three would be the written
20 evidence and then tabs "A" through "W" would be Exhibit 74.

21 THE COMMISSIONER: Exhibit 73 is the written
22 evidence.

23 THE CLERK: Just to make sure that's clear, this
24 part?

25 MS. HARRIS: Um-hum.

1 THE CLERK: Okay.

2 MS. HARRIS: That's right. The witness -- it's,
3 it's entitled witness summary.

4 THE CLERK: Yes.

5 THE COMMISSIONER: And then Exhibit 74 --

6 MS. HARRIS: Would be tabs "A" through "W".

7 THE COMMISSIONER: Is, is tab A to W?

8 MS. HARRIS: Yes.

9 THE COMMISSIONER: And that's sundry documents?

10 MS. HARRIS: Yes.

11 THE COMMISSIONER: Have you got that, Commission
12 counsel?

13 MS. WALSH: I don't have Exhibit 73.

14 THE COMMISSIONER: Is that just 73?

15 THE CLERK: This is 73 inside.

16 THE COMMISSIONER: Yes.

17 THE CLERK: This is on the top, 73 inside, 74.

18 THE COMMISSIONER: Yes.

19 THE CLERK: And then once you open it, this is
20 73.

21 THE COMMISSIONER: Right.

22 THE CLERK: Sticking out.

23 THE COMMISSIONER: Yes.

24 THE CLERK: And this is the rest of 74.

25 THE COMMISSIONER: The rest of --

1 THE CLERK: Volume 2.

2 THE COMMISSIONER: Right, okay.

3 THE CLERK: Seventy-three is two volumes.

4 THE COMMISSIONER: Yes, okay.

5 THE CLERK: And what's that called, 73?

6 THE COMMISSIONER: I guess, I guess, it's -- you
7 would call it the written evidence of, of Jay Rodgers,
8 Chief Executive Officer, General Child and Family Services
9 Authority.

10 THE CLERK: Thank you.

11

12 **EXHIBIT 73: PHASE TWO GENERAL**
13 **AUTHORITY DOCUMENTS FOR JAY**
14 **RODGERS**

15

16 **EXHIBIT 74: WRITTEN EVIDENCE OF**
17 **JAY RODGERS, CHIEF EXECUTIVE**
18 **OFFICER, GENERAL CHILD AND FAMILY**
19 **SERVICES AUTHORITY**

20

21 MS. HARRIS: I'm sorry, Mr. Commissioner, there
22 seems to be a little bit of confusion about the way that
23 our documents were distributed to counsel.

24 THE COMMISSIONER: Right.

25 MS. WALSH: I think we're okay.

1 THE COMMISSIONER: Okay.

2 MS. WALSH: So I'm sorry, Mr. Commissioner, did
3 you ask me something about the exhibit?

4 THE COMMISSIONER: No.

5 MS. WALSH: Okay.

6 THE COMMISSIONER: The clerk did and I think
7 we've resolved it.

8 MS. HARRIS: The next document that I would like
9 to mark ...

10 THE CLERK: All right, counsel.

11 MS. HARRIS: The next exhibit I'd like to mark is
12 the General Child and Family Services Authority Case
13 Management manual. It's the larger of the two. If counsel
14 don't have it, I'm not going to be dealing with it this
15 morning and I understand offices have many, many copies and
16 we'll get copies to anyone who requires it.

17 THE COMMISSIONER: Are we marking that as Exhibit
18 75 now?

19 MS. HARRIS: Yes, please.

20 THE CLERK: Exhibit 75.

21

22 **EXHIBIT 75: GENERAL CHILD AND**
23 **FAMILY SERVICES AUTHORITY CASE**
24 **MANAGEMENT STANDARDS FRAMEWORK**
25 **MANUAL 12/1/2009**

1 MS. HARRIS: Just to correct the record, it's
2 formerly entitled the General Child and Family Services
3 Authority Case Management Standards Framework.

4 THE COMMISSIONER: Right.

5 MS. HARRIS: And lastly, on the floor before
6 Madam Clerk is a poster, it's a flow chart. Again, I have
7 many copies here for counsel and I won't be referring to it
8 this morning which I'd also like to mark as an exhibit.

9 THE COMMISSIONER: And this is the, the General,
10 General Authority flow chart?

11 UNIDENTIFIED PERSON: Flow, flow process
12 (inaudible).

13 THE COMMISSIONER: Exhibit 76, General Authority
14 flow chart. Is that, is that the correct description?

15 MS. HARRIS: That's a good description.

16 THE COMMISSIONER: Exhibit 76.

17

18 **EXHIBIT 76: GENERAL AUTHORITY**
19 **FLOW CHART**

20

21 MS. HARRIS: Lastly, Mr. Commissioner, there's
22 one additional document which does not need to be marked as
23 an exhibit but it's the Strategic Decision Making Guide.
24 It, it appears at tab M of the evidence but we thought it
25 would better for you to have a coil bound original copy

1 rather than the photocopy to reference. So it does not
2 need to be marked because it already forms part of the
3 evidence at tab M.

4 THE COMMISSIONER: It's tab M of Exhibit 74?

5 MS. HARRIS: Correct. Thank you.

6

7 DIRECT EXAMINATION BY MS. HARRIS:

8 Q Mr. Rodgers, when you first joined the GA, the
9 General Authority, as its chief executor officer, in 2007,
10 what was the organizational and work environment like,
11 within both General Authority and its agencies?

12 A In, in May 2007, when I started with the General
13 Authority, it was shortly after the Changes for Children
14 document had come out and all of the commitments that had
15 been made there, and all of the opportunities that came
16 with those commitments. So it was an exciting time to now
17 be the leader of a service system that had these
18 opportunities but it was also a time when, as I mentioned
19 earlier, devolution had just been completed and, as we've
20 heard throughout the inquiry, that was a very turbulent
21 time for staff and a lot of changes, the single biggest
22 restructuring probably in, in the history of child welfare.

23 So staff of our agencies were experiencing change
24 fatigue and I, I think were really looking forward to a
25 period of time when things could stabilize. That wasn't

1 going to be going to be the case because of the changes we
2 were about to introduce with Changes for Children. So it
3 was kind of a unique environment that we had this
4 tremendous opportunity to make substantial changes to the
5 way we work but, at the same time, we had agencies who
6 were, you know, not real amenable to more change being
7 introduced at that point in time.

8 So what, what told us is that if we were really
9 going to take advantage of the opportunities that were
10 before us to make sustainable change in our system, and how
11 we practiced, that we were going to go about it
12 differently. We were going to create an environment where
13 we gave opportunity for our front line staff to influence
14 the decisions that were going to affect them as we move
15 forward, that we were going to become much more inclusive
16 as a service system in how we planned and how we practiced.
17 So this was a deliberate decision made by the General
18 Authority, with our directors, to plan and move forward
19 strategically in a way that was much more inclusive of
20 listening to the opinions of our front line staff.

21 Q Okay. And how would you describe the morale of
22 staff at the time?

23 A Low.

24 Q What are the primary roles for the General
25 Authority in terms of its functions and duties?

1 A We've, we've heard testimony about the roles of
2 the authorities. I'll do it very quickly. With the
3 passage of the Child and Family Service Authorities Act and
4 with the Child and Family Services Authorities Regulation,
5 pursuant to that Act many of the powers and duties that had
6 formerly been with the director of child welfare were
7 devolved to the authorities. So we have the overall
8 responsibility for mandating and fundating -- funding
9 agencies. We have an oversight role with agencies to
10 ensure that they're operating in a fiscally responsible
11 way, providing service in a way that's consistent with
12 standards. We have the ability to put in place authority
13 specific standards, as long as they don't contradict the
14 foundational standards, as you heard in testimony
15 yesterday.

16 We do quality assurance reviews. We are
17 responsible for being accountable for the services that are
18 provided through our agencies. Most importantly, we see
19 our role at the Authority as supporting our agencies and
20 creating an organizational climate and culture that is
21 conducive to good practice. And we see ourselves as, as
22 driven by evidence based principles and as we make changes
23 we're continually doing it on the basis of the best
24 evidence that we have.

25 Q Okay.

1 A But, again, the most important role we see is
2 creating the conditions for good practice.

3 Q Thank you. I won't recap this morning's evidence
4 with respect to the agencies that are mandated by
5 authorities, saying to confirm that there are four
6 agencies, three of which are private and one which is
7 Winnipeg Rural and Northern Child and Family Services;
8 correct?

9 A That's correct.

10 Q And you also mandate some designated intake
11 agencies outside of the City of Winnipeg; is that right?

12 A That's correct.

13 Q Does the General Authority have the same duties
14 and powers as the other three authorities?

15 A In legislation, yes. There is no distinction in
16 legislation between the General Authority and the other
17 authorities in terms of our powers and duties.

18 Q In practice, what are the differences?

19 A In practice there is one major difference and
20 that is the unique situation with 70 percent of our service
21 being delivered through government, that the funding for
22 those services does not flow through the General Authority
23 as it does for all of the agencies in the other
24 authorities. So I don't have the ability each year to set
25 or determine the funding that goes through government.

1 Q When you say go through government, you mean goes
2 through Winnipeg Rural and Northern Child and Family
3 Services; correct?

4 A For the -- for Child and family Services, yes.

5 Q Right.

6 THE COMMISSIONER: Does not flow through, through
7 you?

8 THE WITNESS: It does not.

9

10 BY MS. HARRIS:

11 Q Okay. What's the impact of not having control
12 over your, your funding for all of your agencies in terms
13 of service delivery?

14 A I'm not sure it's had a big impact so far. I
15 mean, potentially it means that I don't have the ability
16 to, you know, move money from agency to agency. If that --
17 if one agency was experiencing, say, a high volume and
18 there wasn't as high volume in, say, Winnipeg, I wouldn't
19 have the ability to move money from one agency to another
20 or from government to one of the other agencies. But in
21 terms of our experience to date, it hasn't been a problem
22 but I'm -- the General Authority is unable to fulfill its
23 full scope of responsibilities under the legislation.

24 Q Thank you. Turning to tab S, like Sam, which,
25 Mr. Commissioner, is in the second volume. Madam Clerk,

1 the page that I'm going to referencing is actually page
2 111. It -- the --

3 THE COMMISSIONER: Wait a minute now, tab F is
4 in --

5 MS. HARRIS: Tab "S" like Sam.

6 THE COMMISSIONER: Oh, Sam, Sam, I'm sorry.

7 MS. HARRIS: And, Mr. Commissioner, the hard page
8 number in your copy will be page 93.

9 THE COMMISSIONER: Just a minute, I don't -- I,
10 I, I've got ...

11 MS. HARRIS: You've got the correct exhibit.

12 THE COMMISSIONER: Oh, I've got "S", yes. Okay.
13 At page what?

14 MS. HARRIS: 93.

15

16 BY MS. HARRIS:

17 Q Mr. Rodgers, this is a chart in the 2011/2012
18 annual report of the province for the Department of Family
19 Services and Labour. Can you please comment on the number
20 of children which are currently in care in the General
21 Authority as at March 31st, 2012, please?

22 A That chart is showing, as of March 2012, that the
23 General Authority had 1,744 children in care.

24 THE COMMISSIONER: Just a minute. Is that --
25 this is March 2012 and it shows how many?

1 THE WITNESS: 1,744.

2 THE COMMISSIONER: 1,744 children in care of
3 whom?

4 THE WITNESS: Of the General Authority agencies
5 across our system.

6

7 BY MS. HARRIS:

8 Q And in terms of case load trends, can you please
9 explain the difference between in term -- the difference
10 that extensions of care make in terms of your case load?

11 A As was pointed out yesterday, these figures
12 include extensions of care. Under Section 50 --

13 Q 50(2).

14 A -- 50(2) of the Child and Family Services Act an
15 authority can approve what's called an extension of care,
16 meaning that if a child who is a permanent ward turns 18 in
17 our care, we can continue to provide supports past the age
18 of 18, to the age of 21. Technically, these are not
19 children in care, they're young adults but they are shown
20 in the child in care figures.

21 The trend in the General Authority, and I think
22 across all authorities, has been -- has seen a dramatic
23 increase in the number of extensions of care that have been
24 done in each of the last fiscal years. And this is good
25 policy. The ability to support kids past 18 for purposes

1 of achieving a life outcome is, is a good thing for the
2 system to do and we've been doing it far more regularly
3 than we have in the past.

4 For example, in 2009, on March 31st we would have
5 had 38 such extensions of care. On the same date, in 2012,
6 we had 153. The extensions of care --

7 THE COMMISSIONER: Is that on this chart
8 somewhere?

9 THE WITNESS: It's not on that chart.

10 THE COMMISSIONER: Okay.

11 THE WITNESS: Extensions of care within the
12 General Authority have been the predominant driver of small
13 case load increases year over year. If I could speak to
14 the ...

15

16 BY MS. HARRIS:

17 Q When you refer to case load increases you mean
18 children in care?

19 A No, I mean case load increases.

20 Q Caseload increases across the board?

21 A Generally.

22 Q Generally. Okay.

23 A If you remove extensions of care from case load
24 increases our caseloads have been stable --

25 Q Okay.

1 A -- in the last four years. With regard to
2 children in care, if I could speak to that --

3 Q Please.

4 A -- and the impact that including extensions has
5 on those figures.

6 Q Please.

7 A If you remove extensions of care from the figures
8 that are on the chart. For example --

9 THE COMMISSIONER: Oh, they're included in these
10 figures, are they?

11 THE WITNESS: They're included in those figures,
12 Mr. Commissioner.

13 THE COMMISSIONER: Well, let me make a note of
14 that. For instance, they're included in the
15 1744?

16 THE WITNESS: That's correct.

17 THE COMMISSIONER: And now you're saying if you
18 remove them --

19 THE WITNESS: If you remove the extensions of
20 care from the 1744 --

21 THE COMMISSIONER: Yeah.

22 THE WITNESS: -- the number of children, zero to
23 17, in care of the General Authority would be 1,591.

24 THE COMMISSIONER: 1,591?

25 THE WITNESS: That's correct.

1 BY MS. HARRIS:

2 Q So, in fact, there are fewer children in care now
3 than there were in 2008 --

4 A Yeah.

5 Q -- from ages zero to 17 --

6 A Yeah.

7 Q -- amongst the General Authority agencies?

8 THE COMMISSIONER: That's 153 in extensions?

9 THE WITNESS: That's correct. The, the year I
10 have for comparison is 2009. If you remove extensions from
11 2009 the General Authority would have had 1,601 kids in
12 care, zero to 17. So the trend in the General Authority is
13 for kids in care to remain stable and it's actually lower
14 now than it was in 2009.

15 THE COMMISSIONER: So 1607 would have gone to
16 what?

17 THE WITNESS: 1639 would have gone to 1601 in
18 2009.

19 THE COMMISSIONER: 1639?

20 THE WITNESS: Yes.

21 THE COMMISSIONER: And where is that, under 2006?

22 THE WITNESS: 2009.

23 THE COMMISSIONER: Oh, 2009. 1636 would have
24 gone to what?

25 THE WITNESS: 1601.

1 THE COMMISSIONER: Okay.

2 THE WITNESS: The, the point being that our
3 children in care in the General Authority has not been
4 going up so it's, it's different than the trend across the
5 system.

6 The other trend that we've noticed is that --

7 THE COMMISSIONER: Well, hasn't it being going up
8 because in 2012 it was 153.

9 THE WITNESS: Extensions.

10 THE COMMISSIONER: Yes. And, and extensions,
11 only 35 in 2009.

12 THE WITNESS: Extensions are going up.

13 THE COMMISSIONER: Yeah. That's -- is that your
14 point?

15 THE WITNESS: No, my point is children in care,
16 zero to 17, has remained stable.

17 THE COMMISSIONER: Well, are you off extensions
18 now?

19 THE WITNESS: Yes.

20 THE COMMISSIONER: All right. Then what are you
21 going to tell me now about children in care, period?

22 THE WITNESS: Children in care of the General
23 Authority, zero to 17, from 2009 to 2012, has remained
24 essentially the same.

25 THE COMMISSIONER: So any increase is

1 attributable to extensions in care?

2 THE WITNESS: That's correct. Which is a good
3 thing.

4 THE COMMISSIONER: Yes, I follow that.

5

6 BY MS. HARRIS:

7 Q And just to be clear, the total number of cases
8 -- what percentage does the General Authority have of the
9 total number of cases in the province, in terms of children
10 in care? Roughly?

11 A Oh, I don't recall the figures from yesterday.
12 It was close to 10,000 in 2012.

13 UNIDENTIFIED PERSON: Nine, seven, three, zero,
14 it's on the chart.

15 THE WITNESS: It's on the chart.

16 Oh, yeah, sorry, 9730. And so we're 1,744 of
17 that.

18

19 BY MS. HARRIS:

20 Q We've heard from several witnesses, turning to
21 another subject area, most notably Dr. Wright, that there's
22 an emerging challenge for child welfare agencies in the
23 increasing diversity of the population.

24 A Please, before we move on, could I make one or
25 two more comments about the trends?

1 Q Sure.

2 A Very quickly.

3 THE COMMISSIONER: What was the last one you
4 made? I've got it with respect to, to increases
5 attributable to extensions.

6 THE WITNESS: Yes.

7 THE COMMISSIONER: And you had made a point after
8 that and I didn't get it.

9 THE WITNESS: The point that was made was that of
10 9,730 kids in care across the system, 1,744 were with the
11 General Authority.

12 THE COMMISSIONER: Oh, oh, of the 9,037 (sic)
13 what do you say?

14 THE WITNESS: Can you just read the number? I
15 can't read the number on my screen.

16 MA. HARRIS: It's nine, seven, three, zero, Mr.
17 Commissioner.

18 THE COMMISSIONER: Nine --

19 MS. HARRIS: Is the total number of cases.

20 THE COMMISSIONER: Yes, 9730. All right. How
21 are you breaking that down?

22 MS. HARRIS: That's the total cases in the
23 province.

24 THE WITNESS: That's the total number of kids in
25 care --

1 THE COMMISSIONER: Yes.

2 THE WITNESS: -- across the system --

3 THE COMMISSIONER: Yes.

4 THE WITNESS: -- as of March 2012.

5 THE COMMISSIONER: Oh, that was the point?

6 THE WITNESS: Yeah.

7 MS. HARRIS: Of which the General Authority has
8 1,744 cases.

9 THE COMMISSIONER: Seventeen, 44?

10 MS. HARRIS: Yes.

11 THE COMMISSIONER: Yeah, I follow.

12 THE WITNESS: Just, just two other points I
13 wanted to make related to this. As part of our outcome
14 measures we track a number of trends. In 2011, General
15 Authority agencies brought 17 percent fewer kids into care
16 than we did in 2009. So the trend is decreasing in the
17 numbers of kids coming into care that contributes to this
18 number.

19 THE COMMISSIONER: You brought 17 percent less
20 than when?

21 THE WITNESS: In 2009.

22 THE COMMISSIONER: Oh, than 2099. All right.

23 THE WITNESS: And these statistics rely on the
24 numbers as of March 31st, 2012 and in March 31st of each
25 previous year. We have run the data a number of different

1 ways because that's only a snapshot in time. We've run
2 data continuously month to month, to month to month, to see
3 if the figures at March 31st are reflective of the
4 experience throughout each of these years and we've
5 determined that the number at March 31st of each year is a
6 good indicator of the typical experience throughout the
7 year.

8

9 BY MS. HARRIS:

10 Q So just to summarize, the number of children
11 being taken into care, annually, is now beginning to
12 decrease across the General Authority's agencies?

13 A Yeah, I haven't run the numbers for 2112 but it
14 decreased in each of 2010 and 2011 when compared to 2009.

15 Q Thank you.

16 Turning to another subject area. We've heard
17 from several witnesses, as I began most notably Dr. Wright,
18 that an emerging challenge for child welfare agencies is
19 the increasing diversity of the population that the
20 agencies serve. So in what ways are the persons receiving
21 service from the General Authority diverse?

22 A We have a number of diversity challenges within
23 the General Authority service system. We do provide
24 services around the province so we have, we have agencies
25 that have geographically dispersed cases. We have agencies

1 that --

2 THE COMMISSIONER: Agencies that what?

3 THE WITNESS: Agencies that have geographically
4 dispersed cases across our rural areas. We have agencies
5 that would have caseloads in areas that don't have a lot of
6 resources, similar to what we heard from some of our First
7 Nation's partners.

8 We would predominantly have most of the French
9 speaking population would be clients of the General
10 Authority, if they come in contact with Child and Family
11 Services systems. So we have a French language services
12 policy and, and programs in place. But, most importantly,
13 the biggest challenge for us over the last five years has
14 been the increasing diversity of the population due to
15 immigration.

16 MS. HARRIS: Okay.

17 THE WITNESS: When we talk about Child and Family
18 Services in Manitoba we often frame the dialogue in an
19 aboriginal/non-aboriginal context and it's, it's much more
20 challenging than that because of the increasing diversity
21 we're seeing.

22 The single biggest contributor of population
23 increase in the last few years, in Manitoba, has been due
24 to immigration. In 2011, Manitoba welcomed 15,000
25 newcomers, 10,000 the year before and 10,000 the year

1 before that. Those are constituents of the General
2 Authority. Those are our families.

3 THE COMMISSIONER: But have you got the figures
4 broken down as to how many children or families you were
5 dealing with that are in that immigrant group?

6 THE WITNESS: I don't have that with me.

7 THE COMMISSIONER: But isn't that what's relevant
8 here?

9 THE WITNESS: I, I can -- I think I can get
10 figures on that, I don't have that with me. It has been
11 increasing, the number of newcomer families that are coming
12 to the attention of the child welfare system, simply
13 because of the volume. And the challenge --

14 THE COMMISSIONER: So, so you're able to break
15 down, for instance, the number of aboriginal children, the
16 number of new immigrant children and the number of, of, of
17 continuing residents, or call it whatever category you, you
18 like, a third category, the main, the main population.

19 THE WITNESS: Yes.

20 THE COMMISSIONER: You can break those three
21 down?

22 THE WITNESS: Yes, to, to -- but only to a
23 certain extent for newcomers. But I, I can get you some
24 estimates of those.

25 THE COMMISSIONER: If, if, if it's considered

1 relevant by counsel. It seems, to me, it is based upon
2 what you're telling me about the, the diversity and your
3 biggest challenge today is immigration.

4 THE WITNESS: That's, that's one of our
5 challenges that has emerged over the last few years is how
6 to provide a culturally sensitive service to an
7 increasingly diverse population.

8

9 BY MS. HARRIS:

10 Q And in -- just referring to the, the issues with
11 respect to the newcomer population, what are the challenges
12 specifically, just very briefly for the Commissioner?

13 A There are language challenges. Many of the
14 newcomer families -- and Ms., Ms. Stoker spoke about this
15 -- many of our newcomer families, particularly,
16 particularly those who come with refugee status, have come
17 from environments where government is an agent of
18 persecution, governments are not to be trusted and
19 governments are often killers of children in some of these
20 countries. So these newcomers, particularly refugees, come
21 with a serious distrust of government or any agent of
22 government and that's how they see the Child and Family
23 Services system. So there are significant trust issues
24 that we have to -- have been working on with our newcomer
25 community.

1 Many newcomers would come from countries that
2 don't have formal child welfare laws, certainly not the way
3 we have them so they wouldn't understand parenting
4 expectations in legislation or laws regarding what the
5 Child and Family Services system does or when the Child and
6 Family Service system gets involved with families because
7 of how parents treat children.

8 Q So how are you specifically addressing those
9 issues?

10 A If I could speak to this for just a few minutes,
11 Mr. Commissioner, because there's an important lesson here?

12 THE COMMISSIONER: Yes.

13 THE WITNESS: I think for moving forward into the
14 future.

15 We have been working with newcomer communities
16 now for the last three years, probably longer, three and a
17 half years, in an effort to change the relationship of
18 these communities with the Child and Family Services system
19 because of these trust issues. And so over a two year
20 period we reached out to these communities and invited them
21 in to have discussions with us, and this in Winnipeg, have
22 discussions with us about how the Child and Family Services
23 system operates, what are the laws, what are the
24 expectations but, more importantly, how could these
25 communities be helpful to us in getting this information

1 back out to their own community members when they arrive.

2 And we have been very successful in partnering
3 with new Canadian communities. We've used a community
4 capacity building approach similar to what Dr. Wright
5 reported in her best practices paper as a way of mobilizing
6 communities. And we have, with the cooperation of these
7 new, newcomer communities, created information packages
8 that explain the role of the Child and Family Services
9 system, acknowledge the difficulties that new Canadians
10 have in adapting to society, and we have that in a
11 presentation as well as in a DVD that's been translated
12 into seven languages that these communities are now using,
13 out at community centres and in churches and in, and in
14 other places in their own communities, to educate their
15 community members about the role of Child and Family
16 Services and what we have to offer.

17 MS. HARRIS: Thank you.

18 THE WITNESS: Further, the most recent
19 development is that we are about to enter into a community
20 charger -- community charter with a coalition of newcomer
21 community leaders and representatives where we will
22 formalize the relationship of how the Child and Family
23 Services system, through the GA, is going to work with
24 these newcomer communities, how they can be of assistance
25 to us and us to them within the mandate that we have of

1 Child of Family Services. And so it will set out how these
2 newcomer communities are going to assist the child welfare
3 system in creating networks of care for their kids should
4 they come into contact with the Child and Family Services
5 system.

6 So this is consistent with this notion of
7 community empowerment and community engagement that Dr.
8 Wright spoke about and Dr. Frankel spoke about. And we've
9 made tremendous advances, Mr. Commissioner, in this regard.
10

11 BY MS. HARRIS:

12 Q Can you please tell the Commissioner how the
13 General Authority engages in system-wide planning for the
14 delivery of services, just a general framework?

15 A Sure. As a service system our system-wide
16 planning is led by my board of directors and my board of
17 directors, would have been two or three years ago, came up
18 with a set of eight strategic statements that guide the
19 work of the Authority and its agencies, and they're,
20 they're in the binder if you want to look at them.

21 Q Okay.

22 A The, the board asks me each year to report back
23 on progress to achieving the strategic statements.
24 Further, the General Authority, with our agencies, has
25 developed a set of values that articulate our service

1 philosophy and how we wish to be held accountable in terms
2 of our organizational culture and behaviour and we report
3 annually on efforts we've made to bring those values to
4 life because of the importance of organizational culture in
5 the delivery of Child and Family Services.

6 The board of directors also holds us accountable
7 for outcomes and I report twice annually to my board of
8 directors on system-wide outcomes within the context of the
9 strategic statements, the values and the outcomes.

10 In 2009/10 the General Authority prepared a
11 system-wide plan that applied to all of our agencies. It
12 was the very first time we had prepared a system-wide
13 operational plan. It had specific goals, specific
14 deliverables and specific outcomes to be measured.

15 Q And each agency also creates a detailed business
16 plan, as well; is that right?

17 A In the 2009/10 system-wide plan there were goals
18 and deliverables that applied across the system so every
19 agency was expected to meet them and then each agency had
20 its own particular to their agency and their families.

21 THE COMMISSIONER: Your first ever systems-wide
22 operational plan was in 2009?

23 THE WITNESS: Yes. With the implementation of
24 the funding model that system-wide plan has been replaced
25 by individual agency business plans but we still approach

1 it the same way. Every business plan contains a similar
2 set of objectives that would reflect the system-wide
3 objectives as well as those specific to the agency. And
4 each of those plans connects up to the outcomes that we
5 have determined that we will be using to measure the
6 success of our services.

7

8 BY MS. HARRIS:

9 Q Can you please tell the Commissioner about the
10 directors leadership table and how you plan, collectively,
11 using that venue?

12 A Yeah, this, this builds on what I was saying
13 earlier, Mr. Commissioner, about how, in 2007, we made a
14 decision to operate in a more collective way. Shortly
15 after that, we created what is called the directors
16 leadership table. What the directors leadership table is
17 comprised of is the senior executive from every agency and
18 service region in the General Authority and we planned,
19 collectively, and we've made a decision that should there
20 be policies, or decisions, or funding decisions to me made,
21 that affect more than one agency or region, that we will
22 make those decisions collectively at our -- at the
23 directors leadership table.

24 THE COMMISSIONER: And what senior executives are
25 on that table?

1 THE WITNESS: It would be Ms Brownlee.

2 THE COMMISSIONER: Okay.

3 THE WITNESS: Ms. Besant, that I spoke of
4 earlier.

5 THE COMMISSIONER: Yes.

6 THE WITNESS: The chief executive officers of
7 Child and Family Services of Central Manitoba. Child and
8 Family Services of Central Manitoba.

9 THE COMMISSIONER: Oh, this is all within your
10 own authority?

11 THE WITNESS: All within my own authority, that's
12 correct.

13 THE COMMISSIONER: Okay.

14 THE WITNESS: Jewish Child and Family chief
15 executive as well as the regional director from each of the
16 four regions so it's a collective of nine people. And so
17 we plan and we allocate our resources collectively.

18 MS. HARRIS: Mr. Commissioner, I won't take up
19 any time, which is at a premium, with actually going to
20 those eight strategic framework statements or the statement
21 of values but if you're interested at another point in time
22 in looking at them, you can find them at tab A on page 8.

23 THE COMMISSIONER: And what are they?

24 MS. HARRIS: That would be the eight strategic
25 framework statements and the statement of values of the

1 General Authority.

2 THE COMMISSIONER: All right, thank you.

3

4 BY MS. HARRIS:

5 Q Turning now to another subject area, I'd like to
6 talk about best practice. So if you can first, please,
7 tell us what the importance is of using research based
8 evidence in planning for the delivery of child welfare
9 services.

10 A This was, this was covered in great detail in Dr.
11 Wright's report, as well as in her testimony, so I'll speak
12 to it briefly. Dr. Wright spoke about this from two
13 perspectives. One perspective is that a key element of
14 moving to a best practice approach is being able to
15 continually scan and be kept abreast of the new
16 developments in the, in the field. What are the new
17 innovations, what are the new practices that appear to be
18 working, what are the new strategies that appear to be
19 having desired outcomes. And this is a continuous process
20 to, to be able to continually look for that research and
21 find ways to incorporate it into practice. So that might
22 be best referred to and I think Dr. Wright referred to this
23 as evidence based practice.

24 Q Okay.

25 A But she also referred to a second element of this

1 which is, as she referred to it, practice based evidence.
2 So we can't just take research and the evidence and make
3 changes without continually finding out whether, from a
4 practice perspective, those changes are having the desired
5 effect with our front line workers. So we have to create
6 opportunities to be continually hearing from our front line
7 workers about the changes that we're making to see if, in
8 fact, they are consistent with what we expect from the
9 evidence.

10 So one of the things that we've done is we've
11 created an expectation with our agencies about staff
12 engagement, that every agency, every year, has to have a
13 process in place to allow front line staff to share their
14 perspectives on the changes and initiatives that we're
15 implementing to ensure that they are achieving the results
16 from the front line that we expect. So it's evidence based
17 practice and practice based evidence.

18 In terms of ensuring that we're always keeping
19 abreast of the best evidence we have taken a number of
20 steps in this area. One of the most important ones that
21 we've done recently is we have created a formal partnership
22 with an organization called Practice and Research Together
23 which is originally based in Ontario. It is a child
24 welfare specific centre of excellence for research in child
25 and family services with a focus on Canadian research.

1 We were the first jurisdiction outside of Ontario
2 to become a member and what it does is it gives access to
3 over 30,000 articles, research articles, evidence based
4 articles, gives access to, I think it's once or twice a
5 month they host a webinar that that staff can watch on
6 their computers, where experts from around the world talk
7 about innovations. And PART will, at our request, do
8 literature reviews, if we're interested in finding out what
9 are the best outcomes in a particular area.

10 Most importantly, every one of our front line
11 staff, all our supervisors, all of our managers and all of
12 our foster parents have direct access to all of this
13 information through their computers by simply logging on
14 and entering a password. So if someone is struggling with
15 a particular case or just wants to know more about how to
16 deal to with a family with FASD, or an autistic child, they
17 can log on at their desktop and get access to the latest
18 research. We think this is an important part of, of
19 keeping current and making sure that our practices are
20 always reflecting innovations.

21 We also regularly do program evaluations to
22 ensure that we're achieving the outcomes that we're hoping
23 for.

24 Q Who do you do those with?

25 A We have been primarily contracting with Dr.

1 McKenzie to do those evaluations and we've also used
2 another consultant, whose name is Mike Caslor. And over
3 the last three years we've probably done six formal
4 evaluations of programs.

5 THE CLERK: Could you just spell his last name?

6 THE WITNESS: C-A-S-L-O-R, Caslor.

7

8 BY MS. HARRIS:

9 Q Let me take you back to the General Authority and
10 it -- and your efforts to gain access to current research.
11 You've talked about PART and you've talked about the
12 evaluations by Dr. McKenzie. You also have a couple of
13 other partnerships, one with Consortium for Children and
14 one with the Children's Research Centre. Can you please
15 tell the Commission about those?

16 A Yes. So through, through licensing agreements we
17 have access to internationally recognized experts in
18 certain fields. So at the Children's Research Centre,
19 which you've heard about, they are the owners of the
20 structured decision making tools as well as -- based in
21 Wisconsin. And the Consortium for Children which is the
22 owner of something that's called the Structured Assessment
23 for Family Evaluation or SAFE which is the tool we use to
24 access foster home and adoptive applicants, through that
25 licensing agreement with those licensing bodies we have

1 access to consultations from experts who have been using
2 these tools, who have been practicing in child welfare for
3 many years. So if -- and we've done this -- if we've had
4 workers struggling with a particular case we can pick up
5 the phone and call and get expert advice, very short
6 notice, from staff who work at the Children's Research
7 Centre.

8 Q Okay. Going back to Dr. McKenzie, there have
9 been three important evaluations that Dr. McKenzie has
10 done, one being a report, Empowering Social Workers in the
11 Workplace; correct?

12 A Yes, that was a pilot project done in partnership
13 with the Canadian Association of Social Workers that we did
14 at Child and Family Services of Western Manitoba.

15 THE COMMISSIONER: What's it called?

16 MS. HARRIS: Empowering Social Workers in the
17 Workplace.

18

19 BY MS. HARRIS:

20 Q And another with respect to youth transitioning
21 from care?

22 A Yes. We had a pilot project in Winnipeg Child
23 and Family Services called Skills for Life. This was a
24 modular training program for caregivers in youth to assist
25 youth to obtain the life skills they need to transition

1 from care when they turn 18. That was evaluated by Dr.
2 McKenzie and those findings have informed a number of,
3 number of initiatives that I'm going to talk about in a
4 bit.

