



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

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

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

THURSDAY, NOVEMBER 29, 2012

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2 PROCEEDINGS CONTINUED FROM NOVEMBER 28, 2012

3

4 THE CLERK: All right. We are now on the record.

5

6 **LORNA LEE HANSON,** previously
7 sworn, testified as follows:

8

9 THE COURT: All right, Mr. Olson.

10

11 DIRECT EXAMINATION CONTINUED BY MR. OLSON:

12 Q While you were employed as a supervisor, did you
13 do any front line work?

14 A Yes. I did some tasks that would be considered
15 front line.

16 Q What circumstances would cause you to do front
17 line work?

18 A Learning opportunities for newer staff, so we
19 would do some fields together as well as there were
20 occasions where workers were all out of the office and an
21 individual worker, due to safety issues, couldn't go alone,
22 so I would attend with them. As well as if I was covering
23 case loads because workers had departed the agency, so
24 there were some daily logistical tasks that I may take care
25 of, some I may delegate.

1 Q Would that involve making attempts to see
2 clients?

3 A Generally, no.

4 Q Is that something you would do if you were
5 covering for a worker that left the agency?

6 A Generally a manager tries to be available and in
7 the office so those tasks are delegated. We had an on-call
8 system so that there was the idea that there would always
9 be a worker available to attend to urgent matters or if
10 families required a visit. Ongoing kind of visits of
11 families, during times when cases were not assigned to a
12 specific worker would not have been routinely done.

13 Q When you were supervisor, were you responsible
14 for training the workers?

15 A To some degree, yes.

16 Q What did that involve?

17 A So staff would attend competency based training,
18 core comps. The supervisors were provided with a manual of
19 information that was our guide to ensure that what was
20 being learned in a classroom setting, that knowledge could
21 be transferred to day-to-day operations. As well as, as a
22 manager, part of managing is understanding your -- the
23 strengths of your staff and capitalizing on that and
24 training on that, as well as identifying areas that needed
25 improvement or more experience, so to ensure that that

1 happens and that there is guidance, whether that's
2 mentoring, through discussion, clinical observations, and
3 so forth.

4 Q Did the workers you were supervising had -- have
5 sufficient training, in your view?

6 A The training varied. I mean, there are some
7 staff that, like myself, when I first started had left --
8 you know, completed my degree and was employed immediately
9 so training varied. There's no, in our province, no
10 provincial standardized mandatory training for staff so the
11 training across the board varies but overall staff are --
12 have training of some -- to some degree.

13 Q But this is a question specifically with respect
14 to the workers were you were supervising at that time.

15 A There weren't --

16 Q Did they, did they have sufficient training, in
17 your view?

18 A Well, again, there were a number of staff, the
19 training varied. I had a strong unit, they -- but again,
20 some were newer than others so their training varied, their
21 expertise, so what one would do is they would ensure that
22 if a newer worker was assigned to a case that if there
23 needed to be a partnership to ensure that that -- if there
24 was a gap in knowledge or experience that that was
25 potentially covered off by pairing.

1 So, did I believe that they were adequately
2 trained? They had all the training that was available to
3 them.

4 Q Okay. But was the training that was available to
5 them, was that adequate, in your view?

6 A I believe that there should be provincial
7 mandated standardized training in our province.

8 Q But at the time, the training that they did have,
9 the workers under your supervision, was that training
10 sufficient?

11 A I'm not sure I can answer that.

12 MR. RAY: Mr., Mr. Commissioner, I'm -- I was
13 just going to say I think the adequacy of the training
14 would probably be up to the subjective to the person being
15 trained and how they feel as to whether they're adequately
16 prepared. I'm not sure Ms. Hanson can say whether a person
17 felt they were adequately trained. I'm not sure if we're
18 splitting hairs or not but ...

19 MR. OLSON: And that's not my question, Mr.
20 Commissioner, it's whether, as a supervisor, in her view,
21 supervising these workers was the training adequate?

22 THE COMMISSION: Yeah, I think, I think you asked
23 that a number of times, I'll let her take one more run at
24 it and then I think we should leave that.

25 MR. RAY: Thank you.

1 THE WITNESS: Do I think that there's always an
2 opportunity for more training? For sure. Do I think --

3 THE COMMISSIONER: No. No, no, that's --

4 THE WITNESS: Do I think it was adequate --

5 THE COMMISSIONER: Yeah, that's --

6 THE WITNESS: -- at the time?

7 THE COMMISSIONER: -- that's the question.

8 THE WITNESS: I think it could have been
9 improved, yes.

10

11 BY MR. OLSON:

12 Q And as a supervisor did you do anything to
13 further improvement of the worker's training?

14 A Yes. I did mentoring, we did -- we had team days
15 where there was opportunity for educational pieces. We
16 encouraged staff to attend training and tried to ensure
17 that their workload was freed up so that they could do
18 that. Those types of things. But again, training dollars
19 and the availability of training dollars is limited within
20 our departments, our organizations, so ...

21 Q How could training have been improved at the
22 time?

23 A Again, I believe that child welfare workers
24 require specific training that is standardized so that
25 every worker receives the same training across the board.

1 Q That wasn't occurring at that time?

2 A Core competency based training was being
3 implemented around that time so there was an attempt, yes,
4 to standardize and ensure that there was some training on
5 core -- what would be considered core competencies.

6 But again, because this was being imputed at that
7 point in time, there were workers that had been in the
8 field for a number of years, there were workers -- everyone
9 came with a different kind of background so it varied and,
10 and it was a new initiative but it was an attempt to, yes,
11 try and ensure that staff had training.

12 Q Was core competency training a prerequisite to
13 working as a family support worker at the time?

14 A A family support worker?

15 Q Sorry, family service worker?

16 A It was expectation of Winnipeg Child and Family
17 that all family service workers would attend to core
18 competency based training, yes.

