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

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

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

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WEDNESDAY, NOVEMBER 21, 2012

## **APPEARANCES**

**MS. S. WALSH**, Commission Counsel

**MR. D. OLSON**, Senior Associate Counsel

**MR. S. PAUL**, for Department of Family Services and Labour

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

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

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

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

**MR. W.S. GANGE**, for SOR #5 and SOR #6

**MR. N. SAUNDERS**, for Assembly of Manitoba Chiefs and Southern Chiefs Organization Inc.

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1 NOVEMBER 21, 2012

2 PROCEEDINGS CONTINUED FROM NOVEMBER 20, 2012

3

4 MS. WALSH: Morning, Mr. Commissioner.

5 THE COMMISSIONER: All right. We'll be ready to  
6 begin another day.

7 MS. WALSH: Thank you. Our first witness then  
8 will be Ms. Laura Forrest.

9 THE CLERK: If you could just stand for a moment?  
10 Is it your choice to swear on the Bible, or affirm without  
11 the Bible?

12 THE WITNESS: Bible.

13 THE CLERK: All right. Take the Bible in  
14 your right hand. State your full name to the  
15 court.

16 THE WITNESS: Laura Marie Forrest.

17 THE CLERK: And just spell me your first  
18 name?

19 THE WITNESS: L-A-U-R-A.

20 THE CLERK: Your middle name please?

21 THE WITNESS: M-A-R-I-E.

22 THE CLERK: And your last name?

23 THE WITNESS: F-O-R-R-E-S-T.

24 THE CLERK: Thank you.

25

1                   **LAURA    MARIE    FORREST,**    sworn,  
2                    testified as follows:

3

4                   THE CLERK:   Thank you.

5                   THE WITNESS:   Thank you.

6                   MS. WALSH:    Morning, Ms. Forrest.

7                   THE WITNESS:   Good morning.

8

9                   DIRECT EXAMINATION BY MS. WALSH:

10                  Q    You are a social worker employed with Winnipeg  
11                  Child and Family Services?

12                  A    Yes, I am.

13                  Q    And I understand you're currently working in the  
14                  foster care department?

15                  A    Yes, I am.

16                  Q    And that has been since April of this year, 2012?

17                  A    That's correct, yes.

18                  Q    And what does that position involve?

19                  A    I'm on a foster home development team.    So I am  
20                  one of the workers that meets with prospective foster care  
21                  applicants.    I do home studies, orientation of foster care,  
22                  foster care provider applicants.

23                  MS. WALSH:    Can I just ask you to move either a  
24                  little -- have the mic a little closer to you, or lift it  
25                  up a bit, if you wouldn't mind?

1 THE WITNESS: Is that better? Better?

2 MS. WALSH: Yes, thank you.

3 THE COMMISSIONER: You can move your chair in if  
4 you like.

5 THE WITNESS: Thank you.

6 MS. WALSH: Thanks.

7 THE WITNESS: Thanks.

8

9 BY MS. WALSH:

10 Q And you first started working with Winnipeg Child  
11 and Family Services in October of 1990?

12 A Yes, I did.

13 Q And that was as a family services worker?

14 A Yes, it was.

15 Q Okay. And then you moved to the intake unit in  
16 1994?

17 A Think it was actually 1993.

18 Q Okay.

19 A Yes.

20 Q And you worked there until 2009?

21 A Yes.

22 Q Okay. And why did you make that move to the  
23 intake unit?

24 A I was interested in the position and a position  
25 was available for me to take, so ...

1 Q Okay. And then from May of 2009, until April of  
2 2012, you went back to work as a family services worker?

3 A Yes, I did.

4 Q Any particular reason?

5 A I was looking for a bit of a change and wanting  
6 to see if there was another opportunity for me. So ...

7 Q And you have your Bachelor of Social Work from  
8 the University of Manitoba?

9 A Yes, I do.

10 Q When did you obtain your degree?

11 A In -- oh, sorry, 1990, in May.

12 Q 1990?

13 A Yes.

14 Q Okay. And when you studied social work at the  
15 university, did you receive any training in addictions?

16 A Trying to remember my courses that I took. There  
17 may have been some course information, but I can't remember  
18 the exact subjects that were on my, on my diploma. So I  
19 know I did a child welfare course, but I can't remember if  
20 there was one specific to addictions training.

21 Q So you did child welfare?

22 A Um-hum.

23 Q Would that have included child development? Or  
24 is that something separate?

25 A Child development was part of the curriculum as

1 well, so ...

2 Q So you received some training --

3 A Yes.

4 Q -- in that as well? And did you do any practicum  
5 after your formal university training?

6 A Practicum was part of the university training --

7 Q Okay.

8 A -- so I was, my practicum was at the Elizabeth  
9 Hill Counselling Centre.

10 Q And was that a child welfare agency?

11 A No, it was not.

12 Q And are you a registered social worker?

13 A No, I am not.

14 Q I understand that registration in Manitoba is  
15 voluntary; is that --

16 A Yes, it is.

17 Q -- right? Now, when you first started working  
18 with Winnipeg Child and Family Services as a family service  
19 worker, did you receive any training from the agency?

20 A When I started, my training was more a peer, kind  
21 of centred, training and I also had a supervisor that had  
22 a, a lot of years of experience, so he kind of was my  
23 mentor as well. So that's really where my training  
24 started. There were some courses and training available as  
25 the years went on that I could partake in, but in terms of



1 an official orientation to CFS, I don't think there was  
2 anything really in place that way.

3 Q Would that have been helpful to you?

4 A To some degree, yes, but I also had some really  
5 great peers and supervisors that were great teachers, so  
6 they were very helpful and, to help me learn while I was  
7 working the job.

8 Q Okay.

9 A Yeah.

10 Q And were you given a full case load as soon as  
11 you started employment?

12 A I think so, yes.

13 Q Okay. And were you able to handle that, as a new  
14 worker?

15 A I did the best I could to handle it, so I, I --

16 Q So you, essentially, when you started, you  
17 learned on the job?

18 A Yes.

19 Q Okay. And when you changed positions from a  
20 family service worker to an intake worker, did you receive  
21 any training specific to the new position?

22 A Not that I can recall.

23 Q Okay. Would you have liked to have received  
24 specific training?

25 A In some ways, it may have been helpful to maybe

1 explain some things, but again, at that point, I also had  
2 another good supervisor and a good team to work with. So,  
3 again, some very good mentoring and that, that is very  
4 helpful and probably more practical because you're learning  
5 as you go, so ...

6 Q And throughout your career as a social worker,  
7 what has governed how you have performed your duties? What  
8 have you referred to? Standards, policies, best practice?

9 A Best practice, policies, procedures, standards,  
10 Child Welfare Act.

11 Q And how do you define best practice?

12 A For me, it's doing what you can, as much as you  
13 can with what you have, being respectful and considerate of  
14 the families you're working with and trying to do the best  
15 job you can with them.

16 Q Have you ever received training in the provincial  
17 standards and, and that's what -- when we talk about  
18 standards, we mean the provincial standards; correct?

19 A Yes.

20 Q Is that what you understand it to mean --

21 A Yes.

22 Q -- by standards?

23 A We had training more recently I think, 2009,  
24 around that timeframe. Prior to that, I don't remember  
25 actual standards training. We had some core training.

1 That was in mid-nineties, or late nineties, probably and  
2 that may have talked about some of the standards at that  
3 point as well. So we did have some, yes.

4 Q Have you, over the course of your career,  
5 referred to standards, in the sense of going and, and  
6 actually reading them?

7 A Probably briefly, I don't know if I've read them  
8 cover to cover, but I've probably referred to them at  
9 points in my career, yes.

10 Q So how have you been made aware of what the  
11 standards require?

12 A Well, through some of the training, but then, I  
13 mean, much like with the Act and whatever, there was  
14 probably some documentation available in the office that if  
15 we needed to refer to it, so I didn't have a standards  
16 binder on my desk, if that's what you're asking. But there  
17 was documents available if we needed to refer to them.

18 Q I wanted to just, because you have been with the  
19 agency for a fairly long period, I want to just, before we  
20 get into your specific involvement with Phoenix's family,  
21 just ask you a little bit about the agency and, and your  
22 recollections of, of the agency in the early time of your  
23 career.

24 We heard from Ms. Brownlee, on the first day of  
25 the hearing, that a change took place in 1999 to centralize

1 services; did that have any impact on how you did your job?  
2 First of all, where were you working at that point?

3 A I was an intake worker. In, in early 1999, I was  
4 at the Jefferson office, when offices were all still  
5 separated. Then we were centralized and I moved over to  
6 the central intake office at 835 Portage.

7 Q And so did that centralization have any impact on  
8 how you did your job?

9 A It had an impact in how I, I guess, I approached  
10 the job, because I, in the Jefferson office, I was, it was  
11 more kind of a localized area that we worked with, so we  
12 were very familiar with the schools and the resources and,  
13 and what was available, available specific to, in that  
14 community, to the people we worked with. When we  
15 centralized, all intake workers were moved into one big  
16 office and it was a lot of people. It was, it was, it  
17 take, it took a lot of adjustment, I think, and it was a  
18 little bit chaotic at times, just because of the volumes  
19 of, of cases that were coming in. So, I think, in some  
20 ways, it felt a little bit more chaotic to me and therefore  
21 you had to really work hard to try and keep prioritizing  
22 and, and keeping organized, as much as you could, because  
23 of the volume. It seemed volume changed a bit.

24 Q Okay. And just tell me a little bit more about  
25 what having a localized office meant, in terms of the work

1 that you did?

2 A Yeah. When I was in a smaller unit, we directly  
3 took -- I took the call directly. So if a referral came  
4 in, I was, if I was on, on intake that day, I would take  
5 that call and I would be responsible for taking down all  
6 the information pertaining to that referral and then  
7 following up with it until the point of either case  
8 transfer or closing. With the new system, there, there  
9 was, it wasn't quite that way. There was other people that  
10 were taking in the calls first. They were screening  
11 through and then we would get the call to follow up, as an  
12 intake. So I kind of lost that direct contact with  
13 referral sources. So that was a little bit different to  
14 get used to, because I have my style of asking questions,  
15 as everybody else does. So you were relying on everybody  
16 to make, you know, to get the information and you couldn't  
17 control what they were taking in or not.

18 Q So what about, you said that when you were in a  
19 localized office, you had connections to community  
20 resources?

21 A Yes.

22 Q What, what was the significance of, of that?

23 A We work very closely with the collaterals, which  
24 means schools, public health nurses, parent resource  
25 centres. So if there was a family in need of service, it

1 was, we worked together, kind of as a team, or a system, to  
2 provide support to this family and that could work really  
3 well, because it wasn't so overwhelming for families at  
4 times. We kind of lost that sense because when the  
5 collaterals would call in, they wouldn't have that direct  
6 contact with people that they already knew.

7 Q Once you were --

8 A Say --

9 Q -- centralized?

10 A -- like, say schools, yeah, like, the school  
11 would call and they'd, they'd be used to talking with me,  
12 but then they'd just have somebody and so then it was just,  
13 it changed the dynamic of the referral process.

14 Q And the significance of, of being able to work  
15 with collaterals to a Child and Family Services worker?

16 A It, it's important, because you can develop a  
17 plan that can really be really supportive for a family and  
18 more immediate, maybe and more relevant to what their needs  
19 are and maybe get more cooperation with them.

20 Q Okay. And you've referred to the, the mandate in  
21 the Child and Family Services Act, so I'm, I'm just going  
22 to refer to that act, because I understand you are familiar  
23 with it and under Section 7(1) of the Act, the section is  
24 entitled: Duties of agencies. It says:

25

1                   "According           to           standards  
2                   established by the director and  
3                   subject to the authority of the  
4                   director every agency shall ..."

5

6                   And the first one says:

7

8                   "(a) work with other human service  
9                   systems to resolve problems in the  
10                  social and community environment  
11                  likely to place children and  
12                  families at risk;"

13

14                  So what's your understanding of what that means  
15 for a Child and Family Services worker?

16                  A     It means what I talked about, that we, we value  
17 of the involvement of the collaterals when we work with our  
18 families.     So, and that's part of the, part of the  
19 intervention.

20                  Q     All right.     And when centralization took place,  
21 did that have any impact on your client base?

22                  A     I'm not certain what you are asking me, sorry.

23                  Q     Did it, did it change the, the range of clients  
24 that you were responsible for?

25                  A     I was still working within the -- Jefferson was

1 part of the north area of child welfare service and I was  
2 still working within that unit when I moved over, but the  
3 area expanded, because it included more, other areas of the  
4 North End of the, or north area of the city. So different  
5 -- it, it increased the boundaries, yes.

6 Q Okay. And did that have an effect on your  
7 workload?

8 A Yes, because you're dealing with more families  
9 then.

10 Q So it increased your workload?

11 A Yes.

12 Q and when centralization took place, did I  
13 understand you to say that affected your ability to make  
14 referrals to community agencies?

15 A It, it wouldn't affect my ability to make  
16 referrals. I think what it did was it changed the dialogue  
17 and the interaction and the involvement with other  
18 agencies, because it was just so immediate initially and  
19 you could get things going fairly quickly. If somebody  
20 took the intake right off, you know, in the beginning and  
21 then handed it off to you, there was that level of, there  
22 was that one level of contact and communication and then,  
23 if all the questions weren't asked, or answered, or  
24 whatever, then you'd have to start maybe over, in some  
25 ways, to get some more information. So it kind of made the



1 process a little bit longer sometimes. So, but it didn't,  
2 I mean, I still knew who to call or, or whatever, if I  
3 needed help with a family.

4 Q Okay. Now, in terms of your workload, we know  
5 that you delivered services to Phoenix and her family in  
6 2003; can you recall, as of 2003, how many cases you were  
7 handling at a given time?

8 A I don't recall an exact number. To be honest,  
9 you could go from five cases to 40 cases, depending on what  
10 was happening in the community. So I really don't have an  
11 exact number of how many I would have had at that time, or  
12 a month later. I couldn't tell you an exact number.

13 Q Okay. Aside from the exact number of cases, what  
14 was your workload like in 2003?

15 A It was pretty steady.

16 THE COMMISSIONER: This is as intake worker?

17 THE WITNESS: As an intake worker. It, it was --  
18 we were busy. Like, there wasn't a lot of extra time, so  
19 there was always something happening or changing on your  
20 workload. So I think I was always on the go, working with,  
21 you know, with whatever families I could. So, I'm not  
22 certain if that answers that question.

23

24 BY MS. WALSH:

25 Q Was, was your workload manageable? You said --

1 well --

2 A Sometimes it could be, depending on the types of  
3 cases I had been assigned. If they were kids that were  
4 coming into care, that would change how you could maybe  
5 prioritize (phonetic) (sic) the other cases. So it depended  
6 on the kind, the, the nature of the case, the referral that  
7 you would get, because some would demand more attention,  
8 more immediate attention, based on risk and other factors.  
9 So some days, I guess you could think it was manageable and  
10 then some days you'd think, oh no, I'm not, I'm really  
11 behind and I'm not keeping up very well.

12 Q Okay. And was your workload ever an impediment,  
13 in 2003, to complying with best practice?

14 A There were times that it was, not just in 2003,  
15 but other years as well. I mean, if it got really busy and  
16 if either, you know, like, the cases were more complex and,  
17 and requiring more attention, then yes, there were certain  
18 cases that were getting good, good attention from me and  
19 there were some that were, I was not responding to as  
20 quickly as possible, or as quickly as I would have liked  
21 to, even. So yeah, it would have made a difference in how  
22 I responded to people's situations.

23 Q And was this true throughout your entire time as  
24 an intake worker?

25 A I would say yes.

1 Q Did you ever see any improvements to workload  
2 during your time as an intake worker?

3 A I don't know if there were improvements. By the  
4 time I had left, in 2009, numbers and complex family  
5 situations to deal with were still pretty high. I, I felt,  
6 at the time, when I was leaving, that I really wasn't  
7 keeping up very well. Any -- it was -- at that time, it  
8 was just very difficult. So I don't think improvements, in  
9 terms of workload, was happening for me, during then.

10 Q Did you have a strategy to deal with the times  
11 when your workload was a challenge?

12 A You know, you would discuss the situations with  
13 your supervisors, you're trying to come up with, you know,  
14 case plans, or how to prioritize or how to, you know, move  
15 the cases along a little bit quicker. So, you know, a lot  
16 of times, consultation like that was helpful, just to, you  
17 know, clarify some, some family situations. So would do  
18 that. Work as hard as you could. I mean, you didn't know  
19 what your -- you could have a plan in a day, to say I'm  
20 going to go out and see these 10 families today and I'm  
21 going to address these concerns that are, are on these  
22 referrals. And then you could get a new referral that has  
23 two kids in care, or your colleague could get immediate,  
24 like, emergency, five kids are coming into care, we need to  
25 have them placed. And your plan, your, your plan for the

1 day changes. That, that all goes away, because you've got  
2 more immediate concerns, or immediate needs that are  
3 pressing for these families. So that's sort of the nature  
4 of intake, is that you, you don't know, you can plan as  
5 much as you like, but that doesn't mean that that's what's  
6 going to happen. So what you should be doing sometimes  
7 just becomes what you can do, or what you're going to try  
8 to do. That's how it works. That, that's how it works.

9 Q So you mentioned your supervisor. Let's talk  
10 about supervision. We know that you delivered services to  
11 Phoenix and her family from February '03 to June of '03,  
12 who was your supervisor during that time?

13 A Andy Orobko.

14 Q And how many workers were there in your unit?

15 A There were six of us.

16 Q And I understand Mr. Orobko reported to an  
17 assistant program manager?

18 A Yes, he would have.

19 Q That was Stan Berg?

20 A I believe so.

21 Q And then the assistant program manager reported  
22 to a program manager, who I believe, at the time, was  
23 Patrick Harrison?

24 A I believe so, yes.

25 Q Okay. And can you describe the nature of the

1 supervision that you received from Mr. Orobko?

2 A He had an open door supervision policy, so  
3 whenever we needed to talk with him, he was available. He  
4 was a supervisor that was always onsite and if a case, if  
5 we needed to discuss a case with him, if he was doing a  
6 meeting, or something like that, he would stop that to  
7 assist us with that consultation. So supervision was  
8 available whenever we did need it. We also had, you know,  
9 supervision just to go through the cases that we were  
10 carrying and see where things were at, just to kind of keep  
11 it, keep track of where things were going on the case load.  
12 So, so yeah, so it, it worked, because, again, the nature  
13 of, of the intake position is that things change, or things  
14 come up. So sometimes you need to discuss things that  
15 moment and not wait for a scheduled supervision. So, so we  
16 had both, you know, as we needed to and then more, more on  
17 a, you know, kind of a, a ongoing basis, just to ensure  
18 that we were doing what we needed to do.

19 Q Okay. And is it your understanding that the  
20 supervisor is there to ensure that the worker complies with  
21 standards and best practice?

22 A Yes, it is. And I always felt like if I had done  
23 a good job on something, like, if, if he felt my assessment  
24 was good, or if it, you know, it was appropriate, he would  
25 let me know that directly and if there was something that

1 needed to change, or be adjusted, or improved upon, he  
2 would let me know that directly as well. So it was, again,  
3 kind of an ongoing kind of dialogue. So I always, I kind  
4 of knew where things were at with my supervisor at, at most  
5 times.

6 Q So does a worker rely on a supervisor to be a, a  
7 check and balance?

8 A I do, because it's hard, when you're in the midst  
9 of everything that you're dealing with, to ensure that  
10 you've got everything covered and so, yes, that's the job  
11 of your supervisor, is to help you make sure that  
12 everything that you should be doing or could be doing is,  
13 has been checked off. Or, you know, again, if it needs to  
14 be, you know, expanded upon, or done a little bit  
15 differently, that's the job of, of, of that person.

16 Q Are they also a mentor to the worker?

17 A Yes, I think so.

18 Q Did you also have team meetings in your unit?

19 A Yes, we did.

20 Q And what were those?

21 THE COMMISSIONER: Also have what?

22 MS. WALSH: Team, team meetings.

23 THE COMMISSIONER: Oh, team, team leader?

24 THE WITNESS: Team meetings.

25 MS. WALSH: Team meetings.

1 THE COMMISSIONER: Team meetings.

2 MS. WALSH: Sorry, my -- I'm not always in front  
3 of the microphone.

4 THE WITNESS: We would meet, as a team, think  
5 almost on a weekly basis, I think. But we did meet on a  
6 regular basis and at that time, he, our supervisors would  
7 provide any kind of updates with respect to the agency, or  
8 the office and we'd maybe discuss cases, we'd discuss unit  
9 issues, you know, all kinds of things like that.

10

11 BY MS. WALSH:

12 Q During the time that you worked as an intake  
13 worker, were you informed whenever a, a new standard or a  
14 policy was taking effect?

15 A I believe that they'd let us know, like, yeah,  
16 that there was some changes, in terms of what we -- you  
17 know, if there was changes in a, I don't know, like a, how  
18 we should, how should, how we should be doing some case  
19 recording, or if there was, like, a standardized format for  
20 an intake transfer summary, kind of, they would let us know  
21 if there was something that was changing on that, yes.

22 Q And who's they? How would you --

23 A Oh, I'm sorry --

24 Q -- be informed of that?

25 A -- our, our supervisor would let us know --

1 Q Okay.

2 A -- and he, and that would come from his meetings  
3 with his management, like, his upper management, so ...

4 Q All right. In terms of your work as an intake  
5 worker, is intake sometimes described as tier 2?

6 A When it -- yeah, it, it evolved over the years,  
7 so there was a tier 1 level, which was the immediate crisis  
8 response team, so that was the first level of contact. So  
9 when a person would call the agency, they would speak with  
10 a worker from the tier 1 level of intake. And if those  
11 workers determined that a family required for ongoing  
12 assessment, they would refer it up to tier 2, which was  
13 where I was at.

14 Q Okay. And so is tier 1 what became CRU in --

15 A Yes.

16 Q -- in 2001?

17 A Yes.

18 Q Crisis response unit?

19 A Yes.

20 Q Okay. So just very briefly, just explain what  
21 the role of an intake worker was when you performed that  
22 service?

23 A Okay. We would get a referral and our  
24 responsibility was to go through that referral and then --

25 Q Can I just stop you there?



1           A     Sorry.

2           Q     How did you get the referral?

3           A     Well, I would get it from the tier 1 level.  So  
4 they would write up a report, they'd send it to their  
5 supervisor, who would review it.  Their supervisor would  
6 direct it up to the appropriate supervisor in tier 2.  And  
7 then our supervisor at tier 2 would distribute the cases  
8 amongst the workers in the unit.

9           Q     Okay.  Thank you.  Sorry, carry on.

10          A     That's okay.  So we'd, I'd get the referral, I'd  
11 go through it.  So your job, as an intake worker, is to do  
12 an assessment of the family situation, you know, the reason  
13 for referral and determine what kind of intervention would  
14 be required for a family, based on the presenting factors,  
15 you know, historical review.  You'd meet with families,  
16 you'd discuss with them possible interventions, address,  
17 you know, talk about the concerns, talk about possible  
18 interventions, see what you could do to support them,  
19 whether that required referrals to outside community  
20 resources, like AFM, which is alcohol -- Addictions  
21 Foundations, or if you could do something, maybe, that was  
22 an internal support, an in home support worker from the  
23 agency.  That might be helpful, parenting programs.  And  
24 you determine whether or not family would require ongoing  
25 involvement from CFS, based on the concerns, risk to

1 children, families' need for service and even, you know, if  
2 they volunteered for that and/or whether or not you could  
3 close off on a service if issues had been resolved enough  
4 for that to happen.

5 Q And if the issues had not been resolved, what  
6 would your options be?

7 A You, you, you could look at, again, you could  
8 look at a referral to an outside service and refer also for  
9 ongoing service to a family service worker within the  
10 agency. Also, I mean, part of our responsibilities were  
11 attending court, if children were in care, or bringing  
12 children into care. I mean, if you'd go out to meet with  
13 the family and there was a problem and, and a concern for  
14 that child, you would apprehend a child and bring them into  
15 care. We did home studies, guardianship, guardianship  
16 studies for other provinces.

17 Q So a fairly broad range of --

18 A So a broad range --

19 Q -- services?

20 A -- of services, yes.

21 Q And was there a typical time period in which you  
22 were expected to continue to work on the file before either  
23 closing or transferring it?

24 A I don't know if there was a typical time. I  
25 think that the priority was to do a proper assessment of

1 the family and ensure that, if they needed other services,  
2 how they were going to get those and whom they were going  
3 to get those from. And, and then make a determination as  
4 to how the case should be disposed of. So I didn't, I  
5 didn't have a timeframe. Sometimes it would take me a week  
6 maybe to work with a family, sometimes it would take me  
7 longer. So ...

8 Q And I believe we heard your, your supervisor,  
9 when he testified, say that there were other  
10 responsibilities beyond specifically working with a family  
11 that intake workers had. Do you know what he would have  
12 been referring to in, in that regard? What other  
13 responsibilities did you have, besides direct contact with,  
14 or work with a family?

15 A I think some intake workers were -- or like, some  
16 workers were involved in, you know, committee work, or  
17 whatever, depending on, you know, there, I think there was  
18 always committees, in terms of policy development, or you  
19 know, resource development. Some people sat on those kinds  
20 of committees. I didn't. But in terms of other than  
21 direct service with families, for me, that's primarily what  
22 I focused my energies on, but with other workers, they  
23 might have been involved in either community, like,  
24 organizations and that kind of stuff. They sat on boards,  
25 maybe child abuse committee, that kind of stuff, so, which

1 I did not.

2 Q From time to time, did you take time to do  
3 professional development?

4 A There, there was some training available, yes, so  
5 if that was available and we were able to get the time to  
6 do that, that was an opportunity for us. Sometimes it was  
7 mandated, so we had to do that, like, the core training,  
8 CFSIS training, you know, that was all mandated. So we had  
9 to take that training. So that took away time from your  
10 actual work. Yeah, and sometimes you -- we had a program,  
11 at some point in our timeframe, where it was like a family  
12 preservation development program. So when we had workers  
13 involved with our families on that, we actually held those  
14 cases on intake. So then you'd be working very closely  
15 with that worker as well. So it wasn't just a, a crisis  
16 response kind of service, you were also kind of an ongoing  
17 service manager as well.

18 Q Okay. And was that true in 2003?

19 A Can't remember when that time happened, but I  
20 know that that was one of the things that we had done in  
21 our intake program. I don't know if it was in 2003 though,  
22 I can't remember the date, I'm sorry.

23 Q And can you recall, when you were an intake  
24 worker, whether the, the full complement of six workers was  
25 regularly in attendance?

1           A     Well, no, because some people are away on  
2     holidays, some people get sick. We did have a fairly solid  
3     unit and everybody tried their best to be there, but again,  
4     vacation time was always a busy time, because people would  
5     be away. And sick, you know, sick leave. Sometimes if  
6     other units were struggling, you know, we would maybe help,  
7     we would assist other units, in, in terms of some of the  
8     case load numbers. I know that that happened for us as  
9     well. So, you know, we tried to, we tried to support each  
10    other, individual workers and units as well, because it  
11    was, it was tough some days.

12           Q     Okay. In terms of CFSIS --

13           A     Um-hum.

14           Q     -- C-F-S-I-S --

15           A     Um-hum.

16           Q     -- were you using it as of 2003?

17           A     Yes, I was.

18           Q     And what did you use it for?

19           A     To do a prior contact check. So when you'd get  
20    a, you'd get a referral, you'd do a search to see what  
21    other involvement the family had had with child welfare,  
22    or, or -- and eventually your reports would be loaded,  
23    would be downloaded onto CFSIS, onto that case.

24           Q     Okay. And did you enter information into CFSIS  
25    yourself?

1           A     When it, when it was first introduced we did, but  
2 then they changed the practice and they had us complete our  
3 recording on a Word Perfect, like, on a Word document and  
4 then we could forward that to our admin and then she would  
5 attach that to the case in CFSIS --

6           Q     Okay.

7           A     -- so ...

8           Q     And did you receive training no how to use CFSIS?

9           A     Yes, we did.

10          Q     Did you have any difficulties using it?

11          A     I don't think I did, no.

12          Q     What type of information was entered into CFSIS?

13          A     It should be all the demographic information with  
14 respect to a family. So that's, you know, names, dates of  
15 birth, address. Eventually, I mean, if children come into  
16 care, that information would be in there as well. It would  
17 also include when the family was active with the agency and  
18 so an opening and a closing. So it would include all the  
19 reports as well. So you'd have a history of when that  
20 family was active with the agency and when it wasn't.

21          Q     So CFSIS is an electronic form of file recording?

22          A     Yes.

23          Q     And then records were also kept in a paper  
24 file --

25          A     Yes.

1 Q -- a hard copy?

2 A Um-hum.

3 Q Were the two, were the contents of, of the two  
4 files, the paper file and the CFSIS file, when you were an  
5 intake, were they supposed to be the same?

6 A The transfer summaries or the closing summaries  
7 would be the same. If worker had a handwritten note, that  
8 may not be in CFSIS, because I don't know if they scanned  
9 those and put them in at that time. I don't think that  
10 they did. Medical reports, like, say a letter from a  
11 doctor or something, may not be on CFSIS, because again, I  
12 don't think, at that time, everything was being scanned and  
13 put on, into the system. So that would be in the -- those  
14 kinds of things would be in the paper file, not in, not in  
15 CFSIS.

16 Q Do you know whether there were any standards or  
17 policies that indicated what was supposed to be put into  
18 CFSIS?

19 A I don't, other than our, our summaries, like,  
20 our, like, the opening and closing, or transfer summaries,  
21 I don't know if there was a policy saying that all of these  
22 other things should have been. And I don't know whose  
23 responsibility that would have been either.

24 Q Okay. What about, do you know whether there were  
25 any standards or policies that indicated what a worker was

1 supposed to include in a file generally?

2 A Again, like I said, if you had notes, that would  
3 -- you know, if you had notes, like, written ones, or typed  
4 ones, that would be in your, in your file and any  
5 correspondence that you could receive from people,  
6 hospital, school, that would be on a file. But I don't  
7 know if those were all transferred on to CFSIS at that  
8 time.

9 Q No, my question was though --

10 A Okay. Sorry.

11 Q -- do you know whether there were any standards  
12 that indicated what you were supposed to put into the paper  
13 file?

14 A I'm not aware of a specific standard. I think I  
15 just, that's what we put in our files. We knew that that's  
16 what all, whatever information we could gather on a family  
17 was what we put in the file, so that we knew.

18 Q And when you received a file for the first time,  
19 a referral --

20 A Um-hum.

21 Q -- what did you review?

22 A The referral, like, the intake referral that  
23 would come in with the presenting concern. Then you'd do a  
24 historical review. You could review on CFSIS. You could  
25 request a file.



1 Q What was your practice?

2 A Probably one or both, depending on, you know,  
3 what was, what the family situation was. Sometimes a  
4 family didn't really have a significant history of  
5 involvement, so you could get all the information from  
6 CFSIS, or you could request the file and, and see if there  
7 was anything else in it. So I think we tried to do both if  
8 we could. Sometimes it, you know, it was maybe just one,  
9 maybe it was just CFSIS. So ...

10 Q If you wanted to review the paper file, that was  
11 accessible to you?

12 A A family service file, it was, yes.

13 Q Now, you're making a qualification; was there a  
14 file that was not available to you?

15 A Yes, sealed child-in-care files were not  
16 immediately accessible to me. So if a, if a family file  
17 had children that were in care and their children in care  
18 files were not closed, I could access those, but once a  
19 child turned 18, I -- and that's, and that file was sealed,  
20 I could not just access that file.

21 Q But you could have access to a child-in-care file  
22 if the child was still under the age of 18?

23 A Yes, um-hum.

24 Q And is that something that you would ask to see?

25 A It would usually come with the paper file as

1 well.

2 Q Paper file being the, the parents' --

3 A The --

4 Q -- file?

5 A -- the, yes, the, the, the family service file.

6 Q So let's move to your involvement with Phoenix

7 Sinclair and her family. I understand that you were

8 assigned to work on Steve Sinclair's file on February 28th,

9 2003?

10 A Yes.

11 Q And was the file assigned to you by Mr. Orobko,

12 your supervisor?

13 A Yes, it would have been. Yes.

14 Q Yeah. So let's pull up, you'll see the screen in

15 front of you, if we can turn to page 37397.

16 Pull up more of the page please. No, the page is

17 good, if we can just pull up more of it on -- good, thank

18 you.