5 Q And lastly, there was the Evaluation of the
6 Differential Response pilot project.

7 A The evaluation of the five General Authority
8 differential response pilot projects was done by Dr.
9 McKenzie. It was a very thorough evaluation that involved
10 file reviews, involved interviews with every front line
11 staff person that was in the pilot project. It included
12 interviews with, I believe, 57 families who received the
13 service. It included interviews with managers. It
14 included interviews with collaterals, who were part of
15 these pilot projects. So it was a very thorough
16 evaluation, a very extensive report.

17 The findings of that report were overwhelmingly
18 positive in terms of the results achieved through these
19 pilot projects and this report has been extremely important
20 because it is this report that has informed the development
21 of an entirely new practice model that we have implemented
22 at the General Authority. So --

23 Q And we'll, we'll get to that piece. I want to
24 take you back to staff engagement just so that we can
25 finish this area of evidence prior to the lunch break. You

1 discussed the fact that there's a staff engagement policy
2 so that all of your agencies have to get feedback from
3 their front line staff in terms of engagement. What else
4 is the General Authority doing in terms of the empowerment
5 of staff and what role does that have in promoting best
6 practice?

7 A We also, we also fund agents -- provide funding
8 to agencies to hold staff engagement events. We have, in
9 the last couple of years, held what we call summits where
10 we invite every staff person from every agency and region
11 across the province to come to a one or two day session to
12 plan collectively so that we're hearing directly from our
13 front line staff who are most affected by our decisions.

14 The importance of staff engagement, I don't think
15 can be underestimated. There is a growing body of
16 literature, much of it specific to child welfare, that is
17 showing that the more positive the organizational climate
18 and the more engaged that staff feel in their workplace,
19 the more likely it is that you're going to achieve more
20 positive outcomes for children, youth and families. And
21 there a number of studies now in this regard that are
22 demonstrating -- that is demonstrating this.

23 We've gone further at the General Authority and
24 we've also adopted a formal youth engagement strategy where
25 -- do you want me to wait on that?

1 Q We'll wait on that one. Let's just stick to the
2 staff engagement for the moment. So you, you -- so the
3 literature, to summarize your evidence, is that in -- staff
4 engagement and creating a positive organizational climate
5 promotes best practice and outcomes for families. What
6 does it do at the institutional level? How does it make
7 your organization stronger, internally?

8 A A number of ways. And, you know, I don't -- Ms.
9 Brownlee can probably speak to some of this, too, when
10 she's up testifying. I believe it has a positive impact on
11 morale.

12 Q Okay.

13 A I believe it has a positive impact on our
14 organizations being able to demonstrate our appreciation
15 for the work that our front line staff do but it -- I
16 believe it also creates a sense of feeling part of a
17 collective with a common service philosophy and a common
18 set of objectives when our staff have the opportunity to
19 shape what our plans and what our priorities should be.
20 It's a sense of a shared purpose, I think, emerges as well.

21 Q Does it help with the retention of staff?

22 A I believe it clearly helps with the retention of
23 staff. And there is also evidence to demonstrate that the
24 more engaged employees feel with their child welfare
25 organization the better retention rates are.

1 Q And that, in turn, creates less upheaval in the
2 system in terms of turnover of workers?

3 A And I think we're seeing that as well.

4 MS. HARRIS: Mr. Commissioner, it's 12:25 and
5 I've finished this area. Perhaps now would be a good time
6 to take the lunch break.

7 THE COMMISSIONER: Yes. I'll, I'll find that
8 satisfactory. How are you getting along? Should we come
9 back at 1:45 or is that too soon for some?

10 MS. HARRIS: One -- my friend is saying 1:30.
11 Can we split it and make it 1:40?

12 THE COMMISSIONER: Oh, we'll, we'll say 1:45.

13 MS. HARRIS: Okay.

14 THE COMMISSIONER: We'll stand adjourned until
15 1:45.

16

17 (LUNCHEON RECESS)

18

19 MS. HARRIS: Good afternoon, Mr. Commissioner.

20 THE COMMISSIONER: Good afternoon. So just carry
21 on, Ms. Harris, if you would, please.

22 MS. HARRIS: I shall. Over the break Mr.
23 McKinnon, Ms. -- Mr., Mr. McKinnon and Mr. Paul were kind
24 enough to draw up two charts to help explain the
25 organization of the General Authority. And I think we

1 should mark these as exhibits.

2 THE COMMISSIONER: All right.

3 MS. HARRIS: The first is, is an organizational
4 chart that looks like this, Madam Clerk, it's right on top.

5 THE CLERK: (Inaudible) the other one, as well?

6 MS. HARRIS: I think we can mark them both.

7 MS. WALSH: As one?

8 MS. HARRIS: As one or as two?

9 THE CLERK: 77A and B?

10 MS. HARRIS: Sure.

11 THE COMMISSIONER: 77A and B?

12 MS. HARRIS: Yes.

13 THE COMMISSIONER: Thank you.

14 MS. HARRIS: And --

15 THE CLERK: Exhibit 77A and B.

16

17 **EXHIBIT 77A: FLOW CHART FOR CHILD**
18 **AND FAMILY SERVICES GENERAL**
19 **AUTHORITY**

20

21 **EXHIBIT 77B: EXPLANATION OF FLOW**
22 **CHART - BREAKDOWN OF FUNDING**

23

24 MS. HARRIS: And if, Mr. Commissioner, you can
25 take a look at 77A. 77B basically restates what 77A does

1 in, in flow chart form.

2 THE COMMISSIONER: All right.

3 MS. HARRIS: But you'll see, Mr. Commissioner,
4 that the General Authority is at the top of the chart.

5 THE COMMISSIONER: Yes.

6 MS. HARRIS: And then the four agencies are, are
7 the next row.

8 THE COMMISSIONER: Yes.

9 MS. HARRIS: So CFS of Western Manitoba, Central,
10 Jewish Child and Family Services and then Winnipeg Rural
11 and Northern. Child and Family Services of Western
12 Manitoba, Central Manitoba and Jewish Child and Family
13 Services comprise 30 percent of the funding for the General
14 Authority.

15 THE COMMISSIONER: Yes.

16 MS. HARRIS: And then Winnipeg Rural and Northern
17 agency comprises the balance of the 70 percent. The
18 Winnipeg Child and Family Services branch of Winnipeg Rural
19 and Northern has to 50 to 55 percent of the total funding
20 and Rural and Northern branch has 15 to 20 percent of the
21 total funding. And below Rural and Northern branch you'll
22 see the regional offices, Interlake, Parkland, Eastman and
23 Northern which all are just geographic regional offices of
24 the Rural and Northern branch.

25 THE COMMISSIONER: Right.

1 MS. HARRIS: And the second form -- the second
2 page does precisely the same thing, it just breaks down the
3 funding, the way that the funding flows through the General
4 Authority to its agencies Or not entirely through the
5 General Authority but the funding for the General
6 Authority's agencies.

7

8 DIRECT EXAMINATION CONTINUED BY MS. HARRIS:

9 Q Mr. Rodgers, when we left at the break we were
10 speaking about staff engagement and I'd like to turn now to
11 the issue of youth engagement.

12 THE COMMISSIONER: The issue of what?

13 MS. HARRIS: Youth engagement.

14 THE COMMISSIONER: Youth engagement.

15

16 BY MS. HARRIS:

17 Q In what ways did the General Authority commence
18 engaging with youth and what initiatives came out of that?

19 A In 2008, the General Authority created a youth
20 engagement team that worked out of the Authority. It was
21 comprised of two former youth in care and we wanted to make
22 sure that as we were embarking upon the initiatives that we
23 knew we were going to be doing under Changes for Children
24 that we were implementing those in a way that reflect the
25 opinions and perspectives of youth that had received our

1 services.

2 Q Okay.

3 A So these two youth had conducted extensive
4 consultations and focus groups with current and former
5 youth in care. They met with the Office of the Children's
6 Advocate. They met with the Office of the Ombudsman. They
7 met with government staff. And working through Voices,
8 Manitoba's Youth in Care Network, again they had the
9 opportunity to do focus groups and individual interviews
10 with, with many, many youth who had, had the experience of
11 receiving our service.

12 That youth engagement team prepared a report that
13 was released in December 2009 which was called the General
14 Authorities Youth Engagement Strategy. One of their key
15 recommendations was that each of our agencies also have, at
16 the agency level, youth -- a youth engagement strategy.
17 And so we've done that, we fund our agencies every year to
18 have youth engagement events. Some of our agencies have
19 hired their own youth engagement workers so that we're
20 continually hearing the perspectives of the youth that
21 receive our services.

22 One of the main sets of recommendations that came
23 from that youth engagement strategy was recommendations for
24 how we could greatly improve providing supports for youth
25 who are leaving our care, when they turn 18 or when they're

1 young adults. The perspective of the youth who have had
2 experienced this was that we simply didn't do a very good
3 job of providing supports for youth when they reached the
4 age of majority in our care.

5 Q Okay. So how did you change that?

6 A Well, I remember I happened to be at the Inquiry
7 for some of Mr. Sinclair's testimony and I remember Ms.
8 Walsh asking Mr. Sinclair if the child welfare system had
9 provided certain supports when he turned 18 in care.
10 Things like emotional supports, or counselling, or job
11 search assistance, or resume preparation, or supports for
12 post-secondary education, and each time he was asked he
13 said no, that the child welfare system did not provide any
14 of those supports.

15 If a youth turns 18 in our care, today, all of
16 those supports will be available to them. I've talked
17 about our extensions of care earlier.

18 Q Um-hum.

19 A We have greatly improved how we plan for kids to
20 turn 18. We've developed a new planning document that
21 requires staff to indicate how they're going to help youth
22 get the skills, across five domains, life outcome domains.
23 We've got access, through the Casey Foundation of the
24 United States, to a skills readiness assessment that can be
25 done on line, with the cooperation of the Casey Foundation.

1 But, most importantly, we have created, through community
2 partnerships, a network of supports for youth to access to
3 get ready to transition from care, whether it's at 18, 19
4 or 20. Those community partnerships include four key
5 partners, Community Financial Counselling Services Inc.,
6 which is a small not-for-profit organization in Winnipeg,
7 has agreed to provide our youth priority access for things
8 like financial literacy, for debt management counselling,
9 for financial planning, to help youth get bank accounts, to
10 set up credit. All of those basic financial literacy
11 things that we've heard from our youth they felt ill
12 prepared to deal with when they turned 18.

13 We have a formal partnership with Big Brother,
14 Big Sister of Winnipeg, Big Brothers, Big Sisters of
15 Winnipeg. They have implemented a mentorship program for
16 youth transitioning from care.

17 We know from the literature that one of the
18 single most important factors in increasing the likelihood
19 of success of a kid transitioning from care is having a
20 meaningful relationship with an adult and that's exactly
21 what the mentorship program is intended to do. That is now
22 also available.

23 We have, also, through a formal partnership,
24 contracted with the Youth Employment Service which again,
25 on a priority access for our kids, will provide resume

1 preparation, job search assistance, employment readiness
2 assessments. So all of those supports will be available
3 for kids who we are transitioning from care.

4 We have also contracted with the Canadian Mental
5 Health Association so that our workers have easier access
6 to mental health supports and counselling services for
7 youth as they move to turn 18 in our care.

8 Q Now, let's take a step back. Not every child who
9 is in care is eligible to receive an extension of care
10 under the legislation; is that right?

11 A That's correct. Manitoba's legislation lags
12 behind other jurisdictions in this regard. In Manitoba,
13 under Section 50(2), extensions of care can only be granted
14 to youth who are permanent wards on their 18th birthday.
15 So if they're temporary wards on their 18th birthday the
16 child welfare system, under legislation, can't continue to
17 provide supports for them. If they're in care under a VPA
18 the child welfare system cannot continue to provide
19 supports. Further, those supports can only be provided to
20 the age of 21 and by policy of the department only a year
21 at a time.

22 Q Okay. So in terms of youth who are eligible to
23 receive extensions of care, so former permanent wards and
24 then all of the other youth in care, what's the difference
25 in how they access that network of supports that, that's

1 been built?

2 A Something we're particularly proud of at the
3 General Authority is -- again in partnership with the
4 Canadian Mental Health Association and with some time
5 limited funding from the Royal Bank, we've been able to
6 create an aftercare program. So kids who turn 18 in our
7 care or kids who leave care at 19 or 20 have access to that
8 full range of supports that I just talked about for free,
9 on a priority access basis, up to age 25.

10 The way we're doing that is through what's called
11 a service navigator who works at the Canadian Mental Health
12 Association and, and there's a toll free dedicated line to
13 call and it'll be answered service navigator, Child and
14 Family Services. And so every youth who leaves our care is
15 given a brochure and, and it's called -- our program is
16 called Building Futures, is given a brochure and they're
17 given a card with the contact information of the service
18 navigator. So all that youth has to do is call that
19 central line and the, the youth navigator will connect them
20 to the services that they need, whether it's financial
21 counselling, whether it's job search, et cetera. Whether
22 it's a mentor.

23 So this is one of the three programs like this in
24 the country. We've been able to commit enough resources to
25 it for two years. It's funded entirely out of the

1 Authority. We don't get extra funding for this but we felt
2 it was important to reprioritize some of the funding that
3 we get to support this badly needed service.

4 THE COMMISSIONER: And do the other authorities
5 provide the same service?

6 THE WITNESS: I know that, and we actually
7 learned from the Metis Authority who has their Metis Spirit
8 program as well as -- they do Age of Majority celebrations,
9 but at this point I think we're the only ones who do it
10 this way, by mobilizing these community partnerships.

11 THE COMMISSIONER: Well, who is it that speaks
12 for the, for the four authorities as a whole so there's a
13 coordinated program going on across the province, if it's a
14 worthwhile one?

15 THE WITNESS: This, this would be standing
16 committee. I've, I've informed my colleagues at standing
17 committee of this. Because we're doing it on a pilot they
18 have interest in participating, they're going to give us a
19 chance to have a bit of experience with it but it would be
20 through standing committee where we would agree, jointly,
21 to create programs like this. It's a resource issue. We,
22 we've been able to find resources to, to do this.

23 THE COMMISSIONER: Well, who, who makes policy
24 that's, that's province-wide for all of authorities?

25 THE WITNESS: If it's -- if by policy you mean a

1 foundational standard that would be the province.

2 THE COMMISSIONER: But if -- so any policy that's
3 to be applicable would, would come through standards
4 insofar as service to the, the constituency you're there to
5 serve?

6 THE WITNESS: Yes. The province could make
7 policies, too, in consultation with standing committee.

8 THE COMMISSIONER: Thank you.

9 THE WITNESS: We felt it was -- you know, kids,
10 kids who turn 18 at home typically stay at home until 25 or
11 longer. We know that from the research. And they have all
12 kinds of supports and networks available to them. We're
13 trying to recreate those for kids who have to leave care
14 when they're 18 or 19.

15

16 BY MS. HARRIS:

17 Q Mr. Rodgers, can you please describe the work the
18 General Authority has done to secure tuition waivers for
19 former permanent wards on behalf of all four authorities?

20 THE COMMISSIONER: Just a minute. Say that
21 slower.

22 MS. HARRIS: I'm moving to a slightly different
23 area under youth engagement. This is about tuition waivers
24 for post-secondary education.

25 THE COMMISSIONER: Is it still under youth

1 engagement?

2 MS. HARRIS: Yes, sir.

3 THE COMMISSIONER: Okay. And what's the
4 question?

5

6 BY MS. HARRIS:

7 Q Can you please describe the work that the General
8 Authority has done on behalf of all, all four authorities
9 to secure tuition waivers for former permanent wards?

10 A We, we know from national data that kids who turn
11 18 in care, fewer than five percent go on to post-secondary
12 education because of the barriers and the challenges that
13 they face in trying to do so. Other provinces, again, are,
14 are ahead of Manitoba in this regard. Alberta and Ontario
15 have government subsidies for kids leaving care, Manitoba
16 doesn't yet have that.

17 So what the General Authority did on behalf of
18 all four authorities, as part of the research that we did
19 into ways that jurisdictions are supporting kids to get the
20 post-secondary education, we found in the United States a
21 number of jurisdictions where individual colleges or
22 university did what is called, down there, a presidential
23 waiver, where by policy the president waives tuition for
24 former youth in care so that they get access to
25 post-secondary education with no direct cost to them for

1 tuition or related fees. And we found a number of
2 jurisdictions that did that, some capped the number of
3 spots, some didn't. There was no similar program in, in
4 Canada.

5 I had the opportunity, in January 2012, to
6 propose this idea to Dr. Axworthy, who is the President of
7 the University of Winnipeg, and the reason I first raised
8 it there is because I have a clear understanding of the
9 University of Winnipeg's commitment to removing barriers to
10 post-secondary education. Dr. Axworthy and the Board of
11 Regents there were very supportive of this and within six
12 weeks there was a press conference announcing Manitoba's
13 first tuition waiver program for current and former youth
14 in care. And in September 2012 the University of Winnipeg
15 admitted 25 students, either current or former youth in
16 care, to post-secondary education on -- from all four
17 authorities.

18 Since that time, the General Authorities continue
19 to lead these discussions on behalf of the other
20 authorities. Winnipeg Technical College has joined the
21 program, Red River College recently joined the program,
22 committing to 20 spots in September.

23 THE COMMISSIONER: Brandon College, did you say?

24 THE WITNESS: Red River College.

25 THE COMMISSIONER: Red River.

1 THE WITNESS: And we are expecting an
2 announcement very soon from both Brandon University and
3 Assiniboine Community College. And we expect that by
4 September of 2013, with the second year at the U of W and
5 the others coming on, there'll be between 80 and a hundred
6 spots for free tuition for current and former youth in care
7 who otherwise wouldn't have had the opportunity and we'll
8 continue to meet with the other colleges and universities
9 in hopes that they will join the program because our dream,
10 of course, is free tuition across the province at all
11 post-secondary institutions for current and former youth in
12 care.

13 Q Which, as you have said, would be a policy
14 decision?

15 A Yes.

16 Q On the part of the institution?

17 A Yes.

18 Q Similar to providing free tuition to adults over
19 65 in some institutions?

20 A Yes.

21 Q How do the youth who --

22 THE COMMISSIONER: And just a minute. And that
23 is courtesy of the generosity of the educational
24 institutions?

25 THE WITNESS: Yes. At this point.

1 THE COMMISSIONER: Yeah.

2 THE WITNESS: Yes, they've come on one at a time.

3 THE COMMISSIONER: Very commendable.

4 THE WITNESS: I would say I certainly support
5 that. They've been great to deal with.

6

7 BY MS. HARRIS:

8 Q That covers tuition and fees. How do the former
9 youth in care, while they're going to school, support
10 themselves in terms of living expenses?

11 A If, if a youth is going to post-secondary
12 education and that youth is on an extension of care, the
13 child welfare system can provide for daily living expenses
14 and related costs. If it's a former youth in care who is
15 coming back to go to post-secondary education, the Province
16 of Manitoba, through Employment Trade and Technology -- did
17 I get the right department -- has agreed to pay for the
18 daily living expenses, books and supplies, for those youth.

19 The General Authority has also created, again
20 through our own resources, a scholarship fund that last
21 year was \$25,000, is this year \$35,000, and the intent of
22 that scholarship fund is to, if there's a plan for a youth
23 to go to post-secondary education and they just need a bit
24 more funding for, you know, books or something, they can
25 apply to the General Authority Scholarship Fund.

1 We've also created a complete inventory of
2 available scholarships and we put it into a guide, paper
3 guide, and we also put it on our website and share it with
4 the other authorities. And in that guide is all of the
5 available scholarships that kids in our care can apply for,
6 including sections on scholarships that are just for kids
7 in care. And so they can use the guide or they can log on
8 our website and our website would have links to application
9 forms and things like that. So we're doing everything we
10 can, within our span of control, to remove barriers for
11 youth to access post-secondary education.

12 Q And just to be clear, the scholarship fund that
13 you refer to, the General Authority Scholarship Fund, you
14 have no funding from that, you're pulling that out of your
15 current budget; correct?

16 A Again, we, we've considered this to be important
17 so we are reallocating within our budget.

18 Q And is it fair to say that the University of
19 Winnipeg's response was greater than anticipated in terms
20 of the, the former kids in care who wanted to take
21 advantage of that program?

22 A Dr. Axworthy's, Dr. Axworthy's first announcement
23 was for 10. We continued to lobby him and he went to 20
24 and eventually let 25 in. And I believe have admitted 25
25 more.

1 The University of Winnipeg released a one year
2 follow-up news release on the first 25 and we are pleased
3 to report that 19 of those 25 students continue to go,
4 although one of them graduated. So 19 out of 25 managed
5 their first year which is pretty good.

6 MS. HARRIS: And, Mr. Commissioner, I'm not going
7 to take up the time today to direct you to the press
8 release but if you'd like to read it, it's at tab B of the
9 materials.

10 THE COMMISSIONER: Thank you.

11

12 BY MS. HARRIS:

13 Q Before we leave the area of youth engagement is
14 there anything else that you wanted to bring to the
15 Commission's attention with respect to the youth engagement
16 strategies?

17 A No, just that this continues to be an ongoing
18 commitment of the General Authority and again we provide a
19 small amount of funds but funds to our agencies every year
20 to make sure that they hold youth engagement events so that
21 we will continually -- continuing to hear back every year
22 from the youth who experience our services.

23 Q Thank you. I'm going to turn now to another
24 area. This area I've named policies and protocols, Mr.
25 Commissioner.

1 What came out of the phase one evidence was
2 evidence about confusion of -- about a number of policies
3 which led to certain difficulties with the care that
4 Phoenix and her family received. For example, there was a
5 belief on the part of a worker that she couldn't gain
6 access to Steven Sinclair's sealed youth in, youth in care
7 file without his consent. So if you can please tell the
8 Commission what has been done to clarify, either the
9 General Authority alone or all four authorities, what's
10 been done to clarify a number of those policies. And I
11 think we can start with the PHIA an FIPPA and then perhaps
12 the access of sealed files.

13 A Yeah. We, we, we have heard about the FIPPA/PHIA
14 issue and the fact sheet that was prepared jointly across
15 the authorities and the department at standing committee.
16 I, I believe it's Commission disclosure and, and has been
17 seen --

18 Q It's, it's also at tab C.

19 A This, this is a straight forward fact sheet that
20 clearly explains that if a child welfare agency is
21 investigating a child who is or may be in need of
22 protection Section 76 of the Child and Family Services Act
23 overrides the provisions of FIPPA and PHIA and anyone with
24 relevant information to that investigation can share it
25 without being in violation of those statutes.

1 Q Okay. What about the General Authority's policy
2 with respect to being able to access sealed files?

3 A The, the General Authority obtained a legal
4 opinion about this. The legal opinion clarified exactly
5 under what circumstances sealed files can be accessed and
6 what process has to be followed to do that. So we have
7 clarified for all of our agencies how to get access to
8 sealed files. If there is an urgent matter regarding a
9 child who is or may be in need of protection, those files
10 can be accessed with the approval of the CEO or senior
11 manager in an agency or service region. If it's non-urgent
12 it's our view that either consent or a court order would be
13 required. And so we've clarified that through that legal
14 opinion and made sure all of our staff on the front line
15 are aware of that.

16 Q Another recommendation that came out of some of
17 the reviews was that the private care arrangements policy
18 be reviewed. Did the General Authority do that?

19 A The General Authority did that and as I mentioned
20 earlier we have the capacity to do authority specific
21 standards. So we've had authority specific standard on
22 this issue in place for some time.

23 THE COMMISSIONER: On what issue?

24 THE WITNESS: The private arrangements. And our
25 policy indicates that if there are immediate child

1 protection concerns and children cannot live safely with
2 their parents or caregivers, that private arrangements are
3 not to be used in those circumstance. The child should be
4 placed under apprehension and the substitute caregiver
5 needs to be designated a place of safety.

6 MS. HARRIS: Thank you. Mr. Commissioner, if
7 you're interested in seeing that policy, which you don't
8 need to refer to now, you can find it at tab D of the
9 materials.

10 THE COMMISSIONER: Tab D, thank you.

11

12 BY MS. HARRIS:

13 Q What about face-to-face contact?

14 A Face-to-face contact is in standard but it's kind
15 of imbedded in an introductory section to standards so it's
16 kind of difficult to find. So what we did for our agencies
17 was we prepared a face-to-face contact fact sheet that is a
18 straight forward and clear explanation of when face-to-face
19 contact with children is required under the standard. And
20 we provided a copy of that to every, every front line staff
21 person across our system and it's also distributed as part
22 of our case management standards training. And so it
23 clearly, it simply lays out the face-to-face contact
24 expectations so there's no ambiguity about that.

25 MS. HARRIS: And, Mr. Commissioner, that policy

1 is -- or that fact sheet is located at tab E of the
2 materials.

3 THE COMMISSIONER: Tab?

4 MS. HARRIS: E.

5 THE COMMISSIONER: B?

6 MS. HARRIS: E, like elephant.

7 THE COMMISSIONER: E, E for elephant. Would you
8 know whether that fact sheet was available to all
9 authorities?

10 THE WITNESS: I believe it is.

11 THE COMMISSIONER: In use?

12 THE WITNESS: I can't say it's in use, I, I
13 believe we shared it at standing committee.

14 THE COMMISSIONER: I see.

15 THE WITNESS: I just can't say with certainty how
16 widely it's been distributed.

17 THE COMMISSIONER: Right.

18

19 BY MS. HARRIS:

20 Q How has the General Authority and the other
21 authorities addressed the issue of sharing reports that are
22 released following the death of a child in care or, or
23 shortly after leaving care?

24 A I know this has been an issue that has arisen and
25 I need to really give credit to the current Children's

1 Advocate, who has been very open with us in agreeing to
2 share draft special investigation reports with the system
3 prior to finalizing findings and recommendations. So we
4 have enshrined this in a protocol where there was an
5 agreement between standing committee and the Children's
6 Advocate where the Children's Advocate will now routinely
7 share drafts of child death review reports with agencies
8 and authorities prior, again, to making final
9 recommendations and findings.

10 We have found this very, very helpful, to be able
11 to have a dialogue about these reports before they're
12 finalized. This is a similar practice to what the
13 Ombudsman would do, or the Auditor General would do, they
14 would share draft reports with systems and, and agencies
15 before finalizing them. So this has been a very
16 significant improvement in the system for us.

17 Q What about the multiples working group?

18 A The multiples working group is a creation of
19 standing committee and in order to maximize the learning
20 and the changes that can come from these reviews, standing
21 committee has created what's referred to as the multiples
22 working group which means that whenever there is a
23 recommendation in a special investigation report that is
24 directed at more than one party, say at two authorities, or
25 all four authorities, or the Authority and the branch, that

1 those recommendations will be referred to the multiples
2 working group to develop a joint response across those
3 entities.

4 There are also recommendations that are often
5 directed at one authority or one agency that clearly have
6 impacts across the system so those recommendations, too,
7 will be shared with this group so that there might be a
8 system response developed to those recommendations. Often
9 these are recommendations around training that needs to be
10 done and it isn't just an issue with one authority or one
11 agency, this is a system-wide issue. So we've created an
12 opportunity to share those reports, share those findings
13 and recommendations so that the system could benefit from
14 it.

15 Q Okay. And lastly, the General Authority produces
16 an annual summary of findings. Can you please tell the
17 Commissioner about that?

18 A We have to report annually to the Ombudsman on
19 the status of the recommendations that have been made in
20 those special investigation reports. So we don't just
21 report on our responses to individual recommendations, we
22 do that. And in the last three years I think we've
23 received 22 recommendations and we've brought it up eight,
24 so on every individual one. But we find it more helpful to
25 look for themes so do the recommendations indicate a

1 particular need, for example, for standards training and,
2 and some of them did. So we also provide a thematic report
3 to the Ombudsman from the group of recommendations that we
4 get so that the Ombudsman can include that in his report,
5 if he chooses to.

6 Q And do you share that report with anyone else?

7 A We share it with our agencies. We've also
8 implemented an authority specific standard related to these
9 reports. With the willingness of the Children's Advocate
10 to share draft reports, the directors leadership table that
11 I spoke of earlier has approved an authority specific
12 standard that requires the relevant findings of those
13 reports to be shared with the staff who worked on the case.
14 So we're now doing that by routine.

15 Q Okay. Turning now to the issue of standards.
16 We've already heard about the difference between
17 foundational standards and authority specific standards.
18 Following the death of Phoenix Sinclair, why did the
19 General Authority decide to clarify the foundational case
20 management standards?

21 A It was, it was clear in the case specific
22 reports, as well as in the broader external reviews, that
23 there was a fair amount of confusion around standards.
24 What we did, in 2008, was we took all of the existing
25 standards, including the 2005 case management standards,

1 and all of the program standards, and all of the new
2 program standards that had been revised by standing
3 committee, and we put them into one binder and we sent a
4 copy to every front line staff person in our system.

5 We then trained all of our front line staff on
6 the 18 new program standards that had just been approved by
7 standing committee. You've heard about that, I believe Ms.
8 Loepky spoke about that yesterday. So we embarked on a
9 process where we went around the province and delivered
10 in-person training on these standards which was very much
11 appreciated by our front line staff and we've heard lots of
12 real good feedback.

13 What we also heard as part of that process was
14 that our staff really has difficulty understanding the
15 expectations set out in the case management standards,
16 partly because of the format, partly because of the great
17 amount of detail that's in those standards and they asked
18 if there was some way to present those in a way that would
19 clearly set out the expectations, as well as put those
20 expectations within the context of day-to-day practice.

21 So, in 2008, after we completed the training on
22 the 18 standards, we embarked on a process, in consultation
23 with our agencies and staff, to repackage those case
24 management standards in a way that we thought would be much
25 more helpful to the front line and that culminated in our

1 pretty chart and framework that you've got in front of you.

2 Q So to be clear, the culmination of that work was
3 this case management standards manual?

4 A Yes, that one.

5 Q And the flow chart?

6 A And the flow chart that goes with it.

7 MS. HARRIS: Okay. Mr. Commissioner, I think you
8 have a copy of this volume on the table.

9 THE COMMISSIONER: Is it, is it an exhibit?

10 MS. HARRIS: It is already marked as an exhibit.
11 It was marked -- I'm not recalling now. Exhibit 75. And
12 the flow chart, which is on the easel before you, was
13 marked as Exhibit 76.

14 THE COMMISSIONER: Yes.

15

16 BY MS. HARRIS:

17 Q So, Mr. Rodgers, can you just briefly take the
18 Commissioner through how this works in day-to-day practice?

19 A Okay. So the, the flow chart -- and I, I can't
20 see it. Is this it here?

21 Q That's it.

22 A The flow chart which has what I'm sure are very
23 nice colours on it, the flow chart tries to demonstrate,
24 for each key decision in the case management process, what
25 standards need to be adhered to, as well as what the

1 timelines are in relation to those decisions and what
2 recording needs to be done to support those decisions.

3 So the flow chart and by colour breaks it up into
4 the following steps in the case management process. Intake
5 and assessment, intake response and investigation, intake
6 disposition, case transfers, assessments, service and
7 planning, evaluation and review and closure. So each one
8 of those is shown on the flow chart and each one of those
9 has its own section in the manual that matches the flow
10 chart. So staff have these flow charts up on their walls
11 and they have their manuals on their desk and can easily
12 find the expectations set out in the standards in relation
13 to -- at any point in the case management process.

14 THE COMMISSIONER: And are those headings that
15 you just read out, do they identify with -- each with a
16 particular colour on that chart?

17 THE WITNESS: They do.

18 MS. HARRIS: So to be clear, if there's the green
19 area on the chart to the left, Mr. Commissioner, it
20 corresponds to a green tab in the manual and so on and so
21 forth.

22 THE COMMISSIONER: Oh, I see, I see. Okay.

23

24 BY MS. HARRIS:

25 Q So you've not written new standards other than

1 the authority specific standards, what you've done is
2 restated the existing foundational standards in a more user
3 friendly way. Is that a fair summation?

4 A Yes. And this, this was based again on the
5 concerns that were raised with us about those standards
6 when we did our training across the province. And so the
7 expectations, as set out in the standards, are put in
8 context in our manual by first setting out the intent and
9 purpose of the standard. So here's what the standard is
10 intended to accomplish and why, here are the expectations,
11 and then each standard has with it hints for practice so
12 that workers know, day-to-day in their practice, things
13 they can do to ensure their practice is consistent with the
14 expectations set out in those standards. And it is those
15 practice hints that our front line workers have said are
16 most helpful.

17 Q The standard manual also includes information as
18 to when file recording and what type of file recording is
19 expected throughout the life of a, of a file, as well; is
20 that right?

21 A That's correct.

22 THE COMMISSIONER: Now, what I'm trouble --
23 having trouble getting through my head, obviously this is,
24 is a process, the results of which you're very satisfied
25 with and pleased with?

1 THE WITNESS: Yes.

2 THE COMMISSIONER: With all the work that went
3 into it --

4 THE WITNESS: Yes.

5 THE COMMISSIONER: -- if the other four -- three
6 authorities would have to go through the same process if
7 they wanted to get to the same product?

8 THE WITNESS: Their, their -- we've made this
9 product available to the other authorities. They each have
10 their own training program and standards but this, this
11 product, if they were to use it would, of course, be
12 available to them.

13 THE COMMISSIONER: But would it be preferable if,
14 if that didn't have to be adopted four times over and there
15 was one, one institution that was doing this at the top,
16 through, through the consultive process and everything else
17 you've done. Does it make sense, having it -- four
18 different authorities having to make their decision whether
19 they want to adopt it if it's something that's really very
20 worthwhile?

21 THE WITNESS: I guess I have sort of two answers
22 to that.

23 THE COMMISSIONER: Okay, I'd like them both.

24 THE WITNESS: You can have them. One is this,
25 this works for us, given the, the, the type and the

1 experience of staff that we have in the General Authority.
2 I can't say whether this approach would work just as well
3 for the other authorities. Their staff may have different
4 training needs, they may not have the same level of
5 experience that my staff have. Preferably it would be, I
6 think, wise if we're all using the same approach but what
7 really matters is that staff get the same training on
8 standards.

9 THE COMMISSIONER: Yes. I, I understand that.

10 THE WITNESS: And we do train -- we have one day
11 training, uses the framework, uses the flow chart, and I
12 believe I've had 453 staff now receive that training.
13 Every front line staff person and every one of my agencies
14 and service regions does that training twice a year.