19 Q And was --

20 A Did you have to have it prior to being employed?
21 No, because it was an internal training opportunity.

22 Q Was there a time within which you had to attend
23 the core competency program after you started working?

24 A Well, core -- I mean, I started as a family
25 service worker in '89, core competency training didn't come

1 into effect for a number of years after that. When it did
2 come into effect there was timelines around implementation
3 of that as far as ensuring that all staff attended that
4 training.

5 Q But in 2000 and 2001 did you have some workers
6 that had been working with your unit for some time that
7 hadn't attended the core competency training?

8 A I can't recall which workers had attended, hadn't
9 attended, that would have to -- you would have to look in
10 their -- that's a lot of years ago to remember, sorry.

11 Q In 2000, 2001 were there any standards in terms
12 of when you could close a file?

13 A Yes, there are standards in regards to case
14 closures.

15 Q And did those standards guide your practice in
16 terms of when you closed files?

17 A Yes.

18 Q What were the standards?

19 A Well, I can't say the standards, specifically,
20 that's not my day-to-day job, so there are thousands and
21 thousands of standards and regulations that guide our work
22 so my day-to-day job now doesn't focus on those. What I
23 can tell you is that the standards are around, ensuring
24 safety of children and that case plans were completed.
25 That didn't necessarily mean that everything was perfect in

1 order for a file to be closed but there were certain pieces
2 of work that needed to be done. There were court
3 parameters that guided closing of files, assessments that
4 guided closing of files.

5 Q Was it the safety of the children that governed
6 overall when you would close a file?

7 A The safety of children governs all of our work
8 so, yes.

9 Q So you would have to make a determination, before
10 you closed the file, that the children seemed to be safe in
11 the home?

12 A Yes. Every time we close a file, based on the
13 information we have at that point in time, the safety of
14 the children is always taken into consideration.

15 Q Would that be the primary consideration, though?

16 A It would be one of the primary considerations,
17 yes, because our mandate is to ensure the safety of
18 children so if children are unsafe we're not going to be
19 closing a file so, yes, I would say it's primary.

20 Q Are you saying there are other primary
21 considerations, as well?

22 A Well, when you're talking about safety, there's
23 imminent safety, imminent risk, there's long term safety so
24 safety may be -- is, is somewhat on a continuum. So does
25 that mean that the risk for future unsafe situations

1 exists? Possibly. But closing a file you would look at
2 then what other things have been put into place to mitigate
3 those risk factors to ensure long term safety but it's
4 always just to enhance it, we have no control over all of
5 those factors.

6 Q But you don't leave -- you don't close a file
7 when children are at risk?

8 A Correct.

9 Q And what about when children have -- there are
10 safety concerns for the children, do you -- can you close a
11 file?

12 A No.

13 Q To determine whether children are at risk or safe
14 when the file is closed, at that point in time is the
15 standard to have contact with collaterals?

16 A I don't believe that there's a standard
17 indicating that, best practice is that you would have
18 collateral contacts so that it's another check and balance
19 for workers to have a better understanding of what's
20 happening for that family. So my practice always was to
21 have collateral contact.

22 Q That would be prior to closing the file?

23 A Yes.

24 Q That would tell you how the family is doing, at
25 least from the point of view of that collateral?

1 A Yes, it would be another perspective on --
2 another piece of information that would assist us in
3 determining the case closure or not closure.

4 Q It would help you understand what supports were
5 in place?

6 A Yes, and to verify those. Often we're doing some
7 of those collateral checks to verify information that the
8 family may have provided or other sources may have
9 provided. Unfortunately, people are not always honest with
10 us when we're asking questions so we do a lot of checking
11 to try and verify information.

12 Q What about face-to-face contact with the clients
13 prior to closing the file? And particularly the children.

14 A Yes, face-to-face contact is required, however,
15 again, sometimes notes don't always reflect that -- it will
16 say face-to-face contact, notes don't always reflect
17 exactly who that face-to-face contact was with. So, there
18 are times, I suppose, where a family is seen and one child
19 is not in the home at that point in time, on various family
20 visits or drop-by visits or appointment times.

21 Q If that occurred, would that meet standards, as
22 far as keeping records and note taking?

23 A There -- standards are not specific about --
24 standards indicate that notes of situations have to be
25 documented. It doesn't necessarily say that the note --

1 standards don't specifically outline date, time, all of
2 those pieces. Our intake system, the intake module, came
3 into effect in -- as a way to improve the system so that we
4 could better track face-to-face contact with specific
5 people, so additional windows were added to try and
6 emphasize and better document those kind of key points.

7 Q In your -- when a worker is closing a file,
8 though, they want to ensure they've seen the family prior
9 to closing the file?

10 A Yes, that's the goal.

11 Q And you would want to have a record of that
12 occurring?

13 A Yes.

14 Q So in terms of noting that, that would be a
15 significant thing to note for a worker?

16 A Yes, but a worker may say that I went out and saw
17 the Sinclair, Kematch family, it might not have said
18 specifically that they saw Sam, Steven, Phoenix. It may
19 have just said I saw the family.

20 Q Would you not expect that note, though, would
21 have some sort of assessment as to what was seen, what was
22 observed, and how the family was doing?

23 A Yes, there will be ongoing notes indicating that,
24 yes.

25 Q And if those notes weren't present, at a closing,

1 would that present a problem for you as a supervisor?

2 A It presents a variable that I consider when
3 making a decision to close or not close. There would have
4 been, in supervision, some discussion as to why the family
5 couldn't be seen.

6 We have many, many resistant families within our
7 system so it is sometimes difficult to meet with them.

8 Q I understand the difficulty but is it ever
9 acceptable to close a file, an open protection file, when
10 there hasn't been a face-to-face visit with the family?