19 So what we're looking at is a CRU intake and AHU

20 form and this is from CD1796, which is Steve Sinclair's

21 protection file. And it says at the top that it was

22 prepared by Roberta Dick and it is, it's two pages; did you

23 receive this document when the file was assigned to you?

24 A Yes, I did.

25 Q Did you read it?

1           A     Yes, I did.

2           Q     So let's walk through this document.  You've got  
3 a history there and you say:

4

5                     "For detailed child welfare  
6 history see October 2, 2000 under  
7 Samantha Kematch"

8

9                     And then it gives the history of:

10

11                     "On [on] April 24, 2000, [the] HSC  
12 social worker ... called the  
13 Agency to advise that Samantha  
14 gave birth to baby girl, Phoenix,  
15 after having no prenatal care.  In  
16 discussions, it was discovered  
17 that Samantha had another child  
18 that was in the care of Cree  
19 Nation CFS.  When asked why,  
20 Samantha thought it was because  
21 they thought she might hurt the  
22 baby, as her mother did her.  In  
23 further questioning the couple, it  
24 was discovered they had not made  
25 any purchases for the baby

1                   whatsoever and Samantha indicated  
2                   not being emotional ready to  
3                   parent.     [Night duty] workers  
4                   attended the hospital on this date  
5                   to meet with the parents, and both  
6                   indicated ... they were not  
7                   prepared to care for this baby,  
8                   either financially or emotionally.  
9                   Some of the options were discussed  
10                  [with this] with the couple  
11                  (around adoptions, VSG, etc)."

12

13                  Do you know what VSG is?

14                  A     It's a voluntary surrender of guardianship.

15                  Q     Okay.

16

17                         "Both parents indicated that they  
18                         required some time to think about  
19                         their options and required the  
20                         baby be placed in Agency care in  
21                         order to do so. The workers noted  
22                         that Samantha presented as quite  
23                         immature in her presentation and  
24                         did not seem to understand the  
25                         seriousness of the matter at hand.

1                   In the end, Phoenix Sinclair was  
2                   placed under apprehension with the  
3                   agency on April 24, 2000."

4

5                   And then you've got the reference to the children  
6 and it says placement with dad and did you understand that  
7 to mean as of the date of the intake form?

8           A       Yes.

9           Q       Okay. And if we just scroll to the top of the  
10 form, the date on that is February 26th, 2003?

11          A       That's correct.

12          Q       Okay. Now, if we could just go to the bottom of  
13 the page please.

14                   And then it says source of referral, CPC; what  
15 did you understand that was?

16          A       Child Protection Centre --

17          Q       If we can --

18          A       -- at Health Sciences.

19          Q       -- turn the page please?

20                   The time of referral's 3:20 and the presenting  
21 problem is described as follows:

22

23                   "On February 26, 2003, [an  
24 individual] called to report that  
25 Phoenix was brought to Children's

1                   Emergency by her godfather on  
2                   February 25, 2003. According to  
3                   the SOR, Phoenix had a foreign  
4                   body in her nose since November  
5                   2002. The godfather had told  
6                   Steve to take Phoenix to the  
7                   doctor at that time, but Steve  
8                   never did. The godfather decided  
9                   to bring her to the hospital for  
10                  treatment.

11                  The foreign body was removed from  
12                  Phoenix's nose and the discharge  
13                  in the nose was very foul  
14                  smelling. The mucosa in her nose  
15                  was red and sore. Antibiotics  
16                  were prescribed, but [the  
17                  individual] did not know if the  
18                  antibiotics would be given to  
19                  Phoenix or not. The hospital  
20                  requested that this matter be  
21                  assessed further given the  
22                  concerns related to physical and  
23                  medical neglect and inadequate  
24                  care of the child."

25

1           And the recommendations are that:

2

3                   "... this case ... be followed up  
4                   for further assessment. Based on  
5                   the safety assessment, this case  
6                   should be responded to within five  
7                   days."

8

9           So if we can turn to the safety assessment at  
10 page 37464.

11           So the, the CRU form that we looked at was  
12 prepared and signed by Roberta Dick and this safety  
13 assessment was also prepared by Ms. Dick, who was the CRU  
14 worker; is that right?

15           A     Yes.

16           Q     Okay. And what is this document, the safety  
17 assessment?

18           A     It's what they use to determine a response time  
19 when they took in a referral. So they would go through the  
20 criteria that's listed there and best match it with the  
21 information that they had received, to assist us in  
22 determining how quickly we should be responding to the  
23 case.

24           Q     Okay. And so the CRU unit was responsible for  
25 filling out the safety assessment form?

1 A Yes.

2 Q Okay. Do you know whether it was a requirement  
3 that it be filled out?

4 A Do I know if it was a requirement?

5 Q Yes. Was it something that a CRU worker had to  
6 do?

7 A I believe so, yes.

8 Q Was it something that you routinely received with  
9 a CRU or AHU form?

10 A Yes, yeah.

11 Q Is it something that you looked for?

12 A It was part of the recording, so it would, it  
13 would be something that we would have there and review,  
14 yes.

15 Q Okay. And would you rely on that assessment, in  
16 terms of response time?

17 A It would be part of the information that I would  
18 consider in my assessment, yes.

19 Q Did you necessarily have to follow the response  
20 time indicated in the safety assessment by the CRU worker?

21 A You could look at it and then if you're assessing  
22 it a little bit further, like, once you get the file and  
23 you look further into the family situation, perhaps you  
24 might find a bigger history than what's contained in the  
25 initial report that suggests that maybe you should even go



1 out a little bit quicker, then you could do that, yes. So  
2 it's, it's a, it's a guideline to begin with, but it  
3 doesn't necessarily have to be the ultimate response time  
4 that you should be following.

5 MS. WALSH: Okay.

6 THE COMMISSIONER: And, and Ms., Ms. Dick was the  
7 one who got the call in the first place and then referred  
8 it on to you?

9 THE WITNESS: That's correct --

10 THE COMMISSIONER: Yeah.

11 THE WITNESS: -- yes.

12 THE COMMISSIONER: From CRU to you?

13 THE WITNESS: Yes.

14

15 BY MS. WALSH:

16 Q So it would have gone from her supervisor, to  
17 your supervisor, to you?

18 A That's correct, yes.

19 Q Okay. And did you review the safety assessment  
20 when you received it?

21 A Yes, I did.

22 Q Okay. So we're on the first page of it. There's  
23 a 24 hours response and a number of boxes and if we can  
24 just scroll through that please. Those boxes are not  
25 checked off. Then there's a 48 hour response and those

1 boxes are not checked off. Then we have a, a, within five  
2 days' response and under that heading, low medical neglect  
3 is checked off. And that's described as:

4

5 "(Failure to make appointments for  
6 routine medical/dental care; no  
7 follow up on plan of medical  
8 treatment or medication; failure  
9 to make appointments for routine  
10 medical/dental care (e.g.  
11 Immunizations); no follow up on  
12 plan of medical treatment of  
13 medication.)"

14

15 Now, you told us that, that you reviewed this  
16 safety assessment form and so that told you that the CRU  
17 worker was recommending a response within five days?

18 A That's correct, Yes.

19 Q And you said the purpose of the safety assessment  
20 form was to go through the factors to assess response time?

21 A Yes.

22 Q And we heard that, in fact, from one of your  
23 colleagues from your unit, Ms. Saunderson. She described  
24 factors that would govern response time. And in fact, she  
25 reviewed with us a document that's in our disclosure,

1 CD992.

2 And if we can just pull up pages 19636 and 19637.

3 So, under -- this, this is a portion of the  
4 intake manual. CD991 is, is actually called Winnipeg Child  
5 and Family Services intake program description and  
6 procedures and it's dated July of 2001. I don't know if  
7 you've ever had occasion to actually review it?

8 A I would have back in 2001 and ongoing, but not  
9 lately, no.

10 Q Okay. And if we can just go to the top of the  
11 page please, this is 19636. All right. So we'll scroll  
12 down, actually.

13 Under 24 hour response, there's:

14

15 "a) Severity"

16

17 And that's described as:

18

19 "HIGH PRIORITY (IMMEDIATE RESPONSE

20 OR WITHIN 24 HOURS) (LIFE

21 THREATENING/DANGEROUS) "

22

23 And it lists a number of criteria. And if we can  
24 continue to scroll down, under b), there's a heading:  
25 Vulnerability. Now we're on page 19637, again, it

1 says:

2

3 "HIGH PRIORITY (IMMEDIATE RESPONSE  
4 OR WITHIN 24 HOURS) (LIFE  
5 THREATENING/DANGEROUS) "

6

7 And the first bullet says:

8

9 "Young Child or Developmental Age"

10

11 Was it your understanding that a child at a age  
12 of, of zero to five was a particularly vulnerable child?

13 A A child of that age is more vulnerable than one  
14 who is 12, so it is one of the things that you would look  
15 at when you look at the referral that you do get, in terms  
16 of determining your response time, or your intervention.  
17 So, but it's not the only thing that you look at. You do  
18 look at many other factors. Again, history, support  
19 network, severity of whatever, if it's an injury, or  
20 circumstance, so it's one of the things that you consider  
21 in an assessment.

22 Q Right. Because an assessment takes into account  
23 a number of factors --

24 A Absolutely.

25 Q -- with the assessment --

1 A Yes.

2 Q -- or a response time assessment?

3 A Or a risk assessment, a response time, yes, and  
4 intervention, so --

5 Q But is the age of the child a significant factor?

6 A It can be, yes.

7 Q And, and that's why it's listed under the 24 hour  
8 response, vulnerability is one of the criteria of the young  
9 child of developmental age. And how would you define a  
10 young child? The zero to five category?

11 A Zero to four, five, yes.

12 Q If we go back to the safety assessment form, page  
13 37464, and we look at the 24 hours' response and the  
14 various boxes that are listed there, there's no reference  
15 to that criteria, the vulnerability and age of the child;  
16 do you know why that's the case?

17 A I don't, I didn't design this form.

18 Q I appreciate that. Do you know whether that was  
19 something that -- the age of the child, was that something  
20 that you took into account when determining response time?

21 A Yes, yeah, you, I mean, you would look at ages of  
22 children, numbers of children, numbers of caregivers. So  
23 yes, so an age of a child would be something to consider in  
24 your response time and intervention.

25 Q And a particular child, under the age of five

1 would be vulnerable?

2 A More vulnerable, yes, um-hum.

3 Q And when the file was assigned to you, did you  
4 look at any other information besides the CRU form and the  
5 safety assessment form that we've just looked at?

6 A I can't recall, on that date, how much of a  
7 review I did on past involvement with the family, but that  
8 would be something that I would do, as I work with a  
9 family, is check to see -- obviously there was a referral  
10 to, you know, one, you know, our involvement with the  
11 mother, Samantha, but I would have reviewed that or gone to  
12 see if there was any other involvement with our agency and  
13 the family. So --

14 Q And do you have any independent recollection of  
15 working with this file beyond your file recordings?

16 A I don't have, I'm sorry, but I don't have any  
17 independent recollection. I'm looking at this and that is  
18 what I have to base my memory on, so --

19 Q That and, and what your practice was?

20 A Yes.

21 Q So would it have been your practice to ask to see  
22 the paper file for Mr. Sinclair?

23 A Paper and/or, like, whatever would be available  
24 on CFSIS. So if there was nothing on CFSIS, but there was  
25 a, there was a file of involvement, then I would request

1 for the file.

2 Q What about the file relating to Ms. Kematch, as  
3 Phoenix's parent?

4 A Again, if it was on CFSIS, if I could review  
5 that, that would be part of -- I could do that. If it  
6 wasn't, if it, if there was no recording available, or  
7 information available, then I, I could request the file.  
8 And I don't know which -- if I did one or the other at that  
9 time, I cannot recall. I know I, I reviewed history, I  
10 just don't know if it was one or the other, or both.

11 Q Are you talking about just when you first got the  
12 referral, as opposed to --

13 A And throughout.

14 Q -- throughout -- you're talking about --

15 A Yeah.

16 Q -- throughout --

17 A Um-hum.

18 Q -- your work with the file?

19 A Yes.

20 Q Where were the paper files for Winnipeg CFS  
21 physically maintained?

22 A Initially they were, they were, they were stored  
23 at Garry Street, but then I think they moved them to a  
24 different location and I don't know. They're, they're not  
25 -- I have to, I have to, I would have to contact somebody

1 to get them and then they would be couriered to me. So  
2 they were in a different location than I was at.

3 Q How long would that take, generally?

4 A A day, maybe, or two, depending.

5 Q So let's look at your file recording, the  
6 transfer summary, at page 37365. And we're still in Steve  
7 Sinclair's protection file, CD1796. And it, this, the last  
8 page is 37375.

9 If we could just go to that page please?

10 THE COMMISSIONER: That is, this document runs  
11 from 65 to seventy what?

12 MS. WALSH: Five.

13 THE COMMISSIONER: And who was it prepared by?

14 MS. WALSH: This witness.

15 THE COMMISSIONER: At what time?

16 THE WITNESS: I'm sorry, what was the question,  
17 sir?

18 THE COMMISSIONER: When, when did you prepare  
19 this document?

20 MS. WALSH: We'll just pull that date up on the  
21 screen. I think that'll --

22 THE WITNESS: Okay.

23 MS. WALSH: -- 37375.

24 THE WITNESS: The final submission of the  
25 document would have been in June 2003, but what I did was,



1 when I started working with a family, is I'd create a Word  
2 document in the computer and I'd start -- it was sort of a  
3 template. We'd kind of start off, intake summary. And  
4 you'd add the demographic information that you had and then  
5 you'd kind of build from there. So it was an ongoing --  
6 that's how I kept my notes, was on this document, in Word  
7 Perfect. And then once it was completed and the  
8 information with respect to the assessment and  
9 recommendations were able to be put into that document,  
10 then that's when it was completed and forwarded to the  
11 admin for attachment to CFSIS.

12

13 BY MS. WALSH:

14 Q So your transfer summary was completed on June  
15 27, 2003?

16 A That's correct.

17 Q But the 10 pages of documents that we'll review  
18 reflect your involvement, starting in February of  
19 2003?

20 A That's correct, yes.

21 Q Until the date of transfer?

22 A Yes.

23 Q Okay. And you're noted as the intake worker and  
24 the unit supervisor is Andrew Orobko?

25 A That's correct.

1 Q And is that his signature next to, or his  
2 initials next to his name?

3 A Yes, it is.

4 Q Okay. And was that something that you had to  
5 obtain at the time of transferring a file?

6 A Is his signature, like, his review?

7 Q The supervisor's review, yes?

8 A Yeah, a, a file would be reviewed by the  
9 supervisor before being transferred, yeah.

10 Q Okay. And we also know that --

11 THE COMMISSIONER: Where, where, where are you,  
12 where were you transferring it?

13 THE WITNESS: At this time, I would have been  
14 transferring it to a family service worker.

15 THE COMMISSIONER: On --

16 THE WITNESS: It, it required ongoing service,  
17 this file. It could not stay at intake, it could not be  
18 closed. It required further service.

19 THE COMMISSIONER: But it had been in intake for  
20 three or four months?

21 THE WITNESS: That's correct.

22 MS. WALSH: So we're going to review what this  
23 worker did, Mr. Commissioner, during that timeframe,  
24 starting from when she received the referral in February of  
25 2003, until the time she transfers it at the end of June

1 2003.

2

3 BY MS. WALSH:

4 Q And just so that you know then, there are two  
5 pages that are entitled an addendum, pages 37376 and 77.  
6 So it's the next two pages.

7 So if we can just go to the, the second page of  
8 this addendum please.

9 So this is an addendum that you added to your  
10 transfer summary after June 27th, '03?

11 A Yes, it is.

12 Q Okay. And we'll, we'll walk through that entire  
13 involvement.

14 THE COMMISSIONER: Is it dated?

15 THE WITNESS: I don't -- I have dates of my  
16 contact, but I don't have a final date on that addendum, it  
17 doesn't look like, on the --

18 THE COMMISSIONER: Do you know what it was,  
19 approximately?

20 THE WITNESS: Could I see the document again  
21 please?

22

23 BY MS. WALSH:

24 Q So you referred to work you did July 2nd, '03 and  
25 July 7th, '03?

1 A It would have been around July 7th, yes.

2 Q So the purpose of this transfer summary?

3 A It's to provide, it's to summarize the agency's  
4 involvement with this family. So it provides the referral  
5 information. It provides brief history. It provides my  
6 interventions and then my assessment and recommendations  
7 for the disposition of this case.

8 Q And the case was remaining open and, and being  
9 transferred to a family services worker?

10 A That's correct, yes.

11 Q And in terms of preparing the document, I didn't  
12 see any handwritten notes in the file; did you make  
13 handwritten notes as you did your work?

14 A My notes are in this document. So I would, if I  
15 had any intervention, I would do it directly onto the  
16 document.

17 Q Okay. So let's start with page 37365 and there,  
18 you start with demographics; where did you get that  
19 information?

20 A File and/or conversations with the family members  
21 that I spoke with.

22 Q And what's the significance of documenting this  
23 information?

24 A Well, I mean, it's just important to know where  
25 to contact a family if you have that information. The

1 status was important at the time, because we were now  
2 involved in the process of having families determine which  
3 agencies they wanted to work with and so there, therefore  
4 which agencies would be responsible for proving ongoing  
5 service. And it provides locations of children, especially  
6 if they're in care.

7 Q Okay. So you've got the names of the parents and  
8 their authority of record, as you indicate?

9 A Yes.

10 Q And the child who was in care in April 2000.

11 Can we scroll down please?

12 You've referenced Phoenix's sister, who died on  
13 July 15th. Then you've got significant others, Samantha's  
14 first child and that child's father, Steven's sister.

15 Can we scroll down please, to the next page?

16 And a couple more sisters. And then you have the  
17 reason for referral and you ask to:

18

19 "... refer to [the] CRU report  
20 completed by Roberta Dick ... for  
21 particulars regarding concerns  
22 about medical neglect of Phoenix  
23 ... whose primary care provider is  
24 her father Steven Sinclair."

25

1           Now, for whose benefit are you writing this  
2 summary?

3           A     It would be for the family service worker that  
4 will be getting -- the family server, service worker,  
5 pardon me, and their supervisor, who will be getting this  
6 report. So it assists in terms of it provides a frame of  
7 reference how this case came to the attention of the agency  
8 in the first place.

9           Q     Okay. And then you set out the history and where  
10 did you obtain the information that you included in the  
11 history?

12          A     From my review of past involvement. So that  
13 would have been either the physical file, or reviews on  
14 CFSIS.

15          Q     Of both parents?

16          A     Of both parents, yes.

17          Q     Okay. Because you've got history relating to  
18 both parents?

19          A     Yes.

20          Q     Okay. And I won't read through the entire  
21 history. It's entered into the record. Is it fair that  
22 this is, you're repeating what you've seen in, in other  
23 files at this point?

24          A     Yes, it's a summary of what I've seen, yes.

25          Q     Okay. And if we go to page 37368 -- well, let's

1 just go through page by page. So just scroll down please,  
2 to the next page.

3 And you've done a fairly extensive history, both  
4 -- is it fair to say that the history relates to the  
5 parents before Phoenix was born and then from the time that  
6 Phoenix was born?

7 A Yes.

8 Q Okay. And you include the discussion of the  
9 death of Phoenix's sister --

10 A Yes.

11 Q -- in 2001?

12 And if you'd just scroll down a little bit  
13 please? Thank you.

14 Here, starting about midway through the document,  
15 you say:

16

17 "In July 2001 the agency was  
18 notified of the death of the  
19 child. She had apparently been  
20 suffering from a cold and fever  
21 and was transported to the  
22 hospital after her father ... had  
23 discovered her not breathing. The  
24 child was pronounced dead upon  
25 arrival at the hospital. The

1 [police] Abuse Unit and the Chief  
2 Medical Examiner's Office ... were  
3 involved in the subsequent  
4 investigation into the baby's  
5 death. There is little on file to  
6 indicate the findings of the  
7 investigations except a brief  
8 mention that the police did not  
9 feel that the child's death was a  
10 result of foul play and they had  
11 cleared Steven of any suspicion.  
12 There is also a note indicating  
13 that the baby may have had a fast  
14 acting disease (complications from  
15 pneumonia) that may have  
16 contributed to her death. The  
17 agency's contact with the family  
18 during this time was minimal.  
19 Samantha Kematch, after a period  
20 of absence, resurfaced and  
21 indicated that she wanted Phoenix  
22 out of Steven's care. The ensuing  
23 dispute between Samantha and  
24 Steven resulted in police  
25 intervention at the funeral chapel



1                   during the viewing of [the  
2                   child's] body, with many persons  
3                   expressing a desire to obtain  
4                   guardianship of the child Phoenix.  
5                   The issues were either quietly, or  
6                   privately resolved or left, and  
7                   Phoenix remained in the care of  
8                   her father, Steve Sinclair. Steve  
9                   refused further services from the  
10                  agency and the file was closed in  
11                  March 2002.

12                 Note: Steve has primary care and  
13                 control of Phoenix, but not  
14                 interim or sole guardianship. The  
15                 matter of guardianship has never  
16                 been presented before or addressed  
17                 by the court"

18

19                 Now, why did you note that in your history? What  
20                 was the significance of that last piece of information?

21                 A     Because in determining where a file should go, in  
22                 terms of assignment, or even just to clarify who has care  
23                 and control, or guardianship of a child, lot of times we  
24                 work with families that they were separated families and  
25                 there was no formal arrangement with respect to

1 guardianship. So it was just to clarify what the actual  
2 legal situation was with respect to her guardianship. Just  
3 to assist in that regard.

4 Q And how do you decide what to include in a  
5 history, when you write it up? You've got a fair, a fairly  
6 lengthy history --

7 A Yes.

8 Q -- in here.

9 A I guess I try to summarize as much as possible,  
10 to provide whomever's going to be reading this document a  
11 picture of what this family has experienced and what the  
12 agency has attempted, or what the nature of their  
13 involvement has been, what maybe worked or not worked.  
14 Again, it provides you a picture of what they've gone  
15 through. Doesn't mean that -- it's just part of the  
16 assessment process. You just want to see, you know, what,  
17 what this family situation has been like, what they've gone  
18 through and what -- maybe it'll help give you an indication  
19 of what needs to happen further for them and maybe what  
20 shouldn't happen, because it didn't work many other  
21 times.

22 Q Okay. And then if we continue to scroll down to  
23 the next page please, under data intervention, you've got  
24 the date, February 28, 2003:

25

1                   "Case assigned to this worker.  
2                   Received CRU report and file."

3

4                   So that's two days after the referral came in to  
5 CRU; right?

6           A     Yes.

7           Q     Okay. That's when you received the file?

8           A     Yes.

9           Q     Okay. And is this now where you're recording the  
10 work that you performed on the file?

11          A     Yes.

12          Q     So if we start with this first recording,  
13 February 28, 2003, you say that -- worker is you; right?

14          A     That's correct, yes.

15          Q     Worker left a message, that's you?

16          A     That's me, yes.

17          Q     You left a message for the person at CPC, the  
18 Child Protection Centre:

19

20                   "... for further clarification  
21                   regarding the child's medical  
22                   condition and the identity of the  
23                   person who brought the child to  
24                   the hospital as none of this  
25                   information was provided in the

1 CRU report."

2

3 Why was that important?

4 A The referral information was, was fairly brief  
5 and I, I felt I would like more information to make a  
6 better assessment or determination of what I should be  
7 doing with the family. So I, I wanted to get some more  
8 information, if that was possible.

9 Q Okay. So you left a message for the Child  
10 Protection Centre and then you went out to the home of  
11 Steve. It says you:

12

13 "... attended the home of Steve  
14 Sinclair. He presented at the  
15 door in a rather foul, but sober  
16 manner. He was also sporting a  
17 rather sizeable black eye, which  
18 he refused to discuss. Steve  
19 stated that Phoenix was still in  
20 the care of his friend and would  
21 remain there for a few days.  
22 Worker noted no noises from the  
23 home to suggest that Phoenix was  
24 in the home. Steve would not  
25 provide worker with the friend's

1 name or address. Worker suggested  
2 that I needed to come back to see  
3 Steven and Phoenix to ensure her  
4 wellbeing and he stated 'we will  
5 see about that'. Worker left Steve  
6 with my card and informed him that  
7 I would return. Steve informed  
8 worker that he didn't need  
9 anything from the agency. He  
10 stated that he was unaware of  
11 Phoenix's ailment and that he  
12 always ensured that his daughter  
13 received proper medical care."

14

15 And was this the first time that you had met  
16 Steve Sinclair?

17 A Yes, it would have been.

18 Q And why did you make note of how he presented?

19 A I often did, like, make a note of how -- I mean,  
20 if he was baking cookies in the kitchen, I would have made  
21 a note about that. So I just kind of -- again, it just --  
22 for me, it just provides me a picture of, you know, how  
23 they're presenting and that assists me in making my  
24 assessment, so ...

25 Q And was there any significance to you of the fact

1 that Mr. Sinclair was unaware of Phoenix's medical  
2 concerns?

3 A He said he didn't know. I don't know whether he  
4 did or didn't, because he wasn't very cooperative with me  
5 on that date, according to my notes. So I, I don't know  
6 what he was thinking, or, or his knowledge.

7 Q And you record that he informed you that he  
8 didn't need anything from the agency?

9 A That's correct.

10 Q Was that in response to your asking whether he  
11 needed something?

12 A Yes.

13 Q Okay. Did you have a sense that Mr. Sinclair did  
14 not want to work with CFS?

15 A Yes, I did.

16 Q And in your experience, was that unusual?

17 A That is not unusual, in my experience. Many  
18 families do not welcome CFS into their home. They do not  
19 want this agency involved with their family. We have a  
20 very -- there's a very negative attitude and perception  
21 about what, who we are and what we do and so it is not  
22 uncommon, it happened every day.

23 Q And the fact of a, of a parent then saying that  
24 they didn't want anything, or need anything from the  
25 agency, were you, as a worker, then able to accept that as

1 meaning that their child was not in need of protection?

2 A No, I mean, they may not want me there, but I  
3 still have further work to do, to see what there is that,  
4 you know, needs to be done to, you know, make sure that  
5 everything is resolved, supported, so yeah, so just because  
6 they tell me they don't want me there doesn't mean I'm  
7 going to necessarily walk away and call, and close the  
8 file.

9 Q And is your answer the same if they say they  
10 don't need you there?

11 A That's correct, yes. Again, if I can just  
12 clarify, I mean, this is my first meeting with him, so you  
13 know, that's how he presented. In your work with a family,  
14 if you've done some work with a family and, and situations  
15 are such that it comes to a point where you are looking,  
16 can we be involved? They may say, you know what, I don't  
17 want you involved. If there's no presenting, you know, or  
18 immediate child welfare concerns that suggests that we  
19 should continue to provide mandated services, then you  
20 could look at closing off a file, based on the fact that  
21 there's not much that we could do with the family and they  
22 also don't want us there. So I just needed to clarify  
23 that, because I know that that might not -- I don't want to  
24 say that just because they say we don't want you there, it  
25 could be, it could be one or the other. And you have to do

1 the, make that decision based on your involvement with the  
2 family and assessment of their situation.

3 Q So just because a parent says they don't want or  
4 need you there, doesn't mean you don't proceed with an  
5 assessment as to whether there is a child protection --

6 A Yeah.

7 Q -- concern --

8 A Um-hum.

9 Q -- is that right?

10 A Yes.

11 Q Okay. And the phrase "child in need of  
12 protection", that comes from the legislation?

13 A Yes.

14 Q And when you refer to, to mandated services,  
15 you're referring to services mandated pursuant to the  
16 legislation?

17 A Yes.

18 Q And I just wanted to, to confirm that the  
19 definition of a, a child in need of protection. Do you  
20 know that off by heart, or would you like me to refer to,  
21 to the legislation?

22 A You can refer to it, if you don't --

23 Q Okay.

24 A -- mind.

25 Q So if you can pull up Exhibit 8, schedule E.



1 Schedule E. C, D, there you go.

2 So this is under the, Part III of the Act and,  
3 and that relates to involuntary services --

4 A Yes.

5 Q -- services that the agency must provide; is  
6 that right?

7 A That's correct.

8 Q So a child in need of protection is defined in  
9 Section 17(1) as:

10

11 "For purposes of this Act, a child  
12 is in need of protection where the  
13 life, health or emotional well-  
14 being of the child is endangered  
15 by the act or omission of a  
16 person."

17

18 A That's correct.

19 Q And so, a child in need of protection is not  
20 solely a child whose safety, in terms of their physical  
21 safety, is in need of protection? The Act refers to health  
22 and emotional --

23 A Health, life and --

24 Q -- wellbeing as --

25 A -- yes.

1 Q -- as well as being criteria?

2 A Yes, it does.

3 Q Okay. Now, did you see Phoenix on the day that  
4 you went out, on February 28th, 2003?

5 A I did not.

6 Q Was that a concern to you?

7 A It, it's some -- I wanted to still see her, so I  
8 mean, the fact that I didn't see her, he had an  
9 explanation, in terms of where she was at, which is also  
10 not unusual, in my involvement with families, in, in terms  
11 of children being looked after by other family members, or  
12 friends, or whatever, of parents. But I still did want to  
13 see her, to ensure that I had done that. But I also still  
14 wanted to continue on with my assessment with the family.  
15 Seeing her is one thing, seeing isn't going to guarantee --  
16 just seeing her isn't going to say oh, I've checked that  
17 off, I've seen her, she's okay, everything's good. That,  
18 in and of itself, isn't the only thing that I'm going to  
19 want to do with this family, to make sure that no other  
20 services are needed, or services are needed. So again,  
21 it's just one part of the assessment in my involvement with  
22 the family.

23 Q Seeing the child would be an important part of  
24 your assessment?

25 A It would be a part of the assessment, yes.

1 Q And I think it's fair to say you couldn't fully  
2 determine whether a child is in need of protection without  
3 seeing them?

4 A Yes.

5 Q Now, we looked at the safety assessment form,  
6 which indicated a five day response time and you responded  
7 within two days, the day that you received the file --

8 A Um-hum.

9 Q -- why is that?

10 MR. RAY: Sorry, I, I think the witness' evidence  
11 was she received the file on the 28th and responded the  
12 28th. The file came to her, came to CRU on the, on, within  
13 two days.

14 MS. WALSH: Yes, no --

15 MR. RAY: Sorry, I --

16 MS. WALSH: -- CRU was --

17 THE COMMISSIONER: It came in on the --

18 MS. WALSH: -- the 26th --

19 THE COMMISSIONER: -- it came in on the 26th and  
20 she got --

21 MS. WALSH: It came in on the 26th and Ms. --

22 THE COMMISSIONER: -- the file on the 28th.

23 MS. WALSH: -- Ms. Forrest got it on the 28th and  
24 she --

25 MR. RAY: Sorry.

1 MS. WALSH: -- responded on the 28th.

2 MR. RAY: Okay. I'm sorry, I thought you were  
3 suggesting she waited two days before responding.

4 MS. WALSH: No.

5 MR. RAY: Thank you.

6 THE WITNESS: Okay. I, when I received the file,  
7 I went out to see him. I don't know what was going on for  
8 me that day, but obviously, if I looked at the information  
9 and thought, well, maybe I have, maybe I have the time to  
10 do that, I had the morning free to do that, or the day to  
11 free to do that. So I don't know specifically it was just  
12 the response time that directed me in doing that, or the  
13 fact that, you know, I looked at that and the age of the  
14 child, had my day free and could be able to do that, then  
15 that's what I did.

16

17 BY MS. WALSH:

18 Q So if we go back to page 37368, so we know that  
19 on February 28th you received the file, you went -- which  
20 was within two days of the file coming in to CRU, you  
21 attended to Mr. Sinclair's home. You were not able to see  
22 Phoenix. That was something you knew you needed to  
23 do?

24 A Um-hum. Yes, it is.

25 Q And so then your next file recording is March

1 12th, 2003 and that says:

2

3 "Field to home. No one there.

4 Worker left a card."

5

6 A Yes. So I made an unannounced field to the home,  
7 to attempt to see Steven and Phoenix on that day.

8 Q So that's, that's two weeks after your first  
9 attempt at, at seeing Phoenix?

10 A Yes.

11 Q Had you done anything with the file in those  
12 intervening two weeks?

13 A Possibly could have done some file review, but  
14 not in terms of contacting the family. I, I -- it doesn't  
15 appear that, according to my notes.

