



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 Winnipeg Convention Centre,
375 York Avenue, Winnipeg, Manitoba

THURSDAY, NOVEMBER 15, 2012

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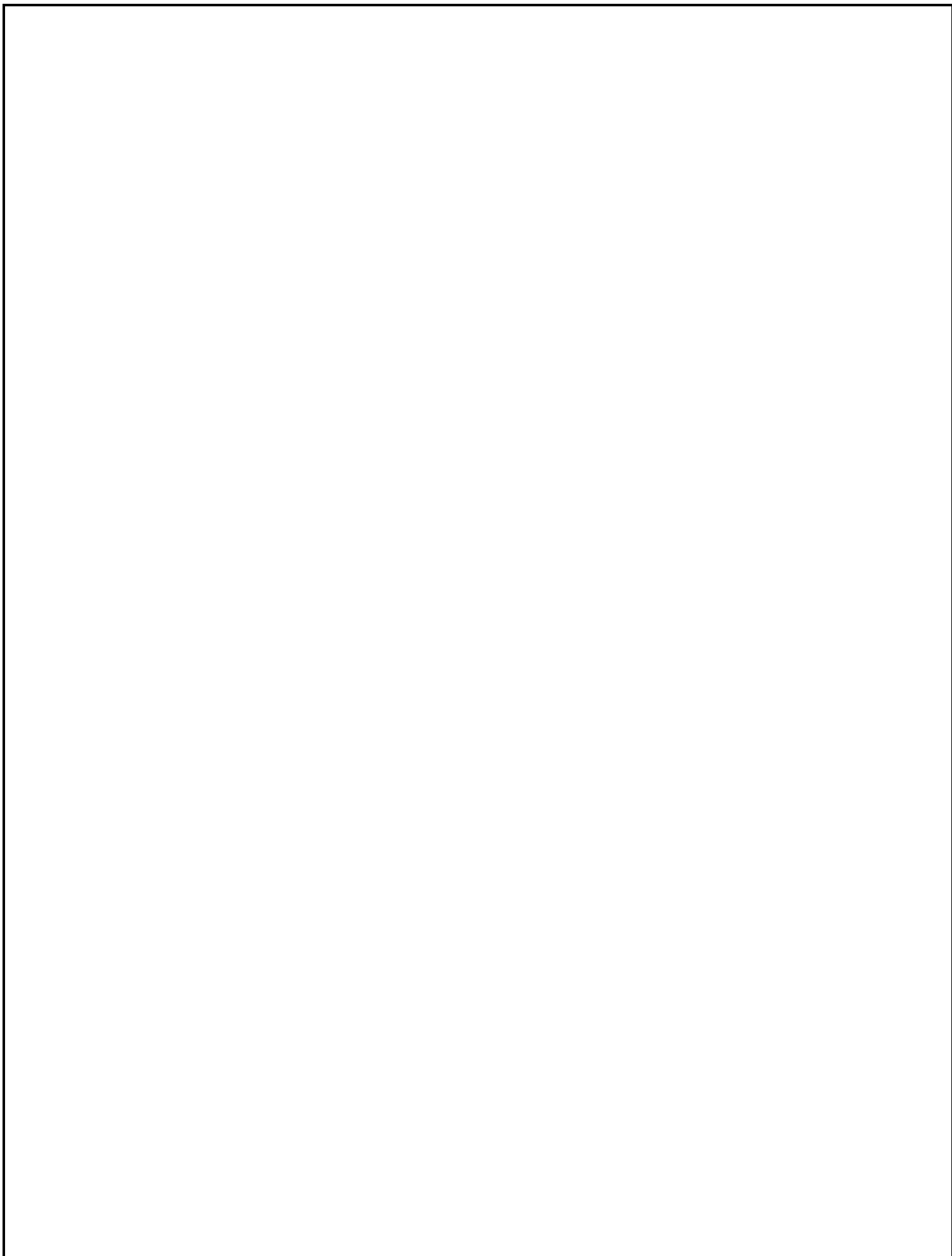
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INDEX

Page

WITNESS :

KERRY-LYNN GREELEY

Direct Examination	(Olson)	1
Cross-Examination	(Saxberg)	185
Cross-Examination	(Gindin)	191
Cross-Examination	(Ray)	231
Re-Examination	(Olson)	285

1 NOVEMBER 15, 2012

2 PROCEEDINGS CONTINUED FROM NOVEMBER 14, 2012

3

4 MR. OLSON: So we're ready for, to continue with
5 Ms. Greeley's testimony this morning.

6 THE COMMISSIONER: Have her come back to the
7 stand then please.

8 I commend everybody for being ready and here on
9 time.

10 MR. OLSON: Morning, Ms. Greeley.

11 THE WITNESS: Good morning.

12

13 **KERRY-LYNN GREELEY** previously
14 sworn, testified as follows:

15

16 DIRECT EXAMINATION BY MR. OLSON:

17 Q Like you to take a look at page 37035, which is
18 in Commission disclosure 1795. This is, according to Mr.
19 Orobko, a continued summary of the service and intervention
20 provided by him, or the agency under his time with the
21 file; are you familiar with these notes?

22 A I would have reviewed them in the file.

23 Q Okay. And I think you said yesterday, these
24 sorts of notes would be the type of notes you would look
25 at to determine what you're going to do with the

1 file?

2 A Right.

3 Q Okay. If you take a look, we take a look at
4 37036, which is the next page, the case plan, I think that
5 we looked at yesterday is, is discussed there. So that
6 would have been the case plan that you initially were
7 carrying out with the --

8 A Right.

9 Q -- family?

10 A Correct.

11 Q Okay. And that was the case the plan, at least
12 at that time, that Ms. Kematch and Mr. Sinclair would be
13 required to follow, in order to regain custody of Phoenix;
14 is that right?

15 A Yes, that's correct.

16 Q Okay. And I think you said that this sort of
17 plan could be fluid and it might change, depending on other
18 information received, such as a Cree Nation child-in-care
19 file and that sort of thing?

20 A And, and in addition to how the family is
21 functioning while the worker's doing their ongoing
22 assessment.

23 Q Okay. And that, that would be based on your
24 observations as a worker?

25 A Yes.

1 Q Okay. And part of that, I take it, is you would
2 be monitoring the family, on an ongoing basis, so you could
3 assess whether or not the family was actually ready to
4 parent again?

5 A Right, correct.

6 Q Okay. On the next page, which is 37037, at the
7 bottom, the last paragraph says:

8

9 "The assigned worker shall have
10 two primary issues to sort through
11 in the coming months. Firstly,
12 the question of parental
13 motivation and commitment will
14 need to be assessed and weighed on
15 an on-going basis."

16

17 So that's parental motivation and commitment.

18 And then:

19

20 "Secondly, it will be necessary to
21 determine Samantha's parental
22 capacity. The preceding case plan
23 should serve to quickly help the
24 assigned worker with these matters
25 so ... long term planning can

1 quickly occur for Phoenix."

2

3 Yesterday, we heard Mr. Orobko talk about
4 parental capacity, parental motivation and commitment.

5 A Um-hum.

6 Q And are, are those the, the things that, that you
7 were assessing when you were dealing with this file?

8 A Yes.

9 Q Okay. And so whatever plan, or whatever,
10 whatever you were doing were geared towards looking at
11 those issues, to determine whether or not Phoenix should be
12 returned to the family; is that right?

13 A Yes, that's correct.

14 Q And as you continued to work with this family,
15 over the ensuing months, are those, did those, these goals
16 still, were they still the important goals to look at while
17 you were working with the family?

18 A Yes.

19 Q So they didn't change over that time?

20 A No, not that I recall.

21 Q And so just, just, just to be clear, what, what
22 was your understanding of Mr. Orobko's second issue, that
23 is, Samantha's parental capacity?

24 A When a child is in care, the role of the agency
25 is to assess are they able to parent this child, so that

1 the child can be returned to their care? That's one of the
2 main goals. And then to help the parents do that, if
3 that's possible. So my understanding of that goal would be
4 for me, as the social worker and anybody else that I could
5 utilize to help me assess whether or not Samantha was going
6 to be able to parent this child.

7 Q Okay. And so that's, that's you, your own
8 assessment skills, plus, relying on the assessment skills
9 of other collaterals to make that assessment; is that
10 correct?

11 A Correct, to, and to provide me with information
12 about how she's functioning, how Steve was functioning, how
13 they were managing their life, essentially.

14 Q Okay. And when you're doing that assessment,
15 you're looking, I, I take it, at the, the history of the
16 family?

17 A Yes, taking that into consideration, yes.

18 Q And then you're looking at how the family's doing
19 while you're working with them; is that --

20 A Yes --

21 Q -- right?

22 A -- that's correct.

23 Q And, and I, I take it to -- in order to get an
24 accurate picture of, of parental capacity, you need to
25 spend some time with the family?

1 A Correct.

2 Q Okay.

3 A You need to provide them with visits with their
4 child, so that they can interact with their child. You
5 need to meet with them, to talk about how they're doing,
6 what the issues are, plans that they make, that the agency
7 believe is necessary. Sometimes that involves putting in
8 to place extra support to help gather information and
9 assist the parents with meeting the plan.

10 Q Okay. So, for example, if you see a weakness in
11 a certain area and there's a support or a collateral that
12 you can contact to help meet that weakness, is that
13 something that you, you have a responsibility to do, as a
14 social worker, for the family?

15 A Yes.

16 Q Okay.

17 A To assist them in whatever you believe, and they
18 may identify, as necessary to reach the goals.

19 Q Okay. And I take it at any time, if you
20 determine that there is no parental capacity, the child is
21 either not returned, or if it, the child had been returned,
22 you would apprehend the child again?

23 A If there's concern about the parents' ability to
24 parent, yes.

25 Q Okay. I just want to move on to the child

1 protection proceedings --

2 A Okay.

3 Q -- and the, the first thing I'd like you to help
4 us understand is why, why was it necessary to have any, any
5 court proceedings at all in this case? I mean, Phoenix,
6 Phoenix was apprehended --

7 A Right.

8 Q -- and that was done without a court order any
9 court mandate --

10 A Right.

11 Q -- is that right?

12 A Um-hum.

13 Q So apprehension itself can be done in that
14 manner?

15 A Right. And then you have to present before the
16 court to explain what the grounds were for the apprehension
17 and then what your plan is, as a child welfare agency. So,
18 in this case, the plan was the child was apprehended from
19 her parents' care and the plan was the agency was seeking a
20 three month temporary order of guardianship for Phoenix, to
21 remain in care, with the agency, while the family followed
22 through with the expectations, as identified in the three
23 month order.

24 Q Okay. And so your understanding of your role is,
25 as the social worker in these proceedings, is to --

1 A Um-hum.

2 Q -- explain to the court, in this case, it would
3 be a master --

4 A Um-hum.

5 Q -- the plan that the agency has formulated for
6 the return of the child?

7 A Yes.

8 Q Okay. And ultimately, is the return of the child
9 the goal --

10 A Yes.

11 Q -- of the -- okay. And is there anything in
12 particular that you have to satisfy the court about in
13 order to have the plan approved?

14 A I'm not sure if I understand what you mean.

15 Q Put it this way, does the court require, is the
16 court required to approve the agency's plan that's
17 presented?

18 A Yes, they have to grant the order.

19 Q Okay.

20 A With, typically with approval, the order can be
21 granted in one of two ways. One is with the agency and the
22 parents, or the family, consenting to the order.

23 Q Okay.

24 A The other way is going through an actual full
25 court proceeding and then the, a judge granting an actual

1 order.

2 Q Okay. So if the parents don't consent and then a
3 full proceeding's required?

4 A Yes.

5 Q Okay. And if the parents do consent, then it's
6 as a consent order and --

7 A Right.

8 Q -- a cursory proceeding is --

9 A Yeah.

10 Q Okay. And in this particular case, and I know
11 that you weren't the worker at the initial court hearing --

12 A Um-hum.

13 Q -- that would have been your, your predecessor,
14 Ms. Saunderson, the parents consented, initially, to a
15 three month order?

16 A Yes --

17 Q Okay.

18 A -- that's my understanding, yes.

19 Q Did you ever discuss that with the parents, that
20 they were consenting to this order? Or was that already
21 done before you were involved?

22 A I don't recall discussing that with them.
23 Typically, when a case is transferred and the parents'
24 consent is already on record, we just move forward with the
25 actual order, once it's granted and following through with

1 the goals and expectations, conditions of the order.

2 Q Okay. If we turn up page 37129, and this is
3 still from Commission disclosure 1795, see, this, this, I
4 believe, is the initial court disposition sheet from the
5 first appearance before the master in that, in this
6 case --

7 A Yeah, there's --

8 Q -- and you weren't involved in this, this
9 proceeding?

10 A Not this initial one, no.

11 Q Okay. So it would have started then in May 3rd,
12 2000 and if we go through the various disposition sheets,
13 we'll see that it was, in this case, I believe it was
14 adjourned to May 10th?

15 A And then it was adjourned again.

16 Q And then it was adjourned again because counsel
17 needed to receive instructions. So from May 10th, it was
18 adjourned -- sorry, on the May 10th document, your name
19 first appears and that's at page 37133?

20 UNIDENTIFIED PERSON: (Inaudible).

21 MR. OLSON: Three seven one three three.

22

23 BY MR. OLSON:

24 Q So your name, you'll see at the top there --

25 A Um-hum.

1 Q -- under 2, is handwritten in, in place of Ms.
2 Saunderson; right?

3 A Yeah, someone wrote my name there, yes.

4 Q Okay. And would you have received this, this
5 document then?

6 A It probably would have been received and placed
7 in the file, yes.

8 Q Okay. And, and these types of documents, are
9 they just the typical document you receive on a file and
10 place into the file?

11 A Yes.

12 Q Okay. Were you present at the May 10th
13 proceeding?

14 A Not that I recall.

15 Q Okay. And then it appears that, from the May
16 10th proceeding, the file was adjourned to May 24th --

17 A Um-hum.

18 Q -- and the reason given is counsel to receive
19 instructions. And we know from the testimony the, the
20 other day, that west region had to determine whether,
21 whether or not it was the appropriate agency to, to be
22 dealing with the issue though, something to that effect?

23 A That, I think that's correct.

24 Q Okay. So then on May 24th, which is at page
25 37135, this is the disposition sheet for that day and your

1 name is handwritten --

2 A Um-hum.

3 Q -- in again and I, I take it you didn't appear at
4 this --

5 A Not that I recall.

6 Q Okay. So just while these various adjournments
7 are occurring, Phoenix is still under apprehension, she's
8 still in the care of the agency?

9 A Yes.

10 Q So she's not residing with Ms. Kematch or Mr.
11 Sinclair?

12 A Correct.

13 Q And is the plan being carried out at the time?
14 At this time?

15 A Typically, yes, if there's, if everybody
16 understands what the plan is. Typically you start working
17 out the plan as soon as everybody agrees that this is what
18 the plan is, because sometimes the court proceedings, as
19 you see here, can take a, weeks for it to be finally be,
20 for the order to finally be granted, depending on what the
21 court may be waiting for. Sometimes, and I believe it's
22 the case in this situation, they're often waiting for a
23 birth certificate, when it's a newborn child.

24 Q Okay. Which is what the reference here to BC, is
25 that, that what --

1 A Would be.

2 Q -- the reference is?

3 A Yeah.

4 Q Okay.

5 A Birth certificate.

6 Q So until their birth certificate's provided, the
7 master won't grant an order; is that right?

8 A Correct.

9 Q Okay. The next court disposition summary is on
10 page 37126. So this is dated Wednesday, June 7th, 2000 and
11 again, it appears that it's, that the hearing is adjourned
12 to June 14th and this is, according to the document, that
13 CFS was to contact Cree Nation. Were you at this
14 proceeding?

15 A I, I don't recall any of the court proceedings,
16 so I can't say for sure if I was there or not.

17 Q Okay. If we go to the next --

18 THE COMMISSIONER: You, you, you wouldn't have a
19 note of the, whether you were there?

20 THE WITNESS: Not necessarily. Typically, if
21 you appear in court, though, that's documented for you
22 already.

23 THE COMMISSIONER: In the courtroom?

24 THE WITNESS: In the courtroom and on these
25 sheets, if there's information that's given back to you

1 from the lawyer, et cetera.

2

3 BY MR. OLSON:

4 Q Okay. So the next, the next appearance is June
5 14th, 2000, which you'll, we'll find at page 37125. Now,
6 it's, there's no indication that you're actually at this
7 proceeding, but we have a, we have the transcript from the
8 proceeding, which indicates that you were, in fact, there.

9 A Okay.

10 Q Okay. And do you have a recollection of this
11 proceeding?

12 A No.

13 Q This was a fairly routine matter?

14 A Yes.

15 Q Okay. At this proceeding, according to the
16 disposition sheet, there was a temporary, temporary order
17 granted and that would be from May 3, 2000?

18 A Right.

19 Q Okay. So it was actually backdated until, to May
20 3rd --

21 A Right.

22 Q -- and the application was made. And is that
23 typical in, in these cases, that the order is --

24 A Yes.

25 Q -- backdated?

1 A Typically they backdate it to the day that
2 everybody consents to the order. So I believe that was
3 when the parents were there and consented to an order. And
4 that's -- my understanding was that that was because you're
5 talking about children, in particular, this case, a very
6 young child. So it's better to have the order backdated,
7 because you're already expected to be working on the plan
8 and the goals, instead of waiting until however many -- you
9 know, this is well over a month after, to then start an
10 order and, and continue on.

11 THE COMMISSIONER: I don't see the record
12 on that, on the screen, of, of the confirmation of the
13 order.

14 MR. OLSON: It's, sorry, the bottom of the
15 screen --

16 THE COMMISSIONER: Oh, there it is.

17 MR. OLSON: -- under term --

18 THE COMMISSIONER: It's, it's come there now.

19 THE WITNESS: Yeah.

20

21 BY MR. OLSON:

22 Q And then, if we could just take a look at the
23 transcript from that hearing, which is, the first page of
24 the transcript, it's 35097. So here's a transcript and
25 you, I, your comments first appear at 35099. So at line,

1 sorry, line 22 --

2 THE COMMISSIONER: What day is this?

3 MR. OLSON: Pardon me, this is page 35099 --

4 THE COMMISSIONER: Yeah, what day?

5 MR. OLSON: Oh, the date is June --

6 THE WITNESS: Fourteenth, 14th, I believe.

7 MR. OLSON: -- 14th.

8 THE COMMISSIONER: Right.

9

10 BY MR. OLSON:

11 Q So here's where you, apparently present the
12 plan --

13 A Um-hum.

14 Q -- and you say:

15

16 "The plan is a three month
17 temporary order for Phoenix
18 Sinclair. Over the period of the
19 three months there's a couple of
20 expectations on both parents,
21 Samantha Kematch and Steven
22 Sinclair. Both parents are
23 expected to participate in an
24 appropriate parenting program.
25 With regards to Samantha Kematch,

1 she's expected to participate in a
2 psychiatric or psychological
3 assessment, to be arranged with
4 her and the agency. And both
5 parents are expected to attend
6 regular weekly visits with
7 their daughter at the agency
8 office."

9
10 The court asks, are there any -- sorry:

11
12 "Are there other children?"

13
14 And you say:

15
16 "No, not with our agency."

17
18 And then the court asks again:

19
20 "Okay. Are there other children?"

21
22 And you say:

23
24 "Yes, there's a son."

25

1 Then the court say:

2

3 "And where is the son?"

4

5 And you say:

6

7 "I believe he's with Cree Nation

8 Child and Family Services."

9

10 Mr. Harvie confirms it and the court says:

11

12 "Thank you."

13

14 And then Mr. Harvie confirms that Anishinaabe

15 Child and Family Services is not taking a position.

16 Is that the totality of the information you would

17 have provided to the, the court in this case?

18 A Yes, I believe so.

19 Q Okay. And is that typical of these types of

20 proceedings, that --

21 A Yes.

22 Q Okay. So I notice that it doesn't appear the

23 court asks you for any background information on the

24 family?

25 A Not that I recall.

1 Q Okay. Do you know if the court is presented with
2 that information?

3 A I, I can't remember specifically.

4 THE COMMISSIONER: Well, no, you said you didn't
5 remember any of the court proceedings.

6 THE WITNESS: I, I don't.

7 THE COMMISSIONER: But seeing this transcript --

8 THE WITNESS: Um-hum.

9 THE COMMISSIONER: -- do you accept that you were
10 there and said these things?

11 THE WITNESS: Yes, yeah, I do.

12 THE COMMISSIONER: But you don't recall being
13 there?

14 THE WITNESS: I, I don't recall.

15

16 BY MR. OLSON:

17 Q Have you attended on, on these consent orders in
18 the past? Or --

19 A Yes.

20 Q -- okay. And so is this a, one of the roles of
21 social workers, to attend --

22 A Yes.

23 Q -- these proceedings?

24 A Um-hum.

25 Q And at any of the other proceedings, do you ever,

1 did you ever get questions about the appropriateness of the
2 plan?

3 A I don't remember.

4 Q Okay.

5 A I, I haven't had to attend these court
6 proceedings in --

7 Q In a long time?

8 A -- 12 years --

9 Q Okay.

10 A -- so I, I don't recall.

11 Q Fair enough. So, at this time, you're, as of
12 this date, you've already begun working on the plan.
13 Phoenix is in care?

14 A Yes.

15 Q And she's having weekly visits with --

16 A Yes.

17 Q -- Ms. Kematch and Mr. Sinclair?

18 A Yes.

19 Q And do you recall where those weekly visits were
20 taking place?

21 A At the agency office.

22 Q Okay.

23 A Initially, when intake was involved, they were
24 taking place in the intake agency office, then when the
25 file was transferred to me, the visits were transferred to

1 my agency office.

2 Q Okay. How did, how did, first of all, how did
3 Phoenix get to the visits?

4 A I can't remember specifically. Typically what
5 happens is either the foster parent will transport the
6 child, or at that time, I believe the agency had a
7 transportation department --

8 Q Okay.

9 A -- where we had volunteer, I don't know if they
10 were volunteer, or if they were paid, but we had people
11 that would transport children to and from various
12 appointments, one of them being access visits with their
13 children, with their parents, pardon me, in the agency
14 office.

15 Q Okay. So, just, just to clarify, do you say that
16 the agency would transfer, transfer the parents to the
17 visits?

18 A No, we transport the children --

19 Q Children?

20 A -- to the visits at the agency office.

21 Q Okay.

22 A Sometimes, if the parents had difficulty making
23 their own way to the office, the social workers would
24 assist them with that, sometimes providing bus tickets, a
25 driver, depending on what the situation was.

1 Q Okay. Did family support workers ever do the
2 transporting of --

3 A Sometimes, yes.

4 Q Okay. So sometimes a family support worker --
5 and we'll hear more about what that --

6 A Right.

7 Q -- is in a few moments, but --

8 A If a family support worker was involved in the,
9 with the family, was assisting the parents, sometimes they
10 would typically supervise the access visits, if that was
11 deemed necessary. So yes, family support workers could
12 also transport and do those other tasks.

13 Q Okay. Do you know, at this point, we'll, and
14 we're going to go through your notes in a few moments --

15 A Um-hum.

16 Q -- but do you know, at this point, whether or not
17 a family support worker was involved with supervising --

18 A At --

19 Q -- these visits?

20 A -- in June?

21 Q In June.

22 A No.

23 Q Okay. So that didn't happen until a little
24 later?

25 A Right.

1 Q Okay. Were you at these visits in June?

2 A I can't recall specifically if, if I was at every
3 visit. My, my typical practice was to attend the visit, if
4 I felt there was a need to be there, to supervise, or to
5 speak to the parents, or to see the child. Typically I
6 would be there at the beginning of the visit and at the end
7 of the visit, to ensure everybody arrived, that everybody
8 was acting appropriately and then, at the end of the visit,
9 to conclude the visit and make sure the child was
10 transported back to their foster placement, assist the
11 parents if they needed possibly a bus ticket or something.

12 Q Okay. In this particular case, these were to be
13 supervised visits; is that right?

14 A I can't remember specifically if they were to be
15 supervised visits.

16 Q Okay.

17 A I know that they occurred in the agency office
18 and often the word supervised is used if they're in the
19 office.

20 Q Okay. So just --

21 A It doesn't necessarily mean that somebody's
22 actually sitting in the room, or somebody is observing from
23 outside the room. It typically meant that they were in the
24 agency office --

25 Q Okay.

1 A -- instead of in a family's home, or in a
2 community setting.

3 Q I see. So the fact they're in the office means,
4 in, in the agency, that they're supervised?

5 A Well, it, it could be, it could -- supervised
6 visit could also be that there is somebody, a supervisor,
7 actually sitting in the room while the visit is happening,
8 or observing through a two-way mirror.

9 Q Okay. In this, in this case, you would have, you
10 know, at the, at the, say, for example, at the first visit
11 you had with the family --

12 A Um-hum.

13 Q -- would that have been one of the first times
14 you actually had met Ms. Kematch and Mr. Sinclair?

15 A Not necessarily.

16 Q Okay.

17 A I may have met them before, for a meeting,
18 possibly had met them in order to discuss changing the
19 visits. I, I can't remember specifically. I'd have to see
20 my notes.

21 Q Okay. But you, that's something you would have
22 made a note of --

23 A If I --

24 Q -- if first --

25 A -- had met them previous --

1 Q Right.

2 A -- to the visit? Typically, yes.

3 Q Okay. And if you supervised the visit, would you
4 have made a note of that as well?

5 A If I, if I sat through the whole visit, I
6 probably would have made a note of that, but to have go in
7 and out, or to be there at the beginning and at the end, I
8 might not have made a note of that.

9 Q With the particular concerns you had with respect
10 to this family --

11 A Um-hum.

12 Q -- and we talked yesterday about bonding and
13 attachment and, an those past issues --

14 A Um-hum.

15 Q -- was observing the interaction between Phoenix
16 Sinclair and her parents important to you, as the worker?

17 A Yes.

18 Q Okay. And, and your, your observations then,
19 you'd be looking for, would you be looking for anything in
20 particular?

21 A Mostly on how they were attending to -- she was,
22 she was a brand new baby, so attending to, you know, her
23 needs, whether they were, you know, taking care of her
24 while they had her in their care, for, I believe the visits
25 were two hours, or one and a half hours at a time.

1 Q And so you're looking, you're looking to ensure
2 that they're acting appropriately, you know, picking her up
3 when she cries and that, that sort of thing?

4 A Um-hum.

5 Q And are those observations, observations you
6 would have noted in your file?

7 A Typically, yes, if I, if I were supervising the
8 visit, I probably would have noted that.

9 Q Okay. Would anybody else have been supervising
10 visits between Ms. Kematch and Mr. Sinclair --

11 A It, it's possible --

12 Q -- and Phoenix?

13 A -- I can't remember specifically.

14 Q If someone else were supervising these visits,
15 would there be a note on the file?

16 A Typically there would be, yes.

17 Q And is it safe to say that if the visits were
18 being supervised by anyone, including yourself --

19 A Um-hum.

20 Q -- you would expect observations to be recorded
21 about those visits?

22 A Yes.

23 Q Okay. And is it also fair to say then that if
24 there are no notes or observations made, then probably
25 wasn't a supervised visit, in terms of someone being there,

1 watching what was happening?

2 A Yes, it, without somebody actually sitting in the
3 room. It doesn't mean that somebody, such as myself,
4 didn't go in and out of the visit room, to talk to them, or
5 to check on, what we, what we call check on them.

6 Q Right.

7 A So you'd pop in and see how are things going, you
8 might stay for a few minutes, leave, come back.

9 Q And I, I understand, this wouldn't be the only
10 case you're dealing with at the time, would it?

11 A No.

12 Q Okay. So with your existing case load, would --
13 do you normally have the opportunity to sit and supervise
14 visits like this?

15 A Not typically.

16 Q Okay. Ideally, is that something you would like
17 to do, like to have done?

18 A It really depends on the case.

19 Q In this particular case, is it something you
20 would have liked to have done?

21 A I don't know, I don't, I don't know.

22 Q Okay. So knowing what you know about the facts
23 and the background --

24 A Um-hum.

25 Q -- you, at this point, you, you can't say that

1 it's a type of case you would want to have supervised the
2 visits?

3 A That I would have wanted to sit in the entire two
4 hours for every visit?

5 Q Right.

6 A Not necessarily, no.

7 Q Okay. I want to look at some of your notes now
8 and they, there are a series of them. They weren't in any
9 particular order, but if you, if we look at page 37333 --

10 A So we're not going to look at them in order, is
11 that what you're saying?

12 Q Well, we're going to look at certain notes --

13 A Okay.

14 Q -- and if you're, if you're aware of other notes
15 that --

16 A Okay.

17 Q -- are important, you'll let me know, because
18 you've had a chance to review them --

19 A Yes.

20 Q -- right?

21 A Yeah.

22 Q Okay. So these are the notes I've, I've
23 selected, in terms of what --

24 A Okay.

25 Q -- I thought was important.

1 A Okay.

2 Q This first note here, is this, is this one of the
3 notes you wrote? Is this your writing?

4 A That's my writing, yes.

5 Q And can you just explain what this note is?

6 A It appears to be a note talking about what the
7 plan is for the three month temporary order.

8 Q Okay. So the first thing you, it appears you've
9 written there is:

10

11 - see if Steve sign consent for me
12 to view child-in-care
13 sealed ...

14

15 Is it sealed file?

16 A Closed --

17 Q Or closed --

18 A -- file.

19 Q -- file? And do you --

20 A Can --

21 Q -- do you know from --

22 A -- can I interrupt --

23 Q -- your --

24 A -- for a minute?

25 Q Sure.

1 A Is there a date on this note?

2 Q I don't believe there is.

3 A Okay. No, doesn't --

4 Q And, and I --

5 A -- appear to, no.

6 Q -- I noticed, from looking at a number of the
7 notes, they are undated?

8 A They're, and they're, when I reviewed the notes,
9 there are notes that have no date, such as this one, and
10 were not in any order, so I don't know when this was
11 written. I don't know if this was the, the beginning.
12 Based on what it says there, it appears to me it was
13 written at, written at the beginning of the case, when I
14 was possibly reviewing the file, or just got the case, but
15 I can't say for sure.

16 Q Okay. Because there, there are no page numbers
17 on them --

18 A There's no page numbers.

19 Q -- and they're undated. And it's not necessarily
20 that you didn't date them, it's just they may have been
21 taken out of order by --

22 A Correct.

23 Q -- somebody at some point?

24 A Typically, when I wrote my notes, I wrote a date
25 on the top page and if I -- they were little sheets, and if

1 I turned the page, I might not have put the date on the
2 next page. So some might have dates and others wouldn't.
3 So this may have, you're right, come from --

4 Q Okay.

5 A -- somewhere in the file, without knowing
6 specifically where.

7 THE COMMISSIONER: But the content of this tells
8 you it was early on?

9 THE WITNESS: That's what I believe, based on
10 what I've read, yes.

11

12 BY MR. OLSON:

13 Q Okay. And just from looking at your transfer
14 summary, which we discussed yesterday --

15 A Um-hum.

16 Q -- it doesn't appear as though Mr. Sinclair ever
17 provided you with consent --

18 A Correct.

19 Q -- to access his file? Okay. And then next, it
20 says:

21

22 "- 3 month order."

23

24 That's, I, I take it, discussing the plan. And
25 what's the next line say?

1 A

2 "- case history from Cree Nation
3 to be incorporated in present
4 plan."
5

6 Q Okay. And so that's you noting what you needed
7 to do, in terms of your planning; is that --

8 A This -- yes, this appears, to me, to be my own
9 handwritten notes that I would have taken from the plan
10 that was presented to me from intake.

11 Q Okay. Do you know, at that point, whether or not
12 you had reviewed the Cree Nation --

13 A I can't remember specifically if I had or not by
14 this point.

15 Q Okay. And then the next paragraph there appears
16 to say:

17
18 - psychiatric/psychological
19 assessment with reference maybe to
20 Samantha ...
21

22 Is that --

23 A That appears to be what it says, yes.

24 Q And then I'd, I'm not sure what the next portion
25 says. Can -- are you able to make that out?

1 A I don't know what that word is.

2

3 "... or couple with our approval."

4

5 Q So is this, is this referral, referring to
6 possibly having both Mr. Sinclair and Ms. Kematch assessed?

7 A I don't remember.

8 Q Okay. Do you recall if that was a consideration
9 you had?

10 A I don't recall specifically, no.

11 Q Okay. And then the next:

12

13 - appropriate ...

14

15 A Parenting program.

16 Q

17 ... parenting program.

18

19 And I, I'm not sure, are you able to read what's
20 in the brackets?

21 A It says started. So meaning that they have to at
22 least start an appropriate parenting program, because
23 it would depend on how long the parenting program
24 was --

25 Q Okay.

1 A -- whether it would be completed within the three
2 month period or not.

3 Q I see. And then:

4

5 - attend all visits with ...

6

7 A With Phoenix.

8 Q

9 ... [Phoenix]

10

11 A Yes.

12 Q Okay. And that's fairly self-evident. And then
13 what does the next area there say?

14 A It says assess, and then there's a number of
15 points:

16

17 "- parents' motivation and
18 commitment"

19

20 Q Okay.

21 A

22 "- Samantha's parenting capacity
23 her involvement with peer group
24 now"

25

1 I don't know what that word is.

2

3 "info from Cree Nation -- major
4 concern expressed is Sam's seeming
5 disinterest in parenting [her
6 first child] and no effort
7 for ..."

8

9 I think that's reunification.

10 Q Okay.

11 A That's what makes sense to me.

12 Q So these were, am I correct that these were
13 things that you saw, from reviewing the file, that you
14 needed to assess?

15 A Yes.

16 Q Okay. And we already talked about parental
17 capacity --

18 A Yes.

19 Q -- et cetera. What did you do to assess Ms.
20 Kematch's current peer group?

21 A I don't remember.

22 Q Okay. From reviewing your notes, were you able
23 to tell what, what steps you took in that --

24 A I --

25 Q -- regard?

1 A -- I don't remember.

2 Q Okay. Is that something, if you had done certain
3 things, would you have made notes of it?

4 A Yes, likely. I do -- in reviewing my notes, and
5 I'd have to look at them again, but in some contact I had
6 with Nikki Taylor, their support person at the Boys and
7 Girls Club --

8 Q Um-hum.

9 A -- there was some comments about their
10 involvement with that club and some programs that were
11 going on there. I may have used that information in part
12 of, for that part of the assessment, but I can't remember
13 specifically.

14 Q Okay. So the fact that they were involved
15 in some programming with the Boys and Girls
16 Club --

17 A And attending regularly and, may have been part
18 of my assessment with regards to that issue, but I can't
19 remember specifically.

20 Q Okay. And Nikki Taylor, we heard from Ms.
21 Saunderson, was involved early on with this --

22 A Yes.

23 Q -- with this family?

24 A Yes.

25 Q Was it unusual to have families involved with,

1 with a support like that?