11 A Well, no, but there would have been multiple
12 face-to-face visits during the lifetime of the file being
13 opened. So if you're asking is there a standard that says
14 the, the family has to be seen five days prior to the
15 actual closing of the dictation, no such standard exists.

16 Q So not within five days but is there a
17 timeframe --

18 A No, there is no timeframes there.

19 Q When the decision is made to close, should the
20 family have been seen, by that point, within the recent
21 past?

22 A It's, it's at management discretion, there's no,
23 to my knowledge, no specific timelines indicated as to when
24 a family has to be seen prior to closing.

25 Q How about for best practice?

1 A Well, best practice would be that there is -- the
2 family is seen within 30 days of the closing, yes.

3 Q Does best practice govern your work?

4 A Yes. I try to.

5 Q Do you expect it would govern, govern the worker,
6 the workers you supervise?

7 A Yes. We try that.

8 Q And upon closing the file, do you expect that the
9 problems identified at the beginning of the file, the
10 reasons for opening the file, do you expect that those
11 problems would be resolved?

12 A Some will be resolved, some will be mitigated,
13 some will be partially resolved. Every person in this room
14 has unresolved issues of some kind, of some nature, so to
15 say that everything is all resolved, no.

16 Q But the issues that were identified would, would
17 have been enough to open a protection file, initially?

18 A Yes, yes, that's what happened in this case.

19 Q So to what extent would those types of issues
20 have to be addressed before the file could be closed?

21 A Was -- the immediate safety of the children would
22 have to be addressed. The -- ensuring that there is some
23 kind of ongoing supports in place to ensure that the family
24 should, if they require them or need ongoing supports, have
25 that in place. That any court issues are resolved.

1 Q So you said safety, supports in place and court
2 issues resolved?

3 A Right. In a kind of global way, yes.

4 Q In this case your unit provided services under
5 the Samantha Kematch file; right?

6 A Under the Samantha Kematch file and then later
7 under Steven Sinclair.

8 Q And that occurred -- the Steven Sinclair file was
9 opened while you were on maternity leave?

10 A Not I -- no, I opened that.

11 Q You opened the Steven Sinclair file?

12 A Yes.

13 Q The file was received by your unit from Mr.
14 Orobko?

15 A Yes, according to the documents I've seen, yes.

16 Q Do you recall when that was?

17 A No. You would have to show me the document,
18 sorry.

19 Q Okay, we'll look at that in a minute. You signed
20 -- you assigned the file to Kerri-Lynn Greeley; right?

21 A Yes.

22 Q Was there a reason for assigning to -- assigning
23 the file to her in particular?

24 A It could be that she was the next person up to
25 get a file that week or day. As well as the fact that I

1 needed a worker who could immediately hit the floor
2 running, had skills to deal with court matters. Kerri-Lynn
3 had all of those. But I also had lots of other workers
4 that could have been assigned that file --

5 Q Was --

6 A -- with the same skills.

7 Q -- was she one of your most seasoned workers?

8 A Yeah, probably she was one that had been in child
9 welfare longer than some of the others.

10 Q You said you were involved in hiring her,
11 initially?

12 A Yes.

13 Q And you saw her then, I take it, as a good worker
14 at the time?

15 A Yes.

16 Q Was she one of your stronger workers at the time?

17 A I had lots of really strong workers, at that
18 point in time, but yes, she's a very strong competent
19 worker.

20 Q The file would have come from Mr. Orobko to you,
21 initially, as supervisor?

22 A Yes.

23 Q What did you review when, when you got the file?

24 A My practice, because I can't recall 12 years ago,
25 what specifically I reviewed on this file but my practice

1 is always to review the intake transfer summary, the court
2 material, previous transfer closing summaries, any
3 pertinent medical information.

4 There would have been a child in care so court
5 documentation would have been reviewed to make sure we're
6 meeting the timelines that the courts have set out.

7 If there were court notices to be served, all of
8 those types of things would have been reviewed.

9 Q Those are all important and significant documents
10 to review?

11 A Yes.

12 Q You review them and then when you transfer it to
13 a worker you expect them to review those documents, as
14 well?

15 A Yes. When I assign a file to a worker I often
16 will -- my admin would assign a file, do the clerical
17 pieces of that, but then I would generally sit down with a
18 worker, give them a rundown of this is what this file looks
19 like, these are kind of the things that need to happen
20 quickly, especially when there's court and an infant. So
21 there are a number of things that have to happen very
22 quickly so that they have an opportunity to discuss with me
23 what else is happening on their case load so we can balance
24 work load and address any kind of factors that may be
25 coming up so ...

1 Q The transfer summary, that, that is the document
2 that's prepared by the previous unit to give a new worker
3 an idea of what the file is about. Is that right?

4 A Yes.

5 Q And so that's one of the first documents you look
6 at?

7 A Yes, it's always on -- it's the top piece of
8 paper on the file because you have to sign off on accepting
9 or refusing the transfer.

10 Q The transfer summary is at page 37038 of the
11 Samantha Kematch file, CD1795. Would this be the transfer
12 summary you would have reviewed at the time?

13 A Yes.

14 Q In this document which information would be
15 particularly important to you?

16 A All of it.

17 Q I take it you would start by reading the
18 presenting problem?

19 A Yes. Yes. I mean you, you would look at who
20 does this involve, you would look at the ages of the
21 children, you would look at if there's more than one parent
22 involved, history of involvement, interventions. I mean,
23 you would read the entire document and you would be reading
24 it, analyzing it, and considering your next steps.

25 Q You would be taking the important information out

1 of the document to determine how to deal with the file?