16 Q Okay. March 13, 2003:

17

18 "Worker received a faxed letter  
19 from CPC (copy on file) briefly  
20 outlining Phoenix's visit. It was  
21 noted that a 'foreign body' was  
22 removed from her nose and that it  
23 was very irritated and infected.  
24 The child was prescribed  
25 antibiotics and released to her

1                   'godfather', name not indicated."

2

3                   So if we go to page 37461 --

4                   THE COMMISSIONER:     By the use of the word  
5 "field",     you     mean     your     activity     outside     the  
6 office?

7                   THE WITNESS:     I, I attend, I drove to the home  
8 and --

9                   THE COMMISSIONER:     Yeah.

10                  THE WITNESS:     -- attended the home, yes.

11                  THE COMMISSIONER:     Yeah, activity outside the  
12 office?

13                  THE WITNESS:     Yes, yes.

14

15     BY MS. WALSH:

16                  Q     So pages 37461 through 463 are, constitute a  
17 letter, dated March 13, 2003, from Dr. Debbie Lindsay of  
18 the Child Protection Centre.

19                  If we'd just scroll through the three pages  
20 please.

21                  So there you see, on that first page, the letter  
22 is addressed to you. This is the letter that you were  
23 referring to you in your file recording?

24                  A     Yes, it is.

25                  Q     Okay. And so it just advises you as to the

1 information about Phoenix coming into the Children's  
2 Hospital with a foreign body in her nose. Pretty much says  
3 what the CRU form --

4 A Yes --

5 Q -- said?

6 A -- it does.

7 Q Okay. And if you go to the last page please and  
8 then it's signed by the associate director of child  
9 protection. Have you received, had you received a, a  
10 letter of this sort before, as of the time you received the  
11 letter in '03?

12 A Like, regarding other families, or --

13 Q Yes.

14 A Yes, we've seen, we've received these letters  
15 before, yes.

16 Q Okay. Did you ever speak with Dr. Lindsay with  
17 respect to Phoenix's file?

18 A I did not.

19 Q We go back to your transfer summer please, page  
20 three seven --

21 THE COMMISSIONER: Now, Lindsay's the associate  
22 director of Child Protection Centre, is that at the  
23 hospital?

24 THE WITNESS: Yes, it's at Health Sciences.

25 THE COMMISSIONER: Sorry.

1 MS. WALSH: It's okay.

2

3 BY MS. WALSH:

4 Q Three seven three six eight. So we've looked at  
5 March 12, March 13, then your next file recording is March  
6 31, 2003, it says:

7

8 "Field to home. No answer at  
9 door.

10 In the absence of other concerns,  
11 and with caseload demands,  
12 subsequent fields to the home were  
13 only attempted on April 17, May 1  
14 and May 9, 2003 and all were  
15 unsuccessful in establishing  
16 contact with Steven and Phoenix."

17

18 A Um-hum.

19 Q So this says that you made several attempts to  
20 see Steve and Phoenix at Steve's address?

21 A At this address, yes.

22 Q The address that you had first seen him at?

23 A Yes.

24 Q And other than that first day that you saw Mr.  
25 Sinclair, on February 28th, you never saw him again?



1 A No, I did not.

2 Q And you never saw Phoenix?

3 A I did not.

4 Q Okay.

5 A And in that time, that wasn't the only file that  
6 I would have been dealing with, so I know it looks like I  
7 didn't go out enough times, but I would have been dealing  
8 with other families and other cases, so I went out when I  
9 could, to try and see them. So, also had to prioritize which  
10 families I had to see quicker or later, so that's part of  
11 the rationale, or the reasoning behind my inability to see  
12 him faster.

13 Q Now, you knew that, that Phoenix had been brought  
14 into the Children's Hospital with a foreign object in her  
15 nose that had been --

16 A Yes.

17 Q -- there for several months and she had a bad  
18 infection?

19 A Um-hum.

20 Q And you knew that the person who brought her in  
21 was not identified?

22 A Um-hum.

23 Q And by May of 2003, some three months after the  
24 referral comes in, no one at the agency has seen Phoenix;  
25 is that correct?

1           A     That's correct.

2           Q     So why, in terms of your referring to priorities,  
3 of prioritizing (phonetic) (sic) your work --

4           A     Yeah.

5           Q     -- why did this file not take priority?

6           A     Well, there wasn't, there was the incident where  
7 she had something up her nose and how that came to be with  
8 a toddler, I'm not a hundred percent certain. It's not  
9 unusual for that to happen with little kids. There weren't  
10 any other, there wasn't any other information to support  
11 concerns about her wellbeing, or her other physical health  
12 needs. There wasn't any documentation from the hospital  
13 provided to me about that, or obtained about that. It was  
14 a lower risk family situation. There wasn't anything else  
15 presenting at the time of referral to suggest that there  
16 was other things going on that required, you know, more  
17 immediate attention. Would have I have liked to have seen  
18 her faster? Obviously. To, to just, you know, to figure  
19 out what I need to do with the family. But that didn't  
20 occur because maybe I had other cases going on where there  
21 were more immediate concerns, like life threatening  
22 concerns, or just, you know, more demands upon me. So that  
23 -- I have to balance out what I can get to in a day and  
24 what I can't, I have to try to the next day. And again,  
25 because I don't always get to plan my day and have my plans

1 work out, I don't know that I can, you know, I can't  
2 guarantee that I'm going to get to everybody fast enough.

3 Q So at this point, Phoenix is, well, by May she's  
4 three?

5 A Um-hum.

6 Q And, and you know that, that no one has seen her  
7 since the hospital saw her --

8 A Yeah.

9 Q -- brought in by an unnamed person?

10 A Nobody from the agency, but nobody has also  
11 called to say anything else about her. There's no, been no  
12 other presenting concerns about the family as well. So --

13 Q Other than the hospital's concerns?

14 A -- other than the hospital concerns. So I don't  
15 have any other information from family or friends, or  
16 community, indicating other concerns or issues. So I'm  
17 working still on one, right now, what I know of as one  
18 incident, where she had something up her nose. And that,  
19 in and of itself, may or may not be, like, in other, in  
20 light of other cases that I'm dealing with, that may not be  
21 the most pressing matter that I have to get to, even though  
22 she's, you know, in that circumstance.

23 Q And you understood that the, the referral came in  
24 not so much because she had something up her nose, but  
25 because it was left unattended for several months, to the

1 point of, of a, a foul smelling --

2 A Yeah.

3 Q -- infection?

4 A I don't, I don't have any other information about  
5 when, when that was noted, for, for how long it was there  
6 or anything like that. So, because again, I didn't have a  
7 name of a person to call and say, like, how do you know  
8 this? Steven wasn't talking to me to say, like, I couldn't  
9 even explore that further with him, to say, like, what  
10 happened? Because maybe it was attended to and I, nobody's  
11 telling me this. Or maybe people tried to get medical  
12 attention, but I didn't know, because nobody's talking to  
13 me and nobody's giving me other information. And that's,  
14 that's very difficult. Like, I can't make up stuff and I  
15 have to be respectful of a family's situation and try and  
16 find a way to work with them. And if he's not cooperative  
17 and doesn't want to deal with me, I have to keep trying to  
18 find a way to, to get him to, to talk to me and, and talk  
19 to me about what happened.

20 Q So when you record, in your March 31, '03  
21 recording:

22

23 "In the absence of other concerns,  
24 and with caseload demands,  
25 subsequent fields ... were

1                    attempted on [various dates] ..."

2

3            A     Yeah.

4            Q     What's the significance of your noting:

5

6                    "In the absence of other concerns,  
7                    and with caseload demands ..."

8

9            A     Because, at times when it, when caseload or, or,  
10          when caseload was impacting my ability to get out quickly,  
11          these were things that I would discuss with my supervisor  
12          and, and I said, you know, I, I can't get to some stuff  
13          very quickly, or I'm not getting to this one very quickly  
14          and it, you know, I was encouraged to say, well, you have  
15          to be honest about why you're not going out there fast  
16          enough, or as quickly as you'd like to. And so that's what  
17          I did.

18          Q     So you actually record in the file --

19          A     If that was, if that was the case --

20          Q     Um-hum.

21          A     -- and, and explaining why I'm not going out  
22          there, or my struggle, in terms of why I'm not going out  
23          there, then yeah, then I'm going to put that in my  
24          recording.

25          Q     Okay. So is it your evidence then that if you

1 had had a lighter workload in March of, March, April, May  
2 of 2003, that that would have affected how you delivered  
3 services to Phoenix and her family?

4 A That and the cooperation or more information from  
5 the family would have been more helpful. I mean, I could  
6 out every day and if he's not there, or every second day,  
7 if it's not there and I'm not getting any further  
8 information, then I'm still in the same place. So --

9 THE COMMISSIONER: Did you have any indication  
10 who the godfather was who took the child into the hospital?

11 THE WITNESS: Not at the time, no.

12 THE COMMISSIONER: Was that information available  
13 to you?

14 THE WITNESS: It wasn't made -- nobody told me  
15 who he was.

16

17 BY MS. WALSH:

18 Q So let's go to page 37400 please. Just scroll  
19 down towards the bottom of the page.

20 You'll see there's -- this is under the heading:  
21 Extended Family/Significant Others, and you'll see the  
22 name Jenny Sinclair and she's identified as Steve's  
23 sister?

24 A Yes.

25 Q And her phone number is indicated. And then

1 below that is the name Kim Edwards, Steve's friend and her  
2 address is indicated?

3 A Um-hum.

4 Q This is information that is contained in the  
5 transfer summary of August 16, 2001, from Samantha  
6 Kematch's file.

7 A Okay.

8 Q This is information that you would have had  
9 access to?

10 A Um-hum, yes.

11 Q So could you not have looked at that information  
12 and contacted either Steve's sister, or Ms. Edwards, to see  
13 if they knew where Phoenix was?

14 A I suppose I could have, but I have to be mindful,  
15 in making contact with other people, will that, will that  
16 also directly impact my ability to work with Steven? Like,  
17 will he, will he not trust me to work with him, if I'm  
18 trying to locate him via other family? I can call upon a  
19 family and say hi, I'm Laura from CFS, and I'm looking for  
20 Steven. I don't know what kind of response I'm going to  
21 get, necessarily. It may not be an open, welcoming  
22 response. They may not say anything to me. My thought, my  
23 thought is always make direct contact with the family  
24 first, like, the immediate family first. If there's other  
25 presenting circumstances that require something else, I can

1 look at that, but immediately, during that time, I was not  
2 considering calling other people. I maybe could have done  
3 that --

4 Q You weren't just looking for Steven, you were  
5 looking for Phoenix?

6 A Yes, well, both of them.

7 Q And that was important?

8 A Um-hum.

9 Q Did you have any other tools available to you to  
10 try and find Phoenix, other than going out to the home on a  
11 number of occasions, unsuccessfully?

12 A No, not particularly. If she wasn't -- I didn't  
13 get, have any information that she was in a daycare or  
14 anything like that, so I didn't have any, you know, way to  
15 determine if that was a way to see if she was there. So  
16 no, I guess, other than maybe then making direct contact  
17 with family, which I did not do at that time.

18 MS. WALSH: Okay. Mr. Commissioner, it's 11  
19 o'clock, would you like to take the morning break?

20 THE COMMISSIONER: Yes.

21 MS. WALSH: I'm sure the witness would too.

22 THE COMMISSIONER: Yes. We'll take a 15 minute  
23 break.

24 MS. WALSH: Thank you.

25 THE WITNESS: Thank you.



1 MS. WALSH: Thank you.

2

3 (BRIEF RECESS)

4

5 BY MS. WALSH:

6 Q So if we just, if we go back to your transfer  
7 summary please, page 37368.

8 Just, that's good, thank you.

9 So we were talking about the fact that by May 9,  
10 2003, you had still been unsuccessful in establishing  
11 contact with Steve and Phoenix?

12 A That's correct.

13 Q And I believe -- was it your evidence that you  
14 felt Steve was avoiding you?

15 A It was a suspicion that I had, based on our first  
16 contact and probably some of the information that I had  
17 been reviewing of our past involvement with the family.

18 Q Okay.

19 A That didn't mean that anything was happening with  
20 Phoenix that was detrimental to her at the time. According  
21 to him, she was with a caregiver and that was the last  
22 report from the hospital. So didn't mean that he was  
23 hiding something about Phoenix, it meant that he was not  
24 wanting to talk with me.

25 Q But, in fact, you didn't know where Phoenix was?

1           A     I knew that she was with the caregiver the last  
2 time I talked with him.

3           Q     You didn't know who that caregiver was?

4           A     No, he wouldn't provide that information.

5           Q     And the CRU referral that you got said the person  
6 who brought her to the hospital would not give their name?

7           A     That's -- there was no name. I don't know if  
8 they asked that. I, I don't know how they asked the  
9 person, or why they didn't get a name. I, I couldn't  
10 answer that.

11          Q     You certainly knew there was no name --

12          A     There was no name noted on the referral, that's  
13 correct, yes.

14          Q     Right. So was it not incumbent on you to, to  
15 locate Phoenix, to ensure that, whether she was, in fact,  
16 in need of protection?

17          A     And I was attempting to do that. I, I wasn't  
18 closing off the file, saying that everything was fine,  
19 because he said it was, or because she'd gotten some  
20 treatment. So I was pursuing that goal of meeting her and  
21 him. So that was still the work.

22          Q     But what, what steps were you taking, other than  
23 going out to Steve's house?

24          A     That was really what I was doing at that time,  
25 was trying to establish contact with the family.

1 Q And it was unsuccessful?

2 A Yes.

3 Q So do you not need to be more proactive, in terms  
4 of -- and I don't mean just you, I mean CFS, does the  
5 agency, does a worker not need to be more proactive, in  
6 terms of investigating a referral that's come in from the  
7 Child Protection Centre?

8 A Depends on the circumstance and the referral, you  
9 would look at how you can make other contact with the  
10 family. At that time, that's what I was doing. I had  
11 talked to my supervisor about these attempts and I was  
12 encouraged to continue in that fashion. So, in other  
13 circumstances, it could be different. So again, this was,  
14 this was not, was not deemed, and it still wasn't really  
15 deemed a real high risk situation. There were some things  
16 that needed to be assessed, yes, absolutely. Family still  
17 needed to be seen, but it wasn't as immediate as some of  
18 the other things that I was probably dealing with.

19 Q Okay. So the factors that, that we know, that  
20 Phoenix was under three when, when the referral came in,  
21 that she'd had a foreign body left in her nose for months  
22 at a time and a foul smelling infection, brought into the  
23 hospital by someone other than a parent, whose name was not  
24 given, those didn't bump her file up on the priority list?

25 A Not those, in and of themselves.

1 Q Okay.

2 A Again, I, I -- it's very little information that  
3 I have, so I'm still trying to assess it and still trying  
4 to find out more information.

5 Q So you knew you needed to find out more  
6 information --

7 A Yeah.

8 Q -- to determine Phoenix's safety and wellbeing?

9 A Yes, and determine what I needed to assist the  
10 family to ensure they had the support they needed.

11 Q Okay. So then let's, let's look at, at what  
12 you've recorded after you say that you made an attempt on  
13 May 9th. The next file recording from you is dated June  
14 23, 2003 and you say you received AHS, that's an after  
15 hours report?

16 A Yes, it is.

17 Q

18 "... generated over June 21 and  
19 22, 2003 with contributions from  
20 several [after hours] staff who  
21 were involved in the protection  
22 assessment and resulting  
23 apprehension of Phoenix."

24

25 Now, first of all, am I correct in understanding

1 that between May 9th and June 23, 2003, you had no  
2 involvement with this file?

3 A That, that would be correct, according to my  
4 notes here, yes.

5 MS. WALSH: Okay.

6 THE COMMISSIONER: What date was that?

7 MS. WALSH: Between May 9th, 2003 and June 23rd.

8

9 BY MS. WALSH:

10 Q So then you go on to say that:

11

12 "Phoenix was removed from her  
13 father's care due to concerns  
14 regarding his abuse of alcohol and  
15 drugs and exposure of the child to  
16 numerous, and sometimes  
17 inappropriate caregivers over the  
18 weekend. Steven was not very  
19 cooperative with the agency staff  
20 or [Winnipeg Police Service]  
21 officers who attended and assisted  
22 in the removal of Phoenix and he  
23 was either not concerned or lacked  
24 insight about the presenting  
25 concerns. It was noted that

1           Steven continued to abuse  
2           substance to the point of  
3           incapacity despite his knowledge  
4           of pending contacts over the  
5           weekend with the [after hours  
6           service] unit. The child was  
7           transported to a placement at the  
8           [Place Louis Riel] - Room #914  
9           without incident. She was clean,  
10          happy, speaking in an age  
11          appropriate manner, and calling  
12          most females 'mom'."

13

14           So, and then you say that:

15

16           "Notice of apprehension and [the]  
17           particulars [are] forwarded to the  
18           legal department [and] Greens were  
19           also submitted."

20

21           So we'll, we'll come to that.

22           So now we know that as of June 2003, you're  
23          reporting that Phoenix has been apprehended again? Again  
24          meaning the first time she was apprehended was at birth?

25          A     Yes, yes, so she was apprehended again.

1 Q Okay. And if we go to the, the CRU/AHU report at  
2 37378, this is addressed to you from Bev Hutchison. It's  
3 dated June 21, 2003. This, this is the after hours report  
4 that you were referring to in your file recording?

5 A Yes.

6 Q And it was generated over the course of several  
7 days?

8 A Yes.

9 Q Over from June 21 to June 23?

10 A It probably was a weekend.

11 Q Okay. And you received the report on June 23?

12 A I believe I did, yes.

13 Q And you summarized it, if we go back to, to your  
14 report, page 37369, that's the summary that, that I just  
15 read out to you --

16 A Yes.

17 Q -- from this page and the page before, that's  
18 your summary of, of your reviewing the CRU report that you  
19 get --

20 A Yes.

21 Q -- of the notice of her apprehension, of  
22 Phoenix's apprehension?

23 A Yes.

24 Q Okay. And the worker who ultimately apprehended  
25 Phoenix was Kim Hansen. If we go to the last page of the

1 after hours report, 37384, this is the, the report that,  
2 that started at page 37378 and was generated over the  
3 course of several days and it's signed by Kim Hansen. Am I  
4 understanding this, that she's the worker who ultimately  
5 apprehended Phoenix? Is that your understanding?

6 A Yes.

7 Q And we're going to hear from Ms. Hansen tomorrow,  
8 so I'm not going to walk you through her file recording and  
9 this entire CRU report.

10 So how is it that you found out about the  
11 apprehension?

12 A This CRU or after hours report would have been  
13 forwarded to me, so it would have been given to me.

14 Q So and your name, we saw, was on the first page  
15 of, of that report. So the worker, the CRU worker would  
16 have seen that, that you were involved with the file?

17 A They would have looked on CFSIS to see who was  
18 involved with the file and seen my name attached to that  
19 and yes, that would have directed where this report would  
20 have gone to.

21 Q Okay. So let's go back to, to your summary,  
22 37369. So you said:

23

24 "Notice of apprehension and  
25 particulars forwarded to the legal



1 department. Greens were also  
2 submitted."

3

4 What are greens?

5 A Green is a, I'll call it a tracking sheet. It's  
6 information sheet when, we fill out when a child comes into  
7 care and/or -- it starts off when a child comes into care.  
8 There's little boxes that you check off showing that the  
9 child was in a non-care situation and now has been placed  
10 into a care situation by an apprehension and it shows who  
11 the child was apprehended from and what date. So it  
12 records the dates that children are in and out of care and  
13 the legal status that's attached to those times.

14 Q And those sheets are actually coloured green;  
15 right?

16 A They were initially coloured green --

17 Q Right.

18 A -- I think they're now computer and, and not, but  
19 initially, they were green, which is why we called them  
20 greens.

21 Q And they were located, kept in the child's child-  
22 in-care file?

23 A Yes.

24 Q Okay. And what would, what information would  
25 have been provided to the legal department?

1           A     At that time, we notified them of the date that  
2 this child came into care, the circumstances under which  
3 she was brought into care and who she was apprehended from.  
4 If we have to notify any aboriginal agencies, if the family  
5 is of aboriginal background, that information is also  
6 included in there.

7           Q     Okay. And I believe you said that as part of  
8 your role as an intake worker, you were involved with  
9 serving clients with --

10          A     Um-hum.

11          Q     -- notice of court proceedings?

12          A     Yeah. Yeah, in addition, when we, when a child  
13 is apprehended into to care, we would do this paperwork, in  
14 terms of notifying that this has occurred and then we would  
15 get the legal documents, notifying the parents that this  
16 was going to go forward in a court of law and we'd have to  
17 actually serve those documents upon a parent.

18          Q     Did that have an impact on the nature of your  
19 relationship with the client?

20          A     Yes, because you've just apprehended their child  
21 and now you're wanting, well, you have to meet with them to  
22 give them the court document to show you then that, yes, we  
23 -- I mean, we, we are obliged to, you know, to say, this is  
24 why we brought this child into care. We have to justify to  
25 a court of law that apprehension and whatever plan we have.

1 So those court documents, when we have to serve them on  
2 parents, they're not -- I mean, it's a very stressful and  
3 traumatic time for them. I mean, they've lost a child. No  
4 matter what the circumstances are, they've lost their child  
5 and you are, you are, you are responsible for that, but  
6 you're also responsible for helping them through that and  
7 supporting them through that and helping find a way to see  
8 if there's a way, can you get your child back? What can we  
9 do to have that happen? So you've got this very negative  
10 involvement, but yet, you're trying to be a support and  
11 help to this family all at the same time. It's very  
12 difficult many days.

13 Q So let's go to the legal section of Mr.  
14 Sinclair's file, page 37523. This is entitled:  
15 Particulars Summary, and your name is at the top and  
16 Phoenix's name is underneath. Did you make this document?

17 A Yes, I would have.

18 Q And what is this document, what's the purpose of  
19 creating it?

20 A This is a document that we forward to our legal  
21 department, who then, in turn, files these particulars and  
22 for motions to be served upon the parents. So this  
23 provides the information as to who should be served, which  
24 parents, which agencies and regarding what child.

25 Q So you've got the parents listed and their bands,

1 the native agencies, the date of apprehension. You've got  
2 placement information. The question is:

3

4 "Is child placed in a culturally  
5 appropriate placement? No.

6 Is the child placed with extended  
7 family? No."

8

9 Then the circumstances of apprehension:

10

11 "Phoenix Sinclair was apprehended  
12 and removed from her [father's]  
13 care after he was found to be  
14 under the influence of  
15 alcohol/drugs, unable to care for  
16 Phoenix and without appropriate  
17 caregivers who could look after  
18 the child."

19

20 So then let's go back to -- so you prepared this  
21 document and sent it to the legal department?

22 A Yes.

23 Q And that's because once Phoenix was apprehended,  
24 there needed to be legal proceedings?

25 A Once a child is brought into the care of an

1 agency, it is our responsibility to file, file these  
2 particulars to -- you know, we have to explain the reason  
3 and the rationale behind the apprehension, so that's what  
4 we do.

5 Q Do you're, social workers are able -- Child and  
6 Family Service workers are able to apprehend a child  
7 without a court order initially?

8 A Well, if the child is in need of protection, we  
9 have to, if we are going to apprehend that child, we do  
10 have to show to a court that we had reasonable and probable  
11 grounds for that apprehension. So we can't just go and  
12 apprehend any child, based -- with, without reasonable and  
13 probable concerns for their safety, wellbeing and best  
14 interests. So I mean, that is, you know, this is the  
15 document that starts that process, because yes, we do have  
16 to go to court and explain that apprehension.

17 Q So even though you don't need a court order to  
18 initially apprehend, you ultimately do have to get some  
19 form of court order?

20 A You have to file a motion before the court and  
21 then, because something needs to occur after that  
22 apprehension, will that child stay in care, will that child  
23 not stay in care? And under what, you know, under what  
24 kind of an order that child should stay in care, if they  
25 are. So yeah, so we, we have to explain that to a court of

1 law.

2 Q Okay. So you receive notice of Phoenix's  
3 apprehension and then you prepare the paperwork to go to  
4 the legal department for the court proceedings?

5 A Yeah, and then they file the motion in court,  
6 they provide me with the notices of services and those are  
7 the ones that we serve upon the family. If I can't serve  
8 it, then we do have a process server that assists us in  
9 that regard as well.

10 Q Okay. So let's go back to your transfer summary,  
11 page 37369. So you say:

12

13 "Worker received a telephone call  
14 from Samantha Kematch, who had  
15 been informed about Phoenix's  
16 apprehension by Steve's sister  
17 Jenny. Samantha provided worker  
18 with her current address and voice  
19 mail message number. She also  
20 informed that she was working at  
21 Club Regent in housekeeping and  
22 has been employed there for five  
23 months. Samantha indicated that  
24 she wanted Phoenix in her care and  
25 that her life was much better now.

1 She stated that she has been  
2 concerned about Phoenix because of  
3 Steve's alcohol abuse and recent  
4 suicide attempt that she learned  
5 about from Jenny. She also stated  
6 that Steven often left Phoenix in  
7 the care of other people and she  
8 felt that he wasn't as concerned  
9 about taking care of her any  
10 longer. Samantha has not seen her  
11 daughter since the spring of 2003  
12 when Steve's sister brought the  
13 child to Samantha for a visit.  
14 She stated that Steve does not  
15 allow her to have access with  
16 Phoenix. Samantha confirmed that  
17 she has not attempted to address  
18 the matter of custody via legal  
19 means because she didn't know whom  
20 to call and she thought that it  
21 would mean that CFS would be  
22 involved. Worker informed  
23 Samantha that at this point, it  
24 appeared that CFS would definitely  
25 be involved and that if she was

1 sincere in her desire to parent  
2 Phoenix her actions and activities  
3 would be further scrutinized and  
4 challenged by the agency.  
5 Samantha stated that she had no  
6 problem answering the agency's  
7 questions. Samantha admitted that  
8 she has not taken part in any type  
9 of counseling or parenting support  
10 programs since her last contact  
11 with the agency because 'she  
12 didn't need to'. Worker informed  
13 Samantha that we still needed to  
14 talk to Steve about the incident  
15 and issues of concern, and that we  
16 would then begin to determine a  
17 plan of action with respect to  
18 Phoenix's wellbeing. Worker did  
19 thank Samantha for calling and  
20 advised her that she would be  
21 contacted by the assigned worker  
22 for the case with respect to any  
23 further case intervention. Worker  
24 asked Samantha about Phoenix's  
25 health history however she stated



1                   that she knew nothing about this.  
2                   Samantha also told worker that she  
3                   thought Phoenix had treaty status  
4                   with Steve (not what CFSIS records  
5                   indicate)."

6  
7                   And then you note:

8  
9                   "No calls from Steven today."

10  
11                   And were you trying to contact Mr. Sinclair?

12                A     I believe, according to my notes, I didn't have a  
13 phone number for him. He would have obviously been aware  
14 of the apprehension, based on the involvement of the after  
15 hours unit and would have been most likely encouraged to  
16 call the agency once he was ready to do that. But I didn't  
17 get any calls from him and I probably didn't call him, if I  
18 didn't have a phone number.

19                Q     And why were you looking for contact with the  
20 parents at this point?

21                A     You have to ensure that the parents are aware  
22 that the apprehension is there and that you want to talk to  
23 them about their intentions for their child and see what,  
24 if any, opportunities they have for, you know, a  
25 reunification. So you want to see where they're -- like, I

1 mean, you want to determine what they're willing to work  
2 with on, on -- with respect to this, because it changes  
3 everything once they lose their child from their own care.

4 Q Okay. Can we scroll up please. Thank you.

5 June 24, 2003, this is the day after the  
6 apprehension, you record:

7

8 "Worker obtained MHSC and PHIN  
9 numbers for Phoenix from Manitoba  
10 Health. This information was  
11 provided to the Complete Care  
12 staff in Rm #914 ..."

13

14 That's, that's the Place Louis Riel where Phoenix  
15 is --

16 A Placed.

17 Q -- placed?

18 A Yes.

19 Q Okay. And would that be considered an emergency  
20 placement?

21 A It is an emergency placement resource, yes.

22 Q Okay. Place Louis Riel is a hotel?

23 A Yes, it is.

24 Q Okay. Rachel -- who's Rachel?

25 A That would have been one of the complete care

1 staff that was in charge of Phoenix's care --

2 Q While she was at the hotel?

3 A -- while at the hotel.

4 Q Okay.

5  
6 "Rachel advised that Phoenix is  
7 doing well, appears to be healthy  
8 and has a good appetite. Rachel  
9 noted that Phoenix can be stubborn  
10 at times and doesn't like to  
11 listen. Worker contacted Steve's  
12 sister Jenny ... She confirmed  
13 that she is a friend to Samantha  
14 and told her about the  
15 apprehension on Sunday evening.  
16 Worker asked Jenny if she has  
17 talked to Steven and she said that  
18 she saw him yesterday and when she  
19 asked him what he was going to do  
20 he told her that there was not  
21 much he could do. He later told  
22 Jenny's husband that he was going  
23 to get Phoenix back. Jenny  
24 described Steve as being lazy and  
25 could not fully explain why he

1           only really provided care to  
2           Phoenix 3 or 4 days per month.  
3           Jenny informed that the child goes  
4           to stay with friends (names  
5           unknown or not provided) ..."

6

7           Do you know whether you asked for the names?

8           A     I would have asked, if, if somebody says, oh,  
9           they're staying with friends, I, I would normally ask.  
10          They may not know it, but I would normally ask, yes.

11          Q     Okay.

12

13                   "... for the rest of the time.  
14           Jenny admitted that Steve has  
15           issues as a result of his use of  
16           alcohol and drugs and his negative  
17           friends. She stated that she has  
18           tried to talk to him about these  
19           problems but he only gets mad and  
20           her tells her to leave him alone.  
21           Jenny also admitted that she is  
22           the one that all her siblings go  
23           to for help in times of crisis,  
24           and that they tell her to mind her  
25           own business otherwise. Worker

1           asked Jenny to let Steve know that  
2           he needs to call me, and provided  
3           my name and telephone number to  
4           her. Worker received one phone  
5           message from Steve advising that  
6           he was 'told to call' and to call  
7           him back at the number where I had  
8           called to leave the message for  
9           him (Jenny's). Worker called  
10          Jenny's and learned that Steve had  
11          left her home - Jenny indicated  
12          that she did expect him to come  
13          back and worker asked for her to  
14          have Steven call me back.  
15          There were no other calls from  
16          Steven on this date."

17

18                 Now, is it fair to say that at this point there's  
19          virtually no information about Phoenix herself in either  
20          Mr. Sinclair or Ms. Kematch's protection files?

21           A     Can, can you ask -- I'm not quite clear what  
22          you're asking.

23           Q     No information -- when I looked at the two files,  
24          as of this date, I didn't really see any information about  
25          Phoenix, about her developmental stage, what she liked to

1 do, her, her abilities?

2 A Yeah, there, there wasn't really any information  
3 that I can recall about that, you know, those, those topics  
4 specifically.

5 Q And is that fairly common, that that kind of  
6 information about the child is, is not located in the  
7 protection files?

8 A It seems like the protection files focus more,  
9 like, the family service files focus more on, you know,  
10 the, the adults. There may be some references to the  
11 children. I know that some of the transfer summaries do  
12 contain more information with respect to school, you know,  
13 interests and that kind of stuff. At the intake level, we  
14 weren't likely to get too much into those topics. We maybe  
15 didn't have all of that information, but at a family  
16 service level, you would know more about that if a child  
17 was in the care of an agency. So you would be able to note  
18 that in your summaries about them.

19 Q So when a file is opened at the CRU or intake  
20 level, it's not likely to contain much information about  
21 the child herself?

22 A Not specifically, I mean, I noted what I'd  
23 learned about her, through her caregivers, at this point,  
24 in terms of her appearances or, you know, how she reacted,  
25 but I didn't have anything specific about her level of

1 development, or, or anything like that at this time.

2 Q And the information that, that I just read out,  
3 that you had recorded, about Phoenix, was from the, the  
4 emergency placement worker at the hotel?

5 A That's what she told me when I had talked to her,  
6 yes.

7 Q Okay. Now, why did you contact Jenny Sinclair?

8 A I don't know if I contacted her, or if she  
9 contacted me, or if I got a message, I don't know.  
10 Obviously, you know, we're trying to determine what to do  
11 with this case, trying to see if we can find Steve.  
12 Samantha, I don't think, knew where he was. Maybe she told  
13 me that he was at Jenny's, I don't know.