2 A No.

3 Q Okay. So that's not atypical?

4 A No, that's not atypical.

5 Q If we turn now to another note, it's at page
6 37280. Now, this note is dated, May --

7 A Dated May the 11th.

8 Q -- 11th, 2000?

9 A Um-hum.

10 Q So this is very shortly after you, I think it's
11 the day after you were --

12 A Couple of days, probably, yes.

13 Q -- couple days after you've --

14 A Yeah.

15 Q -- had the file?

16 A Um-hum.

17 Q In here, we're --

18 A Do you need me to read it?

19 Q Yes, please.

20 A Telephone call from, that's what that means:

21

22 TCF - Nikki Taylor - Boys & Girls

23 Club

24 - she is a support person for

25 Steve & Samantha.

1 - she has been helping them follow
2 through with agency expectations
3 - are going to do a post-natal
4 parenting class at the Aboriginal
5 Centre and I think signed ...

6

7 I don't know what the next word is.

8

9 ... and want to do a class at
10 pregnancy distress - re: parents
11 with kids in care
12 - it doesn't start until September
13 - also trying to get a
14 psychologist to do assessment -
15 her and then not able to find one
16 - I will look at having her see
17 Dr. Altman - if that is an option
18 or not depending on case situation
19 or situations

20

21 Q If you'd just stop there for a minute --

22 A Okay.

23 Q -- what did that last point mean?

24 A Which last point?

25 Q The -- about Dr. Altman?

1 A That I was -- given that Ms. Taylor was telling
2 me they were having difficulty finding somebody to do
3 the assessment, as part of the expectation, that I
4 would look at possibly having Dr. Altman see
5 Samantha.

6 Q And you said:

7

8 ... depending on case situation

9

10 What --

11 A I, I don't know what that means, sorry, I don't
12 remember.

13 Q Okay. And Dr. Altman, I know we talked a little
14 bit about Dr. Altman yesterday, and I apologize, apologize
15 if I asked this question before, but was Dr. Altman a
16 resource that you had through the agency?

17 A I believe so. I don't remember specifically.

18 Q Did, did the agency, to your recollection, employ
19 some sort of, either a psychologist, or psychiatrist to, to
20 do assessments for workers?

21 A Not that I recall specifically.

22 Q Okay. Sorry, you, you can continue, please.

23 A

24 Nikki offered to be at a meeting I
25 had with them as support. I

1 advised her of change in visits to
2 Tuesdays at 10:45 to 12:45 and she
3 will pass on information if she
4 sees them today.

5

6 Q Okay.

7 A So if I remember correctly, Samantha and Steven
8 didn't have a phone and were often at the Boys and Girls
9 Club and so part of how I was able to contact them was
10 through Nikki Taylor at the Boys and Girls Club. Because
11 if I phoned there and she wasn't, they weren't there, then
12 I could often speak to Nikki and she could pass on
13 information to them for me and they had agreed to that.

14 Q So Ms. Taylor was a conduit for information --

15 A As well as a support to the family, yes.

16 Q Okay. And do you know if Ms. Taylor attended
17 the, the visits with Phoenix?

18 A I don't remember specifically if she did.

19 Q Do you recall if there were any notes made of, of
20 her attending?

21 A Not that I found in my notes.

22 Q Okay. If she was attending, is that something
23 you would have noted?

24 A Not necessarily.

25 Q Okay.

1 A In particular, because she was a support to them,
2 so I wouldn't necessarily note that a support person was
3 there.

4 Q Okay.

5 A If somebody new had attended a visit that I
6 didn't know, I typically would, you know, find out who that
7 person was from the parents and what was the purpose of
8 them being there and then I might make a note of that. But
9 in this particular case, Nikki had identified herself to me
10 as their support person. I had read that in the file
11 previously. So I likely wouldn't have noted that if she
12 had attended.

13 Q Okay. You can turn now to another note at page
14 37286. This is a June 7th note and again, it looks like,
15 excuse me, a telephone call to Nikki Taylor?

16 A No, from Nikki Taylor.

17 Q From Nikki Taylor and what does the, the balance
18 say?

19 A Pardon me?

20 Q What does the balance of the note say?

21 A Do you want me to read it?

22 Q Yes, please.

23 A Okay.

24

25 Telephone call from Nikki Taylor

1 at the Boys and Girls Club. She
2 has been in ...

3

4 I don't know what that abbreviation --

5 Q Okay.

6 A -- is for.

7

8 ... contact with Samantha and
9 Steve, regular contact with
10 Samantha and Steve. They are
11 attending the drop-in parent group
12 at Andrews Street Centre and are
13 registered for the course at
14 pregnancy distress, which starts
15 in September. I explained about
16 psychiatric appointment I have and
17 then set it up with her, Samantha.
18 We set up meeting for July the 6th
19 to discuss plans for Sam and look
20 at a teaching support worker for
21 her during extra visits at home,
22 if baby returns.

23

24 I think that word is.

25 Q Okay. And so, at this point, psychiatric

1 assessment had not been completed --

2 A Correct.

3 Q -- and that's one of the conditions of having
4 Phoenix returned home --

5 A Yes.

6 Q -- right? And the reference here to a meeting on
7 July 6th, the note is dated June 7th, so this is a meeting
8 approximately a month in the --

9 A Um-hum.

10 Q -- future? And is that a meeting with Ms.
11 Kematch and, and Mr. Sinclair, or with Ms. Taylor?

12 A That would have been a meeting with Samantha and
13 Steven.

14 Q Okay. And then you talk about --

15 A And that she's going to attend, it appears.

16 Q -- you talk about discussing a plan to have a
17 teaching support worker?

18 A Um-hum.

19 Q And that's a reference to what sort of -- what --
20 tell us what a teaching support worker is?

21 A A teaching support worker is a family support
22 worker. So the agency often used what we called in-home
23 teaching support workers, which are family support workers
24 and their role was to assist the parents in the family with
25 various parenting tasks. So it could be anything from

1 learning basic parenting skills, addressing any issues that
2 the parents had about parenting, as well as information
3 from the teaching support worker was given back to the
4 social worker to use as part of their assessment, as to how
5 the parents were parenting, coping, managing, whatever the
6 issues were.

7 Q So the teaching support worker is, in part, a
8 resource for you, as a social worker --

9 A Yes.

10 Q -- to assess the parents; is that --

11 A Yes.

12 Q And --

13 A And it's an employee of the agency.

14 Q Okay. And do you know what sort of
15 qualifications a teaching support worker has?

16 A I don't know, specifically. There was a whole
17 department for teaching support, for family support
18 workers. They were managed by their own supervisor and
19 manager of that department. What typically happened is if
20 a social worker believed that a, a family support worker
21 was necessary, or thought would be beneficial for a family,
22 we would fill out a request form and submit it to that
23 department and they would assign a support worker that
24 would best match the needs of what the, the social worker
25 was looking for.

1 Q Okay. And I just, just want to be, be clear and
2 I want to understand, when -- if you're relying -- are you
3 -- do you rely on teaching support workers then to do a, an
4 assessment of the family?

5 A You rely on them to provide you with information
6 about what they're observing, what their opinions are on
7 how the parents are coping or managing, that kind of stuff.

8 THE COMMISSIONER: What they were to teach was,
9 was parenting skills and, and that kind of thing, as
10 distinct from an academic program?

11 THE WITNESS: Yes. It was more hands on
12 teaching, mentoring --

13 THE COMMISSIONER: Day-to-day care of family and
14 so on?

15 THE WITNESS: Yes. So it could be anything from,
16 you know, teaching them how to bath a child, if that was
17 necessary, or teaching them how to maintain a budget, how
18 to grocery shop --

19

20 BY MR. OLSON:

21 Q So really the practical --

22 A -- prepare food, you know --

23 Q -- practical skills --

24 A -- and healthy meals.

25 Q -- for parenting then, that --

1 A Right.

2 Q -- sort of thing?

3 A Practical skills, yes.

4 Q And just with respect to the course that's
5 mentioned, do you know whether or not they, in fact,
6 attended that course?

7 A Which course? Because there's two mentioned
8 there.

9 Q Either of them.

10 A My understanding, from my summary, is that they
11 completed the one at the Andrews Street Centre and I'm not
12 sure about the one at parenting distress.

13 Q I think we touched on it yesterday, your
14 recollection was that this information, you would have
15 received from Ms. Taylor?

16 A Which information?

17 Q That they completed the --

18 A And possibly that I would have contacted somebody
19 at, at the Centre, to confirm that they completed, but I
20 don't remember specifically.

21 Q Okay. And there, there isn't a specific note of
22 that, is there?

23 A Not that I noticed in the --

24 Q Okay.

25 A -- file, no.

1 Q The condition, the condition of having the
2 parents attend all weekly visits with Phoenix, what was the
3 reason for including that, as a --

4 A That was, that was a very typical condition,
5 because some, sometimes, depending on where the parents are
6 at and how they're coping, or functioning in their own
7 life, they don't often, sometimes they don't make it to
8 visits and their reasons for not attending may be of
9 concern for the agency. So it was very common to put in
10 that parents attend every visit. It also is a way for them
11 to demonstrate that they are committed to this child and
12 want to be a part of the child's life, if they can attend
13 every visit.

14 Q Right. Like the prevent, the parental
15 motivation --

16 A Right.

17 Q -- issue? And --

18 A They're, they're showing that they're
19 interested --

20 Q Right.

21 A -- in being a part of the child's life and
22 possibly parenting the child.

23 Q And in this case, what did you observe in that
24 respect?

25 A That they attended -- based on my notes and my

1 summary, that they attended all the visits. I think
2 there's one note where the visit was cancelled because
3 Phoenix had chicken pox and so therefore the parents didn't
4 attend, but I, I didn't find any notes where it indicated
5 they didn't attend other visits.

6 Q Okay. And if they weren't attending visits, is
7 that something you would have noted?

8 A I would have noted that, because then I would've
9 had to make arrangements for the child not to be
10 transported, or if the child was transported and the
11 parents just didn't show up, then I would have had to
12 arrange for the child to go back. And typically, I would
13 have documented that they weren't attending.

14 Q Now, I've looked through the notes and I, I
15 wasn't able to find any, any notes referencing your
16 personal observations of, of the visits with Phoenix. I've
17 -- you've looked through the notes as well?

18 A Right.

19 Q Are you aware of anything that references you're
20 actually attending any of the visits?

21 A Not that I could find in my notes.

22 Q Okay. So is it reasonable to assume then that
23 you did not, in fact, attend --

24 A No.

25 Q -- that's not, not reasonable?

1 A No. As I said earlier, it's possible I was in
2 the visit. I, typically, my practice was to be there at
3 the beginning of the visit, to be there at the end of the
4 visit. If I was in the office, I may have popped in to the
5 visit to see them. So -- but I might not have documented
6 that. I typically wouldn't have documented the start and
7 end of every visit, unless there was something that was
8 unusual that occurred in a visit. So if I were popping in
9 and out of visits, if I found something unusual, I would've
10 typically documented that. If the visits were going as
11 they typically did, in all of my cases, I didn't always
12 document that I was there at different times.

13 Q Okay. So if, only if something unusual was
14 happening, you would, you would document it?

15 A Typically, I would document if something such as
16 a parent didn't show up, or they showed up and they were
17 not acting appropriately, I would document that.

18 Q Okay. One of the, I take it, one of the
19 questions any social worker picking up the file, for
20 example, after, after you, would have is, you know, was
21 there, was there a bonding or attachment formed --

22 A Um-hum.

23 Q -- in, in this particular case? Is that, is that
24 right?

25 A Yes.

1 Q Okay. If, if you hadn't documented any
2 observations about bonding, how, how would the next social
3 worker know that it had occurred?

4 A Because it would, it would be in the other
5 information that was contained in the file, without
6 necessarily the specifics on every visit.

7 Q And the other information on the file would be --

8 A Such as information that was in the case summary,
9 or information from other sources that might be in the
10 file.

11 Q Wouldn't it be better to have your actual
12 observations, as a trained social worker, than other --

13 A That, that would be helpful, yes, of course, but
14 it wasn't typical to write about every single visit that a
15 parent attended, unless there was something unusual.

16 Q Another note I would just direct your attention
17 to is at page 37294. This note's dated August 14, 2000.

18 A Um-hum.

19 Q Can you just go through this note from, for us,
20 please and --

21 A Okay.

22 Q -- explain it?

23 A This says, HV, which is home visit, Steve
24 Sinclair and Samantha Kematch and their address, 864
25 Magnus.

1 Q Okay. And just before you go on, this -- so a
2 home visit would refer to a visit they are having with
3 Phoenix in their own home; is that --

4 A No --

5 Q No?

6 A -- it was a visit where I attended the family's
7 home.

8 Q Okay.

9 A It doesn't necessarily mean that Phoenix was in
10 the home at the time. It just means I was in the family's
11 home.

12 Q Okay. Do you know whether or not Phoenix was in
13 the home at this time?

14 A I don't know, I'd have to read my notes --

15 Q Okay.

16 A -- to see if it references that or not.

17 Q Go ahead.

18 A I can't remember.

19

20 They were both waiting for me
21 outside. I asked to go inside to
22 talk. Samantha was very resistant
23 about going inside. She refused
24 to initially. She said it was
25 messy in her apartment. I advised

1 both, both of them that we needed
2 to talk and was not prepared to do
3 so outside. Gave them a choice to
4 meet today or tomorrow, when the
5 baby was visiting.

6

7 So obviously the baby wasn't here at this time.

8 Q Okay.

9 A

10 Samantha said we could go inside
11 today. Inside the apartment, the
12 living room and kitchen was neat
13 and tidy. I challenged her on
14 comment that apartment was messy
15 and she said it was in the
16 bedroom. I talked about Marie's
17 role and important for them to
18 work with Marie and that means
19 being here when she comes, setting
20 goals to focus on meeting
21 parenting needs.

22

23 Q Okay. Before we go to the next page, first of
24 all, the -- did, did it raise any concerns for you that Ms.
25 Kematch didn't -- appears not to have wanted you to enter

1 the apartment?

2 A Not necessarily.

3 Q Okay.

4 A It was, that was something that clients often
5 didn't want us to come into their homes and wanted to meet
6 outside.

7 Q So having a, a CFS worker at the door is not
8 necessarily a, a welcome --

9 A Correct.

10 Q Okay. So but you do get inside then you --

11 A Yes.

12 Q -- you note it's neat and tidy?

13 A Yes.

14 Q Okay.

15 A In the rooms I were (sic) in. I was not in the
16 bedroom.

17 Q Okay. And then you have this reference here to
18 Marnie's role?

19 A No --

20 Q Or, sorry, not --

21 A -- Marie's.

22 Q -- Marnie, Marie's?

23 A Yes.

24 Q And who is that?

25 A Marie Belanger, she was the, the family support

1 worker --

2 Q Okay. So by this time, you had --

3 A -- that I --

4 Q -- arrangements, made arrangements --

5 A For a family support worker, yes.

6 Q -- for a family support worker to attend the
7 home --

8 A To work with Samantha and Steve initially, yes.

9 Q -- and to work on the practical parenting
10 skills --

11 A Yes.

12 Q -- that you --

13 A And getting ready to have the baby returned.

14 Q Okay. Would Phoenix have been at those meetings
15 with the, the support worker?

16 A Eventually, yes.

17 Q Okay. But at this point in time, do you
18 know?

19 A I, I don't remember. I'd have to look at my
20 notes, but I don't remember specifically.

21 Q And reading this, it appears there may have been
22 some difficulty with Ms. Kematch and Mr., Mr. Sinclair
23 cooperating with the support worker?

24 A I, I don't know that.

25 Q Okay.

1 A It, it, it -- I'm talking to them about the
2 importance of it. I don't know if that's because there
3 were difficulties, or if I was just discussing it with them
4 as hey, this is part of the plan that we need to follow.
5 It's really important that, that you work with her. I
6 don't remember specifically.

7 Q So you don't recall if there were issues
8 around --

9 A Not that I can remember.

10 Q Okay. Go on to the next page please?

11 A This is the same meeting.

12 Q This is the same, the same meeting?

13 A Yes.

14 Q The same date?

15 A Um-hum.

16 Q And what does this note record?

17 A
18 They have found a new place to
19 live on Magnus, closer to
20 Arlington. Need letter to Welfare
21 re: baby return. I suggested they
22 have worker call me. They will
23 ask her. We discussed
24 psychologist. I advised I will
25 check to see what else I can do.

1 Maybe ...

2

3 I don't know what that word is. Oh, set.

4

5 Maybe set it up ourselves. I made
6 it clear it is still an
7 expectation that is, that it be
8 completed even after baby is
9 returned. Towards the end of
10 meeting, Sam appeared less upset
11 and resistant.

12

13 Q So that comment about Sam appearing less upset
14 and resistant, was, was her demeanour at the time -- can,
15 can you describe it? Or do you recall it?

16 A I don't recall specifically. What I can tell
17 you, from what I've written there, is, based on my
18 practice, it appears that at the beginning of the meeting,
19 when we were outside, she didn't want me to come into her
20 home, that she was somewhat resistant is what I would have
21 probably observed. And as the meeting went on, she
22 appeared to become less upset or resistant and was
23 cooperating.

24 Q Okay. So --

25 A I don't remember this meeting specifically, but

1 that's the best I can tell you, based on my notes and my
2 own practice.

3 Q So initially she wasn't --

4 A She wasn't happy about me being there.

5 Q Okay.

6 A Lots of clients are not happy about CFS workers
7 being in their home.

8 Q One of the conditions of the plan was that they
9 be cooperative with --

10 A The agency, yeah.

11 Q -- agency?

12 A Um-hum.

13 Q And you record, I think, in your transfer
14 summary, that they were cooperative?

15 A Yes.

16 Q Did, did their level of cooperation change over
17 time? Or was it always sort of this --

18 A I, I don't remember.

19 Q Just want to move, move on to a, a note you wrote
20 about the psychological assessment at page 1795. Sorry,
21 37285. Now, we're going a bit back in time here --

22 A Right.

23 Q -- this is a June 7th, 2000 note.

24 A This is earlier; right?

25 Q So this is just over a -- well, this is a couple

1 months prior to the -- that we just looked at. This
2 appears to be you looking for someone to do the assessment?

3 A Yes.

4 Q And can you just read --

5 A Read it?

6 Q -- this note?

7 A June the 7th, CV means community visit, which
8 means I was out into, in the community, having a visit. So
9 I may have been somebody, in somebody else's office, or any
10 community setting. Dr. Thor, I believe that is, Thor
11 Choptiany, at PsycHealth:

12

13 I gave him info and agency
14 concerns about her flat affect in
15 interviews. He said she could be
16 depressed, recommended a
17 psychiatric assessment to assess
18 for possible mood disorder, or
19 thought disorder. He said she is
20 an adult and would need to have
21 referral from a family doctor to a
22 psychiatrist. He also said could
23 possibly look at parent capacity,
24 however psychiatrist referred by
25 family doctor not likely do that.

1 He said could start off with a
2 mental health query with a
3 psychologist.

4

5 MR. OLSON: Okay.

6 THE COMMISSIONER: And what's the doctor's name
7 you're talking about there?

8 THE WITNESS: Dr. Thor Choptiany.

9 THE COMMISSIONER: And what, what are, what are
10 his qualifications?

11 THE WITNESS: I don't know --

12 THE COMMISSIONER: No, no, but --

13 THE WITNESS: -- and I don't remember.

14 THE COMMISSIONER: -- is he a psychologist?

15 THE WITNESS: He's a psychiatrist, I believe, but
16 I don't remember specifically.

17 THE COMMISSIONER: A psychiatrist?

18 THE WITNESS: I believe so.

19

20 BY MR. OLSON:

21 Q And so, how is it you, you got the, got to Dr.
22 Choptiany?

23 A I don't remember.

24 Q Okay. And was this just a, a sort of casual
25 conversation with him?

1 A Given that it was a community visit, at
2 PsycHealth, I, means I probably went to his office to meet
3 with him about this, so I wouldn't say it was a casual
4 meeting. I -- it appears I was asking him if he could help
5 with the assessment, but I don't remember Dr. Choptiany, or
6 meeting with him.

7 Q Okay. So you have no actual memory --

8 A Recollection.

9 Q -- of this?

10 A Uh-uh, no.

11 Q There's no indication here that you actually gave
12 him material to look at, but you did give him some
13 information; is that --

14 A Correct. It doesn't say that I gave him anything
15 written, but that I gave him the information and in my
16 practice, that typically meant I shared verbally with him
17 what the information was.

18 Q Okay. But if you had given him the file to look
19 at, or the transfer summary, or certain documents, would
20 you have made a --

21 A I --

22 Q -- a note of that?

23 A -- typically would have, but that wasn't common
24 practice, to give the file. The file's confidential and
25 it's protected under the Act, so we can't just give it to

1 anybody.

2 Q So even if you were looking --

3 THE COMMISSIONER: Were, were, were, were you
4 retaining his services?

5 THE WITNESS: I, I don't remember specifically
6 this meeting at all, so I, I'm not sure --

7 THE COMMISSIONER: So you don't know how he
8 became involved?

9 THE WITNESS: I don't remember that, no, sorry.

10 THE COMMISSIONER: And, and, and I guess I'm
11 jumping ahead, Mr. Olson, but did, did he, this doctor,
12 perform any services?

13 THE WITNESS: No, not that I found in the notes.

14

15 BY MR. OLSON:

16 Q And is the information you provided to him what,
17 what you recorded here? Or did, would you have shared more
18 with him than what's recorded here?

19 A It says I gave him information around the agency
20 concerns. So I probably would have shared more information
21 than what's actually documented here, but I don't recall.

22 Q Okay. And do you recall today what the agency
23 concerns were? Was it the parental capacity and
24 motivation?

25 A Yes, all the ones that were identified initially.

1 Q By Mr. Orobko?

2 A Yes.

3 Q Okay. And he's saying it appears that he thought
4 maybe Ms. Kematch was depressed, based on what you've told
5 him?

6 A Yes, that's what it says.

7 Q Okay.

8 A That she could be.

9 Q Or have a mood disorder --

10 A Um-hum.

11 Q -- or a thought disorder? And then he talks
12 about possibly having a parental capacity done, but that's
13 not something that could be done with a referral by a
14 family doctor; do you know what that's --

15 A Right.

16 Q -- about?

17 A I don't remember, specifically, what he was
18 talking about, other than what's written there.

19 Q Did he -- do you know if he suggested a parental
20 capacity?

21 A I don't remember. I don't remember this meeting
22 at all, I have no recollection of it, so all I can tell you
23 is what's written there.

24 Q The last point says: He said he could start off
25 with a health --

1 A Mental health query --

2 Q -- mental health query?

3 A -- with a psychologist.

4 Q Okay. And so was it -- you didn't ultimately
5 retain Mr. (sic) Choptiany to do any --

6 A Not that's in the notes, no.

7 Q Okay. And do you know, do you know why that was?

8 A I don't know.

9 Q Okay. And was this an in person meeting with Dr.
10 Choptiany?

11 A Based on the fact that it says a community visit,
12 my practice was to write that if I was actually meeting
13 with somebody.

14 Q Okay. And, and there's no, no indication here
15 that you provided information about Ms. Kematch's hidden
16 pregnancy and lack of pre-natal care?

17 A As I said earlier, it says that I shared with him
18 information about the agency concerns. That was one of the
19 concerns identified. It's possible I gave him that
20 information, but I have no recollection.

21 Q So you can't say one way or the other at this
22 point?

23 A I can't say one way or the other.

24 Q I want to look at another note, it's on page
25 37287. This is a July 6th, 2000 note and could you, could

1 you just explain --

2 A Read it --

3 Q -- read --

4 A -- read it?

5 Q -- this note and explain it?

6 A Okay. This says OV, which is an office visit,
7 which means, typically, that they were in my office, the
8 people I, I was meeting with, so it's an office visit with
9 Samantha, Steve and Nikki Taylor:

10

11 Andrew Street Parent Support
12 instructor does some education
13 around parenting, Healthy Start
14 for mom and me, Debbie. Many
15 programs not start until fall.
16 Pregnancy distress program,
17 parenting children, parenting
18 child after returned home.
19 Psychiatric assessment not gone to
20 doctor. Got ...

21

22 I don't know if, I don't know what that word is.

23

24 Somebody's name from phone book.

25 She did see doctor. He not make

1 referral for her. Issue now is
2 payment for psych assessment. In
3 job service program for summer.
4 Call club to reach Sam and Steve.
5 Heather McShane, 948 ...

6
7 I don't know, 4428, I think.

8
9 ... welfare are together.

10
11 Q So just in terms of who attended this meeting, if
12 -- I note that Phoenix's name wasn't on --

13 A Right, correct.

14 Q So she wouldn't have been present?

15 A Correct.

16 Q Okay. And again, it looks like, at this point,
17 there was still difficulty on Ms. Kematch's part, in
18 finding someone to do the assessment the agency was
19 requiring?

20 A Correct.

21 Q Okay.

22 A It appears she was trying, with the help of Ms.
23 Taylor, but having some difficulty getting somebody.

24 Q In terms of payment, there's a reference to
25 payment. Is that, is this something that the agency pays

1 for, or would it be up to the client?

2 A It would depend on who was doing the assessment.
3 And I don't remember specifically, in this case, who paid
4 for the assessment. Sometimes, depending on the type of
5 assessment, it's an agreed upon mutual joint payment
6 between the agency and the clients. Sometimes it's just
7 the agency, sometimes it's just the client. In this case,
8 I don't remember specifically what it was.

9 Q Okay. In this, in this case, where the clients
10 are receiving social assistance, is it something the agency
11 takes into consideration, in terms of having --

12 A Yes, but what, what I remember happening was if
13 the parents had a lawyer through Legal Aid, then Legal Aid
14 -- so if it was a joint paid assessment, then my
15 understanding was, and I'm not a lawyer, but my
16 understanding was that it was Legal Aid that paid for half
17 and the agency paid for half.

18 Q Okay. Is that something that you would explain
19 to the client, or how, how would --

20 A Typically, yes. If, if there was an issue about
21 payment, that -- my, what I would normally do is tell them
22 that they'd need to speak to their lawyer about whether or
23 not Legal Aid was going to pay for the entire assessment,
24 or pay for half and then the lawyers would have to discuss
25 that.

1 Q Okay. On the next, next page, which is 37288,
2 there's a note dated July 10th, 2000. So this is four
3 days after the previous note.

4 A Um-hum.

5 Q And it looks like -- maybe you can just read the
6 note --

7 A Okay.

8 Q -- again?

9 A It's office visit again, with Angie Balan, my
10 supervisor:

11

12 Women's Health Clinic on Graham,
13 provide the number, 947-1517, to
14 talk to a doctor around is this
15 related to postpartum depression?
16 Have lots of info and can make
17 referrals to appropriate places.
18 Counselling also offered there.
19 Clinic, Mount Carmel, Hope Centre.
20 Appears motivated now, both
21 parents. Get some, got some
22 sense, or get some sense of if
23 depressed postpartum by see a
24 doctor at the Women's Health
25 Clinic. Will put in home support

1 services to assist parenting and
2 assess parenting. Do risk
3 assessment. Signed VPA on August
4 the 3rd, transition plan.

5

6 Q Okay. So just the first part of the note,
7 referring to the clinic, is that, is that a discussion
8 you're having with Ms. Balan about --

9 A Yes.

10 Q -- having --

11 A It appears that we're talking about other places
12 that Samantha maybe can go to help to try to get the
13 assessment completed.

14 Q Okay. And when you, you wrote appear motivated
15 now --

16 A Correct.

17 Q -- both parents; and what was that reference to?

18 A Again, I don't remember specifically, but based
19 on my note, it appears I'm saying that both Samantha and
20 Steven were motivated to parent Phoenix at that point.

21 Q And do you know what the, the basis of that
22 assessment was?

23 A It would have been my, probably my assessment,
24 based on their attending the visits, cooperating with the
25 agency, asking about wanting the child returned, et cetera.

1 Q And then we talked about putting in a home
2 support; is, is this where the, the issue of home support
3 was first discussed or considered?

4 A I believe so. I don't remember for sure, but I
5 believe so.

6 Q Okay. And then the, the next one at -- that you
7 -- sorry, I've forgotten what you had said that the do --
8 it's a weekly assessment?

9 A Risk assessment, it says.

10 Q Okay. Was a risk assessment done?

11 A Not an actual formal written risk assessment.
12 What that means, I believe, again, I don't recall
13 specifically, but at the time, the practice was that the
14 social workers would do a risk assessment. So that's just
15 an overall -- it's part of your overall assessment when
16 you're looking at returning a child to a parent's care, or
17 for children that already in parents' care that are open to
18 the agency. It's, it's part of your overall assessment as
19 to the possible risk in the home.

20 Q And what, reference to risk, what did that mean?
21 Risk to who?

22 A Risk to the child, or to the children in the
23 home. So is there a risk for their immediate safety?

24 Q So this is dealing with --

25 A Is there any indication that they, that there's a

1 risk, that they would be at risk if they were placed at
2 home, their immediate safety at risk.

3 Q This is immediate safety?

4 A And, and overall --

5 Q So both long --

6 A -- safety risk, yes.

7 Q -- long term safety and immediate safety?

8 A I believe so, yes.

9 Q Okay. And you said it wasn't a formal risk
10 assessment?

11 A Document.

12 Q Was any --

13 A It wasn't an, an actual document that I recall
14 completing --

15 Q Okay.

16 A -- like, an, an actual piece of paper where you
17 fill out information. It was part of your overall
18 assessment, as a social worker, on a file.

19 Q Okay. But is it recorded somewhere?

20 A I don't remember.

21 Q Have you -- I mean, you've looked through the
22 file and you're, what you've done with the file?

23 A Um-hum.

24 Q Did you see any written risk assessment in there?

25 A No, that's what I said, this wasn't an actual

1 physical risk assessment that I would have filled out.

2 Q No, but was there any kind of written risk
3 assessment?

4 A On the file? No.

5 Q Okay. So if another worker picked it up and
6 said, I wonder what the other worker thought about the risk
7 here, there'd be nothing recorded on the file at least?

8 A Not an actual, physical piece of paper identified
9 as risk assessment, no.

10 Q Right, or, or anywhere at all?

11 A It, it would have been in, in the summary, or the
12 information as you read through out it.

13 Q Okay. So you'd glean, from looking through the
14 file --

15 A Correct.

16 Q -- what you thought the risk was?

17 A What the assessment was.

18 Q Okay. And what would be the factors you'd look
19 at for, for risk assessment here?

20 A How the parents are attending to the child's
21 needs. Are they engaging in any risky behaviours
22 themselves, such as substance abuse, domestic violence?
23 How they're, overall, caring for the child, are they, as I
24 said, attending to their needs?

25 Q So are these things, the examples you gave,

1 things you'd be looking for on an ongoing basis while --

2 A Yes.

3 Q -- you were a social worker?

4 A Yes.

5 Q So as long as you're involved in the file, you'll
6 be wanting to determine, for example, whether the parents
7 are abusing substances?

8 A Yes.

9 Q And whether they're actually providing care for
10 the child?

11 A Yes, it's part of your overall assessment, as a
12 social worker, taking care of a file in a child protection.
13 Your assessment is ongoing all the time, through gathering
14 information, through your observations, other people's
15 observations, about how the parents are functioning and
16 coping.

17 Q Okay. And I, I take it, you don't just rely on
18 other people though?

19 A No, no, that's what I said, through you, as a
20 social worker, your own observations, information you've
21 gathered from other people.

22 Q Is the -- and tell me if it's not, but is a
23 primary way you assess that is through your own
24 observations --

25 A Yes.

1 Q -- by dropping in on a family and --

2 A Yes, meeting with them on a regular basis,
3 attending the home, talking with them on the phone. But
4 you also do rely on information from collateral sources who
5 may see them on a more regular basis than you may, or who
6 may be helping them with a certain task.

7 Q And when you say you, you would, you would meet
8 with them on a regular basis, how frequently would that be
9 for this family, for example?

10 A Based on my notes, it appears it was once a
11 month, roughly.

12 Q Okay.

13 A And every case is different. It depends on what
14 you assess as the level of risk in the home and whether
15 children are in the home or not in the home, as to how
16 often you would need to meet with them.

17 Q Okay. And so here, I, I know -- I don't see a
18 formal risk assessment, but based on your risk assessment,
19 where, how, how risky was this home?

20 A Well, in this case, the child wasn't in their
21 care.

22 Q Okay. Not at this point?

23 A Right, at this point.

24 Q So when you're writing this, you're looking at
25 whether or not the child can return to care?

1 A Yes.

2 Q Okay. Because ultimately, the only point of
3 doing a risk assessment is to make that determination at
4 this point?

5 A Is to help understand where the parents are at
6 and whether or not there's going to be risk to a child, if
7 the child was living in that home. And if there is risk,
8 what level of risk there is, because there's various levels
9 of risk.

10 Q And you say you were meeting with them about once
11 per month at this time?

12 A I believe, if you look at my notes, that's
13 roughly what it was.

14 Q Okay. And would that, and that was in their
15 home, or?

16 A No, sometimes it was in the agency office, it
17 might be in their -- one, the one we just looked at in
18 August was in their home.

19 Q Okay. And looking at it now, was one, once a
20 month enough time to meet, to assess risk for this family?

21 A Well, given that the, they were not actually
22 parenting their child at the time, I believe so.

23 Q Okay. The reference in this note to signed VPA
24 on August 3rd --

25 A Um-hum.

1 Q -- transition plan, what is that referring to?

2 A So, given that the parents had -- the temporary
3 order was due to expire on August the 3rd, because it was
4 granted on May the 3rd, the parents had followed through
5 with the agency expectations with the exception of the
6 psychological assessment, which Samantha was working on
7 over the summer months, but had not yet completed --

8 Q Okay.

9 A -- my supervisor and I agreed that the child
10 could be returned, however, there needed to be a transition
11 plan, which would involve time for the child to have some
12 visits in the parents' home, so that we could assess how
13 they were parenting on, on a longer term basis, rather than
14 just two hours once a week, during visits.

15 Q Okay.

16 A And to allow them time to connect with the in
17 home support worker and start working on plans with her, on
18 preparing themselves to become parents, prepare for the
19 family, et cetera. So that's why we agreed to -- or
20 considered, and then eventually agreed to signing a VPA,
21 which is a voluntary placement agreement, which would allow
22 Phoenix to remain in care for at least one more month, in
23 order to have these other things happen.

24 Q Okay. And part of that was getting the
25 psychological assessment completed?

1 A Correct.

2 Q Okay. And had the psychological assessment be,
3 been completed by August 3rd, then would Phoenix go home?

4 A I don't, I would think possibly, but we also --
5 part of the VPA was to do that, but it was also a
6 transition plan, because up to that point, the, they had
7 not had any visits in their home, up to the beginning of
8 August, so we wanted to give them an opportunity to have
9 Phoenix in their home for a longer visit, so that we could
10 assess how they were managing and parenting her on a time
11 period longer, as I said, than just a two hour visit once a
12 week.