2 A Correct.

3 Q In this intake transfer summary, under presenting
4 problem --

5 A Um-hum.

6 Q -- what would you identify there as being
7 significant in terms of doing your analysis?

8 A You have a newborn child, no prenatal care. That
9 the family is not prepared, they have no concrete kind of
10 basic needs met for this child. They do not appear and are
11 indicating that they are not emotionally ready to parent.
12 Night duty has responded which means the hospital has also
13 likely indicated some concern or some risk. And that
14 Samantha, herself, presented as quite immature and did not
15 seem to understand the seriousness of the matter. And that
16 the child was placed under apprehension.

17 Q It also appears, from reading this presenting
18 problem, that Samantha's had another child and that child
19 was in the care of Cree Nation. Do you see that?

20 A Under the history? Yes.

21 Q Under presenting problem.

22 A Right, yes. Yes.

23 Q Would that be significant?

24 A Yes.

25 Q And then it says why --

1 "When asked why, Samantha thought
2 that it was because they thought
3 ... she (might) hurt the baby, as
4 her mother did her."

5

6 A Right.

7 Q What, what would that information -- would that
8 also be significant?

9 A Yes.

10 Q Okay. And the, the information you have
11 identified here as being significant, why would it be
12 significant?

13 A Because they're all risk factors that one
14 considers when developing the case plan and ensuring the
15 safety of children.

16 Q Then under history of involvement, that will give
17 you the, the family's history and involvement with Winnipeg
18 Child and Family Services?

19 A It gives us various history of involvement with
20 various agencies.

21 Q You see when, when you go through it, it talks
22 about Samantha Kematch's experiences with Cree Nation Child
23 and Family Services and her, her being a ward of that
24 agency?

25 A Yes.

1 Q It goes through her concerns that were brought up
2 about her at that point, violence and, and being at a level
3 four setting?

4 A I don't see that in the history right here.

5 Q Go to -- the history goes -- sorry, it actually
6 appears that it's under the interventions heading.

7 A Right. Because it's often -- well, it is
8 standard practise and best practise for the intake worker
9 to review whatever history they have, to then use that as
10 part of their analysis in their intervention, that's what's
11 documented here, yes.

12 Q So this information would be available to the
13 family service worker ultimately assigned the file then?

14 A Yes.

15 Q And it would be available to you, as a
16 supervisor, initially?

17 A Correct.

18 Q Turn to page 37041. Under the heading
19 assessment.

20 A Yes.

21 Q When you read this document, as supervisor, what
22 does the assessment portion tell you?

23 A That both the parents were wards of child
24 welfare, that there were significant issues in regards to
25 Samantha, her mother having alcoholism, neglect,

1 abandonment, abuse. Samantha's years in care were
2 difficult, including running from placements, criminal
3 activity, sexual promiscuity, school, aggressive,
4 attendance issues. That she was in a level four setting
5 due to these behaviours, then transferred to an independent
6 living program.

7 That there was an earlier pregnancy that had been
8 hid, there was no prenatal care. And they had provided her
9 with an opportunity and supports to parent that child that
10 had been unsuccessful.

11 Q She couldn't meet the child's basic needs.

12 A Yes.

13 Q She didn't show much of an interest or motivation
14 in parenting the child?

15 A That's what the dictation says, yes.

16 Q When I read that it seems like a fairly
17 significant -- a lot of problems, a lot of issues?

18 A Yes. She was also, at that time, though, you
19 have to remember, she was an adolescent, herself, so you
20 have a child parenting a child, so that would have been a
21 considerable factor that now she's an adult so there are
22 some differences there.

23 Q At this point she's -- when this assessment is
24 done you see it indicated she's 18 years old?

25 A Yes, she's just legally an adult.

1 Q She was 16 when she had her first child?

2 A Yes, I believe so.

3 Q Would you be looking at what sort of changes may
4 have occurred over that period of time?

5 A Yes.

6 Q If you go onto the next page with -- where it's
7 talking about Phoenix being apprehended from the hospital,
8 see the first big paragraph. You have Samantha advising
9 that hospital staff were worried "that she would hurt her
10 child, much like her mother hurt her." Do you see that?

11 Near the top.

12 A Yes. That Samantha advised hospital staff.

13 Q And if you go further on, it says that Samantha
14 wanted to leave Phoenix with her mother?

15 A Right.

16 Q That bit of information that she was prepared to
17 leave her newborn with the mother, that was abusive towards
18 her, would that concern you when you read it?

19 A Yes. That's one of the reasons that they placed
20 the child under apprehension because it shows, yes, some
21 decision making that's maybe not well thought out and
22 planned or very safe.

23 Q So that impacts how you address the concerns in
24 the file?

25 A Right. The intake worker apprehended based on

1 that lack of concrete preparation, ambivalence, so the risk
2 to the child, at that point in time, was high, therefore,
3 they apprehended the child. So the baby is safe once the
4 file arrives to me because the baby is in foster care.

5 Q The baby is out of the home so the baby is safe?

6 A Yes.

7 Q The -- a number of other workers and supervisors
8 have said that this is sort of a -- was not an unusual
9 case?

10 A No, this is a very standard kind of file that we
11 would have received.

12 Q But despite that it was still a serious and
13 significant case?

14 A Every case is serious and significant because
15 we're responsible for children, that's our mandate, so to
16 say a case is not significant, I would never say that.
17 What I would say is that risk, imminent risk to children,
18 varies on any given day at any given moment, varied on a
19 number of factors, so at this point in time when I received
20 this file, it was a significant case because you had a
21 newborn child in care, before the courts, and so you need
22 to consider what is in that child's best interest and act
23 quickly because you have attachment, bonding, lots of
24 factors to consider for that child's best interest.

25 Q So do you look at then whether the idea would be

1 to have the child return to the home, eventually?

2 A The goal within our mandate is always to look at,
3 if possible, to have children have a sense of permanency,
4 whether that's with biological family or in another
5 setting. Whatever is in their best interest.