14 Q If you, if you scroll back to the previous page,  
15 you -- that's good, thank you.

16 It does say, under June 24 --

17 A Yeah.

18 Q -- worker contacted Steve's sister, Jenny.

19 A I don't know under what circumstances, I can't  
20 recall that, I'm sorry.

21 Q Fine. Can we go to the next page please?

22 So under June 25, 2003, you say you:

23

24 "... left a telephone message on  
25 Samantha's voice mail asking for

1                   her to call [you as soon --  
2                   because] needed to serve her with  
3                   court papers."

4

5           A        Um-hum, yes.

6           Q        And then you record that you received a call from  
7       Steve's sister, Sheila:

8

9                   "She called to ask if she could  
10                  have a visit with Phoenix. Sheila  
11                  informed that she has not spoken  
12                  with Steve, but heard about the  
13                  apprehension from ... Jenny.  
14                  Sheila stated that she had regular  
15                  contact with Phoenix and that the  
16                  child would often stay with her.  
17                  Worker informed Sheila that at  
18                  this time the matter of visits was  
19                  being deferred to the assigned  
20                  worker to handle and I would make  
21                  a note for the assigned worker  
22                  with respect to Sheila's wishes."

23

24                   Now, when you're referring to the assigned  
25       worker, you mean the, the family services --



1 A The family service worker that I would --

2 Q -- worker who's going to take the file?

3 A Yes, that's correct.

4 Q Okay.

5

6 "To her credit, Sheila did ask how

7 Phoenix was doing. She also

8 wanted to know what Steven would

9 need to do to get her back.

10 Worker suggested that Steve needed

11 to call me. Sheila informed that

12 she would [connect] with worker

13 next week to see if the case was

14 assigned. Worker did ask Sheila

15 if she was aware if Phoenix had

16 any health issues/allergies ...

17 she stated that to her knowledge

18 Phoenix had no health concerns.

19 Worker conducted a CFSIS check

20 following my conversation with

21 Sheila and found that she is

22 currently involved with the

23 agency ..."

24

25 No calls, and you noted, from either Samantha or

1 Steve on that date.

2 And so, at this point, Phoenix is, is in care in  
3 the hotel?

4 A Yes, she is.

5 Q Okay. So now, on June 26th, there's that phone  
6 call left for Samantha asking for her to call?

7 A Yes.

8 Q So you were still trying to contact Ms.  
9 Kematch?

10 A At this point, I need to serve them with court  
11 papers and that demand is being impressed upon me by my  
12 legal staff. So I have to, I have to make contact with  
13 them and provide that notice within a certain time frame.  
14 So there is a sense of urgency from the legal department  
15 for me to do that and from our lawyers. So then I have to  
16 try and do everything I can to locate them as well.

17 Q Okay. So then you say that your worker and  
18 colleague attended Steve's home.

19

20 "We could hear the sounds of a  
21 radio from inside, but there was  
22 no response to our repeated  
23 knocking. Worker left a card in  
24 the mailbox."

25

1           And then to the next page please?

2

3           "Samantha left a message advising  
4           that she might be able to meet  
5           tomorrow and would call me back.

6           Worker called Indian Affairs to  
7           determine [whether or] if Phoenix  
8           was registered as CFSIS records  
9           and Samantha's information were  
10          inconsistent. Worker learned that  
11          Phoenix is registered under her  
12          father with Lake St. Martin."

13

14           Why was that information relevant to you?

15          A    Again, it's just to ensure that we're notifying  
16          the, the proper agencies, that we have the accurate  
17          information, in terms of her status. So just wanting to  
18          make -- it was probably -- I think my note says that it  
19          wasn't the same as what was suggested, so I wanted to see  
20          what the actual status number and -- was. So, as to --

21          Q    And why did you need to know that?

22          A    Because at that point, we're involving aboriginal  
23          agencies and so we need to ensure that the right, the, the  
24          ones that have, are, are related to that status are the  
25          ones that are notified. So I needed to make sure which --

1 who she -- which band or aboriginal agency she belonged to.

2 Q And why, why were you involving aboriginal  
3 agencies at that point?

4 A Well, families of aboriginal background,  
5 aboriginal -- required us to always notify aboriginal  
6 agencies of the apprehension, because, at that time, they  
7 may want to be involved with that family, to provide more  
8 culturally appropriate services. So they've always been  
9 notified of apprehension of children, but at the point that  
10 we were at in this case, in 2003, we were also involved in  
11 assisting families in determining which agencies they  
12 wanted to work with. So if they identified themselves as  
13 having an aboriginal background, they could choose their  
14 authority or aboriginal agency to work with, as opposed to  
15 Winnipeg Child and Family Services. So I needed to have  
16 that information as well, to assist in that process.

17 Q Okay. Thank you. Then you say:

18

19 "No other calls from Samantha. No  
20 calls from Steve.

21 Worker returned notices to Legal  
22 so that they could be forwarded to  
23 a Process Server."

24

25

1           So at this point, you're not going to keep trying  
2 to serve the parents?

3           A     I'd run out of time and, and then, there's only  
4 so many times -- like, you can call and call, and call,  
5 they're not calling you back. At some point there is a  
6 responsibility from that parent to make an effort to do  
7 something about this. I didn't have very many occasions  
8 where a parent never called me after a child was  
9 apprehended, very, very few. So you know, when that  
10 happens, at some point you have to say, you know what, I  
11 have to return this to the process server. I have to move  
12 on because this case needs to move on. I've got other  
13 cases to go as well and he's, he just wasn't responding.  
14 So it does have to move on. Again, the legal demands  
15 require me to keep that process going, so --

16           Q     So then just finishing your activity, on June 27,  
17 2003, you say:

18  
19                     "Phoenix [is] moved to a new  
20                     placement today."

21  
22                     And it's identified. They came in to pick the  
23 child up from the hotel.

24  
25                     "Worker provided [them] with

1                   whatever information I had about  
2                   the child along with the medical  
3                   numbers, [they were] encouraged to  
4                   call this worker if she needed  
5                   anything while the file was in  
6                   transition from Intake to Family  
7                   Service.

8                   Greens completed showing change of  
9                   placement."

10

11                   Those are the, the documents in the child-in-  
12                   care --

13                   A     Yes.

14                   Q     -- file?

15                   A     Yes, so if a child moved from a placement, like,  
16                   she was initially in Place Louis, if she moved to a new  
17                   placement, we had to do a green showing that move. Again,  
18                   it's tracking that child's location and status while she is  
19                   in care.

20                   Q     Okay. And that information is kept in her child-  
21                   in-care file?

22                   A     Yes, it is.

23                   Q

24                                 "Worker received a [phone] message  
25                   left by Samantha, advising that

1 she had been served with court  
2 papers and would call back.  
3 Intake summary completed and  
4 forwarded for transfer to family  
5 service as per authorization of  
6 unit supervisor."

7

8 And we saw that the last page of your summary,  
9 dated June 27, 2003, is signed off by your supervisor.

10 A And I would have had a conversation with him  
11 prior to the actual signing, about this is where this case  
12 was, the direction of where this case was going and he  
13 would have verbally given me that authorization as well.

14 Q Okay. Now, we know that you wrote quite a  
15 detailed assessment and statement of risk. We'll come back  
16 to that. I want to take a minute to look at Phoenix's  
17 child-in-care file. It's CD1797 and if we turn to page  
18 37671, this is a note dated June 22nd. It says, Phoenix  
19 Sinclair, date of birth, her Manitoba Health number, the  
20 agency, the address. It's got your name as her worker.

21

22 Night duty emergency. Phoenix,  
23 inventory of clothing: One pair  
24 of pink panties washed out and  
25 hanging in bathroom, one blue and

1 white t-shirt, one pair of blue  
2 denim jeans, blue white t-shirt  
3 with shorts, one pair of white  
4 sandals with all of the fasteners  
5 all in good condition.

6

7 Do you know what this document is -- why this  
8 document is created and, and put into the child-in-care  
9 file?

10 A I, I don't know who wrote the document --

11 Q Right.

12 A -- it might have -- can you scroll up to the top  
13 of it, please? I, I don't know who created this document.  
14 It, perhaps, is something that was maybe provided to or  
15 documented by the placement staff. So I honestly don't  
16 know who wrote it.

17 Q The date, June 22nd, that's the date that, that  
18 Phoenix is --

19 A Yeah.

20 Q -- taken into care; is it fairly typical to find  
21 documents like this that, that itemize what the child came  
22 into care with, in terms of --

23 A If --

24 Q -- belongings?

25 A -- if they come into an emergency shelter, yes,



1 it was a requirement by them to document anything that she  
2 came in with, so that that's what she would also go with  
3 when she moved to another placement, or back home.

4 Q Okay.

5 A So, yeah.

6 Q And if we turn to the next page please?

7 This is also dated June 22nd, it's got someone's  
8 name at the top and then it item, it documents:

9

10 8:45 p.m. Received a call from CFS  
11 night desk to say they were  
12 bringing a three year old into  
13 room 914 Place Louis Riel.

14

15 So this relates to Phoenix's apprehension?

16 A Yes, it would have been probably authored by one  
17 of the care staff that were notified that this child was  
18 coming into care. So this is their notes about that.

19 Q So they're documenting what happens once they  
20 have Phoenix --

21 A Yes.

22 Q -- in their care?

23 A Um-hum.

24 Q Okay. So then they go on to say:

25

1                   9:15 Phoenix dropped off. 9:30,  
2                   she had a bath, which she enjoyed.

3

4                   Looks like she had two cups of milk, granola bar,  
5 cookies.

6

7                   She settled in right away and was  
8                   happy when she saw we also had a  
9                   baby here.

10

11                   And then, can you scroll down please?

12                   At 10:00 p.m., it says she's in bed, watching  
13 Treehouse and by midnight she's asleep and she slept right  
14 through the night.

15                   So these are some documents that tell us a little  
16 bit about Phoenix herself?

17           A     On that date, yes.

18           Q     Yes.

19           A     Um-hum.

20           Q     And then starting at page 37660, through to  
21 37669, we have something called children's logs; do you  
22 know what those are for?

23           A     Children's logs are completed by staff in  
24 emergency placement resources. They document the child's  
25 activity while they are in that placement resource. So

1 eventually, they will find their way to the child's file,  
2 but it's a record of, of what they've done. Sometimes  
3 children fall and hurt themselves, so I mean, those are  
4 pieces of information that might be contained in those  
5 kinds of logs, just to keep a document of what happened  
6 with that child while they were in that emergency resource.

7 Q All right. And since this is really the only  
8 information that we -- or some of the little information  
9 that we have about, about Phoenix, let's look at some of  
10 these logs. Page 37666. So this is dated June 24. It  
11 documents when she woke up and what she ate: Cereal, milk,  
12 eggs, toast. She's had a healthy breakfast. And then  
13 there's a summary of her overall behaviour, strengths,  
14 interests, concerns. And you see in that first line it  
15 says:

16

17 No problems. She is potty  
18 trained. She is well behaved.

19

20 Then if we go to 37662, for instance, again, it  
21 documents when she woke up, that she was grumpy, what she  
22 ate. And under the summary it says, talks about -- I  
23 notice that there's different handwriting in the summary.  
24 Does that reflect that there would be different caregivers  
25 during the course of the day?

1           A     Yes, there would be.

2           Q     Okay.  And it talks about giving Phoenix toys to  
3 play with, that she ate everything.  It says she has a very  
4 healthy appetite.  It says -- they talk about her getting  
5 grumpy and needing a nap, but due to moving, they can't lie  
6 her down.  And then they have a, a new room ready for her.  
7 They washed her clothes.

8                     Can you scroll down please?

9                     And then they say that she slept through the  
10 night, no problems.  And then finally, on the next page,  
11 they have Phoenix watching cartoons and then just scroll  
12 down please.  It says:

13

14                     "(I phoned after hours and they  
15 will try to get something for  
16 her).  They will also let  
17 [Phoenix] ... know she's in  
18 dire ..."

19

20                     Or Phoenix's social worker.

21

22                     "... know she's in dire need of  
23 clothing.  After hours came by and  
24 dropped off a bag of clothes."

25

1           Is that a common need for children in care?

2           A     When they come into care, yes, because, depending  
3     on the circumstance, you're probably not likely to have the  
4     opportunity to pack up some clothes when you're removing a  
5     child, you know, if there's a drinking party or whatever.  
6     Like -- not whatever, a drinking party, or some really  
7     hostile parent, you're not likely to get belongings and  
8     clothes. So yes, a lot of times we bring a child into  
9     care, they may not even have shoes or a jacket and you  
10    bring them in and we have to get them some things to wear.

11           And I just wanted to clarify too, you asked --

12           Q     Um-hum.

13           A     -- different people staffing. Emergency  
14    placement resource is not a same thing as a foster home --

15           Q     Yes.

16           A     -- so I mean, there -- it's, it's a, it's a, a  
17    assortment of staff that are, you know, contracted or  
18    employed by the agency to provide care to children in these  
19    resources. So there are shift changes and there are  
20    changes in staff during that time --

21           Q     Yes.

22           A     -- while child's in care.

23           Q     Thank you. Yes, and, and then we saw that she  
24    was ultimately moved to a foster home --

25           A     Yes, she was.

1 Q -- which would be one, one caregiver?

2 A Yes.

3 Q Thank you. So then if we turn to page 37637,  
4 this is the child care instruction sheet, dated June 27,  
5 2003 and what is this document?

6 A This is what we called greens. So it's also  
7 called the child care instruction sheet.

8 Q So this is a, an example of greens?

9 A Yes, this is, is an example of greens. So this  
10 is the information that it would contain with respect to  
11 that child, her status, aboriginal or not, medical number  
12 information and activities. On this green, it showed that  
13 she changed placements on June 27th and it shows from which  
14 placement she left and which placement she was moved to.

15 Q So it shows, under placement, that she went from  
16 a hotel to a foster home?

17 A Yes.

18 Q Okay.

19 A And also on the part where it says placement,  
20 it'll say emergency placement/hotel/motel and you cross  
21 that off and you move it over to foster home/agency. So  
22 that's how --

23 Q Right.

24 A -- they track it.

25 Q Okay. And then the greens that, the green sheet

1 that's found at page 37636, this one is dated July 3, 2003.

2 And if you scroll to the bottom please?

3 You'll see that the worker's name is now Stan  
4 Williams.

5 So, and if we scroll up to, to placement, there's  
6 no change there but what's happening now, as of July 3,  
7 '03? Why is there a new instruction sheet?

8 A Because there's a change of worker. So under  
9 activities, the options are there of either coming into  
10 care, being discharged, change of placement, change of  
11 legal status, or change of worker. So because it was  
12 moving from me to a new worker, the green had to be done.  
13 Because then that would be modified in CFSIS to show that  
14 the child-in-care file was now going to be assigned to  
15 Stan.

16 Q Who was the ongoing family services worker?

17 A Who'd be the ongoing family service worker, yes.

18 THE COMMISSIONER: And it was moving from you?

19 THE WITNESS: From me.

20 THE COMMISSIONER: But you'd had it throughout as  
21 an intake worker?

22 THE WITNESS: I had her child-in-care file as of  
23 the date of her apprehension, which would have been June  
24 23rd; right? Is that the date she was apprehended? I  
25 can't remember. When she was apprehended on the weekend,

1 that's when a child-in-care, that's when I was attached to  
2 her child-in-care file, because that's the day she was  
3 apprehended.

4 THE COMMISSIONER: But, but you had been involved  
5 before that?

6 THE WITNESS: I had been involved with the family  
7 before that, yes.

8 THE COMMISSIONER: As an intake worker?

9 THE WITNESS: With the -- as an intake worker,  
10 yes.

11 THE COMMISSIONER: And then, when she was  
12 apprehended, was your status with the file different than  
13 it being an intake worker?

14 THE WITNESS: Was my status different?

15 THE COMMISSIONER: Yes.

16 THE WITNESS: No, I was still the intake worker,  
17 yes.

18

19 BY MS. WALSH:

20 Q So just so we understand, you were the intake  
21 worker when the referral came in, in February of 2003?

22 A Yes.

23 Q And you remained involved in the file until July  
24 of 2003, when the file was transferred to the ongoing  
25 family services worker?



1 A That's correct, yes.

2 Q Okay. And that's Mr. Williams?

3 THE COMMISSIONER: And that was what date?

4 THE WITNESS: July 3rd, 2003, is when the file  
5 was transferred from me to Stan.

6 THE COMMISSIONER: So you, you, you, you had  
7 supervision then for six months, had you?

8 THE WITNESS: Of --

9 THE COMMISSIONER: Of the file?

10 THE WITNESS: Since February, yes.

11

12 BY MS. WALSH:

13 Q We can go back now to the transfer summary, I  
14 want to look at the statement of risk and, and the  
15 assessment and statement of risk that you prepared, page  
16 37371.

17 THE COMMISSIONER: And, and let me just ask this,  
18 it -- the trial, file was now being transferred to Mr.  
19 Williams --

20 THE WITNESS: Yes --

21 THE COMMISSIONER: -- as a family service worker?

22 THE WITNESS: -- he's a family service worker.  
23 So the file, the family service file and then the new  
24 child-in-care file for Phoenix were transferred from me, on  
25 intake, to Stan, who was family service.

1 THE COMMISSIONER: And what do you call the  
2 second file?

3 THE WITNESS: Child-in-care file.

4 THE COMMISSIONER: As a result of the  
5 apprehension?

6 THE WITNESS: Yes.

7

8 BY MS. WALSH:

9 Q So Phoenix was apprehended while you were her  
10 intake worker, or the intake worker assigned to the family?

11 A Yes.

12 Q And then she remained in care while the file was  
13 transferred to an ongoing family services worker?

14 A Yes, that's correct.

15 MR. RAY: Mr. Commissioner, just, if I could just  
16 take a moment to clarify something, rather than doing it at  
17 a later point, because I just don't think it's  
18 controversial. You just mentioned to the witness that she  
19 had supervision of the file for six months. I think the  
20 evidence is that she took it on the last day of February.  
21 She had it from March, April, May, June, which is four  
22 months and then three more days.

23 THE COMMISSIONER: Okay. I, I --

24 MR. RAY: So, I --

25 THE COMMISSIONER: -- was including February --

1 MR. RAY: -- just wanted to --

2 THE COMMISSIONER: -- and July, so you --

3 MR. RAY: Yeah.

4 THE COMMISSIONER: -- what you're saying is  
5 because it was end and beginning, it was more like four?

6 MR. RAY: Yeah, I just, nothing really turns on  
7 it, but I just wanted to clarify.

8 THE COMMISSIONER: Yeah, well, that's, that's  
9 reasonable.

10

11 BY MS. WALSH:

12 Q Okay. So now we're at the portion of your  
13 transfer summary entitled assessment and statement of risk.  
14 So we've looked at -- your transfer summary started off  
15 with your recording the history of the family, the social  
16 history and its, and the family's history with the  
17 agency --

18 A Um-hum.

19 Q -- right? And then you had your data  
20 intervention section, which was your work on the file?

21 A Yes.

22 Q And now what does this portion of the transfer  
23 summary indicate?

24 A This portion of the file is my assessment of all  
25 the information that I've gathered since becoming involved

1 with the family. So that's looking at the reason of  
2 referral, family history, what occurred during my  
3 involvement or non-involvement with the family and what I  
4 feel might be some of the potential issues or concerns that  
5 might require some attention, or maybe improvement. And so  
6 it's my thoughts about what needs to happen with this  
7 family, from this point on.

8 Q And who do you expect will review this  
9 assessment?

10 A The family service worker and their supervisor.

11 Q Okay. And so you prepared --

12 A And my supervisor actually too, so --

13 Q -- and that's who -- so you're preparing the  
14 assessment and statement of risk with the family services  
15 worker in mind?

16 A Yes.

17 Q Okay. And anyone else who might pick up the file  
18 subsequently?

19 A Yeah. Yeah, I mean, whoever will be involved  
20 with this family can look at this and hopefully it would be  
21 helpful for them to determine what they need to do with  
22 this family.

23 Q And we're going to go through it, but is, is this  
24 assessment and statement of risk part of showing how the  
25 file is recommended to be transferred to ongoing family

1 services?

2 A Yes, it helps in determining why I made the  
3 decisions or recommendations that I do. It explain, it  
4 should explain that.

5 Q All right. So you start with, I, I, I think it,  
6 it's fair to say that that first paragraph, under the  
7 assessment and statement of risk is, is really a, a  
8 repetition of the history that you noted earlier in the  
9 file; is that fair? I don't, I don't want to --

10 A Yes, it's a, a, another brief summary of the  
11 history.

12 Q Okay. And including, toward the end of that  
13 paragraph, where you note that:

14

15 "The couple eventually separated  
16 sometime in June/July [of] 2001  
17 and Samantha left the children in  
18 Steve's care. She made no  
19 significant attempts to reinvolve  
20 herself as a mother to her  
21 children until [the baby's] death  
22 in July 2001. The child [has]  
23 apparently died as a result of  
24 complications from pneumonia.  
25 Samantha resurfaced with a claim

1           that she wanted to parent Phoenix.  
2           Nothing further occurred and  
3           Phoenix remained in the care of  
4           her father, who was deemed to be  
5           parenting appropriately and  
6           was not interested in any services  
7           from the agency. The agency  
8           terminated its involvement  
9           with the family in March [of]  
10          2002."

11

12                   And then you say:

13

14                   "Concerns about Steven's care of  
15           Phoenix were presented to the  
16           agency in February 2003 after the  
17           child was brought to the hospital  
18           requiring medical assistance  
19           because a 'foreign body' in her  
20           nose. The unidentified  
21           'godfather' who brought the child  
22           to the hospital had indicated that  
23           the child had been suffering in  
24           this state for a few months. The  
25           child was treated and released to

1                   the       'godfather'       with       the  
2                   subsequent referral to CFS for  
3                   follow up regarding medical  
4                   neglect. Attempts to address this  
5                   issue with Steve netted little  
6                   success, as the child was not  
7                   present during the one occasion in  
8                   which this worker ... actually  
9                   able to make contact with the  
10                  family. No other issues or  
11                  concerns were expressed to the  
12                  agency until June [of] 2003 when  
13                  Phoenix was apprehended after  
14                  Steve was found to be under the  
15                  influence of substance, unable to  
16                  care for her, and without  
17                  appropriate caregivers ... Steve  
18                  has refused to contact this worker  
19                  despite requests for him to do so  
20                  therefore [there's nothing]  
21                  nothing is known about his current  
22                  state of functioning or intentions  
23                  with respect to Phoenix. This  
24                  worker has been able to glean some  
25                  information from the child's

1 mother, and maternal aunts and  
2 this investigation has determined  
3 that Steve's capacity to care for  
4 Phoenix has deteriorated. He has  
5 been leaving Phoenix in the care  
6 of others for extended periods of  
7 time and has been abusing alcohol  
8 and drugs, and associating with a  
9 negative peer group (Indian  
10 Posse). Concerns regarding  
11 medical neglect of the child and  
12 an alleged suicide attempt by  
13 Steve have also surfaced and while  
14 the information suggests that  
15 these concerns are not chronic,  
16 when one factors in the other  
17 issues it would appear that Steve  
18 is indeed struggling in his role  
19 as [a] parent.

20 There are a number of issues to  
21 consider and to accommodate if  
22 this agency is to effectively work  
23 with this family. Both Steve and  
24 Samantha have had very difficult  
25 upbringings as a result of their



1           dysfunctional families of origin  
2           and they view the system that was  
3           supposed to protect them (CFS) as  
4           being responsible for their  
5           troubles.       Samantha has never  
6           demonstrated a true expression of  
7           commitment in her role as  
8           mother/parent.       Of her three  
9           children she has really only  
10          parented Phoenix for any  
11          significant length of time. She  
12          has shown a pattern of leaving her  
13          children, and will occasionally  
14          surface in a time of crisis but  
15          does not follow through with her  
16          expressed desires at the time to  
17          care for her children.       Steve,  
18          while very resistant and negative  
19          about CFS involvement, took on the  
20          responsibility of caring for his  
21          children without hesitation after  
22          his separation from Samantha and  
23          it would seem that he was able to  
24          adequately provide for and care  
25          for his children for a period of

1 time and there were no overt  
2 concerns regarding his lifestyle.  
3 The family was dealt a somber blow  
4 when the child passed away in July  
5 2001 and the impact of such is  
6 really unknown as the agency's  
7 contact with the family was quite  
8 minimal at that time. One of  
9 Steven's siblings had noted during  
10 recent contact with agency AHS  
11 staff that Steve has been having a  
12 difficult time, with things  
13 getting worse since [the baby's]  
14 death. Steve relies on his  
15 extended family for support  
16 however at this time we are only  
17 aware of one of his siblings  
18 (Jenny) as being one that is an  
19 appropriate or positive support  
20 person. Several of Steve's  
21 siblings have struggled with  
22 various issues and are also  
23 involved with CFS and have  
24 children in care."

25

1                   Can you turn the page please?

2

3                   "One of Steve's siblings, Norma  
4                   Jean Sinclair was charged in 1996  
5                   and convicted of manslaughter  
6                   involving a child in her care,  
7                   Steve's support system also seems  
8                   to include members of the Indian  
9                   Posse gang. Steve does not view  
10                  the agency as being a support or a  
11                  resource to him and this is  
12                  unfortunate as the agency will  
13                  need to be involved with him given  
14                  the concerns with respect to  
15                  Phoenix's wellbeing. Steve has  
16                  refused to contact the agency  
17                  since Phoenix's apprehension  
18                  despite our efforts to contact  
19                  him, and while we can speculate  
20                  and be respectful of his reasons  
21                  for such, it does not help in  
22                  addressing the issues so that  
23                  Phoenix can return to her parent's  
24                  care.

25                  Steve and Samantha have clearly

1 indicated their mistrust and  
2 unwillingness to be involved with  
3 a child welfare agency however  
4 they have not demonstrated a  
5 capacity and commitment to ensure  
6 their child's wellbeing enough for  
7 the agency not to be involved.  
8 Unfortunately, because of their  
9 past involvement as wards of a  
10 child welfare agency they are not  
11 receptive to services from the  
12 agency and they deny or minimize  
13 any issues presented in an effort  
14 to keep the agency away from them.  
15 They would do anything, or  
16 nothing, to keep the agency at  
17 bay. It is this worker's opinion  
18 that it is this attitude and  
19 disregard for the agency that has  
20 probably resulted in this agency's  
21 previous termination of services,  
22 and not a lack of child welfare  
23 issues, If one looks back in  
24 previous recording the identified  
25 and unresolved problems are still

1           very much present in the family's  
2           current situation.    The problems  
3           haven't gone away, and now neither  
4           can the agency.    The obvious  
5           struggle        in        commitment,  
6           questionable parenting capacity,  
7           along with an unstable home  
8           environment and substance abuse  
9           issues, and lack of positive  
10          support system all lend to a  
11          situation that poses a high level  
12          of risk to this child, for  
13          maltreatment and/or placement in  
14          agency care. Phoenix is in agency  
15          care now and it would probably not  
16          be in her best interests to be  
17          returned to either parent at this  
18          time or until they can show  
19          something to indicate that they  
20          can and will be more responsible  
21          and protective of her."

22

23                So that's, that's the information that you were  
24   preparing in making the file ready to transfer to ongoing  
25   family services?

1 A Yes, it is.

2 Q And when you refer to problems:

3

4 "... identified problems ... are  
5 still very much present ..."

6

7 What were you specifically referring to?

8 A I guess, in the course of my involvement and the  
9 information that I was learning through the conversations I  
10 had with family and/or reviews of the file, it, it was  
11 evident that, you know, the commitment and parenting, that  
12 level of commitment and parenting consistently for Phoenix  
13 was not happening. Steven was obviously, at this point in  
14 time, struggling with substance abuse issues. How long  
15 that had been going on for, it wasn't identified at the  
16 time of the referral, when I got it, but it is obvious at  
17 the time that I have the file, at the ending. So again, I  
18 think, for me, at this point, the concerns were just some  
19 real questions about their capacity to provide safe and  
20 appropriate care to Phoenix and ensure her wellbeing at all  
21 costs.

22 Q And you determined that she would be at a high  
23 level of risk if she were returned at this point, to either  
24 parent's care?

25 A Yes. I, I, I did believe that at that time.

1 Q And when you say that:

2

3 "They would do anything, or  
4 nothing, to keep the agency at  
5 bay."

6

7 And that it was your opinion that:

8

9 "... it [was that] attitude ...  
10 [towards] the agency that has ...  
11 resulted in [the] agency's  
12 previous termination ... and not a  
13 lack of child welfare issues ..."

14

15 What, what did you mean?

16 A They were really not cooperative and that is  
17 pretty clear from the involvement and the records of  
18 involvement. So when they're not -- when nobody's  
19 providing information and that includes family and  
20 community, including the direct family, when nobody's  
21 providing information to support, you know, suspicions that  
22 we have, or concerns that we may have started out working  
23 with the family, you know, there's not much we can work  
24 with on the, on that. So this family was very clearly,  
25 they were very open in terms of their distrust of the

1 agency. They weren't going to -- they didn't want us  
2 around. So they would do whatever they could, or say  
3 whatever they could to not have us around. It's really  
4 that, it is that way. And that's not unusual for many  
5 families. I mean, it's not, because they don't want us  
6 there. We are intrusive and it's negative and people don't  
7 always view us as helpful, despite their concerns or  
8 abilities. They want to do the best they can. They don't  
9 want their child in care. They don't want us involved. So  
10 they will say, or they won't say what is going on, just to  
11 keep us away.

12 Q And so, when you record that you think that it  
13 was that attitude and not a lack of child welfare issues  
14 that caused the file to be closed, is that sort of further  
15 to what you were telling me earlier this morning, that is,  
16 that just because a, a family says no thanks, I don't want  
17 any help, that doesn't necessarily mean that the agency  
18 shouldn't still be investigating whether --

19 A Yes.

20 Q -- a child is in need of protection?

21 A Yes, and so, in my investigation, while I wasn't  
22 certain what I was going to find at the end of my  
23 involvement with the family, that is what I found out.

24 Q So at this point, in, in June of 2003, you're  
25 determining that more investigation needs to be done about



1 this family?

2 A Well, more, I guess more involvement, further  
3 assessment and further intervention, which would mean some  
4 support services, an assessment about their parenting  
5 capacity and commitment to Phoenix.

6 Q So not just investigation by the agency, but  
7 actually working with the --

8 A With the --

9 Q -- parents?

10 A -- family, yes.

11 Q Okay. And you felt that needed to happen before  
12 the level of risk to Phoenix in the care by the parent  
13 would change?

14 A Yes.

15 Q Okay. And we know that -- and you would have  
16 seen that from looking at the file, that the file was  
17 opened on April 24, 2000, in Ms. Kematch's name and then  
18 closed on July 6th, 2001. And then it was opened in Mr.  
19 Sinclair's name on July 6th, 2001 and closed on March 1st,  
20 2002. And then it's opened again in Mr. Sinclair's name,  
21 February 26, 2003?

22 A Um-hum.

23 Q So is that what you're referring to when, when  
24 you say that the previous terminations are probably as the  
25 result of family, of the family not wanting services? It's

1 that opening and closing?

2       A     It would be one of the things to consider. I'm  
3 not going to say that, at the time of closings, that the  
4 people involved hadn't felt that they had covered what they  
5 needed to cover with respect to assessing the risk, but my  
6 concern in that statement was that I don't know if the  
7 family was always being honest about what was actually  
8 happening in these circumstances, because of their mistrust  
9 and experiences with the agency. So perhaps that didn't  
10 allow those workers involved to have an accurate or honest  
11 assessment of what was actually going on with those  
12 families. They based their assessment on what -- on the  
13 information they had and that's what determined their  
14 involvement and then closures. So I can't say that they  
15 didn't do what they could to find out what was happening  
16 with those families. I think that they probably did, but  
17 if a family won't also honour that, then it's very  
18 difficult.

19       Q     And you talk about the mistrust that is common on  
20 the part of the family with respect to CFS; have you ever  
21 had any training in strategies to deal with resistant  
22 families, untrusting families?

23       A     I'm trying to think. I think there are some  
24 opportunities for that. I don't know, I don't recall  
25 exactly when that would have occurred for me. I know that,

1 in terms of discussions with our peers or supervisors, that  
2 is often a topic that we do discuss, because we mostly deal  
3 with uncooperative and hostile families.