13 THE COMMISSIONER: So was there --

14 THE WITNESS: So that's part of the --

15 THE COMMISSIONER: -- was --

16 THE WITNESS: -- agency's --

17 THE COMMISSIONER: -- was there the one month
18 extension?

19 THE WITNESS: Was there -- yes, there was, a VPA
20 was signed for one month.

21 THE COMMISSIONER: And how -- did you have to go
22 to the court to get that?

23 THE WITNESS: No, a voluntary placement agreement
24 is a, an, an agreement that's reached. It is a document
25 that's signed by the agency and the parents and it's, it's

1 the parents voluntarily place their child in agency care.
2 So it's not done through a court process.

3 THE COMMISSIONER: And in this case, it was
4 continuing in the care she was in?

5 THE WITNESS: Yes, correct.

6 THE COMMISSIONER: And is there such a document
7 here?

8 THE WITNESS: The voluntary placement --

9 THE COMMISSIONER: Yes.

10 THE WITNESS: -- agreement? Yes, I believe there
11 is a document on the file --

12 MR. OLSON: It's at page --

13 THE WITNESS: -- that was signed.

14 MR. OLSON: -- 37117.

15

16 BY MR. OLSON:

17 Q Is, is this the VPA?

18 A The -- it looks like it, yes.

19 Q Okay. And this is a standard form, I take it?

20 A Yes.

21 Q Okay. And so it's an agreement between CFS,
22 Kematch, Sinclair, in the matter of their daughter. And if
23 we could just scroll down, see it's signed, it's witnessed.
24 That's your signature?

25 A Yes, correct.

1 Q And then the signature of the parents?

2 And then it looks like the signature of assistant
3 program manager, who I believe was Rhonda Warren at the
4 time?

5 A At that -- it looks like her signature --

6 Q Okay.

7 A -- yes.

8 Q And would she have actually been at a meeting to
9 sign this, or?

10 A Not typically.

11 Q Okay. And it's dated July 25 --

12 A Um-hum.

13 Q -- 2000.

14 A So that's the sign that, that's the time
15 that it's dated and then there would be an effective
16 date.

17 Q Okay. The effective date would be the 3rd of
18 August?

19 A I assume so, I haven't seen the rest of it, so I
20 can't remember what the file says.

21 THE COMMISSIONER: Well, doesn't that first
22 whereas say that?

23 MR. OLSON: It does, it says in the first --

24 THE WITNESS: Right.

25 MR. OLSON: -- paragraph.

1 THE WITNESS: Sorry.

2

3 BY MR. OLSON:

4 Q Believe there's a second page of -- so there's
5 terms and conditions that are attached --

6 A Okay.

7 Q -- and what, what are, what -- first of all, are
8 there always terms and conditions attached to VPA?

9 A Typically, yes. And these are the general terms
10 and conditions that are attached. Is there not another
11 page?

12 Q So this is, this is still part of the VPA --

13 A Yes --

14 Q -- here?

15 A -- this is still part of the VPA.

16 Q And so this is giving some demographic
17 information of the applicants?

18 A Correct.

19 Q And then the children?

20 A And the child and where the intended placement is
21 of the child while they're in care, which, in this case,
22 was a foster home, the same foster home she had been placed
23 in. The purpose of the placement is:

24

25 "To provide child with safe,

1 stable and nurturing environment
2 while her parents [while her
3 parents] prepare to parent her."
4

5 THE COMMISSIONER: Now, is that the intended
6 placement for the next month, or --

7 THE WITNESS: Yes, correct.

8 THE COMMISSIONER: And was she in what you
9 describe as a foster home at that time?

10 THE WITNESS: Yes.

11 THE COMMISSIONER: She went into a shelter to
12 start with?

13 THE WITNESS: In the beginning, she was placed,
14 if I remember correctly, she was placed in a shelter for a
15 couple of days and then moved to a foster home, where she
16 remained in that foster home until she was returned to her
17 parents' care.

18

19 BY MR. OLSON:

20 Q So at the time of signing the VPA, she's with
21 that same foster --

22 A Yes --

23 Q -- family?

24 A -- correct.

25 Q And she stays there until -- we'll find out

1 later, but she stays there for awhile until --

2 A Yes.

3 Q -- she's actually returned --

4 A Yes.

5 Q -- to her parents? Okay. If you continue, we
6 continue on to the next, next page please? This is -- is
7 this still part of the VPA?

8 A I believe so, yes.

9 Q Okay. Has information about the father being in,
10 actively involved with the child, they're both on social
11 assistance. Then the next paragraph describes family,
12 social and financial circumstances. Then there's a
13 declaration of family income. If you keep scrolling down,
14 more income information. Keep, keep scrolling down. And
15 that appears --

16 A To be the end of the VPA.

17 Q -- to be the end of it. So you, you said there
18 were some additional terms and conditions. If we go to
19 page 37118 --

20 THE COMMISSIONER: Those were the standard terms
21 and conditions.

22

23 BY MR. OLSON:

24 Q -- these are the --

25 A Those are standard terms and conditions, yeah, of

1 all VPAs. I think what I meant was, on the, one of those
2 other pages, where it talks about the father being actively
3 involved and then I missed what that, the (inaudible) was,
4 but there was a paragraph about the situation, is what I --

5 Q Okay.

6 A -- meant by additional --

7 Q Those were the additional terms --

8 A Right.

9 Q -- and conditions? Okay.

10 A And terms and conditions, I guess, is not the
11 right word, but --

12 Q Because you --

13 A -- additional information.

14 Q -- you did formulate a new plan around the same
15 time as entering into the VPA; is that right?

16 A Yes, correct.

17 Q Okay. If you could just turn up page 37296
18 please? This is an August 15th, 2000 note, is it? So this
19 is an office visit with Ms. Balan again?

20 A Yes, correct, it's a supervision note.

21 Q Okay.

22 A So I would have been having supervision,
23 supervision with my supervisor.

24 Q So when we talk -- was that, was this an example
25 of the formal supervision that --

1 A Yes, this is an example --

2 Q -- you had?

3 A -- of a formal supervision.

4 Q So this is a case that was discussed during
5 formal supervision --

6 A Yes.

7 Q -- with Ms. Balan?

8 A Yes, correct.

9 Q And these are your notes; is that right?

10 A These are my notes. I typically kept notes of
11 the supervision meetings, as a way for me to remember what
12 we talked about and to identify what the issues, plan was,
13 whatever.

14 THE COMMISSIONER: With just the two of you
15 present?

16 THE WITNESS: Just the two of us present, yes.

17

18 BY MR. OLSON:

19 Q And do you know whether or not Ms. Balan kept
20 notes?

21 A I don't remember.

22 Q Okay. Did you see any notes from Ms. Balan in
23 the file?

24 A No.

25 Q Okay. And please just read the note?

1 A

2 Office visit, supervision with
3 Angie. Call Clinic, give basic
4 information

5

6 I don't know what that word is.

7

8 See her in health program to
9 provide referral for psychiatric
10 assessment re: postpartum
11 depression. In their agency,
12 someone to see her. Not know if,
13 prior to baby, someone opinion ...

14

15 I don't know what that means.

16

17 For own resource ...

18

19 I think.

20

21 ... counselling, intake,
22 psychologist to do assessment re:
23 postpartum depression. If not
24 through medical, to make a
25 referral. Hesitant to return

1 child without the assessment. Not
2 know what is going on with her.
3 Need sense of what return the
4 child to.

5

6 And then, on the side, I have some notes and I
7 don't know exactly what they say.

8 Q Looks like the first word might -- is that
9 resistant?

10 A I don't, I don't know, because I can't, I don't
11 understand what the other words are in that little
12 sentence, so I don't know what that means.

13 Q Okay.

14 A

15 Feel that signs of depression,
16 doctor there see her and refer to
17 psychologist. Want to, want to
18 help her get ...

19

20 Something, I don't know what that word is.

21 Q Get same?

22 A Might be same, maybe.

23 Q The reference here to not know what is going on
24 with her, what, what's that? Or do you know? Do you have
25 a recollection?

1 A I don't recall, but based on my practice, what I
2 probably meant when I wrote that was that without the
3 assessment, we may not know what, what her functioning
4 is --

5 Q Okay.

6 A -- and we would want to know that.

7 Q And needs, need sense of what returning child --

8 A Returning child.

9 Q -- to.

10 A Right. So we'd need to have an understanding of
11 what her functioning was, in order to -- so we'd have an
12 understanding of what type of home Phoenix was going to, I
13 guess.

14 Q And so is that, that is, is it what type of home,
15 or whether or not Ms. Kematch has some mental issues that
16 might impact parenting?

17 A I don't know, because I don't remember
18 specifically --

19 Q Okay.

20 A -- what I mean, what I, why I wrote that, so --

21 Q So anyone, any other worker, picking up the file
22 and reading your note here, would have to sort of guess at
23 what this meant as well?

24 A Correct, if they were just reading my notes and
25 not the summary.

1 Q Okay. Based on your summary, do you know what
2 this note would be referring to?

3 A No.

4 Q Was -- there's a lot of references in the notes
5 and in the summary, to Ms. Kematch getting an assessment
6 done --

7 A Um-hum.

8 Q -- was that a central concern for you?

9 A It, it was part of the initial plan and, and I
10 believed was necessary to have completed, yes.

11 Q Based on your assessment of Ms. Kematch --

12 A Um-hum.

13 Q -- were you concerned that she had some, some
14 issues that could impact her parenting, mental health
15 issues?

16 A I don't remember specifically. I know that, that
17 I was concerned about her history and having hid the
18 pregnancy and hid the previous pregnancy, et cetera. I
19 don't remember specifically having concerns whether she had
20 mental health issues or not.

21 Q I, I take it, the requirement to have a
22 psychiatric assessment isn't a part of every plan?

23 A No, not necessarily, no.

24 Q And, and here, at the point -- August 15, when
25 you, when you're entering -- after you've entered into the

1 VPA --

2 A Yes.

3 Q -- and, and Phoenix is in the process of
4 transitioning home --

5 A Correct.

6 Q -- you still don't have any idea as to Ms.
7 Kematch's mental status?

8 A Well, we don't have an assessment.

9 Q Okay. And so, so do you know, do you have any
10 indication as to her mental status, in terms of her --

11 A I don't remember specifically.

12 Q Without a psychiatric assessment, how else would
13 you have any information?

14 A Based on my own observations and observations
15 from others.

16 Q Okay. The next note I want to take you to is at
17 37297. This is a, this is another supervision with --

18 A Correct.

19 Q -- Ms. Balan?

20 A Correct.

21 Q Dated -- so this is August 29, 2000. And can
22 you --

23 A Do you want me to read that?

24 Q -- decipher these for us --

25 A Okay.

1 Q -- if you're able to?

2 A I will try my best. It's a office visit with
3 Angie, supervision.

4 Q So this, again, is an example of formal
5 supervision?

6 A It's an example of a formal supervision meeting
7 with my supervisor:

8

9 Service contract concrete for six
10 months. Number 1, meet with,
11 assess with Dr. Altman and follow
12 recommendations. Both -- number
13 2, both work cooperatively with
14 Marie two times a week. Number 3,
15 work with worker on a regular
16 basis, allow access to the home.
17 Number 4, parenting re: child
18 development. Number 5, work
19 cooperatively with public health
20 info on general baby needs.
21 Childproof home. Like a
22 nurse/pediatrician.

23

24 I don't know what that means.

25

1 Number 6, identify a pediatrician
2 to use for routine medical needs.
3 Risk assessment, largest risk is
4 that it is a young child. Other
5 two issues are around insufficient
6 information. Substance abuse,
7 when used, what? Treatment,
8 family violence piece. Find out
9 info on this beforehand.
10 Monitors, teaching support worker,
11 family doctor, other community
12 resources, public health. Public
13 health do visits because first
14 time baby.

15

16 And on the side, those notes, I have to get
17 closer to the screen, to see if I can see them. The, the
18 top one, I think, says:

19

20 Identify something supports and
21 assess these with ...

22

23 I don't know, I can't read it. And on the
24 bottom, I think it says:

25

1 Will cooperate with worker
2 regarding further expectations of
3 each parent's possible involvement
4 with drug and alcohol and issues
5 related to family violence.

6

7 Q Okay. And do you recall what this, what this
8 note is about?

9 A This is about, based on what I've read in my
10 notes and the summary, this is a note where I'm meeting
11 with the supervisor, to talk about the child being returned
12 home on a condition that we have a service contract signed
13 with the parents and these are all of the conditions of the
14 service contract. So service contracts were used when
15 there were still issues of concern related to the parents
16 and their ability to take care of their child. And the
17 plan was for the child to return home, so we would do
18 service contracts. So that it allowed everybody, the
19 agency and the family, to understand what the expectations
20 that were placed on them, as well as the agency, that had
21 to be met in order to continue to allow the child to remain
22 in the home, with the understanding that if the conditions
23 of a service contract were not met, it could result in the
24 child being removed from the home.

25 Q Okay. So this is your formulation then of those

1 conditions --

2 A Correct.

3 Q -- you thought the word necessary in this case --

4 A Yes.

5 Q -- to allow Phoenix to return and stay at home?

6 A Correct.

7 Q Okay. So at this, at this point, you had, you
8 had determined that Phoenix would return home?

9 A Correct.

10 Q Okay. And when you're working out this plan, is
11 it something you discuss with the parents, or is it just
12 something you, you come up with, in this case, in
13 consultation with Ms. Balan?

14 A Typically, this is something -- in this case, I
15 know this was discussed with my supervisor initially. We
16 came up with the, the conditions ourselves and then I had a
17 meeting with the parents, which is typically what happens.
18 So the agency still -- when you do a service contract, it's
19 because the agency still has concerns that some of the
20 initial issues, or issues that were identified throughout
21 the case, have not yet been addressed, or have been
22 addressed and the parents are still working on them,
23 whatever those concerns may be. And so you come up with a
24 plan and a service contract and then the worker would sit
25 down with the family and say, we want to return the child,

1 but we want you to sign the service contract, so that
2 everybody understands, this is what's expected of you and
3 this is also what's expected of the agency. Because some
4 service contracts, such as this one, talks about the agency
5 putting in an in home support worker. So it's also holding
6 the agency accountable for their piece of the contract as
7 well.

8 Q Okay. Is the plan -- it's a, is it a formal
9 written document that's --

10 A It's, it's a formal written document that's
11 signed by both parents, if both parents are involved. In
12 this case, it was a formal document that was created by the
13 agency. The parents, I reviewed it with them. They both
14 signed it and I witnessed it. And it's held on the file.

15 Q Okay. And is the first time the parents see the
16 plan is when you present it to them for signing?

17 A When they actually see the written plan, yes. In
18 this case, I can't remember if I discussed the idea of a
19 service contract with them before actually sitting down or
20 not. I'd have to review my notes again to see if there's a
21 note about that.

22 Q Okay.

23 A But I do, I did see a note where I sat down with
24 them and went over the conditions of the service contract
25 and they agreed and signed.

1 Q Just before we maybe take the, the morning break,
2 just finish up this line of questioning. Is the, is the,
3 the -- did, did the parents have any input into the service
4 agreement, what goes into it?

5 A Sometimes they do. In this case, I don't
6 remember specifically if they did or not.

7 Q Okay. Maybe we'll break --

8 A I, I mean, can I just make one more comment?

9 Q Sure, of course.

10 A Part of their input is whether or not they agree
11 or disagree, because parents don't have to sign a contract
12 like this. If they don't agree with the conditions,
13 sometimes you can go back and negotiate them. Sometimes
14 those conditions are non-negotiable and the parents have to
15 agree in order to have their child returned.

16 MR. OLSON: Okay. Be an appropriate time to take
17 the morning break?

18 THE COMMISSIONER: Yes. We're going to see that
19 contract, I assume?

20 MR. OLSON: Yes.

21 THE COMMISSIONER: And about how much longer do
22 you expect to be, Mr. Olson?

23 MR. OLSON: Be until about noon.

24 THE COMMISSIONER: Pardon?

25 MR. OLSON: Maybe until about noon.

1 THE COMMISSIONER: Until noon? All right. We
2 take a 15 minute mid-morning break.

3

4 (BRIEF RECESS)

5

6 MR. OLSON: Just before we proceed, you do have a
7 hard copy --

8 THE WITNESS: That's correct.

9 MR. OLSON: -- in front of you, so if you have
10 any difficulty finding where we are, using the monitor --

11 THE WITNESS: Right.

12 MR. OLSON: -- I'll say the Commission disclosure
13 number and the page number and then you can flip to it if
14 you need to.

15 THE WITNESS: Okay.

16

17 BY MR. OLSON:

18 Q So just before the break, we were looking at your
19 note recording the new, the new service plan that you were
20 putting together and in this -- the last question I asked
21 you is whether or not the parents had any input into what
22 goes into the plan and you said well, it, in some cases,
23 yes, but in other cases they need to agree with it,
24 otherwise the child cannot stay in the home; is that, do I
25 have that right?

1 A Typically, that's what happens, yes.

2 Q And, and in this case, with the various
3 conditions, and maybe, maybe just to make this a bit
4 easier, we can actually take a look at the service
5 agreement, which is --

6 A Okay.

7 Q -- on page -- it's Commission disclosure 1795,
8 page 37115. Is this is the service agreement?

9 A Yes.

10 Q Okay. And so this is the actual document that
11 you would have reviewed with Ms. Kematch and Mr. Sinclair?

12 A Yes.

13 Q And the conditions listed here, if you could just
14 move the page up please, there are six, six conditions;
15 were each of these conditions of the non-negotiable
16 variety? Or, or were some negotiable?

17 A I believe, in this case, this was a contract that
18 the agency had devised and that it, it was the expectation
19 that the parents would need to sign and agree to follow
20 them. So I would say they were non-negotiable.

21 Q Okay. So the first point, there was still this
22 necessity to meet with Dr. Altman and this, at this point
23 in time, you had, you had determined that it would be Dr.
24 Altman doing the assessment?

25 A I believe so, yes.

1 Q Okay. And then Samantha would be required to
2 follow any recommendations of --

3 A Yes --

4 Q -- Dr. Altman?

5 A -- correct.

6 Q

7 "Samantha and Steve will work
8 cooperatively with the Agency in
9 home support worker and will
10 [meet] with her at least [at
11 least] two times [per] week."

12

13 A Correct.

14 Q Okay. And I'll, we'll go over shortly the, the
15 home support worker and what happened there.

16 Number 3:

17

18 "Samantha and Steve will work
19 cooperatively with the Agency
20 Family Services Worker, this
21 includes meeting with the worker
22 on a regular basis and allow the
23 worker access to the family home.
24 Samantha and Steve will also
25 cooperate with the [Agency] worker

1 regarding further exploration of
2 issues related to substance use
3 and family violence."

4

5 Couple of things there I wanted to ask you about.
6 First, I asked you before what regular was and you said
7 because Phoenix wasn't in the home, you know, maybe monthly
8 meetings would be sufficient?

9 A Um-hum.

10 Q Now that Phoenix is being returned -- and at this
11 point, you don't have your, your, your psych assessment;
12 right?

13 A Correct.

14 Q So there's that unknown variable, you don't know
15 what you're dealing with; right?

16 A Correct.

17 Q So at this point in time, how frequent would the
18 visits be with you and the parents?

19 A After the child was returned, you mean?

20 Q After the child is returned.

21 A I don't remember specifically what, what the
22 expectation was. It just says regular, on a regular basis,
23 so I, I don't know, I don't know the answer to that.

24 MR. OLSON: Okay.

25 THE COMMISSIONER: Well, but you -- point number

1 2 talks about a home support worker, point number 3 is the
2 agency family services worker.

3 THE WITNESS: Right.

4 THE COMMISSIONER: And you would be the third
5 person that they had to engage with?

6 THE WITNESS: No, so there's two, one would be
7 the in home support worker --

8 THE COMMISSIONER: Yes.

9 THE WITNESS: -- and then the agency worker would
10 be me, or the social worker attached to the file.

11 THE COMMISSIONER: Oh, you're, you're the person
12 referred to in point number 3?

13 THE WITNESS: Yes, as the agency family services
14 worker.

15 THE COMMISSIONER: Okay.

16 THE WITNESS: Yes.

17 THE COMMISSIONER: Thank you.

18

19 BY MR. OLSON:

20 Q So you're the worker and you're the one, you're
21 the one that actually inserted the condition that they
22 would need to meet -- you would need to meet, to meet with
23 them on a --

24 A Right.

25 Q -- regular basis?

1 A Me and whoever, if there was going to be a worker
2 after me.

3 Q Right. But at this time, you were the worker?

4 A Correct.

5 Q And you remained the worker until you transferred
6 over to a new position?

7 A Right, a month later.

8 Q Okay. So this is a condition, essentially, that
9 was up to you to follow?

10 A Correct.

11 Q Right. And so when --

12 A And for them to allow me access to the home.

13 Q They would have to allow you access, but you
14 would also --

15 A Had to attend --

16 Q -- have to try to make --

17 A -- yes.

18 Q -- those arrangements and get over there; right?

19 A Yes, yeah.

20 Q And so when you write on a regular basis, you
21 must have had some understanding at the time what that
22 would mean?

23 A I, I probably did at the time, but right now, I
24 can't remember what that would have been.

25 Q Okay. So you don't know what you meant at --

1 right now, sitting here today, what a regular --

2 A I, I, I can't --

3 Q -- basis would mean?

4 A -- what that, what I would have meant there.

5 Q So you can't tell me if that was weekly,
6 monthly --

7 A I can't remember.

8 MR. OLSON: Okay.

9 THE COMMISSIONER: But you have notes of the
10 times you were there?

11 THE WITNESS: I have notes, yes.

12 THE COMMISSIONER: Well, then so wouldn't that be
13 the link?

14 MR. OLSON: Yeah, that's right, it -- you would
15 have noted each time you would have attended?

16 THE WITNESS: Correct --

17 MR. OLSON: And --

18 THE COMMISSIONER: And, and that's --

19 THE WITNESS: -- likely each time.

20 THE COMMISSIONER: -- and if you did, then you
21 have those in the book there --

22 THE WITNESS: Correct.

23 THE COMMISSIONER: -- then that's what you
24 considered to be regular, I assume?

25 THE WITNESS: Possibly. I, I don't remember what

1 I considered to be regular at the time. What I do have is
2 notes of when I did attend. So, for example --

3 THE COMMISSIONER: Well, you'd be endeavouring to
4 comply with the agreement?

5 THE WITNESS: Yes, correct, you're right, um-hum.

6

7 BY MR. OLSON:

8 Q And so did you attend regularly?

9 A I'd have to look at my notes. I can't remember
10 specifically. I think I attended once --

11 Q Okay.

12 A -- and I met with them in the agency office.

13 Q That, that was at --

14 A Once --

15 Q -- that was prior though, to the service
16 agreement wasn't it?

17 A No, I believe I met with them on the day they
18 came to see Dr. Altman.

19 Q Okay. So two meetings in the period of time
20 following September 5th, 2000?

21 A To October the 2nd or 3rd --

22 Q Okay.

23 A -- when I transferred the file.

24 Q So, in approximately that one month period, there
25 were two meetings?

1 A I believe that's what's, what I have in my notes.

2 Q Okay. And at both of those meetings, would you
3 have had a chance to observe Phoenix with parents?

4 A I believe so, yes.

5 Q Okay. Is that reflected anywhere in your notes?

6 A I don't remember about the, the possible first
7 meeting. I don't know specifically. I do know that the
8 contact in the office, when they met with Dr. Altman,
9 Phoenix was there --

10 Q Okay.

11 A -- because that's in my notes. But there's no
12 specific note about me, like, having a formal meeting with
13 them in the office that day.

14 Q I didn't come across any notes that reflected
15 your observations of Phoenix, how she was doing, of them
16 interacting with her; did you, do you -- are there any
17 notes like --

18 A I --

19 Q -- that?

20 A -- I didn't find any notes either.

21 Q Okay. And so we don't really know what your
22 observations were then, by looking at your file?

23 A My personal ones, no.

24 MR. OLSON: Okay.

25 THE COMMISSIONER: And we're talking about visits

1 after Phoenix had been returned?

2 THE WITNESS: Yes.

3 THE COMMISSIONER: And what was the occasion of
4 the meeting, other than the one on the day when you met
5 with Dr. Altman?

6 THE WITNESS: That's what I'm saying, I --
7 there's -- I don't, I couldn't find a note of me being
8 there, but my --

9 THE COMMISSIONER: But no, but you said there
10 were two --

11 THE WITNESS: Right.

12 THE COMMISSIONER: -- in that month period?

13 THE WITNESS: Right.

14 THE COMMISSIONER: And the --

15 THE WITNESS: My --

16 THE COMMISSIONER: -- and the one month, one
17 meeting was the day that they met with --

18 THE WITNESS: Dr. Altman.

19 THE COMMISSIONER: -- Altman?

20 THE WITNESS: Correct.

21 THE COMMISSIONER: When was the other occasion?

22 THE WITNESS: I don't remember specifically and I
23 couldn't find a note to that. What I was going to say was
24 often if, as a worker, I was out on another field, I may
25 drop in to see a family and not necessarily document it, if

1 I didn't have my book with me. That may have happened in
2 this case, but I don't have a note of that.

3 THE COMMISSIONER: Well, how do you know there
4 was a second meeting then?

5 THE WITNESS: That's what I'm saying, I believe
6 that there was, but there's no note --

7 THE COMMISSIONER: Oh, but, but you --

8 THE WITNESS: -- of it.

9 THE COMMISSIONER: -- you, you believe there was,
10 but you're not sure?

11 THE WITNESS: Right. And I don't have a --

12 THE COMMISSIONER: Okay.

13 THE WITNESS: -- note of it.

14 THE COMMISSIONER: I, I follow you now.

15 THE WITNESS: Okay.

16 THE COMMISSIONER: So one meeting for sure and
17 you think there was another one?

18 THE WITNESS: Right.

19

20 BY MR. OLSON:

21 Q And this is, this is something you're actually
22 recalling this far into the future? I mean, today --

23 A Well, I don't, I said I think I may have, because
24 it was my practice that when I was out on calls, if I ran
25 by somebody's home that I needed to see, I may have dropped

1 in.

2 Q Okay.

3 A That may have happened, but I don't have the
4 specific recall, no.

5 Q So, so that seems to be purely speculative on
6 your part; is that --

7 A Yes.

8 Q -- fair? Okay.

9 MR. RAY: Well, I, I think she's saying that
10 that's her general practice, just as she's said that her
11 general practice was for many things, in response to many
12 of your questions --

13 THE COMMISSIONER: I don't --

14 MR. RAY: -- speculation or otherwise.

15 THE COMMISSIONER: -- I, I, I -- just, just carry
16 on. I, I, I ...

17

18 BY MR. OLSON:

19 Q Now, looking at your transfer summary, and we
20 don't necessarily go back there unless you need to, but my
21 understanding is that Phoenix was, in fact, returned to her
22 parents on September 5th, the day of the service agreement;
23 is that --

24 A Correct.

25 Q -- right?

1 A Yes.

2 Q And were all the conditions of the case plan
3 filled by September 5th?

4 A With the exception of her seeing the
5 psychologist, but the arrangements were made.

6 MR. RAY: Sorry to interrupt you, are you saying
7 the case plan or the service --

8 MR. OLSON: Case plan.

9 THE WITNESS: The original case plan, when the
10 three month order was, was ordered; is that what you're
11 talking about?

12 MR. OLSON: Yeah, because the --

13 THE WITNESS: That's what I assumed.

14 MR. OLSON: -- the service agreement was just
15 entered into --

16 THE WITNESS: Right.

17 MR. OLSON: -- that day, so I wouldn't expect
18 that you would have --

19 THE WITNESS: Right.

20 MR. OLSON: -- had all those conditions --

21 THE WITNESS: Right.

22 MR. OLSON: -- fulfilled when you're just
23 entering an agreement.

24 THE WITNESS: Right.

25

1 BY MR. OLSON:

2 Q And you said that the assessment with Dr. Altman
3 had been arranged at that point?

4 A I believe so.

5 Q Okay. And that's something that you arranged
6 personally?

7 A Yeah, I, I believe so. I don't have any
8 recollection of my contact with Dr. Altman.

9 Q Okay.

10 A I only have what's written in my notes.

11 Q Did you give any consideration to extending the
12 voluntary placement agreement before returning --

13 A I don't remember.

14 Q Because you still had that big question as to
15 what are we returning Phoenix to; right?

16 A That's what's written in my notes, but I don't
17 remember having that as a consideration, extending it. I
18 don't recall specifically.

19 Q It -- was that an option to you?

20 A It's always an option to extend a VPA, so yes, it
21 would have been an option. I don't know that it was an
22 option that was considered, or that it was necessary to
23 consider.

24 Q Okay. And that's what I wanted to -- why wasn't
25 it -- why wouldn't you have done that in this case?

1 A I don't remember.

2 MR. OLSON: Okay.

3 THE COMMISSIONER: You mean rather than entering
4 into the service agreement?

5 MR. OLSON: Right.

6

7 BY MR. OLSON:

8 Q When there's a condition which I think you said
9 was an important condition --

10 A Correct.

11 Q -- when it wasn't fulfilled, why, why not extend
12 having Phoenix in care until that condition could be
13 fulfilled?

14 A And I, I don't know the answer to that. I don't
15 remember.

16 Q Okay. Is it -- do, do all conditions of a
17 service agreement -- sorry, a service -- the plan, the
18 original plan --

19 A Okay.

20 Q -- normally have to be fulfilled before the child
21 is returned?

22 A Not necessarily.

23 Q Okay.

24 A It -- because you're doing an ongoing assessment
25 of how the parents are functioning and that's what helps

1 you make the decision as to whether or not the child could
2 be returned. In this case, the parents had completed all
3 with except one, had demonstrated over, Samantha had
4 demonstrated, over the number of months of the, the order,
5 that she was trying to get an assessment, was not being
6 successful in doing so, was prepared to have it done with
7 Dr. Altman and based on that and the positive reports I was
8 getting from the in home support worker, and the community,
9 my own assessment, it was decided with my supervisor and I
10 that Phoenix be returned with these other conditions in the
11 contract, because there were still some concerns initially
12 that we wanted to address.

13 Q Okay. Just, just in terms of the family support
14 worker, when was she first put in place? Do you recall?

15 A In August.

16 Q In August? The middle --

17 A I believe --

18 Q -- of August?

19 A -- I don't remember specifically. I don't know
20 exactly when she started.

21 Q Okay. But you do know it was in August?

22 A I, I believe it was in August. I'd have to look
23 at my notes again to see --

24 Q Okay.

25 A -- specifically. I know that the contract, I

1 believe, was signed -- the agreement for her services was
2 signed in July.

3 Q In July, right.

4 A So, I, I don't remember if she started in July or
5 if she started in August. I can't remember specifically.

6 Q Okay. We can, we can come back to that. So she
7 would be one source you were relying on?

8 A Yes.

9 Q And then you said community --

10 A Such as Nikki Taylor, who had regular contact
11 with the family, saw -- with the parents, saw them at the
12 groups they attended.

13 Q Right. Was there anyone, aside from Nikki
14 Taylor --

15 A Not that I recall.

16 Q Okay. And you, you had some concern about
17 Samantha's peer group and gang, whether she was --

18 A That was the beginning concerns --

19 Q Okay.

20 A -- that were presented at, when I first got the
21 file.

22 Q And those are, were no longer concerns at this
23 point?

24 A I don't remember specifically.

25 Q Did you, did you have any, do you recall any

1 discussion with her about gang, activity with gangs, or --

2 A With Samantha?

3 Q Yeah.

4 A I don't recall specifically, no.

5 Q And there are, there are no notes reflecting you
6 had that sort of conversation --

7 A Not that I --

8 Q -- with her?

9 A -- found in there.

10 Q Okay. So is that, is it fair that that, that
11 wasn't really addressed?

12 A Right. Which is what I said. So even though
13 they had met all the expectations, there was still some
14 concerns, which is what's written in the very first
15 paragraph of the service agreement --

16 Q Okay.

17 A -- as to why the service agreement was determined
18 necessary after the child was returned, was because there
19 were still some issues that needed to be addressed, as
20 there is in lots of child welfare cases. And the service
21 contract is one way to assist in addressing those issues.

22 Q I mean, the six points here represent a fair
23 number of issues --

24 A Correct.

25 Q -- to address over time --

1 A Correct.

2 Q -- right?

3 A Um-hum.

4 Q So was there a fair amount of work, in your view,
5 that had yet to be done with this family?

6 A Based on these six things, I believe so, which is
7 why it was set for a six month period of time and to be
8 reviewed after six months.

9 Q Okay. So even after the six months, you wanted
10 to ensure that it was still working and things --

11 A Well, I, I had hoped that it would be -- the plan
12 was that it would be reviewed in six months. And then,
13 based on the next worker, or workers, or myself, if I was
14 still the worker in this case, at this time, I was still
15 the worker, I don't know, at this time, in September, if I
16 had already had plans to move to my next position or not, I
17 don't remember --

18 Q Okay.

19 A -- but the expectation would be the worker on
20 this case would continue to assist the family in following
21 and meeting these conditions and at a six month period,
22 review, based on their own assessment of how the family was
23 functioning, as to whether all the conditions were met or
24 not and if there were new concerns, or what the plan should
25 be at that point.

1 Q Okay. Just the -- and in point 3 of the service
2 agreement, the --

3 A Um-hum.

4 Q -- the reference there to Samantha and Steve:

5

6 "... [cooperating] with ...
7 [Agency] worker regarding further
8 exploration of issues related to
9 substance use and family
10 violence."

11

12 A Correct.

13 Q Was that anything -- was that condition met
14 during your time with the file?

15 A I do know that there's a note that reflects that
16 I had a conversation with Nikki Taylor about whether she,
17 in her time with the, working with the parents, had ever
18 observed any issues with substance abuse or violence and
19 she had indicated to me that she had not.

20 Q Okay. And what, what sort of, what, what sort of
21 contact would she have with them where she would know
22 whether or not they had --

23 A Well, they --

24 Q -- these issues?

25 A -- attended the programs in the organization she

1 worked at, on a fairly regular basis, so -- and she had a
2 relationship with them. So the expectation would be that
3 if, for example, they struggled with substance abuse issues
4 and they were failing to attend the programs, she might
5 check in with them, she might report it to me and I could
6 check in with them. If they attended the programs and were
7 under the influence of a substance, those kinds of things,
8 she would be able to observe and report back to me.

9 Q Okay. So you were relying on her then for that,
10 that --

11 A Part, partially, not --

12 Q Okay.

13 A -- completely.

14 Q And what else were you doing?

15 A In order to assess this?

16 Q Right.

17 A It would have resulted in a conversation with
18 them about those issues. Again, this is a service
19 contract. It was expected to be carried out over a period
20 of six months.