6 Q But ultimately safety is a main consideration?

7 A Safety and, of course, families. We know that
8 children ultimately love their parents and parents love
9 their children. Not every parent is able to take care of
10 their kids so we know that children that even end up in our
11 system permanently need a connection with family or
12 community so we're always looking at family and how, if we
13 -- if the parent can't be a parent how do we build
14 innocence of family for that child because otherwise they
15 will search for that for years.

16 Q But even for the need to bond, be with the
17 parent, do you still look at safety as the predominant
18 consideration?

19 A Yes. Yes.

20 Q So you don't put a child into a home that isn't
21 safe?

22 A Correct.

23 Q So you've -- as a supervisor you've said you
24 would have read this transfer summary?

25 A Yes.

1 Q And you wouldn't have yet assigned it to a worker
2 upon reading it?

3 A The policy, at the time, was I think you had five
4 -- I'm not sure but I think it was five days to assign the
5 file. So as a supervisor this file, based on my past
6 practise, I would have assigned this pretty quickly
7 because, again, you have a young infant, you're before the
8 courts, so some things have to happen very quickly. So I
9 would -- this would have been assigned fairly quick.

10 Q At that time Phoenix is in the care of the
11 agency?

12 A Yes.

13 Q We've heard a lot of evidence yesterday and
14 previously about a case plan.

15 A Yes.

16 Q At what time is a case plan formulated?

17 A Immediately.

18 Q Who does the formulating?

19 A Well, the social worker assigned to the file
20 develops a case plan but case plans are always changing and
21 evolving. The best case plans involve families and
22 families are actively engaged in the case planning process,
23 however, there may be things that the family doesn't
24 believe needs to be addressed or worked on and the agency's
25 mandate is then to try and assist families in understanding

1 why they need to take care of certain pieces of business.

2 Q In this case, was the family involved in the case
3 plan, initially?

4 A Well, the family was involved as far as the
5 intake worker appears to have met with the family in the
6 hospital, they're discussing things with them, so the
7 family would have understood and it would have been
8 explained to them why the baby was being apprehended, the
9 next steps in the process and who they would be
10 communicating with. So, yes. And then when Kerri-Lynn was
11 assigned, she would have met with the family and engaged
12 with them.

13 Were they actively engaged? Again, that varies.
14 Often families are more engaged when there is a crisis
15 occurring.

16 Q At this point, with the apprehension of the
17 child, would that be considered a crisis situation?

18 A For some parents, yes, for others, no. We have
19 some moms that give birth and walk out of the hospital and,
20 unfortunately, are back on the corner needing their next
21 hit of crack, so no. To some no, to some yes.

22 Q From looking at the file and being the supervisor
23 in the case, was this family engaged in the case planning
24 process?

25 A They were somewhat engaged, yes, although

1 there's, in the initial intake, one of the concerns is that
2 they're somewhat indifferent and, and unprepared, so I
3 think part of the issue is can we get them more actively
4 engaged?

5 When it hits my desk there is more engagement
6 because there is family visits and different things set up.

7 Q Okay. There is a case plan, you'll see,
8 developed by Mr. Orobko, it appears, before the case is
9 transferred to you -- your unit, page 37036. It's in the
10 -- on the screen in front of you and it says: "Case Plan"?

11 A Yes.

12 Q It says:

13

14 "This Agency to assign a family
15 services worker (Jarvis Office)
16 for on-going service and
17 intervention."

18

19 That would have been your unit at the time?

20 A Yes.

21 Q "A 3 month Temporary Order of Guardianship will
22 be pursued." That's something that your unit would do?

23 A Yes.

24 Q

25 "This Agency will await further

1 case history from Cree Nation C&FS
2 and incorporate same into the on-
3 going case plan."
4

5 A Yes.

6 Q And that, that would mean that information was
7 coming in and that should be considered?

8 A Yes.

9 Q
10 "Some form of
11 psychiatric/psychological
12 assessment will need to be
13 undertaken with respect to
14 Samantha -- this to be arranged by
15 the Agency or the couple ..."
16

17 A Yes.

18 Q Did you have an understanding of why that was
19 indicated in this case plan?

20 A Yes. It was clear that there was some concern
21 about the mother's flat affect and their overall lack of
22 planning, disengagement, so was that as a result of a
23 psychiatric or psychological issue?

24 Q And when you say was that as a result of a
25 psychiatric or psychological issue, were you looking

1 primarily for the cause of that flat affect?

2 A Yes. We're looking for some cause because cause
3 will then inform or direct pieces of the case plan.

4 Q You see in the file and we've heard evidence that
5 eventually the consideration was Samantha suffering
6 depression or post-partum depression. Was that the initial
7 concern, depression?

8 A Well, the initial concern is that she has flat
9 affect and flat affect increases risk to newborn infants so
10 -- because it means you're not really there for them. So
11 the concern is it could be a number of things so, yes, the
12 workers are trained to hypothesize as to what the cause is,
13 so post-partum might have been one of the concerns,
14 depression prior to post-partum might have been one of the
15 concerns. There, there are a number of reasons so there's
16 a lot -- there's a question that needs to be answered.

17 Q Ultimately you want to know why that flat affect
18 is being displayed?

19 A Well, you want to explore why, yes, that exists.

20 Q The purpose of that is to, to determine whether
21 or not that flat affect presents a safety risk to the
22 children or child in Samantha's care.

23 A Well, a safety risk as well as if it's a -- if
24 you have someone who is diagnosed as depressed then there's
25 medications that can be prescribed. If you have someone

1 who has a flat affect because they've been so traumatized
2 their entire life, that no trauma evokes any emotion, then
3 that's a different problem so you need a different solution
4 or different interventions.

5 So, it's not just looking at safety, it's looking
6 at the case plan so that you can provide and offer the
7 family supports and opportunities that fit the problem.

8 Q The next point: "Both parents are to commence
9 participation in an appropriate parenting program." That
10 was something you understood would be part of the case
11 plan?