15

16 BY MS. HARRIS:

17 Q What has the response been from staff?

18 A Overwhelmingly positive.

19 Q Has there been any training done with outside
20 bodies on these standards?

21 A Yes, we have the opportunity to provide this
22 training to all of the staff at the Office of the
23 Children's Advocate. Very often, of course, they're
24 observing in their reports on whether agencies were meeting
25 standards so we thought it would be helpful to provide this

1 training to them. They found it very, very helpful to
2 receive the training and to have the standards in this
3 format. And I believe we also provided training to staff
4 of the Child Protection Branch.

5 Q Turning now to the General Authority practice
6 model, the Strengthen the Commitment report recommended the
7 implementation of a differential response method of service
8 delivery in the child welfare system. We've heard how the
9 differential response system works generally but perhaps
10 what you can do is take us through how the practice of
11 differential response has evolved over time within the
12 General Authority, starting with the pilot projects from
13 the first wave of funding.

14 A I just need to find some notes here.

15 When the funding became available for the
16 differential response pilot projects we set out criteria
17 for each of our agencies to submit a proposal to do a
18 pilot. We had a number of proposals come in. Based on the
19 criteria that we had set aside we decided to fund five of
20 them in five different areas of the province.

21 Given our understanding of differential response
22 and its intent, as I explained earlier this morning about
23 identifying those families where kids are safe but we know
24 are likely to come back later on without a
25 non-investigatory supportive response, we knew that in

1 order to implement these pilot projects we had to have the
2 proper tools in place to do those assessments. So, as I
3 talked briefly about this morning, this is when the General
4 Authority led a process to develop, develop the structured
5 decision making tools and the first one that we developed
6 was the risk assessment known in Manitoba as the
7 probability of future harm tool. And this work had to be
8 done before those pilot projects could start because we
9 needed the capacity to do that kind of assessment in order
10 to know which families to refer for a differential response
11 service.

12 So we undertook an extensive research process to
13 identify the current state of the art tools in terms of
14 risk assessment and we contracted with two recognized
15 academics who have expertise in this area, Dr. Eric
16 Sigurdson, who was one of the co-authors of one of the very
17 earliest risk assessment tools, and again Dr. Brad McKenzie
18 from the Faculty of Social Work.

19 They did, with the support of our staff, an
20 extensive scan of what was in use in other jurisdictions
21 and discovered, at that time, that there were generally two
22 types of risk assessment tools being used. One is called a
23 consensus based tool and one is called an actuarial tool.

24 Do you want me to explain the difference?

25 Q Briefly.

1 A Very briefly?

2 Q Very briefly.

3 A The difference is in how they're developed. A
4 consensus based risk assessment tool is based on the
5 opinions of experts in the field, and theory, and experts
6 in the field come together who have many years of child
7 welfare experience and they agree on what the risk factors
8 are and they put it into an assessment and then test it
9 out.

10 An actuarial tool, on the other hand, is based on
11 the study of actual cases. So one of the very earliest
12 actuarial tools was based on the study of over a thousand
13 cases where confirmed reoccurrence of maltreatment had
14 happened and through the use of statistical techniques
15 those studies identified the factors in families that were
16 common across all those cases and, therefore, likely to
17 result in the future harm of children.

18 There have been a number of studies done to
19 compare consensus based and actuarial risk assessment tools
20 over the years and it is clearly established that actuarial
21 tools are much more reliable than consensus based tools so
22 we made the decision to adopt an actuarial tool and that
23 was the one that we found from the Children's Research
24 Centre that was currently in use in California. It was
25 their most recent one. And we adapted that tool for use in

1 Manitoba and that was done through an all authority process
2 in a contract with the Children's Research Centre. So all
3 authorities participated in the process to develop that
4 actuarial risk assessment tool and all authorities agreed
5 to use it.

6 Q Okay.

7 A And so that had to be in place before we could
8 fund our projects.

9 Q Okay. And then came the pilot projects?

10 A Then came the pilot projects. But also, as part
11 of the pilot projects, we introduced -- and I'll just talk
12 about this very briefly -- we introduced something called
13 the signs of safety model that is built on solution focused
14 inquiry. This is another internationally known approach to
15 child welfare that is really about practicing and engaging
16 with families and specific techniques to do so. So we
17 introduced that also for use in our differential response
18 sites and contracted for training to be done in signs of
19 safety so that we could also see if that was a way that we
20 wanted to practice into the future.

21 Q Okay. In order to just speed this along a little
22 bit, I will summarize and you will tell me if you agree and
23 with, with, with, Mr. Commissioner, with your indulgence, I
24 will just lead the witness through this bit.

25 So you had the pilot projects and then Dr.

1 McKenzie evaluated those pilot projects and released a
2 report; correct?

3 A Yes.

4 Q And that report is at tab L of our materials. It
5 also forms part of Commission disclosure and if, Mr.
6 Commissioner, if you'd like to see the recommendations they
7 begin at page 115 of the report but Commission disclosure
8 number -- the page number would be 38967.

9 I don't propose to go through those
10 recommendations but it's fair to say, Mr. Rodgers, that Dr.
11 McKenzie recommended the continued use of the Children's
12 Research Centre risk assessment tool, the probability of
13 future harm tool; correct?

14 A Yes. We -- just, just to clarify, in those pilot
15 projects we were using the probability of future harm tool
16 and the caregiver and child strengths and needs tool from
17 SDM.

18 Q And he also recommended that be continued, as
19 well?

20 A Yes. And he also provided data in his report,
21 based on interviews with staff that showed, depending on
22 the question, between 85 and 95 percent support from staff
23 for the use of these tools.

24 Q Okay. And ultimately, Dr. McKenzie's report is
25 what assisted you in developing the General Authority

1 practice model which has four components; is that right?

2 A That's correct.

3 Q And those four components are the use of the SDM
4 tools and there are -- there's a suite of tools that are
5 either in use or in development for the General Authority;
6 is that right?

7 A Yes. We've made a decision to adopt what's known
8 as the full suite of SDM tools, so an evidence based tool
9 in support of every key decision in the case management
10 process.

11 Q Okay. So there's -- the four components of the
12 General Authority practice model are the SDM tools, the
13 signs of safety, which you'll explain, solution focused
14 inquiry practice techniques and training and support?

15 A Yes.

16 Q Is that right?

17 A Yes.

18 Q Okay. Can you please briefly describe what the
19 suite of tools is that's in use at the General Authority
20 and whether or not some of those tools are being used by
21 other authorities, to your knowledge?

22 A The first tool that -- the first SDM tool that
23 would be used in the life of a case would be the SDM safety
24 assessment. So, again, through an all authority process
25 and a contract with the Children's Research Centre we have

1 developed a Manitoba specific safety assessment that we
2 believe is quite superior to the safety assessment that
3 exists in the intake module. Part of the reason for that
4 is it informs the risk assessment tool.

5 That safety assessment has been developed. The
6 Children's Research Centre has provided training for
7 trainers in all four authorities and all four authorities
8 have agreed to implement the use of this safety assessment.

9 The General Authority will have about 70 percent
10 of our workforce trained by the end of June and because
11 we're training in Winnipeg Rural and Northern first and
12 then our private agencies will be there training in the
13 fall, so we would expect that the SDM safety assessment
14 will be used across our system by the fall of this year.

15 Q Across the General Authority system?

16 A Across the General Authority.

17 Q Okay.

18 A I believe training is also going on in the other
19 authorities, although I can't speak to what degree that's
20 occurred yet.

21 Q Okay. And the safety assessment tool is the tool
22 that is used to make the decision as to whether a child is
23 safe and can remain in the home; correct?

24 A The safety assessment is what decides -- what
25 determines whether a child needs to be apprehended. It is

1 the immediate decision when a worker goes out. It is about
2 the present and it is about whether children have
3 experienced harm or are in imminent danger. And at the end
4 of that safety assessment workers have to make one of three
5 decisions for every child in, in the household. They have
6 to determine if the child is safe, they have to determine
7 if the child is not currently safe but could be made safe
8 with supports or if the child is unsafe and cannot be made
9 safe.

10 If it's the third conclusion, based on the safety
11 assessment the child will be taken into care. So the
12 decision to apprehend is based on a safety assessment.

13 Q Okay. And just to clarify a misconception that
14 seems to have cropped up through the days that we've been
15 listening to evidence, the risk assessment tool does not
16 make decisions with respect to apprehensions; correct?

17 A That's correct.

18 Q What is the risk assessment tool for?

19 A The risk assessment tool is intended to be done
20 within 30 days of first contact. The risk assessment tool,
21 again, is intended to determine the likelihood of children
22 being harmed in the future if services are not provided.

23 It's important to understand what the risk
24 assessment tool does and doesn't do. It doesn't accurately
25 predict which families will re-harm their kids, it only

1 provides a classification of families that are more likely
2 to harm their kids.

3 THE COMMISSIONER: Is this number two in the
4 suite of tools you were --

5 THE WITNESS: Yes.

6 THE COMMISSIONER: -- starting through?

7 THE WITNESS: It is.

8 MS. HARRIS: Yes, sir.

9 THE WITNESS: The tool --

10 THE COMMISSIONER: Now, tell me again what it
11 does.

12 THE WITNESS: It is intended to indicate the
13 probability of a child being re-harmed if services are not
14 provided but it's not predictive of individual families.

15

16 BY MS. HARRIS:

17 Q Okay. Just going to stop you for a second
18 because there's, I think, a little bit of confusion. So in
19 the General Authority practice model there are four
20 components?

21 A Yes.

22 Q The, the SDM tools?

23 A Yes.

24 Q Signs of safety?

25 A Signs of safety and solution focused inquiry are

1 really part and parcel the same.

2 Q Okay. And training and support?

3 A Yes.

4 Q And then with respect to the, the SDM tools there
5 is a suite of four separate tolls?

6 A There --

7 Q At least?

8 A We would hope to have six.

9 Q Okay. Can you please, just so that know we're
10 all on the same page, just run through the list of what the
11 tools are which are available?

12 A Safety assessment.

13 Q Yes.

14 A Probability of future harm assessment.

15 Q Which is the risk assessment?

16 A That's the risk assessment. Family strengths and
17 needs.

18 THE COMMISSIONER: Just a minute. Family
19 strengths and needs?

20 THE WITNESS: And the family strengths and needs
21 has two components, a caregiver assessment and a child
22 assessment.

23 Keep going? Then there's the risk re-assessment
24 which is to determine if, if the risks identified in the
25 original assessment have been mitigated over time. And

1 then there's the family strengths and needs re-assessment,
2 which is also a separate tool to see if the family needs
3 have been met. And we would also hope to introduce the SDM
4 reunification tool which is a tool that is used to assess
5 whether it's safe to return children to their caregivers.

6

7 BY MS. HARRIS:

8 Q Okay. And you were asked to develop that tool by
9 staff during a staff engagement --

10 A We were.

11 Q -- process?

12 A We were.

13 Q Okay.

14 A They've also asked us to look at the SDM tool for
15 assessing risk in foster homes. We're also looking into
16 that.

17 Q Okay. So just to take you back, you just -- you
18 first explained the safety assessment, which is the
19 assessment that is used by workers to determine if a child
20 is safe at home or whether an apprehension is required?

21 A Yes.

22 Q Then you moved to the probability of future harm
23 tool or the risk assessment tool and you were explaining
24 that it does not -- the purpose of the tool, and I'm just
25 restating for you and you can tell me if you agree, the

1 purpose of the tool to determine if a family -- how likely
2 a family is to harm a child or children in their home if
3 they do not receive services in, in the future?

4 A That's correct.

5 Q Okay.

6 A And the risk assessment tool is a tool that
7 informs the decision of whether to keep the case open and
8 the intensity of the service to be provided.

9 Q Okay. And then the caregiver strength and needs
10 assessment does what?

11 A The caregiver strengths and needs assessment is,
12 is a balance assessment in that it doesn't just look at
13 what the needs of families, caregivers and children might
14 be but it also identifies strengths that can built upon to
15 help them meet those needs. So it, it takes workers
16 through an itemized list and gets them to score particular
17 areas as to whether they're a strength or a need and it
18 informs the development of the case plan.

19 Q Okay. The strength and needs assessment for both
20 the caregiver and for the children in the home also assists
21 the worker in communication and case planning
22 collaboratively with the family. Is that fair to say?

23 A All of these tools do. One of, one of the
24 benefits of the SDM tools is it's, it's -- crystallizes
25 what the worries are of the child welfare system so it's --

1 it enables clear communication with families about here's
2 why we're concerned, here's why we're involved and what we
3 need to work on together to ensure safety for your child.

4 Q So your evidence also was that the safety
5 assessment will be used at some point in the near future by
6 all four authorities and that the risk assessment, the
7 probability of future harm assessment, is already being
8 used and the strength and needs assessment is also being
9 used. Is that being used by all four authorities?

10 A I believe so.

11 Q Okay. And what are the benefits of using all of
12 the tools as a suite of tools?

13 A The, the, the tools, first of all, inform one
14 another so the information you get from one assessment
15 informs the information on the next assessment and the next
16 assessment. So they complement each other. One of the
17 real values of using the SDM approach is that, because of
18 the research that's in behind it, it has really again
19 crystallized the information that is needed to make
20 particular decisions in the life of a case. And so it
21 helps focus workers on the information that really matters
22 to each decision.

23 Because it comes with a very detailed policy and
24 procedures manual and training is it brings tremendous
25 consistency into interpreting the information from case, to

1 case, to case and from worker, to worker, to worker. And
2 it reduces bias so that the clinical decisions being made
3 by workers are done much more objectively and again
4 consistently across the service system. So there's,
5 there's been real value demonstrated in all of the
6 jurisdictions that have implemented the SDM approach.

7 Q Okay. And just to be clear, I think I missed one
8 tool. Dr. McKenzie recommended the use of the safety
9 assessment, the risk assessment and the caregiver strengths
10 and needs assessment and the child strength and needs
11 assessment; correct?

12 A Yes. He, he recommended that those be
13 implemented across the system, based on the experience in
14 the differential response pilot projects.

15 Q Okay. We've heard some evidence over the past
16 weeks about the SDM tools and I'd like you to take this
17 opportunity to clarify the purpose and intent of the tools.
18 And the first thing I wanted to clarify is that in hearing
19 testimony from Dr. Blackstock it seemed that she was
20 referring to SDM tools generically like, you know, calling
21 tissues Kleenex. Is that the -- can you please clarify
22 what SDM tools are, if they're a generic term or if it a
23 specific term for a specific suite of tools?

24 A The, the SDM tools are copyrighted by the
25 Children's Research Centre. They are a specific set of

1 tools. And in order to use those tools a jurisdiction has
2 to have a licence to do so from the Children's Research
3 Centre. And in order to obtain that licence the Children's
4 Research Centre will provide training and they need to be
5 satisfied that the tools are being used appropriately
6 before they will issue such a licence.

7 They also need to be satisfied that each
8 jurisdiction has the training capacity on site to continue
9 to train so that the tools are being used appropriately.

10 Once you can meet those conditions then the
11 jurisdiction will get a licence. I believe all four
12 authorities have a licence or it might be done through the
13 province. I see Carolyn nodding. So that there is a
14 licence across the system, in Manitoba, and the licence is
15 -- they refer to it as unfettered licence, it's, it's
16 freedom of use, you just can't sell it and be proprietary
17 with it. And then there's, there's no cost after the
18 initial licence. The only cost to getting the licence is
19 the training that the CRC provides.

20 Q And what the CRC does is it trains your trainers
21 so that you have trainers within your staff system?

22 A Yes. And they will also, they will also do, as
23 you introduce the tool, they will come back and do case
24 readings to ensure the tool is being use appropriately. So
25 they, they do a quality assurance role, as well. And at

1 the General Authority we have also contracted with the
2 Children's Research Centre to provide an ongoing quality
3 assurance function for us in the use of the tools.

4 Q Okay. So just to be clear, the licence which is
5 issued is really to control and ensure the -- like the tool
6 is being -- the tools are being used properly and it's not
7 a licence which generates income?

8 A That's correct.

9 Q What's the impact on work load when the tools are
10 used?

11 A There have been studies on this, on the
12 introduction of SDM. I, I believe I've read a study from
13 California and a study from New South Wales on the
14 introduction of SDM tools. Typically, the experience is
15 that work load goes up at the outset because there's a
16 learning curve with the use of the new tools. These
17 studies demonstrate that over time the work associated with
18 doing these assessments, as workers get familiar with the
19 tools and because it focuses their attention on a
20 particular set of information, that work -- the amount of
21 work needed to do the assessments decreases over time.
22 That's been the experience in these other studies.

23 We haven't studied this yet with the introduction
24 of the SDM tools in Manitoba, I'm still hearing that staff
25 haven't really experienced that work load reduction yet.

1 So we do have to pay attention to that.

2 Q Okay. And do you have a study planned to deal --
3 to evaluate the use of the tools?

4 A We have two studies planned. That would be one,
5 to hear back from our staff on the -- how, how useful they
6 are and, and the time it takes to do them. We, we are --
7 also have indicated to the CRC that, as they do in other
8 jurisdictions, we would want them to come back to conduct
9 what's known as a validation study.

10 In order to do a validation study you need three
11 to five years of experience with the tools and you probably
12 need in excess of a thousand cases to be studied. The
13 validation study then assesses whether the risk
14 classification is appropriate for the cases that you've
15 classified at different levels. And there have been
16 validation studies done in various jurisdictions around the
17 world.

18 Q The validation studies also can address whether
19 or not there has been any cultural bias in the use of the
20 tool in any particular jurisdiction. Is that right?

21 A Yes. And that's been studied as well.

22 Q Okay. And do you have concerns about cultural
23 bias in terms of the use of the tool in Manitoba?

24 A No.

25 Q What's the consequence to clients who have been

1 labelled as high risk, using the risk assessment tool?

2 THE COMMISSIONER: Mr. Funke wants to interrupt.

3 MR. FUNKE: Sorry, excuse me, Mr. Commissioner,
4 it takes a long time to get from the back of the room to
5 the front of the room. Just with respect to the last
6 question that the witness was asked with respect to his
7 opinion, based on whether or not there is a cultural bias,
8 and I'm just going to object to the answer that the witness
9 gave. Whether or not there's a cultural bias, that's
10 something that the witness just indicated would be
11 evaluated as part of the follow up assessment conducted by
12 CRC. Really, for him to provide an opinion now,
13 presupposes the results of that study.

14 MS. HARRIS: Well, I can address that because I
15 think -- would you like to repeat your objection --

16 MR. FUNKE: Sure.

17 MS. HARRIS: -- because I don't think anybody
18 heard you?

19 MR. FUNKE: Sorry, Mr. Commissioner. I'm just
20 rising to object with respect to the last question and
21 answer that the witness gave with respect to his personal
22 opinion as to whether or not the tool contains a cultural
23 bias. The witness gave an answer, immediately preceding
24 that, which indicated that the validation assessment that
25 will be conducted by the CRC is specifically designed to

1 indentify whether or not there's a cultural bias in the
2 tool and before that validation assessment is conducted it
3 would be very difficult for an individual to offer an
4 opinion other than strictly on anecdotal evidence. So I'm
5 just objecting to the, to the witness' answer in that
6 regard.

7 MS. HARRIS: Perhaps what I can do is have Mr.
8 Rodgers explain what the factual foundation is for his
9 opinion that he's rendered.

10

11 BY MS. HARRIS:

12 Q Perhaps you can do that.

13 A Mr. Funke is absolutely right, that we don't
14 know, from research, whether there is a cultural bias in
15 the use of the Manitoba tool. I was asked if I had
16 concerns about that and based on my knowledge of the
17 research that's been done in other jurisdictions on this
18 issue and the findings that have come to those other
19 jurisdictions I don't have concerns but he's absolutely
20 right we're not going to know if there is or isn't until a
21 validation study is done.

22 Q So what you're referring to is that validation
23 studies have been done in other jurisdictions and the
24 results of those validation studies in those jurisdictions
25 has been what?

1 A For the most part, this isn't unanimous, those
2 studies -- and there's been validation done in Alaska,
3 Michigan, California three separate times, North Carolina,
4 Minnesota, New South Wales, Georgia, Florida, Missouri, et
5 cetera. Many of them looked at the potential of racial
6 bias. For the most part, those studies came back
7 indicating that there didn't appear to be a racial bias in
8 terms of the classification of families by risk levels.

9 There was one study done in Minnesota that did
10 come back saying that there appeared to be an anomaly with
11 regard to Native Americans and Minnesota has made an
12 adjustment to their tool to adjust for that anomaly.

13 Q So that's the process then?

14 A Yes.

15 Q Once the validation study is conducted, if there
16 is an anomalous response somewhere then it'll be corrected
17 at that time. Is that fair to say?

18 A Yes. That --

19 Q And in the meantime, what is the consequence to
20 clients being labelled high risk on the risk assessment
21 tool, the probability of future harm tool? What happens if
22 they're mislabelled as high risk when they're not?

23 A Their cases are, are opened and they're offered
24 services. There's -- the, the case would stay open -- for
25 a family that is high risk or very high risk the case would

1 stay open for sure until such time as the workers had the
2 opportunity to complete the family strengths and needs and
3 based on the family strengths and needs a subsequent
4 reassessment of risk, possibly another safety assessment,
5 the file may be closed at that point if there are no
6 concerns about needs or safety. So the file would stay
7 open, though, until those additional assessments are done.

8 Q Okay. Can you also, please, clarify for the
9 Commissioner what the role is in the use of clinical
10 judgment when using the tools?

11 A Okay. This, this, to me, is an extremely
12 important point that I'm not sure has been made yet. The,
13 the, the tools are just tools, they're just a organized and
14 structured way of collecting information. It's good
15 information, it's information that matters to the decision,
16 but the tools don't make decisions, the workers make
17 decisions based on the interpretation of that information
18 so clinical judgment is extremely important in making those
19 decisions. The tools guide those decisions, they provide
20 structure for those decisions but clinical judgment is, is
21 important. What the tools do is they provide a consistent
22 set of information for a worker to have an informed
23 discussion with their supervisor about what they're seeing.
24 So they may get a result from a particular tool and say the
25 tool seems to be suggesting this but my clinical judgment

1 I'm seeing these other things, we need to talk about what
2 is the best course of action for this family. The, the
3 tools inform that, they don't make the decisions
4 themselves.

5 Q Okay. And also, to clarify, because there was a
6 report in the Winnipeg Free Press, in an editorial, that
7 the tools are used to determine response times. Is that an
8 accurate statement?

9 A The risk assessment tool is used to make a
10 decision about intensity of service, not response times to
11 an initial referral.

12 Q And with the safety assessment that would be --

13 A That would be --

14 Q -- the --

15 A -- that would be the safety assessment.

16 Q The other two parts of the model --

17 A Sorry. Pardon me, that would be the screening
18 call.

19 Q The screening.

20 A It's done at screening, what the response time
21 is.

22 Q Okay. So it's not -- so these tools are not what
23 determines response time?

24 A No.

25 Q Okay. The other two parts of the General

1 Authority's practice model, other than training, are the
2 signs of safety and solution focused inquiry. Can you
3 please tell us what those are and how they're being
4 implemented?

5 A Sure.

6 THE COMMISSIONER: Give me that question again?

7 MS. HARRIS: The other two parts to the model,
8 the General Authority practice model, are the signs of
9 safety and solution focused inquiry. And so I'm asking the
10 witness to please describe what those are and how the
11 General Authority is implementing those, and how they
12 assist.

13 THE WITNESS: I can talk about that. I'll talk
14 about it at a fairly high level because I know the next
15 witnesses will provide much more detail on it.

16 These elements of the practice model are perhaps
17 the most important. We heard from Dr. Wright and from Dr.
18 Frankel, and from Ms. Schibler and others, about how the
19 success of a child welfare intervention with a family
20 relies very heavily on the worker's ability to establish a
21 collaborative relationship with that family.

22 What we spent a lot of time talking about so far
23 is about tools, and assessments, and information. The
24 reality is that the tools are -- depend on the quality of
25 the information that you get and the quality of that

1 information depends on the worker's ability to engage with
2 the family. So the ability to engage, the ability to
3 practice from an engagement focus and a strength based
4 focus is absolutely critical to the success of, of the
5 child welfare system working with families and I can't -- I
6 don't think I can overstate that.

7

8 BY MS. HARRIS:

9 Q And just to jump in, does that apply equally
10 whether it's a protection file or a family enhancement
11 file? Does that make a difference?

12 A No. No, the research clearly demonstrates that
13 and it's referred to in the signs of safety model as a
14 skillful use of authority so even if it's what is
15 traditionally an adversarial relationship as part of a
16 protection investigation, there are ways of doing that that
17 engage with families in the process and that's really what
18 the signs of safety model is all about.

19 It's strategies and practice skills to engage
20 with families in a way that they feel a sense of ownership
21 in the process, they feel that they have some influence on
22 the process, and there are also strategies that animate the
23 voice of children in the process. The underlying principle
24 of this way of practicing is that everything needs to be
25 seen through the lens of the impact on the child.

1 Q Thank you. We won't go into more detail because
2 there are subsequent witnesses which will go into more
3 detail, Mr. Commissioner, about how this all works
4 together.

5 I'm going to leave you with one question before
6 we move on to the issue of training, which is do you think
7 that the experience of the Sinclair/Kematch family
8 constellation would have been different had the, the SDM
9 tools and these other practice techniques been in use at
10 the time?

11 A Yes.

12 Q Okay. I'm turning now to the subject of training
13 and I'd like you to just describe very -- at a very high
14 level for the, for the Commissioner what are leading
15 practice specialists and what do they do?

16 THE COMMISSIONER: What's that question?

17 MS. HARRIS: Leading practice specialists.

18 THE COMMISSIONER: You're going into training

19 MS. HARRIS: Yes, we're going to training.

20 THE COMMISSIONER: And your question is what?

21 MS. HARRIS: What are leading practice
22 specialists and what do they --

23 THE COMMISSIONER: Specialists?

24 MS. HARRIS: Specialists. And what do they do.

25 THE WITNESS: This is what Mr. McKinnon referred

1 to as the LPSs.

2

3 BY MS. HARRIS:

4 Q The LPS.

5 A The leading practice specialists. I'm happy to
6 do that, I just need to take two minutes to provide some
7 context for this.

8 Q Okay.

9 A The leading practice specialists are the fourth
10 component of the practice model. The practice model is
11 comprised of 14 training modules that every worker will go
12 through. We know, from experience with training, that
13 unless you can support the application of that training in
14 the workplace that that, that limits the -- it limits the
15 use of that training. So if someone goes off site, takes
16 two days of training, comes back and there's no support for
17 applying that knowledge then the training is not terribly
18 useful. So in 2009 or 2010, I can't remember exactly when,
19 when we knew we were going to be implementing the new
20 practice model, we knew that we had to create dedicated
21 resources to support its implementation. So, again,
22 beginning through Authority resources we created positions
23 called leading practice specialists.

24 Leading practice specialists are highly
25 experienced, highly trained, highly respected child welfare

1 practitioners. There are nine of them in the General
2 Authority service system. Every agency and service region
3 has access to at least one. Winnipeg Child and Family
4 Services, I believe, has access to the equivalent of three.
5 Child and Family Service of Western has one and Central has
6 one. These staff work for the General Authority but they
7 work on-site at agencies. So they are placed out and work
8 day-to-day with front line staff and supervisors.

9 These -- the practice specialists, with the
10 Children's Research Centre, have designed the training that
11 goes with the practice model. So they are trainers in SDM,
12 they're trainers in signs of safety and solution focused
13 techniques and all of the modules that go with the practice
14 element of the practice model.

15 So they train out at agencies and then they
16 support staff to implement the knowledge that they've
17 gained from the training. They're sitting down with staff,
18 looking at files to make sure that the, the practice
19 techniques are being applied as appropriate and they work
20 very closely with supervisors and are coaches and mentors
21 for supervisors to do the same with their staff and
22 supervision.

23 So this is, in my view, what I would call
24 day-to-day quality assurance of practice in the field, the
25 availability of dedicated staff to coach and mentor and

1 train and ensure that the practice techniques are being
2 implemented as intended and having the desired results.

3 Q What is mandatory minimum training?

4 A Mandatory minimum training is -- was introduced
5 in the General Authority with the approval of the directors
6 leadership table, I believe again in 2010. This is
7 training that every new hire into a case management role
8 will go through in the first 18 to 24 months and the
9 training is standardized across all agencies and all
10 service regions. So every new hire into a case management
11 role knows that at the outset what their training will look
12 like over this period of time.

13 Included in the training -- examples of what's
14 included in the mandatory training would be things like an
15 orientation of the Child and Family Services system, an
16 orientation to the agency, case management standards
17 training which every new case manager gets within the first
18 few months. And then full training in SDM and all of the
19 modules associated with the practice model, including
20 modules specifically related to practice techniques to
21 animate the voice of children. Things like techniques that
22 are known as Three Houses and the Safety house and Words
23 and Pictures. These are particular practice strategies to
24 give children a voice in the case management process.

25 There is modules on -- I won't go into all of

1 them but there are a couple that I want to highlight.
2 There are modules on safety mapping and there are modules
3 on safety networks, teaching staff how to develop safety
4 networks. A safety network is mobilizing the supports of
5 neighbours and community to play a specific role in a
6 safety plan with a family and a child. And Dr. McKenzie,
7 in his evaluation of differential response, noted the
8 particular effectiveness of safety networks being used in a
9 large number of those cases. And so we're training on how
10 to do that.

11 Q How do you at the General Authority handle the
12 transition from a social work graduate to front line social
13 worker? How, how are they eased into social work practice?

14 A Every agency has agreed -- and the time periods
15 differ because of the capacity at each agency but every new
16 hire into a case management role will go through a three
17 phase process. There will be a period of time when they're
18 not carrying cases, when they're getting basic orientation
19 and basic training. Then there will be a period of time
20 when they have a gradual case load built and then there
21 will be a third point in time when they're carrying a full
22 set of cases. Like I said, the time devoted to, to those
23 three phases varies around our agencies, dependent on work
24 load.

25 Q Okay. And is there any form of mentorship for

1 new graduates who are entering into their first job as
2 front line workers?

3 A They are specifically mentored by the leading
4 practice specialists, in conjunction with their
5 supervisors.

6 Q Okay. In what ways do the leading practice
7 specialist's mandatory minimum training and the General
8 Authority practice model and its training, taken all
9 together, improve service delivery? The short and quick
10 answer.

11 A Yeah. It, it, it --

12 Q Okay.

13 A This is about a whole new way of practicing. It
14 means practice is going to be consistent, it means practice
15 is going to be consistent with what we know works in terms
16 of the ability to engage with families collaboratively to
17 create safety networks for families. I believe that the
18 introduction of a case practice model, and you're going to
19 hear more about this tomorrow from those who are working
20 with it day-to-day, has dramatically strengthened the way
21 that we deliver services.

22 It has also put us in a position, just to follow
23 up on a previous witness' testimony, to have an informed
24 discussion with the Faculty of Social Work about how better
25 to transition students from the faculty into a front line

1 position in, in the General Authority because we can now
2 clearly articulate the training and the skills that they
3 will get on the job and we can have discussions with them
4 about those -- how those relate to the academic training
5 that they're going to get at the Faculty of Social Work.
6 And we've started to have those discussions with the
7 Faculty of Social Work.

8 Q What other training is available in the General
9 Authority in addition to the mandatory minimum training?

10 A What, what tab is my annual report?

11 Q I should know that. Tab A.

12 A What I just talked about was the mandatory
13 minimum training.

14 Q Um-hum.

15 A There is always the availability of other
16 training. We offer training in -- we offer generalized
17 training in, in FASD, working with families and kids
18 affected by FS -- FASD. We offer advanced training every
19 year. We've actually created FASD team leaders around the
20 province to provide peer advice.

21 We provide a number of trainings in autism each
22 year, how to, how to work with kids who are affected by
23 autism. Addictions training, gang awareness, foster care
24 and adoption, exclusively for the new assessment tool that
25 we've introduced. Suicide intervention, either through

1 assist or safe talk. Cultural awareness training.
2 Critical (inaudible) stress management. Crisis prevention.

3 One of the most important things we've introduced
4 in the last couple of years, that has been received very
5 well, is we regular offer -- regularly offer vicarious
6 trauma workshops for front line staff and supervisors,
7 again to develop self-care strategies when affected by
8 critical incidents in the workplace. So there's a whole
9 variety of training.

10 I believe in the last three to four years we've
11 had over 4,000 different participants, staff, managers,
12 foster parents at, at all of these various trainings.

13 Q And in addition to all of that, the core
14 competency training and the MANT system training is still
15 available, as well; correct?

16 A MANT is training in de-escalating tense
17 situations with clients. And we offer that training
18 regularly. Also nonviolent crisis intervention has a
19 similar type of training program, is offered regularly for
20 staff.

21 We've also introduced, this year, safety training
22 for staff so if they feel they're going into risky
23 situations, ways of self protecting, making things safer.
24 That's done in conjunction with the Winnipeg City Police.

25 So as I mentioned earlier, the availability of

1 the funding that came through Changes for Children for each
2 authority to do their training, the importance and value of
3 that is really -- can't be underestimated. Can't be
4 underestimated, overestimated. Is very helpful.

5 MS. HARRIS: Mr. Commissioner, I have one short
6 area left. I -- we could pause for the mid-afternoon break
7 at this time or I could continue. I expect it'll take
8 about 15 minutes or so.

9 THE COMMISSIONER: Well, if, if -- is everybody
10 comfortable taking the 15 minutes before a break? Seems to
11 be.

12 MS. HARRIS: The consensus.

13 THE COMMISSIONER: Are you all right, witness?

14 THE WITNESS: Sure, either way.

15 THE COMMISSIONER: You sound like it.

16 THE WITNESS: Yeah.

17 THE COMMISSIONER: Okay, carry on.

18 MS. HARRIS: Would you like me to continue?

19 THE WITNESS: No. Whichever way it doesn't
20 matter. If you want to take a break that's fine, too.

21 THE COMMISSIONER: No, carry on.

22 MS. HARRIS: Carry on. Okay.

23

24 BY MS. HARRIS:

25 Q I'd now like to turn to the way that the General

1 Authority measures outcomes and conducts quality assurance.
2 Can you please briefly describe how you practice quality
3 assurance within the General Authority system?

4 A For, for us quality assurance is a sort of -- we
5 have a multi-faceted approach to quality assurance. We,
6 we, we've heard some testimony about quality assurance
7 throughout the inquiry and first and foremost I want to
8 restate the importance of the role of the leading practices
9 -- leading practice specialists, day-to-day in ensuring the
10 quality of practice at agencies. I think this is probably
11 the most effective thing we can do to ensure quality of
12 service every day. And the support that they provide to
13 supervisors in that regard.