21 Q Right.

22 A So the plan would be that I would then -- or
23 whoever was the worker, would address these issues over
24 that period of six months --

25 Q Okay.

1 A -- to assess whether they were concerns or not.

2 Q Right. And did you do anything in that regard
3 while you were the worker?

4 A I did not, not specifically with Samantha and
5 Steven.

6 Q Okay. So at least by the time you moved on, this
7 was still unaddressed?

8 A Right.

9 Q Okay. Number 4, we discussed that issue already.

10 A Um-hum.

11 Q Five, what, what was the necessity for Samantha
12 and Steve to work with a public health nurse?

13 A I don't remember specifically why that's there.
14 Typically, that would be -- so for this case, I don't
15 remember specifically, but when you write a -- when we used
16 to write service contracts and included information about
17 the public health nurse, it was typically around very small
18 or young children, so, so babies. My guess would be that
19 we were wanting the family to be connected with a public
20 health nurse because public health nurses were also another
21 source of collateral information for the agency, as were
22 any medical professionals that saw the child, as a way to
23 help monitor and observe how the child was actually being
24 cared for.

25 Q Okay. And so that would apply equally to the

1 next point with respect to --

2 A Correct.

3 Q -- the pediatrician?

4 A Correct.

5 Q Do you know whether your time with this file,
6 either of those conditions were met?

7 A Not that I recall, or that I have notes of.

8 Q And so you didn't have any communication, either
9 with public health nurse, or pediatrician --

10 A No.

11 Q -- with respect to this family?

12 A No.

13 Q Okay. You said, in your, in your note previous
14 note, that one of the major concerns here was the young age
15 of the child?

16 A Correct.

17 Q And why, why would that, why would that be a
18 concern?

19 A Because children that are under the age of two,
20 or any young child, is considered to be at a higher risk
21 of, of not properly being cared for. They're more
22 vulnerable. Age is one of the conditions we look at,
23 considerations we look at, when we're assessing risk, is
24 the age to the child, the age of the child.

25 Q So, in this case, while you were the worker,

1 Phoenix would have been an infant, just months old?

2 A Correct.

3 Q And that in, in and of itself, would pose a
4 significant risk to her?

5 A It, it would, it would mean that the risk would
6 be higher to her than it would be to a child, for example,
7 that was 10 --

8 Q Right.

9 A -- potentially. Again, it would depend on the
10 circumstances of the child's family situation, because a
11 child that's 10, that's living in a home and is being
12 physically abused is at very high risk --

13 Q Okay.

14 A -- even though they're 10.

15 Q Right. But with an infant, the infant can't tell
16 anybody --

17 A Right.

18 Q -- that they're being abused --

19 A It's age.

20 Q -- or --

21 A Right. Correct. They're more vulnerable --

22 Q -- it's not, it's not always a --

23 A -- because they're not able to communicate,
24 they're at the -- they rely solely on another person to
25 care for them.

1 Q If we can, if you can look now please at your
2 transfer summary, which is at Commission disclosure 1795,
3 page 37032? Now this, the first -- you'll see at the top
4 there, this is referring again to Dr., Dr. Altman --

5 A Um-hum.

6 Q -- right?

7 A Correct.

8 Q And you've, you've read this over?

9 A Yes.

10 MR. OLSON: Okay.

11 THE COMMISSIONER: This -- what, what document is
12 it? What is this document?

13 MR. OLSON: This is part of the witness' transfer
14 summary, so the document we were --

15 THE COMMISSIONER: Prepared by this witness?

16 MR. OLSON: Right.

17 THE WITNESS: Yes.

18 MR. OLSON: So this is the summary she prepared
19 when she was --

20 THE COMMISSIONER: Yes.

21 MR. OLSON: -- transferring the file over to the
22 next --

23 THE COMMISSIONER: And we --

24 MR. OLSON: -- worker.

25 THE COMMISSIONER: -- looked at it extensively

1 yesterday?

2 MR. OLSON: Yes, it's a, it's a fairly lengthy
3 document, so this is, this is just a continuation of
4 that.

5

6 BY MR. OLSON:

7 Q So this, this paragraph here appears to record
8 information you obtained; was that from Dr. Altman?

9 A I believe so, yes.

10 Q Okay. And can you just --

11 THE COMMISSIONER: Now, which paragraph are you
12 looking at?

13 MR. OLSON: So this is the first paragraph where
14 it says:

15

16 "The first condition of the
17 agreement ..."

18

19 THE COMMISSIONER: Oh yes, all right.

20 MR. OLSON:

21

22 "... was that Samantha meet with
23 Dr. Altman and follow any ..."

24

25 THE COMMISSIONER: Yeah, yeah.

1 MR. OLSON:

2

3 "... recommendations he made.

4 Samantha and Steve both met with

5 Dr. Altman on September 13, 2000.

6 He advised the following:

7 Samantha does not present with a

8 diagnosis of depression, he does

9 see her [as] a 'closed book', that

10 she presents as not wishing to

11 tell all of the information there

12 is to tell, he said this could be

13 due to her own style of

14 interacting and/or some of her own

15 life [experiences]"

16

17 THE COMMISSIONER: Were you there, or did you --

18 THE WITNESS: This was reported to me by Dr.

19 Altman, based on what I read in my notes, was reported to

20 me after he had met with her verbally.

21 THE COMMISSIONER: Over the telephone, or did you

22 have a meeting with him?

23 THE WITNESS: I, I think he was in my office, but

24 I can't remember specifically.

25 THE COMMISSIONER: Okay. So all this is based

1 upon what he told you --

2 THE WITNESS: Correct.

3 THE COMMISSIONER: -- right? Okay.

4

5 BY MR. OLSON:

6 Q And there, there is no note, I, I believe, about
7 either where the, whether it was over the phone or in the
8 office?

9 A When he gave me this information?

10 Q Right.

11 A There is a note about when he met with them --

12 Q Right.

13 A -- and I thought that there was a note after
14 that, that he spoke to me. No? Can I look?

15 Q You, that you spoke with him, but there's no
16 indication as to whether --

17 A Oh.

18 Q -- it was in person or, or on the phone;
19 right?

20 A Right. But --

21 MR. RAY: Maybe the witness can be given an
22 opportunity to look at her notes.

23 MR. OLSON: Absolutely.

24 THE WITNESS: Okay. It says, on my note of
25 September the 13th, 2000, that it was an office visit with

1 Dr. Altman and it reads:

2

3 He met with both Steve and
4 Samantha and the baby. After
5 hearing our concerns about
6 possible depression and flat
7 affect, he did a consult and brief
8 assessment.

9

10 And then I go into the information that you saw
11 in the case summary. So it appears, from my note, that I
12 met with him in my office.

13

14 BY MR. OLSON:

15 Q So this is, this is on September 13th?

16 A Right.

17 Q And the, the, the page reference, for the record,
18 is 37302. And this is your handwritten note?

19 A Correct.

20 Q Okay. And would this be a note you would be
21 taking at the time of the meeting?

22 A Probably.

23 Q Okay. And does this record the important or
24 salient points of your conversation with him?

25 A Yes, I believe so.

1 Q Okay.

2 A And so it appears that this note was written
3 after he had met with Samantha and Steve in my office.

4 Q Okay. And the, and he, and it indicates that he
5 met with both Steve, Samantha and the baby?

6 A Right. So that's the day that they were all in
7 my office.

8 Q Okay. This is the date you referred to earlier
9 when you --

10 A Correct, correct, where I would have saw them in
11 my office.

12 Q Okay. And so the note --

13 THE COMMISSIONER: Was the doctor in the office?
14 Did the meeting with him take place in your office?

15 THE WITNESS: I, I believe so.

16 THE COMMISSIONER: And were you present at the
17 meeting?

18 THE WITNESS: I wasn't present when he met with
19 Samantha and Steve and, and the baby. I would have been
20 doing something else and then met with him afterwards is
21 what it --

22 THE COMMISSIONER: Report, reporting out to you?

23 THE WITNESS: Correct, that's what it appears to
24 me, yes.

25 THE COMMISSIONER: After they'd left?

1 THE WITNESS: I believe so. I don't remember if
2 they were still in the office or not, but --

3 THE COMMISSIONER: Okay.

4

5 BY MR. OLSON:

6 Q So that his reporting to you then was a verbal
7 report?

8 A Correct.

9 Q And it was just after he met with them?

10 A I believe so --

11 Q Okay.

12 A -- based on what I'm reading here. I don't have
13 any recollection of this meeting --

14 Q Right.

15 A -- it's only what I can gather from my notes.

16 Q So you would be relying entirely on your notes
17 to --

18 A Entirely.

19 Q Okay. And so, he writes -- or you write, sorry:

20

21 After hearing, after have ...

22

23 Maybe you could read, read this note out.

24 A Okay.

25

1 After hearing our concerns about
2 possible depression, Samantha, and
3 flat affect, he did a consult and
4 brief assessment. His report is
5 that Samantha does not present
6 with a diagnosis of depression, he
7 does not, he does see her a
8 'closed book'. She presents as
9 not wishing to tell all of the
10 information. This may be due to
11 her own style of interacting
12 and/or some of her own life
13 experiences. His impression is
14 that they are both committed to
15 each other and to parenting.
16 Samantha said she did not want to
17 be pregnant and was some, somewhat
18 sad about it but has since decided
19 that this is her child. She ...

20

21 Okay. Turn the page. I --

22 MR. RAY: Maybe, Ms. Greeley, if you want to
23 refer to the, the --

24 THE WITNESS: Okay.

25 MR. RAY: -- paper note, it may be easier for you

1 to follow along.

2 THE WITNESS: Thank you. Because that's -- okay.

3

4 ... and she being pregnant and how
5 she not see a doctor because
6 concerned about doctor touching
7 her inappropriately. She denied
8 having had a bad experience, but
9 got concerns from TV. Dr. Altman
10 supports, suspects there may be
11 some past abuse in her life, but
12 not, none confirmed. He had a
13 sense that they have a decent
14 relationship and that again, the
15 flat affect we experienced is
16 likely due to her method and style
17 of communication, not depression,
18 or feelings of sadness. She is no
19 longer sad about having a child as
20 she felt when she was pregnant.

21

22 BY MR. OLSON:

23 Q And so that, that, that's the, those, those are
24 the salient points that Dr. Altman communicated to you,
25 based on his --

1 A That's what I wrote.

2 Q Okay. And what, what is it that you asked Dr.
3 Altman to do?

4 A I don't remember.

5 Q Is there a note of it that helps you remember?

6 A Other, other than what's written here, which is
7 that:

8

9 After hearing our concerns about
10 possible depression ... and flat
11 affect, he did a consult and brief
12 assessment.

13

14 I don't, I didn't find a note of my conversation,
15 if I had a conversation with him, sharing all the agency
16 concerns. I, and I don't remember. My typical practice,
17 when I asked for an assessment of any kind, of a parent,
18 was, as you saw with Dr. Thor Choptiany, I would have
19 shared concerns from the agency, what the agency's concerns
20 were, would have asked for what I was looking for, in this
21 case, a psychological assessment of her. That was my
22 typical practice, but there's no note of what I actually
23 shared with Dr. Altman, that I could find.

24 Q Okay. Do you know what information you provided
25 to him?

1 A I don't recall. I do not recall meeting with Dr.
2 Altman at all.

3 Q Do you have any note of information you provided
4 to him?

5 A No.

6 Q Do you know if you provided him with any
7 documents from the file, transfer summary, or anything like
8 that?

9 A I don't believe so. That wouldn't have been
10 typical practice to, because the file is confidential.

11 Q Okay. Do you know if you asked him if he could
12 give you an indication as to whether or not Ms. Kematch
13 posed a safety risk to Phoenix?

14 A I don't recall.

15 Q Was it your practice not to note the reason for
16 this psychological assessment, or the request?

17 A I'm not sure if I understand what you mean?

18 Q Like, you didn't make a note as to why you were
19 having him see --

20 A That was reflected in the remainder of the notes
21 and the supervision with Angie Balan and throughout the
22 file of why the psychological assessment was necessary.
23 Are you asking me, was it practice not to note what I asked
24 him?

25 Q Yeah, what you asked him to do?

1 A That was not my typical practice, no.

2 Q So the, the fact that it's not noted here is,
3 that's not in accordance with your normal practice; is
4 that --

5 MR. RAY: Well, not, not noted where?

6

7 BY MR. OLSON:

8 Q In -- well, I, I think, unless I've got it wrong,
9 you, you indicated that you didn't note anywhere in the
10 file what it is you were asking --

11 A What it is that I told him. I didn't note in the
12 file what I told him, like, what the agency's concerns
13 were, or anything like that.

14 MR. RAY: I, I, I think, I think the witness has
15 explained, on your questions, that there's, in her notes,
16 including the notes of Mr. Orobko, there are explanations
17 as to what they expected to ask Dr. Altman and what they
18 were seeking of Dr. Altman. And the witness' comment --

19 THE COMMISSIONER: I think that's quite correct,
20 but I think the, the question is whether there was a
21 specific note made of, as to the reporting out by the
22 doctor.

23 MR. OLSON: Right.

24 THE COMMISSIONER: Mr. Ray's quite correct, that
25 there are those references in the other documents. So

1 there's some reference. You're asking whether she made a
2 specific note, as a result of the visit?

3 MR. OLSON: Right.

4

5 BY MR. OLSON:

6 Q Well, actually, my specific question is, what --
7 is there any -- there's, there's no note reflecting what
8 you asked Dr. Altman to do?

9 A Correct.

10 Q Right.

11 A There's --

12 Q That's --

13 A -- there is no note of that, but in his report
14 back to me, there's information he shared, which I guess, I
15 would assume indicates something of what I was asking him.

16 Q Okay. And maybe we could take a look at his,
17 his, his transcribed notes, which are at Commission
18 disclosure 2069, page 43559.

19 Now, these, these, these are Mr., or Dr. Altman's
20 notes that were transcribed, because his original notes
21 were difficult to read.

22 A Okay.

23 Q And we can take you to those as well, if you'd
24 like. Had you ever seen his notes of ...

25 A Prior to reviewing --

1 Q Prior --

2 A -- the information?

3 Q -- prior to the, the inquiry?

4 A No.

5 Q Okay. So you wouldn't actually have known, or
6 been able to assume what he, he was doing, based on his
7 notes; is that --

8 A Correct, because I never saw his notes.

9 Q Okay. But you say you've since seen them and you
10 have certain assumptions, based on having seen them?

11 A No, I'm saying it's based on my own notes, what I
12 have written --

13 Q Okay.

14 A -- here, that he reported back to me --

15 Q Okay.

16 A -- is what I'm talking about.

17 Q So then if we look at your, your notes, if we go
18 back to the previous --

19 THE COMMISSIONER: Will your --

20 MR. OLSON: -- disclosure number --

21 THE COMMISSIONER: -- notes tell you what he did,
22 based upon his communication with you, or to you? He told
23 you what you did and -- what he did and you --

24 THE WITNESS: Right.

25 THE COMMISSIONER: -- you recorded it?

1 THE WITNESS: Correct.

2

3 BY MR. OLSON:

4 Q And so this is your recording, the -- your notes
5 of September 13th is your recording of what he told you?

6 A Correct, the conversation him and I had after he
7 met with Steve and Samantha and the baby.

8 Q Okay. And you were saying, based on these notes,
9 you're able to give us --

10 A No.

11 Q -- an idea of what you told him? Or what
12 information you gave him?

13 THE COMMISSIONER: Have you got something to
14 clarify this --

15 THE WITNESS: I --

16 THE COMMISSIONER: -- Mr. Ray?

17 MR. RAY: No, I'm, I'm just, was waiting for Mr.
18 Olson to ask a specific question, but he's, he's asking her
19 about her own notes at this point.

20 THE COMMISSIONER: Well, then why are you on your
21 feet?

22 MR. RAY: Well, because I thought Mr. Olson was
23 about to ask a question about, about Dr. Altman's notes,
24 which were just on the screen and I've noticed that they're
25 not there now, so --

1 THE COMMISSIONER: All right. You ...

2 THE WITNESS: Okay. Sorry, can you ask me the
3 question again?

4

5 BY MR. OLSON:

6 Q Sure, I'll try. You, you were -- you indicated
7 that, based on your notes --

8 A Correct.

9 Q -- of September 13th, 2000, you could, you had an
10 indication as to what you told Dr. Altman?

11 A Well, I think what I said is I would assume the
12 information that he gave me is indicative of some of the
13 things that I may have asked him to do. But I have no
14 recollection of what I actually asked him to do, nor is
15 there a note here, other than what I say here:

16

17 After hearing our concerns about
18 possible depression and flat
19 affect, he did a consult.

20

21 What that indicates to me, based on my practice,
22 is that I shared with him some concerns. I don't know what
23 those concerns were. I can't remember, nor is there a note
24 specifically identifying the information I gave him
25 verbally.

1 Q Okay. See, what I'm trying to get at and I,
2 maybe you -- because there's no note or record of it --

3 A Right.

4 Q -- is, what, exactly is it you wanted, you were
5 asking Dr. Altman to do? What kind of assessment?

6 A Right. And I can't specifically remember.

7 Q Okay.

8 A What I can tell you is based on my practice, in a
9 case like this, is I would have been, I would have shared
10 with him the concerns that the agency had about Samantha
11 and, you know, and that may have included information about
12 her history, how she was functioning now, based on
13 observations that were made, the concern about her flat
14 affect, and asking him to do an assessment, share the
15 information back with me, so that I could use that
16 information from him in my overall assessment of how she
17 was functioning as a parent. That's my practice. But I
18 have no record, nor recollection, of actually doing that,
19 but that would have been my practice to do.

20 Q Okay.

21 A The same as I did with Dr. Choptiany, when it
22 says, in that note, that I shared agency concerns. I would
23 have likely done the same thing here, but just not wrote
24 down, but that's what I did.

25 Q I see. And so whatever, whatever he told you,

1 from doing his interview, would be based on, I take it, the
2 information, at least from your perspective, the
3 information you gave him and his meeting with Mr.
4 Sinclair --

5 A Ms. Kematch.

6 Q -- Ms. Kematch and the baby?

7 A Correct.

8 Q Okay. And just, just to be clear, do you know
9 if, if Dr. Altman was being asked to assess just Ms.
10 Kematch, or also Mr. Sinclair?

11 A I believe it was just Ms. Kematch.

12 Q Do you, do you know whether you provided any
13 information about Mr. Sinclair's background to --

14 A I don't recall.

15 Q Okay. Now, you, you received a verbal report
16 from Dr. Altman, which you believe you received immediately
17 after, or shortly after the actual interview --

18 A Correct.

19 Q -- he had; right?

20 A Correct.

21 Q You, did you ever receive a written report from
22 him?

23 A Not that I could find. I don't remember and I
24 couldn't find one, actually, in the file. So I don't know
25 for sure.

1 Q Do you know if you asked for a written report?

2 A I don't remember.

3 Q But if you had asked for one, would that be
4 reflected in a note somewhere?

5 A Possibly, not necessarily.

6 Q Would it be important for any other worker to
7 have a report from, a written report from Dr. Altman?

8 A Any report from a professional, in writing, is
9 always helpful.

10 Q Okay. So actually having a written report from
11 Dr. Altman would have been helpful for --

12 A Well, it would be helpful to have it as
13 information on the file, yes.

14 Q Okay. Because what, is that because what he
15 tells you and what you record, you may, you may record
16 things differently than what he would put in the --

17 A Not --

18 Q -- report; is --

19 A -- no, that's not what I meant.

20 Q Okay.

21 A The reason for it being important is because
22 it's, it's another collateral that has had contact with the
23 client and so any time that somebody that's had contact
24 with the client can write a written report, it's their
25 words then that's clear on the file. The same as if the

1 child saw a doctor and had an immunization needle, it would
2 be helpful to have something from the doctor to confirm
3 that they actually had that needle. So it would also be a
4 way to confirm that she met with him.

5 Q Okay. So if we just take a look at your transfer
6 summary again, which is page 37032, the, the several points
7 there are the same, or similar points to what you have in
8 your notes, but it looks like there's more detail in the --

9 A Yes.

10 Q -- transfer summary than in your --

11 A Um-hum.

12 Q -- notes?

13 A Um-hum.

14 Q And is that, was that because you were
15 reconstructing what you recall from your meeting, or --

16 A When I was writing the summary, that would have
17 been based on my -- yes, based on my recollection of the
18 meeting with Dr. Altman --

19 Q Okay.

20 A -- which all of the information may not have been
21 reflected in my notes, necessarily.

22 Q Okay. Okay.

23 A Whereas right now, I don't have any recollection
24 of that meeting.

25 Q And so what, according to your transfer summary,

1 Dr. Altman told you that there was -- Samantha didn't have
2 a diagnosis of depression?

3 A Correct.

4 Q He sees her as a -- he does not -- he does see
5 her as a closed book --

6 A Correct.

7 Q -- and did, did you have any understanding as to
8 what that meant?

9 A I don't remember.

10 Q Okay. And:

11

12 "... she presents as not wishing
13 to tell all of the information
14 there is to tell, he said this
15 could be due to her own style of
16 interacting and/or some of her own
17 life experience

18 - His impression is that both
19 parents are now committed to each
20 other and ... parenting. Samantha
21 indicated that she had not wanted
22 to be pregnant and was some what
23 sad ... but since ... decided that
24 this is her child and [she] wants
25 to parent her, she felt she got

1 connected with the child during
2 the visits"

3

4 Is it just that -- does that -- did that tell you
5 anything, as a social worker, in terms of what you were
6 looking at assessing?

7 A It told me that she was committed and now wanting
8 to parent, whereas, in the beginning, when the child was
9 apprehended, she wasn't sure about that.

10 Q Okay. It goes on to say:

11

12 "His impression is that the
13 relationship is okay, [that] they
14 both openly shared their feelings
15 for each other and their
16 relationship, Sam feels Steve
17 loves her and they tell each other
18 they love each other

19 - Dr. Altman does not see the need
20 for any further assessments at
21 this time, he talked to them about
22 commitment but he feels that for
23 now they are committed to one
24 another and to parenting"

25

1 Is that reference to:

2

3 "Dr. Altman does not see the need
4 for any further assessments at
5 this time ..."

6

7 Do you -- what was your understanding of that?

8 A I don't remember specifically, but based on
9 what's written there, I would assume that it meant -- that
10 I took that to mean that she was not in need of any other
11 psychological services at that time.

12 Q Okay.

13

14 "- He believed the couple's
15 responses and their interactions
16 were genuine

17 - He [saw] them sharing parenting
18 responsibilities

19 - He suspects that there may be
20 some past sexual abuse in her life

21 however she is not ready to
22 address it, this was based on her

23 responses to why she did not see a

24 Dr. when she was pregnant, she

25 [expresses] concern about a dr.

1 touching her inappropriately, she
2 [says] this was due to watching
3 similar issues on TV"

4

5 Did that cause you any concern?

6 A Which part? That she may have a history of
7 sexual abuse?

8 Q Right.

9 A Yes, as part of her history, it could possibly
10 have an impact.

11 Q Okay. And is that something you would have
12 expected to explore down the road, or --

13 A Possibly, yes.

14 Q Okay. Because, would that, could that possibly
15 have an impact on Phoenix Sinclair's safety?

16 A It, it possibly could, but not necessarily.

17 Q Okay. And then:

18

19 "His impression was that the flat
20 affect people experienced with
21 Samantha is likely due to her
22 method [of style] and style of
23 communication, not depression or
24 feelings of sadness, she reported
25 that she no longer had feelings of

1 sadness [as she did not want] as
2 she did when she was pregnant"

3

4 So that, that is what you recall, you've noted
5 Dr. Altman reported to you?

6 A Correct.

7 Q Now, it's my understanding that we'll hear
8 evidence from Dr. Altman that he denies indicating to you
9 that no further assessments were required; are you able to
10 comment on that?

11 A I can't comment on that. I can only comment on
12 what's in my report, which is my recollection at the time.

13 Q And I -- if we look back at your, your
14 handwritten notes --

15 A Um-hum.

16 Q -- which it's at page 37302 --

17 A Um-hum.

18 Q -- is there any reference here to not requiring
19 any further assessment?

20 A Not written in my handwritten notes, no.

21 Q Okay. And which, what date was your transfer
22 summary written?

23 A Two weeks after the, the, the meeting.

24 Q Okay. And so I think you confirmed before that
25 that, any additional information, your transfer summary,

1 would have been recalled from this meeting two weeks prior;
2 is that --

3 A Correct. What's written in my transfer summary
4 based, his information would have been based on my notes
5 and my own recollection at the time.

6 Q Okay. And was postpartum depression something
7 you had, you recall being concerned with, with respect to
8 Samantha Kematch?

9 A That's what was written in my notes, through my,
10 my supervision with my supervisor. I don't have a specific
11 recollection, but based on my notes, depression was one of
12 the things that came up as a concern.

13 Q And you've had a chance to review Dr. Altman's
14 handwritten notes?

15 A His --

16 Q Or his, sorry, his typed notes, his transcribed
17 notes?

18 A I have.

19 Q Okay. And if we could just turn to, to his
20 notes, which are at page 43559, Commission disclosure 2069.
21 If we could just go down the page please. There's a
22 reference to:

23

24 "- prior worker felt ..."

25

1 A Um-hum.

2 Q

3 "... post-partum depression or
4 some mental health issue"

5

6 A Um-hum.

7 Q And I, I didn't notice a reference to that in
8 the, the notes you took from your discussion with him; is
9 there --

10 A He talks about not having a diagnosis of
11 depression --

12 Q Okay.

13 A -- that's what I documented that he told me, that
14 there was no diagnosis of depression.

15 Q And so for you, by saying that, you were
16 including postpartum depression then?

17 A Correct.

18 Q Okay. And so based on Dr. Altman's assessment
19 then, you, did you feel that the condition that was left
20 from the original case plan had --

21 A Right.

22 Q -- been fulfilled?

23 A Yes.

24 Q Was Dr. Altman's assessment helpful to you?

25 A Yes.

1 Q And how so?

2 A It allowed me to incorporate that information
3 into my assessment of -- and to address the concern as to
4 whether or not she did have a diagnosis of postpartum
5 depression, or other mental health concerns, at the time.

6 Q Okay. And, and, and how did you how incorporate
7 it into the plan?

8 A It -- I'm not sure if I understand. Like, it was
9 just part of the overall assessment then based on, you
10 know, that information was included in the assessment, as
11 to helping make the decision to return Phoenix and what
12 other services the family may need.

13 Q If we can go back to your transfer summary, which
14 is at 37031 and that's Commission disclosure 1795, the
15 third last paragraph, in the last -- the, sorry, third,
16 this is the fourth last paragraph, you're talking about the
17 service agreement and the agency support worker continuing
18 to work with the parents and baby at home?

19 A Okay.

20 Q This is, this is the support worker that you had
21 put in place?

22 A Right.

23 Q And that was Ms. Belanger?

24 A Yes.

25 Q And did -- what was the relationship between you

1 and the family support worker?

2 A What, what do you mean by the relationship?

3 Q Well, did -- was there a reporting relationship?

4 A She -- yes and no. She reported information
5 about her observations and her work with the family to me,
6 but as a supervisor, she -- as a supervisory relationship,
7 I didn't have that with her. She reported, regarding her
8 work performance issues, time, you know, hours of work, et
9 cetera, to her own supervisor, if I recall correctly, in
10 the family support department.

11 Q Do you recall Ms. Belanger?

12 A Not specifically, no.

13 Q Okay. Do you recall whether you had any
14 difficulties with any of the services she provided?

15 A Not that I recall.

16 Q Okay. And if you had, would you have made a note
17 of it?

18 A Likely, yes.

19 Q Okay. Now, would she have reported -- you said
20 you would have relied on her to report her observations
21 about the family; right?

22 A And how the family were working with her and
23 following through with the goals that they had set with her
24 about preparing to parent Phoenix.

25 Q Is that one of --

1 THE COMMISSIONER: Did, didn't she make that
2 report to you?

3 THE WITNESS: She verbally would report that to
4 me, yes.

5

6 BY MR. OLSON:

7 Q And then would you take notes of that?

8 A Typically.

9 Q And did you find any notes of that in this file?

10 A I did find at least one note.

11 Q Okay. Do you know where that note is?

12 A September the 22nd.

13 Q And what, what's the page number on the bottom?

14 A Oh, sorry, 37304.

15 Q So this is September 22nd, 2000 and that TCF,
16 that, is that telephone call?

17 A Yes, from Marie Belanger.

18 Q Okay.

19 A Do you want me to read it?

20 Q Sure, please.

21 A

22 She said that the parents are
23 doing well. They are trusting of
24 her and cooperating with her, very
25 attentive to the baby. Has her on

1 a routine and seemed to be doing
2 well. The home is neat and clean
3 and well kept. She will continue
4 to see them twice a week and also
5 drops in on Fridays to check on
6 them for the weekend.

7

8 Q Okay. So this is -- are there any other notes of
9 any reports --

10 A Not that I could find.

11 Q Okay. So this is the one and only note --

12 A This is the only note.

13 Q Okay. And if you had reports from her, would you
14 have noted them?

15 A Possibly, likely, yes. But I don't believe that
16 this is the only contact I had with her over the time she
17 was involved with the family.

18 Q And that's based on what?

19 A My general practice and what's written in my case
20 summary, where I talk about her having had contact, I
21 believe. I'd have to go back to the summary to see --

22 Q Okay.

23 A -- the, the positive reports from her.

24 Q Does, do you normally see the note -- does the
25 family support worker generally take their, her own notes?

1 A Some of them do. I don't remember specifically.
2 I had been involved with other families where the, the
3 support worker took notes. In this case, I don't know
4 specifically.

5 Q Would -- are those notes typically provided to
6 you?

7 A In the other cases that I've had, I've seen those
8 notes, yes.

9 Q Just, I just want to be clear, did -- were there
10 any cases where -- that you recall, aside from this case,
11 where you didn't receive notes from a family --

12 A I don't --

13 Q -- support worker?

14 A -- remember.

15 Q No recollection?

16 A I don't remember, no.

17 Q Okay. Again, a Commission disclosure, 1795, page
18 37073 is a Winnipeg Child and Family Services family
19 support services request/renewal form?

20 A Um-hum.

21 Q Can you just tell me what this document is, if
22 you're able to?

23 A This is the form that is a request form, or a
24 renewal form of the service is going to be renewed, that
25 the social worker completes and sends to the family support

1 department for them to look at, determine if it meets the
2 criteria and then to assign a family support worker.

3 Q So this would be the initial form that was filled
4 out requesting --

5 A Correct.

6 Q -- a family support worker?

7 A Right.

8 Q Okay. If you go under type of service -- sorry,
9 at the top, Roman numeral 2 --

10 A Um-hum.

11 Q There's focus of service requested and it,
12 there's an X beside family?

13 Q Correct. Other options were child-in-care, which
14 this was not; right?

15 A Correct.

16 Q Or a child at home?

17 A Correct.

18 Q What's child at home?

19 A I don't remember specifically what the
20 differences were there. I, I can guess, but it would only
21 be a guess.

22 Q Okay. This is a form you've, you filled out
23 though; right?

24 A Correct, yes.

25 Q And then type of service requested? So here

1 you've checked, children zero to five --

2 A Correct.

3 Q -- and then respite to each -- teaching was the
4 other option?

5 A Right.

6 Q And teaching referred to what practical teaching,
7 as to homemaking and that sort of thing?

8 A Homemaking, parenting.

9 Q And then the primary client is recorded to be
10 Samantha Kematch?

11 A Correct.

12 Q And why wouldn't Mr. Sinclair also be recorded
13 here?

14 A Because typically, when a case is opened, there's
15 one case reference and the case reference is typically the
16 mother, even though the father may be involved and may be
17 living in the home and an active parent. It's just how the
18 cases are opened, as a case reference. So when you're
19 filling out a form like this, typically, we would only put
20 in the case reference.

21 Q Okay. Go down to the next page, Roman numeral 9.
22 It says: Potential for violence --

23 A Okay.

24 Q -- and you've checked off yes?

25 A Um-hum.

1 Q And then it says:

2

3 "Samantha has been known to become
4 verbally aggressive and
5 uncooperative."
6

7 And is that, is that something you experienced
8 yourself, or?

9 A That -- she was never verbally -- or aggressive
10 towards me. I'm guessing, I can't remember specifically
11 filling out this form, but I'm guessing I would have got
12 that information from her history.

13 Q And then under goals for the family, what, what
14 information is under that?

15 A Can you tell me the number, so I can look it up
16 in the paper copy? It's hard for me to read there.

17 Q Sure, it's Commission disclosure 1795 and this
18 would be page 37074.

19 A Goals for family:

20

21 "to learn appropriate parenting
22 skills
23 to build a bond and relationship
24 between parents and child
25 to increase access with a goal of

1 possible reunification of family"

2

3 Q And so this -- what's the purpose of this section
4 here? What's your understanding of the purpose of it?

5 A It's to advise the family support worker of what
6 the goals are that the agency and the family believe are
7 necessary for her to help them achieve.

8 Q Do you know whether or not, during your service
9 to this family, they attained these goals?

10 A I'm not sure if I understand the question. They
11 worked with Marie and Marie's reports back to me were that
12 they were meeting her needs and so I would say yes.

13 Q That's based on -- is that based on the note that
14 we looked at earlier?

15 A That's based on any information that Marie would
16 have given me over the time that she was involved.

17 Q Okay. And that's, you believe there was more
18 information given to you --

19 A I believe there was, I just don't have a
20 recollection of the specific information or a note of it.

21 Q Okay. This wouldn't have been gleaned from your
22 own observations though, would it, whether or not these
23 things were being achieved?

24 A Likely, yes.

25 Q And then under the next, Roman numeral 12,

1 there's role and responsibility?

2 A Um-hum.

3 Q And what's, what's written under there?

4 A The role -- so A is the support worker:

5

6 "to provide modeling and education

7 regarding appropriate parenting

8 during access visits

9 to provide support and teaching to

10 the family in the home should the

11 child be returned to the parents

12 to assist with assessing mother's

13 parenting ability by providing

14 information to the social worker"

15

16 And then B is social worker:

17

18 "to assess mother and father's

19 parenting ability and to monitor

20 access visits"

21

22 Q So it right then that A is what you expect, what

23 you expect from the support worker who's eventually

24 assigned?

25 A Correct.

1 Q And then B, those are your obligations as a
2 social worker?

3 A Correct.

4 Q Okay. And it says:

5

6 "... to monitor access visits"

7

8 What, what does that mean? Under -- that's one
9 of your responsibilities.

10 A When you write to monitor access visits, that can
11 mean a number of things. One is to monitor them, so, to
12 determine are they happening or not? Are the parents
13 attending to the child's needs during the visits, those
14 kinds of things.

15 Q Okay. And is that something you did?

16 A I believe so, yes.

17 Q Okay. Do you know how frequently the family
18 support worker met with Ms. Kematch and Mr. Sinclair?

19 A Not that I recall specifically. The plan was
20 twice a week. I don't have any recollection that she
21 didn't meet with them twice a week.

22 Q Okay. Do you recall whether you were present
23 during any of the visits?

24 A I don't remember.

25 Q Is there any indication in your notes that you

1 were present?