12 A Yes.

13 Q Was that a fairly standard condition to include
14 in these case plans?

15 A Yes.

16 Q What was the benefit of attending a parenting
17 program?

18 A Many of the families we see have unfortunately
19 not had the benefit of maybe even having their parents
20 there, they, themselves, in this case, were in foster care,
21 that was not -- necessarily had some positive outcomes so
22 you don't know what their entire parenting experience is.
23 They need to learn parenting practises, they need to learn,
24 as part of those parenting practises, just even child
25 development issues, lots of our families don't understand

1 that. So parenting, parenting classes are great for pretty
2 much anybody who's got a baby.

3 Q Next it says:

4

5 "Both parents to attend all weekly
6 visits with Phoenix. Visits to be
7 transferred to the Jarvis office
8 as soon as possible."

9

10 A Yes.

11 Q Those are supervised visits?

12 A Yes.

13 Q Purpose of those visits, what would, what would
14 that purpose be?

15 A The purpose of visits are -- and there's lots of
16 purposes. I mean, one is basic attachment, bonding. It is
17 an opportunity to assess their, their present parenting
18 skills. It's to model parenting skills, it's to provide an
19 opportunity, while the child is there, to kind of engage
20 with them, build a relationship. So there's a number of, a
21 number of things that are happening in a family visit.

22 Q The things that you mentioned there, those are
23 all things that you would want the social worker to
24 observe?

25 A The social worker, the support worker, there's a

1 number of kind of pieces to that.

2 Q And given this family's background, would you
3 expect someone to be present to see whether or not there
4 were -- there was attachment occurring?

5 A Well, you're wanting to work on and build
6 attachment so, yes, that would be a piece that would be
7 assessed and monitored and observed.

8 Q Would the same thing be true for assessing
9 parenting?

10 A That's part of a parental assessment, yes,
11 bonding, attachment skills.

12 Q You would want someone to see if there were any
13 concerns by the way the parents were dealing with the baby?

14 A Yes. Concerns and strengths so that -- I mean,
15 the rule of thumb is, if you're going to criticize someone
16 on something then you need to find three positive things to
17 help them move forward. So it's also to look at what are
18 they doing well.

19 Q Seven says:

20

21 Steven's child-in-care file may
22 need to be reviewed should he
23 agree to sign the appropriate
24 consents for same.

25

1 A Right. Child-in-care files are sealed and
2 without the consent of the child-in-care, who is now an
3 adult, we can't just open and look at those files. The
4 only other option is a court ordered access to those files,
5 so ...

6 Q Is it routine to ask to see a child-in-care file?

7 A I wouldn't say it's routine, I think it's changed
8 over the years. I mean, we've gone from paper files where,
9 often, the child-in-care file came and then there was a
10 court case where it was determined that that was breaching
11 the confidentiality of a child-in-care who is now an adult.
12 So then the practise and policy changes were made so that
13 yes, consents, are you asked to see them? Not every
14 child-in-care file is probably viewed.

15 We now have, also, electronic files so there's
16 different access to different things but is it routine?
17 No, I wouldn't say it's routine.

18 Q Did you understand the reason for including this
19 in the case plan?

20 A I think it was because there was not a great deal
21 known about Steven.

22 Q Were you aware of some concern, possibly, about
23 Steven's history?

24 A Well, any adult who has grown up in our care,
25 probably has some pieces to their background that would be

1 important. It doesn't necessarily mean that -- it's
2 important information. The more information you have the
3 better, so -- but again, they're sealed files so we don't
4 -- we can't just open them without permission.

5 Q I understand. But it could be important
6 information?

7 A Yes.

8 Q And it would be information that the worker would
9 want to access if they could.

10 A Yes. Workers prefer the most information they
11 can get so the more information we can gather the better.

12 Q The more information you have about the family's
13 background and history the better the services you can
14 provide?

15 A Well, it assists with, yes, the assessment
16 because when you're doing a family assessment or a safety
17 assessment, history is a piece of that.

18 Q And then next page says:

19

20 The assigned worker shall have two
21 primary issues to sort through in
22 the coming months, firstly the
23 question of parental motivation
24 and commitment will need to be
25 assessed and weighed on an ongoing

1 basis. Secondly, will need to --
2 will be necessary to determine
3 Samantha's parental capacity. The
4 preceding case plan should serve
5 quickly to help the assigned
6 worker with these matters so that
7 long term planning can quickly
8 occur for Phoenix.

9

10 Those issues, those two primary issues, did you
11 agree with those?

12 A Yes.

13 Q Did you expect the worker you assigned the file
14 to, to have those two issues being -- to be her primary
15 concerns?

16 A Yes, they were primary concerns for that worker,
17 yes.

18 Q And how was -- how did you expect the worker to
19 deal with the issue of parental motivation and commitment?

20 A The worker would have been assessing that. There
21 was an in-home support worker that was assigned at some
22 point while I no longer had direction over the case. And
23 there would have been -- the worker would have followed up
24 as far as the parents and how they were doing in their
25 parenting classes and assessing all the other components,

1 so ...

2 Q So that would be done by the worker through
3 contact with collaterals and the family and seeing how the
4 family is doing, overall?

5 A Yes, workers have the capacity and the skill set
6 to do that, yes.

7 Q Would that require frequent contact with the
8 family and collaterals?

9 A It would well, frequent, frequent is a word that
10 can be defined numerous ways so yes, they -- in the
11 beginning they would have had more contact than less. I
12 mean, they would have had -- yes, they would have had
13 contact.

14 THE COMMISSIONER: Mr. Ray?

15 MR. RAY: I -- no objection to anything, Mr.
16 Commissioner, I just thought it would be helpful to -- Mr.
17 Olson was asking questions about the social worker and then
18 we kind of went into an issue about the support worker and
19 it wasn't clear to me, he had asked a question the worker
20 has skills and, and the, the witness had answered the
21 worker has skills and I wasn't sure if we're talking about
22 the social worker, at that time, or the support worker, and
23 if it would assist you to have that expanded on.