14 We've heard a lot about compliance audits where,
15 you know, authorities go out to agencies and they determine
16 if there's compliance with standards. That is of value.
17 However, in, in and of itself, that type of compliance
18 audit doesn't say a whole lot about the quality of practice
19 or whether outcomes are being achieved.

20 I haven't yet seen a study that clearly
21 demonstrates that the more standards you comply with the
22 better the outcomes for kids. But it is important, we know
23 that there are standards that matter, so we have a cyclical
24 process where we do those types of audits for what we
25 consider to be some of the most important standards, like

1 face-to-face contact, which we do audits on twice a year.
2 Like foster home licences being up to date, like all of the
3 safety checks being done on staff. We check those every
4 year as part of our quality assurance audit role.

5 We then have a cyclical process where we look at
6 other standards that we know are important to practice and
7 we do quality assurance audits on them and we do them
8 system-wide, we don't go agency by agency, we do them
9 system-wide.

10 So in the last couple of years, for example, we
11 have done audits on the place of safety standard to make
12 sure that our agencies are using places of safety
13 appropriately and all of the safety checks are in place
14 when we're putting kids into what are known as places of
15 safety.

16 We did a very extensive audit, within the last
17 year, on the extent to which staff are meeting the
18 expectations regarding family assessments and this was done
19 before we had rolled out the family strengths and needs
20 across our system. And one of the things that we found out
21 -- just talk about this a bit because it's important about
22 how these audits are done. There is only limited
23 information you can get if you'll just look at a file. If
24 you look at a file all you're doing is essentially checking
25 up on record keeping to see if certain things are there.

1 It's important in these audits like this to go past just
2 what's in the file and talk with staff.

3 And when we did our family assessment audit we
4 looked at what was on file and determined that the
5 recording expectations were not always being met in a way
6 that was contemplated in the standard. When we interviewed
7 staff it became quite clear that our staff knew these
8 families, knew their situations and had done the
9 assessments, just hadn't had the opportunity yet to record
10 it. So going past just file audits I think is important
11 when these types of things are done and we did that and
12 then we wrote up a report that we gave to every agency on
13 their compliance with the expectations of that standard.

14 So every year we'd pick certain standards to
15 include in the cyclical process as well as doing the ones I
16 mentioned earlier every year, like the face-to-face
17 contact, et cetera.

18 What we find of real value is other elements of
19 quality assurance, like the program evaluations that we've
20 done. And, as I mentioned earlier, we have done probably
21 four or five of them over the last few years and those are
22 program evaluations that look at whether we're achieving
23 certain outcomes in the initiatives that we've introduced
24 and they've been extremely helpful from a quality assurance
25 point of view.

1 We also have introduced, with the approval again
2 of our directors leadership table, what is referred to as a
3 General Authority outcomes matrix. And Ms. Loeppky talked
4 a little bit yesterday about outcomes measurement. We have
5 introduced a matrix that is comprised of five outcome
6 domains and 25 individual indicators.

7 MS. HARRIS: Okay, I'm just going to stop you for
8 one moment. Mr. Commissioner, you can find -- there's --
9 I, actually, inadvertently, included two copies of the
10 matrix in my materials but you can find the matrix at tab
11 T. It's also Commission disclosure 1512 and the page
12 number is 27295. T as in Tom.

13 THE WITNESS: At this point, Mr. Commissioner, of
14 the 25 indicators we are able to track outcomes on 24 of
15 them. The five domains are family community and support,
16 permanency for kids, safety, service effectiveness and
17 satisfaction and child wellbeing. And we are able to track
18 now 24 of those. Some of them over as many as five years,
19 some we have two to three years of data.

20 So we are able to prepare outcomes reports that I
21 share on a system-wide basis with my board of directors
22 twice a year and we share agency specific outcomes reports
23 with every agency twice a year so they have a sense of how
24 they're doing in relation to what we've all agreed upon are
25 positive outcome trends.

1 And most recently, we are able to report on an
2 extensive number of child well-being indicators. So kids
3 in our care, how are they doing in terms of education,
4 behaviour management, addictions treatment, a whole bunch
5 of areas where it's important to track whether kids are
6 getting better while in our care. And we're able to do
7 that.

8 And I'm not sure there's another jurisdiction in
9 the country that is able to track as many indicators as we
10 are at the current time.

11

12 BY MS. HARRIS:

13 Q And how are you tracking those indicators?

14 A We are tracking those indicators through
15 predominantly three ways. One is through extracts we get
16 from CFSIS, and this is an important improvement that's
17 been made to CFSIS in the last few years. One of the
18 struggles with CFSIS is getting information out of it once
19 it's in so we were very pleased when the department was
20 able to provide us with. on a regular basis, an extract of
21 raw data from CFSIS, specific to the General Authority so
22 we could take that data at various points in time and we
23 can enter it into a statistical analysis package and
24 analyze outcomes.

25 The other way we do this is through the annual --

1 what's known the annual child in care form. Under
2 legislation every agency is required to submit, once a
3 year, what's called a child in care form for every child
4 that's been in care 12 continuous months. So as it was a
5 legislative requirement -- and the purpose of it is to have
6 agencies report on their permanency plans, essentially, for
7 these kids. So we have expanded that form in a significant
8 way to have our agencies report on outcome measures for
9 every one of those kids. The form is submitted
10 electronically and electronically it goes into a database
11 that we can then analyze those outcome trends.

12 The third way we do this, that we haven't done a
13 lot of yet, is we are going to be doing surveys. There are
14 going to be surveys of families that receive our service
15 and very shortly we're going to be introducing surveys for
16 every child who leaves care of a general authority agency
17 due to age and they'll have the opportunity, through a
18 variety of mechanisms, either on paper, through a telephone
19 interview or electronically, to submit a survey about how
20 satisfied they were with our services, what they liked,
21 what they didn't like, and what suggestions they have to
22 improve our services in the future. And satisfaction is
23 one of our key outcome indicators.

24 Q And is it fair to say that this information is
25 important because it allows you to compare your system to

1 other jurisdictions and see how the General Authority is
2 doing versus other jurisdictions?

3 A There was discussion yesterday of the national
4 outcome measures and the work that's being done across the
5 province. That hasn't made a lot of progress because they
6 have difficulty coming up with a standardized measure
7 across all jurisdictions.

8 We have some measures that we track, that are
9 consistent with the national outcomes measures in Canada,
10 and we also have some that are consistent with the national
11 outcome measures that are done in the United States through
12 the Children's Bureau. So it does give us the opportunity
13 to compare Manitoba's experience with other provinces and
14 with individual states. There is some comparability in
15 those indicators and how they're defined.

16 Q Fair to say that this information is also
17 important because it allows the General Authority to focus
18 its attention with respect to specific areas of service or
19 program delivery or tell you what's working and what's not?

20 A Absolutely. And it allows us to know -- because
21 every indicator has a desirable trend with it so, for
22 example, one of our desirable trends is each year we want
23 to be -- we want to see an increase in the proportion of
24 kids being kept safe at home and we've heard a little bit
25 about that.

1 In the General Authority the first year we
2 tracked this we found that on any given day there were
3 about 6,000 kids receiving service from the General
4 Authority, about 70 percent of them were safe at home. The
5 next year we tracked it, it was about 71 percent so a small
6 increase but in the right direction.

7 Q Okay.

8 A So those are the kinds of indicators we were able
9 to track over time through outcomes matrix.

10 Q Okay. And individual workers can also generate
11 their own reports. Is that not correct?

12 A We can generate reports for them.

13 Q Okay. And what --

14 A And we can, we can drill it right down to
15 caseloads.

16 Q Okay. And what does that -- what, what kind of
17 information can individual case workers get?

18 A Individual case workers can predominately get the
19 child well-being outcome measures for their cases, for kids
20 that have been in care 12 continuous months.

21 Q So how do you measure a child well-being?

22 A We have a number of indicators for child well-
23 being. We have -- if I can just glance at them. We have
24 -- we measure again educational attainment, whether the
25 child has moved up a grade each year. We've got a

1 subjective measure that workers report on, whether the
2 child has achieved educational outcomes. We have questions
3 about changes in behaviours over time. We have questions
4 about the degree to which kids report risky behaviour and
5 whether that gets better over time. So there are a number
6 of child well-being indicators that we track. We do track
7 -- I think we track a couple of health indicators, as well,
8 although I'd have to confirm that.

9 Q Okay. And if you can, just so that we can move
10 -- we're just about finished -- if we can just move you
11 through quickly. You can now track the following trends,
12 the percentage of kids which are receiving service at home?

13 A Yes.

14 Q The number of children in care?

15 A Yes. And the number of children in care we can
16 do for multiple years.

17 Q Okay. Extensions of care?

18 A Yes.

19 Q The number of new children coming into care?

20 A Yes.

21 Q How long it takes for those children to be
22 reunited with their families?

23 A Yes, we do track that. I can tell you the
24 results of that, if you want.

25 MS. HARRIS: Mr. Commissioner, do you want to

1 know them?

2 THE COMMISSIONER: I'm in your hands.

3

4 BY MS. HARRIS:

5 Q Can you do it in five words or less?

6 A Yeah, and I can do it in 30 seconds or less.

7 Q Okay.

8 A We've been -- now been tracking this indicator
9 for three years. Of new kids that came into care each of
10 those three years, about 50 to 55 percent were reunified
11 within 12 months. And if you take it for over 24 months it
12 starts to get, I believe, at 60 percent.

13 Q Okay.

14 A So that's an important indicator that we are --
15 we're tracking.

16 Q And you can also track whether or not children
17 are reunited with their families and then subsequently come
18 back into care; correct?

19 A Yes, we can.

20 Q Okay.

21 A We also track placement moves to -- as a measure
22 of permanence. We also track how many workers families
23 have over the course of a 12 month period.

24 Q You can track the recurrence of maltreatment of
25 children in care?

1 A We can. That's one of the national outcome
2 measures.

3 Q And we're doing better than national indicators
4 in that regard --

5 A Yes, that --

6 Q -- in the General Authority system?

7 A -- that would be the, that would be the results
8 of our measurement.

9 Q Okay. And, lastly, can you please tell the
10 Commissioner which indicators you are tracking but you
11 haven't been tracking long enough to measure reliably but
12 you hope to be able to do so at some point in the future?

13 A Most of those are the child well-being
14 indicators.

15 Q Okay.

16 A We now have two years of data so I would say we
17 have a solid baseline. We're about to do our second year
18 of analysis on the child well-being indicators. So from
19 here into the future I think we have the opportunity to now
20 demonstrate whether we're improving.

21 Q Thank you. I have two final questions for you,
22 Mr. Rodgers. You've been involved, as we're aware in these
23 proceedings at this inquiry, you've been involved in the
24 child welfare system as a chief executive officer of an
25 agency, as the executive director of the branch, and now as

1 the CEO of the Authority, in addition to all of the other
2 things on your resume. How has Phoenix Sinclair's death
3 affected and changed your social work practice, personally?

4 A It's a little difficult to answer that without
5 making a comment on how it's affected me personally.
6 You're right I've, I've held various roles in the system
7 during the time of the case and post, post, after this
8 tragedy. Certainly during the inquiry, and before the
9 inquiry, and probably after the inquiry, I don't think a
10 day will go by without thinking about it.

11 The reality, for me, is that I was the CEO of
12 Winnipeg during the last three opportunities for us to do
13 something that might have created a different outcome that
14 happened under my watch. That's difficult.

15 The case specific reports, you know, talk about
16 errors in judgment or mistakes and, and -- that were made
17 and my from perspective if, if mistakes were made it was
18 because as an organization we didn't support our staff, we
19 didn't provide them with the adequate training, or the
20 resources, or the advocacy, or whatever we needed to do.
21 And I think quite often about whether there was something,
22 as a leader in that organization, I could have done or
23 should have done in that regard to provide different
24 supports for our staff during a very difficult time.

25 From a professional perspective, I guess, in

1 answer to your question, with all of that as a backdrop, I
2 guess I made a vow to myself that should I have the
3 opportunity to be in a leadership role at an agency or in a
4 system that I would not lose sight of the importance of
5 providing those supports for our front line staff so that
6 we can make sure that we are doing everything to make sure
7 it doesn't happen again. And I guess that's how it's
8 affected me.

9 Q Lastly, if you had a wish list, what would you
10 find most important in terms of work that's yet to be done
11 or changes that have yet to be made that would change the
12 child welfare system for the better.

13 A Would it be possible to do the wish list after
14 the break?

15 Q Absolutely.

16 THE COMMISSIONER: Pardon?

17 THE WITNESS: Would it be possible to do that
18 after the break?

19 THE COMMISSIONER: Certainly.

20 We'll take our mid-afternoon break for 15
21 minutes.

22

23 (BRIEF RECESS)

24

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

1 MS. HARRIS: Actually, there was one question
2 that had yet to be answered.

3 THE COMMISSIONER: Oh, oh, that's right, yes,
4 yes.

5 MS. HARRIS: But it's a very quick question.

6

7 BY MS. HARRIS:

8 Q Mr. Rodgers, before we broke for the dinner hour,
9 my question to you had been in the context of your
10 experience in the, in the child welfare system,
11 particularly as it relates to the death of Phoenix
12 Sinclair, if you had a wish list, what would you find most
13 important in terms of work to be done in future?

14 A I, I have some ideas, some things I would like to
15 see considered. I want to preface those with a couple of
16 comments, if that's okay. Whatever my wish list would be
17 around specific recommendations that might improve the
18 child welfare system, it's critical, in my view, that those
19 not result in a step backward from devolution, that the
20 transfer of powers and the gains that have been made under
21 devolution are too important to my aboriginal colleagues,
22 in particular, to, you know, take any steps backwards on
23 that, I think that's critical that those powers and duties
24 that have been devolved remain and we even look at ways of
25 further devolution, so our aboriginal colleagues can get

1 even perhaps more control over the services they offer.

2 Secondly, I think that we haven't made a lot of
3 headway in broader, broader systems integration with child
4 welfare as was referred to in the external reviews. I
5 think, you know, the General Authority in my -- and with my
6 colleagues we've made some headway in demonstrating how
7 partnerships can work within our system, I think that the,
8 the work we've done with our newcomer community that I
9 described and the mobilization of community partners for
10 specific services have been helpful but the broader
11 integration of bigger systems like education and health and
12 justice and others with the child welfare system, you know
13 I'm really, as you are, Mr. Commissioner, looking forward
14 to phase three --

15 THE COMMISSIONER: Yes.

16 THE WITNESS: -- to see what types of
17 recommendations might come out about that.

18 THE COMMISSIONER: Very much.

19 THE WITNESS: Having said that, I have some
20 recommendations and some of them would have resource
21 implications but I also have a couple of recommendations
22 that might actually result in lower costs so maybe they
23 would offset, if we actually did them.

24 THE COMMISSIONER: We're very anxious to hear
25 them.

1 THE WITNESS: You heard about our age of majority
2 initiatives, I think that supporting kids from 18 to 25,
3 who have been in our care, is critical. We're piloting a
4 network of supports for two years, we're going to try and
5 evaluate to show that it's effective, the other authorities
6 might join me in that partnership but I think we need to,
7 sort of, formalize that -- formalize those supports for
8 those kids.

9 Ontario recently announced substantial
10 improvements to supports for kids who grow up in care, from
11 18 to 25, including the addition of 50 more transition
12 workers to work specifically with those kids, generous
13 subsidies for post-secondary education. So whether we need
14 to change the legislation to allow us to do it for
15 temporary wards, or just take a look at some ongoing
16 funding for these types of supports, I think it's critical,
17 not just because we have the obligation to our kids, but I
18 believe that this could have a significant impact on
19 reducing intergenerational maltreatment.

20 I want to talk a little bit about permanency and
21 whether there are some innovative things we could do to
22 encourage permanent placements, permanent homes for kids.
23 And we've done a bit of research on this and I have two
24 ideas that I think are worth considering.

25 Many jurisdictions, both in the United States and

1 Canada, have introduced what might be described as a new
2 set of adoption subsidies specifically intended to
3 encourage foster parents and substitute caregivers to
4 either adopt or get permanent guardianship of the kids that
5 are in their care. And many foster parents we know would
6 be open to adoption or permanent guardianship but, you
7 know, need to continue to have access to some supports.
8 And other jurisdictions have expanded the availability of,
9 of subsidies and access to respite and access to supports
10 for special needs kids and I think that Manitoba needs to
11 look at the current subsidy that's provided to see if we
12 can't expand that and make that as an incentive for foster
13 parents, in particular, and other substitute caregivers of
14 kids in care to look at more permanent arrangements.

15 The experience in other jurisdictions that have
16 done this has been quite remarkable, it's a win, win, win
17 situation in that kids get permanent homes and we know that
18 kids in care who are adopted, who, who move on to permanent
19 guardianship do better from a life outcome perspective than
20 kids who grow up in temporary care.

21 It would mean fewer kids in care overall because
22 these would be the legal guardians of the parent of the
23 kids and the earlier we are able to get kids into those
24 permanent types of arrangements then the -- there would be
25 substantial cost savings.

1 So, for example, if you could get a six year old
2 into a subsidized adoptive home or a permanent guardianship
3 home and you continue to provide supports but those
4 supports would be likely quite a bit less than what you're
5 currently paying to keep them in care you would accrue 13
6 years of cumulative savings. Other jurisdictions have
7 demonstrated savings in the millions of dollars by doing
8 this.

9 I think that another idea would be for Manitoba
10 to explore more formally the possibility of custom
11 adoptions for our aboriginal partners. There are six
12 jurisdictions in Canada that have either passed legislation
13 in relation to custom adoption or are currently exploring
14 it.

15 THE COMMISSIONER: You say -- you call it custom
16 adoptions?

17 THE WITNESS: Custom adoption. I'm not an expert
18 in this area but --

19 THE COMMISSIONER: But explain, explain the
20 concept.

21 THE WITNESS: We've done a bit of research on
22 this and this is legislation that allows for traditional
23 ways of adopting, in First Nations and aboriginal
24 communities there is no transfer of guardianship from the,
25 from the parents but there is a legal adoption and the

1 example that I'm most familiar with is Nunavut and their
2 legislation and Nunavut actually has what they refer to as
3 custom adoption commissioners, who I think are
4 predominantly elders who, under the legislation, can grant
5 a custom adoption. I'm sure my aboriginal colleagues would
6 be able to explain this in more detail than I am. But it's
7 also something that can create permanence for kids in care.
8 And Manitoba doesn't have a legislative base for it at the
9 present time.

10 Related to, again, adoption is a number of
11 jurisdictions have implemented a practice that's referred
12 to as concurrent planning and concurrent planning means
13 that when kids come into care, and are placed, typically
14 the primary plan is to look at reunification. What
15 concurrent planning means is that you're jointly planning
16 with caregivers for adoption, should reunification not be
17 possible. The practice, I know, in the General Authority
18 agencies is predominant --

19 THE COMMISSIONER: Just start over here, you're
20 going to a little too fast --

21 THE WITNESS: Sorry?

22 THE COMMISSIONER: -- so I can't follow you.

23 THE WITNESS: Sorry?

24 THE COMMISSIONER: You're -- explain concurrent
25 planning to me.

1 THE WITNESS: Concurrent planning is something
2 that has been implemented in a number of other
3 jurisdictions.

4 THE COMMISSIONER: Yes.

5 THE WITNESS: What it means is when a kid comes
6 into care and is placed with a substitute caregiver, the
7 primary objective is to have that child reunified with
8 their parents.

9 THE COMMISSIONER: Yes.

10 THE WITNESS: And that should always be the
11 primary objective.

12 THE COMMISSIONER: Yes.

13 THE WITNESS: What the concurrent planning is, is
14 an approach that, at the same time, you're also exploring
15 potential adoptive applicants or permanent guardianship
16 options in case reunification turns out to be not possible.

17 The way we do it in Manitoba, at least in the
18 General Authority, is more sequentially in that kids come
19 into care and we, we do our best to reunify them and when
20 that doesn't work out, we turn our attention to more
21 permanent options. This would be a more timely approach.
22 And I'm not sure if, if legislative or -- regulations would
23 have to be changed for this to happen but I think it's
24 something worth exploring to more timely permanence of
25 kids.

1 I have a couple more.

2 THE COMMISSIONER: Yeah, keep going.

3 THE WITNESS: The -- other witnesses have spoken
4 about this. I believe that while we've made great strides
5 and, and the government or the department deserves
6 tremendous credit for all the investments that have been
7 made and I believe we, we have had a positive work load
8 impact through those investments, I think we need to make
9 sure that the funding model is truly case sensitive. Other
10 witnesses have spoken about the inequity between the
11 federal and provincial funding models and that if we could
12 have funding that was truly case sensitive, that allowed us
13 to have case loads in the range of 20, our differential
14 response evaluation report shows that with the SDM tools
15 and the way we practice, with case loads of around 20 we
16 can be very effective at keeping kids out of care. And
17 that was well documented, Dr. McKenzie actually recommended
18 smaller case loads but my view is that if they were truly
19 kept to around 20 that we could be very effective in
20 keeping kids out of care.

21 I would like to see consideration of building on
22 the success of what we heard from the West Region pilot
23 project. What I would refer to as exploring a fair and
24 flexible funding with child maintenance and by fair and
25 flexible I mean it needs to be fair at the outset, meaning

1 that it needs to be based on actual expenditures. By
2 flexible I, I mean it needs to take into account
3 circumstances that might arise, that would be out of agency
4 control. Things like a policy change to increase foster
5 care rates. The block would need to be adjusted.

6 Things like substantial increases in population
7 would have to be, I think, acknowledged because you would
8 expect more kids to be in care. And things like very, very
9 high needs kids, we're seeing more of them than before,
10 that are your very expensive kids, for a small agency,
11 three or four of those kids would really put a strain on a
12 block funding budget.

13 And the other part of the flexibility would be
14 that if agencies manage these budgets and don't spend their
15 entire allocation, they're allowed to reinvest in other
16 types of programs.

17 So I would like to see consideration of that,
18 what I describe as the fair and flexible block funding of
19 child maintenance.

20 I would like to see ways of authorities being
21 able to access funds for innovative projects like what
22 we're doing with new Canadians, and our newcomers, in our
23 community capacity building approach and our ability to
24 demonstrate how effective that is being.

25 I am not saying that this necessarily needs to be

1 core funding but perhaps there could be an innovation fund
2 or something that authorities could apply to, to
3 demonstrate how working differently with communities can be
4 effective in, in preventing kids from coming into contact
5 with the system.

6 THE COMMISSIONER: Would you just explain to me
7 what you're getting at with respect to the expenditure of
8 that funding.

9 THE WITNESS: So, as an idea, it could be a fund
10 that authorities could apply to to say we would like to
11 demonstrate the effectiveness of a new and innovative
12 approach like community capacity building with newcomers
13 and if we could apply and get funding for two years and
14 demonstrate its effectiveness, this might be something that
15 can be funded into the future.

16 THE COMMISSIONER: Are you talking just about
17 programs for newcomers at this point?

18 THE WITNESS: No, I'm just talking various types
19 of innovation -- innovative projects like that, that
20 authorities might make submissions for. And if we can show
21 cost effectiveness, perhaps it can be funded into the
22 future.

23 Someone had suggested earlier, in testimony,
24 about a recruitment strategy for social workers, similar to
25 what was done for nurses, I would support that, although I

1 don't remember all of the details on that.

2 And I think we -- the General Authority needs to
3 have further conversations with government about whether
4 the General Authority can exercise greater control over the
5 funding to government offices. I think that's something
6 that we really need to continue to talk about and I think
7 there are ways of doing it without changing the status of
8 those employees.

9 And lastly, I would like to see available --
10 funding available each year to do program evaluations
11 because we found them very helpful and informative in
12 allowing us to gather evidence to improve our programs and
13 it would be nice if there was a fund available to support
14 that type of evaluation work. And I think that's just
15 about everything I've got.

16 THE COMMISSIONER: You haven't costed that, I
17 assume?

18 THE WITNESS: I haven't costed it. I can
19 certainly -- I know what typically an evaluation of a
20 program would cost so ...

21

22 BY MS. HARRIS:

23 Q Thank you. Anything further that you would like
24 to say prior to concluding your direct?

25 A No.

1 THE COMMISSIONER: Thank you.

2 MS. HARRIS: Thank you very much.

3 THE COMMISSIONER: Ms. Walsh?

4

5 CROSS-EXAMINATION BY MS. WALSH:

6 Q Thank you, Mr. Rodgers, let's, let's start with,
7 with just clarifying some of those recommendations and
8 thank you for, for outlining some very specific thoughts in
9 that regard. I want to make sure that I understand what
10 you were saying with respect to some of them.

11 When you said you wanted to see the funding model
12 be truly case sensitive, do you mean to reflect work load,
13 more specifically?

14 A I was referring to case load because of the, the
15 funding formula, on the provincial side, doesn't recognize,
16 as other witnesses have pointed out, the work that needs to
17 be done with foster homes and licensing of foster homes, so
18 it's all funded out of the same formula. I think we need
19 to make it truly case sensitive. There may be ways of
20 making it work load sensitive.

21 Q Okay. Then with respect to building on the
22 success of West Region, that program or the agency,
23 delivered a number of different programs through a
24 different form of funding for maintenance, that was the
25 block funding.

1 A Yes.

2 Q So -- and, and I, I understood that possibly the
3 reluctance for other agencies pursuing similar programs was
4 their perhaps anxiety about the funding issue. And is that
5 what you're getting at, is that if you make that
6 maintenance funding fair and flexible, then agencies will
7 feel more comfortable trying to pursue programs of a
8 similar nature?

9 A I know my agencies would.

10 Q Okay.

11 A I've had those discussions with them and, and if
12 it was a block funding approach, along the lines of what I
13 described, they would be very interested in pursuing that.

14 Q Okay. Thank you. And let's go back to, to the
15 beginning. I want to make sure that we understand the
16 relationship between the authorities and the department and
17 what exactly the government is responsible for and, and how
18 that works.

19 A Okay.

20 Q When Ms. Brownlee testified, on the very first
21 day of hearings, in September, she said that the
22 authorities still maintain an accountability relationship
23 to the minister.

24 A Yes.

25 Q Okay. And if we pull up Exhibit 11, that's

1 demonstrated on the exhibit. So the, the -- it's not a
2 dotted line, it's a broken line, denotes accountability
3 relationship, and that shows the four authorities have a
4 direct accountability relationship to the minister.

5 A Yes.

6 Q Okay. Then in terms of what the legislation
7 says, if we can pull up the Authorities Act, please.

8 Mostly I'm just, I'm just making sure that, that
9 I understand this, that we all understand this, with your
10 assistance. No, that won't be it. Do we not have the
11 Authorities Act? We should.

12 THE COMMISSIONER: Oh, I think so.

13 MS. WALSH: Is it not in the legislation folder?

14 THE CLERK: I thought it was in there.

15 MS. WALSH: Yeah. You can't find it? Okay,
16 well, I have a copy of it.

17 THE COMMISSIONER: The legislation it wouldn't
18 under that, eh?

19 MS. WALSH: When you go into the legislation
20 folder? No? And we didn't make it an exhibit ever, did
21 we?

22

23 BY MS. WALSH:

24 Q Okay, well, it appears it's not there --

25 THE COMMISSIONER: No.

1 BY MS. WALSH:

2 Q -- but --

3 THE CLERK: (Inaudible) it has been there.

4 MS. WALSH: It has been there?

5 THE CLERK: Yeah.

6 MS. WALSH: Well, that's mysterious. Let's,
7 let's proceed and, and if the clerk can find it, great, and
8 if not, we'll manage.

9 THE COMMISSIONER: Here comes some assistance.

10 UNIDENTIFIED PERSON: I have a copy.

11 UNIDENTIFIED PERSON: Oh, yeah.

12 UNIDENTIFIED PERSON: For the witness.

13 MS. WALSH: There's one copy, okay.

14 UNIDENTIFIED PERSON: Do you -- why don't we give
15 to the Commissioner?

16 MS. WALSH: Let's give that to the Commissioner.

17 UNIDENTIFIED PERSON: And I'll give the iPad.

18 MS. WALSH: And we'll give the witness an iPad.

19 THE COMMISSIONER: All right. The witness will
20 need one. Thank you. Thank you.

21 MS. WALSH: You've got --

22 THE COMMISSIONER: Have you got one?

23 MS. WALSH: I, I have my copy.

24 THE COMMISSIONER: Yes.

25 MS. WALSH: You have a copy of the Authorities

1 Act?

2 THE COMMISSIONER: Yeah, yeah, Mr. (inaudible)
3 lent us one, yeah. So you can proceed.

4 MS. WALSH: Okay, good.

5

6 BY MS. WALSH:

7 Q So if we look at Section 22. That sets out
8 financial and reporting requirements of an authority and so
9 that outlines that:

10

11 "An authority must

12 ... submit a yearly budget to the
13 director ...

14 ... keep financial records in
15 accordance with directions given
16 by the director;

17 ... submit reports, returns,
18 statistical information and
19 financial statements ...

20 ... prepare and submit an annual
21 report that includes audited
22 financial statements ...

23 ... manage and allocate funds
24 provided by the government in
25 accordance with this Act."

1 So that's a legislative outline of the manner in
2 which an authority must report to the minister, and
3 includes financial matters and other matters?

4 A Yes.

5 Q Okay. Then if we go to Section 24 that sets out
6 the minister's responsibilities. So that says that:

7

8 "The minister is responsible for
9 the following:

10 ... setting provincial objectives
11 and priorities for the provision
12 of child and family services;

13 ... establishing policies and
14 standards for the provision of
15 child and family services,
16 including policies and standards
17 relating to a child's safety and
18 security that must include

19 ... assessing risks to a child's
20 life, health or emotional
21 well-being in his or her present
22 circumstances or any proposed
23 placement, and

24 ... determining the nature and
25 frequency of contact that an

1 agency should have with a child to
2 ensure that the child is safe and
3 receiving appropriate services;
4 ... monitoring and assessing how
5 authorities carry out their
6 responsibilities under this Act;
7 ... allocating funding and other
8 resources to authorities;
9 ... providing support services to
10 authorities;
11 ... communicating to authorities
12 the primary importance of a
13 child's safety and security in the
14 provision of child and family
15 services and monitoring the
16 oversight provided by authorities
17 of agencies in this regard."

18

19 So that, that is a very clear statement of the
20 responsibilities that the minister has retained,
21 notwithstanding devolution, that's ...

22 A Yes.

23 Q Okay. And then Section 25 says:

24

25 "The minister may give directions

1 to an authority for the purpose of
2 ... achieving provincial
3 objectives and priorities;
4 ... providing guidelines for the
5 authority to follow in carrying
6 out its responsibilities ...
7 ... coordinating the work of the
8 authority with the programs,
9 policies and work of the
10 government and others in providing
11 child and family services."

12

13 So that, very clearly, says what the minister is
14 responsible for doing and we know that the entire Act sets
15 out the duties and responsibilities of the authorities and
16 the Act shows that the authorities are responsible to
17 report to the minister in all that they do.

18 Now, standing committee is referenced at Section
19 30(1). And that says -- I, I don't think you need to try
20 to find it, I don't think it's going to be on there.

21 Section 30(1), Mr. Commissioner, has standing
22 committee and that provides that:

23

24 "A Standing Committee is
25 established consisting of

1 ... the senior executive officer
2 of each authority;
3 ... the director; and
4 ... an additional member appointed
5 by the Metis Authority."

6

7 And its role is outlined as serving:

8

9 "as an advisory body to the
10 authorities and the government,
11 and is responsible for
12 facilitating cooperation and
13 coordination in the provision of
14 services under this Act."

15

16 Now, if you recall yesterday, when I asked Ms.
17 Loeppky what was the mechanism by which the department
18 ensured consistency in the delivery of services across the
19 province, her answer was through standing committee and is
20 that something that you agree with?

21 A That's one way.

22 Q Okay. How else does the department achieve
23 consistency?

24 A Through foundational standards.

25 Q Right.

1 A That would apply to all authorities, that results
2 in consistency. And the minister can issue policies and
3 directives, that would ensure consistency.

4 Q Right.

5 A Standing committee does it through collaboration
6 across the authorities and with government and do it by
7 consensus. So there are a number of ways where consistency
8 can be achieved.

9 Q Okay. Throughout your testimony this afternoon
10 you spoke of a number of programs which I think we can all
11 agree were very impressive, the programs relating to, to
12 youth, mentoring programs and the question is, do you know
13 whether similar programs are being implemented in the other
14 three authorities?

15 A I am unable to speak to the details. I know that
16 -- I am familiar a little bit with the Metis, does some
17 similar programs, and I know that there are some programs
18 in some of the southern agencies but I don't have a lot of
19 detail, I'm not familiar whether there are similar programs
20 in the northern authority. My colleagues would be better
21 able to speak to that.

22 Q So these are not subjects that come up during the
23 course of standing committee meetings?

24 A I certainly, recently, because the programs that
25 we just spoke of in the General Authority just came into

1 place not that long ago. I shared those with my colleague
2 authorities and as I mentioned earlier, there, there is
3 interest in my colleague authorities, in participating in
4 those, once we've had some time to get them established.
5 And so we do talk about those things at standing committee.

6 It, it is important to remember that one of the
7 principles of AJI was that each authority have the ability
8 to deliver services differently, in a way that they feel is
9 most suitable for our communities and our families and
10 that's, that's a foundational --

11 Q Yes.

12 A -- principle of the AJI initiative.

13 Q Yes. But if something is being done well, and
14 has been studied and measured, one would think that it
15 would be a matter of service delivery that would be
16 available to all recipients of the services across the
17 province.

18 A Yes. And, and again, I'm not comfortable
19 speaking to whether my First Nations or Metis colleagues
20 have done similar research into more culturally appropriate
21 programs that they might be offering to their families.

22 Q And I guess that's, that's part of why I ask the
23 question, because if we're concerned with ensuring
24 consistency of service delivery across the province, and
25 one of the main mechanisms of ensuring that is the standing

1 committee and you, as a member of standing committee can't
2 say, and I'm not blaming you, but if you can't say well, I
3 know that these very effective programs, with modifications
4 for culturally appropriate service delivery, if you can't
5 say that you know that they are being delivered, regardless
6 of which authority is chosen, isn't that a concern?

7 A I agree that I think standing committee needs to
8 be better at sharing that information across the
9 authorities, I agree.

10 Q And reporting that to the minister?

11 A Yes. I also agree.

12 Q From, from the evidence that, that I have heard,
13 it sounds like the only certain method of consistency
14 across the province, for service delivery, is to put
15 something into a foundational standard?