2 A I don't believe I found a note about that, no.

3 Q So you, when you transferred the file to the next
4 worker on, in October --

5 A Okay.

6 Q -- what was your expectation of that next worker?

7 A As in any time you transfer a file, the
8 expectation is that the worker and the agency will look at
9 the plan that you had devised and the expectations of the
10 family, follow those and do their own assessment as they
11 have the file, as to whether or not those are expectations
12 that need to continue or not. In this case, I had done a
13 service contract. My expectation, based on the service
14 contract, is that it would be in place for a period of at
15 least six months and then reviewed after six months and
16 that the social worker who was going to get the file would
17 then do their own assessment as to whether or not those
18 conditions were met and if there were need for a, a new
19 service contract, or a, and to assess the overall wellbeing
20 of the child and how the family was functioning.

21 Q And did you have, did you have any contact with
22 the next worker?

23 A No, I did not.

24 Q Do you know who the next worker was to --

25 A I do not.

1 Q -- have contact? So your involvement ended,
2 effectively, October 2000; is that right?

3 A Correct, in early October.

4 Q Early October. And would, would you have
5 expected the next worker to contact you if they had any
6 questions?

7 A If they had questions, yes, but it wasn't typical
8 practice to contact the previous worker necessarily.

9 Q Okay. And so I take it then, and I think you
10 confirmed this, this yesterday, that the next worker would
11 essentially look at your file to determine what it is they
12 needed to do?

13 A That's what I did, I --

14 Q Okay.

15 A -- I can't speak to all other workers, but --

16 Q But that's your understanding is --

17 A -- that's my understanding of the process, yes.

18 Q Do you recall the last time you had any contact
19 with Ms. Kematch, Mr. Sinclair or Phoenix?

20 A I do not.

21 Q No? Did you find any -- did you note -- do you
22 have a note of that?

23 A The note I have is from September the 13th, when
24 they were in the office with Dr. Altman.

25 Q So if we, if, if your notes recorded contact with

1 them, that would have been your last contact?

2 A I believe so. That's the last note that I have.
3 I can't say for sure whether I had contact with them after
4 that or not. I don't have any note to reflect that.

5 Q And we've already canvassed whether or not you
6 visited Ms. Kematch and Mr. Sinclair after Phoenix was
7 returned home?

8 A I don't have any recollection of that --

9 Q Okay.

10 A -- and I don't have a note.

11 Q When you, when you eventually transferred the
12 file, did you have a sense as to how the family was doing?

13 A I don't recall.

14 Q Okay. Did you have a sense as to how Phoenix was
15 doing?

16 A I don't recall specifically. I have what's
17 written in my case summary, which was written at the
18 beginning of October, so that would be an indication of
19 what my sense was at the time.

20 Q Okay. Do you have any recollection as to your
21 observations of Ms. Kematch?

22 A At the time the file was transferred?

23 Q At the time of transfer, or even before.

24 A Only what's written in my summary.

25 Q Okay. We anticipate hearing evidence from Kim

1 Edwards and Steve Sinclair that Samantha Kematch was not
2 involved in parenting Phoenix and was not, not spending a
3 lot of time with her. She was actually out of the home and
4 involved in partying and that sort of thing; were you aware
5 of that?

6 THE COMMISSIONER: At, at what stage?

7 MR. OLSON: At this, at this point in time. So
8 it would have been shortly after Phoenix was returned home.

9 MR. RAY: At which, at which point in time?

10

11 BY MR. OLSON:

12 Q Shortly after Phoenix was returned home. So it
13 would be after September 5th and on?

14 A I don't have, I didn't have any knowledge of
15 that.

16 Q One of the, one of the things I noted, in
17 reviewing your notes, is that there, there's reference
18 throughout, not, not only you, but also for the family
19 support worker, that the house was neat and tidy?

20 A Um-hum.

21 Q Was, is there any significance to that
22 observation?

23 A That was a typical observation that social
24 workers make when they go into families' homes, is the
25 condition of the home, because the condition of the home

1 can sometimes be an indicator of how the parents are
2 actually functioning. Not always, not necessarily, but it
3 was something we typically commented on.

4 Q So am I right then, when you see a home neat,
5 clean, tidy, that is sort of one the positive side, in
6 terms of --

7 A Correct.

8 Q -- parenting --

9 A Correct.

10 Q -- when parents are functioning?

11 A It's, it's usually an indicator that the parents
12 are able to cope with the day-to-day tasks of living.

13 Q Do you recall when you found out about Phoenix's
14 death?

15 A I don't recall specifically. I do know that I
16 was not working at the time. I was on a maternity leave at
17 home.

18 Q When you, when you found out, did you recall that
19 you had some involvement with the family?

20 A Not initially, but after thinking about -- her
21 name sounded familiar to me and sometime later I realized
22 that I had had contact. What all the contact was, I don't,
23 I didn't remember at the time.

24 Q Okay. When you realized you had contact, did you
25 do anything? Did you go back and look at the file, or your

1 involvement?

2 A No.

3 Q Did you ask your -- the agency if you could --

4 A Look at the file?

5 Q -- look at the file?

6 A No.

7 Q Okay. Did anyone -- did your -- did the agency,
8 or anyone, speak to you, or bring, bring the fact of
9 Phoenix's death to your attention?

10 A Yes.

11 Q Okay. And when was that?

12 A I don't remember specifically. I received a
13 phone call from, I, I don't know if they're called the
14 critical incident team, I'm not sure what they were called
15 at the time, telling me, asking me did I have, did I
16 remember having contact with the file? I said I did. And
17 asking if I needed any support from the agency at the time.
18 I said no.

19 MR. OLSON: Okay.

20 THE COMMISSIONER: This was a call from Child and
21 Family Services?

22 THE WITNESS: From Winnipeg Child and Family
23 Services, yes. From their, whatever the name of the team
24 was at the time and I don't remember what it was called,
25 but it, they were offering support to other social workers

1 that had been involved in the case.

2

3 BY MR. OLSON:

4 Q There were some reports that were commissioned
5 after Phoenix's death and there were, three of which were
6 fact specific; do you know, do you recall whether you were
7 shown any of these reports prior to your involvement --

8 A No --

9 Q -- in the inquiry?

10 A -- I don't recall.

11 Q Okay. The Section 4 report, which is at
12 Commission disclosure 1, was submitted under Section 4 of
13 the Child and Family Services Act and I just wanted to take
14 you through a few sections that covers the time that you
15 provided services to the family.

16 A Okay.

17 Q And you've had a chance to see, review
18 those --

19 A I did --

20 Q -- and comment?

21 A -- as part of the inquiry preparation.

22 Q Okay. So if you turn to, if we turn to page 19,
23 we have, under findings, finding 5:

24

25 "The initial case plan was

1 appropriate and detailed."

2

3 And your involvement would have began at this
4 time; right?

5 A With the initial case plan? Would have been
6 right after the --

7 Q At --

8 A -- initial case --

9 Q -- right after the case plan?

10 A Correct.

11 Q And so here it says:

12

13 "In August a home-maker was
14 assigned to assist the parents and
15 a VPA was signed for one month
16 upon the expiration of the
17 temporary care order. This was to
18 allow for Phoenix to be hopefully
19 placed back home."

20

21 That was all done under your --

22 A Correct.

23 Q -- conduct of the file? September 5, 2000:

24

25 "Service Agreement signed (on

1 file) stated that over the next
2 six months the parents and the
3 agency would follow through [with]
4 the following ..."

5

6 And we reviewed those already?

7 A Um-hum.

8 Q Okay.

9 A Yes, that's correct.

10 Q Okay. If we go to the next page, it records that
11 the service agreement was signed on October 2nd, 2000:

12

13 "On this date the worker did a
14 transfer summary as she was
15 leaving her position at the
16 agency. Although not everything
17 is explained in detail in regards
18 to the parent's progress towards
19 the stated goals it appears that
20 much was accomplished in terms of
21 regular [visits] by the parents
22 with Phoenix, completing an eight
23 week parenting course, regular
24 weekly contact with the worker and
25 the parents, a homemaker had been

1 assigned."

2

3 Now, is that, is that accurate?

4 A I, I think so.

5 Q Did you have regular weekly contact with the
6 parents?

7 A I don't recall. I did when they visited the, the
8 office for weekly visits. I, I --

9 Q Okay.

10 A -- don't specifically recall, but as I said
11 earlier, my typical practice was to be there at the start
12 of the visits and at the end of the visits.

13 Q Okay.

14 A So that would have been regular weekly contact.

15 Q That, that would have been early on though --

16 A It would have been up until the child was
17 returned.

18 Q Right, which would have been September 5th?

19 A Which would have been September.

20 Q Okay. And then the date, the next date, October
21 13th, 2000 --

22 A That's a mistake, it's September 13th.

23 Q -- is a, it must be a typo because it's referring
24 to Dr. Altman, which we know, we knew didn't meet with --

25 A Occurred on September the 13th, not October the

1 13th.

2 Q Right. And it says:

3

4 "Dr. Altman had met with Samantha
5 and the child care file case file
6 notes [indicate] that 'he did not
7 see any need for future
8 assessments at this time, 'he
9 feels that they are committed to
10 one another and to parenting'."

11

12 That's what your notes indicate; right? We
13 reviewed that?

14 A Correct.

15 Q Okay.

16

17 "He believed that the 'couples
18 responses and their interactions
19 were genuine'."

20

21 That's something else recorded in your notes?

22 A Yes.

23 Q

24 "Also, he apparently stated to the
25 worker that 'his impression was

1 that the flat affect experienced
2 with Samantha is likely due to her
3 method and style of communication,
4 not depression or feelings of
5 sadness'. The worker also
6 indicated that ongoing assessment
7 of their parenting by the new
8 worker would be necessary."

9

10 Those are all things from your notes?

11 A Correct. From my summary, I believe.

12 Q Okay. And then the findings are that:

13

14 "The case file management
15 involving Phoenix and her parents
16 was competent up to the point [in
17 time] of ... worker transfer in
18 October, 2000."

19

20 It says:

21

22 "The interaction by the worker was
23 purposeful and active. It may
24 indeed be that the couple still
25 had far to go to be competent

1 parents but the agency had them on
2 a specific plan and outside
3 collaterals and professions were
4 involved appropriately."

5

6 Do you have any comments on that finding?

7 A No.

8 Q

9 "Up to this point [the] case was
10 on target with a realistic case
11 plan. The problem was identified
12 appropriately as there being two
13 young adults, with traumatic
14 [traumatic] childhoods who were
15 now the parents of a very young
16 child. The plan was to strengthen
17 their parenting skills and ensure
18 that they are psychologically able
19 to parent. There was frequent
20 outside contact by collaterals as
21 well to ensure that the situation
22 did not become dangerous for
23 Phoenix.

24 For those who have done child
25 protection case work, there was

1 little at this point that
2 separated this family from many
3 others open to protection
4 services."

5

6 That statement that there's little that separated
7 this family from others, is that your observation as well?

8 A I would say that this case, at that time, was
9 very similar to other cases that were on my case load.

10 Q Okay. And we heard Mr. Orobko yesterday say that
11 this was, I think his words were, a typical case for the
12 sort of families we were dealing with in our service area;
13 is that --

14 A I would say that's correct.

15 Q Okay. It says:

16

17 "There was a lack of parenting
18 skills and other issues stemming
19 from the parent's own childhood.
20 In most of these situations the
21 parents can retain their young
22 children or babies with them under
23 close supervision. Many parents
24 with tragic upbringings can become
25 good parents. It requires that

1 they look at role models, find
2 supports, or [building] a
3 relationship with their worker,
4 and assume the attitude that they
5 can succeed. Furthermore, bonding
6 between parents and their children
7 is important, and, where possible,
8 parents are given opportunities in
9 the first few years of life to
10 have frequent contact or custody
11 of their child."

12

13 So were all the, all those things that you --
14 would you agree with, with --

15 A I --

16 Q -- this findings?

17 A -- I do.

18 Q And do you have any comments with respect to
19 anything written in this report?

20 A No.

21 Q The next report where your service is mentioned
22 is the internal review done by Rhonda Warren and Schibler
23 and that's eight, Commission disclosure 1802.

24 THE COMMISSIONER: Now, how much longer are you
25 going to be, Mr. Olson?

1 MR. OLSON: Not, not much longer, maybe five
2 minutes?

3 THE COMMISSIONER: Well, we'll finish up then.

4 MR. OLSON: Before the lunch break?

5 THE COMMISSIONER: Yeah.

6 MR. OLSON: Thank you.

7

8 BY MR. OLSON:

9 Q Commission disclosure 1802, page 38015. You've
10 had a chance to review this, these comments and
11 recommendations?

12 A I have.

13 Q The first bullet there --

14 THE COMMISSIONER: And whose report is this?

15 MR. OLSON: This is a, the internal report,
16 internal review done by Rhonda Warren and Billie Schibler.

17 THE COMMISSIONER: All right.

18 MR. OLSON: And it's one of the -- I don't
19 believe this one is referenced in the order in council.

20 THE COMMISSIONER: It's not referenced in the
21 order in council?

22 MR. OLSON: Sorry, it's just, yeah, it's just
23 Rhonda Warren's report.

24 THE COMMISSIONER: And it's not referenced in the
25 order in council?

1 MR. OLSON: It's not referenced in the order in
2 council.

3

4 BY MR. OLSON:

5 Q So the first bullet point on this page says:

6

7 "Between April 2000, after
8 Phoenix's birth, and October 2000
9 when the case was transferred to a
10 new Social Worker in Family
11 Services, contact was appropriate
12 and assessment and intervention
13 were thorough and appropriate.
14 From October 2000 to the last
15 contact with this family actual
16 service was almost non-existent."

17

18 So just that first part, not the non-existent --

19 A Correct.

20 Q -- is that, do you have any comments on that?

21 A No.

22 Q And the next report where you're referenced is
23 the Section 10 report, which is at Commission disclosure 2,
24 page 132. So you're, I take it you're familiar with these
25 types of reports --

1 A Yes.

2 Q -- having done some yourself --

3 A Yes.

4 Q -- and been involved in them? This a report by
5 Jan, prepared by Jan Christianson-Wood, titled:
6 Investigation Into the Services Provided to Phoenix
7 Victoria Hope Sinclair, Report to the Minister of Family
8 Services and Housing on September 18th, 2006. And so, at
9 this page, the top of page 132, it says:

10

11 "An [agent] Agency summary from
12 this time noted 'through May to
13 August the couple continued to
14 [visit] with Phoenix on a weekly
15 basis, Tuesdays from 10:30 a.m. to
16 12:30 p.m. It was also learned
17 from [the advocate] that they
18 continued to attend the Boys and
19 Girls Club's summer programming,
20 they participated in a program
21 focused on job training. [The
22 advocate] also reported that the
23 couple seems to be committed to
24 parenting their child and wanted
25 her returned to their care. The

1 parents were cooperative with this
2 worker however Samantha often
3 appeared angry when she was
4 required to discuss any of the
5 relevant issues with this worker."

6

7 Is that, that referring to you?

8 A I believe so, that's what's written in my case
9 summary, I believe.

10 Q Okay.

11

12 "It was as if that was her general
13 [demeanour] with those in
14 [authorities] authority."

15

16 A That's a quote --

17 Q Okay.

18 A -- from my summary.

19 Q That's right out of your summary; right?

20 A Yes.

21 Q

22 "At the end of July 2000 Ms.
23 Kematch and Mr. Sinclair consented
24 to a one month Voluntary Placement
25 Agreement with the goal being

1 Phoenix's return to their care.
2 [This] The required psychological
3 evaluation had not been completed
4 and there remained an outstanding
5 concern about Ms. Kematch's
6 emotional stability. No concerns
7 about Mr. Sinclair were noted --
8 It appeared that his functioning
9 was not a critical factor in the
10 decision to return Phoenix."
11

12 Do you agree with those comments?

13 A I don't know that I would agree that it appeared
14 that his functioning was not a critical factor. An overall
15 assessment, my assessment of their, of the return of
16 Phoenix was based on information about both Samantha and
17 Steven, not just on Samantha.

18 Q Okay. So you don't, you don't agree with that
19 particular part?

20 A Well, I don't agree that it wasn't a critical
21 factor. It was a factor in my assessment of how they were
22 both doing at the time.

23 Q Okay. And it goes on:
24

25 "A teaching support worker was

1 assigned to work with them and
2 visits were increased to two hours
3 twice weekly. In mid-August the
4 visits were again increased and
5 began to take place in the
6 parents' home. The teaching
7 support worker indicated to Agency
8 workers that Ms. Kematch and Mr.
9 Sinclair were very attentive to
10 Phoenix and had begun to
11 accumulate all the necessary items
12 to care for her."

13

14 Is that all accurate?

15 A I believe so, yeah.

16 Q Okay.

17

18 "On September 5, 2000 Phoenix
19 returned to the care of her
20 parents. Her foster mother sent
21 information about Phoenix in a
22 letter to her parents. Ms.
23 Kematch and Mr. Sinclair also
24 received photographs of their
25 daughter. These show Phoenix as a

1 beautiful, round-faced child with
2 abundant dark hair. She was
3 photographed playing in an
4 'exersaucer', looking [at] a tank
5 of fish, sitting on a sofa,
6 'riding' a toy horse and drinking
7 from a baby bottle.

8 On September 13, 2000 Ms. Kematch
9 was assessed by a psychologist who
10 indicated that she was not
11 depressed but that her flat affect
12 might be a manner in which to
13 protect herself due to her life
14 experiences or might simply be her
15 style of presentation. The
16 psychologist stated that the
17 parents appeared committed to one
18 another and [they] felt that they
19 were genuine in their desire to
20 parent Phoenix. The psychologist
21 also noted that Ms. Kematch was a
22 'closed book' in that she did not
23 want to reveal information.
24 Despite this, he did to feel that
25 any further assessment was

1 required."

2

3 Do you, do you recall if you told this to the
4 report writer, or did you meet with Jan Christianson-Wood?

5 A No.

6 Q No? And that appears, based on your notes, it
7 looks like it came from your file; is that --

8 A Correct.

9 Q -- and it says:

10

11 "The notes reviewed do not
12 indicate whether Ms. Kematch's
13 history as a teenager, which
14 [include] references to hostility,
15 aggression, criminal activities
16 and sexually promiscuous
17 [promiscuous] behaviours were
18 shared with the psychologist.
19 There was no indication that an
20 assessment of Mr. Sinclair was
21 considered, despite the concerns
22 noted in 1998 about ... potential
23 for harm to children placed in his
24 care. The quality of this
25 assessment -- and the lack of

1 insight [into] it provided into
2 [Mrs.] Kematch's capacity to
3 parent adequately -- was not
4 challenged by the Agency."

5

6 Do you have any comments with respect to that?

7 A Not anything that I haven't already addressed in
8 those issues, I think.

9 MR. OLSON: Okay.

10 MR. RAY: Maybe the witness can be given an
11 opportunity to reflect back on Mr., or Dr. Altman's notes,
12 to see whether she thinks those things were provided to Dr.
13 Altman in some context.

14 THE COMMISSIONER: Why don't you deal with that
15 when you get a turn?

16 MR. RAY: That, that's fine.

17

18 BY MR. OLSON:

19 Q Then the next point says:

20

21 "Notes from the Family Support
22 Worker (FSW), whose assessments of
23 the parents' functioning were an
24 important factor in deciding to
25 return Phoenix to their care, were

1 not found in the materials
2 provided for review."

3

4 Now, do you agree that the family support
5 worker's assessment of the parents' functioning was an
6 important factor in deciding to return Phoenix?

7 A Yes.

8 Q And we've already covered that there were no
9 notes in --

10 A Not found in my file.

11 Q Right. And then the final part is, is just a
12 factual paragraph. I don't know that you'd have any
13 comments on that?

14 A No.

15 MR. OLSON: So, I, I think I'm probably done with
16 this witness, although I would like to just take a look at
17 my notes and maybe after the lunch break, if there are any
18 further questions, ask them then.

19 THE COMMISSIONER: All right. Now it's, it's
20 getting on towards quarter to 1:00. Can we reconvene at
21 2:00, or does, do any of you need to go over to 2:15?

22 Mr. Ray?

23 MR. RAY: I, I think based, based on what's been
24 canvassed with the witness, I'd probably like a little
25 longer than 2:00, 2:00, 2:15, 2:30, I, I don't know what

1 the other parties feel.

2 THE COMMISSIONER: Well, 2:15 would be our
3 regular adjournment time, that is, you know, when we're off
4 for lunch. So I'm prepared to put it over to 2:15.

5 MR. RAY: That's fine, thank you.

6 THE COMMISSIONER: All right.

7 MR. OLSON: Thank you.

8 THE COMMISSIONER: We'll rise until then, thank
9 you.

10 You have to come back, witness, this afternoon.

11 THE WITNESS: Yes.

12

13 (LUNCH RECESS)

14

15 THE COMMISSIONER: Now, Mr. Olson, did you have
16 something further?

17 MR. OLSON: I think I just have two more
18 questions --

19 THE COMMISSIONER: All right.

20 MR. OLSON: -- Mr. Commissioner.

21 THE COMMISSIONER: We'll give you three.

22 MR. OLSON: Okay. I'll, won't go beyond that.

23

24 BY MR. OLSON:

25 Q Just with respect to Dr. Altman's transcribed

1 notes, page 43559, and that's Commission disclosure 2069,
2 There's a reference, if you, if we could scroll to the
3 second page, down a little further please? The last point
4 there, it says:

5 "CFS -- O.K. not bugging us ..."

6

7 And then:

8

9 "... not depressed, mental health
10 O.K. ? ..."

11

12 And then it says:

13

14 "... issues re: sex/marriage [and
15 parenting]"

16

17 And then if you look at -- and I appreciate you,
18 you wouldn't have seen Dr. Altman's notes --

19 A No.

20 Q -- prior to the inquiry?

21 A Correct.

22 Q But in your notes, which are at, I think they
23 begin at page 37302, and that's Commission disclosure 1795,
24 these are your notes with respect to your conversation --

25 A Um-hum.

1 Q -- with Ms., with Dr. Altman; right?

2 A Yes.

3 Q And I don't believe there's any reference in your
4 notes with respect to further issues regarding the three
5 things I mentioned from Dr. Altman's notes, that's sex,
6 marriage and I can't recall right now what the third thing
7 was, parenting?

8 A I, I don't, I don't believe that there is, other
9 than him talking, telling me about their relationship in
10 general, I guess.

11 Q Okay. And, and if he had mentioned those things,
12 is that something you would have recorded in your notes,
13 or?

14 A It would depend on what he was talking about. I
15 don't, I don't know what he meant in what he wrote there.
16 So it would depend on what he told me, I guess, I'm not
17 sure.

18 Q So whether those were further issues to be
19 explored --

20 A Correct.

21 Q -- by, by you, that -- nothing's written here and
22 you're not able to say, at this point, whether or not
23 that's something that was discussed?

24 A Correct.

25 MR. OLSON: I think those are all the questions I

1 have for you, thank, thank you very much.

2 THE WITNESS: Thank you.

3 THE COMMISSIONER: Thank you, Mr. Olson. Now
4 who's going next? Mr. Saxberg?

5 MR. SAXBERG: Set this all up here. Thank you,
6 Mr. Commissioner.

7 Good afternoon, Ms. Greeley. My name's Kris
8 Saxberg and I act for ANCR and the Authorities. Just have
9 a couple questions for you --

10 THE WITNESS: Okay.

11 MR. SAXBERG: -- relating to two areas.

12

13 CROSS-EXAMINATION BY MR. SAXBERG:

14 Q First, you testified that you had contact with
15 Steven Sinclair, Samantha Kematch and Phoenix on September
16 13th, 2000, around the, at the office, at the time when Dr.
17 Altman was interviewing them for the purposes of his
18 assessment; is that correct?

19 A That's what I believe, yes.

20 Q And that was after Phoenix was returned to the
21 home of Mr. Sinclair and Ms. Kematch; correct?

22 A Yes.

23 Q Did Mr. Sinclair tell you, on that occasion, that
24 around the time that Phoenix was returned to him and
25 Samantha that he and Ms. Kematch were smoking marihuana and

1 drinking?

2 A No.

3 Q Did he ever tell you that, at that meeting,
4 September 13th, after, after Phoenix had been returned,
5 that his impression of Ms. Kematch, as a parent, was that
6 she's not show (sic) much emotion towards Phoenix and would
7 always yell at her?

8 A No.

9 Q Did Mr. Sinclair tell you, at that meeting, that
10 after Phoenix was returned to the home, that Kematch would
11 go out partying and leave Phoenix with him?

12 A No.

13 Q Did he tell you that Ms. Kematch was not herself
14 after Phoenix was returned?

15 A No.

16 Q Did he tell you that it seemed like Ms. Kematch
17 did not really care for Phoenix that much and that he did
18 most of the parenting?

19 A No.

20 Q Did he tell you about an incident where Kematch
21 hit Phoenix, because she would not stop crying?

22 A No.

23 Q Did he tell you that Phoenix started staying with
24 Kim Edwards and her then husband, Rohan, soon after she was
25 returned on September 5th, 2000?

1 A No.

2 Q Did he tell you that it began with Phoenix
3 staying a couple of days with Ms. Edwards, Kim Edwards, and
4 then escalated into weeks at a time?

5 A No.

6 Q Did, did you ever receive any information like
7 that from Mr. Sinclair, during your period on the file, up
8 until -- which end at, I believe, in October of 2000?

9 A I never received any of that information from
10 anybody about how, about the family while I had the case.

11 Q To your knowledge, did CFS receive any of that
12 information, anyone else at CFS, to your knowledge?

13 A Not, not that I'm aware of.

14 Q Now, the -- on September 13th, Dr. Altman, after
15 interviewing the family, had told you his belief that the
16 parents were committed to each other and committed to
17 parenting; correct?

18 A That's correct.

19 Q So that was the information you were going on?

20 A Correct.

21 Q If you'd had the information that it's
22 anticipated Mr. Sinclair will provide to this hearing, as
23 was alluded to by Mr. Olson, along the lines of the
24 information that we've just reviewed, would that have
25 changed your risk assessment?

1 A Yes.

2 Q Yes, it would have?

3 A Yes, it would have.

4 Q How so?

5 A I would have had to take into account what was
6 really happening in -- what was happening for Ms. Kematch,
7 what was the condition of the home, who was caring for the
8 child? And, and how were they caring for the child? I
9 would have had to, to reassess the plan.

10 Q Would you agree with me that the ability of the
11 child welfare system to protect children is dependent upon
12 the information it receives from those with knowledge, from
13 those outside the organization?

14 A Yes.

15 Q That it's important that people that have
16 knowledge of child protection concerns come forward with
17 that information to CFS?

18 A Yes.

19 Q And if they do, it allows CFS to be able to do
20 its job; you'd agree with that?

21 A Yes.

22 Q Now, after the three month temporary order
23 expired --

24 A Um-hum.

25 Q -- CFS entered into a one month voluntary

1 placement agreement with the family; correct?

2 A Correct.

3 Q But after that expired, would you agree that CFS
4 would have had to have gone back to court to get an
5 extension on the temporary order of guardianship; correct?

6 A Yes, once it, once an order is granted and
7 expires, if you wish to proceed with an actual court order,
8 you'd have to go back to court and present grounds as to
9 why the child needs to remain in care.

10 Q And then onus is on the agency to prove that the
11 child's in need of protection; correct?

12 A Yes, that's correct.

13 Q And with the information you had on September
14 5th, 2000 --

15 A Um-hum.

16 Q -- which included progress being made by the
17 parents and then later on September 13th, the assessment
18 from Dr. Altman, do you believe that you had grounds to
19 believe that Phoenix was in need of protection, such that
20 you could extend the temporary guardianship order?

21 A No. I, I didn't believe that I had grounds to go
22 back to court to seek a further order, no.

23 Q And so as a result, at that point in time,
24 legally, or practically speaking, it was your belief that
25 Phoenix had to be returned to her parents?

1 A It was my belief that, based on the information I
2 had, that the parents needed to be given an opportunity to
3 parent her with further assessment by the agency, with her
4 in their care.

5 Q During the period that you were handling
6 Phoenix's file, did you ever receive information from Kim
7 Edwards?

8 A No.

9 MR. SAXBERG: Those are all my questions, thank
10 you.

11 THE COMMISSIONER: Thank you, Mr. Saxberg.

12 Who's next?

13 I see they're all looking at you, Mr. McKinnon.

14 MR. MCKINNON: No questions, Mr. Commissioner.

15 THE COMMISSIONER: Thank you. Ms. Van Iderstine?

16 MS. VAN IDERSTINE: No questions --

17 THE COMMISSIONER: No questions?

18 MS. VAN IDERSTINE: -- thank you.

19 THE COMMISSIONER: Mr. Khan?

20 MR. KHAN: Likewise, no questions.

21 THE COMMISSIONER: I guess you're on, Mr. Gindin
22 and you're, you're, you'll have some questions, Mr. Ray,
23 will you?

24 MR. RAY: Yes, I expect I will have some
25 questions, Mr. Commissioner. Perhaps before Mr. Gindin

1 proceeds with his questions, if I could have a moment to
2 speak with Mr. Olson?

3 THE COMMISSIONER: Yes. Do you want an
4 adjournment for 10 minutes? I --

5 MR. RAY: I think we're fine, Mr. Commissioner,
6 it's resolved, thank you.

7 THE COMMISSIONER: Mr. Gindin?

8 MR. GINDIN: Good afternoon, my name is Jeff
9 Gindin. I appear for Edwards and Sinclair. I have some
10 questions for you, first of all, some very general
11 questions.

12

13 CROSS-EXAMINATION BY MR. GINDIN:

14 Q You were asked some questions by Mr. Olson, I
15 believe yesterday, about whether you received any training
16 in standards?

17 A Correct.

18 Q And I think you answered that you couldn't
19 recall?

20 A I cannot recall.

21 Q Do you recall reading manuals of standards, or?

22 A I don't recall.

23 Q Do you recall discussing them with anyone?

24 A Not that I recall.

25 Q Do you recall any reading you did on best

1 practices?

2 A Not that I recall.

3 Q Do you recall even if you did or not?

4 A I, I --

5 Q As opposed to what you actually read, do you
6 recall reading anything?

7 A I don't recall, that was 12 years ago when I
8 started at the agency. I don't remember what I may or may
9 not have read at that time.

10 Q You were also asked about performance reviews --

11 A Correct.

12 Q -- you recall that?

13 THE COMMISSIONER: Just a minute --

14 THE WITNESS: Yes.

15 THE COMMISSIONER: -- before you get into that,
16 with respect to such things as standards and best
17 practices, was there no in house education? I mean, no, no
18 ongoing seminars for staff, within the house, to deal with
19 subjects like that?

20 THE WITNESS: Not that I recall. I don't
21 remember specifically having attended anything like
22 that.

23 THE COMMISSIONER: And you don't recall anything
24 like that being available to you?

25 THE WITNESS: I, I don't remember if it was or

1 wasn't. I don't recall attending it. I don't know if it
2 was available or not. I don't remember.

3 THE COMMISSIONER: Well, you would know, surely,
4 if, if, if you, if the opportunity was given, wouldn't you,
5 for, for, for seminars from time to time, inside the
6 department?

7 THE WITNESS: I would, but I don't remember, that
8 was a long time ago. I don't remember what I would have
9 received when I started with Winnipeg Child and Family
10 Services.

11 THE COMMISSIONER: So, so whether, whether the
12 department had programs for in house education, you just
13 don't know?

14 THE WITNESS: I, I don't know. I don't remember
15 what was available at the time and what wasn't there. I
16 don't --

17 THE COMMISSIONER: Well, do --

18 THE WITNESS: -- recall.

19 THE COMMISSIONER: -- do, do they have an in
20 house training program now?

21 THE WITNESS: I, I'm not familiar with one. I
22 don't do that type of work now, so I'm not -- and, and I
23 don't work for Winnipeg Child and Family Services now, so
24 I'm not sure what's available right now.

25 THE COMMISSIONER: All right. Thank you.

1 Sorry, Mr. Gindin.

2

3 BY MR. GINDIN:

4 Q And we're talking about the year 2000?

5 A Correct.

6 Q About 12 years ago; is that when you started?

7 A That's when I start, I started with Winnipeg
8 Child and Family Services in 1998.

9 Q Okay. And even -- was that your first job as a
10 social worker?

11 A No.

12 Q Okay. So you can't help us at all with respect
13 to your training or knowledge of standards?

14 A I, I, I don't remember what was, what I may have
15 read or did not read all those years ago. I can't recall.
16 What I can recall is what I said yesterday, which is that I
17 attended a core competency based training programming,
18 which had four or five levels, at some point between the
19 time of 1998 and 2000, I believe, but I'm not a hundred
20 percent sure on those dates either. But I did attend that
21 when I was an employee of Winnipeg Child and Family
22 Services.

23 Q Okay. Now, were you -- you talked about
24 performance reviews; you recall that?

25 A Yes.

1 Q I think you said that there were two such
2 reviews --

3 A Correct.

4 Q -- in a two year period?

5 A That's what I recall.

6 Q Can you tell us which two year period?

7 A The -- from 1998 to 2000. So I believe there was
8 one done sometime in 1999 and one done sometime again in
9 2000.

10 Q Now, I'm curious how you'd remember that but not
11 remembering anything about your training?

12 A Because that was specific to me, the performance
13 review was specific to me. I guess that's the only, that's
14 the only reason why I can think of I would remember
15 that.

16 Q Okay. Do you recall what took place at these
17 reviews?

18 A As I said yesterday, it was a written document
19 that was completed by my supervisor and I had to read it
20 and sign it and sometimes there were a discussion about it.
21 I don't remember specifically what was in each one. That
22 was the normal practice of doing a performance review.

23 Q So you don't recall really each performance
24 review in detail --

25 A No.

1 Q -- even though it was specifically related to
2 you, as you just said?

3 A Correct.

4 Q All right. Do you know whether note taking was
5 ever an issue that was discussed at either of these
6 performance reviews?

7 A For me personally?

8 Q Yes.

9 A Not that I recall.

10 Q So you can't say one way or the other?

11 A I, I can't say. I don't know what -- I cannot
12 remember what was in the performance reviews.

13 Q Obviously, with the time that has passed, we've
14 heard you tell us quite often that you can't recall certain
15 things --

16 A Correct.

17 Q -- right?

18 A Um-hum.

19 Q And sometimes you would tell us that, what you
20 would typically do?

21 A Correct.

22 Q Which would be not necessarily what you did do,
23 because you don't have --

24 A I don't have --

25 Q -- all the notes?

1 A -- a recollection.

2 Q Right.

3 A That's correct.

4 Q So you would tell us what you should or think you
5 would have done?

6 A What I typically would, what would my, be my
7 typical practice.

8 Q Yeah. You're not really able to tell us, with
9 any exactitude what you actually did on many, many of these
10 various cases?