4 Q So what strategies can you employ to overcome  
5 that?

6 A I found that it wasn't very helpful to come in  
7 with a real heavy hand. I found if you could show that you  
8 were respectful and not trying to be intrusive, but that  
9 you had a purpose, you had a role that you had to do with  
10 the family, that sometimes was a lot -- I got a little bit  
11 further with the family in my work with them. Because I  
12 have to remember that these are people and they make  
13 mistakes, they're not perfect. They got a call to CFS  
14 about them. Other families maybe have the same kind of  
15 circumstances, they don't get the call, because it just  
16 doesn't happen. So I have to find creative ways to be  
17 aware of their circumstances and how to work with that, so  
18 that I can build a relationship with them. Because that is  
19 what will help make some change. If you can't -- if they  
20 don't -- if they're not -- if you don't have a  
21 relationship, if you're disrespectful, if you're coming in  
22 with this, you know, attitude that is not positive, I don't  
23 find that that's very helpful. That's my personal style.  
24 Maybe that doesn't work for everybody else. And maybe it  
25 doesn't work all the time. But I think you get a lot

1 farther when you show people that you care and you're not  
2 there, I wasn't there to apprehend Phoenix right off the  
3 hop. I really wanted to help get things sorted, so that we  
4 wouldn't have to be involved. Because ultimately, we don't  
5 want to be involved with every family in the city.

6 Q Right. And when you say, at the end of your  
7 assessment, that:

8  
9 "... it would probably not be in  
10 [Phoenix's] best interests to be  
11 returned to either parent ...  
12 until they can show something to  
13 indicate that they can and will be  
14 more responsible and protective of  
15 her."

16  
17 What, what would you be looking for as an example  
18 of that?

19 A I think that they -- possible examples would have  
20 been, you know, a working relationship with their workers  
21 and actually, you know, more discussion about what was  
22 going on with them, in terms of personal life and issues.  
23 Obviously given the presenting concern of Steven's alcohol  
24 abuse, it seemed like that would be something that he would  
25 need to address and, and you know, look at dealing with.

1           With Samantha, probably -- I mean, both of them  
2 probably a parenting capacity assessment of some sort would  
3 be helpful maybe. But again, these are suggestions and  
4 these are my thoughts. It is really up to the family  
5 service worker to look at the information I presented and,  
6 and meet with the family and determine how can we actually  
7 resolve these issues?

8           Q     So you expected those assessments and, and  
9 interventions would be conducted by the family services  
10 worker?

11          A     Yes, that's their, that's their role. That  
12 wouldn't be all of intake to do.

13          Q     Okay.

14          A     Yeah.

15          Q     So then scrolling down on your summary, you've  
16 got a, the child profile. Again, is that part of the  
17 standard inclusion in a transfer summary?

18          A     Yes, yes, it was.

19          Q     Okay. Had you met Phoenix at this point?

20          A     I cannot recall meeting her. I don't know if I  
21 did or didn't in her placement. I, I know I did not meet  
22 her before she came into care, but I do not honestly recall  
23 if I saw her in her placement. I don't have a note on  
24 there. It -- I could have seen her during the case  
25 transition and maybe didn't include a note, but I honestly

1 do not remember meeting her.

2 Q And if you had seen her, would you have made a  
3 note of that?

4 A If it -- well, up until July 3rd, if I would  
5 have, at that point, I probably would have, but if the case  
6 is gone from me, I maybe didn't add anything further to  
7 that.

8 Q Okay. So let's go to the next page please and  
9 this is further demographic information about, about the  
10 child and the profile. And then you have a, a plan. So  
11 who's formulating this plan?

12 A I am.

13 Q Okay. Did you do it in consultation with your  
14 supervisor?

15 A Yes.

16 Q And the plan was to be carried out though by the  
17 family services worker?

18 A What I'm saying here -- I don't want to tell a  
19 family services worker what they should or should not do.  
20 What I'm suggesting is interventions and considerations, at  
21 this point, based on my involvement with the family.

22 Q And was that your standard practice --

23 A Yes.

24 Q -- to put in a plan in as a recommendation to the  
25 next worker?

1           A     It was what as required in the transfer summary,  
2     so --

3           Q     Okay.  So let's look at the plan.  Number one --  
4     and you do call it suggested interventions and  
5     considerations:

6

7                     "Assigned worker to establish ..."

8

9                     The assigned worker being the family services  
10    worker; right?

11           A     Yes.

12           Q

13                     "... to establish contact with  
14                     both parents to continue with a  
15                     further assessment of this  
16                     situation and their circumstances.  
17                     To date, there has been no contact  
18                     with the father ... despite this  
19                     worker's messages asking for him  
20                     to call.  There has been one  
21                     contact from Samantha.  It is  
22                     known that Steve and Samantha  
23                     harbor some resentment and  
24                     mistrust of the agency based on  
25                     their past experiences as children

1           in care and unfortunately this may  
2           present a barrier in the agency's  
3           interventions.    What the parents  
4           should or need to do if Phoenix is  
5           to be returned to their care is to  
6           be determined by the assigned  
7           worker upon their further contact  
8           [and] assessment of the family."

9

10           Then you've got:

11

12           "Court is scheduled for [July  
13           2nd]. The agency will attempt to  
14           have the parents served by a  
15           Process Saver as neither parent  
16           has made themselves available to  
17           this worker to have this done. As  
18           the ... file will be in transition  
19           from Intake to Family Service at  
20           the time of court, this worker  
21           will attend court on [July 2nd]  
22           with the expressed plan being that  
23           the file is being transferred to  
24           family service for further follow  
25           up and the agency will be



1                    requesting a short order of  
2                    temporary guardianship (three to  
3                    six months) to allow for further  
4                    assessment and to implement a plan  
5                    for reunification."

6

7                    Does that mean returning Phoenix to her family?

8            A        Yes.

9            Q

10                    "Any further requests or  
11                    requirements for court (long  
12                    particulars) shall be left to the  
13                    assigned family service worker to  
14                    complete."

15

16                    And then you say:

17

18                    "Family visits to be arranged by  
19                    the family service worker. As the  
20                    child is placed out of town, a  
21                    driver may need to be arranged.  
22                    Authority of Record and ADP ..."

23

24                    That's authority determination protocol?

25            A        Yes.

1 Q

2 "... forms were started, but not  
3 completed due to the [the]  
4 family's lack of response to  
5 worker's efforts to make contact.  
6 This worker will keep the forms  
7 with the intent to complete them  
8 with the parents at court on [July  
9 2nd]. The ADP forms will be  
10 forwarded to the assigned worker."  
11

12

And then:

13

14 "Any pertinent information  
15 received by this worker during the  
16 file's transfer from Intake to  
17 Family Service shall be recorded  
18 by this worker and forwarded to  
19 the assigned Family Service  
20 worker."  
21

22

23 So can you just tell us what item number 4 is  
24 referring to please?

25

A In my earlier testimony, I talked about the  
25 process by which families were provided the opportunity to

1 choose which agencies would provide service to them. So we  
2 would have to meet with them to determine their, if they  
3 were aboriginal or not, or what their cultural background  
4 was and to offer them the opportunity to make a choice as  
5 to which agency would provide services to them.

6 Q Okay. And then, on the next page, you have your  
7 addendum. It's two pages, as we saw. So why did you write  
8 this addendum?

9 A It was after court and the information about  
10 court is relevant, so I wanted to ensure that the worker  
11 would have that, along with the, my intake summary.

12 Q Okay. And so you outline it at, your attendance  
13 in court. And in the second paragraph, you say you:

14

15 "... attended court on July 2,  
16 2003. Also in attendance was  
17 Samantha Kematch, Phoenix's mother  
18 and a family friend by the name of  
19 Ron Stephenson ..."

20

21 Had you ever met Mr. Stephenson before?

22 A No, I had not.

23 Q Okay.

24

25 "Ron informed me that he and his

1           wife Kim have provided care to  
2           Phoenix for 30 to 50 percent of  
3           the time that Steve has had her in  
4           his care. Ron was there because  
5           he wanted to know if there was  
6           anything that he could do to help  
7           and also expressed an interest in  
8           being a placement for her if that  
9           was needed. Samantha stated that  
10          she would prefer the child stay  
11          with Ron than anyone. Steve did  
12          not appear at court. Ron stated  
13          that he talked to him the night  
14          before and was expecting him to  
15          show up. Ron stated that Steve  
16          does binge drink, and that he  
17          apparently said he would go to AA.  
18          Worker requested a three month  
19          temporary order of Phoenix with  
20          the agency's plan to work with  
21          mom, possibly with dad to resolve  
22          the issues of concern so that  
23          Phoenix could be reunited with a  
24          parent and to explore a friend of  
25          family as a possible placement.

1 Samantha consented to the plan,  
2 even after having the opportunity  
3 to speak with a legal aid  
4 representative."

5

6 And then you say:

7

8 "Worker learned that Samantha has  
9 been in a relationship ... for two  
10 years. [This person] has met  
11 Phoenix and has some knowledge  
12 about the situation, but Samantha  
13 did not feel comfortable  
14 discussing all the issues in front  
15 of him. [That person] accompanied  
16 Samantha to court.

17 After court worker obtained  
18 particulars from Ron about his  
19 family for the purposes of  
20 assessing their suitability for a  
21 place of safety. Ron and Kim  
22 Stephenson reside at 1331 Selkirk  
23 Avenue ..."

24

25 And do we understand that to be Kim Stephenson

1 is, is actually Kim Edwards?

2 A Yes, I, I guess so.

3 Q You know that now?

4 A I know that now, but at the time --

5 Q Right.

6 A -- that was what I heard --

7 Q Right.

8 A -- yes.

9 Q

10 "Ron's date of birth is November  
11 10, 1970 and Kim's is August 5 ...  
12 They have three children ... Ron  
13 is employed as a support worker to  
14 quadriplegic persons residing at  
15 1010 Sinclair and Kim is  
16 unemployed. Ron and Kim have  
17 provided a lot of care to Phoenix  
18 and would be very interested in  
19 being a placement resource for  
20 her. I advised Ron that this  
21 information would be forwarded to  
22 the assigned worker for further  
23 assessment."

24

25 So this is information based on meeting with Ron

1 and Kim on the court date?

2 A With Ron and Samantha, I have never met Kim.

3 Q So Kim was not in attendance?

4 A No, she was not.

5 Q Okay.

6

7 "E-mails were exchanged between

8 this worker and Heather.

9 Edinborough on July 3, 2003

10 regarding the case."

11

12 Now, who was Heather Edinborough?

13 A She's a supervisor of the assigned family service  
14 worker.

15 Q So Stan Williams' supervisor?

16 A Yes.

17 MS. WALSH: Okay.

18 THE COMMISSIONER: Let me just ask, who, from the  
19 department, attended the court hearing? You were there?

20 THE WITNESS: I did.

21 THE COMMISSIONER: Were you the sole person?

22 THE WITNESS: I was the worker that was there,  
23 yes.

24 THE COMMISSIONER: And what -- and had it already  
25 been decided that the file's going to be transferred to

1 Williams?

2 THE WITNESS: I'm not certain if I knew if it was  
3 Stan on that date or not --

4 THE COMMISSIONER: So he --

5 THE WITNESS: -- on the date of court, the 2nd.

6 THE COMMISSIONER: -- he wasn't, he was, he  
7 wasn't there?

8 THE WITNESS: He was not there, no. The  
9 agreement was that I would attend court on --

10 THE COMMISSIONER: Before you --

11 THE WITNESS: -- as a courtesy --

12 THE COMMISSIONER: -- before you --

13 THE WITNESS: Yes.

14 THE COMMISSIONER: -- finished the transfer?

15 THE WITNESS: Transfer was finished and it was,  
16 it was forwarded to the family service unit. But in the  
17 timing of it, I agreed to go to court to assist in that  
18 process, to keep things moving along and because I was  
19 familiar with the case and could speak to it and Stan would  
20 have not had the file yet.

21 THE COMMISSIONER: Thank you.

22

23 BY MS. WALSH:

24 Q So you've indicated that you exchanged e-mails  
25 with Heather Edinborough, who was the supervisor of the



1 family services worker who was going to receive the  
2 file?

3

4 "Worker asked if it would be  
5 possible for the now worker to  
6 complete the ADP forms given  
7 Steven's lack of response ..."

8

9 Those are the authority determination forms?

10 A Yes.

11 Q

12 "... and Heather indicated that  
13 this could be possible. Worker  
14 committed to attend court again on  
15 July 9, 2003 to speak about the  
16 plan for Anishinaabe CFS."

17

18 What was that about?

19 A They weren't at the first court hearing. I  
20 believe the one in West Region was, but Anishinaabe was  
21 not.

22 Q Okay. And we'll look at --

23 A Or they did not have the information. I'm not  
24 clear what, but I had to speak to the plan to that agency  
25 as well.

1           Q     All right.  And then on the next page, you say  
2 that you:

3

4                     "... spoke with Ron Stephenson on  
5                     July 7, 2003.  He has tried to  
6                     make contact with Steve but has  
7                     had no success.

8                     A message was left for Samantha on  
9                     July 7, 2003 advising her of the  
10                    name and telephone number of her  
11                    new worker."

12

13                    That would be Mr. Williams then?

14           A     Yes, that's correct.

15           Q

16                    "The started ADP forms and a hard  
17                    copy of this addendum sent to the  
18                    assigned worker Stan Williams on  
19                    July 7, 2003."

20

21                    And then you note:

22

23                    "Samantha Kematch has a file with  
24                    the agency that is currently  
25                    closed.  If she resumes care and

1 control of Phoenix, her file will  
2 need to be reopened."

3

4 Q Why did you include that?

5 A Because my file pertained to Steven, so if they  
6 were looking at Samantha, they would have to look at  
7 that -- it's a different file. They're, they're two  
8 completely different files. So it was just a notation just  
9 to have them know that, yeah.

10 MS. WALSH: Mr. Commissioner, I'm about two-  
11 thirds of the way through my examination of this witness.  
12 This be an appropriate time, from your perspective, to take  
13 a break?

14 THE COMMISSIONER: Yes, and then I understand  
15 that we have to set her down for awhile, while there's  
16 another witness coming; is that right?

17 MS. WALSH: That's correct, a witness who was  
18 originally scheduled to testify yesterday has been good  
19 enough to come back today. I don't imagine that that  
20 witness will take more than an hour at the most. So if Ms.  
21 Forrest would be good enough to come back this afternoon,  
22 after that, just wait until that witness has testified and  
23 then we'll resume your evidence --

24 THE COMMISSIONER: Well --

25 MS. WALSH: -- yes.

1 THE COMMISSIONER: -- if she's back at three  
2 o'clock, if, if the other witness gets finished, we'll take  
3 our break or, or do you want her here at 2:45?

4 MS. WALSH: Thinking maybe 2:45.

5 THE COMMISSIONER: Yeah, we -- don't forget --  
6 yeah, the -- you, you're not sure how long the other  
7 witness will be, because there's other questioning,  
8 but --

9 MS. WALSH: Well, that, I'm factoring that  
10 into --

11 THE COMMISSIONER: All right.

12 MS. WALSH: -- to my --

13 THE COMMISSIONER: All right.

14 MS. WALSH: -- time assessment. Yes, you're  
15 absolutely --

16 THE COMMISSIONER: So, so --

17 MS. WALSH: -- right.

18 THE COMMISSIONER: -- if you can come back at  
19 2:45, witness?

20 THE WITNESS: Yes, I can.

21 THE COMMISSIONER: Thank you.

22 THE WITNESS: Thank you.

23

24 (WITNESS ASIDE)

25

1 THE COMMISSIONER: All right. We'll rise now  
2 until two o'clock.

3 MS. WALSH: Thank you.

4 THE WITNESS: Thank you.

5

6 (LUNCHEON RECESS)

7

8 THE COMMISSIONER: Mr. Olson?

9 MR. OLSON: Ms. Humenchuk, you're the --

10 MS. WALSH: She hasn't been sworn.

11 MR. OLSON: Oh, sorry. Has she been sworn?

12 No.

13 THE CLERK: Is it your choice to swear on the  
14 Bible, or affirm without the Bible?

15 THE WITNESS: Affirm without the Bible,  
16 please.

17 THE CLERK: All right. Just stand please. State  
18 your full name to the court.

19 THE WITNESS: Nikki Humenchuk.

20 THE CLERK: Spell me your first name?

21 THE WITNESS: N-I-K-K-I.

22 THE CLERK: And your last name please?

23 THE WITNESS: H-U-M-E-N-C-H-U-K.

24 THE CLERK: Thank you.

25

1                           **NIKKI           HUMENCHUK,**           affirmed,  
2                           testified as follows:

3

4                           THE CLERK:   Thank you.

5

6   DIRECT EXAMINATION BY MR. OLSON:

7           Q    Ms. Humenchuk, your previous name, last name, was  
8 Taylor?

9           A    Yes, that's correct.

10          Q    And so we've heard from other witnesses that  
11 there was a Nikki Taylor involved in advocating for Steve  
12 Sinclair and Samantha Kematch and that would be, that would  
13 be you?

14          A    Yes, it would.

15          Q    Yeah.        Just in terms of your educational  
16 background, you have a Bachelor of Arts and also a bachelor  
17 psychology?

18          A    A Bachelor of Arts in Psychology, yes.

19          Q    Okay.     And I understand that when you were  
20 involved in this file, you were employed by the Boys and  
21 Girls Club?

22          A    Yes.

23          Q    And in what year did you start working for the  
24 Boys and Girls Club?

25          A    In June of 1999.

1 Q Okay. And for how long were you employed there?

2 A Four years.

3 Q And I understand you started working, you started  
4 Winnipeg Boys and Girls Club Aberdeen Club?

5 A Yes.

6 Q And where is that?

7 A That's on Stella Avenue.

8 Q Okay. And so that would be in the North End of  
9 the city?

10 A Yes, it would.

11 Q What was your position?

12 A I was supervisor.

13 Q And I understand, as well as being supervisor,  
14 you also managed staff and saw the running of the club and  
15 also worked with clients; is that --

16 A Yes, that's all the duties.

17 Q So you really, you did everything?

18 A YES.

19 Q Okay.

20 A Not by myself, but yes.

21 Q Not by yourself, with help --

22 A Yeah.

23 Q -- but -- and so, so what sort of programs would  
24 you oversee as supervisor?

25 A Well, we had a variety of programs at that

1 particular drop-in centre, from employment programs, we ran  
2 a healthy choices program, we had a girls' group and  
3 sometimes various summer programs would come into effect,  
4 just for the summer months.

5 Q Okay. And the population you would serve was?

6 A Like, the number of kids that would come through?  
7 Or the --

8 Q Yeah, what sort of -- who would attend the club?

9 A School aged children from grade 1, so about six  
10 or seven years old, up to 18, but we flexed on that and  
11 allowed youth over the age of 18 to come.

12 Q Okay. So, so formally, you serviced people up to  
13 age 18, but people beyond that age would attend the club?

14 A Yes.

15 Q And was there any cost, or any fees, or any  
16 charges to attend the club?

17 A No, all services were free.

18 Q Okay. Now, in terms of the services that were  
19 provided by the facility, I understand there was an after  
20 school program for children and teenagers?

21 A Yes.

22 Q Okay. And there were also computers available?

23 A Computers, a pool table, video games, snacks,  
24 crafts.

25 Q And you would -- you mentioned there were -- you



1 would assist with helping clients find employment?

2 A Yeah, we had an employment program that some of  
3 the teens would attend in the summer time to do some  
4 employment services, résumé writing, how to go through a  
5 job interview, how to be dressed at a, at an interview,  
6 those kinds of things.

7 Q Okay. Do you know how many staff you had? And  
8 this is, this would be in and around 2001/2002?

9 A There would have been probably two to three full  
10 time staff, including myself, probably two part-time staff  
11 and we -- or three part-time staff and we had volunteers  
12 and casual staff as well.

13 Q Okay. And do you recall approximately the number  
14 of people that, clients that the club had? Did you keep  
15 track of that?

16 A We did keep track of it. It varied from day-to-  
17 day. We were open seven days a week. On average, I would  
18 say there was anywhere between 30 and 60 kids that would  
19 come through in a day.

20 Q So it sound, sounds like it was a pretty busy  
21 place then?

22 A It was a busy place.

23 Q Yeah. And in terms of accessing it, there were  
24 no costs, but were there any other criteria, other than  
25 showing up?

1           A     No other criteria, there were just some rules  
2 associated with being allowed in the club.

3           Q     Okay. And, and what were those rules?

4           A     You couldn't be under the influence of drugs or  
5 alcohol, no gang colours, no violence in the club and no  
6 weapons.

7           Q     So, for example, if someone showed up under the  
8 influence, would they be denied entry?

9           A     They'd be asked to leave and to try again the  
10 next day.

11          Q     Okay.

12          A     And reminded of the rule.

13          Q     Right. When, what, when did you, for how long  
14 did you hold you position at the club?

15          A     I was supervisor until January of 2002. I  
16 started another job at that time and so I stepped down from  
17 supervisor, but I continued to run a program that I had,  
18 was already in the middle of running until June of that  
19 year.

20          Q     Until June of?

21          A     2002.

22          Q     June 2002?

23          A     No, sorry, that was June of 2003, I believe.

24          Q     Right.

25          A     Yeah, sorry, three.

1 Q And while you were working at the Boys and Girls  
2 Club, were you taking any other education relevant to that  
3 position?

4 A I was. Sometime around 2001, I began taking an  
5 applied counselling course through the University of  
6 Manitoba.

7 Q So that was during your time working at the club?

8 A Yes.

9 Q And were you specializing in any, any area?

10 A Eventually, I ended up specializing in addictions  
11 studies.

12 Q Okay. I understand after the Winnipeg Boys and  
13 Girls Club, you were hired by the Addictions Foundation of  
14 Manitoba?

15 A Yes.

16 Q Okay. Are you currently there?

17 A I am still there, yes.

18 Q Okay. Now, just in terms of your work history,  
19 you were a family support worker for Child and Family  
20 Services at one point?

21 A Yes, long before I was involved with Boys and  
22 Girls Club.

23 Q Okay. Do you recall when that was?

24 A I believe it was 1994 to probably January of '95.

25 Q Okay. So it -- that was a fairly short --

1 A It was a fairly short period of time, yes.

2 Q Okay. At the Boys and Girls Club, I understand  
3 that your position involved outreach to clients?

4 A Yes.

5 Q And how was that done?

6 A On an as needed basis, clients would come in and  
7 maybe specify something they needed some help with, or  
8 families in the community as well and we extended our  
9 services beyond the doors of the club and within the  
10 community and the families of club members.

11 Q So would you actually go out into the community?

12 A Yes.

13 Q Okay. And did you carry sort of a, a number of  
14 clients, or be involved with a number of clients?

15 A We called them club members and none of us  
16 carried anybody specifically. If we were identified by a  
17 club member as a support to them, then we would be the one  
18 that would most commonly provide that support. But many of  
19 the clients felt comfortable with a number of the staff.

20 Q So they could approach anybody for support?

21 A Yes, yeah.

22 Q Now, when it came to Ms. Kematch and Mr.  
23 Sinclair, they had identified you as their advocate or  
24 support worker?

25 A Yes, they identified me as a support to Winnipeg

1 Child and Family Services.

2 Q And is that a, is that a role that you would play  
3 for other clients as well?

4 A Yes.

5 Q And what did that involve?

6 A With Steven and Sam, or with others?

7 Q Just, first, just generally?

8 A Just generally? If anybody identified us as a,  
9 as a support, it might mean helping with transportation,  
10 getting them to court or an appointment. It might mean  
11 helping find resources or services for them in the  
12 community, or in Winnipeg. Yeah, that was probably pretty  
13 much what we did.

14 Q Okay. And would you do things like assess  
15 parenting skills?

16 A Not formally, no.

17 Q Not formally? Okay. If you did notice problems  
18 with parenting skills, or concerns, would you report them  
19 to --

20 A Absolutely, yeah, we, like everybody else, needs  
21 to report to Child and Family Services if we recognized any  
22 abuse or issues, yeah.

23 Q And that's something you're, you were certainly  
24 aware of?

25 A Oh yes and I had called on some occasions, yeah.

1 Q Okay. Not with respect to --

2 A Not Steven and Sam, but other members.

3 Q Okay. Do you recall when you first became  
4 involved with Steve Sinclair and Samantha Kematch?

5 A They were already members of the club when I  
6 became employed there, so that's when I very first met  
7 them.

8 Q Okay. And again, you said you, you were first  
9 employed --

10 A June of 1999.

11 Q -- 1999? And so when did you actually first, I  
12 guess, start dealing with Steve Sinclair?

13 A Sometime after my employment. They were members  
14 of the club, they would come there and that's how I got to  
15 know them and they would always come as a couple.

16 Q Okay. So you knew them as a couple?

17 A Yes, they were a couple from the time I knew  
18 them.

19 Q And so that would have been in 1999?

20 A Yes.

21 Q And at that time, how often would they frequent  
22 the club?

23 A At that time, I would say anywhere between three  
24 and five days a week. We were open seven days a week.  
25 Teens didn't come as regularly on the weekends, because we

1 ran daytime hours. So I think we started at 10:00 in the  
2 morning.

3 Q And what, what sort of activities, or things  
4 would they do at the club?

5 A Steve was an excellent guitar player. He often  
6 played guitar and mentored younger members, to teach them  
7 to play guitar. He would play pool. He would have  
8 whatever snacks, sometimes even help out in the kitchen a  
9 bit and make snacks. We allowed the older ones to  
10 sometimes make their own. Use the computer, maybe watch a  
11 movie or something on TV.

12 Q Okay. And was there a peer group that they  
13 associated with that attended the club?

14 A They, I think some of them became a bit of a peer  
15 group just in that they attended the club together. He had  
16 a couple of other friends that would come frequently with  
17 them and they would socialize with others, but I don't  
18 think they generally socialized outside of the club with  
19 many of the other members.

20 Q Okay. So it was mostly within the club?

21 A Yes.

22 Q And what about Samantha Kematch, what, what would  
23 she do at the club?

24 A She was often interested in what was happening in  
25 the kitchen, so she would often come in and make a snack,

1 or, or have a snack. She would also go on the computer,  
2 watch movies, chat with other members or staff primarily.

3 Q Okay. At some point, they identified you as  
4 their advocate?

5 A Yes.

6 Q Do you -- when -- do you know when that  
7 relationship sort of formed, where they started to view you  
8 as their advocate, at least from your perspective?

9 A I think at one time, the time that I probably  
10 felt that they trusted me and needed some help, was  
11 sometime and I'm, I'm not even sure on the timeline, but  
12 they both needed their wisdom teeth out and they needed  
13 transportation to and from the office and you can't, they  
14 couldn't release them on their own, because they were both  
15 getting their wisdom teeth done and they needed to be  
16 released to somebody who could get them back home and make  
17 sure that they were okay. So that was the first time that  
18 I remember doing anything on a, on an outreach type basis  
19 with them.

20 Q Okay. So you provided that service?

21 A I provided the transportation, took them home,  
22 got their prescription filled and, and made sure they were  
23 okay and had food that they could eat during their recovery  
24 time.

25 Q Do you recall if you ever actually went into



1 their residence?

2 A Yes.

3 Q Okay. And did you have any observations? Do you  
4 recall when that was?

5 A I know I did go into their home after Phoenix was  
6 born, so --

7 Q Okay.

8 A -- but likely before she was born is probably  
9 when they had their wisdom teeth out, I'm, I'm believing,  
10 or, or maybe it was during the period of time just after  
11 Phoenix was born. I'm not clear on exactly the timeframe,  
12 but yes, I did go in their home.

13 Q Okay. What, if anything, did you know about Ms.  
14 Kematch?

15 A About her past?

16 Q In terms of her past?

17 A That she'd been in foster care. That she had an  
18 alcoholic mother. She wasn't terribly close to her family.  
19 Her brother, Mickey Kematch, used to come to the club as  
20 well. I knew she had other siblings, but I didn't know any  
21 details about them. That was all that I knew directly.

22 Q Okay. And how did you learn this information?

23 A Over time, her telling us.

24 Q So she would share that with --

25 A Yes.

1 Q -- you? Okay.

2 A Yeah.

3 Q And was she -- I mean, would you describe her as  
4 someone who was willing to share that type of information  
5 with you openly?

6 A No.

7 Q Okay. So did you have to work with her to get  
8 it, get that information?

9 A I think, over time, trust was built and she would  
10 share bits and pieces of that, or just in discussion, you  
11 know, with other teens, sharing things, she might offer  
12 some information about herself, but no, she wasn't an open  
13 book.

14 Q Okay. How would you describe, describe her?

15 A Immature, cognitively delayed, trouble with  
16 showing emotions and expressing her feelings.

17 Q And did you ever experience her be violent or  
18 aggressive?

19 A No, not within the club, no.

20 MR. OLSON: Okay.

21 THE COMMISSIONER: How old was she when, when you  
22 were involved with her at the club?

23 THE WITNESS: Eighteen and 19 years old, I  
24 believe.

25 THE COMMISSIONER: Nineteen when she --

1 THE WITNESS: Eighteen and 19.

2 THE COMMISSIONER: -- eighteen?

3 THE WITNESS: Um-hum.

4

5 BY MR. OLSON:

6 Q And in terms of Steve Sinclair, how would you  
7 describe him?

8 A Quiet, shy, surprisingly quite sweet, down to  
9 earth, all around a, a, a really nice guy.

10 Q Okay. And did you know anything about his  
11 background?

12 A Probably even less than Samantha's, except that  
13 he was as a child-in-care. He had a few siblings. I had no  
14 idea how many, or what ages they were. That was about all.

15 Q Okay. And did either of them ever share any  
16 concerns they had with respect to Child and Family  
17 Services?

18 A That it wasn't a great experience being a child-  
19 in-care and one of the things that we eventually set up  
20 with them at the club is the Winnipeg Boys and Girls Club  
21 also runs, not in our particular club, but in the main  
22 office, their, under their umbrella is the voices youth and  
23 care network and it's an advocacy for kids who have been in  
24 care, or are currently in care. So we set up a meeting  
25 with the person there and they attended a brief -- or at

1 least Steven attended a brief group in talking and sharing  
2 their experiences about being in care.

3 Q Okay. You said Steven attended?

4 A Steven did. I don't believe Samantha did. I  
5 believe Steven and Mickey, actually, Samantha's brother,  
6 both attended that group --

7 Q Okay.

8 A -- with some other club members.

9 Q And was that just one session, as far as you  
10 know?

11 A One or two, yeah, it was a very brief --

12 Q Yeah, okay.

13 A -- experience.

14 Q And they -- so he didn't become more involved in  
15 that --

16 A No.

17 Q -- as far as you know?

18 A No.

19 Q Okay. And approximately when was that? Was that  
20 after Phoenix was born, or prior?

21 A I believe it was prior.

22 Q Okay. You mentioned that you thought that Ms.  
23 Kematch might be delayed mentally?

24 A Yes.

25 Q And what --

1           A     Cognitively, yes.

2           Q     -- cognitively, and what gave you that  
3 impression?

4           A     She struggled with a lot of language, often would  
5 ask for clarification on what things meant. She was not  
6 very in tune to her emotions. She was not connected to  
7 people easily and readily. She would often be teased by  
8 either her brother or Steve as being kind of dumb, if a  
9 joke, or something, was made and she didn't understand it.  
10 She seemed to have not have a lot of understanding of  
11 certain terms and, and just the way things were done. She  
12 seemed to have a lot of immaturity.

13          Q     Okay. And was that apparent to you sort of  
14 immediately when you met her, or did it take some time?

15          A     It, I think it took some time. I probably didn't  
16 notice that right away.

17          Q     Okay. Were you aware, at any time, whether or  
18 not Ms. Kematch, or Mr. Sinclair were using any substances?  
19 Alcohol, drugs?

20          A     I was aware at times that they would drink on  
21 weekends or evenings. There was the odd conversation that  
22 would happen on, you know, what, what did you do this  
23 weekend? And they would report that there was some  
24 drinking. I never saw them come to the club under the  
25 influence of anything and they were never asked to leave

1 due to being under the influence of anything.