16 A Sorry, you used the phrase the only certain?

17 Q Yes.

18 A A ministerial directive would be certain.

19 Q All right.

20 A Foundational standards, again assuming that the
21 standards development protocol has been followed, when it's
22 put into place the authorities would be in agreement.

23 Q But if the minister wants to ensure consistency,
24 right now, the methods would be to put whatever it is that
25 the minister wants to ensure into a foundational standard,

1 that's something that all authorities have to comply with?

2 A Yes. And it would be our expectation that that
3 follow the collaborative process that we've established.

4 Q Right. Short of developing a standard, is the
5 only other way that the minister can ensure consistency of
6 service delivery through what you call the ministerial
7 directive?

8 A That would be another way of ensuring
9 consistency. We don't really like to get ministerial
10 directives --

11 Q Right.

12 A -- so I think if there was some consistency that
13 the minister of the department thought that we should be
14 considering that we would have those discussions at
15 standing committee and, and explore amongst the four
16 authorities whether there was something we could do
17 collaboratively.

18 THE COMMISSIONER: Well, now --

19 THE WITNESS: And, and we do that.

20 THE COMMISSIONER: -- is that term foundational
21 standards a statutory term? Is it in the, in the statute
22 or where is does it come from?

23 THE WITNESS: I believe it is. I believe
24 foundational standards is in the statute. It would be in
25 the Child and Family Services Act or in the Authorities

1 Act.

2 THE COMMISSIONER: Oh. But I take it that what
3 you're telling us is that if a foundational standard came
4 from the Minister it would be a mandatory directive?

5 THE WITNESS: Yes. If it's a foundational
6 standard we would all be expected to comply with it. The,
7 the development of foundational standards is a power with
8 the director that did not transfer to the authorities, the
9 director kept that. It was not devolved.

10 THE COMMISSIONER: Oh, okay. That's a power
11 retained by the, by the --

12 THE WITNESS: That's correct.

13 THE COMMISSIONER: -- director. So it would come
14 from the director, not the minister?

15 THE WITNESS: It, it, it could come through the
16 -- from the director through the standards, develop a
17 protocol that we have agreed to.

18 MS. WALSH: That's why, Mr. Commissioner, when I
19 referred to the minister's responsibilities and powers --

20 THE COMMISSIONER: Yes.

21 MS. WALSH: -- at Section 24 of the Authorities
22 Act they include establishing policies and standards for
23 the provision of child and family services and I think the
24 term standards, it's not defined in the Act but the term
25 standards is what everybody has been calling the

1 foundational standards --

2 THE COMMISSIONER: Yes.

3 MS. WALSH: -- or provincial standards.

4 THE COMMISSIONER: And what, what section is
5 that?

6 MS. WALSH: Section 24 of the Authorities Act
7 outlines the minister's responsibilities and powers.

8 THE COMMISSIONER: Oh, all right. And, and which
9 sub-section refers to standards? "B"?

10 MS. WALSH: Yes.

11 THE COMMISSIONER: And, and so you're -- that is
12 being interpreted by everyone as foundational standards?

13 MS. WALSH: Yes.

14 THE WITNESS: I need my counsel for minute. It's
15 timed out on me.

16 MS. WALSH: I think we're, we're probably
17 finished with it.

18 THE WITNESS: Finished, finished with that?

19 MS. WALSH: Yes, I think so.

20

21 BY MS. WALSH:

22 Q Can we pull up Exhibit 74, tab S, please.
23 Exhibit 74, tab S. Perfect.

24 THE COMMISSIONER: Oh, that's --

25 MS. WALSH: Page 92. Perfect.

1 THE COMMISSIONER: Do you know tab --
2 MS. WALSH: S.
3 THE COMMISSIONER: -- that's at?
4 MS. WALSH: S as in Sam.
5 THE COMMISSIONER: Oh, oh, yes. All right.
6 MS. WALSH: Page 92. Page 92.
7 THE CLERK: (Inaudible) that high.
8 MS. WALSH: It says page 92 on my page but ...
9 Oh, see, that says 74 at the bottom.
10 THE CLERK: And (inaudible).
11 MS. WALSH: Try 100 and what?
12 THE COMMISSIONER: It's not my 92.
13 MS. WALSH: No. There it is. That's it.
14 THE COMMISSIONER: Yeah.
15 THE CLERK: (Inaudible.)
16 MS. WALSH: Okay, well done.
17 Do you have that, Mr. Commissioner?
18 THE COMMISSIONER: Yes, I do.
19
20 BY MS. WALSH:
21 Q So this shows the provincial case load by
22 category, by numbers of children in care, and total cases
23 and if we look at the General Authority, we would have to
24 scroll down a bit and it's too bad you can't see on the
25 screen that the whole document in the -- in its entirety,

1 but you can see that the General Authority is responsible
2 for delivering services to approximately, I think, a
3 quarter of the children in care and children who were
4 receiving services, generally. Would that -- that's -- I
5 mean, it's an, it's an -- a rounding up?

6 A Yes, sure, sure.

7 Q But the point being that the General Authority,
8 if it's doing good work and I'm not saying the other
9 authorities aren't but if, if you've got programs that are
10 particularly effective, they're only being delivered to a
11 quarter of the service recipients in the province.

12 A Yes.

13 Q Right.

14 A Yes. And if my colleagues are doing good work it
15 would be being delivered to --

16 Q Exactly.

17 A -- their portion.

18 Q But, but the fact is that because of devolution
19 or because of the way that, that responsibility for service
20 provision has been divided, that's all the more reason for
21 the need for consistency, not sacrificing culturally
22 appropriate services but the need for consistency where
23 ever that is going to promote good service delivery?

24 A With, with the condition that you said it doesn't
25 compromise culturally appropriate services, I would agree.

1 Q Okay. And again, if we pull up Exhibit 40,
2 please. These are the most recent statistics for children
3 in care as of March 31, 2012 and they show that only six
4 percent of aboriginal children in care receive services
5 from Winnipeg CFS.

6 A Yes.

7 Q Which means that the majority of aboriginal
8 children in care receive their services from another
9 authority.

10 A Yes.

11 Q I recognize that Winnipeg CFS is not synonymous
12 with the General Authority but it's the largest agency
13 within the General Authority.

14 A Is that, is that specifically a -- children in
15 care; okay?

16 Q So the majority of children in care are receiving
17 services from one of the other three authorities. Is that
18 a fair statement?

19 A That's --

20 THE COMMISSIONER: What about the other three
21 agencies, the, the private agencies that, that the General
22 Authority has under its wing?

23 Is that -- are they in the six percent?

24 MS. WALSH: I don't know how that was devised, it
25 doesn't look like it but --

1 MR. MCKINNON: Mr. Commissioner, this was
2 prepared by my office and no, it was just --

3 THE WITNESS: Okay, I get it.

4 MR. MCKINNON: The agency that Alana Brownlee is
5 the CEO of, that's what that six percent is.

6 THE COMMISSIONER: But it's --

7 MR. MCKINNON: I don't know if this witness.

8 THE COMMISSIONER: But it's six percent of what?

9 MR. MCKINNON: It's six percent of their total
10 children in care are aboriginal. Sorry, six percent --

11 MS. WALSH: No.

12 MR. MCKINNON: -- of the total aboriginal
13 children in care, in Manitoba, are at Winnipeg. The other
14 94 percent are at other agencies.

15

16 BY MS. WALSH:

17 Q And would it be fair to assume --

18 THE COMMISSIONER: I, I see.

19

20 BY MS. WALSH:

21 Q -- that the majority of those agencies are under
22 the other three authorities?

23 A Yes, they would be.

24 Q Yeah.

25 MR. MCKINNON: Mr. Commissioner, I misspoke and

1 Ms. Harris has pointed it out. The question being asked
2 here is -- was of aboriginal children in Winnipeg, how many
3 are at Winnipeg CFS and how many are at aboriginal
4 agencies? That's what the 94, six is, so it's -- the
5 subset is aboriginal children in Winnipeg, in care. How
6 many are in Winnipeg CFS and how many are in aboriginal
7 agencies. That's what that particular box is intended to
8 depict. Do you, do you follow the difference? So it's not
9 all of Manitoba, it's just, just Winnipeg.

10 THE COMMISSIONER: Just, just let me look, where
11 is it? Yeah, where is the six percent box?

12 MS. WALSH: But we don't know what a --

13 MR. MCKINNON: It's the second from the bottom.

14 THE COMMISSIONER: I see, I see. Yes, I see it.

15 MR. MCKINNON: Yes.

16 THE COMMISSIONER: All right. And what are you
17 -- just explain it again.

18 MS. WALSH: Do you want me to do it?

19 MR. MCKINNON: The question that Ms. Walsh was
20 trying to --

21 MS. WALSH: I think I've got it.

22 MR. MCKINNON: Yeah.

23 MS. WALSH: I think I've got it.

24 MR. MCKINNON: You've got it?

25 THE COMMISSIONER: All right, she's got it.

1 She'll pursue it, I assume.

2 MS. WALSH: Right.

3 THE COMMISSIONER: All right.

4

5 BY MS. WALSH:

6 Q So six percent of the aboriginal children in
7 care, in Winnipeg, receive services from Winnipeg Child and
8 Family Services.

9 A Yes.

10 Q Right. And the other 94 percent of aboriginal
11 children in care, in Winnipeg, receive services from other
12 agencies?

13 A Yes.

14 Q And those -- the majority of those agencies, it
15 would be fair to say, would be under the other three
16 authorities, not under the General Authority?

17 A It would be, yes.

18 Q Yes.

19 A I also notice that the trend is dropping, which
20 is meaning that fewer aboriginal families are choosing the
21 General Authority.

22 Q Yes. More aboriginal authorities are -- more
23 aboriginal families are going to one of the three
24 aboriginal authorities?

25 A Choosing their culturally appropriate authority.

1 MS. WALSH: Right. So, Mr. Commissioner, do
2 you --

3 THE COMMISSIONER: No.

4 MS. WALSH: -- do you have that clear?

5 THE COMMISSIONER: I do.

6

7 BY MS. WALSH:

8 Q Okay. Again, my point simply being that if there
9 are good programs being delivered under one authority, you
10 would hope that there would be some means of ensuring that
11 similar programs are being delivered to other authorities
12 with culturally appropriate modifications?

13 A I agree. And I think that we should be maybe
14 doing more to explore with our partners, even though
15 aboriginal families may be choosing the General Authority,
16 whether we could learn from them in terms of culturally
17 specific programming we could offer within our authority
18 for those --

19 Q Sure.

20 A -- those children. I agree.

21 Q And, in fact, you were asked a question about
22 Steve Sinclair and, and -- or you gave the example of Steve
23 Sinclair as, as a good example of someone aging out and you
24 heard the questions that I asked for the very reason that I
25 asked them. Mr. Sinclair and Ms. Kematch chose a different

1 authority than the General Authority for their service
2 delivery, they chose the Southern Authority.

3 So if they -- under that model or under those
4 facts, they would not have received the services that, that
5 you have identified as being provided by the General
6 Authority?

7 A That's correct. They would have received the
8 services available under the Southern Authority.

9 Q So do you have any specific suggestions or
10 recommendations for achieving perhaps better consistency in
11 service delivery across the province?

12 A I think my suggestion would be that foundational
13 standards is one route and we can talk about that at
14 standing committee. I think that Ms. Loepky and, and
15 myself need to be having these discussions at standing
16 committee and talking about how we can have maybe greater
17 collaboration and at least discussions about greater
18 consistency, even if we choose not to be consistent all the
19 time. And I think that standing committee would be happy
20 to report on those discussions regularly to the department
21 and the minister.

22 Q While we're talking about standing committee, in
23 Commission disclosure 208, and we don't need to pull it up
24 but that was the Ombudsman's second progress report on the
25 recommendations that came out of Strengthen the Commitment,

1 one of the concerns was the development of some kind of
2 secretariat to support the office of the standing committee
3 and, and a recommendation was implemented, not exactly as,
4 as recommended but you talked about the office of standing
5 committee being implemented but in her progress report she
6 identified ongoing concerns of whether the office was being
7 appropriately or sufficiently staffed and whether it had
8 stability in that staffing. I think you would agree that
9 it's important that that office that supports the work of
10 standing committee, be appropriately staffed?

11 A Yes.

12 Q And is it now -- that progress report was '08,
13 '09, so is it now appropriately sufficiently staffed or is
14 there something more you would like or need?

15 A I think it -- at this point I believe it's
16 appropriately staffed. I think that if, if there was to be
17 further responsibility that came to the authorities, or
18 more expected of us, in terms of foundational work, that it
19 may not be appropriately staffed.

20 Q Okay. So that's something that you, as a member
21 of standing committee, would be keeping an eye on?

22 A Yes.

23 Q Just going through my notes of your testimony
24 this afternoon, you talked about -- when you were talking
25 about training you were talking about -- you kept using the

1 term social work graduates.

2 A Yes.

3 Q Is that a prerequisite for hiring at the General
4 Authority?

5 A Yes. Our, our entry level requirement is a BSW
6 or equivalent degree. And we have defined what equivalency
7 -- what will be accepted for equivalency. So BSW from any
8 accredited Faculty of Social Work or BSW from Booth
9 College, we accept, and then we have defined equivalencies.

10 And we actually monitor this quite regularly and
11 we have a very high proportion of our work force who meets
12 the entry level requirement.

13 Q So no concerns about recruitment?

14 A I think that we have been getting better at
15 recruitment, I think that the introduction of our practice
16 model and, and, and we have been communicating that widely
17 to the faculty and others, as well as our commitment to
18 mandatory minimum training, has been helpful in
19 recruitment.

20 I am just -- my concern would be because social
21 work continues to be a demand profession, finding ways of
22 encouraging new graduates to choose to work in child
23 welfare as opposed to other opportunities that may be
24 before them.

25 Q What are your views on registration?

1 A Are you talking about the new legislation?

2 Q Yes. And if you think that it should be modified
3 in some way.

4 A I -- my view is that I support the legislation, I
5 support the protection of title legislation and I recognize
6 the concerns that have been brought forward by some of our
7 First Nations and Metis colleagues about the way the Act
8 reads.

9 I believe there -- it is possible to look at ways
10 of accommodating those concerns without changing the
11 legislation. The legislation doesn't become effective
12 until there are bylaws and regulations in place and I think
13 through those bylaws and regulations the concerns that have
14 been brought forward might be addressed at that level as
15 opposed to going back and revamping the legislation.

16 Q So you support the idea of a regulatory body that
17 oversees child welfare workers?

18 A Social workers.

19 Q Social workers.

20 A I do.

21 Q Including child welfare workers?

22 A I do.

23 Q Okay. It would be a body that could provide
24 another avenue for education?

25 A Yes.

1 Q And, and accountability?

2 A Yes.

3 Q And professionalism.

4 A Yes.

5 Q Promoting professionalism. Would you like to see
6 more than just protection of title because, for instance,
7 we've heard evidence that to get around protection of title
8 an agency will just call its worker something else. Would
9 you like to see protection of the actual nature of the work
10 itself?

11 A There have been jurisdictions that have
12 implemented protection of practice legislation. It's quite
13 a bit more complicated. At this point I would just like to
14 see the current Act before us, in Manitoba, becoming
15 effective.

16 Q Thank you. Let's pull up Exhibit 24, tab 11,
17 please. Exhibit 64. What did I say? I said 24.
18 Sixty-four.

19 This is the Changes for Children document and I
20 want to go through it with you a little bit more because I
21 know that you were largely the author of, of the document.

22 Page 6, please. Page 6.

23 THE COMMISSIONER: Was that in your materials,
24 Ms. Harris?

25 MS. HARRIS: No, it was in --

1 THE COMMISSIONER: No.

2 MS. HARRIS: -- Mr. McKinnon's materials.

3 THE COMMISSIONER: Is it in one of the exhibits?

4 MS. WALSH: It is, it's Exhibit 64.

5 THE COMMISSIONER: Oh, 64.

6 MS. WALSH: Should be a black binder.

7 THE COMMISSIONER: Yes, okay. Yeah, I have it.

8 MS. WALSH: Do you have it, Mr. Commissioner?

9 THE COMMISSIONER: Yes.

10

11 BY MS. WALSH:

12 Q So under theme number one, Keeping Children Safe
13 Through Primary Prevention Programs --

14 THE COMMISSIONER: Wait a minute, what tab is it?

15 MS. WALSH: Tab 11.

16 THE COMMISSIONER: All right. Go ahead.

17

18 BY MS. WALSH:

19 Q The report contains -- well, this is referencing
20 a quote from Honouring Their Spirits, from the Executive
21 Summary and then it -- then you identify that that report:

22

23 "contains many recommendations
24 intended to build stronger
25 relationships between service

1 systems (e.g. - Departments of
2 Education, Citizenship and Youth;
3 Health; Justice; and Family
4 Services and Housing working more
5 collaboratively)."

6

7 The next recommendations on the next page:

8

9 "Involve community members in
10 designing prevention strategies
11 for their families (e.g. - create
12 local community committees to work
13 in partnership --"

14

15 For example.

16

17 "-- with service providers);
18 reduce the risks to children by
19 better educating the community
20 about situations that threaten
21 child safety ... and;
22 increase the options available to
23 encourage children, youth and
24 families to engage in healthy as
25 opposed to risky behaviours ..."

26

1 With respect to those first two recommendations
2 aimed at working between service systems in the government
3 and then the second one, involving community members, are
4 you aware of specific examples where that has taken place?

5 A I believe that -- the two examples I can think of
6 for the first one would be the provincial suicide
7 prevention strategy.

8 Q Right.

9 A Child welfare has been involved in that. The
10 second one would be the provincial FASD strategy and child
11 welfare has been involved in that. A third one would be
12 protocols that have been developed between the child and
13 families services system and the Department of Education,
14 that have been done jointly between our system in education
15 and coordinated through the deputy minister's committee of
16 Healthy Child committee with cabinet. So there are a
17 number of examples of, of -- and I can think of those
18 three.

19 Like the, the second bullet I think is, you know,
20 something that the work that we have done with our newcomer
21 communities --

22 Q Right.

23 A -- demonstrates the importance of engaging and
24 including communities in the process of sharing information
25 and working in a different trusting relationship with our

1 system.

2 Q But that's an example of something that the
3 General Authority has initiated, that community capacity
4 strategy that you talked about; right?

5 A Yes.

6 Q And my question, I guess, was directed at a
7 larger response in terms of has the department implemented
8 anything by way of a policy or a program or a consultation
9 with communities?

10 A Under bullet number two, I'm not sure I can think
11 of a specific example other than, I mean, the department
12 and their sexual exploitation strategy was done in a
13 consultative way. I, I do think it is something that we
14 need to pay more attention to and, in particular,
15 government departments integrating services better.

16 I think it was Ms. Loepky did talk about the
17 integrated service delivery as -- structured in Winnipeg
18 where health and family services are collaborating. I
19 think that offers -- that kind of approach offers great
20 potential. Child welfare needs to be, perhaps, more
21 formally connected to that.

22 Q And, again, is it fair to say that so far most of
23 the collaborative initiatives between government
24 departments are taking place through Healthy Child?

25 A A lot of them are, yes.

1 Q And, and that -- that's a good place to perhaps
2 house that coordination?

3 A Yes. I think that for coordination of what I had
4 described earlier as primary prevention type programs that
5 Healthy Child would be the -- a place for that to be led.

6 And they do lots of things already in that
7 regard, that I think you're going to hear about as part of
8 phase three.

9 Q Yes. Let's go to theme six, please.

10 THE COMMISSIONER: Now, before you go any
11 further. I have to --

12 MS. WALSH: Right.

13 THE COMMISSIONER: -- take a phone call at six
14 o'clock. Assuming I'm able to continue after that phone
15 call, and I hope I will, will we go for awhile yet --

16 MS. WALSH: Yes.

17 THE COMMISSIONER: -- this evening?

18 MS. WALSH: Yes, everyone is prepared to stay
19 until 9:00.

20 THE COMMISSIONER: Oh, I --

21 MS. WALSH: -- but taking some breaks.

22 THE COMMISSIONER: Oh, well, I -- so will I, if,
23 if I get the right answer out of this phone call. It's --
24 I'm going to make it now.

25 MS. WALSH: Okay.

1 THE COMMISSIONER: And I'll either be coming back
2 or leaving the city tonight, one or the other so ...

3 MS. WALSH: Yes.

4 THE COMMISSIONER: But I'll, I'll come back in.

5 MS. WALSH: Okay, thank you, Mr. Commissioner.

6 THE COMMISSIONER: And hopefully we'll carry on
7 until nine o'clock.

8

9 (BRIEF RECESS)

10

11 MS. WALSH: Okay, we're back on?

12 THE CLERK: Yeah.

13 MS. WALSH: Thank you. Let's look at theme six,
14 please.

15 THE COMMISSIONER: Theme six, did you say?

16 MS. WALSH: Yes.

17 THE COMMISSIONER: Yes, okay.

18 MS. WALSH: Should be on page -- I think it's
19 page 15.

20 THE COMMISSIONER: Page 15.

21 MS. WALSH: Yeah. There we go. Perfect.

22

23 BY MS. WALSH:

24 Q Now, theme six refers to -- it's entitled
25 Fiduciary Obligation of the Government of Canada. Where

1 does that term come from, Fiduciary Obligation of the
2 Government of Canada?

3 A I believe that was language that was used in one
4 of the actual reports and I believe they were using it to
5 indicate that in view -- in the view of the reviewers they
6 felt that the federal government has the fiduciary
7 responsibility to fund on-reserve services and should do it
8 fairly inequitably.

9 Q Okay. It's not a term that comes from
10 legislation?

11 A No. Not that I, not that know of.

12 Q And if scroll down towards the bottom of the
13 page, please. It says:

14

15 "First Nations communities are
16 especially vulnerable to the
17 inefficiencies and ineffectiveness
18 that arise from jurisdictional
19 discrepancies and poorly
20 coordinated services."

21

22 But then it goes on to say, or you go on to say, I suppose.

23

24 "Larger societal concerns
25 including poverty, inadequate

1 housing, lack of clean water and
2 insufficient health services
3 contribute to the issues that
4 bring families into --"

5

6 If we can turn the page, please.

7

8 "-- contact with the child welfare
9 system. Children, families and
10 communities will not be able to
11 heal themselves until the basic
12 physical and social infrastructure
13 has been addressed."

14

15 My question is, what, if any, either obligation
16 or opportunity does the province have to address those
17 conditions?

18 A I -- my recollection is that those were referring
19 predominantly to conditions in -- on reserve communities.

20 Q Yes.

21 A And I would suggest that the province has the
22 obligation to continue to lobby the federal government and
23 advocate with the federal government, in partnership with
24 First Nations, for those conditions to be addressed.

25 Q Thank you. Do you know why the agency, Winnipeg

1 Child and Family Services, was made a branch of government?
2 Was there a rationale that supported delivery of services?

3 A I am not sure I can answer that. This was a
4 decision made by government, it was made at the same time
5 as they appointed the new board. I had not been part of
6 any of the discussions leading up to that decision. That's
7 when they invited me to come in and be chair of the -- what
8 they call the intermanagement board, but it was -- at the
9 very same time they announced the decision to come into
10 government.

11 Q Okay. So you're not able to, to, to tell us why
12 that happened?

13 A I'm not -- I wasn't part of any of the
14 discussions leading up to that.

15 Q Fair enough. Have you ever heard any reasons
16 that relate to better service delivery, for instance?

17 A I can't say that I've been involved in any
18 discussions about that. Like, again, the decision had been
19 made and I'm not sure the quality of service has
20 necessarily suffered any by coming into government.

21 Q One of your recommendations, I think, related to
22 funding through the General Authority with respect to those
23 government based agencies. Is it your understanding that
24 the fact that Winnipeg, Rural and Northern are branches
25 that the government confers on them some economic advantage

1 that other agencies in the province do not have?

2 A That was a point that was raised by Mr. Funke
3 yesterday. I believe that some of his points are valid in
4 terms of things like central labour relations, negotiation
5 of leases, not paying GST. I would also point out that
6 there are disadvantages to being part of government in
7 terms of being in government, annual budgets would take
8 into account a vacancy management allocation, so they get
9 less funding than they need for full year salaries.

10 Being in government, Winnipeg Child and Family
11 Services can no longer apply for funding from places like
12 United Way or the Winnipeg Foundation, things they used to
13 be able to do and get some supports from those funding
14 bodies. And being in, in government, unlike private
15 agencies, should Winnipeg Child and Family Services achieve
16 efficiencies within their budget they're not allowed to
17 carry the money over from year to year to re-invest it. So
18 yes, there are some advantages but there are also some
19 financial disadvantages to being in government.

20 Q Thank you. What is it that you wanted to have
21 happen with respect to funding through the General
22 Authority and Winnipeg CFS?

23 A I think that there are ways that the General
24 Authority can have greater influence over the funding that
25 goes to Winnipeg, Rural and Northern as an agency and I

1 would like to have discussions with government about
2 whether we could treat them more like an agency in terms of
3 how the money goes and the control that they have over the
4 money in terms of being able to reinvest, being able to
5 hire if they have extra money, that kind of thing.

6 And I think there are ways of doing, doing it
7 without necessarily causing an organizational disruption,
8 for example, and I think there are some models out there,
9 Crown corporation model, Manitoba Housing and Renewal
10 Commission, that I think we could follow and so that the
11 General Authority is able to exercise greater control.

12 Q Would that also apply to the employment
13 relationships?

14 A No.

15 Q Okay.

16 A I wouldn't, I wouldn't see the employment
17 relationships changing.

18 Q Okay.

19 A They -- I think there are options for those staff
20 to remain civil servants.

21 Q You -- in Exhibit 64, tab 12, you showed us a
22 chart that, that indicated that staff was increasing at a
23 higher rate than case load?

24 A Yes.

25 Q If I can -- okay. Given that, how do you explain

1 the evidence that we heard throughout the inquiry about
2 ongoing concerns for work load stress?

3 A I believe that we've made some headway on
4 addressing work load. I think that the headway we've made
5 has -- the progress we have made has allowed us to practice
6 differently in a way that's more engaging with families. I
7 still believe that work load is a concern and I think we
8 always need to be diligent. And as I mentioned earlier, if
9 we could truly get to a one-to-20 ratio in cases, the
10 evidence we have from our differential response evaluation
11 is that allows us to work in a way that is truly going to
12 keep kids from coming into care.

13 Q In terms of responses to work load, would you
14 agree that prevention is one response?

15 A Yes.

16 Q Not, not a quick fix, but ultimately one way of,
17 of reducing work load?

18 A Yes. I would -- primary and secondary
19 prevention. Jurisdictions that have been at differential
20 response for awhile have demonstrated that over time.

21 Q You also said that if we take out the number of
22 children in care who were receiving extended services that
23 the numbers of children in care have remained stable at the
24 General Authority?

25 A Yes.

1 Q To what do you attribute that?

2 A I would attribute that to, I think, the
3 introduction of our assessment tools and the training we've
4 been able to provide staff. I think we're much better at
5 only taking kids into care when we are sure that there is
6 harm or danger with those kids, I think our assessment
7 abilities across our system have increased tremendously
8 because of the assessment tools and the, and the way we
9 practice.

10 I also think that we have gotten better at
11 reunification when kids do come into care, so I think the
12 data I have got is showing a high number of kids going back
13 home safely.

14 And I think we have, again, because of the
15 progress we've made over the last few years, in terms of
16 engaging the families, I think we've been able to support
17 more kids at home by building those collaborative working
18 relationships.

19 I don't have the evidence to support those
20 assertions but that would be my belief.

21 Q Certainly your hope.

22 A Certainly my hope.

23 Q What about reasons outside or beyond the child
24 welfare system, have you considered that?

25 A I suppose that we could be seeing some of the

1 impacts of some of those primary prevention programs that I
2 spoke about earlier. Again, largely being done through
3 Healthy Child. Again, I don't have evidence for that but
4 that could be contributing to this, as well.

5 Q Measuring purely numbers of children in care
6 doesn't tell you a whole lot of information about the
7 reasons why they're coming into care or the quality of
8 services they're receiving or the outcomes they achieve?

9 A That's true.

10 Q And, and that's why, I gather, you're looking at
11 measuring other outcomes?

12 A Yes, absolutely.

13 Q You talked about programs that you're working on
14 with new Canadians to build trust, and you talked about the
15 solution focused approach.

16 A The solution of focused approach is more in our
17 practice model.

18 Q All right.

19 A Then with that -- the initiative with newcomers.

20 Q Are they different?

21 A Yes.

22 Q And what's the initiative with newcomers that
23 works on building trust?

24 A That is an initiative we started a couple of
25 years ago where we've had dedicated staff, who have

1 essentially gone out and met with community leaders,
2 community representatives, settlement service providers,
3 and the primary purpose of that initial set of discussions
4 was about preparing better information to -- about the
5 child and family services system to share with new
6 Canadians when they arrive, as part of the settlement
7 process. And we quickly realized that we weren't going to
8 be able to do that in any meaningful way until we were able
9 to build some trust and collaboration with these
10 communities and that was the message they gave us, as part
11 of this exercise.

12 And so we have been doing extensive
13 consultations, we've used a community cafe model for these
14 consultations over the last couple of years and we're
15 hearing back from these communities that they really have a
16 different view of our service. They didn't have a full
17 appreciation of Child and Family Services laws, the support
18 services that we have to offer, and how they can be
19 helpful, working with us, to create networks of care for
20 their kids.

21 Q We've heard a great deal of evidence from a whole
22 variety of witnesses, about the issue of trust and mistrust
23 by the majority of, of service or a good number of, of
24 service users of the child welfare system. Could these
25 methods that you're talking about, that you're using with

1 newcomer communities, could those not be translated to be
2 used generally with clients of the child welfare system?

3 A Yes. That's also where you're getting into the
4 phrase you used earlier, about solution focused practice
5 techniques.

6 Q Okay.

7 A Solution focused practice techniques are a
8 particular way of asking questions that have proven to be
9 more neutral and engaging with families, even when you're
10 exercising the authority of the child welfare system.
11 That's the principles that underlie that Signs of Safety
12 model that I was talking about, that in many jurisdictions
13 has shown that if you just use certain language, and talk
14 to families in a certain way, ways, you become much more
15 engaged with them, even if you're still looking at a, at a
16 protection investigation.

17 Q What about as well, though, I mean in the
18 newcomer programs you talked about what sounds like
19 education initiatives.

20 A Absolutely, yes, I agree.

21 Q Wouldn't, wouldn't that be helpful, generally, to
22 the population?

23 A Yes. So we should be doing things like the
24 educational material that we have prepared for the newcomer
25 communities for the rest of our families.

1 Q Precisely.

2 A Absolutely. I agree.

3 Q And not just for families who receive services
4 from the General Authority but it would be a good thing
5 across the province?

6 A Yes.

7 Q In terms of compliance, are there any standards
8 or policies, either provincial standards or standards that
9 the General Authority has implemented that promote
10 accountability up the chain of command and what I'm
11 thinking of is the evidence that we heard was that really,
12 in terms of who was aware of what was happening on a given
13 file, it would be the worker and the supervisor, and going
14 up the chain of command to the assistant program manager,
15 the program manager, the CEO, they wouldn't really have any
16 knowledge of what was going on in a given file unless that
17 was brought to their attention. Has that changed in any
18 way so that, for instance, a CEO has more direct
19 involvement or anybody in between the supervisor and the
20 CEO with compliance?

21 A Ms. Brownlee may be able to speak in -- more
22 about that when she testifies. I know that Winnipeg Child
23 and Family Services, for example, has, has implemented an
24 electronic database that tracks when assessments are
25 supposed to be done with each family and it's available

1 regularly to supervisors so that they can quickly look and
2 see when things are overdue, when contact hasn't occurred
3 with families or kids, and program managers will routinely
4 review that material. I believe Ms. Brownlee can speak in
5 more detail about that.

6 Q Okay, thank you. We heard, as well, for example,
7 from Felix Walker, who said there were certain activities
8 on the file that he, as CEO, was required to sign off on.
9 So, I was wondering whether there was anything of that
10 nature delivered through any of the agencies under the
11 General Authority?

12 A There are certain things that have to be signed
13 off on like an extension of care request, it has to be
14 approved by the Authority, it's got to be signed off by a
15 CEO of an agency.

16 Other than things like that, I don't know whether
17 things routinely go to, to CEOs. Agencies probably have
18 policies in place around levels of expenditure that would
19 need to be elevated to senior management. Case specific
20 things I, I honestly don't know.

21 Q You're not aware of anything that was developed
22 subsequent to the discovery of Phoenix's death?

23 A I am not.

24 Q You talked about access to consultation with
25 experts at the Children's Research Centre and a huge

1 database. Is -- are those agreements only through the
2 General Authority?

3 A The agreement with practice and research
4 together, I talked about, is brand new, it's currently just
5 with the General Authority. There is a membership fee. I
6 will be inviting my colleague authorities to see if they
7 are interested in paying the membership fee and getting
8 access.

9 The contract with the Children's Research Centre
10 for the development of the tools, is something that all
11 authorities benefit from. We have chosen, for a couple of
12 the tools, to have a separate contract for
13 post-implementation support with the CRC and because we
14 have adopted a particular practice model the CRC is
15 available to consult with us on a practice model.

16 Q And that practice model that you described is
17 unique to the General Authority?

18 A The SDM tools are not unique.

19 Q Right.

20 A The practice techniques and the training that go
21 with it are probably unique to the Authority.

22 Q Okay. You talked about a staff engagement
23 strategy.

24 A Yes.

25 Q Would that promote the kind of individual

1 personal commitment that Dr. Wright spoke of in her paper
2 on the part of social workers?

3 A I firmly believe it would.

4 Q Again, is that strategy something that's unique
5 to the General Authority?

6 A I don't believe so. I think the way we do it
7 might be unique but I believe all authorities regularly
8 consult with their agencies and their staff.

9 Q Have, have you heard that other agencies or other
10 authorities are doing that?

11 A Yes.

12 Q Good. Now, because, because you have been in the
13 system for a long time I'm addressing this question to you
14 out of your --

15 A Not that long.

16 Q Experienced, your experienced.

17 A Seasoned.

18 Q Seasoned. In 2006 -- what I wanted to ask you
19 about is the amendments to the legislation, to the Child
20 and Family Services Act. In 2006, the first principle from
21 the Act read: The best interests of children are a
22 fundamental responsibility of society. And then in 2008 it
23 was changed to read: Safety, security and wellbeing of
24 children and their best interests are fundamental
25 responsibilities of society. Does that change in the

1 legislation represent a change in philosophy or simply a
2 different articulation of the same philosophy and
3 principles?