11 A Other than what is, I, what I've refreshed my
12 memory from my notes.

13 Q Yeah. And if something isn't in your notes, you
14 really can't tell us anything?

15 A It, it depends on what the question was.

16 Q I just want to ask you about notes in general.
17 When do you normally make your notes?

18 A As you can see by my, these are my handwritten
19 notes that we've looked at, those were typically,
20 typically, and I can't remember specifically back then,
21 when I wrote each note, but typically they were made either
22 in the middle, while I was in the meeting, or very shortly
23 thereafter.

24 Q Yeah. And was, were there any policies about
25 whether it was sufficient to note the gist of a

1 conversation, as opposed to verbatim, if you could recall
2 it?

3 A I, I, I, I don't remember if there was a policy
4 or not.

5 Q Okay. And whether or not you made your notes
6 right away or several hours later, we can't tell from
7 looking at your notes; right?

8 A No.

9 Q And I presume that every social worker made their
10 notes in their own style, or according to their own
11 discretion?

12 A I, I don't know, because I don't remember if
13 there was a specific policy or not. I can only speak to
14 what I did, which was typically, at the time, I would
15 either write them while I was in the meeting, as I said, or
16 very shortly thereafter.

17 Q And you don't, you can't tell us whether you were
18 instructed to do that --

19 A I don't remember.

20 Q -- trained to do that, or just decided to do it
21 on your own?

22 A I, all I can -- what I can tell you about my note
23 taking, was when I worked in Ontario, before working for
24 Winnipeg Child and Family Services, I developed my own
25 process on how I took my notes, which is what I continued.

1 I can't --

2 Q I see.

3 A -- tell you whether that was reviewed by Winnipeg
4 Child and Family Services or if there was any policy that I
5 read about that once I got to Child and Family Services in
6 Winnipeg.

7 Q So chances are other social workers here, who
8 didn't have that same training, might be doing it a
9 different way?

10 A That's possible.

11 Q Yeah. Were your notes ever reviewed by a
12 supervisor? Was that ever part of the process? Have a --

13 A I don't --

14 Q -- look at your notes?

15 A -- I don't recall.

16 Q You don't know if that was ever done or not?

17 A I don't remember.

18 Q Do you recall yourself ever looking at your
19 notes, a week later, two weeks later, just to make sure
20 they're legible, just to make sure that you, they're
21 accurate?

22 A I don't remember.

23 Q Because you've told us, of course, here on a, on
24 several occasions, that you couldn't even read your own
25 writing?

1 A Sometimes it's --

2 Q Yeah.

3 A -- difficult to read my writing, yes.

4 Q So might have been a good idea to review your
5 notes when your memory was fresher and closer to the time
6 you made them, to make sure that they were legible, that
7 you don't want to add anything, for example?

8 A It wasn't typical practice to go back and add
9 things to your notes. Notes were written at the time of
10 what, what was happening was happening.

11 Q Well, there was an example of when you did add
12 something to your notes and we referred to Dr. Altman's
13 reports, where you looked at your notes and added something
14 that you included in the transfer summary; you recall that?

15 A Right. But that, that's not what I -- I didn't
16 add this to my -- what I'm talking about, it wasn't typical
17 to go back and add to your handwritten notes.

18 Q I see.

19 A But yes, in my case summary, I used my notes and
20 then included information that I recalled at the time,
21 that's what I believe.

22 Q Well, that's why I'm suggesting that if you
23 looked at your notes sometime close to the event, reviewed
24 them, decided whether there was something else that you
25 remembered, that you remembered, or wanted to add to that,

1 that might have been helpful?

2 A Possibly.

3 Q Okay. But you don't recall ever having that
4 process?

5 A Not that I can recall.

6 Q And you can't recall whether there was any
7 process by which you would meet with your supervisor and go
8 over your notes to see if they were adequate?

9 A Not, not that I recall.

10 Q And your notes would be the primary source of
11 information for future social workers --

12 A The primary source --

13 Q -- correct?

14 A -- of information would typically be whatever,
15 everything that's in the file. The notes are just the case
16 notes that are written by that worker. And you use your
17 case notes as your basis for making a transfer summary, et
18 cetera --

19 Q So then --

20 A -- as well as your knowledge of the case.

21 Q -- so the notes are the primary source of
22 original information from which you make reports?

23 A Typically, yes.

24 Q Which form part of the file?

25 A Right.

1 Q Which other people in the future will look to, to
2 decide what they should do, et cetera?

3 A I, I assume -- I don't know how many people
4 actually read other worker's case notes, so I, I don't know
5 the answer to that.

6 Q But when you transferred the file in October --

7 A Um-hum.

8 Q -- of 2000 --

9 A Um-hum.

10 Q -- another social worker took over?

11 A I believe so, yes.

12 Q Right. And that social worker would have to rely
13 on everything in that file in order to move forward?

14 A They would, it would be expected that they would
15 read the file, yes.

16 Q Yeah. And the file is really based on the
17 original notes that you made, from which you prepared
18 reports?

19 A Correct.

20 Q So there's no denying that those notes are very
21 important?

22 A They are important, yes.

23 Q Aside from the files themselves, but also because
24 you may find yourself in a situation like this where you
25 have to recall things --

1 A Many years later, yes.

2 Q -- right? Or for court purposes --

3 A Um-hum.

4 Q -- which could easily happen --

5 A Yes.

6 Q -- in any file; right?

7 A Yes.

8 Q Now, you were asked a question which I found a
9 little confusing, quite early on, by Mr. Olson, and I think
10 he asked you whether you ever checked previous notes that
11 others have made, or previous reports that others have
12 made, to see whether they might be inaccurate and that
13 struck me as odd, because how would you know that? How
14 would you know whether something you've read from before
15 was accurate or not, unless you actually, I suppose,
16 contacted the previous worker; right?

17 A Correct, I guess.

18 Q There's no other way of knowing whether notes
19 you're reading that someone else made are indeed accurate
20 or not?

21 A Unless there was contradictory information in the
22 summary or something.

23 Q And if there was, you'd, you'd likely phone or
24 contact --

25 A You'd try to find out --

1 Q Yeah.

2 A -- what the issue was.

3 Q Other than that way, you couldn't really tell if
4 the notes you were looking at were indeed complete
5 sufficient and accurate?

6 A Correct.

7 Q I think you said that some of the supervisors, to
8 your knowledge, kept notes of the meeting they held with
9 the workers?

10 A I believe some of them did, yes.

11 Q And I take it from that, that some of the didn't,
12 as far as you know?

13 A I don't know, I don't, because I don't know what
14 all of the supervisors did and I can't recall, a hundred
15 percent, what my supervisors did either, but I do believe
16 that one or both of them may have taken notes, but I, I'm
17 not a hundred percent sure.

18 Q Okay. When you first received this information
19 on this file that we're dealing with here --

20 A When I first received the file, you mean?

21 Q Yeah.

22 A Okay.

23 Q And I think you said that you would like to read
24 it from cover to cover as soon as you could?

25 A As, as soon as I could, that was my typical

1 practice --

2 Q And --

3 A -- yes.

4 Q -- and whether or not you could get to it
5 quickly, or when you could get to it, would that depend on
6 your workload, essentially?

7 A Yes, typically.

8 Q Now, you were talking also about Steve Sinclair's
9 child-in-care file and whether or not you might get his
10 permission to have a look at that; remember, remember that?

11 A Correct, yeah.

12 Q Were you aware of whether even he had ever seen
13 it?

14 A I, I don't remember.

15 Q Would it not be fairly typically that he wouldn't
16 have seen it?

17 A Yes, once a, once a child's child-in-care file is
18 sealed, there's a whole process that you have to go
19 through, without the client's permission to, to get it.
20 I'm not familiar with what the client would have to do, but
21 I do know that it's not easily accessible.

22 Q Even to the client?

23 A The client also has to go through a process.
24 What that process is, I can't recall, but I do know that
25 they would have to go through a process.

1 Q Now, do you recall that you were asked yesterday,
2 I believe, about this comment that you found in the
3 material, about Steve not, shouldn't be left with dependent
4 children; do you recall that remark?

5 A Yes.

6 Q You don't know who put that in there, do you?

7 A I don't.

8 Q You don't know what that was based on?

9 A I, I don't. I, I had not seen that information
10 until the inquiry started.

11 Q That certainly wasn't determinative of anything
12 for you?

13 A I didn't have the information, so I couldn't use
14 it to determine anything.

15 Q Okay. When did you see that for the first time,
16 that comment?

17 A At some point, in preparation for the inquiry.

18 Q I see. And were you aware back then, when you
19 were involved with this file, that Kathy Epps was Steve
20 Sinclair's social worker?

21 A I believe so, because it's written in my case
22 summary. How I learned that information, or where it came
23 from, I don't remember.

24 Q Do you recall ever talking to her and --

25 A I don't --

1 Q -- checking anything out about the file, or?

2 A -- I don't recall.

3 Q No? Have you done that since?

4 A Talked to Kathy Epps?

5 Q Yes.

6 A No.

7 Q About -- and I want to discuss with you the, the
8 issue of a, of the assessments that you wanted on Samantha;
9 right?

10 A Um-hum.

11 Q Initially you testified that you were concerned
12 about her flat affect and wanted to see whether she was
13 suffering from depression --

14 A That was --

15 Q -- right?

16 A -- the initial concerns, yes.

17 Q And all of that does relate to parental capacity
18 in some way --

19 A Correct.

20 Q -- right? Yet, there was no parental capacity
21 assessment done and I'm wondering why that wouldn't be
22 done?

23 A And I think I addressed that yesterday when I
24 tried to explain the difference between a professional
25 parenting capacity and the parenting capacity assessment

1 that the social workers would do on an ongoing basis when
2 they --

3 Q Yes.

4 A -- receive a, a file.

5 Q Right. But aside from what you, as a social
6 worker, would look at and consider, here you decided to get
7 a psychological assessment by someone with respect to her
8 mood, depression, state of mind, et cetera; right?

9 A Correct.

10 Q Why wouldn't you ask the same person to do some
11 sort of a professional assessment of her parental capacity
12 at the same time?

13 A I don't remember why that was not an option at
14 the time, I don't remember specifically --

15 Q Can you think of why you might not? Seems, on,
16 on the face of it, to be an obvious thing to do, since it's
17 happening anyway?

18 A Not necessarily though. A parenting capacity
19 assessment, as I think I said yesterday, was typically used
20 when the cases were open for a long period of time and, and
21 the children were in care for long periods of time and
22 there was some concern about the long term care of the
23 child.

24 Q Okay. So --

25 A So I can't answer specifically why it wasn't an

1 option here, or why I did or did not, why the agency, me
2 and my supervisor, whoever, chose not to go that route this
3 time, I, I don't remember.

4 Q The fact remains that it wasn't asked for?

5 A It -- no.

6 Q Correct?

7 A No.

8 Q Dr. Altman apparently wasn't asked to do --

9 A Not that I recall --

10 Q -- that extra thing?

11 A -- to do a parenting -- right.

12 Q Okay. I think you may recall that weekly visits
13 were suggested; do you recall that?

14 A Weekly visits --

15 Q With, with the parents --

16 A -- both, both --

17 Q -- and --

18 A -- and Phoenix --

19 Q Yeah.

20 A -- yes.

21 Q And Phoenix. And I think you also told us that
22 the way they interacted would be important --

23 A Correct.

24 Q -- right? You have no notes of how that
25 interaction went?

1 A No.

2 Q You have no notes of when you were present, when
3 you weren't?

4 A No.

5 Q You did say that if there's something unusual
6 that occurred, you would have made a note of that --

7 A I would have documented that --

8 Q -- right?

9 A -- yes. That was my --

10 Q You're saying --

11 A -- typical practice.

12 Q Okay. Again, you're relying on what you
13 typically would do --

14 A Correct.

15 Q -- rather than what you actually did; right?

16 A Right. Because I don't have any recollection.

17 Q But when you use the word "unusual", when you say
18 if something unusual happened, you'd make a note --

19 A Correct.

20 Q -- tell us a little bit more about that?

21 A Well, I think I --

22 Q What would you consider something unusual
23 requiring --

24 A -- I think I did --

25 Q -- a note?

1 A -- speak a little bit about that this morning
2 when that was asked. It would be, for example, if the
3 parents did not show up for a visit, that would be unusual.
4 If their behaviour during the visit was inappropriate in
5 any sort of a way, if they attended the visit and they were
6 under the influence of a substance, or if there was, if
7 the, if the parents themselves were not getting along
8 during the visit, those kinds of things, I would document
9 if they were brought to my attention, or if I happened to
10 be there at the time and notice it, I would address it and
11 then document it.

12 Q So if something very positive occurred, you
13 wouldn't make a note of that?

14 A Not necessarily. It would -- possibly I might.

15 Q Of course, we'll never know, because we don't
16 have any notes --

17 A I don't have any notes.

18 Q -- of that? Now, I want to refer you to certain
19 areas in the disclosure here, so if we can have page 37294
20 up on the screen. You see that there?

21 A Yes.

22 Q Am I right, that refers to a meeting you had with
23 the parents --

24 A Correct --

25 Q -- right?

1 A -- at their home.

2 Q On August the 14th --

3 A Correct.

4 Q -- 2000 --

5 A Um-hum.

6 Q -- right? And Samantha and just three or four
7 lines down, if you can see that:

8

9 Samantha was very resistant about
10 going inside.

11

12 A Correct.

13 Q In other words, she didn't want you to come
14 inside?

15 A She didn't want us to meet inside the home,
16 right.

17 Q And when you say us, do you mean just you and
18 them?

19 A Right, it --

20 Q You were by yourself?

21 A -- was just me --

22 Q I see.

23 A -- and, and the parents.

24 Q And is that, by the way, typical, one social
25 worker would go down, or?

1 A In my practice, yes, it was --

2 Q All right.

3 A -- typical.

4 Q And I notice, when you're talking about
5 resistance to you coming inside, you mention Samantha in
6 particular?

7 A Correct.

8 Q You're not saying Steve, or both of them, just
9 you're talking about --

10 A That's not what's --

11 Q -- Samantha?

12 A -- written there, it's --

13 Q Yeah.

14 A -- just Samantha.

15 Q And I presume that if it was Steve, you would
16 have made a note of that?

17 A I, I likely would have.

18 Q Yeah. She's told you that it was messy inside,
19 that's why you shouldn't come in?

20 A Right.

21 Q Within a short time you saw that it wasn't messy
22 inside --

23 A Right.

24 Q -- and --

25 A In the two rooms I was in.

1 Q All right. So you noticed it was neat and tidy,
2 and not messy, which was contrary to --

3 A In the living room and the --

4 Q -- what you had --

5 A -- kitchen, correct.

6 Q -- what she had to say --

7 A Um-hum.

8 Q -- and I think there's something in the notes,
9 and correct me if I'm wrong, where you say something about
10 perhaps you'll come back tomorrow?

11 A Right.

12 Q Okay.

13 A Because initially when she didn't want me to come
14 into the home, I gave, gave them both the option of we
15 could -- I wasn't going to meet outside, that we could go
16 inside today, or I could come back tomorrow and they agreed
17 to go inside today.

18 Q Okay. And this would be an example of notes that
19 are made that you're not really quoting anybody, you're
20 giving kind of the gist of --

21 A I'm --

22 Q -- of what occurred?

23 A -- correct, of what the, the meeting was about
24 and what happened during the meeting.

25 Q And, and, and this note, for example, would that

1 be made right after you left?

2 A It's possible that note was made while I was in
3 the meeting. Sometimes I carried -- these were case notes
4 that were kept in a case note, what we called a case note
5 binder --

6 Q Um-hum.

7 A -- and it was not uncommon for me and other
8 workers to carry around your case note binder and then you
9 could write your notes while you were in the meetings.

10 Q Um-hum.

11 A Sometimes I had that binder with me, other times
12 I didn't. So I, I don't know if this was written at the
13 time or just after I got back to the office. I can't say.

14 Q I guess you didn't have something like a
15 Dictaphone with you, that would make it easier to --

16 A No, we didn't even have cell phones.

17 Q I see. Would that have helped, to have a
18 Dictaphone that you could --

19 A I, I don't know, maybe.

20 Q Um-hum. Okay. And in that, at the next page,
21 37295, and perhaps I'm wrong with that, maybe it's the page
22 before, I think you said that Sam appeared less upset and
23 resistant. Do you recall --

24 A That's at the bottom of this page.

25 Q Oh, okay. And again, nowhere in your notes does

1 it ever say that Steve was ever upset or resistant?

2 A Right.

3 Q Only referring to Samantha?

4 A Correct.

5 Q You also said that since the child wasn't there
6 at that time, you felt that a, a visit once a month would
7 be sufficient --

8 A That's what I did, I believe --

9 Q -- right?

10 A -- was once a month, yes.

11 Q I take it from that, that if the child was there,
12 more visits would be necessary?

13 A Depending on the case, yes.

14 Q Well, look at this case.

15 A In this case.

16 Q In this case, with the history that you --

17 A Um-hum.

18 Q -- know, once the child is back there, which
19 happened quite, fairly quickly, I take it that more visits
20 than once a month would prudent?

21 A It would be important to have --

22 Q Yeah.

23 A -- visits and to have, or, and/or to have other
24 people in the home that could report back to you as well.

25 Q Yeah. And is there a policy in terms of how

1 often that should take place?

2 A I don't remember what the policy would have been
3 back then, if there was one.

4 Q But certainly more than once a month?

5 A I don't remember.

6 Q Well, you said that if the child wasn't there,
7 once a month was sufficient?

8 A Right.

9 Q Logically, that would tell us, if the child was
10 there --

11 A Right. But what I'm saying is I don't remember
12 what the policy -- you asked what the policy would have
13 been.

14 Q Okay.

15 A I don't remember what the policy was or if there
16 was one.

17 Q But in fact, it would make perfect sense, would
18 you not agree, that with the child in the home, there ought
19 to be more visits than just once a month?

20 A Again, depending on the situation --

21 Q This --

22 A -- for that, this situation.

23 Q -- how about this situation we're talking about?

24 A I would think so.

25 Q Yeah. All right. Now, I want to direct your

1 attention to page 37297 and this is the notes that you made
2 that have a lot of writing on the sides; you --

3 A Yes.

4 Q -- recall that?

5 A Um-hum.

6 Q Now, if I can just -- about halfway down the
7 page, there's a little arrow and it says risk; you see
8 that?

9 A Yes.

10 Q What's the word after that?

11 A That's an abbreviation for assessment.

12 Q Risk assessment. Okay. And can you just read
13 that again, that next few sentences?

14 A

15 Risk assessment. Largest risk is
16 that it is a young child. Other
17 two issues are around insufficient
18 information.

19

20 Q Okay. So you were concerned that there wasn't
21 sufficient information?

22 A On two particular issues.

23 Q One of them being the psychological --

24 A No --

25 Q -- or --

1 A -- one of them, I, if I, if I remember from my
2 notes, and from my summary, and the service contract, this
3 was around substance abuse and family violence.

4 Q Okay. Okay. And what was the date of this?
5 August 29th?

6 A August 29th.

7 Q And that would be about a week before the child
8 is returned?

9 A Correct.

10 Q So one week prior to that, you've got these
11 concerns that you don't have enough information --

12 A Right.

13 Q -- on some pretty important areas?

14 A Right.

15 Q All right. Now, you've used, you've used the
16 term a few times "regular visits"; you recall that?

17 A Yes.

18 Q And because we don't have notes, we're not quite
19 sure what --

20 A Right.

21 Q -- that meant?

22 A Um-hum.

23 Q But what did it mean to you, and you used the
24 term --

25 A Right.

1 Q -- this is one of your words --

2 A Um-hum.

3 Q -- when you used that term, do you mean weekly,
4 do you mean --

5 A I, I don't, I don't know specifically what I
6 meant at the time when I said regular visits.

7 Q And if you said it now, what would you mean?

8 A It, it would mean, it would mean that the worker
9 would attend the home, depending -- as often as needed,
10 depending on the particular case situation.

11 Q So as needed is --

12 A And, and on a -- no, not necessarily. And on a
13 regular basis, so regularly, so not just as needed, but
14 depending on the case situation, it would be something that
15 was ongoing on a regular basis. So you would do it fairly
16 regularly, whatever that looked like, whether it was once a
17 week, or once a month, or once every two weeks, depending
18 on the case situation.

19 Q And there's nothing in your notes that can help
20 us understand whether that was weekly --

21 A No.

22 Q -- couple times a month, or whatever?

23 A No.

24 Q Did you ever actually meet with Phoenix, or
25 present with Phoenix in the home after September 5th?

1 A I -- not that I recall. And as I said earlier,
2 it was my practice to drop in on families. I might not
3 have written those notes. I don't recall, in this specific
4 case.

5 Q The advantage of dropping in unannounced are
6 obvious?

7 A Yes.

8 Q And that's something you would typically do;
9 right?

10 A Yeah.

11 Q Now, we don't have any notes about --

12 A No.

13 Q -- any observations you made about Phoenix or
14 dropping in to see her; correct?

15 A Correct.

16 Q That would be important, obviously?

17 A Yes.

18 Q To see how she's doing?

19 A Um-hum.

20 Q Whether she has bruises on her face?

21 A Um-hum.

22 Q Cuts on her face, or any injuries at all?

23 A Correct.

24 Q Those are all important things --

25 A Right.

1 Q -- right? We can't tell, from your notes,
2 whether you actually observed her in the house, in the
3 home --

4 A Right.

5 Q -- between September the 5th and when you --

6 A Right.

7 Q -- left October 2nd or not; right?

8 A Yeah, I have no notes of that.

9 Q You did say, however, that there were two
10 meetings that you recall having between September 5th and
11 October 2nd?

12 A Well, what I said is I think that there was a
13 meeting, but I have no notes of it, so I, I only have what
14 I believe. I don't have any notes of that and that there
15 was a meeting where I saw them, when they came into the
16 office, to meet with Dr. Altman.

17 Q Okay. And you remember that because there's a
18 note --

19 A Right.

20 Q -- about that meeting and what happened after --

21 A Right.

22 Q -- right? I'm sure that you considered the
23 possibility of waiting to actually get the assessment from
24 Dr. Altman; is that something that you thought about doing
25 before anything further happened?

1 A I don't understand the question. Waiting for
2 what?

3 Q Well, on September the 5th when --

4 A Right.

5 Q -- the child is returned --

6 A Um-hum.

7 Q -- you didn't have an assessment from Dr. Altman
8 yet?

9 A No.

10 Q Would there be a mechanism, if you felt that
11 maybe we should wait for that before we proceed with
12 returning the child? Is that something that can be done,
13 or is an option?

14 A That's, that is an option, yes.

15 Q Did you think about that at all, or?

16 A I don't remember.

17 Q Okay. Just have a look at page 37333 for a
18 moment. On that page, I'm not sure what you're viewing,
19 but four or five lines from the bottom, it says -- there's
20 a word in brackets, which you had trouble and there's a
21 question mark --

22 A Right.

23 Q -- after that word?

24 A Um-hum.

25 Q And you tried, but you couldn't quite --

1 A Right.

2 Q -- figure that out?

3 A Um-hum.

4 Q The word looks like gang to me; is that possible?

5 A It, it could be. I, I, I mean, that's possible.

6 Q Yeah, and that, that word is beside the phrase, I
7 think it says peer groups?

8 A Yes.

9 Q So it might make sense if --

10 A That's --

11 Q -- if it was that word?

12 A -- possible, yeah.

13 Q Okay. Now, if I can direct you to page 37303 --

14 A Um-hum.

15 Q -- now this was concerning the remark that
16 Samantha made about seeing a doctor, or not wanting to see
17 a doctor --

18 A Right, this is --

19 Q -- do you recall that?

20 A -- from, this is my notes from Dr. Altman.
21 Correct.

22 Q It's right after it says Dr. Altman.

23 A Yeah.

24 Q Just you, if you can just read that paragraph
25 again for me, the opening paragraph on that page?

1 A The first paragraph?

2 Q Yes.

3 A

4 Being pregnant and how she not see
5 a doctor because concerned about
6 doctor touching her
7 inappropriately. She denied
8 having had a bad experience but
9 got concerns from TV.

10

11 Q Do you think, from your recollection and your
12 notes, that she was talking about having hid the pregnancy,
13 or not seeing a doctor, or how did that come out?

14 A I don't remember.

15 Q Okay. But she was telling you she didn't, she
16 felt uncomfortable seeing a doctor?

17 A She was telling Dr. Altman. This is Dr. Altman's
18 report --

19 Q Oh, this is Dr. Altman's --

20 A -- to me.

21 Q -- notes that you --

22 A Right.

23 Q -- looked at? And that seems to be as a result
24 of a TV show, according to what you can see there?

25 A I don't know for sure.

1 Q Reading that, that would cause you some concern
2 about the safety of Phoenix, if someone like her mother had
3 some difficulty seeing a doctor, because of a TV show?

4 A Well, but I don't know that that was exactly what
5 the, what the situation was there.

6 Q Well, did you check it out?

7 A I don't remember.

8 Q Okay. But you can see why that would cause some
9 concern, if it's accurate?

10 A Yes.

11 Q Okay. Now, you've used the phrase a few times,
12 when asked a question, that a certain point would possibly
13 be a risk and sometimes you would say wouldn't necessarily
14 be a risk --

15 A Um-hum.

16 Q -- correct? Now those things are quite
17 different, of course?

18 A Um-hum.

19 Q You don't necessarily feel that before you would
20 act, something would necessarily be a risk? Wouldn't
21 possibly being a risk result in some concern?

22 A I don't know that I understand what you're asking
23 me.

24 Q Well, if a certain, if a certain history, or a
25 certain factor that you came across could possibly be a

1 risk to the child --

2 A Right.

3 Q -- would you not be concerned about that?

4 A Yes.

5 Q You wouldn't want to wait until you were positive
6 it was a risk?

7 A Not necessarily.

8 Q Not necessarily?

9 A In order for families to be involved with Child
10 and Family Services, there's usually some level of risk
11 involved --

12 Q Right.

13 A -- that's why they're involved with Child and
14 Family Services --

15 Q Right.

16 A -- so I, and I'm, I'm not sure I understand what
17 you're asking me.

18 Q Well, I guess I'm asking about the degree of
19 caution and whether certain things would be done out of a,
20 an abundance of caution, or not?

21 A I, I don't know what --

22 Q Would you err on the side of caution if you
23 weren't sure whether certain details might lead to risk?

24 A I, I'm not sure.

25 Q Okay. All right. Now, you recall that you were

1 asked about the phrase "neat and tidy"; remember that?

2 A Yes.

3 Q And I think you said that sometimes that can be
4 an indication of how parents are functioning?

5 A Correct.

6 Q And that that's a kind of a common phrase that,
7 that social workers often use --

8 A Yes.

9 Q -- right?

10 A Um-hum. We often make observations of the home
11 environment when we go into the home.

12 Q Now, an observation that the home is neat and
13 tidy could also mean that parents are spending time keeping
14 the place neat and tidy, as opposed to taking care of the
15 children? Could mean that too?

16 A I, I guess so.

17 Q Yeah. Doesn't really tell you what condition the
18 child is in, does it?

19 A No, it's not about the child, it's about the
20 condition of the home.

21 Q Okay. So that's all it tells us? The home was
22 neat and tidy?

23 A But, but it can be an indicator, as, as I said
24 earlier, as to whether or not -- how the parents are, are
25 functioning.

1 Q In terms of keeping the place neat and tidy?

2 A In, in their life in general. If they're able to
3 maintain a, a neat and tidy home, then that's often an
4 indicator that they are functioning okay --

5 Q Often, but --

6 A -- and are taking care of themselves and the
7 people that are in the home. That's how, that's often how
8 we use that phrase.

9 Q That's not a substitute, obviously, for actually
10 seeing the child --

11 A No.

12 Q -- and how the child is; right?

13 A Right.

14 Q Now, I think you were asked this towards the end
15 of your evidence earlier, that obviously there was a time
16 when you heard about Phoenix Sinclair's murder?

17 A Yes.

18 Q And we all know that it was made public in March
19 of '06?

20 A Correct.

21 Q And then a number of things occurred after that
22 that were in the public eye regularly, like the murder
23 trial and --

24 A Um-hum.

25 Q -- that kind of thing? So in March of '06, when

1 you heard about this --

2 A Um-hum.

3 Q -- being a social worker, did you wonder if
4 perhaps you had some involvement with the case back then?

5 A As I said earlier, I initially, when I heard it
6 on the news, I, I recognized the name and then very shortly
7 after realized myself that I had had some involvement with
8 the case.

9 Q Okay. And as a result of realizing that, which
10 was about six years ago now, did you go back and have a
11 look at your notes and --

12 A No.

13 Q -- go over them and see if maybe --

14 A No.

15 Q -- when your memory was fresher, as it must have
16 been back then?

17 A I, I didn't have access to my notes. They would
18 have all been contained in the child-in-care file and I
19 didn't have access to that --

20 Q Did you try?

21 A -- into the family file. No, I did not try.

22 MR. GINDIN: Those are my questions, thank you.

23 THE COMMISSIONER: Thank you, Mr. Gindin.

24 Now, is there anyone else before Mr. Ray? I
25 think not.

1 MR. RAY: Just have a moment, Mr. Commissioner to
2 get some water.

3 THE COMMISSIONER: Now, do you hope we'll, we'll
4 get through today, I'm sure?

5 MR. RAY: I'm, I'm confident we will.

6 THE COMMISSIONER: Do you want to go right
7 through it now, or do you want to take a 10 minute break
8 now?

9 MR. RAY: I think what I prefer to do is, is
10 start now and get to a certain point and review my notes
11 and see if there's anything else and then continue.

12 THE COMMISSIONER: All right. That's fine.

13 MR. RAY: Just want to ask my friend, Mr.
14 McKinnon, a question.

15

16 CROSS-EXAMINATION BY MR. RAY:

17 Q Ms. Greeley, just want to touch on something
18 while -- Mr. Gindin just asked you about whether, when you
19 found out Phoenix had died, if you went back and reviewed
20 your notes and whether you had asked to do that. Do you
21 know whether, according to -- there are any department
22 policies that would permit you to go back and, and do that,
23 had you requested?

24 A I -- you're asking if I knew if there were
25 policies that would permit me to do that?

1 Q Or whether the department would have permitted
2 you to go back and review your notes if you'd asked?

3 A I don't know if they would have, I never asked.

4 Q Do you have any knowledge of the CFSIS system and
5 whether the CFSIS system would have allowed you to access a
6 file where a child had died after the, it became known that
7 the child had died?

8 A I am familiar with the CFSIS system. I, I don't
9 know if you can go back and access a, access a child's file
10 after they've died. I would assume that that would create
11 a sealed child-in-care file, but I'm not a hundred percent
12 sure. That would just be my guess.

13 Q Are you --

14 A And I was on maternity leave in 2006 and was not
15 in the office at all, again, until February of 2007.

16 Q Okay. And at that point in time, you were with
17 the C -- the chief medical examiner's office?

18 A When I returned to work in 2007, I worked for six
19 weeks for ANCR, which had taken over from Winnipeg Child
20 and Family Services and then went to the CME's office.

21 Q Okay. And given you were no longer with the
22 child protection worker as an agency and you're now at the
23 CME's office, would you then be permitted, as an employee
24 of the CME office to go back and conduct a file review, to
25 see, review your notes and the file --

1 A That --

2 Q -- that had been sealed?

3 A -- that wasn't part of my job there, no.

4 Q But would you have been permitted to do it
5 outside of your duties?

6 A I don't believe so.

7 Q Okay. Are you familiar with the term, when it's
8 in reference to CFSIS, are you familiar with the term
9 "locked", "locked out", or "locked down", when a child
10 dies?

11 A I'm not familiar with those terms. I'm familiar
12 with confidential case or restricted case, which indicates
13 that only people with certain level of access are able to
14 get into those types of cases.

15 Q Okay.

16 A And as a regular front line social worker, I
17 wouldn't have been given that access.

18 Q Okay. Thank you. Just want to touch on the
19 various orders and, and voluntary placement agreements and
20 the service agreements that you obtained in relation to
21 Phoenix's file. We know, from your evidence, that you had
22 a three month temporary order, ranging from May 5th to
23 August 5th and that had certain conditions in it; right?

24 A Correct.

25 Q I'm not going to go through the conditions.

1 You've been repeating them a number of times throughout the
2 day. You got that temporary order, you then received the
3 file. Phoenix is, at that time, apprehended and in agency
4 care; right?

5 A Correct.

6 Q I understand your evidence, at that time, that
7 you are going to now implement the plan that was created by
8 Andy Orobko?

9 A Right, going to assist the family in meeting with
10 the --

11 Q Okay.

12 A -- conditions, yes.

13 Q Based on your observations as it relates to that
14 period of time, when the three month temporary order was in
15 effect, were the parents addressing the agency concerns?

16 A They were cooperating with the agency, they were
17 following through with the expectations that was placed on
18 them by, you know, signing up for and starting a parenting
19 program. Samantha was working with Nikki Taylor to go and
20 get a psychological assessment. They were attending the
21 visits regularly.

22 Q And then the next thing we know is that that
23 three month temporary order was set to expire?

24 A Right.

25 Q You then requested and obtained a voluntary

1 placement agreement. Again, I won't go to the terms of the
2 agreement, but at that time and during that one month
3 period of time, that the voluntary placement agreement was
4 in place, what observations did you make about the parents
5 and whether they were addressing the plan?

6 A They were continuing to demonstrate that they
7 were committed to and wanted to parent Phoenix, that they
8 were continuing to work on the plan by attending visits,
9 complete the parenting program, still wanting to have the
10 assessment completed for Samantha. And they were, at that
11 time, engaged with the in home teaching support worker that
12 the agency had put in as well, and was meeting with her
13 without the baby, as well as with the baby, where the baby
14 visited in the home.

15 Q Okay. And given what you just described, is, is
16 it -- am I, am I concluding correctly that the agency, or
17 that the parents were addressing the agency concerns and
18 complying with the voluntary placement agreement?

19 A Yes.

20 Q And then we know that you, upon reaching a point
21 in time when we -- that voluntary placement agreement was
22 coming close to expiring, which was right around the time
23 when Phoenix was scheduled to be returned to her parents --

24 A Correct.

25 Q -- you then sought and obtained a six month

1 service agreement --

2 A Correct.

3 Q -- correct? Okay. And we talked about all the
4 conditions in the service agreement, I believe there were
5 six of them and I won't take you through them again,
6 because you've been through them with Mr. Olson, but I
7 understand that a breach of a that service agreement, and
8 you cautioned the parents, and the service agreement would
9 result in Phoenix coming back into care, possibly,
10 depending on the nature of that breach?

11 A Correct.

12 Q Okay. And that was, that would have expired in
13 March of 2001; is that right?

14 A Six months after September --

15 Q Okay.

16 A -- the 5th --

17 Q Okay.

18 A -- whatever that works out to be, yes.

19 Q And doing the math then, you have a three month
20 temporary order?

21 A Correct.

22 Q Plus a one month voluntary placement agreement?

23 A Yeah.

24 Q And a six month service agreement?

25 A Correct.

1 Q And I'm calculating that as roughly a total
2 minimum of 10 months of contracted or mandated supervision
3 and support for this family?