2 Q Okay. One of the things you said would prevent  
3 someone from gaining access to the club would be if they  
4 showed up wearing, I guess, gang colours and --

5 A Yes.

6 Q -- that sort of thing? Was that ever a concern  
7 with either of them?

8 A No, not at all.

9 Q Okay. Were you aware, when Ms. Kematch became,  
10 was pregnant, was there a time you learned that?

11 A I learned that on the day Phoenix was born.

12 Q Okay. So prior to that, had she and, and Steve  
13 been spending time at the club?

14 A Yes.

15 Q And was there any indication by either of them  
16 that there was a pregnancy?

17 A No indication verbally by either of them. It was  
18 increasingly evident to myself and the staff that there was  
19 a possibility she was pregnant, just by her increasing  
20 size.

21 Q She never shared that with you?

22 A Absolutely not.

23 Q And Steve never shared that with you?

24 A No.

25 Q And did that strike you as odd?

1 A Yes.

2 Q Okay. Were you aware of whether or not Ms.  
3 Kematch had any other children?

4 A I believe I learned that after Phoenix was born.

5 Q Okay. So prior to Phoenix's birth, you didn't  
6 know that?

7 A I didn't know.

8 Q Okay. Did you -- so you learned on the, on the  
9 day Phoenix was born?

10 A That she was pregnant?

11 Q That she was pregnant?

12 A Yes.

13 Q And how is it you learned?

14 A There was a telephone call that evening to the  
15 Boys and Girls Club and I answered the phone and it was  
16 Steven and he said, we're at Health Sciences Centre and  
17 Samantha just had a baby.

18 Q Okay. And just before I go into that further,  
19 did, did you get the impression that she was trying to  
20 conceal her pregnancy?

21 A Yes.

22 Q And what gave you that impression?

23 A Throughout the winter, she seemed to be gaining  
24 weight and eating an awful lot more than usual and wore a  
25 down-filled jacket in the club the whole time, even though

1 it was a heated environment. And in the spring, she  
2 switched that to another type of jacket that wasn't quite  
3 as warm, but still refused to take it off at any time.

4 Q Okay. And during that time, up until the birth  
5 of Phoenix, were they still attending the centre four or  
6 five times a week?

7 A Yeah.

8 Q Okay. And then after Phoenix's birth, did they  
9 continue to attend the centre?

10 A They did continue to attend. Not quite as  
11 regularly once they ended up with Phoenix back in their  
12 care.

13 Q Okay. So you found out she was pregnant by a  
14 call from Steve Sinclair?

15 A Yes.

16 Q And did he ask you to come to the hospital?

17 A He said, we're at the hospital, Samantha just had  
18 a baby. It was apprehended by Child and Family Services,  
19 we don't know what to do now.

20 Q Okay. And what, what did you -- how was -- what  
21 was your reaction when you got that call?

22 A Shock and I think I just said, I'll be right  
23 there.

24 Q Okay. And then what did you do?

25 A I drove to the hospital, met them in their room,



1 asked them what had happened, why the baby was apprehended.  
2 We had a brief discussion and they gave me the -- I asked  
3 if there was a number or a name left by the Child and  
4 Family Services worker that we could contact and they  
5 showed me the worker's card.

6 Q Okay. And did you recognize the name on the  
7 card?

8 A Yes, I did.

9 Q And why was that?

10 A It was Marnie Saunderson, who's my first cousin.

11 Q Okay. And we heard from Marnie Saunderson, some  
12 time ago, that because of that relationship, there was a  
13 conflict of interest --

14 A Yes.

15 Q -- and she'd -- a new worker had to come on to  
16 the file --

17 A Yes.

18 Q -- eventually? What, what did you talk to -- if  
19 you can recall, what sort of conversation did you have with  
20 Steve and Samantha with respect to why Phoenix was  
21 apprehended?

22 A They told me that they think Phoenix was  
23 apprehended because they admitted to a nurse that they had  
24 had no prenatal care. They didn't have a doctor who had  
25 been looking after Samantha and they weren't -- they had

1 hidden the pregnancy and they weren't really sure if they  
2 were ready to parent.

3 Q Okay. And do you recall if anything else was  
4 discussed?

5 A I don't recall anything else.

6 Q Okay. And do you have a, an actual recollection  
7 of, of this happening?

8 A Yes. I have no formal notes or files --

9 Q Right.

10 A -- we didn't keep files on our --

11 Q Okay.

12 A -- club members.

13 Q So everything you're telling me is based on your  
14 recollection?

15 A Yes.

16 Q Now, did you have any discussion with Marnie  
17 Saunderson?

18 A I did, the following day.

19 Q Okay. Before we get to that, did you, did you --  
20 what happened after you attended the hospital? Did you  
21 bring them somewhere?

22 A No --

23 Q Okay.

24 A -- they stayed in hospital.

25 Q They stayed? Okay. And then you had a

1 conversation with Ms. Saunderson the next day?

2 A Yes.

3 Q And what was that conversation about?

4 A I said I understand you were at Health Sciences  
5 Centre yesterday and apprehended a, a baby and met with a  
6 family? They happen to be members of the Boys and Girls  
7 Club and they have called me and I came to talk to them  
8 about it. And I think Marnie had already known this, at  
9 that time, because I think Steven had actually contacted  
10 her before I did.

11 Q Okay. So you think Steven had called her and --

12 A Yes.

13 Q -- let her know? And I meant to ask you, did  
14 Steve or Samantha tell you that they had not planned on, on  
15 caring for the baby initially?

16 A They just told me what they had said to the  
17 nurse. They never told me that they had no, no desire to  
18 parent. They just said that that's what they had told the  
19 nurse.

20 Q Okay. And did that come up at all then, whether  
21 or not they wanted to parent Phoenix at the time?

22 A That I don't recall.

23 Q Okay. Now, you, you've been described as their  
24 advocate?

25 A Yes.

1 Q Was it your understanding that they wanted your  
2 assistance to regain custody of Phoenix?

3 A I believe they asked me to help them in a few  
4 different ways and I guess it depends on how one would  
5 define advocacy. My, my advocacy for them, or support to  
6 them was to navigate the child welfare system and any of  
7 the expectations that were set out for them. I wasn't  
8 necessarily advocating whether they got their child back or  
9 didn't get their child back. That wasn't for me to judge,  
10 or for me to decide, it was just to help them navigate that  
11 system.

12 Q Okay. After you attended the hospital, when was  
13 the next time you had some contact with either of them?

14 A The next time that I recall, we -- which was  
15 likely a day, couple of days maybe after that, Steven and  
16 (inaudible) -- bless you.

17 THE COMMISSIONER: Sorry.

18 THE WITNESS: That's okay. I drove Steven and  
19 Samantha to the Child and Family Services office, to meet  
20 with my cousin, Marnie, who was the worker at the time, in  
21 order for the file to be transferred to her supervisor at  
22 that time.

23

24 BY MR. OLSON:

25 Q Okay. And was that the first -- there were,

1 there were visits arranged with Steve, Samantha and  
2 Phoenix --

3 A Yes.

4 Q -- would that have been the first visit then?

5 A I believe that was the first time they got to  
6 Phoenix as well.

7 Q Okay. And according to the records, it looks  
8 like that would have been about April 27th, 2000; does that  
9 sound right?

10 A That sounds accurate, yes.

11 Q Okay. And what do you recall about that meeting?

12 A I recall my cousin handing -- saying that the,  
13 the file was going to be handed over to her supervisor,  
14 Andrew Orobko. We met him. There was a meeting between  
15 all of us, or at least -- I'm not sure if, if Ms.  
16 Saunderson was in on that meeting or not at that time. She  
17 may have excused herself. I was asked to leave for a  
18 period of time, so there could be a discussion with Steven  
19 and Samantha without me in the room. And then I sat in the  
20 room when they had Phoenix as well, so I got to see her and  
21 hold her as well.

22 Q Okay. And did you have a chance to observe each  
23 of the new parents with Phoenix?

24 A Yes.

25 Q And what were your observations?

1           A     They seemed interested in seeing her.  I mean,  
2 they hadn't seen her for a period of time.  They were  
3 holding her.  She was a newborn, so she wasn't terribly  
4 interactive.  They held her, each of them, they had -- I, I  
5 took a turn holding her.  They seemed interested and caring  
6 and loving towards her.

7           Q     And when you say "they", you mean both Samantha  
8 and Steve?

9           A     Both of them, yes.

10          Q     Okay.  Was it unique for you to attend this sort  
11 of a meeting between CFS and, and parents?

12          A     Unique in the fact that I had not done that  
13 before with any other club members, but not unique that I  
14 haven't sat in on other meetings with other agencies, or,  
15 or organizations with other members.

16          Q     Okay.  Now, after the meeting, did you have any  
17 further interaction with Mr. Orobko?

18          A     Not that I do recall.

19          Q     Okay.  And was there any sort of understanding as  
20 to what would, would happen following the meeting?

21          A     I believe there was some expectations set out for  
22 them at that meeting, or one, a meeting shortly after that.  
23 They -- I believe it was discussed what the visitation  
24 schedule would be like and possibly, I'm not sure if it was  
25 that meeting, or another one, that it was going to be

1 switched from the Portage Avenue office, to the Jarvis  
2 office, which is was in their area.

3 Q So it'd be closer for them too?

4 A Closer for them, yes.

5 Q And a plan, was the plan then, they would  
6 continue to have access visits with Phoenix?

7 A As set out by Child and Family Services, yes.

8 Q Right. At Child and Family Services --

9 A At the office, yes.

10 Q -- Jarvis? And were you to attend these  
11 meetings?

12 A I don't think I was -- necessarily had to, I  
13 think I was asked to by Steven and Samantha and I did  
14 attend a few other meetings, yes.

15 Q Okay. And in terms of any services that CFS was  
16 asking from you --

17 A Yeah.

18 Q -- was there anything? Were you to --

19 A We were their telephone service. They didn't  
20 have a telephone at the time. So if Child and Family  
21 Services or anybody else needed to reach them, they would  
22 leave a message for them there. They also enrolled,  
23 shortly after that, in one of our summer employment  
24 programs, so they were --

25 Q Okay.

1           A     -- there on a daily basis, Monday to Friday, to  
2 participate in this program, so it was quite easy to reach  
3 them at the club at that time.

4           Q     Okay.  And were you aware of any conditions that  
5 they were required to meet?

6           A     Yes.

7           Q     Okay.  How did you become aware of those?

8           A     I believe I was in on that meeting and it was set  
9 out as to what they were going to need to --

10          Q     Okay.

11          A     -- fulfill.

12          Q     We've heard that the evidence, we've heard that  
13 the file was transferred on May 5th, 2000, for ongoing  
14 services, to Kerri-Lynn Greeley?

15          A     Yes.

16          Q     And do you recall having interactions with her?

17          A     I recall phone conversations with a Child and  
18 Family Services worker.  Until this inquiry, I, I couldn't  
19 remember who it was.

20          Q     Okay.  And do you recall the specifics of the  
21 telephone conversations?

22          A     Mostly over setting up meeting times, talking  
23 about some of the expectations.  I had offered to help  
24 Samantha complete a part of her -- an, an expectation for  
25 her in the agreement, which was to get a psychological



1 assessment.

2 Q Okay. And so that's something you were going to  
3 help her with?

4 A Yes.

5 Q Okay. And Ms. Greeley was -- you told Ms.  
6 Greeley you would do that?

7 A Yes.

8 Q Okay. Now, you said you weren't required to  
9 attend the visits between Samantha, Steve and Phoenix --

10 A Right.

11 Q -- but did you attend some of them?

12 A I did attend some, yes.

13 Q Okay. And do you, do you know, do you recall  
14 approximately how often you would attend?

15 A I think I went to the office three or four times  
16 with them, but I, I don't recall exactly how many times.

17 Q Okay. And would you actually sit through the  
18 whole, whole meeting?

19 A Unless I was asked to leave, if there was going  
20 to be some personal information shared that I wasn't,  
21 didn't need to know, or they were respecting their privacy.

22 Q Okay. And would Phoenix, Phoenix would be  
23 obviously there at the meetings with --

24 A Yeah, I don't know if she was actually in the  
25 room during the meeting. I think they set up meetings with

1 the parents first, that I would sit in on --

2 Q Okay.

3 A -- and then there was a room that you would move  
4 to, kind of a playroom/meeting room --

5 Q Right.

6 A -- so that parents could have a good visit with  
7 their child.

8 Q And would you be present at those meetings  
9 where --

10 A I did sit on some of those, yes.

11 Q Okay. And --

12 A They were set up on a weekly basis, I think, at  
13 first, and then I think it became more frequent and I just  
14 didn't have the time to be there every single time --

15 Q Right.

16 A -- with them.

17 Q But this would have been another opportunity for  
18 you to observe the interactions --

19 A Yes.

20 Q -- between --

21 A Yes.

22 Q And did, and you, did you, do you recall what you  
23 observed during those meetings?

24 A Again, Phoenix was a newborn baby, so there  
25 wasn't a lot of, you know, play going on at that time.

1 They seemed to attend to her needs. They liked to take a  
2 look at, you know, what she looked like and how she was  
3 dressed. I do recall a time that they were concerned  
4 about, I think, how a diaper was put on, or not changed  
5 recently, or something like that, so they were attending to  
6 the needs like --

7 Q Okay.

8 A -- any other parent would.

9 Q Any, any, were there any concerns you had with  
10 respect to --

11 A No, I don't recall any --

12 Q No?

13 A -- concerns at all.

14 Q Okay. Now, you had mentioned the psychological  
15 assessment that you were going to help --

16 A Yes.

17 Q -- set up? Do you, did you have an understanding  
18 as to why that was required?

19 A No.

20 Q Okay.

21 A I didn't sit in on that part of the meeting. I  
22 was just told it was required for Samantha --

23 Q Okay.

24 A -- only.

25 Q So nobody shared their reasoning with you --

1 A No.

2 Q -- as far as you recall?

3 A No.

4 Q And were you successful in, in finding this,  
5 someone to do the assessment?

6 A No, we weren't. I formerly had worked for a, a  
7 company that had an employee assistance program. So I  
8 offered to try to connect Samantha to somebody that I  
9 thought might -- that she might find acceptable. Samantha  
10 was quite closed and she did express some concerns with men  
11 and, and speaking to men and being open with men. So we  
12 tried to find her a female at first. And when we couldn't  
13 do that, we moved on to trying to find a male that I  
14 thought would be acceptable for her. And we were not able  
15 to find anybody. This was getting close to summer time.  
16 It was becoming very difficult to do so. I went on  
17 holidays for a few weeks. So between myself and Child and  
18 Family Services, we were really struggling to find  
19 somebody.

20 Q Okay. We've heard evidence that Phoenix was  
21 returned to Ms. Kematch and Mr. Sinclair on September 5th,  
22 2000; were you still involved with them at that time?

23 A Yes.

24 Q Okay. And so do you recall that happening around  
25 that --

1 A Yes.

2 Q -- time? Okay. And what was, what was your  
3 involvement like around the time Phoenix was returned?

4 A I was still working at the club as the  
5 supervisor. I believe they were still coming to the club  
6 on a regular basis at that time. I don't know if I was  
7 part of any further meetings. I know that I would speak to  
8 the social worker from time to time, because I said, like I  
9 said, we were sort of the message centre --

10 Q Right.

11 A -- for them and I do recall them telling me that  
12 they had a, a worker coming into the home to help prepare  
13 the home and then that they were going to get her back.  
14 But that's all that I recall.

15 Q When you -- when they came to the club, would  
16 they bring Phoenix with them?

17 A Yes, they started coming a lot less frequently  
18 once they had custody of Phoenix.

19 Q Okay. And in terms of -- were you able to see  
20 their interactions with Phoenix when they did attend?

21 A Yes.

22 Q And did you have any concerns?

23 A I don't know that I had necessarily any concerns.  
24 I did notice that Steven seemed a lot more attentive to her  
25 than Samantha did.

1 Q Okay.

2 A There was a few young women working at the club  
3 at the time, so we all liked to, you know, hold her and  
4 cuddle her and have our turn with her as well and they  
5 seemed willing to do that. And it was a great way to offer  
6 respite. They were probably one of six or eight other  
7 teens that came to the club, from time to time, with their  
8 children, so it was not unusual for us to provide parents  
9 with a bit of respite or find something for the kids to do,  
10 so the parents could interact with their peers.

11 Q Do you know if Ms. Kematch and Mr. Sinclair were  
12 accessing any other community supports?

13 A I believe they were asked to access, or at least  
14 Steven was asked to access a parenting group that I believe  
15 I've read since that they both completed, at the Andrews  
16 Street Family Centre.

17 Q Okay.

18 A I know both of them had some connection to Ma  
19 Mawi. I don't know if any other services that they were  
20 accessing.

21 Q Okay. We heard evidence that Ms. Kematch gave  
22 birth to another child --

23 A Yes.

24 Q -- and that would have been in April 2001?

25 A Correct.

1 Q And were you still involved with them at that  
2 time?

3 A Yes.

4 Q Okay. And were you aware that Ms. Kematch was  
5 pregnant?

6 A Yes.

7 Q Okay. And when did you become aware that she was  
8 pregnant?

9 A I don't remember exactly when, but I do know that  
10 we were aware, likely sometime late fall of that year, of  
11 the year before the baby was born.

12 Q Okay. Did you get the impression that she was  
13 trying to hide this pregnancy?

14 A No, I did not.

15 Q Okay. And so that's something then, they openly  
16 shared?

17 A They told us they were pregnant, yes.

18 Q Okay. And did, did you have a chance to observe  
19 whether or not they were equally parenting Phoenix around  
20 the time she was pregnant with [REDACTED]?

21 A Yeah, any time they came to the club, they would  
22 come together and they would bring Phoenix, but I wasn't in  
23 their home, you know, making any observations on a daily  
24 basis. And as I said, they started coming less frequently,  
25 particularly in the winter. They had no transportation, so

1 it was hard to get a, a child dressed and, and bring her  
2 all the way to the club. It was likely a 15 plus minute  
3 walk for them.

4 Q Were you aware whether or not anyone else was  
5 looking after Phoenix?

6 A I do recall them mentioning, from time to time,  
7 that a neighbour of theirs and friend, would baby-sit at  
8 times. Because I do think I recall them coming to the club  
9 without her from time to time and we would ask where she  
10 was and that's what the answer was.

11 Q Okay. And do you remember the friend's name?

12 A I didn't recall it at the time, until recently  
13 and it was Kim Edwards.

14 Q Okay. And, and was Kim Edwards, did she come to  
15 the club?

16 A I had never met her before.

17 Q Okay. So did you know anything about her?

18 A Just that she was a neighbour and a friend.

19 Q Okay. And so the, the baby was born; were you  
20 able to determine how the family appeared to be managing  
21 after that?

22 A They started coming a, a lot less frequently at  
23 that point in time, because now they would have to be  
24 bringing two kids along. They certainly did bring her and  
25 I did meet [REDACTED] and saw them parenting in the club, but



1 just in context of the couple of hours that they would have  
2 been at the Boys and Girls Club.

3 Q Okay. And what, what was your, their  
4 relationship like, at least from your observations, at that  
5 time? This would have been around June 2011?

6 A Tell you the truth, I don't recall.

7 Q Okay. Do you recall that at some point they  
8 separated?

9 A Yes.

10 Q And what do you recall about that?

11 A I recall there being a lot of tension around  
12 that. I remember asking, you know, who has the kids and  
13 what's, that arrangement is and that it was a bit of a  
14 volatile situation.

15 Q Okay. And were they attending the club very  
16 frequently at that time?

17 A Not at all, no.

18 Q Not at all?

19 A No.

20 Q Okay.

21 A Very, very infrequently.

22 Q So in terms of accessing the club as a support at  
23 that time, would you say that they were accessing the club  
24 as a support?

25 A Samantha was, Steven was not.

1 Q Okay. So it was just Samantha then at that time?

2 A Yes.

3 Q Okay. And how was she accessing the club as a  
4 support?

5 A She would just come when she needed to. She used  
6 our phone, came for a snack, checked in and that was about  
7 it. She wasn't really using it the same way that she had  
8 before.

9 Q Okay. And were there any concerns about  
10 substance abuse at that time by Ms. Kematch?

11 A No, I had never seen her come into the club under  
12 the influence and there was no discussion of what she was  
13 doing on her own time.

14 Q Okay. Now, we've, we've heard that the baby  
15 passed away July 15, 2001?

16 A Yes.

17 Q Do you know who was providing care to the  
18 children at that point?

19 A At that time, I believe Phoenix was with Samantha  
20 and [REDACTED] was with Steven.

21 Q Okay. And on what basis did you believe that, if  
22 you can recall?

23 A I believe she told me that and I know that [REDACTED]  
24 was at home when she passed away and was under Steven's  
25 care.

1 Q Okay. Do you specifically recall having a  
2 conversation about Phoenix being with her, with Samantha?

3 A I don't recall a specific conversation.

4 Q Okay. And did either Samantha or Steve access  
5 support from the club after [REDACTED]'s, after the baby's death?

6 A Immediately after the baby's death? Yes,  
7 Samantha did. We didn't hear from Steven. After the  
8 funeral, I don't recall seeing either one of them again.

9 Q Okay. So Steven never -- wasn't using the club  
10 as a support then?

11 A No, he, I think he was quite busy parenting.  
12 They were separated at the time. I'm not sure whether he  
13 saw us as being more of a support for Samantha or not, but  
14 he just wasn't coming to the club.

15 Q Okay. Did you attend the funeral?

16 A I did, yes.

17 Q Okay. If we could just put on the screen please,  
18 page 37050. This is from Commission disclosure 1796.

19 This is a, the CRU intake form prepared by Ms.  
20 Chief-Abigosis. Did you know, did you have any contact  
21 with her?

22 A I didn't recall having direct contact with her,  
23 but it's quite likely it may have been a couple of quick  
24 phone conversations, or her calling to speak to Samantha or  
25 Steve, but I didn't have meetings and things with her, that

1 I recall.

2 Q Okay. And I misspoke a moment ago. This is  
3 actually prepared by Shannon Skogstad and was being sent to  
4 Ms. Chief-Abigosis --

5 A Okay.

6 Q -- and dated July 18th, 2001. And the first  
7 paragraph on page 37050 says the -- so there's an incident.  
8 The Winnipeg Police Service incident at the funeral chapel.  
9 It says:

10

11 "The [source of referral] called  
12 to report that Samantha Kematch  
13 and her partner, Steve Sinclair  
14 are involved in a family dispute  
15 since the death of their daughter  
16 ... on July 15, '01. According to  
17 the SOR the police actually had to  
18 attend the funeral chapel last  
19 night due to the tension which an  
20 outside source [has] indicated  
21 might lead to violence. In fact,  
22 Stave's side of the family were to  
23 view the body from 7:30 to 9:30 pm  
24 and Samantha's side of the family  
25 was to view the body from 10:00 pm

1 to midnight. In addition, the  
2 police were informed that a Nikki  
3 Taylor worker for the Boys and  
4 Girls Club, had actually examined  
5 [the] body last night at the  
6 funeral parlor. Apparently she  
7 has accused the police of missing  
8 marks on the body which of course  
9 are marks caused by the autopsy."

10

11 Do you, do you recall that? This, this incident,  
12 viewing the body?

13 A Yes, unfortunately, I recall that very well.

14 Q And what do you recall about that?

15 A It was actually the following day. There was a  
16 viewing in the evening that was separated. Steve's side  
17 went first and then Samantha's side. And because Samantha  
18 had reached out to us, we were her support at that time.  
19 We attended the wake, I believe it was, until midnight.  
20 There was some issue around the cards that are made up by  
21 the funeral home, with the baby's picture and the obituary,  
22 or some kind of write up being taken by Steve's side and  
23 there was some tension around feeling like that should have  
24 been respected and some should have been left for Samantha.  
25 So there was a chat that occurred with somebody at the

1 funeral home, at that time, about getting copies made,  
2 which they agreed that they would. It was the following  
3 morning that I went to a friend of Samantha's place, to  
4 meet up with, with her and her side of the family, to  
5 prepare to go to the funeral that afternoon. And that's  
6 when I was met with very upset, very agitated group of  
7 people who alleged, Samantha alleged that she saw markings  
8 on ██████'s body during the wake the night before and was  
9 concerned that they we marks of abuse.

10 Q Okay. And just, just --

11 THE COMMISSIONER: And concerned what?

12 THE WITNESS: Concerned they were marks of abuse.

13

14 BY MR. OLSON:

15 Q And it says that, according to this, this note,  
16 it says you accused the police of missing marks on the  
17 body; is that --

18 A I didn't accuse -- what I did, at that point in  
19 time, was ask Samantha what she saw --

20 Q Okay.

21 A -- having never examined a dead body in my life,  
22 I went through the process of calling the funeral home to  
23 ask what one would do in this case and they suggested that  
24 we contact the police. We contacted the police, who  
25 suggested we contact the chief medical examiner's office.

1 Q Okay. And was it your understanding that  
2 Samantha was suggesting that somehow Steve was responsible  
3 for --

4 A Yes.

5 Q Okay. And so there was -- was there animosity  
6 then between them?

7 A Absolutely.

8 Q Okay. And how would you describe the, the family  
9 situation at that time?

10 A Between the two of them?

11 Q Right.

12 A Very tense, lots of anger.

13 Q Okay. Did you -- were you concerned at all about  
14 Phoenix's safety?

15 A She was in care at that time, of somebody other  
16 than both Steven and Samantha --

17 Q Okay.

18 A -- so they could attend the funeral. So I wasn't  
19 sure -- with a family friend is all that I knew --

20 Q Okay.

21 A -- at that time.

22 Q So you had the understanding there was -- some  
23 care arrangements were made?

24 A Yes.

25 Q Okay. And do you know where -- if a CFS worker

1 was involved at this time?

2 A I had no idea if anybody --

3 Q Okay.

4 A -- was still involved.

5 Q And did you consider calling CFS at this point?

6 A No, we were in touch with the Winnipeg Police  
7 Service and the chief medical examiner's office at that  
8 time --

9 Q Okay.

10 A -- only.

11 Q And were you surprised at all that he didn't -- I  
12 mean, did you get a call from a CFS worker?

13 A Not that I recall, no.

14 Q Okay. And did that surprise you?

15 A Not necessarily, if it was deemed that there was  
16 no abuse concerns around ██████'s death, I wouldn't expected  
17 that I would have gotten a call.

18 Q Okay. When was the last time you had any -- had  
19 spoken to Mr. Sinclair?

20 A At the funeral of his baby, ██████.

21 Q So that was the last time?

22 A Yes.

23 Q And as far as you know, did he attend the club  
24 any point after that?

25 A Not that I know of, no.



1 Q Okay. And how about Samantha Kematch? When was  
2 the last time you spoke to her?

3 A During this process, I was trying to remember  
4 whether it was at the funeral, or shortly thereafter. And  
5 if it was shortly thereafter, it was very shortly  
6 thereafter. Her attendance at the club was non-existent at  
7 that time.

8 Q Okay. And did you -- I -- you mentioned that  
9 there were some friends that would hang out at the club  
10 with them?

11 A Yes.

12 Q Did they, those friends still attend the club?

13 A No, one was Samantha's brother and the other was  
14 his girlfriend, who was, they were caring for their own  
15 baby at the time.

16 Q Okay. Did you ever have a chance to hear how  
17 either Steve or Samantha were doing following the death of  
18 the baby?

19 A A number of weeks, or possibly even a month or  
20 more after ██████'s death, one of Samantha's friends came in  
21 and she was somebody who would come into the club, you  
22 know, a few times a month a month maybe and I asked if she  
23 had seen Samantha lately and she said the last time she  
24 knew, she was drinking heavily and saw her somewhere on  
25 Selkirk, or Main Street, or something and that she was, she

1 was drunk.

2 Q Okay. And what about Steve? Did you hear  
3 anything about Steve?

4 A Never heard anything about Steve.

5 Q Okay. And did you ever hear any, hear, hear from  
6 a social worker following that point?

7 A Not that I recall. And since they didn't attend  
8 the club and I certainly wasn't identified a support, I  
9 can't imagine why I would have been contacted.

10 Q Okay. And if a, if a social worker had contacted  
11 you to get information --

12 A Sure.

13 Q -- is it -- would you be able to share  
14 information about Samantha and Steve?

15 A I would have shared what I would have known,  
16 which is exactly what I have just stated.

17 Q Okay. So there's nothing that would prevent you  
18 from sharing what you --

19 A No, we didn't have any confidentiality agreements  
20 and obviously Child and Family Services concerns would  
21 trump a lot of confidentiality anyway.

22 Q Okay. Just a few more questions --

23 A Sure.

24 Q -- with respect to community supports. How do  
25 you think community programs, like the Winnipeg Boys and

1 Girls Club, can support families dealing with child welfare  
2 issues?

3 A I don't think it's specifically a mandate of the  
4 Boys and Girls Club of Winnipeg to support families with  
5 child welfare, but certainly supporting any of the children  
6 who do come to the club in any way possible, and I think  
7 having them, allowing them somewhere to go that is safe,  
8 with role models and adults that they can trust, it's,  
9 provides recreation activities, so that kids aren't getting  
10 into trouble, aren't on the streets, have somewhere safe to  
11 go. It can also just be a safe place, because sometimes  
12 home isn't always the best place for kids either. There's  
13 lots of learning opportunities and recreational programs  
14 that children can learn from as well and develop lots of,  
15 lots of resilience and capacity building.

16 Q Okay. And just in terms of trust, we heard that  
17 there are trust issues with people and CFS --

18 A Sure.

19 Q -- you said that as, as -- in your role, you were  
20 able to actually get a fair amount of information from  
21 Samantha and Steve; do you know why that is? Do you know  
22 why you would have been, you're more likely to be trusted?

23 A And I, I would say that I got some information,  
24 not a fair amount, because during, just even this process  
25 of the inquiry, I've learned an awful lot more about their

1 lives and their backgrounds than I was ever privy to  
2 knowing from them personally. But I think we're a non-  
3 threatening environment. We don't necessarily, or didn't  
4 necessarily represent an agency that had any power over  
5 what could or couldn't happen with regards to parenting  
6 their child or having custody of their child. So I think  
7 we were seen as non-threatening. We were seen, in some  
8 ways, I think, as almost peers. We didn't have that level  
9 of real professionalism, or a really, an agency that really  
10 made decisions or judgments on what went on in their lives.

11 Q Okay. Just a final question --

12 A Yes.

13 Q -- do you know if, when you, when you would talk  
14 to clients, would you tell them that if there are child  
15 protection concerns, you have, you, you need to report them  
16 to CFS?

17 A Depending on the situation, we certainly would  
18 mention that, if it had to do with us discussing their  
19 child, or their child's welfare, we certainly would have  
20 let them know that. Other than that, certainly every club  
21 member that came in didn't have to sign any kind of consent  
22 form or an application form and we didn't inform them as  
23 they came in the door that we would let anybody know if  
24 there were concerns.

25 MR. OLSON: Okay. Thank you, those are my

1 questions.

2 THE WITNESS: Thank you.

3 THE COMMISSIONER: Now, there may be some other  
4 questions from other --

5 THE WITNESS: Yes.

6 THE COMMISSIONER: -- counsel.

7 THE WITNESS: Thank you.

8 THE COMMISSIONER: All right. Who's ... See  
9 some conferencing going on. Mr. Gindin, are you ready, or  
10 do you want to --

11 MR. GINDIN: Think so.

12 THE COMMISSIONER: -- conference too?

13 MR. GINDIN: I just need one moment.

14 Good afternoon.

15 THE WITNESS: Good afternoon.

16 MR. GINDIN: Jeff Gindin here for Kim Edwards and  
17 Steve Sinclair.

18 THE WITNESS: Hi there.

19 MR. GINDIN: I have a few questions for you.

20 THE WITNESS: Sure.

21

22 CROSS-EXAMINATION BY MR. GINDIN:

23 Q Think you probably answered this, but it wasn't  
24 part of your job to keep notes of your interactions with  
25 various people?

1 A No, it was not.

2 Q Even when it got to the situation where you were  
3 meeting with people like Sam and Steve at an agency office?

4 A Correct.

5 Q You were asked to give your impressions of both  
6 Samantha and Steve --

7 A Yes.

8 Q -- and I'm just curious, when you were describing  
9 Steve, I think you said surprisingly sweet?

10 A Um-hum.

11 Q I'm not sure if you were using the word  
12 surprisingly because you were comparing him with other  
13 people there, or what did you mean by that?

14 A Excellent question. I think because he was a  
15 fairly quiet guy who looked intimidatingly (phonetic) (sic)  
16 tough and many of the youth that grew up in that area  
17 seemed quite intimidating to me when I started the job, so  
18 my read was that possibly he was a very defensive tough guy  
19 and when I got to know him, he was anything but.