4 A My opinion on that would be that the 2008 change
5 clarified what I would have believed to be in place prior
6 to that, and that is child safety is always paramount. It
7 clearly made it more articulate and, and clear as a
8 foundational principle.

9 Q Was that amendment in response to the discovery
10 of Phoenix's death?

11 A I don't know.

12 Q And let's talk some more about differential
13 response. To what extent is -- differential response,
14 first of all, is, is a model of service delivery. Is that
15 correct to describe it?

16 A Sure.

17 Q Is there something you prefer?

18 A No.

19 Q Okay.

20 A Let's talk about it that way.

21 Q Okay. To what extent is it implemented across
22 the four authorities?

23 A Certainly in the General Authority differential
24 response -- the differential response approach to service I
25 would say is implemented across all of our agencies. I

1 believe the Metis still has their differential response
2 units that were part of the pilots and continue to offer
3 streaming.

4 The South, because they largely did testing as
5 part of the differential response pilots, I'm not as clear
6 on what they've done and I'm not quite as clear on what the
7 North has done, as well.

8 Q Okay. The funding model, the new funding model,
9 is based on differential response delivery, though, isn't
10 it?

11 A It's, it's -- I would describe it as based on an
12 approach to service delivery that, as Ms. Loepky described
13 yesterday, is effective in keeping kids safe at home.
14 That's a family enhancement service.

15 Q Okay. So the funding model is based on a family
16 enhancement service?

17 A Yes. And that, that is the intent of a DR model
18 is to intervene early to keep kids at home so they don't
19 need to come into care.

20 Q Okay. So the DR model -- through the DR model
21 family enhancement services are provided?

22 A Yes.

23 Q Okay. Just trying to --

24 A I know the --

25 Q -- to get our heads around all the terms and,

1 and, and how they're correctly utilized.

2 A Yes. And, and my best understanding of a family
3 enhancement service is when we establish safety and then
4 provide services that allow families to care for their kids
5 at home.

6 Q Okay. So we'll explore that some more.

7 We've heard evidence throughout this inquiry
8 about the chronic needs of families who come into contact
9 with the child welfare system, people who live in poverty,
10 who lack housing, lack employment, and the children become
11 at risk because of those socio-economic challenges. That's
12 something that you agree with as, as a risk factor?

13 A I would agree with it as a risk factor on the
14 proviso that the vast majority of families who live below
15 -- live in poverty, takes -- still take good care of their
16 kids.

17 Q Absolutely. I'm not suggesting that because
18 you're poor you are a more likely candidate for the child
19 welfare system or that there is something inherent about
20 living in poverty that makes you a bad parent but the
21 evidence has certainly been that socio-economic
22 disadvantage is a stress that can put families at risk.

23 A Limited income, low educational attainment
24 combined with social isolation are the combination of
25 factors that increase the likelihood of families coming

1 into contact with the child welfare system.

2 Q And those are, are chronic issues?

3 A Yes.

4 Q We've also heard evidence that the majority of
5 cases involving aboriginal children who come in contact
6 with the child welfare system involve situations of neglect
7 as opposed to abuse?

8 A Yes.

9 Q So is the new differential response model
10 designed to meet those chronic needs of families and if so,
11 how?

12 A I'll, I'll speak to a couple of ways. I believe
13 within the General Authority practice model there is the
14 family support funding that is available, that can be used
15 in flexible ways and --

16 Q That's that \$1300 sum?

17 A That's the \$1300. It may not be enough and we
18 may not be able to use quite as creatively as we would
19 like, and perhaps there are some things that could be done
20 there. But I believe that the approach that we're using
21 with families in terms of creating safety networks and
22 mobilizing community supports, and connecting them up with
23 collateral service providers, is one way of addressing some
24 of that chronicity in terms of helping them get connected
25 to the services that can ensure that they're not neglecting

1 their kids to the point where they're being harmed.

2 Q Okay, so let me stop you there. Can you be
3 specific, what does that look like? Is that something that
4 didn't exist five years ago?

5 A What's different, in my view, is that -- the
6 concept of safety networks. This isn't a passive referral
7 to a service provider, you know maybe you could benefit
8 going there, maybe you could get some daycare over here.
9 This is about a specific plan, with supports, and it could
10 be informal supports and formal supports, with specific
11 responsibilities of the people in the network to assist the
12 family to keep kids safe. So that formal understanding is,
13 what I would say, is new to this idea of developing safety
14 networks.

15 And how is that method of service delivery set
16 out for, for workers? How does a worker know that's what
17 they're supposed to do and how do it?

18 A We train -- we provide training --

19 Q Okay.

20 A -- in safety networks as part of our core modules
21 of our practice model.

22 Q Okay.

23 A And work load affects their ability to do this
24 because you need to call a group the people together and
25 work out a safety plan, with defined roles or

1 responsibilities for each of the members of the network.
2 It is an approach that has been used quite successfully in
3 many jurisdictions, that, that use the Signs of Safety
4 approach.

5 Q So, I mean, the funding model provides funding
6 for two types of workers, or two types of, of cases,
7 funding for prevention cases and funding for protection
8 cases. Right?

9 A Yes.

10 Q And are those staffed by separate workers,
11 protection cases and prevention cases?

12 A No.

13 Q Okay.

14 A We have a combination, in the General Authority,
15 of units that provide only family enhancement but the only
16 way to have full rollout of a family enhancement approach
17 is for it to be across the system with mixed case loads.
18 So we certainly have staff who part of their case load is
19 kids in care and, and investigatory, part of their case
20 load is keeping kids safe at home through a collaborative
21 approach.

22 Q So it's not like someone says oh, I'm just a
23 prevention worker?

24 A No.

25 Q At least in the General Authority?

1 A At least in the General Authority. We, we still
2 do have dedicated units but we have provided consistent
3 training, our practice model across our system, so that we
4 can practice, based on the lessons we learned from our
5 differential response evaluation.

6 Q Okay. In terms of assessing chronic needs, does
7 the, the new tool address, for instance, assessing a high
8 risk of endangering long term well-being, danger to long
9 term well-being or does it only address immediate safety?

10 A The probability of future harm tool is a
11 classification system regarding the likelihood of a child
12 being harmed over the next 18 to 24 months.

13 Q But does harm encompass something beyond safety,
14 physical safety?

15 A This, this is really where clinical judgment
16 needs to come in and the fuller family strengths and needs
17 assessment.

18 Q So --

19 A And have a more complete picture of the family's
20 needs and what supports they might require.

21 Q So I'm not sure that, that I have an answer yet
22 and that it could be just that I'm, I'm not articulating
23 the question but how, if at all, is risk to ongoing
24 wellbeing assessed?

25 A That would be partly through the Family Strengths

1 and Needs assessment and then the re-assessments later on
2 to see if some of the concerns have been addressed. But
3 it's also through -- and again, those tools are just tools.

4 Q Um-hum.

5 A It's through clinical judgment and the
6 relationship that the worker can build with the family and
7 get a bigger picture of the factors that are affecting how
8 that family functions.

9 Q Okay. Is -- under the, the General Authority
10 model, I know is the only one that you can speak of, but is
11 the service delivery to address wellbeing, the ongoing
12 wellbeing of the child, does that look any different than
13 it did six years ago? Or 13 years ago?

14 A I'm not sure I completely understand the
15 question. The reference to wellbeing.

16 Q Has, has there always been a requirement to
17 ensure not only physical safety but also ongoing wellbeing
18 of a child?

19 A Yes.

20 Q Okay. Has the way in which the system does that
21 changed with the new service delivery model, the
22 differential model?

23 A My best answer would be yes in that we are taking
24 fewer kids into care and we know that the best place for
25 well-being is at home with families.

1 Q But in terms of what's done, is there anything
2 different?

3 A If you're asking me to comment on how we
4 practice?

5 Q Yes.

6 A I would say the way we practice today is
7 considerably different than the way we practiced in 2006.

8 Q Okay. We'll come to, to some more specific
9 examples and, and maybe that will help my understanding of
10 what that looks like.

11 A Yeah. And I think the testimony from the next
12 witnesses will help clarify that, as well.

13 Q Okay, good. Thank you.

14 Getting back to the, the assessment tools, is
15 there any place for a narrative recording other than
16 showing the sum of a numerical score?

17 A Absolutely.

18 Q Is that a required aspect of the form to fill
19 out?

20 A Yes.

21 Q And does that represent a change to what was
22 required in, in assessments prior to the new tool?

23 A Yes, I believe so. Again, the next witnesses can
24 probably explain that better but Winnipeg Child and Family
25 Services' recording policy, for example, has required a

1 narrative to be filled out with the tools.

2 Q Okay. And what I'm thinking of, for instance, is
3 that with respect to Phoenix, there was virtually nothing
4 about her in any of the files except when she was brought
5 into care. You're nodding your head so --

6 A Yes, I --

7 Q -- you're agreeing.

8 A -- I believe that the changes we've made are not
9 only standardizing record keeping but are providing much
10 more rich narrative with the assessments.

11 Q And is that by virtue of the tool that you've --
12 the SDM tool?

13 A It's not so much by virtue of the tool but the
14 recording expectations we've put in place to accompany the
15 tool.

16 Q So that -- the reason for my question again gets
17 back to my continual refrain from this afternoon or this
18 evening and that is, is that recording requirement unique
19 to the General Authority or is it inherent in the tool that
20 you say is being used across the province?

21 A The recording package that I spoke of with
22 Winnipeg Child and Family Services and other General
23 Authority agencies, that particular package I can only
24 speak about being in the General Authority. I am not
25 familiar with the details of how recording is done in the

1 other authorities.

2 Q Okay. So that's something over and above the,
3 the licence tool?

4 A Yes.

5 Q Okay. All right. Here's, here's where I think
6 you can help me out and if, if the next witnesses will be
7 able to elaborate, you can let us know.

8 Having regarding to the services that Phoenix and
9 her family received, from 2000 to 2005, and the reasons for
10 those services, under the new differential response model,
11 how would the service delivery look? What would it look
12 like?

13 A The next witnesses will absolutely be able to
14 explain that in greater detail.

15 Q Okay.

16 A Just generally, with the assessment tools that
17 we've put in place, I think there would have been times
18 when Phoenix was either returned or the case was closed,
19 that wouldn't have happened today because of the
20 assessments that would have been in place.

21 And you're going to hear, I think, a lot more
22 about the case specifics from the next two witnesses and so
23 it's, it's difficult to sort of trace the entire history of
24 that case because I believe that at certain times Phoenix
25 would have remained in care for longer periods, given what

1 we would have learned from the assessments and Ms. Stoker
2 spoke to some of that.

3 Q So that's a change that flows as the result of
4 the new assessment tools?

5 A Yes.

6 Q Is there anything else part -- that's part of the
7 differential response model and the family enhancement
8 service delivery that would make services look different
9 today than they did when they were delivered?

10 A If I recall during the first opening -- I hope I
11 get this right --

12 Q Yes.

13 A -- Phoenix had been returned but the case stayed
14 open for a period of time.

15 Q Yes.

16 A The services that would have been offered, I
17 believe, would have been delivered in a different way,
18 based on our practice model. There probably would have
19 been discussions about a safety network being in place to
20 support the family.

21 Under our practice model the focus is on -- we
22 have a, we have a clear definition of safety and the clear
23 definition of safety -- I hope I get this right -- is
24 demonstrated acts of protection that mitigate the danger
25 taken by the caregiver and demonstrated over time, and we

1 have clear expectations for our workers that they have to
2 see that before they close a case.

3 We tended to have an approach to practice in the
4 past that was more about services, you know, take, take
5 this program here, take that --

6 Q Yes.

7 A -- program there. Our practice model emphasizes
8 clearly that services do not equal safety.

9 Q Okay.

10 A That services may be of value, if that translates
11 into different behavior, having different impacts on the
12 child. And so I believe our workers would have been
13 looking at that family through a different lens today than
14 they were early in -- I think that contact was 2000 and
15 2001.

16 Q And that's because of the practice model that the
17 General Authority has implemented?

18 A Yes.

19 Q Okay. In terms of what family enhancement looks
20 like, as it's being delivered today, does it involve
21 collaboration with other service providers in a child's
22 life, like the school, for instance?

23 A Yes.

24 Q In a different way than was done in, say, 2004,
25 2005?

1 A Again, I would go back to -- and I believe
2 there's specific examples in Dr. McKenzie's report.

3 Q Um-hum.

4 A Of how representatives of the school system are
5 included more formally in a, in a clear safety plan with
6 kids.

7 Q Okay.

8 A And I think, again, that constitutes a different
9 way or working with those collaterals around what do we
10 need to see to ensure safety and what's each of our role in
11 that.

12 Q And let me be more specific. In, in Phoenix's
13 files there was a note in the July 2004 file recording by
14 the intake worker that Samantha Kematch was going to
15 register Phoenix for nursery school at Wellington School in
16 the fall. But notwithstanding that note, none of the
17 workers who delivered services in the openings, in 2004,
18 2005, after that note was made, made any contact with the
19 school to see how Phoenix was doing, whether she was even
20 attending school. So would, would that be handled
21 differently today, under the General Authority?

22 A Yeah, I, I can't speak to the reasons why those
23 contacts weren't made in that particular instance. I think
24 that would be an ongoing expectation of our workers, is
25 that one of the ways of ensuring safety, if we have

1 protection concerns, is to talk to schools, and daycares
2 and others where -- that are in contact with the child.

3 We know that one of the greatest risks to child
4 safety is social isolation, where there aren't other eyes
5 on the child.

6 Q Um-hum.

7 A And so I think it would just be an expectation
8 that workers would be routinely doing that.

9 Q And so still talking about the collaborative
10 partnership and, and the significance of that, you have
11 acknowledged?

12 A Yes.

13 Q Now, we've heard a lot of evidence about concerns
14 regarding privacy laws?

15 A Yes.

16 Q Does the practice model that the General
17 Authority relies on, does it have any kind of protocol that
18 would enable more collaboration with, for instance, a
19 school and the General Authority or, or an agency under the
20 General Authority?

21 A There are some challenges --

22 Q Okay.

23 A -- with things like safety networks in terms of,
24 you know, we -- when our, when our workers create safety
25 networks, they need consent from the caregivers --

1 Q Okay.

2 A -- and they need recognition from the members of
3 the safety network they're not going to share confidential
4 information. But generally, for purposes of administering
5 the Act information can usually be shared. If there's
6 concerns about a child, safety of a child in need of
7 protection.

8 Q Yes. And, of course, we know the legislation is
9 clear but notwithstanding how lawyers might say the
10 legislation is clear, collaterals, I think you, you have
11 agreed, have challenges in, in communicating. Is there,
12 for instance, any protocol that allows for communication
13 between, say, a school and a child welfare worker, without
14 it amounting to a protection concern or a report, a formal
15 report?

16 A I, I believe there is, although I can't speak to
17 the specific example.

18 Q So -- and maybe this will be a question for your
19 colleagues but what I'm wondering is when you're talking
20 about this safety network, is there any kind of protocol
21 that addresses information sharing in the prevention stream
22 as opposed to the protection stream, for instance?

23 A Yeah. And, and again, if, if we're working in a
24 family enhancement approach where kids are at home with
25 their parents and we're creating a safety network, we would

1 need parental consent in order to share certain information
2 with the members of the safety network and the members of
3 the safety network would need to sign a confidentiality
4 agreement that they wouldn't share that information outside
5 of the, the network.

6 Q So, so that safety network is, is an important
7 process?

8 A Absolutely.

9 Q Okay. While we're talking about challenges, do
10 the agencies under the General Authority have any protocol
11 to ensure that if cases are opened multiple times
12 preference is given to having the same worker involved?

13 A Well, I can't think of a protocol. I think our
14 agencies would say that that makes sense and they would
15 make every effort to do that. But I, I can't think of a
16 protocol that's in, you know, a standard across the
17 Authority.

18 Q So we certainly saw a number of -- a great number
19 of different workers involved with Phoenix and her family.

20 A A lot of them at intake.

21 Q Yes. Yes. So do you think it would be a good
22 idea to have something more formal in place, in terms of
23 service delivery, that says that where possible a worker
24 should remain with a family?

25 A That's something that, if it would be helpful, to

1 put that into a protocol across our agencies, I would be
2 happy to talk to my directors about that.

3 Q In terms of training on the SDM tools, we heard
4 Dr. Blackstock testify that it's important that the
5 training include an acknowledgement that the tool is just
6 that, and doesn't replace clinical judgment. Again, this
7 may be for your colleagues but do you know whether the
8 training includes that acknowledgement?

9 A The training that we deliver certainly does.
10 It's a point that is really stressed in that training.

11 Q Let's pull up a page from Brad McKenzie's
12 Evaluation of the Family Enhancement Framework, page 38950.
13 This is the Evaluation of the General Child and Family
14 Services Authorities Differential Response/Family
15 Enhancement Project. And, and you spoke very highly of
16 this report earlier today with your counsel?

17 A Yes.

18 Q If we go to page 39090. And scroll -- the
19 heading is "Recommendations Pertaining to the Manitoba
20 Child and Family Services System", and if we scroll to the
21 bottom, to recommendation number 17. The recommendation
22 is:

23

24 "That a comprehensive prevention
25 and early intervention strategy

1 for child and family services be
2 designed, funded and implemented
3 by the Department of Family
4 Services and Consumer Affairs, in
5 conjunction with the four
6 Authorities, and that such a
7 strategy identify steps that can
8 be taken to realize a continuum of
9 prevention and early intervention
10 services."

11

12 And it includes a number of things, the last being:

13

14 "increased partnerships with other
15 government services and other
16 community based organizations that
17 operate outside the formal child
18 welfare system but have essential
19 roles to play in promoting the
20 well-being of children and
21 families in Manitoba."

22

23 And is that a recommendation that you accept?

24 A Yes.

25 Q Do you think more work needs to be done with

1 respect to that?

2 A Yes.

3 Q Carrying on, on this page, if we can scroll to
4 see more of the page, please? In terms of the service
5 delivery model, Dr. McKenzie went on to discuss who should
6 be delivering family enhancement and I want to read this
7 because I think this is important to explore.

8 He says:

9
10 "Significant and positive changes
11 to ANCR's services have occurred
12 in recent years, but the
13 increasing volume of referrals,
14 and special issues that affect the
15 interface between ANCR and the
16 DR/FE --"

17
18 Differential response, family enhancement.

19
20 "-- program in Winnipeg CFS
21 require ongoing attention. Of
22 particular concern are the service
23 discontinuities that occur for
24 families transferred from ANCR's
25 (Family Enhancement) ... program

1 to the DR/FE program at Winnipeg
2 CFS. One option would be to shift
3 the provision of all DR/FE
4 services in the city to ANCR using
5 a 'diversion at intake' service
6 model. This would be a radical
7 shift and is not consistent with
8 the planned integration of a
9 'family assessment' approach
10 within the General CFS Authority.
11 Another approach is to retain
12 ANCR's 90 day (family enhancement)
13 ... program but to more carefully
14 limit this to cases that can be
15 resolved within 90 days, or to
16 modestly extend the time period
17 beyond 90 days. In general, this
18 reflects the current approach.
19 However, the duration of (family
20 enhancement) ... services that are
21 required is extremely difficult to
22 predict at intake, particularly in
23 the absence of a more
24 comprehensive family assessment.
25 A third option, and the one
26 favoured here, is to limit ANCR's

1 role to intake, very short term
2 intervention, and specialized
3 assessment and referral services.
4 This would include:

5 - safety assessment and
6 investigative actions in response
7 to immediate safety concerns;
8 - careful attention to risk using
9 SDM's (Probability of Future Harm)
10 ... tool;"

11

12 Can we scroll down, please, and over to the next page?

13

14 - integration of relevant safety
15 consideration based on (signs of
16 safety) ... tools;

17 - a preliminary assessment of
18 needs and strengths;

19 - immediate actions on referrals
20 where no further services are
21 required;

22 - referral to community services,
23 where CFS ongoing services are not
24 required but further services to
25 respond to needs would be helpful;
26 and

1 - completion of the ADP and
2 referral to CFS agencies when
3 ongoing family assessment ... or
4 ... protection services are
5 required.

6 This more focused intake and
7 assessment service by ANCR, which
8 may also have some relevance to
9 other designated intake agencies,
10 may help to address at least some
11 of the special issues facing DR/FE
12 services in the Winnipeg context.
13 It is difficult to establish a
14 time line --"

15
16 He says.

17
18 "-- for such services but it is
19 noted that other jurisdictions ...
20 use a 45 day time line for intake
21 and the provision of short term
22 services. Although this may need
23 to be extended in some cases, this
24 time line should not apply to
25 potential DR/FE cases in that
26 every effort should be made to

1 transfer these cases as soon as
2 possible."

3

4 Now, do you agree with that recommendation?

5 A I, I have had discussions with Dr. McKenzie about
6 that and I know he's going to testify later and it might be
7 worthwhile asking him his opinion on it. I think --

8 Q Well, he's, he's expressed his opinion in his
9 report.

10 A Fair enough.

11 Q So --

12 A I meant to elaborate on his opinion.

13 Q Sure.

14 A And provide you with some of the reasons. I
15 think that this is a recommendation worth pursuing and I
16 think from two perspectives. When Dr. McKenzie interviewed
17 families who received service from the family enhancement
18 pilot project, in Winnipeg, he found a number of them had
19 previously been through the family enhancement program at
20 ANCR but couldn't have their issues resolved satisfactory,
21 satisfactorily to close the case within 90 days and so they
22 were then referred over to another differential response
23 program and those families reported that as confusing.

24 And they weren't -- didn't completely understand
25 why they were at one program and then at the, at the other

1 program and that's part of the reason why he was making
2 this recommendation.

3 I do know that when Ms. Stoker testified she did
4 indicate that, in her view, many of the cases are closed
5 within the 90 days although I don't believe she provided
6 clear figures on what proportion are closed versus what
7 proportion go over.

8 ANCR is now doing the first assessment of family
9 strengths and needs, as recommended in Dr. McKenzie's
10 report. I think that this recommendation is worth
11 considering to see if we can possibly do a better job of
12 identifying those families where it's much more likely that
13 the service they need doesn't go past the 90 days and that
14 they stay at ANCR and the others ones are referred
15 immediately over.

16 We know, from Dr. McKenzie's report, that the
17 average length of receiving family enhancement services for
18 the families in our pilot was 8.5 months. We also know
19 that families who received a family enhancement service who
20 scored as moderate on the probability of future harm,
21 within 90 days usually experienced a mitigation of those
22 risks and a lowering of the risk classification but yet not
23 to the point where the case could be closed.

24 Q And in that case it would have to be transferred?

25 A In that case it would have to be transferred.

1 Q And so the recommendation that every effort
2 should be made to transfer the cases as soon as possible, I
3 think that's consistent with the evidence we heard from Ms.
4 Hastings, from NCN, and not as a criticism of, of ANCR, in
5 any way --

6 A Fair enough.

7 Q -- but the more often a family has to tell their
8 story to a brand new person, the more difficult it is to,
9 to develop a relationship. Would you agree?

10 A I agree, absolutely.

11 Q Okay. And, and the family enhancement type of
12 services are services that, as you have identified,
13 typically take more than 90 days to, to be effective.

14 A Before we're comfortable in closing the case.

15 Q Right.

16 A Yes.

17 Q Are you okay without a break? We're ...

18 A Sure.

19 Q Okay.

20 THE COMMISSIONER: Well, we'll, we'll take one at
21 some point, if, if it's wanted. Are we going to go to
22 9:00? If so, we'll take a break.

23 MS. WALSH: We are going to go to 9:00, I don't
24 know how many breaks you want to take between now and then.

25 THE COMMISSIONER: Well, we'll just take one so

1 what do you want to take it, at 7:30 or ...

2 MS. WALSH: Sure.

3 THE COMMISSIONER: Okay.

4 MS. WALSH: Maybe I'll be finished by then.

5 THE COMMISSIONER: All right. If you need till
6 twenty to 8:00, we'll take it.

7 MS. WALSH: Okay, thank you.

8 THE COMMISSIONER: But at the end of the day I
9 think we've got to talk about the -- what we've got left in
10 this phase.

11 MS. WALSH: Yes.

12 THE COMMISSIONER: But carry on for a few minutes
13 and see --

14 MS. WALSH: Okay.

15 THE COMMISSIONER: -- where we're at.

16 MS. WALSH: Okay, thank you. So you're all
17 right?

18 THE WITNESS: Sure.

19 MS. WALSH: Okay. You've been up there for a
20 long time.

21

22 BY MS. WALSH:

23 Q As we've discussed, standing committee was
24 charged with responding to the recommendations made in the
25 six reports that were prepared after the discovery of

1 Phoenix's death.

2 A Yes.

3 Q And you were a member of that committee?

4 A Yes.

5 Q Okay. And you read the reports, all six of them?

6 A Yes.

7 Q You also read Rhonda Warren's report?

8 A Yes.

9 Q As a result of reading the fact specific reports,
10 which would be the Section 4 report, the Section 10 report,
11 and Rhonda Warren's report, what is your understanding of
12 what needed to be done to improve the delivery of child
13 welfare services to prevent a similar tragedy?

14 A That's a big question.

15 Q Yeah.

16 THE COMMISSIONER: It is and take your time
17 because it is a big question.

18

19 BY MS. WALSH:

20 Q It is.

21 A Clearly --

22 Q And if you want to answer it in a global way,
23 that's fine, too.

24 A Okay. The recommendations in those reports are
25 what informed our new practice model. There were repeated

1 recommendations about the importance of doing better
2 assessments. There were repeated recommendations about
3 better recording and there were a number of recommendations
4 about working with our staff on strategies to engage with
5 families and, and I can't give you the exact number but
6 that would amount, just across those three, to probably
7 dozens of recommendations and, in particular, a strong
8 emphasis on better assessments and, in particular, the
9 reports emphasized the need for clear risk assessments.
10 And because of those recommendations we have put many of
11 those changes I described, earlier, into place.

12 The, the case specific reports, all spoke about
13 work load, and the importance of finding ways to add
14 resources to the system and that's been done, although I, I
15 do think we need to do more and be diligent about that and
16 the reports had many, many recommendations about the need
17 for improved training and the need to inform our staff
18 about the expectations related to standards.

19 And so all of those recommendations have informed
20 the changes we've made. All, I think, are contributing to
21 what I would describe as much strength in practice in the
22 child welfare system.

23 There were also recommendations, as I spoke about
24 earlier, pertaining to clarification around certain
25 policies, FIPPA and PHIA and designated safe living

1 arrangements, et cetera, which we have also put into place.

2 So I don't think there's much that I talked about
3 earlier in terms of all of the changes we've made, that
4 haven't been informed by those reports, including the age
5 of majority initiatives from the Office of the Children's
6 Advocate's report called Strengthening our Youth.

7 Q Okay. You told us that, that this tragedy has
8 stayed with you every day?

9 A Yes.

10 Q Is there anything that you think needs to be
11 implemented to respond to the specific facts of this case
12 to prevent a similar tragedy that hasn't been implemented?

13 A I think that -- I'm going to answer that maybe a
14 couple of ways.

15 Q Sure.

16 A I think that as a way of practicing, I believe,
17 the General Authority is moving in the right direction.
18 And particularly with our improved assessments.

19 I believe that there needs to be a couple of
20 things. I think we, again, still need to try and do
21 whatever we can to reduce the number of cases that workers
22 have because safety and wellbeing of children is enhanced
23 greatly by the ability to work intensively with families
24 and that was demonstrated in our DR evaluation report.

25 Q I also believe that there are a number of things

1 that we're going to hopefully hear about them in terms of
2 that primary prevention and some of those integration of
3 systems that might work differently together to keep
4 families from developing the chronicity of problems that we
5 talked about and then having to come into contact with the
6 child welfare system.

7 And I also believe that, you know, Ms. Kematch
8 and Mr. Sinclair both turned 18 in care --

9 Q Yes.

10 A -- and had we had much better supports for them
11 in that period, upon turning 18 in care, it might have made
12 a difference.

13 Q Let's focus on the recommendations in the Section
14 10 report because they were very specific. If we could
15 turn to page 176, please.

16 That's at page 60 in your copy, Mr. Commissioner.

17 THE COMMISSIONER: I have it.

18

19 BY MS. WALSH:

20 Q Now, the first recommendation was addressed not
21 at the General Authority but to the Child Protection Branch
22 to "develop a program standard to address the use of
23 private arrangements."

24 A Yes.

25 Q And we heard evidence from Ms. Loeppky that

1 that's almost being finalized?

2 A Yes.

3 Q You talked about a private arrangements policy
4 under the General Authority. Is that similar to the
5 standard that's in the process of being finalized?

6 A It is exactly what this recommendation is
7 referring to so we, we put in place an authority specific
8 standard on this.

9 Q Okay. Let's scroll down so we can see
10 recommendation number two, please. So this says:

11

12 "that the General Authority ensure
13 that the program standards for
14 investigation of allegations of
15 mistreatment of children are
16 followed by agencies under its
17 jurisdiction, specifically the
18 requirement to ensure that the
19 children involved are safe be
20 fulfilled by ensuring that a child
21 about whom a report of suspected
22 abuse or neglect is made is seen
23 by the investigating worker."

24

25 So the recommendation is that the Authority

1 ensure that the standards are followed. What's been the
2 General Authority's response to that recommendation?

3 A Well, we, we certainly, as I referred to earlier,
4 we've distributed the face, face contact sheet, we've -- we
5 cover this in training but the safety assessments that
6 we're -- the SDM safety assessment and the probability of
7 future harm tool both require the children to be seen.

8 Q Okay.

9 A I don't believe we have recently done a quality
10 assurance review on this particular standard to ensure that
11 it's being done, other than we do the twice annual audits
12 of face-to-face contact with kids in care.

13 Q Okay.

14 A I believe this, this standard is well understood
15 by our, our agencies.

16 Q Okay. Scrolling down to recommendation three,
17 please. That the:

18

19 "Branch ensure provincial training
20 for child protection includes or
21 references literature emphasizing
22 that the care or condition of one
23 child in a family cannot be taken
24 as a proxy for the care or
25 condition of any other child in

1 the same family."

2

3 Now, I know that recommendation is addressed to
4 the Child Protection Branch but does the provincial
5 training that your authority undergoes include that?

6 A Absolutely.

7 Q Number five.

8

9 "That the General Authority in
10 conjunction with Winnipeg Child
11 and Family Services Branch --"

12

13 That's the agency.

14

15 "-- ensure that full names are
16 obtained for persons associated
17 with protection cases upon the
18 branch becoming aware of the
19 involvement of a new individual in
20 a case."

21

22 And the further recommendation:

23

24 "That criminal risk assessments of
25 new family members or associates

1 be requested in cases involving
2 families with a history of child
3 protection concerns."
4

5 So dealing with that first recommendation, to
6 ensure that full names are obtained for persons associated
7 with a protection case, how is that being ensured?

8 A If, if, if one of our workers becomes aware of
9 another person that is unknown to the agency, that may be
10 involved in a care giving role, that will require the
11 agency to re-do the safety assessment and to re-do the risk
12 assessment. And in order to do that they would need the
13 full name of the person who is potentially in a care giving
14 role, and they would, at minimum, do a prior contact check
15 and if concerns were raised they would do the other checks.

16 Q So one of my questions was and it relates to
17 this, is there anything in place, today, that was not in
18 place when Phoenix received services to ensure that all new
19 partners or adults who come into contact with the child,
20 who is the subject of a protection investigation, are
21 identified and assessed? Is there anything in the system
22 today that wasn't in the system when she received services?

23 A This is clearly set out in those assessment tools
24 and the training that goes with it, that this is a
25 requirement, should a worker become aware of an adult who

1 is in a potential care giving role with a child, where we
2 know there are protection concerns.

3 Q So what you're identifying as new is the
4 articulated form in the SDM?

5 A Yes, as well as our standards training would
6 clarify this.

7 Q Is there anything more that would ensure that a
8 worker would actually investigate an individual upon
9 becoming aware of them?

10 A What do you mean by investigate?

11 Q Well, assess them, that they would do this
12 assessment? I mean, the, the requirement to do an
13 assessment assumes that, that a worker actually puts the,
14 the name of the new person into the system or, or
15 investigates them but is there anything that ensures that
16 that person is investigated in the first place?

17 Let me, let me be less oblique. Starting in May
18 of 2004, with respect to Phoenix, workers knew that there
19 was someone named Wes living in the house, that he was the
20 main support for Samantha. Eventually they knew that he
21 was the father of a new baby. They also testified that
22 they knew that they had a requirement to assess new
23 partners but he wasn't assessed. So is there anything in
24 the system, today, that would enforce that assessment, that
25 wasn't there before?

1 A Again, I, I think that this expectation has been
2 clearly set out for our staff and that if they came across
3 someone named Wes, who was answering the door, I believe
4 that our workers would explore what Wes' relationship is
5 with the family.

6 Q But that was the expectation in 2004, too.

7 A I believe we, we have made it clear through,
8 again, our training and the requirements of those
9 assessments that need to be done, and re-done, when there
10 are certain circumstances on a case.

11 Q So your answer is that what's in place now, that
12 wasn't in place before, is more emphasis and training on
13 what needs to be done?

14 A And the clear requirement in those assessments
15 that -- and every worker will know this -- that if there is
16 a change in circumstance of a family, that could result in
17 different caregivers, they have to re-do the safety and
18 probability of future harm assessments. So there's a
19 formality to the assessment process.

20 Q Okay.

21 A And you -- I think you'll hear more tomorrow from
22 the two witnesses about that.

23 Q It's still open to a worker not to, to do an
24 assessment of someone they become aware of, who is
25 associated with a child?

1 A I --

2 Q That could still happen?

3 A -- I guess workers could ignore the -- what I
4 would say are clear expectations.

5 Q Okay. Recommendation number five. Have we come
6 to five?

7 THE COMMISSIONER: That was five.

8 MS. WALSH: That was five. Thank you.

9

10 BY MS. WALSH:

11 Q Recommendation number six. That the:

12

13 "Branch and the General Authority,
14 in conjunction with the Winnipeg
15 Child and Family (CFS) ... review
16 the March 5, 2005 intake to
17 determine what can be done to
18 prevent similar incidents in the
19 future and to ascertain whether
20 this was a unique response to
21 reports of alleged maltreatment of
22 children or related to systemic
23 issues such as a shortage of
24 resources."

25

1 So what's the -- what's been the response of the
2 Authority to that recommendation?

3 A I have a document on this, I just don't have it
4 handy. I believe that the first part of that was done. I
5 believe there is, is a document that describes what was
6 done. Ms. McDonald would have been the CEO at that time.