4 A Contracted support, yes, yeah.

5 Q Well, the temporary order would be --

6 A Right.

7 Q -- and the voluntary placement --

8 A Court ordered involuntary --

9 Q -- would also be --

10 A -- placement, right.

11 Q -- an extension of the court; correct?

12 A Correct.

13 Q So we've got four months of court ordered
14 supervision --

15 A Correct.

16 Q -- which they complied with. We've got six
17 months of service agreement, which they agreed to and which
18 they, they complied with? Got it.

19 A Well, they agreed to -- I, I don't know what
20 happened after I transferred --

21 Q Of course.

22 A -- the case, but --

23 Q Yeah.

24 A -- they were in agreement with and, and advised
25 that they were prepared to follow it, yes.

1 Q All right. So during the five month period that
2 you had these parents under your watch, what, if any,
3 concerns did you have that they weren't addressing the plan
4 and the agency expectations?

5 A I, I didn't have any that they were not following
6 through with what was asked of them.

7 Q Okay. And if they, if they did do something that
8 was asked, if they were failing to do something that was
9 asked of them, would you have noted that?

10 A Yes.

11 Q And if they had failed to do something that was
12 asked of them, what would you do as a result?

13 A I would have to reassess the situation and
14 possibly --

15 Q Okay.

16 A -- change the plan.

17 Q You commented, in questions from Mr. Olson, that
18 you reviewed the history of, of the file when you obtained
19 it and that would include, you mentioned Samantha Kematch's
20 child-in-care file --

21 A Some -- what appeared to be information from her
22 child-in-care file.

23 Q Sure.

24 A It wasn't her actual file, but information was in
25 the file that was transferred to me that appeared to come

1 from a child-in-care file.

2 Q Right. And Mr. Olson took you through various,
3 I'll describe them as perhaps negative comments about Ms.
4 Kematch and --

5 A Um-hum.

6 Q -- things that would be of concern to a social
7 worker?

8 A Yes.

9 Q And I think you acknowledged that they were of a
10 concern to you?

11 A Yes.

12 Q Okay. And then, of course, subsequent to all of
13 that, you made your own observations during the 10 month
14 period, or the, the five month period you had the file?

15 A Right. Gathered information from various
16 sources, yes.

17 Q How do you compare your personal observations to
18 the historic notes of, about Ms. Kematch that were made
19 years earlier?

20 A I don't understand what you're asking.

21 Q Well, was what Ms. Kematch was displaying to you,
22 during the period of time you had actual observation --

23 A Um-hum.

24 Q -- different than what the case notes and history
25 suggested?

1 A Yes.

2 Q (Inaudible) social worker had she improved, given
3 the, just given the description of the history and that's
4 all you can go on?

5 A Given what I had, I, I would say that she
6 improved, I guess, yes. That she was not -- like, I never
7 experienced her being aggressive towards me, or non-
8 cooperative with the agency. Yeah, so different.

9 Q Okay. Okay. We've seen a lot of questions about
10 notes and note taking. You've acknowledged that that's
11 important and it helps you provide a history, helps you,
12 helps the next worker, helps you as the current worker, I
13 think the general is. My question is, how much deference
14 do you give the notes of a previous worker when, when you
15 have now obtained the file? Are you necessarily committed
16 to them, or do you incorporate them into your own
17 assessments and then reevaluate? What is, what is the goal
18 of a social worker? How do you do that?

19 A With regards to another social worker's notes?

20 Q Right.

21 A Typically, when, when, as a social worker, you
22 get the file, you review the file. Sometimes that involves
23 reviewing all of the case notes, not necessarily the case
24 notes, because you're looking for the information that's,
25 that is in the case summary --

1 Q Um-hum.

2 A -- with the understanding that the case summary
3 is written from the worker's involvement, which would be
4 included in notes, or not necessarily in the notes. And so
5 that's the information that you rely on, is the history,
6 the case summary and if you had questions, you may go back
7 and review the other worker's notes, but you don't
8 necessarily read through pages and pages, and pages of
9 other workers' case notes.

10 Q And there was some discussion about your transfer
11 summary and you cited that you would expect the next worker
12 to continue with the plan and address the issues that were
13 in the plan. Is the next worker necessarily required to
14 defer to your plan and ...

15 A Not necessarily. The, the plan is the plan that
16 I and the agency developed at the time, so any worker
17 coming after me could, and would be expected to do their
18 own assessment of how the family was functioning and so
19 they could follow that plan, as expected, and as everyone
20 agreed to. They could potentially change it, if their
21 assessment were different than mine.

22 Q And if things went, got, got worse, I assume
23 that, as a worker, you would reassess and if they got
24 better --

25 A You'd still reassess. When there's a change --

1 plans are meant to be, you know, ever changing and so your
2 assessment is ever changing as -- it's an ongoing process
3 that you do, as a social worker, in child protection. And
4 so, yes, as situations for families change, you reassess
5 and therefore the plan may change, positively, or
6 negatively.

7 Q Mr. Olson asked you some questions about Mr.
8 Sinclair's sealed CIC file, child-in-care file. You
9 mentioned that you didn't access that file and you had
10 mentioned that it was sealed and that they're not typically
11 accessed. One of the reasons you cited was due to privacy
12 concerns. Just generally, from a, from a relevance
13 standpoint, from a, from a predictor standpoint for a
14 social worker, how much weight do you necessarily place on
15 a sealed CIC file?

16 A That typically depends on lots presented at the
17 time that those children in --

18 THE COMMISSIONER: You mean on the fact that
19 they're sealed?

20 MR. RAY: No, on the, on the facts contained in
21 the CIC file, which, which is a file that --

22 THE COMMISSIONER: Yeah, the --

23 MR. RAY: -- is about the parent when they were a
24 child.

25 THE COMMISSIONER: -- but you, you asked him what

1 facts he, she -- what, what, what strength she gave to
2 facts within a sealed file?

3 MR. RAY: Yes.

4 THE COMMISSIONER: Okay.

5 MR. RAY: Yes.

6 THE COMMISSIONER: Well, then, does that
7 presuppose she knows what's in there?

8 MR. RAY: Yes.

9

10 BY MR. RAY:

11 Q I'm, what I'm saying is, as a predictor of
12 risk, you have the contents, for example, in this case, you
13 had the contents of Samantha Kematch's CIC file; how much
14 weight do you place on what happened to her, as a child, as
15 a way of predicting how she will parent Phoenix?

16 A I think that you take it into consideration, as
17 part of her history as a child. But, but it's, it's taken
18 into consideration with how the, the client, who is now,
19 was a child-in-care, but is now an adult and is a parent
20 and is presenting to you. So what those issues are that
21 are presenting at the time that the case is opened to you
22 will help determine how much weight is given to what's in
23 a, in a, in a closed child-in-care file, if you have access
24 to that information.

25 Q And, and given what was presented to you, with

1 respect to Mr. Sinclair --

2 A Right.

3 Q -- based on your, the history or your
4 observations --

5 A Um-hum.

6 Q -- did you feel you had a pressing need to see
7 his child-in-care file?

8 A Not that I recall. I know that it was suggested
9 and, and -- but I don't recall -- I didn't go the extra
10 steps of having it unsealed without his consent.

11 Q At the time you had this file, was there anything
12 particularly unique to you, you know, we had Mr. Orobko's
13 evidence, Mr. Olson put it to you, compared to other files
14 (inaudible)?

15 A This was a fairly typical, to use that word, I
16 believe Mr. Olson had mentioned, was a typical file to
17 other ones that I had at the time, family service files.
18 Meaning that it was two parents who were, had issues.
19 There was a child-in-care. The plan was to look at
20 possible reunification. All of that was a pretty typical
21 case that I had at the time.

22 Q And, and does that uniqueness perhaps help you
23 answer why you may or may not have wanted to see Steven's
24 file, sealed -- Steven's sealed CIC file?

25 A I don't understand. Say that again.

1 Q You've just described that the file was fairly
2 unique, in terms of the issues that were presenting, et
3 cetera --

4 A Fairly -- not unique, it was, it was fairly
5 common for other --

6 Q Fairly common --

7 A Right.

8 Q -- compared to the other files?

9 A Right.

10 THE COMMISSIONER: That is, the overall problem
11 you were dealing with?

12 THE WITNESS: Pardon me?

13 THE COMMISSIONER: You're talking about the
14 overall problem you were dealing with in this file --

15 THE WITNESS: Right. That the --

16 THE COMMISSIONER: -- was not unique?

17 THE WITNESS: -- was not unique. The, the --

18 THE COMMISSIONER: No, I understand.

19 THE WITNESS: -- this, the issues that this file
20 presented and that this family was presenting with were,
21 were common to other cases that I had at the time.

22

23 BY MR. RAY:

24 Q Right. And does the fact that it was not unique
25 help you, in terms of deciding why you did --

1 A Yeah.

2 Q -- decided not to, to request Steven's --

3 A Right.

4 Q -- file?

5 A Yes. It, it was similar to all the other cases
6 and I didn't necessarily access child-in-care files for all
7 those cases either.

8 THE COMMISSIONER: We've got a visitor, have we?

9 MR. OLSON: Technology.

10 THE COMMISSIONER: All right.

11 MR. OLSON: Sorry.

12 MR. RAY: That's okay.

13

14 BY MR. RAY:

15 Q Mr. Olson asked you if you'd seen the info on
16 the, the information on Mr. Sinclair's CIC file, you said
17 no. He then, he then asked you to speculate whether it
18 would have made a difference. You did, you said that you
19 don't know if it would have changed things; okay? We have
20 information that Ms. Epps, Kathy Epps, who was Steven
21 Sinclair's social worker, at the time he was in care, and
22 for a considerable period of time was his social worker,
23 and that she's going to testify next week and we expect her
24 evidence to be that she didn't write the review that, that
25 was put to you.

1 A Um-hum.

2 Q That she was his primary social worker, as well
3 as the Steven Sinclair siblings, when they were in care and
4 that she completely disagrees with the assessment of
5 Steven; okay? Had you phoned Ms. Epps and obtained that
6 information, would that information have changed your
7 decision not to seek, for example, a psychological
8 assessment of Steven? Or to seek to see his child-in-care
9 file?

10 A No, I, I don't think so. I'm not, I'm not sure
11 if I understand what you're asking.

12 Q If you had contacted Ms. Epps and she explained
13 her views to you, that --

14 A Which --

15 Q -- Steven was --

16 A -- were --

17 Q -- not, in fact, in her view, a disturbed
18 individual --

19 A Right.

20 Q -- okay? What, if any, weight would you place,
21 have placed on that information from Ms. Epps?

22 A I would have considered it as part of my
23 assessment. So you were, you were asking me earlier
24 whether that would have led me to seek to open the sealed
25 file or not?

1 Q I just am curious as to how that would have
2 impacted your assessment, if at all?

3 A I would have considered it, as I would all
4 information that's brought --

5 Q Is it --

6 A -- forward to me as part of a case.

7 Q -- that information though, is, is information
8 that is contrary to what's contained in the CIC file.

9 A Okay.

10 THE COMMISSIONER: But she didn't phone her.

11 THE WITNESS: But, and --

12 MR. RAY: But it --

13 THE COMMISSIONER: She didn't phone her.

14 THE WITNESS: No.

15 MR. RAY: No, but it was -- Mr. Olson asked her
16 to speculate that if she had -- did she, you know, did she
17 contact Ms. Epps and was that important and what, what
18 would have happened if, if she had contacted Ms. Epps? I'm
19 suggesting that Ms. Epps would have provided her with her
20 correct views of Mr. Sinclair's CIC file and what, if
21 anything, would she have done with that information?

22 THE WITNESS: And I think I've answered that I
23 would have included it in my assessment information, the
24 same as I would any information that was presented to me.

25

1 BY MR. RAY:

2 Q Would that, would that alleviate or lessen any
3 concerns you might have had if you'd only reviewed the
4 file? Steven's child-in-care file?

5 A Sorry, say that again? Would it have --

6 Q If, if --

7 A -- if I had spoke to Ms. Epps --

8 Q -- yes, and --

9 A -- would it have --

10 Q -- and she said that, that --

11 A Right.

12 Q -- in her view, Steven was not a disturbed --

13 A Right.

14 Q -- individual, would that have alleviated any
15 concerns, or lessened any concerns you might have had, had
16 you seen the file?

17 A Yes, possibly.

18 Q You had talked about the differences between
19 parental capacity assessments and mentioned there's two
20 kinds. There's one that's often done by a psychologist, or
21 psychiatrist and one that's done by a social worker in
22 conducting what's effectively an assessment of the parents'
23 abilities?

24 A Correct.

25 Q You mentioned that the principal capacity

1 assessment that's typically conducted by a psychologist or
2 psychiatrist could take days to weeks --

3 A Yes.

4 Q -- to do? And I, I'm assuming that you're
5 talking about once you actually find a doctor that's able
6 and willing to do that assessment?

7 A Correct.

8 Q Okay. And given that you had a significant
9 amount of trouble finding a doctor, just to do simply a,
10 probably a, a one hour assessment, I don't know how long --

11 A Um-hum.

12 Q -- it took, but it was, it was a snapshot, given
13 the length of time it took you to find that doctor, does
14 that tell you anything how long, about how long it would
15 have taken you to find someone to do a, a parental capacity
16 assessment?

17 A I know that at the time, when other workers had
18 requested parenting capacity assessments, that it did take
19 some time. There was usually wait lists for certain --
20 because only certain professionals were doing them for the
21 agency at the time and there would, there was wait lists in
22 order to have a family, have a, a parenting capacity
23 assessment completed by one of the chosen professionals
24 that the agency used at the time.

25 Q And do you recall the, how long the wait lists

1 are?

2 A I don't recall.

3 Q Would it be significantly longer than the wait
4 time you had with, for Dr. Altman to do his assessment?

5 A I would think so, yes.

6 Q Okay. And if you felt it was necessary to do a
7 parental capacity assessment through a psychologist and
8 you're not able to get that, what happens to Phoenix, or
9 any child-in-care during the time that you're waiting?
10 Does, does she remain --

11 A Child remains --

12 Q -- in care?

13 A -- in care.

14 Q And your goals of this file were to reunify the,
15 the child with her family?

16 A Once the parents demonstrated to the agency, over
17 the period of a three month order, that they were committed
18 to and motivated to parent this child, that they wanted to
19 parent her, they were following through the expectations,
20 the plan was to then reunify Phoenix, in order to give the
21 parents an opportunity to parent her and be assessed while
22 they're parenting her, by the agency, on an ongoing basis.
23 That's typically what child welfare is all about.

24 Q And, and typically, I assume you would want that
25 to occur as quickly as possible?

1 A Yes, because she was a very young child.

2 Q Okay. And notwithstanding what you've just told
3 us about the delays that would result and the desire to
4 reunify as early as possible, do you feel that a
5 professional parental capacity assessment was necessary,
6 given what was presented to you on this file?

7 A Not that -- I don't recall discussing that with
8 my supervisor, so I, I can't recall specifically what I
9 thought back then, but based on what I've reviewed in my
10 notes, it would indicate to me that it wasn't something we
11 believed, that the agency believed was necessary.

12 Q Do you -- you've seen the reports from the
13 report, professional report writers, or the report writers
14 that did an evaluation of the work done on Phoenix's file?

15 A Relevant to my information, yes.

16 Q Do you recall if anyone criticized you for
17 failing to obtain a professional parental capacity
18 assessment?

19 A Not that I recall.

20 Q Did your supervisor criticize you for failing to
21 obtain a parental, professional capacity assessment?

22 A Again, I don't remember, but based on my
23 conversations with her in my -- that's documented in my
24 notes, that was never an issue that was discussed.

25 Q Is a, is a, is any type of a psychological

1 assessment, whether it's what Altman, or what, what Dr.
2 Altman did, or a parental capacity assessment, you know, I
3 guess, the, the extra yard, so to speak, are those things
4 that typically happen on most files?

5 A No, not necessarily, not -- I, I don't remember.
6 I know that parenting capacity assessments were, were done
7 at different, in different files, but, in different cases.
8 How often they were done, I don't remember. Like, I don't
9 know how common it was.

10 Q So would you agree with me that it appears, in
11 this case, that the agency was taking some extra steps,
12 perhaps extra precaution to alleviate any, any concerns
13 they might have had --

14 A Yes.

15 Q -- by obtaining a psych assessment?

16 A Yes.

17 MR. RAY: (Inaudible). Oh, sorry, didn't realize
18 there was two.

19

20 BY MR. RAY:

21 Q You were asked some questions about the temporary
22 order court proceedings and that the fact that they were
23 backdated. I think you stated that you, that's because you
24 want to start working on the plan and you would, you would
25 start working on the plan effective almost immediately when

1 you got the file typically?

2 A Yes.

3 Q Okay. And you stated here already that the goal
4 here it to reunify; is that why it's backdated? I mean,
5 you want that process to start as early as possible? Or is
6 it just simply a administrative function of when the order
7 was granted?

8 A My understanding was that orders were dated for
9 the time that both parties gave their consent in, before
10 the master, I think he was. And so, in this case, that's
11 why I believe it was backdated, because that's was the date
12 that the parents consented to the order, was on May the
13 3rd, I think it was May the 3rd.

14 Q You were asked some questions by Mr. Olson about
15 transporting of children to, to meetings and transporting
16 parents to meetings and you said typically that a support
17 worker would transport the child, more often, or
18 volunteers, I think you also said, would be another method.
19 Did, did social workers ever have to do that in the absence
20 of --

21 A Yes.

22 Q -- of support workers, or in the absence of a
23 volunteer?

24 A Yeah.

25 Q Would that be some of the duties that are

1 typically, were described by Mr. Orobko as kind of going
2 beyond typical protection work?

3 A Transporting children going beyond?

4 Q Um-hum.

5 A I don't know that I would say it was, it's going
6 beyond child protection work, it's part of your job. If
7 there was a --

8 Q Okay.

9 A -- child on your case load that was in care and
10 there was a visit and you couldn't find anyone else to
11 transport the child, the expectation was left to the social
12 worker then to ensure the child had a visit. And if that
13 meant the social worker had to drive the child and/or the
14 parents, that's what happened typically.

15 Q Okay. You were asked a question about the
16 parental visits with Phoenix that occurred at your office,
17 or which you may have sat in on and you were asked whether
18 you felt the need to observe and, and you, and you did, in
19 fact, observe. Did you feel a need, and/or would it be
20 typical of any social worker to sit in for the, the full
21 two hour meeting with the parent and the children?

22 A It wasn't typical, but it did occur in cases
23 where there was serious concerns about the parents' ability
24 to care for the child during those visits, or with the
25 parents' behaviours, either towards each other, or towards

1 the child. At times, social workers and/or support workers
2 sat in the visits, or monitored them from a two, behind a
3 two-way mirror.

4 Q And did you have any concerns about -- at that,
5 at that -- those types of concerns, excuse me, at the time
6 that you were monitoring the, the visits?

7 A Not that I recall.

8 Q Okay. And do you have any views, as a social
9 worker, as to whether the social worker sitting in the, the
10 meeting between the parent and the children could be maybe
11 excessively intrusive when they're trying to, I think you
12 mentioned, bond, or attach with their child?

13 A My opinion on that would be, if there was a
14 concern for the safety of the child, it would be necessary
15 for the social worker to sit in there, whether it was two
16 hours, three hours, four hours or six hours.

17 Q Of course.

18 A If there was not a concern that the child, for
19 the child's immediate safety, during that window of a
20 visit, then it, it wasn't necessary for the, it's not
21 necessary for the social worker to sit in there, unless
22 they are looking to, you know, make some specific
23 observations, or something like that.

24 Q Sure and I understand the need to make some
25 observations between, in terms of the interaction between

1 the parent and the child.

2 A Right.

3 Q In the absence of any concerns that there's going
4 to, something bad could happen --

5 A Right.

6 Q -- in a meeting, do you have, do you feel it's
7 appropriate for the social worker to sit there and simply
8 be in the room?

9 A No, no, not unless there's a concern for the
10 child's wellbeing in that period of time.

11 Q I just want to ask you again about your notes.
12 This -- you've asked, been asked a number of questions
13 about your notes, in terms of whether you know they're all
14 there, or whether this is all of them and, of course, this
15 is going back 12 years ago.

16 A Um-hum.

17 Q Do you -- are you aware as to how many social
18 worker had the file after you had the file?

19 A I do not.

20 Q Okay.

21 A I do not know that.

22 Q If I suggested to you that it was at least five
23 social --

24 THE COMMISSIONER: Well, now, look, if she
25 doesn't know, how could she --

1 MR. RAY: Fair enough.

2 THE COMMISSIONER: -- take up the suggestion?

3 MR. RAY: Fair enough.

4

5 BY MR. RAY:

6 Q Is it fair to say that over a period of time,
7 that it's possible for one worker to misplace the notes of
8 another worker?

9 A I think that's possible, when a file transfers
10 from one person to another --

11 Q I'm not suggesting it's malicious --

12 A No.

13 Q -- or intentional --

14 A No.

15 Q -- but --

16 A But information is in the file. When I have it,
17 I put information in the file. What happens to it after
18 I'm done with it and transferred on, I don't know. But
19 they're, they are typically, you know, loose papers in a
20 file.

21 Q And are, are you aware as to whether or not
22 people other than social workers who handled this file
23 after you actually had the file?

24 A I don't know what happened to the file after I
25 had it.

1 Q Okay. When you received your notes, or when you
2 received your notes through this inquiry process, were
3 they, to your recollection, in the order that you would
4 have expected them to be in?

5 A No, there was, there were pieces that didn't
6 appear to fit in any particular order. Some -- that was,
7 some of them weren't dated. The ones that weren't dated
8 didn't, were all together, the ones that didn't have a date
9 were all together, so I'm not sure where they fit within my
10 notes.

11 Q Would it --

12 A And there was also -- the notes were combined, so
13 I had a child-in-care file and a family service file. So
14 some of it, when I got my copy of my notes, they were all
15 combined and what it appears to me is that they were all of
16 my notes. So some of them actually belonged on the child-
17 in-care file and some belong on the family service file.

18 Q So --

19 A But they were all put together, so which was
20 which, I, I can't tell you now.

21 Q -- so you had two separate files, a child-in-care
22 file, a protection file?

23 A Yes.

24 Q You had a set of notes on one file, set of notes
25 on the other file?

1 A Yes.

2 Q That's how you left them at the time --

3 A Yes.

4 Q -- you transferred the file?

5 A Yes.

6 Q When you finally got your notes, as part of this
7 inquiry process, they were not in that same format?

8 A They, they were all together as one group of
9 notes.

10 THE COMMISSIONER: Who, who did you get them
11 from?

12 THE WITNESS: I, I, I don't remember. I, I think
13 the first time I saw them was when I was interviewed, in my
14 first interview with Mr. McKenna, I believe. But I, I
15 can't say for sure.

16

17 BY MR. RAY:

18 Q Was your practice normally have been to kept,
19 keep, keep your notes chronological, chronologically on the
20 file?

21 A Yes.

22 Q And there was some questions about the notes of
23 support workers. Would a support worker typically have
24 their own file, separate and apart from your file?

25 A I, I don't, I'm not sure if they would. I do

1 know that because they reported to somebody else with
2 regards to their work performance and their work issues,
3 they only reported to me with regards to the work they were
4 doing with a specific family.

5 Q Does a support give you copies of their notes on
6 a file that they were working with you on?

7 A I don't remember specifically. I think that some
8 did. Like, I remember, at some point in my work as a
9 family service worker, that I saw support worker notes, but
10 I don't know for which cases and I don't know if that was a
11 common practice.

12 Q One of the things you were asked about was your,
13 your assessments, again, obviously, and you were asked
14 whether you assessed motivation, commitment, Ms. Kematch's
15 parenting capacity or ability to parent and, and one of the
16 things that was pointed out by Mr. Olson, as well as by Mr.
17 Gindin, was comments about peer group and a historical
18 notation on her file that she had been involved with
19 inappropriate peer groups and, and suggestion of
20 (inaudible) gang. I assume when you make a meeting to meet
21 with a family, or the family comes to your office --

22 A Um-hum.

23 Q -- to meet with Phoenix, that if Ms. Kematch was
24 involved with gangs, that she's not bringing her negative
25 peer group with her, or gang members with her?

1 A I don't remember specifically, in this case, if
2 they brought any additional people to visits. Some
3 families did. But typically, the parents visited by
4 themselves, or brought an extended family member. It
5 wasn't common practice for visits to include friends or
6 anybody outside the extended family, maybe.

7 Q Given that as a, you know, a, an association with
8 inappropriate peers is a social interaction and that's
9 happening in her social life, I assume you would have to
10 rely on other collaterals, or --

11 A Yes.

12 Q -- or supports to advise you of that, that
13 fact?

14 A Yes.

15 Q And do you recall if anyone reported any of those
16 concerns?

17 A No.

18 Q Did Mr. Sinclair or Ms. Edwards, Kim Edwards ever
19 report those concerns to you?

20 A Not that I recall.

21 THE COMMISSIONER: Report what?

22 MR. RAY: Concerns that Ms. Kematch was
23 associated, or continuing to associate with gangs.

24 THE WITNESS: Not that I recall.

25

1 BY MR. RAY:

2 Q Would you have expected them to report those
3 things to you?

4 A I would have expected anybody that, that -- I
5 mean, that's part of child protection, you, you rely on the
6 reports from other people to tell you about things that may
7 be happening for a family that would be concerning. So I
8 would expect them, or anybody else that had that
9 information to report it.

10 Q If they reported them to you, would you have
11 noted that as significant in your notes?

12 A Whether she was involved in a gang?

13 Q Right. If, if someone --

14 A I --

15 Q -- made a call to you and said she's running --

16 A -- I would have --

17 Q -- with gangs?

18 A -- noted that in my notes, yes.

19 Q Okay. Can I assume that -- or, well, did Ms.
20 Kematch or Mr. Sinclair ever attend meetings with Phoenix
21 at your office intoxicated or under the influence of
22 drugs --

23 A Not that I recall.

24 Q -- based on your observations? Did anyone ever
25 provide you with any information about that, as to whether

1 that was occurring outside of your visits with them?

2 A Not that I recall.

3 Q Is that something that a, you'd expect a support
4 worker, perhaps, to report, given that the support worker
5 is in the home frequently?

6 A Yes, that's part of -- when a support worker is
7 attached to a family, a family support worker, and in this
8 case, it was twice a week and they were in the family home,
9 the expectation is if they saw anything that was concerning
10 happening in the home, concerning relative to the parents'
11 behaviours or received reports themselves from other
12 people, neighbours, et cetera, or one of the parents about
13 the parents' behaviour, it was the expectation that they
14 would then report that back to the social worker.

15 Q Okay. Do you recall whether anybody, any
16 collaterals, any support workers, public health nurse, Ms.
17 Nikki Taylor, family, friends, Mr. Sinclair, Ms. Edwards,
18 during the five month period that you had this file, report
19 anything to you that would be of a concern, or would breach
20 either the temporary order, the voluntary placement
21 agreement or the service agreement?

22 A Not that I recall.

23 Q You were asked about the qualifications of the
24 support worker?

25 A Um-hum.

1 Q You said you don't know; do you have any reason
2 to suspect that she was not qualified, or not doing her job
3 properly?

4 A I do not. She was an employee of Winnipeg Child
5 and Family Services, one of the many family support workers
6 that was employed in that department. I assumed that she
7 would be qualified to do the job that I was asking of that
8 department.

9 Q And based on your observations and her, her
10 contacts with you, did you get a sense as to whether she
11 was doing her job appropriately?

12 A I don't recall my specific interactions with her.
13 Thank you.

14 But I would have noted if there were concerns.

15 THE COMMISSIONER: She on the witness list?

16 MR. RAY: Yes, I understand she is, Mr.
17 Commissioner.

18

19 BY MR. RAY:

20 Q Your notes -- you were asked, asked to comment
21 about your notes regarding a home visit with parents and
22 that home visit, this, this point in particular, Ms.
23 Kematch did originally not want to let you in. You
24 convinced her that she should let you in. In terms of the
25 definition of uncooperative, as it, as it's contained in

1 the service agreement, or the other agreements, would you
2 view her initial reluctance to let you in as, as a, as
3 uncooperative, such that she breached the service
4 agreement?

5 A No.

6 Q I -- you noted it --

7 A That was just --

8 Q -- for the file?

9 A I, I did. That, that was just a, a, that was a
10 typical, an often common response of many parents, for
11 whatever reason, on particular days, didn't want to have
12 the social worker come in to their home.

13 Q Okay. Did she appear, on that day, intoxicated
14 or influenced by --

15 A Not that --

16 Q -- drugs?

17 A -- not that I recall and it's not documented in
18 my notes that she did.

19 Q Would you have noted that if she was --

20 A I would have --

21 Q -- intoxicated?

22 A -- noted that.

23 Q Did she appear, or did Steven appear to -- any
24 bruising on their faces, or anything that would suggest
25 there was domestic violence going on when you visited them?

1 A I don't recall, specifically, that meeting, but I
2 likely would have noted that if there had been.

3 Q Mr. Olson asked you some questions about risk
4 assessments. He asked you whether there were any formal
5 risk assessments on the file and you confirmed that there
6 weren't, that there wasn't a formal document entitled risk
7 per -- assessment per se and you confirmed that, I think
8 what you stated was your risk assessment is, is the
9 summary. By that do you mean the transfer summary, the,
10 the transfer summary would contain your assessment of risk,
11 if there was any?

12 A Yes, typically.

13 Q And is it in that transfer summary that you would
14 typically incorporate written notes, or any other written
15 assessments that might be contained on the file?

16 A Yeah, a summary of them would be in the summary,
17 not the actual report or assessment itself.

18 Q Your transfer summary contains various concerns
19 that you noted, whether they were your -- from the, from
20 the history of the files that had been provided to you.
21 Can we assume that that means you considered those concerns
22 when you were doing your assessment?

23 A Yes.

24 MR. RAY: Mr. Commissioner, it's now four
25 o'clock. I would prefer to finish this witness today, even

1 if it means staying a little bit past 4:30. I, I, I can
2 finish now, perhaps it would take me another five minutes
3 and then perhaps we could take a, about a 15 minute break,
4 I could review my notes and see how much more I have?

5 THE COMMISSIONER: Yes, and then, of course,
6 there's re-examination by, by Commission counsel that has
7 to follow. But I, I certainly don't mind staying later.

8 MR. RAY: I suspect the witness would be, prefer,
9 prefer to be completed today.

10 THE WITNESS: Yes, I would.

11 MR. RAY: I know we're not sitting tomorrow, so
12 there's nothing really to prepare for, for tomorrow. I'm
13 available to go longer, if necessary.

14 THE COMMISSIONER: Well, take your five minutes
15 now and then we'll give you a break and maybe you'll find
16 you don't --

17 MR. RAY: I'll --

18 THE COMMISSIONER: -- need as long.

19 MR. RAY: -- I'll complete what I have here and
20 then we'll assess that. Okay.

21 THE COMMISSIONER: If we have to sit beyond 4:30
22 today, to wind up, we will.

23 MR. RAY: Great.

24 THE WITNESS: Thank you.

25

1 BY MR. RAY:

2 Q Regarding your, the psych assessment that was
3 performed by Dr. Altman, do you know -- it's not noted and,
4 and I know you don't have an independent recollection, do
5 you, do you have any idea when you think you would have got
6 Dr. Altman to agree to, to, to conduct the assessment?

7 A I, I don't recall. I think, I think one of my
8 notes talks, one of my meetings with, or contacts with
9 Samantha and Steve talks about me possibly looking at
10 getting Dr. Altman. This was later. I know referenced
11 possibly getting him earlier in the summer and he wasn't
12 available until later in the, in the fall. Or he wasn't
13 available until the fall. And then I do believe later, in
14 the summer months, I can't remember exactly which note that
15 is, where I referenced talking to them about Dr. Altman.
16 So it would have been sometime -- I, I'd have -- I would be
17 guessing, I don't recall specifically when.

18 Q As of September 5th, which is the day you
19 returned Phoenix --

20 A Right.

21 Q -- to her parents, you knew at that time that Dr.
22 Altman was going to be doing a psych assessment --

23 A Yes.

24 Q -- correct?

25 A Because it's in the service contract.

1 Q Did you know that that, at the time, that it was
2 to occur just eight days after she was being returned?

3 A I don't remember.

4 Q But he did assess her eight days after she was --

5 A Yes.

6 Q -- returned? And if, if, at the time, you were
7 contemplating returning Phoenix to her parents, you knew
8 that Dr. Altman was not available to do a psych assessment
9 for approximately one to two months, what if any, how, if
10 anything, would that affect your decision to return Phoenix
11 on September 5th?

12 A It's possible that we would have asked for an
13 extension of the VPA. I, I can't say for sure, because
14 that's not what happened, so I'm --

15 Q Okay.

16 A -- I mean, it's possible we would have kept her
17 in care longer and extended the VPA, I don't know.

18 Q And is that because you didn't want to be, her to
19 be with her parents for a particularly extended period of
20 time without the assessment being conducted?

21 A That's possible.

22 Q Okay. Did you view a, a short period of time,
23 such as eight days, as a, some sort of an unnecessary risk,
24 given what you'd observed?

25 A I wouldn't say it was an unnecessary risk, but

1 because they had already completed all of the other
2 expectations and were demonstrating their commitment, they
3 were -- the positive reports from the in home support
4 worker and the community was that they were doing well
5 enough to take care of her, that although that was an
6 outstanding issue, that's why we still returned her. I
7 don't know if I answered your questions.

8 Q No, I, I think you did, yeah. The, the service
9 agreement and the voluntary placement agreement and the,
10 actually the initial temporary order, were all consensual,
11 I think you mentioned?

12 A Yes.

13 Q Okay. What, if anything, does that willingness,
14 on the part of the parents, tell you about their, you know,
15 their commitments to trying to make this work and to
16 parent?

17 A It, it, it's an indicator that they are committed
18 and are motivated, because they are in agreement with the
19 plan to go forward and want -- it shows that, it also shows
20 that they want to work with the agency, in order to
21 complete whatever the plan may be and are willing
22 participants in that. So that's usually an indication
23 that, that if they're willing to work with the agency to
24 address their issues, that they're motivated to wanting to
25 parent their child.

1 Q From September 5th, which is the point in time
2 when Phoenix is required, we know that -- or returned to
3 her parents, sorry, we know that you remained on the file
4 until October 2nd, 2000, which is less than a month?

5 A Correct.

6 Q I think your evidence was that you, after her
7 return, you met with Phoenix and the, and her parents
8 September 13th?

9 A When they attended the visit, that's --

10 Q And, and you --

11 A -- what I believe.

12 Q Go ahead.

13 A That's what I believe. I, I -- there's -- it
14 says that -- there's no note of that specifically, but
15 given the, the meeting occurred in my office, I would have
16 been there to introduce them to Dr. Altman and would have
17 saw them then.

18 Q And did, did I understand your evidence to be
19 that you thought, you thought, you recalled having met with
20 them one other time in that period?