24 THE COMMISSIONER: I understand. Just make it
25 clearer who you're referring to, Mr. Olson.

1 MR. OLSON: Certainly. My questions are all
2 directed towards the family service worker.

3 THE WITNESS: Sure.

4

5 BY MR. OLSON:

6 Q And is that what you understood?

7 A Yes, I did.

8 Q Okay, thank you.

9 The second part, the second primary issue, to
10 determine Samantha's parental capacity, how did you
11 anticipate that would be done?

12 A Well, parental motivation and commitment and
13 skills are part of a parental capacity, so while you're
14 assessing motivation, commitment, skills, you are also
15 assessing the people's impulse control, their emotional
16 managements skills, their history of dealing with problems,
17 their problem solving, their -- lots of different things.
18 So the worker would be looking at the parental capacity,
19 through all of those lenses and factors, as well as part of
20 the case plan was to address the emotional flat affect so
21 there would have, as part of the parental capacity, that
22 would have been something, the flat affect and the cause of
23 that, would have been taken into consideration, as well.

24 The parental motivation and commitment, someone
25 could have a great deal of motivation and commitment

1 without having any parental capacity.

2 A Correct. If one has -- one can be totally
3 motivated but if their IQ is 44 their capacity to parent
4 will look different than my capacity to parent.

5 Q So capacity is, is a bit of a different issue
6 then, it's whether or not this person can actually parent?

7 A Yes. But motivation is part of can you parent.
8 You can have -- you can be a brain but if you have no
9 interest in parenting, or no bond to that child, or you
10 don't like that child, that impacts your capacity to
11 parent. So they're hand-in-hand, they're interrelated.

12 Q We've heard evidence that the agency had
13 resources to have experts do parental capacity assessments.
14 Is that something you were aware of?

15 A There, at a certain point in time, was a service
16 provider list that could --

17 MR. RAY: I --

18 THE WITNESS: -- we could utilize to have --

19 MR. RAY: Sorry, I don't know that we heard they
20 had the resources, I think we had -- I think we heard that
21 they had the ability to access people.

22 THE WITNESS: Yes.

23 THE COMMISSIONER: What was the difference
24 between what you're saying and your question?

25 R. OLSON: My question was I -- we've heard

1 evidence that the agency had the resources to obtain a
2 parental capacity assessment and whether or not this
3 witness was aware of that.

4 MR. RAY: And I don't think it was that they had
5 the resources, I think that they -- what the evidence was
6 is that they had a specific list of doctors who they would
7 consult with, if they wanted to perform a parental capacity
8 assessment.

9 THE COMMISSIONER: Well, that resource was
10 available to them.

11 MR. RAY: They had the ability to go and, and
12 access somebody, I think that may be, depending on what the
13 department's view is, that may be different than the
14 resources. To me the resources suggest that they're
15 sitting there, on hand, just waiting to be accessed so I --
16 it just seems, to me, a very general statement that they
17 had resources.

18 THE COMMISSIONER: Well, there was, there was a
19 list available.

20 MR. RAY: That's -- and that's all I'm, I'm
21 pointing out.

22 THE COMMISSIONER: From which they could draw.

23 MR. OLSON: Exactly.

24 MR. RAY: That's correct. They, they had an
25 ability to access somebody and, and contact them, and

1 arrange for that type of an assessment.

2 THE COMMISSIONER: Okay.

3

4 BY MR. OLSON:

5 Q Does --

6 A Yes. The resource is available where that you
7 could go through Health Sciences Centre, they had the
8 capacity to do a parental capacity, the wait lists were
9 long. There was also a service provider list which we
10 could access and pay for a parental capacity assessment, if
11 we required.

12 Those types of assessments are a little
13 different, they can require testing, so testing done by a
14 psychologist which social workers, family service workers,
15 would not be able to conduct.

16 Q In this case, given Samantha Kematch's flat
17 affect, and wanting to know the reasons behind it, and
18 parental capacity being one of the primary issues, did you
19 anticipate that a parental capacity assessment of the
20 nature you described, would be done?

21 A No. If you go back to the case plan it says some
22 form of psychiatric or -- and I forget the other wording
23 but so no, I think the first step, and because the agency,
24 at that point in time, had an in-house resource, which was
25 Dr. Altman, who is a psychiatrist, so we would have used

1 that as a potential option because it was in-house, to
2 determine whether or not we had a psychiatric concern that
3 we needed to address. That then, depending on the outcome
4 of that consult, would have then informed whether or not
5 the agency would have adjusted their plan to include a
6 formalized parental capacity assessment done -- conducted
7 by an external.

8 Q So depending on what Dr. Altman concluded, you
9 might determine there was a need for a parental capacity
10 assessment or there was not a need?

11 A Right. Or as the case unfolded. I mean, as the
12 worker, I, I supervised this file for Kerri-Lynn for
13 approximately a month so, you know, at that point in time
14 there was not, based on the information, the need for a
15 formal external parental capacity. Now, as the case
16 evolved that may have changed, may not have changed. I
17 believe the evidence was that it did not change.

18 Q You, you've --

19 THE COMMISSIONER: That was for the one month
20 before you went off on maternity leave?

21 THE WITNESS: Yes.

22

23 BY MR. OLSON:

24 Q You've been through the file so you've seen now
25 what had happened over that period of time you were away?

1 A Yes. To some degree, I haven't read the entire
2 file.

3 Q Okay. The -- there are some notes that Ms.
4 Greeley took, they're at page -- the one I want to take you
5 to is at page 37281. Now, the file, I understand, had been
6 transferred to Ms. Greeley in early May 2000. Is that your
7 recollection?