7 MS. HARRIS: If I might be of assistance.

8 THE WITNESS: No?

9 MS. HARRIS: If I might be of assistance, there's
10 actually a formal response from the General Authority to
11 the Child Protection Branch, speaking to exactly these
12 issues.

13 THE WITNESS: Yeah, I know, I know there is.

14 MS. HARRIS: It's Commission disclosure 0858 and
15 it's page number 18135.

16 MS. WALSH: Okay.

17

18 BY MS. WALSH:

19 Q So that's, that's helpful, that's, that's the
20 official response?

21 A Yes. And, and, of course, the, the second part
22 of that, related to work load, you know, we know that work
23 load is an ongoing concern. Thank you.

24 UNIDENTIFIED PERSON: (Inaudible) 18135.

25

1 BY MS. WALSH:

2 Q And was the conclusion that this was a systemic
3 issue?

4 A The response is from Mr. Schellenberg, I'd have
5 to read it.

6 Q Okay. Well, he's coming --

7 A Yeah, you can --

8 Q -- to testify so we can ask him about it. Thank
9 you. So that's the letter dated June -- January 3, 2007?

10 A Yes.

11 Q Okay. Thank you. Thank you.

12 Is there anything in place in the system today
13 that was not in place when Phoenix received services, to
14 ensure that a young child like Phoenix, who is under five,
15 not attending school, is more visible?

16 A Is more visible. I think that -- my answer is
17 going to be a bit more general here, I think. The safety
18 assessment, the SDM safety assessment, pays particular
19 attention to factors that increase the vulnerability of
20 children and young age and social isolation are two factors
21 that would increase the likelihood that the worker would be
22 visiting the home more often.

23 So I think from, from that perspective the new
24 safety assessment and the risk assessment, does the same
25 thing, would result in the expectation there had to be more

1 frequent contact with the family. And again, I, I would
2 just sort of go back to the possibility that had this case
3 come to our attention under the practice model there may
4 very well have been attempts to establish a safety network
5 with that family to ensure that there were more eyes and
6 more supports in place to ensure safety of that young
7 child.

8 Q Okay, thank you. The reason that I ask is
9 because we saw that the, the safety assessment manual that,
10 for instance, intake workers and CRU workers followed, the
11 category of a child who was under five, small, was
12 identified as being the most vulnerable category. So
13 that's -- that concept of a child that age being vulnerable
14 is not a new concept?

15 A No, absolutely not.

16 Q So that's why I wanted to know if there is
17 anything in place in terms of responding to protecting a
18 child that age that was not in place when Phoenix received
19 services.

20 A Well, again, because safety and risk assessments
21 work together, and again the new safety assessment pays
22 more attention to those factors, I believe it was only one
23 question of the old safety assessment, it's now a series of
24 questions about things that increase the vulnerability of
25 the child. Those would result in, in the expectation of

1 increased frequency of contact.

2 Q Okay. You've told us about one authority
3 specific standard that you've developed. Have you
4 developed, you, the Authority, developed any other specific
5 standards in response to the discovery of Phoenix's death
6 and, and the review of services delivered to her?

7 A We, we have mentioned a number of them. We have
8 developed -- sometimes we call them standards, sometimes we
9 call them leading practice guidelines. We have developed
10 other documents that provide greater clarity around a
11 couple of key issues, for example, application of the
12 probability of future harm tool, for example, we developed
13 an authority specific document to ensure that our staff
14 know when to use it, how to use it, and when to apply it.

15 Other than the other ones I spoke of earlier, I
16 can't right now think of any but I believe we have
17 disclosed all of our authority specific standards. Is that
18 correct?

19 Q I assume you have but I thought you could walk us
20 through them better than --

21 A Other than the ones I spoke of this morning --

22 Q Okay.

23 A -- and that one I just talked about, we've also
24 developed a leading practice guideline around how we assess
25 foster homes and adoptive applicants using another type of

1 evidence based tool.

2 We've developed authority specific standards
3 around extensions of care, actually now that I think about
4 it.

5 Q Yes, okay.

6 A So we have done a number of other ones.

7 Q Okay, thank you. Is there anything in place
8 today that was not in place during the time that Phoenix
9 received services to enhance the work of a supervisor in
10 monitoring compliance on a file?

11 A Two things. You put it within the context of
12 monitoring compliance, clearly the database I spoke of
13 earlier, that tracks whether assessments are being done on
14 time, is what we think will be a very valuable tool for
15 supervisors to easily track whether workers are complying
16 with expectations regarding assessments. And because those
17 assessments require face-to-face contact, it's also a way
18 of determining whether face-to-face contact is occurring
19 for kids who are at home, for example. So that's one great
20 step that I think we've made in order to ensure that
21 supervisors are more regularly aware of when maybe
22 assessments and contact aren't being done as often as we
23 would hope.

24 Q Is that unique to the General Authority?

25 A I believe it is.

1 Q Okay.

2 A The other support that I would say would have an
3 impact on this is the availability of the leading practice
4 specialists who provide support in coaching and mentoring
5 for supervisors and are available to work with staff, you
6 know, should staff be getting a bit behind or struggling
7 with how to complete assessments, the leading practice
8 specialists are available to provide some coaching and
9 mentoring there.

10 Q And I'm sorry, I can't remember, are those
11 leading practice specialists available to all authorities
12 or just something the General Authority is using?

13 A The specific term leading practice specialist is
14 something unique to the General Authority.

15 Q And you talked about tracking and, and tracking
16 children in terms of measuring outcomes.

17 A Yes.

18 Q And were talking about quality assurance.

19 A Yes.

20 Q The data from CFSIS, does that give information
21 about children who are not in care?

22 A Some.

23 Q What kind of outcomes does it track for a child
24 who is not in care? Because, of course, Phoenix was not in
25 care for most of the time she received services.

1 A Not, not a lot. I believe that this is an area
2 that we need to turn our attention to. If, if you were to
3 look into detail at my child wellbeing indicators, in my
4 matrix, it's all for kids in care.

5 Q Um-hum.

6 A I think we need to find a way to develop similar
7 indicators and a way of tracking them for what amounts to
8 the majority of our cases --

9 Q Right.

10 A -- which is kids at home. I agree with you that
11 this is an area that needs attention.

12 Q Is part of the problem the fact that if the child
13 is not in care the child does not have their own file?

14 A They don't have their own file but they are
15 uniquely identified in CFSIS.

16 Q Okay. So there, there could be something
17 developed to give every single child who receives services,
18 regardless of whether they are in care, an, an identifying
19 number? I mean, I hate --

20 A Yes.

21 Q And do they already have that, are you saying?

22 A I, I believe that individual children, if they're
23 at home, are attached to the case, so there's a list of
24 individual children --

25 Q But do they have a number that identifies them or

1 some kind of identification --

2 A You're, you're getting beyond my expertise and
3 I'm looking at my expert over there.

4 Q Okay.

5 A I don't know but ...

6 MS. WALSH: Mr. Commissioner, I just have maybe
7 five more minutes and then I'll be finished with this
8 witness.

9 THE COMMISSIONER: I think we might as well
10 finish.

11 MS. WALSH: Okay.

12 THE COMMISSIONER: And then we'll take our break.
13 Can you, can you handle that --

14 THE WITNESS: Sure.

15 THE COMMISSIONER: -- another five minutes?

16 THE WITNESS: Yeah, sure.

17

18 BY MS. WALSH:

19 Q In terms of measuring outcomes or monitoring
20 outcomes, is there a process whereby workers are informed
21 of outcomes associated with the services they have
22 specifically delivered?

23 A We have the ability to do that, yes.

24 Q But is it being done?

25 A We're -- are going to do that. We have produced,

1 at this point, agency level data and our directors have
2 asked us to produce data that goes down into service units
3 and we could take it right down into individual case loads,
4 if that's what our directors would like.

5 Q Would it be beneficial to give feedback to
6 workers to tell them about both positive and negative
7 outcomes?

8 A Absolutely. Absolutely.

9 Q So they know what worked, what didn't work.

10 A Absolutely. That's, that's part of our
11 commitment we've made to agencies, is that because they
12 supply us with this information we're going to make every
13 effort to get it back to them so they know how we're doing,
14 as a system, as a agency, and into that, like I said,
15 individual case loads. It's a fair bit of work to analyze
16 it that way but we have the ability to do it.

17 Q Notwithstanding the findings in the 2006 fact
18 specific reports that there were deficiencies in service
19 delivery to Phoenix and her family, there is no evidence
20 that any of the staff who were involved in the delivery of
21 those services was made accountable in any way. For
22 example, by way of receiving more training. Would you
23 agree with that?

24 A Immediately after those reports were released, I
25 honestly don't know whether those individual staff received

1 any training. I wouldn't have been at the agency then. I
2 know that if those staff stayed in the system since that
3 time they would have received lots of training.

4 Q Okay, so that was my next question. Many of the
5 staff who delivered services to Phoenix and her family are
6 still working in the system in various positions. Some are
7 at ANCR, some are at the Office of the Children's Advocate,
8 some are program specialists. What assurance is there that
9 those staff have made changes or improvements to the manner
10 in which they perform their work?

11 A We would have -- if they were still working for
12 the General Authority they would have received standards
13 training because every front line staff person receives
14 standards training.

15 They would have received training in the use of
16 the SDM assessments because every front line staff has
17 received that training. And they would be in the process
18 of receiving the remainder of the training associated with
19 our practice model.

20 Q So training hasn't been offered solely to new
21 staff?

22 A No, no. It's been -- this training has been
23 rolled out across the system.

24 MR. RAY: Excuse me.

25

1 BY MS. WALSH:

2 Q What about for staff --

3 MR. RAY: Sorry to interject. I understand Ms.
4 Walsh's area that she is canvassing with the witness, I
5 guess the, the concern I have is that there's no evidence
6 to suggest that any shortcomings that any of these social
7 workers may have had in preserving or in providing services
8 to Phoenix went beyond that limited involvement and were
9 deserving of any need for ongoing retraining. The way the
10 question, to me, is being put, is suggestive of the fact
11 that this was a continued habitual repeated failings by
12 particular workers, that, that required some discipline or
13 some ongoing training and that's -- perhaps it's the manner
14 in which the question was asked.

15 THE COMMISSIONER: Well, I think a fair question
16 would be whether any of those who handled the case and as
17 the witness is aware of, if you required any further
18 training to continue doing their jobs. Wouldn't that be a
19 reasonable question?

20 MR. RAY: I think the, the, the way the question
21 was framed was in order to make sure that they didn't
22 continue to provide bad service, I think was the --
23 paraphrasing but I think --

24 THE COMMISSIONER: I don't think --

25 MR. RAY: -- suggesting that they, they were

1 always providing bad service and continued to provide bad
2 service.

3 THE COMMISSIONER: I don't think we need that add
4 on, if that's what it was.

5 MR. RAY: Thank you.

6 MS. WALSH: I didn't say that.

7 MR. RAY: I just wanted to make sure the question
8 was clear to the witness. Thank you.

9

10 BY MS. WALSH:

11 Q To the extent that any of the workers who were
12 involved with delivering services to Phoenix and her
13 family, are not employed currently by the General
14 Authority, do you know whether any of those individuals
15 have received any of the types of training that you are
16 describing?

17 A Each of the authorities offers lots of training
18 each year. I have no knowledge of whether those specific
19 individuals have made -- have availed themselves,
20 themselves, of that training.

21 Q Do you know whether training of the type you're
22 discussing is offered outside of the authorities, for
23 instance, to staff at the Office of the Children's Advocate
24 or to program specialists?

25 A We've offered it like we've offered the training

1 and standards. We've offered to provide an overview at --
2 on training on our, our practice model. In fact, I believe
3 we've done that for the Office of the Children's Advocate
4 and I believe we've done it for staff at the Child
5 Protection Branch.

6 And we would really like, when we're a bit
7 further along on the implementation of our full practice
8 model, to have a short maybe one or two hour presentation
9 that we could take out to collaterals, we could take out to
10 judges and masters so that they are familiar with how we
11 are working now and different things they're going to see
12 on files, if and when we have to go to court or bring
13 collaterals into safety networks and those kinds of things
14 but we're not quite far enough along in order to do that.
15 We have one ready to go when we feel it's the appropriate
16 time. I think that would be a very, very helpful thing to
17 do is to inform the collaterals that I spoke of about the
18 new types of assessments we're doing and the new way we're
19 practicing and things like mapping and safety networks, et
20 cetera.

21 Q And is it fair to, to say that you think that
22 others working in the system, for instance, like in the
23 Office of the Children's Advocate or people developing
24 policy should have the same understanding?

25 A Yes.

1 Q Last question. What reassurance do we have that
2 the changes, the many changes, that you have articulated,
3 are being implemented now, will be any more effective than
4 changes that have been made to the system in the past?

5 A Could you ask me that one more time?

6 Q What reassurance do we have that the changes that
7 are being implemented now will be any more effective than
8 changes that have been made in the past to the system?

9 A Speaking again within the context of the General
10 Authority, I believe -- I don't just believe, I can
11 demonstrate that the changes that we have implemented are
12 clearly based in evidence that demonstrates the changes
13 we're making contribute to better outcomes for children,
14 youth and families.

15 We spent a lot of time researching and gathering
16 the evidence before we made decisions on what changes we
17 were going to make to things like assessments and ways of
18 practice. There is a, a significant body of literature and
19 research in behind the changes we're making, that
20 demonstrate positive outcomes.

21 MS. WALSH: Okay, thank you. Those are my
22 questions.

23 THE WITNESS: You're welcome.

24 THE COMMISSIONER: All right. Well, it certainly
25 is time for a break, I'm sure you would agree.

1 THE WITNESS: Sure.

2 THE COMMISSIONER: Let's try to hold it for 10
3 minutes in that we're just going to -- we'll only be
4 sitting for an hour when we come back.

5 So we'll adjourn for 10 minutes and that will
6 probably assure us we'll be back in within less than 15.

7 MS. WALSH: Thank you.

8

9 (BRIEF RECESS)

10

11 THE COMMISSIONER: Mr. Khan, you're coming on
12 first?

13 MR. KHAN: I am, Mr. Commissioner. Thank you.

14 THE WITNESS: Would it be possible to maybe move
15 this tripod out of the way a bit because --

16 THE COMMISSIONER: Oh, yes, sure.

17 MR. KHAN: Sure.

18 THE COMMISSIONER: Yeah.

19 THE WITNESS: Thank you.

20

21 CROSS-EXAMINATION BY MR. KHAN:

22 Q Good evening, Mr. Rodgers, my name is Hafeez
23 Khan, I'm counsel for Intertribal Child and Family
24 Services. This evening you've been asked some questions
25 about consistency of services across the province. I have

1 a question for you about legislation, interpretation of the
2 legislation in the area of the maximum period of
3 guardianship.

4 THE COMMISSIONER: Can you put that --

5 MR. KHAN: Am I not loud enough?

6 THE COMMISSIONER: No, no -- yeah.

7 MR. KHAN: How's that?

8 THE COMMISSIONER: That's better, yeah.

9 THE WITNESS: Sorry, did you say the maximum
10 period of guardianship?

11

12 BY MR. KHAN:

13 Q Maximum periods of guardianship under Section 41
14 of --

15 A Okay.

16 Q -- of the Child and Family Services Act. Are,
17 are you aware that both the Provincial Court and the, and
18 the Court of Queen's Bench in Manitoba have had different
19 interpretations of how long a child can remain in care
20 under Section 41 of the Act?

21 A Under a temporary order?

22 Q That's correct.

23 A Differing interpretations on how those provisions
24 would be applied?

25 Q That's right. Are, are you aware of that?

1 A Yes.

2 Q And at the present time, what's, what's General
3 Authority's view on how, on how long a child can remain in
4 care on a temporary basis?

5 A I would have to look at the legislation because
6 those timelines are in the legislation. My understanding,
7 the difference of opinion is on what is counted towards
8 those timeframes.

9 Q That's correct.

10 A And I, I believe I understand the difference of
11 opinion. So I'm not sure what you're asking me.

12 Q Well, you had mentioned earlier that you had --
13 you have a policy, I think it was at Section -- at Exhibit
14 674 at tab C, on privacy issues on (inaudible). Do you
15 have a policy, also -- does the Authority also have a
16 policy with respect to how long a child can remain in care
17 as a temporary ward?

18 A No. That would be set out in the legislation.

19 Q That's correct. And you are aware that in some
20 decisions the court will sort of start the clock over after
21 a child has been returned to a parent, after a new
22 apprehension they re-start the period of how long a child
23 can remain in care? Other judges also count the time a
24 child was in care previously.

25 A Yes.

1 Q How is, how is the Authority applying that, that
2 legislation?

3 A Until that decision was issued recently, I
4 believe the approach of our agencies would have been that
5 the time in temporary care is not cumulative, that it would
6 be each temporary order that would be subjected to the
7 timeframes.

8 We do have -- and I believe it's the Provincial
9 Court where that decision was made.

10 Q Now, you're referring to the Provincial Court
11 decision, in Thompson, is that --

12 A Yes.

13 Q Yes.

14 A So if we have -- and I, I do have agencies who
15 will be going to Provincial Court for temporary orders, I
16 guess we're expecting that the Provincial Court is going to
17 apply that standard.

18 We have talked at standing committee about
19 whether there is something we could do to -- I'm going to
20 -- I may get the language wrong, ask for a clarification or
21 an interpretation to see if we can't figure out if there
22 can be some consistency between the Provincial Court and
23 the Court of Queen's Bench. And I believe we would go to
24 the Court of Queen's Bench for that.

25 UNIDENTIFIED PERSON: I, I can help.

1 THE COMMISSIONER: Well, is there a Court of
2 Queen's Bench decision now?

3 THE WITNESS: No, it's just a Provincial Court
4 judge decision.

5 THE COMMISSIONER: Two, two Provincial Court
6 judges making different decisions, is that --

7 MR. KHAN: No, that's -- no, right now there's,
8 there's a recent Provincial Court decision that has a
9 different interpretation of, of the legislation versus the
10 prior interpretation by the Court of Queen's Bench.

11 THE COMMISSIONER: Different from what?

12 MR. KHAN: The Court of Queen's Bench has had a
13 different interpretation in their --

14 THE COMMISSIONER: Well, doesn't --

15 MR. KHAN: -- in their decisions.

16 THE COMMISSIONER: -- the Court of Queen's Bench
17 decision carry the day?

18 MS. HARRIS: I'm not sure how relevant this is
19 but I'll try to address it really quickly for you, Mr.
20 Commissioner. In Manitoba the Court of Queen's Bench and
21 the Provincial Court have concurrent jurisdiction over
22 child protection matters. A judge in the Thompson
23 Provincial Court made a decision with respect to the manner
24 in which time ought to be counted with respect to temporary
25 orders. I believe what Mr. Rodgers is referring to is the

1 fact that the authorities are currently contemplating
2 whether or not we will make an application under Rule 14 of
3 the Court of Queen's Bench Rules to have a Court of Queen's
4 Bench judge interpret the legislation and make a
5 determinative response so that this -- the manner in which
6 the time ought to be counted under the Child and Family
7 Services Act is consistent but no decision has been -- yet
8 been made as to whether or not we will be making that Rule
9 14 application and who, if, if -- whether it will be all
10 the authorities, jointly, or whether a specific authority
11 will be bringing that application.

12 THE COMMISSIONER: So a remedy is there if, if
13 you decide to go for it?

14 MS. HARRIS: There is a remedy available and that
15 is, as I said, for a Rule 14 application under the Court of
16 Queen's Bench Rules, to have the legislation interpreted by
17 the court.

18 THE COMMISSIONER: I understand.

19 MR. KHAN: Thank you, Mr. Commissioner. I was
20 only asking because of the issue of consistency of services
21 and I was wondering what the General Authority's position
22 was on -- with respect to that issue.

23 THE WITNESS: I, I can comment that the -- we
24 believe that the ruling from the Provincial Court judge
25 could, could present difficulties for us in those

1 situations where you have kids who come into temporary care
2 and we work with families to reunify them after a period of
3 time, and that they go back home safely and come back into
4 temporary care some time later on, say within a few years,
5 and there's only a short period of time left before we
6 would have to seek a permanent order.

7

8 BY MR. KHAN:

9 Q That's correct. And so under the legislation,
10 once you've maximized your -- the temporary period of
11 guardianship and the agency is, is forced, basically, to
12 seek a permanent order of guardianship; is that
13 correct?

14 A That's correct. Or return the child home and if
15 there are safety concerns we can't do that.

16 MR. KHAN: Thank you. Those are my questions.
17 Thank you, Mr. Commissioner.

18 THE COMMISSIONER: Thank you, Mr. Khan.

19 Next? Mr. Scarcello?

20 Before you get started, let me return, with
21 thanks, your copy of the Authorities Act.

22 MR. SCARCELLO: Thank you.

23 Thank you, Mr. Commissioner. Good evening, Mr.
24 Rodgers, it's Scarcello for the monitor.

25

1 CROSS-EXAMINATION BY MR. SCARCELLO:

2 Q Now, I just have a few questions for you, Mr.
3 Rodgers. Now, you were asked by your counsel, Ms. Harris,
4 about your wish list.

5 A Yes.

6 Q For changes. And before providing us with your
7 thoughts, you had made a point, and I had written it down,
8 that one of the principles that came out of AJI was that
9 each authority must be allowed to be flexible in providing
10 services. You recall saying that?

11 A I don't believe I used that exact line but
12 certainly words like that.

13 Q Okay.

14 A That was a, that was a fundamental underpinning
15 of the whole initiative.

16 Q And you followed that up by stating that, that
17 it's critical that any recommendations from this inquiry
18 must not result in a step backward from devolution. You
19 recall saying something in that regard?

20 A Almost exactly.

21 Q Now, I'm just asking if you can elaborate on
22 that. What did you mean by that?

23 A I believe that the legislation, as it's currently
24 in place, was developed through a consultation process with
25 our aboriginal partners and the spirit and the intent of

1 the whole AJI/CWI and devolution was to return control for
2 the delivery of child and family services to aboriginal
3 people. As child welfare is a statutory service, the only
4 way you can do that is to devolve those powers, legally,
5 from the director of child welfare to the authorities.
6 That's been done and I believe, at the time, it was done to
7 the extent that was possible in the legislation and given
8 that that was such a fundamental underpinning of the whole
9 initiative, as supported in the original AJI report, that
10 autonomy for the authorities to be able to deliver services
11 in a way that is culturally sensitive and culturally
12 appropriate, while recognizing the need for consistency in
13 certain areas, I don't think should be compromised from
14 this point forward.

15 Q So you would agree that there has to be that
16 balance --

17 A Yes.

18 Q -- there between the autonomy of providing
19 culturally appropriate services and that consistency?

20 A Yes.

21 Q And you would agree that that is in place right
22 now? By having that flexibility for the four authorities
23 to deliver the, the services and have the ability to have
24 that flexible approach you were talking about?

25 A With, with the opportunity for ensuring

1 consistency through standing committee, yes.

2 Q Now, you had spoken about a new -- you called it
3 an innovative, I believe, program run by the General
4 Authority, addressing the new Canadians and the services
5 that are provided to them. You recall that?

6 A I do.

7 Q And you had -- without getting into specifics,
8 but generally you had spoken about how the General
9 Authority had been culturally specific and sensitive in
10 designing that program?

11 A Yes.

12 Q And you would agree that being culturally
13 specific and sensitive would ensure that that program is as
14 effective as it possibly can be?

15 A No question.

16 Q And of course that -- where you have one program
17 that's successful for one population group, it doesn't mean
18 that it's necessarily going to be as successful or maybe
19 even applicable to another?

20 A I agree.

21 Q Now, we don't have to bring it up but you made
22 some comments about Exhibit 74, at tab S at page 92, where
23 there was a chart that stated that there were -- six
24 percent of the total aboriginal children in care in
25 Winnipeg are in the care of Winnipeg CFS. Do you recall

1 that?

2 A I recall the chart, yes.

3 Q And you had mentioned that, of course, the
4 remaining 94 percent are most likely with the other
5 authorities?

6 A Yes.

7 Q Now, if the reverse was true and the General
8 Authority was responsible for 94 percent of the aboriginal
9 children that are in care in Winnipeg, the programs that
10 you spoke about, that you had developed, would necessarily
11 be different, wouldn't they?

12 A Would necessarily be different?

13 Q Yes. Because you would have to take into
14 consideration the specific cultural needs of a different
15 population base.

16 A If the reverse were true, absolutely.

17 MR. SCARCELLO: Thank you. Those are my
18 questions.

19 THE COMMISSIONER: Thank you, Mr. Scarcello.

20 Mr. Funke.

21 MR. FUNKE: Good evening, Mr. Commissioner.

22

23 CROSS-EXAMINATION BY MR. FUNKE:

24 Q Mr. Rodgers, my name is Jay Funke, as you know I
25 represent the AMC and the SCO with respect to the inquiry

1 and I would just like to follow up on some of the questions
2 that Mr. Scarcello asked you, specifically with respect to
3 your examination by Ms. Walsh with respect to the
4 application of certain programs that were developed by the
5 General Authority to ensure consistency across the delivery
6 of services provided by agencies under the other
7 authorities.

8 Mr. Scarcello talked to you about the delivery of
9 culturally appropriate services but I'm going to suggest to
10 you that, in fact, the obligations under the agencies are
11 broader than that and that's reflected in the memorandums
12 of understanding that were drafted as a result of the
13 AJI/CWI which proceeded the Authorities Act, which
14 recognized that First Nations peoples not only have a right
15 to have meaningful control over the delivery of those
16 services, but more importantly have a right to have
17 meaningful control over the development of those services.
18 Would you agree with me?

19 A Yes.

20 Q Yeah. And so it's not simply a matter of, of
21 identifying successful programs that the Authority may have
22 implemented and then attempting to deliver those in a
23 culturally appropriate manner, the fundamental distinction
24 is, is that -- and this was highlighted by Dr. Blackstock's
25 evidence which is that community based approaches are the

1 ones that are most likely to result in positive outcomes
2 for First Nations families, that it's the development of
3 culturally appropriate standards that is important and not
4 the delivery of, of programs that have been developed for a
5 different population base, as Mr. Scarcello suggested, and
6 then attuned to the First Nations population. Would you
7 agree with me?

8 A Could you restate your question?

9 Q Sure. It's a long question.

10 A Asked if it was important?

11 Q Would you agree with me that there is a
12 distinction between taking a program that has been
13 developed for one group of people and adjusted to reflect
14 cultural differences and another -- and a completely
15 different approach, which is to develop programs which are
16 community oriented and community based, which reflect the
17 culture of that community. Would you agree with me that
18 those are two fundamentally different things when it comes
19 to the development of those programs?

20 A Yes.

21 Q And the Authorities Act embraced that
22 distinction, did it not?

23 A I would agree with that.

24 Q And when we're talking about consistency, would
25 you not agree with me that what's important here is not

1 necessarily consistency in approach or consistency in the
2 application of particular programs, but rather, consistency
3 with respect to outcomes?

4 A Yes.

5 Q So if alternate or disparate programs were
6 developed, some by the General Authority, in conjunction
7 with the agencies under its mandate, and other programs
8 that were developed under the Southern or Northern
9 Authority, perhaps the Metis Authority, that were
10 culturally appropriate and developed by those agencies and
11 that authority with respect to the specific needs and
12 culture of their service population, that what's
13 appropriate or sorry what's important, rather, is not the
14 manner in which those outcomes are achieved but rather the
15 outcomes themselves?

16 A Yes.

17 Q And --

18 A If, if I could just ...

19 Q Certainly.

20 A Assuming that the manner within which those
21 outcomes are achieved remains consistent with what we've
22 all agreed to are foundational standards.

23 Q With that provisio (sic), of course, yeah. No
24 matter what else is done by the authorities, they are
25 always bound by those foundational standards?

1 A Yes.

2 Q And the agencies under their supervision are
3 similarly bound by those standards?

4 A Yes.

5 Q Okay. And I just want to clarify that your
6 evidence in terms of consistency across the system should
7 in no way be interpreted as being an endorsement of the
8 centralization of child welfare services and a step back
9 from the, from the autonomy of the authorities in that
10 regard. Is that correct?

11 A No, I wouldn't have understood my testimony to be
12 along those lines.

13 Q No. And so I just want to make sure that, that
14 no one misunderstands your testimony. Consistent with your
15 comments that Mr. Scarcello identified, which is that when
16 you were asked to identify your wish list for the system
17 you were quite clear about your support for devolution and
18 the fact that, in your view, there's opportunity there to
19 go even further.

20 A Yes.

21 Q And in terms of programs that the Authority has,
22 the General Authority has developed, if the Southern
23 Authority, Northern Authority or Metis Authority wish to
24 incorporate elements of those programs into its own
25 programs that were developed in a culturally appropriate

1 manner, there's nothing preventing them from doing so, is
2 there?

3 A No. And, and vice versa. Should we be aware of
4 programs that my colleagues are offering that we, we may
5 wish to adapt or embrace we should do the same and I, I
6 think there's, as I mentioned earlier, the need to have
7 those discussions at standing committee on a regular basis.

8 Q Very good. I'm going to move on to another area.
9 You were asked earlier by Ms. Walsh with respect to
10 funding, that Winnipeg CFS and other departmental agencies
11 are provided, under the Authority. Whether or not there
12 are benefits that accrue to those agencies by being part of
13 government and whether there are disadvantages that accrue
14 to those agencies by virtue of their being part of
15 government and I understand that that, that there has been
16 some change as a result of the new funding model. Is that
17 correct? In terms of how those agencies are funded.

18 A Are you talking about the agencies within
19 government?

20 Q That's correct.

21 A They are funded according to the same funding
22 model as other agencies.

23 Q And can you tell me when did that new funding
24 model apply to Winnipeg CFS?

25 A Oh.

1 Q If you know.

2 A I believe it applied April 1st, 2011 even though
3 the funding model was approved in 2000 -- October 2010. I
4 don't think it was actually implemented until April 1st,
5 2011 for Winnipeg Child and Family.

6 Q Okay. Now, when you were CEO or Executive
7 Director of Winnipeg Child and Family Services, perhaps you
8 can comment on the agency's expectations with respect to
9 deficit funding. I know when Dr. Linda Trigg had testified
10 with respect to her time as the Executive Director of
11 Winnipeg CFS, she indicated that Winnipeg CFS was strongly
12 discouraged from running deficits but where that happened
13 those deficits were absorbed by the province and that they
14 did not carry them on year to year.

15 Can you advise whether or not that was your
16 experience while you were the Executive Director of
17 Winnipeg CFS?

18 A Now, I was the Executive Director of Winnipeg CFS
19 only for a short period of time that didn't cross fiscal
20 years.

21 Q Okay.

22 A So I didn't have that experience.

23 Q So you may not know the answer to that question?

24 A I don't, I don't have that experience.

25 Q That's fair. You also discussed, during your

1 testimony earlier today, various issues with respect to the
2 board.

3 A I, I need to correct myself, I believe I was
4 wrong. I was Executive Director across a fiscal year.
5 Actually, I was thinking of the time of the Phoenix
6 Sinclair case.

7 Q Okay.

8 A I was the Executive Director across the fiscal
9 year in 2005 and ...

10 Q At the end of 2005?

11 A At the end of the fiscal year 2004/2005. It
12 wasn't until later in that fiscal year when I went over to
13 the Child Protection Branch. I can't specifically recall
14 if we had a deficit in that year.

15 Q The information that Ms. Freeman has obtained
16 from the annual reports that were filed indicates that
17 there was a deficit. You don't recall whether or not that
18 deficit was simply absorbed by the government?

19 A I expect it probably was as per practice prior to
20 that.

21 Q You had referenced, as I indicated earlier, you
22 had referenced the board briefly during your testimony and
23 I just wanted to ask you questions about that. With
24 respect to the board, I'm not going to ask you necessarily
25 who specifically sits on the board but I am going to ask

1 you who's responsible for appointing the board and what is
2 the process that they follow?

3 THE COMMISSIONER: Now, which board are you
4 talking about?

5 MR. FUNKE: The board of the General Authority,
6 sorry.

7 THE WITNESS: Oh, sorry, I thought you were
8 talking about the board of Winnipeg.

9

10 BY MR. FUNKE:

11 Q No, no, no, the General Authority.

12 A Who appoints the board of the General Authority?

13 Q I apologize for not being clear about that.

14 A The board of the General Authority is appointed
15 by the Minister of Family Services and Labour, often on
16 recommendations that are made by the existing board.

17 Q Is there any other consultation that goes on? To
18 your knowledge.

19 A My experience has been that the sitting board of
20 directors when it has vacancies -- have vacancies, make
21 recommendations to the minister and the minister, so far,
22 has endorsed those appointments.

23 Q Thank you. Now, I want to ask you a few
24 questions about the SDM tools that we've talked about
25 earlier. And you would agree with me that, consistent with

1 your evidence, that the SDM tools is a, is an actuarial
2 based predictive tool; is that correct?

3 A It's an actuarial based classification tool.

4 Q And, as you indicated, it's not intended to
5 provide a prediction of the likelihood that any given
6 family will -- that will experience recidivism or a
7 re-involvement in the CFS system but rather makes
8 predictions about groups of families that share
9 characteristics and the rate at which that group will come
10 back into contact with the system. Is that correct?

11 A Yes.

12 Q So essentially, it, it groups families into
13 cohorts and makes predictions about those groups of
14 cohorts?

15 A That's fair.

16 Q And as part of developing that tool, research was
17 done based on the California model, where it identified
18 various characteristics of those families, whether they
19 appeared to contribute towards recidivism or not, they
20 compiled data sets with respect to those families, over
21 time they examined which of those families came back into
22 contact with the system and then identified the criteria
23 that were commonly shared amongst those families that
24 experienced that rate of recidivism. Is that correct?

25 A Yes.

1 Q And the tool then identified those correlative
2 factors that those families shared in common and it -- the
3 tool was built around identifying those characteristics in
4 future families to identify the rate at which those
5 families would come back into care. Is that correct?

6 A Are likely -- not, not come back into care.

7 Q Likely to --

8 A Are likely to experience another incident of
9 maltreatment. The tool does not predict the type or
10 severity --

11 Q No.

12 A -- of a maltreatment.

13 Q Just the rate at which they would come back into
14 contact with the system?

15 A Likely to come back.

16 Q Thank you. And I appreciate your clarity in that
17 regard. And because it's an actuarial tool it's driven
18 very much by the data that's obtained from the families and
19 the population set that it focuses on; is that correct?