20 Q I see, I see. You found him very down to earth  
21 and you described him as a, a really nice guy?

22 A Yes.

23 Q And with respect to observing him with Phoenix --

24 A Um-hum.

25 Q -- you have told us that he seemed to be a little

1 more hands on of the two?

2 A Yes.

3 Q And what did you mean by that?

4 A He often seemed to be the one that would be  
5 caring for her immediate needs. Often was the one that  
6 spoke of her and, and activities that they had been doing,  
7 or what they had been doing and how she was doing. He was  
8 often the one feeding her and attending to whatever needs  
9 she had while they were in the club.

10 Q I see. And when you were talking about Samantha,  
11 I think you felt that she was mentally, I think delayed is  
12 the word that --

13 A Cognitively delayed, yes.

14 Q -- cognitively delayed? And of course, you had a  
15 degree in psychology?

16 A I have a Bachelor's degree with a, a major in  
17 psychology.

18 Q You majored in --

19 A Yes --

20 Q -- psychology?

21 A -- I'm not a psychologist.

22 Q And that assessment seemed obvious to you when  
23 you --

24 A Yes, it did --

25 Q -- observed her?

1 A -- yeah.

2 Q And you based that on the way she spoke, the way  
3 she interacted --

4 A Yes.

5 Q -- the fact that maybe she didn't get jokes as  
6 quickly as other people, things of that nature?

7 A Yes.

8 Q Did you ever think that maybe she was depressed?  
9 Did that ever occur to you, from observing her?

10 A I don't think I would have used the term  
11 depressed, no.

12 Q You talked about her pregnancy with Phoenix as  
13 something that she was likely trying to hide?

14 A Yes.

15 Q But you considered it a possibility, based on  
16 some of your observations?

17 A Of course, yeah.

18 Q Did you ever come out right out and ask her if,  
19 if she was --

20 A Yes, I did.

21 Q -- pregnant? And did she say no?

22 A Yes. Both Steve and Samantha denied it, when  
23 asked.

24 Q And did you make that concern known to anyone,  
25 like CFS, that you thought she might be pregnant --



1 A No, I --

2 Q -- having regard to their age, et cetera?

3 A -- no I didn't, they were both over the age of  
4 18, so I never expressed that concern to Child and Family  
5 Services.

6 Q They were, they were still quite young though?

7 A Yes.

8 Q When you ended up at the hospital, when Phoenix  
9 was born, Steve told you a number of things that he had  
10 candidly told the nurse --

11 A Yes.

12 Q -- about how unready they were --

13 A Um-hum.

14 Q -- things of that nature --

15 A Um-hum.

16 Q -- right? I think eventually you discovered that  
17 CFS wanted a psychological assessment for Samantha?

18 A Correct.

19 Q That didn't surprise you?

20 A No.

21 Q And we've heard that that took a little bit of  
22 time to organize. Now, you were supposed to help them with  
23 that; correct?

24 A Yes, and I was trying to, yes.

25 Q Did you have some sort of list of potential

1 psychiatrists, or psychologists that you could turn to?

2 A Yes, from having worked for a place that had an  
3 employee assistance program, I had a few go to people that  
4 I thought --

5 Q Um-hum.

6 A -- might be appropriate for it, but  
7 unfortunately, they were unavailable, and I believe, needed  
8 a referral to begin with and I wasn't enough to refer  
9 them --

10 Q Okay.

11 A -- or her, sorry.

12 Q We now know that it took several months to  
13 arrange that --

14 A Yes, it did.

15 Q -- so I'm concerned about the efforts you made.  
16 Are there a number of doctors that you spoke to, or tried  
17 to?

18 A I believe I called Blue Cross, to find out if  
19 there was anybody that could be available. I know we tried  
20 to get hold of a couple of other places, organizations that  
21 have counsellors or doctors that could possibly refer her.  
22 I know I had offered to help with that process and to  
23 navigate that system for Samantha and as it turned out, it  
24 ended up being very difficult for even myself and Child and  
25 Family Services to navigate that system. So I can't

1 imagine how she would have done on her own.

2 Q So there was yourself trying and the --

3 A Yes.

4 Q -- agency was trying?

5 A Yes.

6 Q And it was still too difficult?

7 A It was long wait lists and it, as I said, part of  
8 it was over the summer time, so people were on holidays at  
9 the time and there was the need for a doctor's referral  
10 first. You can't just show up at a psychiatrist office and  
11 ask for some kind of assessment.

12 Q And part of the problem, I think you said was  
13 that she preferred a female --

14 A Yes.

15 Q -- doctor --

16 A Yes.

17 Q -- or a psychologist?

18 A Right.

19 Q Did you know Dr. Altman at that time?

20 A I didn't know him personally, I knew of him.

21 Q I see.

22 A I had worked with his brother.

23 Q I see. Did you, in the end, try to contact him  
24 yourself?

25 A I don't believe I ever made a phone call to Gary

1 Altman's office, no.

2 Q With respect to the pregnancy that followed about  
3 a year later --

4 A Yes.

5 Q -- this time you were aware of it?

6 A Yes.

7 Q It appeared to you that Samantha wasn't trying to  
8 hide it?

9 A Didn't appear to me she was trying to hide it at  
10 all, no.

11 Q Would you say it was obvious to you that she was  
12 pregnant at that time?

13 A She was a, a bigger girl, who hadn't lost a lot  
14 of the baby weight from the pregnancy --

15 Q Um-hum.

16 A -- since the pregnancies were so close together.  
17 So it wouldn't surprise me that it could be hidden for a  
18 quite a period of time.

19 Q Um-hum. But eventually it would become more  
20 obvious?

21 A I would think, towards the end, it would become  
22 more obvious.

23 Q And she, herself, was talking about it and wasn't  
24 hiding it?

25 A No, it was an open conversation at the club.

1 Q Did you advise anyone, CFS, for example, that she  
2 was pregnant again, for any reason?

3 A I did not and I didn't, probably did not feel the  
4 need, since I wasn't identified as a, as a support at that  
5 point in time. They had Phoenix back in their care, so my  
6 role became just pretty much club supervisor and somebody  
7 that was there for them if they needed, but I wasn't asked  
8 for any services at that time.

9 Q You did find out, from talking to, I think it was  
10 Steve, I'm not sure, you can correct me if I'm wrong, that  
11 Phoenix was being taken care of by a family, a family  
12 friend?

13 A Yes.

14 Q Which you found out to be Kim Edwards, after  
15 awhile --

16 A Correct.

17 Q -- right? Do you recall having any sort of  
18 conversation about this person, Kim?

19 A I don't recall. I could imagine that I would  
20 have asked if she was, you know, somebody who was  
21 trustworthy and why they would choose that individual.  
22 Again, it wasn't part of my job to necessarily ensure that  
23 the child was, was in safe care and, and certainly not my  
24 job to scrutinize who they chose.

25 Q But in all likelihood, you would --

1 A I likely asked.

2 Q -- you probably would have asked and tried to  
3 assure yourself that --

4 A Sure, yeah --

5 Q -- things were taken care of?

6 A -- absolutely.

7 Q And if you had any concerns about the answers you  
8 got, you probably would have made those known to somebody?

9 A I would have absolutely called Child and  
10 Family --

11 Q Yeah.

12 A -- Services, yes.

13 Q And that, of course, didn't happen, because there  
14 was no need?

15 A Didn't appear to be any need.

16 Q At some point, you indicated that you saw Steve  
17 quite a bit less, because it was clear that he was taking  
18 care of the children?

19 A Yeah, I saw that as a good thing, if they  
20 were --

21 Q Yeah.

22 A -- staying away and parenting their child in  
23 their home, absolutely.

24 MR. GINDIN: Those are my questions, thank you.

25 THE WITNESS: Thank you.

1 THE COMMISSIONER: Thank you, Mr. Gindin.

2 Mr. Ray?

3 MR. RAY: Good afternoon, Ms. Taylor, my name's  
4 Trevor Ray, I represent a number of social workers and the  
5 MGEU.

6 THE WITNESS: Good afternoon.

7

8 CROSS-EXAMINATION BY MR. RAY:

9 Q You mentioned that you used to be a family  
10 support worker for Winnipeg Child and Family Services; is  
11 that right?

12 A Yes.

13 Q How long were you a family support worker?

14 A Approximately eight or nine months.

15 Q Eight or nine months? And were you the type of  
16 support worker that would go into the home and do teaching  
17 and parenting skills and help prepare a family for the  
18 children, that sort of thing?

19 A That was a more minor role for me. I didn't do  
20 that one as often. What I mostly did was go in and provide  
21 some respite and some support for families with their  
22 children. So sometimes that actually meant taking the  
23 children out, out of the home, away from the parents and  
24 providing respite. Sometimes it was in the home and  
25 sometimes it was being part of a supervised visit. I would

1 either bring the children to a, a Child and Family Services  
2 office location, from a foster home, so that the parents  
3 could have a supervised visit and sit in on those visits,  
4 or bring them to the parents' home for a supervised in home  
5 visit.

6 Q And as part of that job, I assume that you would  
7 have received some training or, and be told, by Child and  
8 Family Services, types of things you're supposed to look  
9 out for if a couple is showing signs of violence or  
10 alcohol, or drug abuse and you know that, in that role,  
11 that you would be responsible for reporting those things to  
12 the family services worker or any social worker?

13 A Yes, I did receive some minor training on that,  
14 as well as I had to write reports every single time I was  
15 involved with a family and I would submit it to their  
16 worker.

17 Q Okay. So it's, it's safe to say that you had  
18 some exposure to the types of things that you, that CFS  
19 would be concerned about and that there was an obligation  
20 to report those types of concerns if you ever witnessed  
21 them?

22 A Absolutely, yes.

23 Q Okay. And I assume that you would continue to  
24 recall those, that training and those types of observations  
25 when you were involved with Phoenix and Samantha?



1 A Yes.

2 Q Could we just open up Commission disclosure page  
3 37299?

4 I'm just going to show you, up on the screen,  
5 it's -- I don't know whether you've seen this before.  
6 These are notes of Kerri-Lynn Greeley --

7 A Yes, I've --

8 Q -- that were --

9 A -- seen them.

10 Q -- that were made. They were shown to you as  
11 part of the inquiry process?

12 A They were, yes.

13 Q Okay. And you see, in the note there, it says,  
14 TF, which I understand is telephone from Nikki Taylor,  
15 that's you. You were asking about the plans for Phoenix.  
16 You were advised that the plan is for her to return home  
17 today. And then says:

18

19 "Nikki not aware of alcohol abuse  
20 by either parent. Not knowing if  
21 it's been an issue, concern, not  
22 aware of any violence and she'll  
23 keep in touch and advise of any  
24 concerns"

25

1 Correct?

2 A Correct.

3 Q And so you knew, essentially, that there was  
4 Child and Family Services involvement and they  
5 were --

6 A Of course.

7 Q -- hoping that you would report any concerns if  
8 you saw them?

9 A Correct.

10 Q And you didn't ever report any concerns to Child  
11 and Family Services or any of their social workers?

12 A No, there was nothing to report.

13 Q And you also made mention of, of the relationship  
14 between Ms. Kematch and Mr. Sinclair after the death of  
15 their second child?

16 A Yes.

17 Q And I think the word you used was there was  
18 tensions in the relationship?

19 A Yes.

20 Q I assume that if there were tensions to the  
21 degree that you felt that you needed to report concerns to  
22 Child and Family Services, you would have done that at that  
23 time?

24 A Yes, the only way I knew that there was tensions  
25 was Samantha reporting that they were fighting, that they

1 were separated and that was all that I knew. I never  
2 witnessed any tension or violence.

3 Q And you, you stated -- it sounds as though that  
4 your involvement with them varied, but certainly at the  
5 outset, they were coming to see you, or you would see them  
6 at the club, four to five times per week and that continued  
7 after, I think you said, Phoenix's birth, and then it  
8 decreased somewhat, but they were still coming by fairly  
9 frequently; is that correct?

10 A Yeah, they were coming and utilizing all of the  
11 services that the club had to offer.

12 MR. RAY: Thank you, those are my questions.

13 THE WITNESS: Thank you.

14 THE COMMISSIONER: Thank you, Mr. Ray.

15 Anyone else before Mr. Gange?

16 Mr. Gange?

17 MR. GANGE: Mr. Commissioner, I believe that Ms.  
18 Humenchuk has already testified in, in the direct  
19 examination from Mr. Olson on all of the items that we  
20 wanted to have covered --

21 THE COMMISSIONER: That's the --

22 MR. GANGE: -- so I don't have any further  
23 questions.

24 THE COMMISSIONER: -- that's the expectation,  
25 that's why Commission counsel are assuming the role they

1 are, but had you anything you wanted to just clarify it,  
2 or, or cross-examination --

3 MR. GANGE: Yes, I, I believe that Ms. Humenchuk  
4 and I are satisfied with the way the evidence went in, so  
5 I --

6 THE COMMISSIONER: Right.

7 MR. GANGE: -- don't have any further  
8 clarifications.

9 THE COMMISSIONER: Thank you very much.

10 THE WITNESS: Thank you.

11 THE COMMISSIONER: And thank you, witness.

12 THE WITNESS: Thank you.

13

14 (WITNESS EXCUSED)

15

16 THE COMMISSIONER: All right. I guess we may as  
17 well take our mid-afternoon break now, had we? Fifteen  
18 minutes and then we'll carry on.

19

20 (BRIEF RECESS)

21

22 THE COMMISSIONER: All right. We'll continue  
23 where we left off at noon hour.

24 MS. WALSH: Thank you.

25

1                   **LAURA MARIE FORREST**, previously  
2                   sworn, testified as follows:

3

4   DIRECT EXAMINATION CONTINUED BY MS. WALSH:

5           Q     So if we can start with page 37376.

6                   This is, Ms. Forrest, the addendum that you wrote  
7 to your transfer summary, that we were looking at before  
8 lunch. And if you look at the second last paragraph, thank  
9 you, the first sentence says:

10

11                   "After court worker obtained  
12 particulars from Ron about his  
13 family for the purposes of  
14 assessing their suitability for a  
15 place of safety."

16

17                   What's a place of safety?

18           A     It is a form of placement for children in care.  
19 It's specific to a child who's coming into care. So they  
20 would indicate that they would be willing to provide care  
21 for that child-in-care and then we would do a specific  
22 study on them, to ensure that they would be able to do  
23 that. So they are a specific placement for a specific  
24 child.

25           Q     So like a foster home, but specific to that

1 particular child?

2 A Yes, yes.

3 Q And who does the assessment?

4 A For the place of safety?

5 Q Yes.

6 A It's, it -- there's a, a bunch of paperwork that  
7 is required to be filled out, so that would -- is usually  
8 done by the child's worker in, and it's completed with the  
9 applicants who are indicating an interest in caring for  
10 her.

11 Q And you noted that Ron Stephenson and Kim had  
12 provided care to Phoenix, they said, 30 to 50 percent of  
13 the time that Steve had her in his care. That something  
14 that, that Ron Stephenson told you?

15 A That's what he told me, according to these notes,  
16 yes.

17 Q Was that something that you were aware of  
18 independent of his telling you that?

19 A No, I was not.

20 Q Okay. Did you ask Mr. Stephenson if he knew  
21 anything about Phoenix's visit to the Children's emergency  
22 in February of '03?

23 A I don't recall asking him that at that time, no.

24 Q So I want to briefly review the child protection  
25 proceedings that you attended and that's at page 35104.

1 This is in Commission disclosure 1727. So this is the  
2 transcript of proceedings before Master Ring on July 2nd,  
3 '03 and you'll see that under the appearances, there's Ms.  
4 Poskar for West Region and Family Services. She was  
5 actually the lawyer for Winnipeg Child and Family?

6 A Yes, that's correct.

7 Q And Ms. Kematch was there as well?

8 A Yes, she was.

9 Q If we turn to page 35106 and we see that, that  
10 you are speaking to the court, as to the, the plan. Now,  
11 were you under oath when you spoke to the court?

12 A Yes, I am.

13 THE COMMISSIONER: No, were you --

14

15 BY MS. WALSH:

16 Q In the child protection proceedings?

17 THE COMMISSIONER: -- were you then?

18 THE WITNESS: Pardon me?

19 THE COMMISSIONER: Were you under oath that day?

20 THE WITNESS: On that day?

21 THE COMMISSIONER: That's the question.

22 MS. WALSH: In, in the child protection --

23 THE WITNESS: Yes.

24 MS. WALSH: -- proceedings? Not today, but in --

25 THE WITNESS: Yes.

1 MS. WALSH: -- child protection proceedings,  
2 when, were you --

3 THE WITNESS: Okay. I'm trying to think of what  
4 we do when we go into there.

5

6 BY MS. WALSH:

7 Q Or do you just speak to the court?

8 A We just speak to the court --

9 Q Right.

10 A -- yes, um-hum, yes.

11 Q Okay. Thank you. So you say:

12

13 "Our plan, at this point, is to  
14 request a three-month order of  
15 temporary guardianship with  
16 respect to Phoenix, the intent  
17 being to work with either the  
18 parents, to resolve any of the  
19 issues of concern that resulted in  
20 the child coming into care so that  
21 she could be reunited with them.

22 Currently, both the parents are  
23 separated. Samantha is the only  
24 parent that has come forward and  
25 expressed any interest or



1                   willingness to work with the  
2                   agency on reuniting with Phoenix.  
3                   We don't know what the father's  
4                   plan because he refuses to meet  
5                   with us or to call us. So at this  
6                   point, we are prepared to continue  
7                   our efforts to work with Samantha  
8                   so that she can perhaps get  
9                   Phoenix back in her care. Both  
10                  parents have guardianship -- or  
11                  custody of the child. No sole  
12                  guardianship has been determined  
13                  in a court of law."

14

15                   And then Ms. Poskar asks:

16

17                   "What are the expectations of Ms.  
18                   Kematch?"

19

20                   And you indicate:

21

22                   "At this point, the case is being  
23                   transferred to a family service  
24                   worker for the long-term follow-up  
25                   on the case. It would be

1 suggested that perhaps a parenting  
2 capacity assessment or some  
3 parenting support programs be  
4 incorporated in with Samantha, so  
5 that she can address any issues of  
6 concern from past involvement with  
7 her."

8

9 And so this is, this is in July of '03; right?

10 A Yes, that's correct.

11 Q

12 "Family visits will occur on a  
13 regular basis. We're also going  
14 to explore the possibility of a  
15 place of safety option with some  
16 friends that have just appeared  
17 today, so that we can look at  
18 placing the child with a family  
19 who knows her, as opposed to  
20 foster care."

21

22 And the court asks where she is and you advise  
23 that she's in a foster home at that point and that she has  
24 a half sibling who is in the care of an aboriginal agency.

25 And then I understand the matter was adjourned

1 until July 9 of 2003; and do you recall why that was?

2 A Well, the father wasn't present in court and I  
3 believe there was another aboriginal agency that had yet to  
4 hear the plan.

5 Q Okay.

6 A So --

7 Q And with respect to the father's participation,  
8 what you were seeking was a consent order; is that right?

9 A Well, we're advising of the order that we are  
10 suggesting. He does not have to consent to that order, but  
11 this is the order that we are proposing.

12 Q If the father didn't consent, would the court  
13 process look different?

14 A If the father didn't consent to the agency's  
15 plan, then it would proceed to a pre-trial and then a  
16 trial.

17 Q Okay. And that's different than the proceeding  
18 in front --

19 A Yes.

20 Q -- of the master that --

21 A Yes.

22 Q -- we're looking at here?

23 A Yes.

24 Q Did you attend court in, on July 9, 2003?

25 A I don't have any notes or recollection of that.

1 Q I think that's, that's right from the court  
2 documents. And so you understood that the, the aboriginal  
3 agency needed some particulars and, and so it was put over,  
4 in part, to obtain those --

5 A Yes.

6 Q -- particulars?

7 A Yes, I believe that was adjourned, so ...

8 Q Okay. Thank you. Tell us, how did you find out  
9 about Phoenix's death?

10 A I don't recall specifically. I believe that it  
11 was, it -- we found out when we were at work. I believe  
12 that's where it --

13 Q At work?

14 A -- when I was at work.

15 THE COMMISSIONER: Now, are you leaving the, the  
16 court proceedings there?

17 MS. WALSH: I am, Mr. Commissioner.

18 THE COMMISSIONER: Well, how do we know the  
19 outcome of them?

20 MS. WALSH: We are going to call the lawyer for  
21 Winnipeg Child and Family Services, Ms. Poskar. We can  
22 certainly go to the end of, of --

23 THE COMMISSIONER: No, no --

24 MS. WALSH: -- the court proceedings --

25 THE COMMISSIONER: I, I don't want to interfere,

1 but the last time, there was an order made with, with  
2 certain conditions to be fulfilled --

3 MS. WALSH: Yes.

4 THE COMMISSIONER: -- on the first time and I'm,  
5 if there's such a procedure pursued here, I'll want to hear  
6 about it at some point. But I assume that'll come in  
7 eventually; is that it?

8 MS. WALSH: Yes.

9 THE COMMISSIONER: All right.

10 MS. WALSH: Yes, thank you. We have, as well,  
11 Mr. Commissioner, this witness' addendum, which identifies  
12 what happened while she was involved, before the, the  
13 matter was transferred to the family services worker and  
14 hopefully tomorrow, we will hear from the lawyer from  
15 Winnipeg Child and Family Services, time permitting. And  
16 if not tomorrow, then another day, so thank you.

17

18 BY MS. WALSH:

19 Q When you first heard of, of Phoenix's death, did  
20 you recall that you had been involved with the family?

21 A Vaguely, but I, I, I think it was a vague  
22 recollection.

23 Q And did the agency call you after the death was  
24 discovered? Do you recall?

25 A I don't recall that, no.

1 Q Did anyone from the agency ever ask you to come  
2 in and discuss your involvement with the family?

3 A Not that I recall, no.

4 Q You don't recall anyone from the agency asking  
5 you to come in, review your file recordings?

6 A No, I don't.

7 Q Were you ever asked to come to a meeting of, of  
8 the workers who'd been involved with the file to discuss  
9 what had happened?

10 A Not until this process.

11 Q You know that a number of reports were prepared  
12 shortly after Phoenix's death was discovered, which review  
13 and discuss the services that were delivered to Phoenix and  
14 her family; were any of those reports shared with you prior  
15 to your discovering that you would be called to testify at  
16 this inquiry?

17 A I don't recall them, no.

18 Q If you had been shown those reports, you would  
19 have remembered seeing them?

20 A Yes.

21 Q So if we can turn to page 2 of our disclosure,  
22 from CD number 1.

23 This is the report which was prepared through the  
24 office of the Children's Advocate by Andy Koster and Billie  
25 Schibler and was prepared through, or under the auspices of

1 Section 4 of the Child and Family Services Act. So  
2 sometimes it's referred to as the Section 4 report. Have  
3 you read this report?

4 A Only the sections that I've been shown that  
5 relate to me with respect to this inquiry.

6 Q And the first time that, that you read those  
7 portions of the report was when you were preparing to be  
8 interviewed by me?

9 A Yes.

10 Q You were never interviewed by Mr. Koster or Ms.  
11 Schibler?

12 A I did -- I was not, no.

13 Q Okay. So if we can turn to page 28 please.

14 So here, the report writer has set out the  
15 factual matters of what they call the third protection  
16 opening, from February 26, 2003, to November 2003 and I'm  
17 not going to read through it. You've read it and the, the  
18 factual matters that are set out on that page are accurate,  
19 so far as, as you recall?

20 You want to scroll to the end of the page,  
21 please?

22 A Looks like it's almost identical to my recording.

23 Q Okay. And then on the next page please?

24 There's a finding, finding 15:

25

1                   "The initial contact after the  
2                   referral was made in two days  
3                   rather than the five indicated on  
4                   the safety assessment. This was  
5                   appropriate since the child was  
6                   very young.

7                   The safety assessment provided too  
8                   low a risk. Phoenix was a young  
9                   child and it was important to  
10                  establish that she was recovering.  
11                  It was commendable that the  
12                  assigned worker went earlier than  
13                  had been previously assessed."

14

15                  Do you have any comments about that finding?

16                  A     I don't.

17                  Q     And so this is, as we discussed this morning, the  
18                  safety assessment that you received from the CRU worker had  
19                  assessed a response time of within five days --

20                  A     Yes.

21                  Q     -- right? And you responded within two days of,  
22                  two days -- the time running from when the referral came  
23                  in?

24                  A     Yes.

25                  Q     So within 48 hours?



1           A     Yes, and I, and I read here that it's indicated  
2     that it was, probably was too low. I'm not certain how he  
3     came to that determination, what, what the factors were,  
4     other than the age. I'm not certain how he came to that,  
5     because he never spoke to me about this --

6           Q     Right.

7           A     -- report, so ...

8           Q     Did you make an assessment as to whether the  
9     response time of five days was based on a risk assessment  
10    that was too low?

11          A     I, I, at the time when the referral came in, it  
12    was deemed a lower risk case and given the circumstances,  
13    that's what we started working out with. So I agreed with  
14    the assessment at that time, on some of the principle, but  
15    still requiring further assessment.

16          Q     And you did respond --

17          A     Within the timeframe that it did, it told me to  
18    do, yes.

19          Q     And sooner than within five days?

20          A     Um-hum, yeah.

21          Q     Okay. Then the next finding, 16:

22

23                   "Phoenix     should     have     been  
24                   physically viewed by the worker as  
25                   soon as possible. This was not

1 done.

2 The worker did try to establish  
3 contact, but this should have been  
4 more of a priority after the state  
5 that the father presented himself  
6 in with a black eye. It is  
7 possible during this period of  
8 time that Phoenix was with Kim and  
9 Rohan Stephenson on a semi-  
10 permanent basis (this is hard to  
11 determine even in a subsequent  
12 interview with Kim Stephenson  
13 herself as part of this review).  
14 This family had become known to  
15 the Winnipeg CFS the year before,  
16 when Steven had mentioned that he  
17 had placed Phoenix there for an  
18 afternoon.

19 Although nothing serious happened  
20 to Phoenix in this period of the  
21 case file that we are aware of,  
22 the potential for harm was quite  
23 high and the agency should have  
24 been more assertive in their  
25 pursuit of establishing further

1 contact with Steven. A court  
2 application for a supervisory  
3 order could have been one  
4 approach."

5

6 Do you want to comment on those findings?

7 A In order for a supervisory order to have been  
8 granted, a child has to be in the care of an agency. They  
9 would have to be apprehended and placed in the care of an  
10 agency. And then we would have to apply, in a court, to  
11 have that supervision order. That child would also be  
12 returned back home to that parent, with the understanding  
13 that we were going to work together on resolving the  
14 issues, so that would have, you know, required an  
15 assessment, finding some low risk indications and  
16 cooperation by the family. I didn't consider a supervision  
17 order with respect to Phoenix. She wasn't in care. I  
18 didn't have probable or reasonable grounds to bring her  
19 into care, apprehend her, based on the information that I  
20 had, or even with the fact that Steven wasn't cooperating,  
21 or willing to meet with me. So I don't know where this  
22 suggestion was -- I don't know how this suggestion was  
23 prompted, because that's not -- that, that wouldn't have  
24 worked in this circumstance.

25 Q Okay. And in fact, you didn't know where Phoenix

1 was, so you couldn't have apprehended her?

2 A There is no -- you have a child, a physical child  
3 to apprehend. You can't apprehend a child, unless you  
4 actually can physically see them, so yes, that would be,  
5 that would have been another barrier to that. But a  
6 supervision order is not one that had been considered.  
7 This is the first time that I've seen that suggestion,  
8 like, in this report.

9 Q What about the comment in the first paragraph  
10 that:

11

12 "[Although] The worker did try to  
13 establish contact, this should  
14 have been more of a priority after  
15 the state that the father  
16 presented himself in with a black  
17 eye."

18

19 A I've met a lot of family members, clients, that  
20 have black eyes. I'm not going to apprehend their children  
21 because they have a black eye. It -- sometimes my regret  
22 is that I even noted that in there, but because I note to  
23 sort of, you know, just a picture of what I see, I don't  
24 know that it was relevant to how he could parent Phoenix.  
25 So yes, I, I would have liked to have seen her sooner.

1 That would have obviously been good, but in my  
2 circumstances, depending on what my cases were and what my  
3 workload was, it didn't happen. And other, you know, tried  
4 to make it a priority as much as I could. But the  
5 statement that I should have done it because he had a black  
6 eye does not make sense to me.

7 Q Then we have the heading: The second  
8 apprehension of Phoenix Sinclair. Was there anything else  
9 you wanted to say about that finding, F16?

10 Just put it back on the screen please, thank you.

11 A Also at the time when I had this file, I wasn't  
12 aware, as you had pointed out, who she had been staying  
13 with for very, for periods of time. So I didn't have these  
14 names that he's indicated in this report, of where she  
15 possibly was. And our families do rely on other families  
16 members and neighbours and friends and, and whatnot, to  
17 help them in caring for children during times. So that, in  
18 and of itself, wasn't an uncommon thing, or wasn't a thing  
19 that would even suggest that a child was in need of  
20 protection. So, you know, I don't know why the suggestion  
21 on that either.

22 Q Okay. The second apprehension of Phoenix  
23 Sinclair, again, I think the recitation there, under June  
24 21, is, is a factual recitation of Phoenix's having been  
25 apprehended, taken mostly from, or if not entirely from

1 your transfer summary history?

2 A Yeah. It's pretty similar, I think.

3 Q And then, on the next page, there's a reference  
4 to what the after hours staff did in finding 17. And then  
5 finding 18 refers to the intake worker, which is you:

6

7 "The intake worker, in completing  
8 his [assessments] ..."

9

10 So his, I took being her. You're the intake  
11 worker?

12 A Yes, I am.

13 Q

14 "The intake worker, in completing  
15 his assessment and writing what he  
16 did, at the point of transfer,  
17 demonstrated the necessary  
18 conviction that it takes to keep  
19 children safe.

20 This is the dedication to a  
21 child's well being that is  
22 required and should be sought and  
23 then nurtured by a child welfare  
24 organization. I believe that he  
25 was trying to convey to the new

1                   ongoing worker that the agency  
2                   needs to make sure that it did  
3                   what was right for Phoenix. This  
4                   is a highlight in the management  
5                   of this case."

6

7                   So this is the commentary on the risk assessment  
8 that you wrote out; do you have any comments?

9                   A     I do not, no.

10                  Q     And if we turn to page 64 of the report please.  
11                   C4 and C5, I think C standing for conclusion:

12

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

19

20                  And Mr. Commissioner, I can tell you that when  
21 the report writer testifies, we will go through that  
22 correspondence.

23                  The next, conclusion 5:

24

25                   "The difficulty of instituting,

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

11

12 Do you want to make any comments about those  
13 conclusions that the report writer made with respect to the  
14 agency and other aspects of the child welfare system?

15 A Well, I believe what he's indicating here is that  
16 it was difficult to enforce standards, based on the  
17 system's lack of resources and staffing. And that was our,  
18 our reality. Standards are there, but if you don't have  
19 enough staff, or if you don't have enough time, or if you  
20 don't, if you have too many files that were, are, are with  
21 complex issues that require resolution, if you have  
22 uncooperative families, or difficult to locate families,  
23 all of that contributes towards, you know, an inability to  
24 meet what is listed as a standard. It's not that we don't  
25 want to, it's not that we aren't trying to, but all of



1 those things contribute to why we sometimes can't do  
2 everything that we would want to do with a family.

3 Q So are you agreeing with the two conclusions that  
4 are listed, C4 and C5?

5 A I would have to say that I would probably agree  
6 with it, to, to some, to some, to some degree, yes, yeah.

7 Q And that's with respect to what time period?

8 A Probably most of my time as a child welfare  
9 worker. That time period he's indicated that's when he's  
10 looking at, through, for his report, but in all of my time  
11 as a child welfare worker, it's difficult to do everything  
12 you can do for a family, based on cases, time, lack of  
13 resources, difficulty finding things for families, to get  
14 them involved with. So, in all honesty, it's, it was, I  
15 was always challenging myself to see, am I doing enough?  
16 Have I got everything covered? Is that family going to be  
17 okay today? I don't think I left the office a day,  
18 thinking I had done everything I could have done, or tried  
19 everything I could have done. Because I knew, in reality,  
20 that it didn't always happen, because something would  
21 interfere, or something would come up and then I wouldn't  
22 get to that family. So it wasn't for lack of trying or  
23 lack of caring, or, or lack of hope, or belief that  
24 families could do things, but there were other factors that  
25 interfered with that.