21 A Yes, but I don't, I don't have any notes of that.

22 Q And, but if your recollection is correct, then
23 between September 5th, when you returned Phoenix, and
24 October 2nd, when you were off the file, you would have met
25 with the family two times in that less than -- in, in less

1 than a month?

2 A Correct.

3 Q And for this type of file, is that fairly typical
4 of the number of visitations you'd want to conduct as a
5 social worker?

6 A Possibly. It, it depends on the case and if
7 there's anything that may, that's pressing, that's
8 happening, that may need your attention right away, you
9 would meet with them sooner possibly --

10 Q Okay. I know --

11 A -- or more often.

12 Q -- I, I know you mentioned that you can't recall
13 the standards that were in place at the time.

14 A I can't.

15 Q And are you aware that there are standards that,
16 that set out the, the amount, or the number of times that a
17 parent is -- excuse me, the number of times a social worker
18 is supposed to visit a family that's on their case file?

19 A I believe that there are, I don't know what they
20 were at the time.

21 Q I, I know you haven't been a front line social
22 worker for quite some time --

23 A Correct.

24 Q -- do you know what the requested standard is at
25 this point in --

1 A I, I believe it's one --

2 Q -- time?

3 A -- once every 30 days.

4 Q Once every 30 days for a file such as Phoenix's
5 at the time you had it?

6 A Such as a family service file.

7 Q Okay. So if that standard was in place at the
8 time you had Phoenix's file, then you essentially doubled
9 the, the standard, in terms of what you're required to
10 meet?

11 A Yes, if I met with them twice.

12 Q You certainly met with them once though?

13 A Yes.

14 Q You mentioned one of the things in the service
15 agreement was that the parents were expected to cooperate
16 with the public health nurse?

17 A Yes.

18 Q Do you know whether public health nurse is
19 obligated to report child protection concerns if she
20 observes them while they're dealing with the family?

21 A The Act is clear that anybody who observes a
22 child that they believe is in need of protection is
23 obligated, under the Act, to report it to a child welfare
24 agency, professional or otherwise.

25 Q Do you, do you recall, did you note any concerns

1 reported by a public health nurse?

2 A No.

3 Q Would you have noted them if she had raised
4 concerns?

5 A Yes.

6 Q Just want to talk about Dr. Altman's notes and
7 your visit with him.

8 Perhaps we could bring up Dr. Altman's
9 transcribed notes, the typed ones. I'm sorry, I don't know
10 the CD offhand. Thank you.

11 You mentioned that you don't have a note of,
12 specifically of what you asked Dr. Altman to do; okay?
13 Does your file reflect what you were seeking, in terms of
14 an assessment?

15 A I'm sorry, can you say that again?

16 Q You don't, you don't have any notes of
17 specifically what you said to Dr. Altman --

18 A Correct.

19 Q -- right? Are there notes on the file to
20 indicate, as it relates to the psych assessment, why you
21 were seeking a psych assessment and what you were hoping to
22 obtain? I know, I know you specifically didn't note what
23 you told Altman, but do you note, do you, does the file
24 show what you suspected you would have told him?

25 A I believe so.

1 Q Okay. Do you recall, based on your discussion
2 for the last day, what it was that you were seeking?

3 A That I, that I -- I don't recall specifically,
4 but based on what I've read in my notes and my summary, et
5 cetera, that there was a concern about her emotional
6 wellbeing, due to her flat affect presented in interviews,
7 the history of, her, her history of, with her first child
8 and then hiding the pregnancy with Phoenix.

9 MR. RAY: Can you just scroll Dr. Altman's notes
10 up slightly? Okay.

11

12 BY MR. RAY:

13 Q You see, near the bottom, there's a question
14 mark? There's a statement:

15

16 "? why ambivalence re: parenting/?
17 Depression"

18

19 Actually, if you'd give me one moment, I just
20 want to find Dr. Altman's written notes.

21 If you could bring, bring Dr. Altman's written
22 notes up, I would appreciate it. Oh, I'm sorry, just his
23 written notes, I didn't, sorry, I don't, I don't have a
24 page number handy. Dr. Altman's written notes. Do you ...
25 The, the copy I have, the copy I have hasn't got page

1 numbers on it. Sure. Maybe if we could take five minutes
2 now and allow us to, just to figure out the document.

3 THE COMMISSIONER: Well, well, we'll take our
4 only break, break now. How long do you want?

5 MR. RAY: If we could take about, say, 15
6 minutes. I know the witness has been there since 2:15,
7 so --

8 THE COMMISSIONER: Well, let's take 10 and if you
9 need more, just continue to take it and the clerk will keep
10 me advised.

11 MR. RAY: Okay. Thank you.

12

13 (BRIEF RECESS)

14

15 THE COMMISSIONER: All right, Mr. Ray?

16 MR. RAY: Thank you, Mr. Commissioner, I only
17 have a few more questions.

18

19 BY MR. RAY:

20 Q I had directed you to Ms., Dr. Altman's
21 handwritten notes and they're on the screen there for you.
22 About three-quarters of the way down, it'd been suggested
23 to you that you, that you didn't --

24 THE COMMISSIONER: Who, whose notes are these?

25 MR. RAY: Dr. Altman's.

1 THE COMMISSIONER: Right.

2

3 BY MR. RAY:

4 Q It had been suggested to you that you couldn't
5 recall what you told Dr. Altman. If you go down through
6 the notes, starting with:

7

8 Prior worker felt ...

9

10 And of course, these are Dr. Altman's notes. And
11 then just read:

12

13 "Prior worker felt post-partum
14 depression or some mental health
15 issue"

16

17 A I, I don't know where that is on the note.
18 They're very --

19 Q Oh, sorry --

20 A -- difficult to read.

21 Q -- about three-quarters of the way down the page.

22 A On the, on the first page?

23 Q Just above the line that goes across the page.

24 Do you see, do you see the line that goes across the page
25 and underline (inaudible) doing good?

1 A Yes.

2 Q Okay. Go up, just above, four lines above that,
3 prior --

4 A Okay.

5 Q -- prior worker?

6 A Right.

7 Q Does that, that, that sentence there:

8

9 "Prior worker felt post-partum
10 depression or some mental health
11 issue"

12

13 Does that help you recall as to what you might,
14 may or may not have asked Dr. Altman to assess?

15 A It still doesn't help me --

16 Q Okay.

17 A -- specifically recall what I, what I said to
18 him.

19 Q Okay. As I understand your evidence, you
20 weren't seeking Dr. Altman to conduct the parenting
21 capacity --

22 A That, that's --

23 Q -- the parental --

24 A -- correct, to the best that I can --

25 Q -- assessment? You --

1 A -- that's what I can, from what I can gather from
2 my notes and the file --

3 Q Okay.

4 A -- that's not what we were looking for.

5 Q And you were, as I understand your evidence, you
6 were seeking information from Dr. Altman to help you
7 conduct an assessment of the --

8 A That's --

9 Q -- family status? Okay.

10 A -- that's correct, that's what I gather, from my
11 information.

12 Q And ultimately, as a bottom line, that
13 information that Dr. Altman provided to you, what use do
14 you make of it when you do your assessment? What are you
15 trying to ultimate determine?

16 A You're, you're, you -- in this case, based on
17 what's in my notes and what my typical practice would be,
18 is that you would include that, I would have included that
19 information as part of my overall assessment of Samantha's
20 ability to parent Phoenix at the time.

21 Q And you want to know why she's able to parent
22 Phoenix because why?

23 A Because the, the plan, when you, when a child is
24 in care, the plan typically is to look at reunification of
25 the child with the parent. And so you want to be able to

1 assess the parents' ability to do so while they're, while
2 the child is in care, you know, through observations, et
3 cetera, during visits. But then, eventually, for the child
4 to be in the parents' care, so that you can do an ongoing
5 assessment of their ability to parent.

6 Q But is the ultimate goal ultimately to make sure
7 Phoenix is safe or not?

8 A Yes, to ensure the child's safety.

9 Q Okay. And based on your experience as a social
10 worker and your interaction with psychologists, or
11 psychiatrists who conducted assessments, do you believe
12 that the doctors that conduct those assessments would
13 understand that that's why you're, you're requesting the
14 information?

15 THE COMMISSIONER: Well, we're going to hear the,
16 have the doctor here Monday, aren't we?

17 MR. RAY: That's correct.

18 THE COMMISSIONER: Well, he'll be able to tell us
19 what he understood, won't he?

20 MR. RAY: I'm -- just out of fairness to Dr.
21 Altman and Dr. Altman's counsel, I -- it may be necessary
22 to put to this witness.

23 THE COMMISSIONER: Go ahead then.

24 THE WITNESS: Sorry, can you say that again?

25

1 BY MR. RAY:

2 Q Based on your, based on your experience as a
3 social worker, is it your expectation that the doctor
4 would, would know that the information he's providing to
5 you would be used to assess risk to a child?

6 A I would --

7 Q And perhaps you can't ask, perhaps you can't
8 answer the question, I'm just --

9 A -- I, I don't know that I can answer that --

10 Q Okay.

11 A -- other than that typically when we seek
12 information from other professionals, it's part of our role
13 of assessing risk to the child that we're involved in,
14 involved with. That's probably the best that I can answer
15 that.

16 Q Okay. And Dr. Altman, I think, indicated that,
17 or there was some questions as to whether or not there was
18 a need for a ongoing, or a, or a future assessment; based
19 on what your observations were and what Dr. Altman told
20 you, did you feel a need for a future assessment?

21 A Not that I can recall, but that's what's, that's
22 what's reflected in my summary, is that the report I
23 received was that there was no need for any ongoing
24 services, psychological assessments, I believe, is what's
25 written.

1 Q Mr. Gindin suggested to you that it, it's best
2 that you make notes closest in time to your interaction or
3 your observations with the family and I think you agreed
4 with that?

5 A Yes, that's correct.

6 Q And you returned Phoenix September 5th and you
7 transferred the file October 2nd?

8 A Correct.

9 Q I -- when would you have written your transfer
10 summary, within, in that window of time?

11 A I don't remember specifically, but somewhere
12 probably within the first three weeks.

13 Q Okay.

14 A It would have been written in that period of
15 time, from the time she was returned until I -- the
16 transfer summary's dated exactly when I don't, I don't
17 recall.

18 Q Okay. Mr. Gindin asked you about the, the phrase
19 "neat and tidy" and you indicated that's something you
20 would, you would rely upon; is that something you would
21 solely rely upon as a --

22 A No.

23 Q -- social worker?

24 A No.

25 THE COMMISSIONER: What, what's that?

1 MR. RAY: I asked her whether that was something
2 she would rely, solely rely upon as a social worker.

3 THE COMMISSIONER: Oh, solely, I thought you said
4 still. All right.

5

6 BY MR. RAY:

7 Q And did you use the cleanliness of the house as a
8 substitute for seeing Phoenix at any point in time?

9 A No, it's just additional information that we
10 include in our assessments as an indicator, as I've already
11 said, about how the parents possibly may be functioning on
12 a daily basis.

13 Q Just respecting the formal capacity assessments,
14 do you know whether it's possible to request a formal
15 capacity assessment when the parent has not even been
16 reunited with the child?

17 A I do believe that parenting capacity assessments
18 are done when children are still in care, yes.

19 MR. RAY: Okay. Those are my questions, thank
20 you.

21 THE COMMISSIONER: Thank you, Mr. Ray.

22 Mr. Olson?

23 MR. OLSON: Just have a few questions in re-
24 direct, or re-examination.

25

1 RE-EXAMINATION BY MR. OLSON:

2 Q Mr. Ray asked you about sealed child-in-care
3 files and whether or not you give them any weight. In
4 this, in this particular case, Samantha Kematch, when she
5 had Phoenix, was 18 years old; is that right?

6 A I don't remember specifically, I'd have to look
7 at the dates.

8 Q Okay. When, when -- the child-in-care file is
9 closed when the child ages out of care; is that right?

10 A The child-in-care file is sealed when the child
11 ages out of care.

12 Q Sorry, sorry, sealed.

13 A It's closed anytime a child leaves care.

14 Q Okay. And the, the concern about looking at a
15 child-in-care file is whether or not it's sealed?

16 A That, that's part of the issue, it's whether or
17 not it's relevant to the case that's at hand, as to whether
18 or not you want to see what's in the child-in-care file or
19 not.

20 Q Okay. And, and the way, I think, Mr. Ray put it
21 to you, it was historical information about the child?

22 In this case, in this particular case, with Ms.
23 Kematch --

24 A Um-hum.

25 Q -- this wouldn't really be historical

1 information, would it?

2 A I don't understand.

3 Q The information that would be in the child-in-
4 care file?

5 A Would it be historical information?

6 Q Would it be, would it be historical?

7 A We would typically --

8 MR. RAY: Well, just, just a moment. Which
9 child-in-care file? Ms., Ms. Kematch's child-in-care --

10 MR. OLSON: Ms. Kematch's --

11 MR. RAY: -- child-in-care file?

12 MR. OLSON: -- child-in-care file.

13 THE WITNESS: We would typically consider any,
14 any file that's closed, we consider them as, consider it as
15 historical file information, because it's part of the
16 person's history.

17 Q Okay. So and that would be the case, even though
18 Ms. Kematch gave birth to her first child, you know, when
19 she was 16 and the file -- and she had been receiving care
20 from an agency since that time?

21 A It, it was still typically considered what we
22 called historical file information.

23 Q Okay.

24 A It's part of the past history.

25 Q So, in other words, just before Ms. Kematch's

1 eighteenth birthday, she would have a, she may have an
2 ongoing child-in-care file. The day she turns 18, that
3 file is sealed and that's --

4 A That file is closed, yes.

5 Q -- closed, sealed, and considered historical
6 information?

7 A Yes.

8 Q Okay. And that really doesn't have anything to
9 do with relevance, does it, to you, as a social worker?

10 A I don't understand -- what doesn't have anything
11 to do with relevance?

12 Q Well, the fact that it's sealed doesn't make it
13 any less relevant than if it weren't sealed and you had
14 access to it?

15 A It, it's -- so you're asking me, would it have
16 less relevance if it was sealed or an unsealed historical
17 file?

18 Q Right.

19 A The relevance of a, of historical information
20 typically is based on what is happening currently that
21 brings the, the parent to the attention of the agency. I
22 don't know if that answers your question.

23 Q Right. And what was happening currently is that
24 Ms. Kematch had given birth to a second child, hid the
25 pregnancy, those, those concerns we looked at before;

1 right?

2 A Right.

3 Q And think you agreed that those were similar
4 features to what happened in the past?

5 A It was -- some, some of the concerns presented
6 when the file was initially opened this time was similar,
7 yes.

8 Q Okay. And so that, would that information,
9 forgetting for a moment whether or not it was a sealed
10 file, the file, would that information be relevant to you
11 as a social worker?

12 A The history of a file is, is often relevant, yes.

13 Q Okay. Mr. Ray said that this was not, put to you
14 that this was not a unique file, it was, it was like a lot
15 of other files you had and I think I put that to you as
16 well and you confirmed it?

17 A Yes.

18 Q And, and I just want to be sure, I want to be, I
19 want to be clear that just because it's not a unique file,
20 it, it doesn't mean you would potentially overlook
21 otherwise relevant information, does it?

22 So, for example, Mr., Mr. Sinclair's child-in-
23 care file --

24 A Um-hum.

25 Q -- if you decided that was relevant in this case,

1 you would, you would still make efforts to see that, even
2 though it was not a unique file?

3 A Correct.

4 Q Okay. Because ultimately, you want the, the most
5 information you can get that's going to tell you how to
6 keep the child safe?

7 A In order to include in your assessment, yes.

8 Q Okay. And in this case, because you didn't, you
9 didn't get Mr. Sinclair's child-in-care file, you, I take
10 it you decided it wasn't particularly relevant?

11 A I don't remember specifically, I, my, my summary
12 indicates that it still might be something that needed to
13 be looked at, so I can't recall specifically what my
14 thoughts were.

15 Q Okay. With respect to notes, you, you mentioned
16 that you don't, as a social worker, you don't review all
17 the notes a prior social worker has made?

18 A Not necessarily.

19 Q Okay.

20 A Again, it's, it's all case dependent. It depends
21 on the case and what the situation is, how many notes there
22 are, whether it's believed that they're, it's relevant to
23 review all of the case notes.

24 Q When you, when you told me earlier that when you
25 get a file you read it cover to cover, did, did you mean

1 excluding notes sometimes, or? I'm just trying to
2 understand how those two things work together?

3 A Typically that was my practice, was to read it
4 cover to cover, so that would include notes. What I'm
5 saying about the notes is that it's not necessarily
6 something that all social workers would do, is to read
7 everybody's case notes that are in the file.

8 So, for example, if the file was three volumes
9 thick and each volume was three inches, you might, as a
10 social worker, and I might, just, just focus initially,
11 when reading it cover to cover, on the pertinent
12 information, such as case summaries, transfer summaries,
13 closing summaries, et cetera, and not read the possibly
14 hundreds of pages of case notes.

15 Q Okay. So when you say -- just so we're on the
16 same page, when you say you read the file cover to cover,
17 that doesn't necessarily mean you read everything in the
18 file; is that --

19 A Correct.

20 Q Okay. And in terms of the social worker's past
21 assessment, you do your own assessment and that's what you
22 said; right?

23 A Right.

24 Q Based on your review of the file? But when it
25 comes to doing your assessment, you, you, you do give

1 weight to what the prior social worker did and said --

2 A Yes.

3 Q -- right? And you, and typically you would give
4 significant weight to that in determining how you're going
5 to act, react to the file?

6 A Typically, initially when you get the file,
7 another social worker has done an assessment that brings
8 the file to your attention. So yes, you would need to look
9 at that and, and give some weight to that, as the previous
10 worker's assessment and then you go from there and do your
11 own work and make your own assessment.

12 Q Right. You certainly don't ignore what the other
13 worker did?

14 A No.

15 Q You said to Mr. Ray that when you had the file,
16 you noticed that Ms. Kematch had, had improved and I'm just
17 wondering what that was based on?

18 A I believe what I said -- that was the question he
19 asked me, I believe what I said was that I had not noticed
20 some of the same issues that were presented in her child-
21 in-care file, that she was not aggressive towards me, that
22 she was cooperative with the agency, that it was different.

23 Q Okay. And, and the fact that you noted, from the
24 information, some of the information that was provided by
25 Cree Nation with respect --

1 A Um-hum.

2 Q -- to Ms. Kematch, that the issues in the past
3 were aggressive behaviour, being non-cooperative, there was
4 a number of, of other things --

5 A Right.

6 Q -- gang activity, that sort of thing. Those were
7 things you were looking out for then when you were
8 assessing the file; is that --

9 A Correct. I was including that in part of my
10 assessment.

11 Q Right. Because you wanted to make sure that
12 those risky behaviours wouldn't pose a threat to the child;
13 is that --

14 A Correct, that's what, that's what the assessment
15 would be about.

16 Q Right. And so you would want to take certain
17 steps to satisfy yourself that Ms. Kematch is no longer
18 engaging in those risky behaviours?

19 A Well, I'm not sure which risky behaviours you're
20 talking about --

21 Q Well, which --

22 A -- from her child-in-care file.

23 Q -- which of those behaviours did you view as
24 risky? You had, she was aggressive, non-cooperative,
25 combative, engaged in criminal activity, sexually

1 promiscuous, often going AWOL. Those, those were some of
2 the things that were mentioned in the file.

3 A As -- from when she was a teenager you're talking
4 about, from her child-in-care file?

5 Q That's right, when she was --

6 A Okay.

7 Q -- between the ages of 16 --

8 A Okay.

9 Q -- to 18.

10 A And so your question to me is what?

11 Q Well, you said, you said I'm not sure which of
12 those behaviours would, would be, pose a, could potentially
13 pose a risk --

14 A Um-hum.

15 Q -- to Phoenix, if she's still engaged in them.
16 So I asked you which of those behaviours would you be
17 concerned about her still engaging in?

18 A I would be concerned about all of them.

19 Q Okay. That's, that's what I thought. And so you
20 would want to, as a social worker, ensure, or take some
21 steps to satisfy yourself that those, these behaviours are
22 no longer ongoing?

23 A You would want to assess whether or not they were
24 still an issue.

25 Q And then you said, in terms of doing that

1 assessment, you received information from collaterals and I
2 think, and you'll tell me if I'm wrong, but the only
3 collateral you spoke with would have been Nikki Taylor and
4 oh, I suppose there was Dr. Altman as well; is that --

5 A And the in home support worker would be
6 considered a collateral person --

7 Q Okay.

8 A -- who was in the home on a regular basis.

9 Q Did you, yourself, go and visit Ms. Kematch in
10 her home on a drop-in basis, unannounced?

11 A I, I can't recall.

12 Q Right. Because there are -- you don't have notes
13 of those and we talked about that?

14 A Right.

15 Q That's something you could have done though, to
16 see --

17 A It is.

18 Q -- and that's, that's a tool that social workers
19 offer, often employ if they want to determine whether, for
20 example, there's substance abuse?

21 A Yes.

22 Q Because usually, not always, but usually, when,
23 when a social worker has a planned visit, you wouldn't
24 expect the person to be using substances at the time, or
25 have evidence of that?

1 A Not typically, no.

2 Q Okay. So that's why a drop-in visit might tell
3 you a little more than, than what you would learn from --

4 A Yes, it's a, it's a way to assess the family when
5 they're not expecting you to be there.

6 Q And are there other ways? Like, maybe talking to
7 neighbours, in an apartment block?

8 A Some, sometimes you do that, but that's a very,
9 you have to be very careful because it's confidential --

10 Q Right.

11 A -- information. So talking to neighbours is not
12 something that's, was often my practice --

13 Q Okay.

14 A -- because of the confidential nature of child
15 welfare work.

16 Q And were there any other, any other ways that you
17 could follow-up on those concerns that --

18 A Well you would talk --

19 Q -- you --

20 A -- you know, to the parents, you would talk to
21 any collaterals that had regular contact with the parents,
22 drop into the home, make your own observations when you're
23 meeting with them on regular, planned appointments.

24 Q Okay. Just in terms of the psychological
25 assessment that we've spent a lot of time on, I just want

1 to be sure that I was understanding what you were saying to
2 Mr. Ray, in that he put to you that it took a, a fair
3 amount of time and resources in order to get that moving
4 and, and to get it done; is that --

5 A I don't remember specifically how long that took.

6 Q Okay. Because that's something I'd asked you
7 when I was questioning you before, how much time it would
8 take; is that -- and you're saying you don't know how much
9 time will it take?

10 A I, I'm not sure how much time it took in this
11 particular case, in order to -- is that what you're asking
12 me? In order to have Dr. Altman see her?

13 Q Sorry --

14 MR. RAY: To, to, to be fair, I think I was
15 asking her to distinguish between a, a, a formal parental
16 capacity assessment and the psych assessment that was
17 obtained by Dr. Altman.

18

19 BY MR. OLSON:

20 Q And that's, and sorry, that's what I meant to ask
21 you is, is the psych -- the formal evaluation, parental
22 capacity --

23 A So --

24 Q -- evaluation.

25 A -- okay.

1 Q So that, that, having that done, that's something
2 that you could have had done, you said; right?

3 A I, I've -- that's, that's, you know, often that's
4 an option in, in various cases. Again, depending on the
5 case situation and what the plan is and what the concerns
6 are.

7 Q And in this particular case, it was an option to
8 you?

9 A I don't recall specifically. I believe it, it
10 likely was, but it wasn't something that I have any
11 recollection of, or is reflected in my notes, of having a
12 discussion about, with my supervisor, in planning and
13 developing the plan for this case.

14 Q Okay. And but that's not to say it's something
15 you could have considered and, and done, if you decided it
16 was necessary?

17 A That's something that could have been done.

18 Q Okay.

19 A I, I believe, as in many other cases --

20 Q Because parental capacity was definitely an issue
21 in this case; right? That's one of the issues Mr.
22 Orobko --

23 A Right, but again --

24 Q -- identified?

25 A -- it's the parental capacity as to the social

1 worker's assessment on parental capacity, or a formal
2 parenting capacity assessment. So they're --

3 Q What is the distinction between the two?

4 A The parental capacity assessment is one done --
5 there's, there's two. There's one, which I thought I
6 explained just earlier today, or yesterday, is done by the
7 social worker. It's an ongoing assessment of the parents'
8 abilities and capacities to parent. That's done by the
9 social worker on an ongoing basis, over the time of a file.
10 Then there's a professional parenting capacity assessment,
11 which is done by a professional, which is done, typically,
12 with, you know, a number of appointments with the parents,
13 supervision, supervising access visits and then that
14 professional will develop a, an actual written document
15 that's provided to the agency.

16 Q But is he --

17 THE COMMISSIONER: And what, what professionals
18 do you include in the, in the category of professionals?

19 THE WITNESS: In a, in a formal parenting
20 capacity assessment are typically done by psychologists, I
21 believe. They're -- when I worked at Winnipeg Child and
22 Family Services, I believe there was a, a list of various
23 professionals that we would seek out in order to do such a
24 formal assessment.

25 THE COMMISSIONER: But are there any besides

1 psychologists?

2 THE WITNESS: I don't remember what would be on
3 the list, I can't say for sure.

4

5 BY MR. OLSON:

6 Q Was the end goal of each type of assessment the
7 same thing and that's to determine parental capacity?

8 A Yes.

9 Q Okay. And what I was actually wanting to get at
10 was you, the suggestion that it took a lot of time,
11 resources, there was a waiting list, that sort of thing.
12 If you determined that a parental capacity, a professional
13 capacity was required in this case, the fact that it may
14 take awhile, there may be resources needed, that wouldn't
15 inhibit you from actually pursuing that route, would it?

16 A No.

17 Q Okay. And Mr. Ray said to you, well, it might
18 take time and I'm paraphrasing, I hope I'm getting it
19 right, it may take some time to get this done. In the
20 meantime, this young child's still in care. It's better to
21 have the child with the parents. So, you know, why go down
22 this route that's going to take a long time?

23 But at the end of the day, is it --

24 MR. RAY: I, I think what he -- what I said was,
25 asked her about whether it would take a significant period

1 of time and what the goal was at the period of time was to
2 reunify and trying to do that as, as quickly as possible, I
3 think is what I put to the --

4

5 BY MR. OLSON:

6 Q Fair enough. The idea is that getting the child
7 back into the home as quickly as possible.

8 But, but still, what you want to ensure is, is
9 that that child is going to be safe when you return the
10 child home; right?

11 A Yes.

12 Q And so you're not going to sacrifice the child's
13 safety, by forgoing any sort of risk, just to get them back
14 at home are you?

15 A No.

16 Q Okay. And it's better to have a child-in-care --
17 you'll, you'll tell me if you disagree with this, it's
18 better to have a child-in-care and safe, instead of in a
19 home where there's a, a, a real risk to the child?

20 A Yes.

21 Q And by the time Phoenix was returned home, there
22 was -- you didn't have a capacity -- you didn't have even a
23 psychological assessment done; right?

24 A But there was one arranged to be done within a
25 very short period --

1 Q Okay.

2 A -- of time.

3 MR. OLSON: Okay.

4 MR. RAY: I, I note that I was awhile with the
5 witness on my exam, but I think most of what we're asking
6 has been covered by Mr. Olson already.

7 THE COMMISSIONER: Oh, I think it's legitimate
8 re-examination.

9 MR. RAY: Okay.

10 THE COMMISSIONER: See, you got to remember that
11 this isn't a trial. We're here, trying to get the facts
12 out and sure, in a, in, in a criminal trial, perhaps
13 there'd be more adherence to some of those rules of
14 evidence, but here, we got to find out what happened and I
15 want the assistance and cooperation of everyone in doing in
16 that and I, I don't -- I think we got to realize that this
17 is, as I said yesterday, this is not a trial, it's an
18 inquiry to get to the bottom of what happened here and
19 there's flexibility in, in getting there over what the
20 rules of evidence are in a, in a, in a formal court trial.

21 MR. RAY: I, I agree with you, Mr. Commissioner.

22

23 BY MR. OLSON:

24 Q Just wanted to move on to the topic of supervised
25 visits, which Mr. Ray brought up. I think you told him

1 that there were no significant concerns in this case that
2 would require you to monitor the visits, sit through the
3 visit, the visits and monitor what was happening; is that,
4 is that right?

5 A I don't recall specifically what I said, but in
6 this case, during the, the two hour window of the visits, I
7 don't recall there being a reason to sit in the room for
8 the two hours of the visits.

9 Q Okay. Because you, you did say, I think, and
10 you'll tell me if I'm wrong, but I think you said that in
11 certain cases you, you would, in fact sit through the
12 entire visit?

13 A In certain cases, at times, that was necessary.

14 Q And that's where you had a concern of risk to the
15 child?

16 A Immediate risk in that two hour period --

17 Q Okay.

18 A -- or however long the visit was.

19 Q And so the fact that you didn't sit through these
20 entire visits, or, or make notes of what you observed, is,
21 is that because you determined that there was no immediate
22 risk to Phoenix?

23 A I don't remember specifically why I didn't sit
24 through those visits.

25 Q Would there be any other reason why you wouldn't

1 have sat through them?

2 A I, I don't know.

3 Q Well, put it this way, if you thought there was
4 a, a risk to Phoenix --

5 A An immediate risk to her safety, during the
6 period of time of the visit, I would have likely sat in
7 there, yes.

8 Q Okay. And --

9 A Is that what you're asking me?

10 Q -- yeah, so --

11 A Okay.

12 Q -- so you would have sat in if you perceived
13 there to be an immediate risk to Phoenix during that time?

14 A Right.

15 Q And the fact is, I think, that you didn't sit
16 through the visits?

17 A Not that I recall.

18 Q Okay. So you, you might, you may have sat
19 through the entire visit?

20 A I don't recall the visits, I don't recall sitting
21 through them. I, I don't recall sitting through an entire
22 visit.

23 Q Is it, is that something you would have made a
24 note of though?

25 A Yes.

1 Q I mean, that's something you certainly would have
2 made a note of; right?

3 A If I were sitting in a visit, I would have jotted
4 down some observations, yes.

5 Q Okay.

6 A Likely.

7 Q So does that -- can we take it then that you did
8 not sit through the visits?

9 A Not that I can recall.

10 Q Okay. On, on what basis would you have
11 determined that there wasn't an immediate risk to Phoenix,
12 just knowing what you knew about this case?

13 A I don't remember specifically.

14 Q Okay. I'll move on. With respect to the notes
15 Mr. Ray asked you about, the notes being out of order --

16 A Right.

17 Q -- and he's perhaps suggested that maybe that
18 they got taken out of order somewhere down the road by
19 some, another worker, I just wanted to ask, whose
20 responsibility is, is it to maintain the file?

21 A The worker that has the file at the time.

22 Q Okay. Just with respect to the issue of the
23 public health nurse, you said no -- public health, public
24 health nurses have a duty, just like anyone, to report
25 suspected child abuse?

1 A Anybody that has reason to believe a child is in
2 need of protection, not just abuse, but in need of
3 protection, is obligated under the Act to report to a child
4 welfare agency.

5 Q That applies all around to everybody?

6 A That applies to everybody.

7 Q So a public health nurse, it would only be if
8 that public health nurse felt the child needed protection
9 that the public health nurse --

10 A Felt that the child, that there was concerns that
11 the child may be in need of protection, yes.

12 Q Okay. And you said no public health nurse called
13 to report any concern?

14 A Not that I can recall and I have no notes of
15 that.

16 Q But do you know if, if there -- a public health
17 nurse ever saw Ms. Kematch --

18 A I --

19 Q -- during your time?

20 A -- I don't know.

21 Q Okay. Do you, so you don't know if, if -- you
22 don't know who that public health nurse would have been, if
23 she saw one?

24 A I, I don't --

25 Q Okay.

1 A -- know.

2 Q So the fact you didn't get a call doesn't really
3 tell you much then; is that --

4 A I, I'm not sure if I know what you mean. It
5 tells me --

6 Q Well --

7 A -- that I didn't get a call --

8 Q Okay.

9 A -- from a public health nurse. So whether one
10 saw her and I didn't know, I'm not sure.

11 Q So it, it's just, is, it's as equally consistent
12 with no public health nurse actually having seen her?

13 A Correct.

14 Q Okay. You mentioned the standard and I'm not
15 sure, I think you said the standard for meeting with the
16 family is one in every 30 days?

17 A That, that's the best of my recollection.

18 Q What, when did you learn of that standard?

19 A I don't remember.

20 Q Was it recent, or was it ...

21 A I, I don't know, it just -- I, I'm not sure.

22 Q Well, were, were you a worker when the standard
23 was in place, do you know?

24 A I don't remember.

25 Q So you have zero recollection of --

1 A It's just something that I remember that that was
2 a standard. When I learned that, or when I remembered it,
3 I don't know.

4 Q Do you know if the -- what -- how -- what kind of
5 visit the standard requires to satisfy that one in 30 days?

6 A I don't remember specifically.

7 Q Okay. Do you know if an office, an office visit,
8 when you just see the parents would meet that?

9 A No, I believe you have to see the parents and the
10 child --

11 Q Okay.

12 A -- or the children in the home.

13 Q In the home, right.

14 A I, I, I, I didn't say in the -- what I meant was,
15 you have to see the parents and the children that are
16 living in the home.

17 Q That are living in the home?

18 A Right.

19 Q Not necessarily in the home? You, do you know if
20 it's --

21 A I, I don't know for sure.

22 Q Okay. And the only, the only one recorded visit
23 you have is in your office, just before the assessment with
24 Dr. Altman; is that right?

25 A It's in my office at, at, on the day that the

1 assessment is there --

2 Q Okay.

3 A -- that they attend for the assessment, the three
4 of them.

5 Q Okay. And that's the only recording --

6 A That's the only --

7 Q -- that you've come across?

8 A -- one that I've found in my notes, yes.

9 MR. OLSON: Okay. Those are the only questions I
10 have for you. Thank you --

11 THE WITNESS: Thank you.

12 MR. OLSON: -- thank you very much.

13 THE COMMISSIONER: Thank you, witness, you've had
14 a full day and a half of it and we appreciate your
15 attendance.

16 THE WITNESS: Thank you.

17

18 (WITNESS EXCUSED)

19

20 THE COMMISSIONER: All right. We, we'll be
21 adjourning shortly until Monday morning. I see that Dr.
22 Altman is the first witness. Have you arranged the order
23 of questioning for, for the doctor? Has that been worked
24 out with his counsel?

25 MS. WALSH: Yes, I don't see a problem with that.

1 THE COMMISSIONER: Okay. And then I see we have
2 a, an, a, a source of referral coming after that, so that
3 mechanism will have to be put in place too.

4 MS. WALSH: Yes, that's being done.

5 THE COMMISSIONER: All right. Anything else
6 anyone wants to raise today? If not, we stand adjourned
7 then until 9:30 on Monday morning. Thank you.

8

9 (PROCEEDINGS ADJOURNED TO NOVEMBER 19, 2012)