20 A Yes.

21 Q And one of the, one of the observations made by
22 the Children's Research Centre is that although the tool
23 can be imported from one jurisdiction to another, it
24 cautions that when you're doing that there has to be
25 regular voracity checking done to ensure that the new

1 population base that the tool is being applied to shares
2 those same correlative criteria that are predictive with
3 respect to the likelihood of future re-involvement. Is
4 that correct?

5 A That is correct. That would be a firm opinion
6 of the Children's Research Centre, that validation studies
7 should be done.

8 Q Very good. Now, when you say that the tool was
9 adapted for use in Manitoba, was that type of analysis
10 undertaken, to your knowledge, to adapt the SDM for use in
11 Manitoba?

12 A No. The -- and, and adapt may have been a bit of
13 a misleading term. Because it's actuarial and based on
14 solid research through repeated validation studies, the
15 core elements of the actuarial tool can't be changed
16 otherwise you're, you're creating a vulnerability that the
17 actuarial value will be lost. So when I say adapted to
18 Manitoba, we added things to the tool in terms of
19 information that's collected when it's administered but we
20 couldn't change the indices.

21 The idea is that you introduce the tool and then
22 after experience with it then you run a validation study to
23 determine if there is any indication of a cultural bias.

24 Q Sure. And that validation study that you're
25 talking about is going to incorporate that type of similar

1 comparative analysis that was done in the development of
2 the tool?

3 A Yes. It would be -- the original tool was done
4 on a retrospective analysis.

5 Q Yes.

6 A The validation study would be done on a
7 prospective analysis.

8 Q Exactly. And as I understand it, your evidence
9 was that approximately 70 percent of the staff under the
10 supervision of the General Authority are expected to be
11 trained in the use of the SDM suite of tools by the end of
12 June of 2013. Is that correct?

13 A No. By the end of June 2013 my evidence was that
14 about 70 percent of the staff of the General Authority will
15 be trained in the safety assessment. They've already been
16 trained in the other tools.

17 Q All right. So all of the agencies under the
18 General Authority supervision have all received training in
19 the use of the SDM suite of tools?

20 A Once the safety assessment is done --

21 Q Yes.

22 A -- then yes, until such time as we're ready to
23 introduce the reunification assessment which is the next
24 tool we would like to have in place.

25 Q And how long has it been since the staff of the

1 agencies have been sufficiently trained in the SDM tool
2 that it's been in use?

3 A We started using the probability of future harm
4 in June 2010.

5 Q Okay.

6 A Across our agencies. And that came with the risk
7 re-assessment because they, they go hand-in-hand. And by
8 February 2012 all General Authority agencies were using the
9 -- those two tools plus the family strengths and needs
10 assessment and re-assessment and again, by fall of 2013 our
11 expectation is that they will all be using the safety
12 assessment.

13 Q And when is the validation analysis expected to
14 start?

15 A We've had conversations with the Children's
16 Research Centre about probably having enough experience
17 with it to do it next fiscal year. We'll have to find
18 resources for it, I mean --

19 Q Certainly.

20 A -- we have to pay for that study to be done but I
21 think we've had conversations with them about that would
22 give -- have given us three to four years of experience
23 with it.

24 Q And that validation assessment is going to
25 include the cooperation of both the Northern, Southern and

1 Metis Authorities?

2 A Absolutely.

3 Q Okay. Now, one of the aspects of the SDM suite
4 of tools is that it distinguishes between neglect cases and
5 abuse cases; is that correct?

6 A Neglect cases and -- there's a neglect index and
7 an abuse index that are both scored when there's an
8 allegation of maltreatment.

9 Q That's correct. And that's because the
10 probability of future harm assessments deal with those two
11 types of cases in a distinctive fashion, they don't deal
12 with them the same, they're, they're distinct under the
13 model; is that correct?

14 A I believe and I may get this wrong but I believe
15 there are four standard items that are assessed on both and
16 then the rest of the items are either specific to abuse or
17 specific to neglect.

18 Q Sure. And that's because very frequently the
19 circumstances that lead families to come into contact with
20 agencies under abuse cases are different from those that
21 lead families to come into contact with the agencies with
22 respect to neglect cases. Is that correct?

23 A That would be substantiated by those items on the
24 scale, yeah.

25 Q Certainly. And you will agree with me that abuse

1 has a very specific meaning and is well defined under the
2 Act. Is that correct?

3 A Yes.

4 Q You would agree with me, however, that neglect is
5 not defined under the Child and Family Services Act?

6 A Not nearly as specifically, yes.

7 Q I don't think that it's defined whatsoever under
8 the Act and based on the review of the material that I have
9 conducted, I haven't found a definition for neglect in any
10 of the SDM materials either. Would you agree with me?

11 A I would have to check the materials.

12 Q Okay. Are you --

13 A Again.

14 Q -- aware of any such definition in the materials?

15 A Not off-hand, no.

16 Q Isn't one of the vulnerabilities of the tools is
17 that it asks workers, when they're conducting the
18 probability of future harm, to identify whether or not the
19 reported case is one of neglect or one of non-neglect and
20 without the definition of neglect being set out either in
21 the Act or in the SDM tool, it makes the tool vulnerable to
22 interpretation by the worker who is applying the tool?

23 A I'm not sure about that. The -- you're talking
24 about the probability of future harm tool, not the safety
25 assessment; is that correct?

1 Q Probability of future harm.

2 A Again, the items on the two indices are the items
3 that have been substantiated in research as those that are,
4 are validated to result in a classification system. The
5 policy and procedures manuals have pretty clear definitions
6 of how information is to be interpreted before scoring
7 those items and there's pretty comprehensive training so I,
8 I think that we have brought greater consistency to those
9 decisions by using those tools.

10 Q That's not quite what I asked you.

11 A It's a good answer, though. To something.

12 Q Well, perhaps I'll ask you a more specific
13 question. The definition of neglect that may or may not be
14 used by the workers who are applying the tool in Manitoba,
15 has that been compared to the definition of neglect that
16 was used in California during the development of the tool
17 to ensure that the term is defined in a similar fashion?

18 A I don't recall that it was.

19 If, if I could just add to that, that would also
20 be something that would be looked at in a validation study.

21 MR. FUNKE: Those are my questions. Thank you
22 very much, Mr. Commissioner.

23 THE COMMISSIONER: Thank you, Mr. Funke.

24 Mr. Ray?

25 MR. RAY: Evening, Mr. Commissioner, and evening,

1 Mr. Rodgers. I believe I should be relatively brief, I
2 have mostly some questions of clarification. For the
3 monitor, it's Ray for the MGEU and social workers.

4

5 CROSS-EXAMINATION BY MR. RAY:

6 Q You mentioned the new GA staff engagement policy
7 and that's a new policy that was not in effect at the time
8 Phoenix's file was being handled. Is that correct?

9 A That's correct.

10 Q Okay. And is this -- is that a different or new
11 approach to -- well, let me back up. That, that policy,
12 does that flow from the Changes for Children document, is
13 that ...

14 A Not, not specifically.

15 Q Okay. I was, I was not sure if there was -- if
16 that flows from a recommendation or if that's just
17 something that the General Authority has taken on it it, in
18 itself.

19 A There was no specific recommendation, that I can
20 recall in the reports, or in the Changes for Children
21 response.

22 Q Okay. Is, is the focus then on staff feedback,
23 is that what the engagement policy is about?

24 A That's the primary function of it. I also
25 believe that it has a positive impact on morale and a

1 positive impact on the sense of engagement with the
2 organization. But it's primarily to get the opinions of
3 our staff on their experiences with the changes that we
4 have introduced.

5 Q With the changes you've introduced. Okay, thank
6 you for clarifying that.

7 Commissioner Hughes asked you a question and I
8 just -- I was a little bit confused after he asked the
9 question and after you gave the answer and I just wanted to
10 clarify. His question was related to whether policies were
11 made through the foundational standards. Do you recall?

12 A I, I recall a question like that, yes.

13 Q Okay, I -- and I just wanted to clarify that
14 policies are made notwithstanding the standards; correct?
15 I mean, all sorts of policies are made outside of the
16 existence of the foundational standards?

17 A Yes.

18 Q Yeah, okay. You've mentioned that you obtained a
19 legal opinion regarding access to sealed child in care
20 files?

21 A Yes.

22 Q And when did you obtain that opinion?

23 A Oh ...

24 Q Roughly?

25 A Over a year ago.

1 Q Over a year ago. So certainly well after
2 services were provided on the Phoenix Sinclair matter?

3 A Yes.

4 Q Okay. And I assume you --

5 THE COMMISSIONER: And a legal opinion on what
6 issue?

7 MR. RAY: There was some evidence about -- during
8 phase one, Mr. Commissioner, about how workers felt
9 confused about the policy as it relates to their ability as
10 a social worker to obtain access to a sealed child in care
11 file --

12 THE COMMISSIONER: Oh, yes, yes.

13 MR. RAY: -- and there's been evidence about
14 different ways that workers can or cannot obtain that
15 access and Mr. Rodgers has given evidence that as a result
16 of that he's gone out or the General Authority has gone out
17 and obtained a legal opinion that explains --

18 THE COMMISSIONER: On that, on that issue?

19 MR. RAY: -- on that issue.

20 THE WITNESS: That's correct.

21

22 BY MR. RAY:

23 Q And I assume that you obtained that legal opinion
24 in order to clarify it, not only for social workers but for
25 the senior management within the General Authority?

1 A Definitely.

2 Q You had evidence on social worker gradual
3 transition into the workforce?

4 A Yes.

5 Q And you talked about three phase process, first
6 starting with no cases, then a gradual case load, then a
7 full case load?

8 A Yes.

9 Q And I assume, for starters, that's something that
10 you have been able to achieve by virtue of additional
11 resources within the system and more workers?

12 A That's contributed to our ability to do that,
13 yes.

14 Q To do that. And I assume, of course, you would
15 agree with me that if that transition was available in 2000
16 to 2005 that may have assisted social workers in
17 transitioning into the workforce during that time period?

18 A Yes.

19 Q And just some evidence you gave with respect to
20 work load. And I just want to clarify your, your evidence
21 was that you need to make sure the funding model is truly
22 case sensitive.

23 A Yes.

24 Q And if I understand what you mean by that, you're
25 referring to evidence that was given as it relates to the

1 current funding model which, which, which gives one worker
2 for every 20 prevention files and one worker for every 25
3 protection files. And I heard -- we heard evidence that
4 although that is the funding model, in reality many social
5 workers carry much greater case load than that. Did you
6 hear that evidence?

7 A Yes.

8 Q Okay. And you agree with -- that that is a
9 reality of that?

10 A Your work of the -- use of the phrase much
11 greater --

12 Q Larger than 20 or larger --

13 A Probably, yes.

14 Q -- than 25.

15 A Yes.

16 Q Sorry. And your evidence is that when you say
17 truly case sensitive what you mean is, is that it's not the
18 funding, it's the actual case loads that you want to see of
19 workers being at 20.

20 A Yes.

21 Q Or less, if you follow the McKenzie model?

22 A Yes.

23 Q Okay, thank you.

24 You were asked some questions about the chart
25 that showed the, the difference between the input into the,

1 into the system of resources being 32 percent and of the
2 increase in case loads being eight percent?

3 A Yes.

4 Q And you were asked how you were able to account
5 for that. Would one of the reasons for that disparity be
6 because, as a result of the reports that were written, you
7 had an initial large input of resources into the system to
8 address work being -- work load shortfalls and so that
9 would create a significantly larger input of resources at
10 that time as compared to a gradual increase in case loads?

11 A The additional positions have come in -- sort of
12 at three separate times with --

13 Q Um-hum.

14 A -- through three separate initiatives. The -- I
15 would agree with you that the single biggest investment of
16 new resources came through the first initiative, the work
17 load relief, yes.

18 Q Right.

19 A The others have been significant, too.

20 Q Of course they have, yes.

21 A Right.

22 Q And would it be fair to say that the reason for
23 the significant input of resources was because there was a
24 significant shortfall or resources so it was, it was much
25 along the lines of a catch up, if I could put it that, that

1 way.

2 A It was in response to the numerous
3 recommendations in the reports about the need to do
4 something about work load.

5 Q Correct. And, and, of course, case loads
6 continued to rise as they always have, but the input into
7 the system of resources was significantly greater to
8 address that, that shortfall.

9 A Case -- yes.

10 Q Thank you. And just one final area, the --
11 you've spoken a lot about the new assessment tools that are
12 available to social workers and the great benefits that we
13 hope to see as a result of those tools and I'm not at all
14 meaning to take away from, from what I've heard about the
15 tools, I've -- and from other -- from various people,
16 including the evidence. You would agree with me though
17 that -- and I think clarifying your evidence that the tools
18 will only be effective if we're able to ensure that people
19 have appropriate case load, appropriate levels of training
20 and are clear with respect to the foundational standards.
21 They, they have to all interrelate and work together?

22 A And I would go further and say and workers have
23 the time to practice in a way that engages with families.

24 Q Correct. And, and the tool, as you stated, I
25 think it's not a replacement for professional judgment,

1 it's, it's a way of assisting in professional judgment.

2 A Absolutely.

3 Q And we've heard evidence about the fact that
4 professional judgment can be hampered when people have case
5 loads that are too high, people don't have enough training,
6 people don't have enough, enough knowledge or training
7 about the standards and if that were to result then that
8 would hamper their ability to use the tool effectively.
9 Correct?

10 A I would agree.

11 MR. RAY: Thank you, those are my questions, Mr.
12 Rodgers. Thank you for your evidence and thank you Mr.
13 Commissioner.

14 THE COMMISSIONER: Thank you, Mr. Ray.

15 Mr. Gindin.

16 MR. GINDIN: Good evening --

17 THE WITNESS: Good evening.

18 MR. GINDIN: -- Mr. Rodgers. Just for the
19 record, Jeff Gindin appearing for Kim Edwards and Steve
20 Sinclair.

21

22 CROSS-EXAMINATION BY MR. GINDIN:

23 Q Sir, you testified earlier that you were moved by
24 the evidence of Steve Sinclair and the fact that there
25 weren't enough resources available to assist him at the

1 time; correct?

2 A Yes.

3 Q And you talked about how you've made some
4 improvements in that regard.

5 A Yes. Significant improvements I would suggest.

6 Q But they are unique to the General Authority.

7 A The way we are doing them are unique to the
8 General Authority.

9 Q Steve Sinclair, even today, would not have the
10 benefit of those improvements because, as you heard, he
11 chose the Southern Authority to assist him; correct?

12 A Yes.

13 Q Do you think there perhaps should be a more
14 aggressive position taken by yourself to make sure that the
15 other authorities adopt these very significant changes that
16 would have helped Steve so much?

17 A The, the -- there are, are two issues there and
18 again I've, I've spoken with my colleagues about their
19 participation in what we're referring to as our Building
20 Futures program. And I don't -- I can't speak
21 knowledgeably about whether there are similar programs in
22 place at the Southern Authority to provide better supports
23 for kids transitioning from care due to age and again, I go
24 back to the point that was made during the questions from
25 Ms. Walsh about standing committee needing to do a better

1 job of having those discussions so we're more familiar with
2 some of the initiatives that we're each taking. I, I whole
3 heartedly agree with that.

4 The other barrier to other authorities doing
5 something similar maybe in a way that would be more
6 appropriate for their families, is a resource issue. The
7 General Authority was able to find resources to put these
8 programs in place and we spent two to three years,
9 actually, setting aside resources so that we could
10 establish these programs for a two year pilot. So there
11 may be resource barriers to the other authorities, at this
12 point, in putting in place similar programs, that's why one
13 of my items on the wish list was ongoing funding for these
14 types of comprehensive supports for youth transitioning
15 from care after age 18.

16 Q That's, that's clearly unfair to those who don't
17 have the funding.

18 A Those who are unable to find the funding?

19 Q Yes. Correct?

20 A Yes. There's --

21 Q And --

22 A I believe there should be ongoing funding to each
23 authority for these programs.

24 Q And the programs you're talking about that would
25 have helped someone like Steve Sinclair, their actually in

1 effect now?

2 A Yes.

3 Q And how long has that been going on?

4 A The, the full range of supports was available as
5 of April this year.

6 Q So just last month?

7 A Yes.

8 Q Okay. Now, you also talked about the confusion
9 that existed back in 2005 and prior with respect to
10 standards, which standards applied and which didn't, and
11 all of that which resulted in, in you preparing this sort
12 of flow chart which is clearly more user friendly.

13 A Yes.

14 Q I think everybody would agree with that.

15 A Yes.

16 Q And it also resulted in this manual that, I
17 think, was Exhibit 75.

18 A Yes.

19 Q Which is now something that is given to all
20 workers?

21 A Yes.

22 Q But again, unique only to the General Authority?
23 Or not?

24 A This particular manual and flow chart are unique
25 to the General Authority. We, we -- again, we've extended

1 the invitation to other authorities, if they are
2 interested, to certainly use it. I know all, all
3 authorities do training on the case management standards,
4 they just may not use the manual and flow chart like we do.

5 Q Okay. And the response from them, with respect
6 to this new very user friendly manual, has been what?

7 A I believe there's, I believe there's interest, at
8 this point, I don't believe we've trained any trainers in
9 other authorities yet.

10 Q The manual we're talking about, which is an
11 exhibit here, is in use now, is it?

12 A Yes.

13 Q And how long has it been?

14 A Since December 2009. Is that the date on the
15 manual?

16 Q I don't have it handy but ...

17 Yes, that's correct. So that's over three years?

18 A Yes.

19 Q And your feedback is that it's working very well,
20 I take it?

21 A Yes, and it's, it's taken us some time to train
22 all of our staff. We first -- once the manual was ready
23 and the flow chart was ready we had to train trainers and
24 then we had to take that training around the province
25 because this type of training is best delivered in person,

1 it's one day training, and it really wasn't until after we
2 were able to establish the leading practice specialists
3 that we could offer it twice a year, as we do now.

4 Q Um-hum. So your opinion is that it's, it's a
5 success?

6 A We've heard very positive feedback from our staff
7 on this training and the use of the manual and flow chart.

8 Q And again, shouldn't there be a more aggressive
9 approach in terms of getting the other authorities involved
10 in using the same successful manual?

11 A I'm not sure what you mean by a more aggressive
12 approach. Are you talking on the General Authority taking
13 a more aggressive approach?

14 Q Perhaps. Or somebody.

15 A We certainly, again, shared some of the feedback
16 we have received and -- like I said, there, there was
17 interest but I, I don't believe any other authority is
18 using it just yet.

19 Q Now, we've heard --

20 A But again, I want to emphasize, they do their own
21 training --

22 Q Okay.

23 A -- in their own way.

24 Q Okay. We've heard evidence that this confusion
25 that you've talked about with respect to standards goes

1 back a long way.

2 A I assume you've heard that evidence.

3 Q Yes. So I'm wondering why this approach of
4 yours, with the flow chart and this manual, why didn't we
5 have that three or four years, or five or six years prior
6 to 2009?

7 A I'm not sure I can answer that.

8 Q Is it because nobody thought of trying to make it
9 less confusing?

10 A I don't know if I can answer that. I know that
11 early after I assumed the position, in May 2007, at the
12 General Authority, we immediately got to work on preparing
13 this.

14 Q That would have been a great tool to have in
15 the --

16 A Previously.

17 Q -- in the year 2000 during the lifespan of
18 Phoenix Sinclair, for example.

19 A I agree.

20 Q Now, these, these new tools that you've been
21 talking about, the SDM tools, I think you said they depend
22 on their value, I suppose, depends on the quality of the
23 information that you get; correct?

24 A Yes.

25 Q And the quality of the information you get, I

1 suppose depends on its truth?

2 A Yes.

3 Q Now, here in this case, for example, we know for
4 a fact that the -- Samantha Kematch wasn't always straight
5 forward and truthful with workers she dealt with. In fact,
6 with respect to the March '05 matter, she pretended to have
7 guests just to --

8 A Yes.

9 Q -- get rid of the worker so that he wouldn't come
10 in. So what assurance is there that these tools will
11 actually help if, if they depend so much on the truth of
12 the information you might get.

13 A I of, I of course cannot offer you assurances
14 that every family we deal with is going to be truthful with
15 us, and it's not the tools that help with that, it's the
16 way we deal with families, it's our ability to engage with
17 them in a trusting relationship and that requires specific
18 skills --

19 Q Um-hum.

20 A -- and specific approaches that we have
21 introduced as part of our practice model and our training
22 staff to utilize.

23 We also have training and information available
24 to our staff about how to deal with resistant clients --

25 Q Right.

1 A -- as a way of working through that. But I can't
2 emphasize enough the importance of, from first contact,
3 being able to build that rapport and build that trusting
4 relationship with our families, that is the greatest chance
5 we're going to get the best information we need to complete
6 those tools.

7 Q In order, in order to get the best information
8 you can get, of course you have to know which questions to
9 ask.

10 A Yes.

11 Q Okay. And that --

12 A That's what the -- the tools help us with that.

13 Q Right. And the process of interviewing children,
14 for example, is different than the process of interviewing
15 adults.

16 A Yes.

17 Q And is there training in relation to a better way
18 to interview, a better way to find out information, a
19 better way to perhaps be skeptical of things you might hear
20 and not simply accept them?

21 A Are you referring to interviewing with adults?

22 Q Adults, children, both.

23 A I, I believe that the next witnesses will be able
24 to speak more knowledgably about that. I believe that the
25 training we provide for our staff, particularly around how

1 to identify harm, how to articulate danger statements and
2 the language we use in terms of articulating to families
3 what we're worried about, what's working well and what do
4 we need to do next, it is difficult, it would be more
5 difficult for families to be less than truthful with us, I
6 think, given the way that we ask questions and explore
7 that.

8 With children, we have introduced a number of
9 particular techniques that, that really can animate the
10 voice of children in terms of telling their story --

11 Q Um-hum.

12 A -- and I mentioned some of them earlier, and we
13 don't need to get into the details, but there's things like
14 Three Houses and Words and Pictures and the Safety House
15 where particularly younger children, through drawings and
16 through using their own words, can communicate to the
17 worker what their experiences have been.

18 Q And I ask that because we've heard evidence that
19 a worker might ask someone like Samantha do you have any
20 substance abuse issues, the person says no, and that's the
21 end of that story. So surely there must be more to the
22 inquiring process.

23 A Absolutely.

24 Q Yeah.

25 A Workers should be talking to collaterals or

1 others that know the family.

2 Q Yeah.

3 A Perhaps neighbours and others. I don't think a
4 worker would just take a simple answer like that as the
5 definitive evidence.

6 Q At least not today?

7 A Not today.

8 Q Now, you were talking about this new position,
9 leading practice specialist.

10 A Yes.

11 Q Now, is that again something unique to the
12 General Authority?

13 A The use of the word leading practice specialist
14 to define those positions is unique to the General
15 Authority.

16 Q Okay. And, and there are actually people with
17 that title now, working in the system?

18 A There are nine of them in the General Authority.

19 Q And in your material I think you described them
20 as highly skilled professionals.

21 A Yes.

22 Q And where did you find these people? Were they
23 already working in the system?

24 A Yes.

25 Q Is this considered a promotion?

1 A That would have depended on the classification
2 they were at before. For many of them it was not a
3 promotion.

4 Q And do -- are you able to tell us whether any of
5 the either supervisors or social workers who were involved
6 in the Phoenix Sinclair case are now leading practice
7 specialists?

8 A There is one supervisor who was involved in the
9 case who is now in a part-time leading practice specialist
10 role, working in government.

11 Q Just one?

12 A I believe there's only one that's been involved
13 in the case.

14 Q Okay. And, and what qualifications do they need
15 to take on this position?

16 A Certainly they have to meet the academic
17 qualifications that we would have for supervisors or front
18 line workers. The other qualifications would be extensive
19 experience and experience in a training role.

20 Q And how long has this program been in existence
21 with these leading practice specialists?

22 A I can't pin down the exact date because they came
23 on at different points, I believe we started appointing
24 leading practice specialists during 2009/10.

25 Q So it's been a few years?

1 A Yes.

2 Q And again, it's unique to the General Authority?

3 A Yes.

4 Q As far as you know?

5 A The agencies -- the General Authority started
6 these positions with our own funding. Agencies now get
7 funding for a quality assurance specialist at the agency.
8 It is those positions that are used for leading practice
9 specialists. Agencies and other authorities get funding
10 for that same position.

11 Q Okay. So the only authority that uses these new
12 highly skilled professionals would be the General Authority
13 as of now?

14 A In this particular way?

15 Q Yes.

16 A I can't say that I know that for certain but I
17 believe so.

18 Q And I'm sure you think that the other authorities
19 could benefit from a similar program?

20 A The other authorities would use their quality
21 assurance specialist position in the way they thought was
22 most helpful to them.

23 Q Okay. You were talking about quality assurance
24 and all the different ways that you might satisfy yourself
25 that that's taking place. Are there performance

1 evaluations now that are done regularly of workers because,
2 according to the evidence that we heard, back between 2000
3 and 2005, it really wasn't done very regularly, if at all.
4 What's the situation now?

5 A That is a good question. Each of my agencies
6 would have, in their HR policies, an approach to
7 performance appraisals. I can't tell you that I know every
8 one of those policies and I can tell you that the General
9 Authority has not checked recently on the status of
10 performance appraisals. Perhaps it's something that we
11 might make a priority.

12 Q Okay. Any reason why you wouldn't --

13 A No.

14 Q -- want to do that?

15 A No.

16 Q Okay. Now, Ms. Walsh asked you about the --
17 about funding being more case sensitive and I think she
18 asked you what you meant by case sensitive and your answer
19 dealt with -- you gave an example foster homes licensing
20 was the example, I think, that you gave?

21 A Yes.

22 Q Now, we've heard some evidence about the fact
23 that that continues to be a problem, generally, in Manitoba
24 still, with foster home licences not being renewed when
25 they should be on an annual basis and sometimes not being

1 renewed for many, many years, as much as five perhaps in
2 some cases. Are you aware of that issue?

3 A Not in the General Authority.

4 Q So --

5 A We, we check the status of those licences twice a
6 year and if licences have expired we make sure that they're
7 updated as soon as possible.

8 Q So as far as the General Authority is concerned,
9 you're completely up-to-date with licences being renewed on
10 time?

11 A When we do our twice a year annual audits we're
12 typically on -- at the time of that audit, in the high 90
13 percent so there are usually a handful and they are
14 typically with what we call external providers where one of
15 the agencies, the licensing agency, but they're managed by
16 another agency, it's typically those that tend to fall a
17 little bit behind. But we very quickly get up to a hundred
18 percent.

19 Q And part of the process of renewing licences is
20 to do all the checks that are required to see whether
21 anything has changed since the last renewal; right? Such
22 as child abuse registry checks and criminal record checks
23 and that kind of thing?

24 A I don't believe those checks are required every
25 year.

1 Q I think we've heard evidence that that is what's
2 required because if it wasn't you would renew a licence for
3 someone who may have acquired a criminal record in the
4 meantime.

5 A We, we -- I can check just the practice of the
6 General Authority but I believe we don't require those
7 checks every year, we require a declaration from foster
8 parents about whether they have a criminal record or not
9 but I can check that.

10 Q Okay. We heard from Carol Bellringer, in her
11 2006 audit, that this was a huge problem with licences
12 being expired.

13 A Yes.

14 Q And then she told us, in her progress report of
15 2012, that very little progress has been made in that area.
16 Are you, are you aware of, of that issue at all?

17 A In her report?

18 Q Yeah.

19 A I'll take your word for it.

20 Q That's, that's a significant problem.

21 A It is not a significant issue in the General
22 Authority agencies.

23 Q It may be with the others?

24 A If, if the Auditor General is observing that this
25 is still a significant problem, I can offer you assurances

1 that it's not in the General Authority.

2 Q Okay. Well, perhaps you should share your
3 magical formula with the other authorities.

4 A Twice a year annual audits helps.

5 Q Okay. Just one other point. If we can get up
6 page 179, this deals with the medical examiner's report
7 that Ms. Walsh was asking you about earlier and I think
8 we're going to find recommendation six at that page, I
9 hope. Or pardon me, recommendation five.

10 Now, just going over this recommendation again,

11

12 "The Chief Medical Examiner
13 recommends that the General
14 Authority in conjunction with the
15 Winnipeg (CFS) ... ensure that
16 full names are obtained for
17 persons associated with protection
18 cases ..."

19

20 And if we stop there for a second, of course we
21 were talking about Wes McKay and finding out about someone
22 called Wes and perhaps not knowing his full name and all
23 the information we needed to know, and we've talked about
24 the fact that now people are directed to -- workers are
25 directed to make those inquiries, et cetera; right?

1 A Yes.

2 Q The next part says:

3

4 "... upon the branch becoming
5 aware of the involvement of a new
6 individual in a case ..."

7

8 And with respect to that part, "the branch
9 becoming aware of the involvement of a new individual," I'm
10 concerned about increasing the likelihood of them becoming
11 aware. For example, the evidence has shown that -- and I
12 hope, I hope I'm not wrong about the dates but in May of
13 2004, for example, EIA had records indicating that Wes
14 McKay has -- was claiming Phoenix on his budget, his full
15 name was there --

16 A Um-hum.

17 Q -- his birth date was there, they knew who he
18 was, they knew he was involved, yet CFS didn't. So what
19 has happened to make sure that that kind of thing doesn't
20 happen again, that the information sharing between the two
21 is better, so that CFS knows exactly who they're dealing
22 with when they come across somebody called Wes, whether
23 it's at the door, whether it's at the hospital because he's
24 having another child? What improvements have been made to,
25 to alleviate that issue?

1 A So you're talking about the sharing of
2 information from other systems?

3 Q Yes, from EIA and CFS.

4 A I guess if those other systems are aware that
5 this is an open protection case, my hope would be that they
6 know enough to share that information with Child and Family
7 Services' system.

8 I'm not sure if I can speak to any particular
9 protocols or anything that are in place, that might be
10 something else we need to look at. But those systems would
11 have to know this is an open protection case in order to
12 know to share that information.

13 Q All right. Certainly it would be beneficial to
14 make sure that CFS somehow becomes aware of important
15 information --

16 A I agree.

17 Q -- that EIA had?

18 A I agree.

19 MR. GINDIN: All right. Those are my questions.
20 Thank you.

21 THE WITNESS: Thank you.

22 THE COMMISSIONER: Thank you, Mr. Gindin. Now,
23 is there anybody else left? I assume not. Any
24 re-examination by Mr. McKinnon or Ms. Harris?

25 MS. HARRIS: One very brief question, Mr.

1 Commissioner.

2

3 RE-EXAMINATION BY MS. HARRIS:

4 Q With respect to Mr. Funke's line of questioning,
5 Mr. Rodgers, I just want to make it very clear, when we're
6 talking about a suite of -- the suite of SDM tools, which
7 of the SDM tools are, in fact, actuarial tools and which
8 are not?

9 A The only actuarial tool is the probability of
10 future harm.

11 Q So the balance of the suite of tools is not an
12 actuarial tool and those were developed with the Manitoba
13 system in mind and were able to be adopted; correct?

14 A Yes. And, and with the participation of all
15 authorities.

16 MS. HARRIS: Those are all my questions.

17 THE COMMISSIONER: Thank you, Ms. Harris. Mr.
18 McKinnon?

19 MR. MCKINNON: Nothing further, thank you.

20 THE COMMISSIONER: Thank you. Ms. Walsh?

21 MS. WALSH: I have just one quick question.

22

23 CROSS-EXAMINATION CONTINUED BY MS. WALSH:

24 Q How many staff does the office of the standing
25 committee have? Do you know?

1 A I believe they are funded for 13 positions.

2 MS. WALSH: Okay. Thank you.

3 THE COMMISSIONER: Well, at the end of this long
4 day, you are completed.

5 THE WITNESS: Thank you.

6 THE COMMISSIONER: Although, do I see in the
7 program you're coming back again?

8 THE WITNESS: You get to see me one more time.

9 THE COMMISSIONER: Well, we'll still be here. So
10 thank you very much, you're -- you can certainly leave the
11 stand for today. So where are we, Mr., Mr. McKinnon?

12

13 (WITNESS EXCUSED)

14

15 MR. MCKINNON: I was just going to say we'll
16 maybe take one minute just to talk about tomorrow, I've had
17 some private conversations with --

18 THE COMMISSIONER: Yes.

19 MR. MCKINNON: -- Ms. Walsh but we didn't know
20 how long this was going to take with Mr. Rodgers, so I had
21 planned to call Alana Brownlee and Karen McDonald jointly
22 as a panel, as the first witness tomorrow, but Ms. Wright
23 is scheduled to come in by video conference. So, my
24 suggestion would be that that continue, obviously, because
25 it's pre-arranged, and that we start with Ms. Brownlee and

1 Ms. McDonald, right after that, and, and the sense I'm
2 getting is that we may not be long in the cross-examination
3 of Ms. Wright and that we might be able to get to that by
4 the morning break, tomorrow.

5 There are witnesses, as well, Mr. Schellenberg,
6 and the recall of Mr. Rodgers, that are scheduled for the
7 afternoon tomorrow, so maybe we'll see how far we are with
8 Ms. Brownlee and Ms. McDonald in the morning and decide
9 whether they'll continue their evidence or we'll interrupt
10 their evidence.

11 But I would very much like to get those two
12 witnesses completed somehow tomorrow, even if we have to
13 sit in the evening.

14 THE COMMISSIONER: Well, we, we will sit in the
15 evening, if we need to.

16 MR. MCKINNON: Okay. Because that, that way, if
17 we can do that, I think we're back on schedule for our --

18 THE COMMISSIONER: Although --

19 MR. MCKINNON: -- for our phase three.

20 THE COMMISSIONER: Oh, and you're talking about
21 getting both Schellenberg and Rodgers again in tomorrow?

22 MR. MCKINNON: Try to get them in. I hope they
23 can --

24 THE COMMISSIONER: As well as your panel.

25 MR. MCKINNON: As well as my panel.

1 THE COMMISSIONER: Well, if we can we'll be back
2 on schedule.

3 MR. MCKINNON: Okay. Thank you.

4 THE COMMISSIONER: We'll try.

5 MS. WALSH: The, the afternoon witness for
6 Thursday shouldn't take up the whole afternoon either so we
7 have some flexibility there.

8 THE COMMISSIONER: All right. After a long day,
9 I think we're finished then and we'll adjourn till 9:30
10 tomorrow morning.

11 MS. WALSH: Thank you.

12 MR. MCKINNON: Thank you.

13 THE COMMISSIONER: Thank you.

14

15 (PROCEEDINGS ADJOURNED TO MAY 15, 2013)