1 Q Those factors being?

2 A Not enough staff, not enough resources, too many  
3 cases coming in, too many referrals coming in.

4 Q Anything else you want to say about this report?  
5 About the findings and conclusions we've looked at with  
6 respect to this report?

7 A No.

8 Q Okay. So the next report I want to take you to  
9 is an internal review, starting at page 38015. And this is  
10 from Commission disclosure 1802. This is an internal  
11 report that was prepared by Rhonda Warren. You didn't meet  
12 with Ms. Warren as part of --

13 A No, I did not.

14 Q -- her preparation of this review?

15 A No, I did not.

16 Q And in fact, I think we'll hear that this review  
17 was a review of the file, so that she didn't meet with  
18 anyone to prepare the review, it was just a file review.  
19 And again, have you read the report, or portions of it?

20 A Only as it pertains me in this inquiry, yes.

21 Q Okay. And if we look at the seventh bullet,  
22 beginning:

23

24 "On February 26, 2003 the Agency  
25 received a referral from

1 Children's Hospital that Phoenix  
2 was brought to the hospital by her  
3 'Godfather' as she had a foreign  
4 object stuck in her nose, which  
5 had become infected. The object  
6 had been there since November (3  
7 months). The hospital did not get  
8 the name or address of the person  
9 who brought Phoenix to the  
10 hospital. The worker did attend  
11 Steven's home on February 28 to  
12 discuss the issue although Steven  
13 said he had no knowledge of it.  
14 In the letter from the Hospital  
15 the Godfather mentioned that they  
16 (he and Kim) had noticed that  
17 something was stuck in Phoenix's  
18 nose and had advised Steven to get  
19 it checked out, he did not and  
20 they sought medical attention as  
21 soon as Phoenix was placed in  
22 their care. Steven refused to  
23 give the worker the name of the  
24 person caring for Phoenix so no  
25 further follow-up was done.

1           Allowing a child to have a foreign  
2           object embedded in her nose for  
3           three months without medical  
4           attention is clearly neglectful  
5           and a thorough investigation of  
6           Phoenix's living situation should  
7           have been conducted at that time,  
8           with or without Steven's consent.  
9           It must be noted that the Intake  
10          worker did make numerous attempts  
11          to connect with Steven during  
12          March, April and May 2003 but was  
13          not successful in finding him  
14          home."

15

16                 So do you want to comment on those findings?

17          A       Well, as, as this report was written after the  
18          fact, obviously there's information in here that I would  
19          have liked to have had, in terms of some of the identity or  
20          names of these possible people that are in that finding,  
21          which I didn't. That could have been helpful. I was  
22          completing an investigation into Phoenix's living  
23          situation. It was obviously not fast enough, but I was  
24          attempting to do that, because it needed to be done, based  
25          on the, the referral information. So ...

1 Q All right. Now, if we turn to page 38018 --

2 A If I could just add to that as well?

3 Q Absolutely.

4 A It says with or without Steven's consent. I  
5 wasn't waiting for Steven to consent or, or thinking he  
6 wasn't going to consent. To try and work with a family,  
7 like I had said before, the -- you have to kind of try and  
8 figure out ways to, to develop a relationship and work with  
9 them. So my style, like I said to you, was not, it's not  
10 an invasive or intrusive style. It didn't seem to need  
11 that kind of an intervention, based on what we had going at  
12 that time. So I wasn't waiting for him to, to, you know,  
13 agree to meet with me. I was still trying to meet with  
14 him, but he just wasn't there. So ...

15 Q And you had no other resources to, to try and  
16 locate him?

17 A This keeps coming up and I guess you would like  
18 me to say that I should have called more people, or I  
19 should have called people that knew of him and found out  
20 where he was at maybe. I have to be mindful of that.  
21 There's, there's privacy and confidentiality. There's  
22 trying to not upset -- you know, there's a way of  
23 approaching a family that, you know, if you do those kinds  
24 of things, will it be worthwhile? Will it get me into the  
25 door? Will it still get me the answers and the information

1 that I'm looking for if I go in there with this very heavy  
2 hand and without respecting their privacy and start calling  
3 people in the neighbourhood and demanding that? I don't  
4 know if I will get that from them. I don't know if I will  
5 get that even more from him, if he finds out about that.  
6 So I made a, I made a, I made a call, to say, you know, I'm  
7 going to keep trying to find him. I'm going to, I'm going  
8 to deal directly with the immediate family at this time.  
9 That was the call that I made. And it was discussed with  
10 my supervisor. Whether I would have found out more by  
11 contacting other people, I don't know that, and I will  
12 never know that.

13 Q And actually, one of my queries, when I asked  
14 about other tools, is whether it would be helpful, as a  
15 social worker, to have some other form of assistance, some  
16 other type of worker who might help you with investigating,  
17 trying to locate someone? I mean, you told us, for  
18 instance, that when you have trouble serving a, a client, a  
19 family with court papers, then ultimately you make use of  
20 the services of a process server. And so I wondered if, if  
21 there were some other type of worker who could be of  
22 assistance to you, given your caseload demands, in trying  
23 to locate families?

24 A I don't know that there would have been, because  
25 if this, if you locate the family, then there is the

1 obligation and responsibility of trying to get, you know,  
2 to discuss with them the reason of your involvement. So  
3 unless it's another social worker, then I don't know if  
4 that would have been more help, like, if that would have  
5 been of -- like, a case assistant, I don't know if that  
6 would have been of assistance in that regard.

7 Q Okay.

8 A So ...

9 THE COMMISSIONER: I, I take it your employer  
10 didn't have a, an, an, an investigative branch that was  
11 available, you, to go to, to do investigations?

12 THE WITNESS: Essentially that was in, that's the  
13 role of intake --

14 THE COMMISSIONER: Yes.

15 THE WITNESS: -- is to do the investigations. We  
16 had nothing along with that other. It was our  
17 responsibility to do those investigations and to locate  
18 them.

19 THE COMMISSIONER: Oh, okay.

20 THE WITNESS: Um-hum.

21 THE COMMISSIONER: Thank you.

22 THE WITNESS: Um-hum.

23 THE COMMISSIONER: I, I understand.

24 THE WITNESS: Okay.

25

1 BY MS. WALSH:

2 Q Anything else you want to comment on this page?

3 A I don't think so, I don't think so.

4 Q It does say, at the bottom:

5

6 "Upon transfer from Intake to  
7 Family Services on June 27,  
8 2003 ..."

9

10 Noting that:

11

12 "... (Phoenix had been apprehended  
13 on June 22) the file was  
14 categorized as 'high risk'."

15

16 We heard that that's what you categorized it as.

17 And:

18

19 "The closing summary written on  
20 October 2, 2003 does not  
21 articulate any direct contact with  
22 Steven ..."

23

24 Now, we're getting a bit ahead of ourselves, but  
25 I just wanted to identify that the documentation of your



1 characterization as, as high risk --

2 A Um-hum.

3 Q -- and we will hear from witnesses next week as  
4 to what happened in October of, of 2003.

5 If we can turn to page 38018, under the heading,  
6 Risk Assessment:

7

8 "Statements of risk change from  
9 low to high without any change in  
10 circumstance. Statements of  
11 Safety are referred to as  
12 Statements of Risk. A family  
13 situation may be high risk even if  
14 on any given day the child is  
15 deemed to be safe. Unfortunately  
16 in this case 'low safety  
17 assessments' were deemed to be  
18 'low risk assessments' which were  
19 not the case. This continuous  
20 error resulted in this case being  
21 closed numerous times without  
22 adequate intervention by the  
23 Agency. An Intake worker clearly  
24 articulated this problem in an  
25 assessment done in June 2003.

1 [Where] She states:

2 'It is this worker's opinion that  
3 it is this attitude ..."

4

5 And the report writer inserts resistance.

6

7 "... and disregard for the Agency  
8 that has probably resulted in this  
9 Agency's previous termination of  
10 services, and not lack of child  
11 welfare issues. If one looks back  
12 in previous recording the  
13 identified and unresolved problems  
14 are still very much present in the  
15 family's current situation. The  
16 problems haven't gone away, and  
17 now neither can the Agency. The  
18 obvious struggle in commitment,  
19 questionable parenting capacity,  
20 along with an unstable home  
21 environment and substance abuse  
22 issues, and lack of positive  
23 support system all lend to a  
24 situation that poses a high level  
25 of risk to this child, for

1                   maltreatment and or placement in  
2                   Agency care.'"

3

4                   The report goes on to say:

5

6                   "Unfortunately this statement was  
7                   ignored once the case was  
8                   transferred for ongoing service.  
9                   Based on this case review it is  
10                  apparent that Risk Assessment is  
11                  not universally understood by  
12                  Agency staff."

13

14                  Now, I gather that the report writer is saying  
15 that you did understand risk assessment; do you have any  
16 comments on this portion of this report?

17                  A     Probably just to clarify that previous workers  
18 would have been working with whatever information that they  
19 had been provided with the family and collaterals. So in  
20 terms of their determinations, that would have prompted  
21 those. I guess, by the time I -- when I got the file and  
22 you put the whole picture together, as much as you can,  
23 that is how I came up with these determinations, in terms  
24 of a high risk situation.

25                  Q     Any comments with respect to your work as it's

1 discussed in this report?

2 A No.

3 Q Okay. And then finally, the report that we call  
4 the Section 10 report, at page 139, this is the report that  
5 was prepared through the offices of the chief medical  
6 examiner and again --

7 THE COMMISSIONER: This is a different report  
8 than the last one?

9 MS. WALSH: Yes, this is the Section 10 report,  
10 prepared through the offices of the chief medical examiner,  
11 prepared by Jan Christensen-Wood. It's called the Section  
12 10 report, I understand, because it was prepared pursuant  
13 to what was then Section 10 of the Fatality Inquiries Act.

14 THE COMMISSIONER: All right. I know it.

15

16 BY MS. WALSH:

17 Q And again, had you ever been interviewed by Ms.  
18 Christensen-Wood about your involvement with the, Phoenix's  
19 family?

20 A No, I have not, had not.

21 Q And is the first time that you read portions of  
22 this report when you prepared to be interviewed by me?

23 A Yes.

24 Q And have you read the report in its entirety, or  
25 just the portions that relate to your work?

1           A     Just the portions that related to my work.

2           Q     So those portions are at pages 139 through 143  
3 and starting at page 139, you see:

4

5                     "The Agency's Critical Response  
6                     Unit Intake received a referral  
7                     from the Child Protection Centre  
8                     on February 26, 2003 ..."

9

10                    I think the rest of the recording on that page is  
11 fairly factual. At the bottom of the page, it references  
12 that:

13

14                     "Home visits were attempted  
15                     without success ..."

16

17                    If we go to the next page, 140, it says:

18

19                     "As the 'unidentified man' was  
20                     clear that Mr. Sinclair had failed  
21                     to follow through with necessary  
22                     medical care reportedly for a  
23                     period of months, Phoenix was,  
24                     under s.17 of The Child and Family  
25                     Services Act, a 'child in need of

1 protection'. A check with the  
2 Child Protection Centre on April  
3 19, 2006 revealed that the man  
4 identifying himself as Phoenix's  
5 'godfather' (no name was noted on  
6 the chart) and was clear that he  
7 had been concerned about Phoenix's  
8 condition since November  
9 particularly as her father had not  
10 acted to remedy it. There had  
11 been an earlier visit to a walk-in  
12 clinic which resulted in a  
13 recommendation to take Phoenix in  
14 to a hospital to have the object  
15 removed."

16

17 Do you have any comments on those findings?

18 A So a check with the Child Protection Centre  
19 occurred in 2006, after my involvement?

20 Q That's what it says.

21 A Okay. I'm not certain what -- I guess she's  
22 indicating that I should have deemed it a, a more priority,  
23 because this was a child that was in need of protection.  
24 The hospital dealt with the child and, and treated her.  
25 They contacted our agency a day later. The report was very

1 brief. I don't know that the hospital itself deemed it as  
2 high risk, as maybe this suggests, given their response  
3 time. If there is a high risk situation, they will often  
4 call us right away, hospital social worker will get  
5 involved. None of those things did occur at that time, so  
6 I'm not certain -- I guess part of that would have been why  
7 I also looked at it as not as high a risk of a situation,  
8 or a child that was in need of protection, or apprehension.  
9 So --

10 Q So are you disagreeing with the statement that  
11 Phoenix was a child in need of protection, at the point  
12 that she was brought into the Child Protection Centre?

13 A Well, she had something up her nose and it was  
14 there for awhile, according to this very vague -- it's  
15 vague information. I don't know the context of it and none  
16 of that was clarified to me, so I'd want more information  
17 to determine what, how that decision was made, I guess, is  
18 what I'm going to say to that.

19 Q Okay. So at the very least, you would have to do  
20 further investigation?

21 A Yeah.

22 Q And then if we scroll down, there's again,  
23 factual reporting as to what happened with respect to the  
24 apprehension, which you weren't personally involved in;  
25 correct?

1           A     I wasn't.

2           Q     Okay.  And then if we go to the next page, again,  
3 there's discussion about attempts made to contact Mr.  
4 Sinclair over the following days.  The fact that his sister  
5 called to inquire about Phoenix, that's all matters that  
6 you referred to in your transfer summary?

7           A     Yes, that's correct.

8           Q     And then the report writer references the fact  
9 that Phoenix's first days in care were documented,  
10 documented in agency logs and I don't think there's  
11 anything in this factual report that is of a contentious  
12 nature, but you can tell me if you think there  
13 is.

14          A     I don't think so.  It's basically the same as  
15 what's in my report in the children's log, so --

16          Q     Right.  And then the next page, 142, again,  
17 reiterates the contents of your assessment verbatim.  And  
18 if we can go to the next page, 143, it says now there --  
19 she's talking about your involvement further:

20

21                    "In     reviewing     the     court  
22                    transcripts provided by [Winnipeg  
23                    Child     and     Family     Services]  
24                    external counsel and the legal  
25                    file ... it appears that, despite



1           several requests, no particulars  
2           were provided by the assigned  
3           Family Services worker.       The  
4           Intake worker had developed a  
5           detailed and thoughtful assessment  
6           of the family and a recommendation  
7           that Phoenix stay in care until  
8           her safety could be assured by  
9           means of demonstrated, observable  
10          change in her parents.       This  
11          worker was present at the court  
12          date when Ms. Kematch agreed to a  
13          consent order of three months and  
14          a suggested plan of a parenting  
15          capacity       assessment       and  
16          participation   In a type of  
17          parenting education program.   The  
18          Intake worker was clear that Mr.  
19          Sinclair had failed to respond to  
20          all [the] efforts to involve him  
21          in the planning of what would be  
22          needed to bring Phoenix home.   It  
23          was also clearly stated that  
24          ongoing planning would be the  
25          responsibility of the assigned

1                   Family Services worker."

2

3                   So is there anything that you want to comment on  
4 with respect to the reference to your involvement?

5           A       Not to my involvement, no.

6           Q       Okay. Can we just scroll to the bottom of that  
7 page for a minute please?

8                   And there had been a footnote in the paragraph  
9 that referred to your involvement and we can see at the  
10 bottom, it says:

11

12                   "As the case would be managed by a  
13 worker providing ongoing Family  
14 Services, the Intake workers role  
15 in future planning was very  
16 limited."

17

18                   So, that something you agree with?

19           A       Yes, I mean, we would provide, like I said,  
20 suggestions, considerations, information that would allow  
21 the assigned worker to continue on with assessment and  
22 determining a case plan with the family. So we weren't  
23 responsible for the ultimate case plan with respect to that  
24 family.

25           Q       I'm not aware of any further references to you in

1 this Section 10 report. Are you -- have, have any been  
2 brought to your attention?

3 A Not that I'm aware of, no.

4 Q Is there anything more you want to say about  
5 these three reports?

6 Would you have liked to have been shown the  
7 reports at some earlier date?

8 A I think it would have been fair to have seen  
9 them, given that there's comments about my work. It's  
10 important to know, when you're involved in a case like  
11 this, when something like this happens, what has been  
12 noted.

13 Q From an educational perspective you mean?

14 A From a, well, from an educational perspective,  
15 yes. These existed and I didn't know what was being said  
16 about me. It would have been nice, perhaps -- I --  
17 probable -- it's not probable, but these reports are  
18 written without any input from the people that they're  
19 talking about. I guess --

20 THE COMMISSIONER: But in, but in the case of --  
21 in none of the three reports were you interviewed by the  
22 report writer?

23 THE WITNESS: Not at all. So I mean, it's all  
24 based on a file, written information. So I don't know if  
25 they got a full picture, in terms of what this family was

1 really like and what they struggled with and how the agency  
2 attempted to work with them, just from file recording. So  
3 I don't know if it would have been more helpful or  
4 enlightening to actually have met with the people who  
5 worked with them.

6

7 BY MS. WALSH:

8 Q The Section 4 report was prepared on the basis of  
9 interviewing some workers --

10 A Um-hum.

11 Q -- but you weren't interviewed?

12 A No, I wasn't.

13 Q Okay. And would it have been helpful for you to  
14 have had a meeting with the agency, either on your own, or  
15 with the other workers involved in this file, to discuss  
16 what happened and how it might be prevented?

17 A Well, it, I believe that after this had happened,  
18 there were steps taken by the agency to start informing all  
19 workers, just not the ones that were involved in the family  
20 file, of changes that would be coming, or things that we  
21 could be doing differently, as an agency, to work with  
22 families, so that we could prevent this kind of thing. So  
23 it wasn't specific to us. It was an agency effort, so --

24 Q Were you aware of your involvement when --

25 THE COMMISSIONER: Well, just, just a minute,

1 before you go on to that, have you seen those changes come?

2 THE WITNESS: Yes, there have, there have been  
3 changes, in terms of the recording at the intake level.  
4 There's a, a new system in place where recording is -- in  
5 terms of -- it's different, in terms of how recording is  
6 entered. So that information is, it's, it's more available  
7 and it's, it's required, when you're at an intake level, to  
8 provide that. So that's more helpful. And then there are  
9 more, there are program, there are, there are developments  
10 with respect to decision making and risk assessment that  
11 are being implemented.

12 THE COMMISSIONER: Will you be going into that, I  
13 guess, in phase 2?

14 MS. WALSH: We will be, yes, but I think, Mr.  
15 Commissioner, you're absolutely right to be asking the  
16 worker what, what changes she's aware of, given that she is  
17 still working within the system. She isn't still an intake  
18 worker.

19 THE COMMISSIONER: Well, she said that they, they  
20 were all told, after this event, that there were changes  
21 coming that were going to assist them in their work. So --

22 THE WITNESS: Um-hum.

23 THE COMMISSIONER: -- they're -- might help to  
24 avoid a, a repeat of this --

25 THE WITNESS: Um-hum.

1 THE COMMISSIONER: -- tragedy; isn't that  
2 correct?

3 THE WITNESS: Yes, and like I said, there were  
4 the -- like, I mean, just the two -- like, the ones that  
5 I'm just thinking of right off the hop, because my mind's a  
6 little bit fuzzy right now, but the intake module was  
7 introduced and that was a newer, a, a different version of  
8 recording our involvement, or keeping track of our  
9 involvement with families and the, and there are different  
10 developments with respect to case work and more education  
11 on case, case work management and standards that have, that  
12 we've all had to take training on, so there have been  
13 efforts by the agency to attempt that. I don't know that  
14 it has impacted on the workload, or our ability to get out  
15 there as quickly as we possibly can, but there are efforts  
16 to make changes.

17 THE COMMISSIONER: For the benefit of children  
18 and families?

19 THE WITNESS: For the benefit of children and  
20 families, yes.

21 THE COMMISSIONER: And it may, even though the  
22 workload might not have changed, it might have had that  
23 other effect that it was intended to have?

24 THE WITNESS: Yes.

25

1 BY MS. WALSH:

2 Q So while we're talking about changes, are you  
3 aware of any different requirements for face-to-face  
4 contact that exist, as compared to the time that you  
5 delivered services to Phoenix and her family?

6 A At an intake level, I, I haven't been there for  
7 awhile, so I'm not certain what there is with, with respect  
8 to that. At a family service level, there are requirements  
9 for children in care, that we must be meeting with them  
10 within a certain period of time. And I believe, with the  
11 structured decision making tools that we have, that we are  
12 incorporating, or that the agency's incorporating, that  
13 there are expectations as to when family workers should be  
14 meeting with families.

15 Q You remained an intake worker until 2009?

16 A Yes.

17 Q So while you were an intake worker, did you  
18 experience any of the changes that resulted from the  
19 recommendations that flowed from the reports that came out  
20 of Phoenix's death?

21 A As I indicated, I mean, there was a different  
22 module for our intakes to be recorded on. We weren't just,  
23 we weren't using CFSIS in that regard, or just only CFSIS,  
24 so that was helpful, in terms of getting information, you  
25 know, more readily, at the intake level. Not all agencies

1 can access that, if you're not employed at ANCR, I think,  
2 so that maybe is a little bit of a struggle, but like, as,  
3 as a Winnipeg Child and Family Services worker, I can't  
4 access recording in the intake module of ANCR. It can only  
5 be within, it's only within the system. So within the  
6 system it's helpful for the information sharing.

7 Q Okay.

8 A In terms of face-to-face, I mean, again, as I  
9 indicated to you, my work, my workload issues continued on  
10 into 2009, so my practice was to do the best I could with  
11 what I had and meet with families as quickly as I could.  
12 So I don't know if there was anything that changed that,  
13 that much.

14 Q In your view, what's the answer to workload  
15 issues?

16 A I guess it's a big answer, because it's not as  
17 simple as telling the system these are all these standards  
18 that you should be following and that will take care of  
19 everything. We deal with really complex family situations  
20 and depending on where they're coming from, lack of  
21 community resources, increased issues with respect to  
22 addictions and mental health, which makes things much more  
23 complicated, families voluntarily placing their children  
24 into care much more -- at higher numbers, the system can  
25 try and change as much as it can sometimes, but if



1 everything else around, in our community, is also  
2 escalating, in terms of their needs and their, and their  
3 problems that they're trying to deal with, I don't know how  
4 we can keep up, to be honest. It's, in my experience, over  
5 20 years, things have changed. It's not easier to do my  
6 job.

7 Q You mean notwithstanding changes in the system?

8 A Yeah, yeah, I mean, I think that, you know, we  
9 all try to do the very best that we can, whether people can  
10 believe that or not. We have a lot of hope, we have a lot  
11 of belief that people can make changes, or families can  
12 make changes. Sometimes if I didn't have those, my day  
13 would be very, very difficult, because sometimes that's all  
14 you had --

15 Q So --

16 A -- with a family.

17 Q Sorry, did I cut you off? I'm sorry.

18 A No.

19 Q So, is, is, very simply, one answer to the  
20 workload concerns reducing the need, prevention?

21 A Well, prevention would be helpful, so if you  
22 could look at some prevention programs that could be in  
23 place, even within system. When we had those, we had, we  
24 had a couple of them and they were helpful, in terms of  
25 dealing with families who had teenagers that were out of

1 control. But those programs were changed and something  
2 else came about as a result of that. So I think that it  
3 would be helpful if we found practical interventions that  
4 would actually really adequately meet families' needs in a  
5 realistic fashion, you know? We can tell them what we  
6 think we need them to do, but if they can't do it because  
7 they don't have enough food and they don't, you know, they,  
8 they're struggling in maintaining their three or four, or  
9 two kids in their home because they're a single parent and  
10 they don't have a lot of resources, you know, we, I think  
11 we have to be fair and mindful that these are people that  
12 are working hard to do the best they can. So we have to  
13 come up with better solutions as to what we can offer them  
14 for intervention. So that could be helpful, like, some  
15 practical intervention, some practical and more available  
16 resources. I always hope for that and I know that other  
17 people do. And I know the community resources try as much  
18 as they can as well, with what they have, so -- but you  
19 know, to say that one system has to make all the change and  
20 that will take care of everything and, and no child will  
21 ever be harmed again, I don't know that that's going to  
22 happen by --

23 Q Right.

24 A -- just looking at one system.

25 Q You're saying that protecting children can't just

1 be put on the shoulders of the child welfare system?

2 A We, we have that burden, but it would be helpful  
3 if we had other supports and resources to assist in that  
4 regard, for the families. Not for us --

5 Q Right.

6 A -- but for the families.

7 Q And you talked about community resources and  
8 addressing issues of poverty --

9 A Um-hum.

10 Q -- and employment --

11 A Yeah, education.

12 Q -- education, childcare?

13 A Yeah.

14 Q Those are all things that, that would help with,  
15 ultimately with workload?

16 A Yeah, and these are all the things that our  
17 families struggle with and, and we have to try and help  
18 them overcome those and sometimes it's very difficult.

19 Q Was there anything about this family's  
20 circumstances, either in terms of their, their factual  
21 circumstances, or the nature of the services that were  
22 being delivered by the agency that made, that stood out in  
23 your mind, as compared to other families you were working  
24 with?

25 A This family situation was fairly similar to many

1 families that I had dealt with, whether it was single  
2 parent, dealing with addictions issues, conflict with the  
3 other parent, struggling to, you know, managing childcare,  
4 relying on other family members. It wasn't unique in and  
5 of itself. There's certain things about it that, you know,  
6 make them different, but oftentimes I dealt with families  
7 that struggled with poverty, struggled with parenting,  
8 struggled with addictions, mental health. It was more, it  
9 was more common than not.

10 Q I just have one other question for you, in terms  
11 of during the time that you delivered services to the  
12 family, who, within the agency, was supposed to be aware of  
13 such things as the number of times that a file had been  
14 opened, whether a child had been seen, whether problems  
15 that were identified when a file was opened were addressed  
16 before the file was closed? Whose responsibility, within  
17 the agency, was it, to be aware of and take note of those  
18 things?

19 A I'm not quite clear what you're asking, I'm  
20 sorry, I'm just --

21 Q Well, was that something that the worker had to  
22 do?

23 A It's what the worker would find out as they did  
24 their assessment and that information would then go to  
25 their supervisor.

1 Q And as a worker, were those the types of things  
2 that you would take note of?

3 A In terms of how many times a family's been  
4 involved with the agency, or -- I'm not, like, I'm not  
5 understanding what you're saying.

6 Q Well, who's, who's got oversight over what's  
7 happening with a family? I mean, we've seen, we've seen  
8 the file opened and closed --

9 A Um-hum.

10 Q -- now, in the last two weeks, on a number of  
11 occasions --

12 A Um-hum.

13 Q -- sometimes in the name of one parent, sometimes  
14 in the name of another, a variety of different workers --

15 A Um-hum.

16 Q -- who's, who's watching over the file overall?

17 A Yeah. Well, if the file is open to an agency, it  
18 would be that worker and their supervisor. But if a file  
19 is closed, then it is closed and nobody from the agency is  
20 involved with that family.

21 Q Okay. And other than the worker and the  
22 supervisor in the agency --

23 A Um-hum.

24 Q -- do you, as a worker, have an expectation that  
25 anyone else within the agency will be providing oversight

1 to the services delivered?

2 A There may be other, like, another resource  
3 involved, like an in home support worker, or whatever, but  
4 I don't know that they're, they're not case managing that  
5 case. They're an auxiliary worker. So --

6 Q So responsibility for what happens with a, a  
7 family rests with who?

8 A The worker.

9 Q And their supervisor, or?

10 A And their supervisor.

11 MS. WALSH: Thank you, Ms. Forrest, those are my  
12 questions.

13 THE COMMISSIONER: Well, is your, is your, is the  
14 CFSIS system such, or some other system, where if you go in  
15 and use a name of a person, whether Sinclair or Kematch --

16 THE WITNESS: Um-hum.

17 THE COMMISSIONER: -- would it bring up  
18 everything that has ever, ever involved that family? Can  
19 you coordinate it? I mean, the -- and I'm thinking back to  
20 the days when, when the father and the mother here each had  
21 their own --

22 THE WITNESS: Um-hum.

23 THE COMMISSIONER: -- child-in-care files.

24 THE WITNESS: Um-hum.

25 THE COMMISSIONER: Can, can you, can you go in

1 there somehow and get the whole picture?

2 THE WITNESS: I think that's what I attempted to  
3 do in my history and my assessment, was to bring together  
4 the information from the two files. When you go into it,  
5 yes, you can see all of that involvement, but the two files  
6 were not combined in that way.

7 THE COMMISSIONER: But there are, there are  
8 child-in-care files and --

9 THE WITNESS: Um-hum.

10 THE COMMISSIONER: -- there are protection --

11 THE WITNESS: Yeah.

12 THE COMMISSIONER: -- files.

13 THE WITNESS: And you would see that in CFSIS.  
14 You would see, if you pulled up, say, the name of Steven  
15 Sinclair, it would indicate whatever families he was  
16 involved with and whatever involve -- like, it would show  
17 he had a protection file, it would show he had involvement  
18 with Samantha Kematch's file, it would show he had  
19 involvement because there's a CIC, a child-in-care file  
20 with Phoenix. So he would be associated with all those  
21 files. So it would show that, yes. But it would not be  
22 under one file.

23 THE COMMISSIONER: And that transfer summary  
24 report you wrote --

25 THE WITNESS: Um-hum.

1 THE COMMISSIONER: -- is that available to other  
2 people? In --

3 THE WITNESS: Yes.

4 THE COMMISSIONER: -- in the, in the, in your, in  
5 Winnipeg Family Services --

6 THE WITNESS: Yes, it is.

7 THE COMMISSIONER: -- who are working on this,  
8 on, on any problem that arises in the future with respect  
9 to that family?

10 THE WITNESS: Yes, it would have been attached to  
11 the file and they, they could have access to read it, yes.

12 THE COMMISSIONER: But what about when the file  
13 becomes closed?

14 THE WITNESS: You can still access the recording,  
15 yes.

16 THE COMMISSIONER: It's only when it's sealed by  
17 the court, or --

18 THE WITNESS: If, if a child-in-care file is  
19 sealed then --

20 THE COMMISSIONER: That's something else.

21 THE WITNESS: -- that's something else, yes.

22 THE COMMISSIONER: Yeah.

23 THE WITNESS: But a family service file, you can  
24 always access the recording.

25 THE COMMISSIONER: Closed or not?



1 THE WITNESS: Closed or not.

2 THE COMMISSIONER: Okay. That's helpful.

3

4 BY MS. WALSH:

5 Q And that's part of what you contemplate when you  
6 create your transfer summary, is that it's a record for  
7 anyone who picks up the file in the future?

8 A Yes.

9 MS. WALSH: So, Mr. Commissioner, my time  
10 estimate was inaccurate, I apologize.

11 THE COMMISSIONER: If what?

12 MS. WALSH: My time estimate was inaccurate.

13 THE COMMISSIONER: Oh, well ...

14 MS. WALSH: I don't, I don't know what your --

15 THE COMMISSIONER: We didn't waste any time, so,  
16 you know, you, you don't have to apologize for that.

17 MS. WALSH: I don't know how many questions there  
18 are, whether the other counsel could finish within half an  
19 hour, if the witness were willing to stay until 5:00. I'm  
20 not sure. Or whether you'd prefer just to start tomorrow  
21 morning?

22 THE COMMISSIONER: Well, I'd prefer to use the  
23 next few minutes, if we can get some of the questioning out  
24 of the way.

25 Are you first, Mr. Gindin?

1           MR. GINDIN: I was going to suggest that, having  
2 regard to the four hours of direct examination, I, I need  
3 to refer to my notes and go over them before I decide what  
4 I'm doing. I don't know if anyone else has a few  
5 questions. But at 4:30, I would suggest we leave the cross  
6 for tomorrow morning.

7           THE COURT: All right. I guess you'll find I'm a  
8 bit of a driver, but I, I understand your point. All  
9 right. We'll -- Mr. Ray, anything you want to say?

10          MR. RAY: No, I, I was going to indicate that I  
11 didn't expect to ask any questions. But in light of Mr.  
12 Gindin's comment, I don't think it matters.

13          THE COURT: All right. Well, I'll accede to the  
14 request that we adjourn six minutes early and we'll be here  
15 at 9:30 tomorrow morning.

16          MS. WALSH: And we owe you six minutes.

17          THE COMMISSIONER: Right.

18          MS. WALSH: Thank you.

19          THE COMMISSIONER: Thank you.

20

21                 (PROCEEDINGS ADJOURNED TO NOVEMBER 22, 2012)