8 A Yes, based on the documents I've been shown, yes.

9 Q And the notes here, I understand from Ms. Greeley
10 that these reflect supervision notes?

11 A Yes.

12 Q And that would be of May 11th, 2000?

13 A Correct.

14 Q Was this -- is this an example of the supervision
15 that would have been regular ongoing supervision?

16 A Yes. It also could have been her stopping by my
17 office because we needed to discuss this, it came up. So
18 it could have been either/or.

19 Q These notes were taken by her?

20 A Yes.

21 Q Would you have also taken similar notes?

22 A Yes.

23 Q They would have been in your supervisor file?

24 A Yes, in the binders, yes.

25 Q And those binders, we heard from you, I believe,

1 yesterday, were kept in your office?

2 A Correct.

3 Q They were organized by?

4 A Worker.

5 Q Worker?

6 A Yes.

7 Q Was it worker and then by case or was it just by
8 worker?

9 A Generally by worker, however, at some point in
10 time I kind of adjusted how I took the notes so that they
11 could be placed in the file so that we did try to -- I did
12 try to separate out the -- by case information.

13 Q Are you saying --

14 A But in general they're -- they were more of a
15 running record.

16 Q A running record. But were you saying you would
17 put those notes into the actual file, into the case file?

18 A At some point in time, yes, I made that decision
19 to place my supervision notes.

20 Q Did you put your supervision notes in this file?

21 A That was my practise so yes, I would have done
22 that.

23 Q You've, you've been through the file.

24 A And they're not there, yes, that's correct.

25 Q They're not there.

1 THE COMMISSIONER: Would, would they be
2 handwritten notes?

3 THE WITNESS: Yes, handwritten notes.
4

5 BY MR. OLSON:

6 Q Are you certain that you would have put your
7 notes in this file?

8 A That was my practise so I did it on all the files
9 so this one would have been no different.

10 Can I recall specifically? No, because it was 12
11 years ago but that was my practise.

12 Q That was your practise?

13 A Yeah.

14 Q You also kept the notes in the binder, itself, so
15 copies would go in the file?

16 A It depends. In this case there may have been
17 also a copy because the file was split so it -- at this
18 place in time it was under Samantha and Steven then the
19 file split and was Steven so probably because we talk about
20 the family the notes may have been copied so the original
21 in one, the photocopy in the other.

22 Q But would you keep your, your binder notes, the
23 ones you kept in your office --

24 A Yes.

25 Q -- would you keep those intact, as well?

1 A Well, they were intact, they are always intact,
2 they just move. So once the file is closed they would have
3 gone from the binder into the file.

4 Q After closure of the file?

5 A Right.

6 Q Now, we have heard that you went on maternity
7 leave for a period of time?

8 A Yes.

9 Q Okay. Ms. Balan told us, yesterday, that when
10 she came on as supervisor you would have had your binders
11 of notes in your office?

12 A Yes.

13 Q Is that accurate?

14 A That's accurate.

15 Q And, and your binders would -- you would have had
16 these notes, your -- the supervisor notes you're talking
17 about?

18 A Yes.

19 Q With respect to this file?

20 A Yes.

21 Q So at that point they would not have been in the
22 file yet?

23 A Correct. Because it's an open active file, I had
24 it for only about three weeks, four weeks, tops, so there
25 would have been minimal notes made by me at that point in

1 time.

2 Q Okay. The note here --

3 A Yes.

4 Q -- this is on page 37281, and it's out of the
5 file.

6 A Um-hum.

7 Q It says:

8

9 Meeting with Lorna Hanson. We
10 discussed the plan for this child
11 and the use of --

12

13 Who's that, Rowhas (phonetic) foster home?

14 A West region.

15 Q West region foster home. And that was about
16 whether or not -- where Phoenix should be placed in the
17 interim.

18 A Right. When a First Nation child is apprehended,
19 notification, formal court notification, goes to the
20 culturally appropriate agency, that was prior to devolution
21 so that was a mandated process and part of that was to
22 ensure that the agency and the community had the option to
23 participate in the planning of that child, including
24 placement, if necessary.

25 Q It looks like, from this note, that that was what

1 the discussion was about on this occasion?

2 A Yes.

3 Q And that was the concern of the aboriginal agency
4 at that time, it's just whether or not the placement was
5 culturally appropriate?

6 A Yes. But that was always something that was
7 looked at because if we could place children within
8 culturally appropriate families or homes, if that could be
9 something that had to be maintained for a permanency, that
10 was always something that was looked at up front.

11 Q The next note I want you to take a look at is at
12 page 37282. This is another one of Ms. Greeley's notes of
13 supervision with you.

14 A Yes.

15 Q May -- so it's May 17th, 2000 and it just says:

16

17 Discussed with her the intake plan
18 for psychiatric assessment of
19 Samantha. Agreed to try to get
20 consult with Dr. --

21

22 I believe that says Altman?

23 A Yes.

24 Q Did you suggest to Ms. Greeley, Dr. Altman, did
25 you give him her name? Or his name, sorry?

1 A Well, his name was known in the agency, I may
2 have provided it as an option because to get psychiatric
3 assessment, externally, is -- there are a number of
4 systemic barriers to that. The agency, at that point in
5 time, had a tool available to us, which was Dr. Altman, for
6 a consult. So he would come every few weeks, he would be
7 provided with a list of cases that we were going to consult
8 and the worker would sit down and they would review issues
9 with him.

10 So, obviously from the notes, that was the agreed
11 upon plan because, depending on that consult it may then
12 inform the need. Because if a psychiatric, a full blown
13 psychiatric assessment is required, a three month temporary
14 order on an infant is probably not a long enough period of
15 time to complete that, that task.

16 Q So Dr. Altman then, he was a resource available
17 to your staff for the purposes of these types of
18 psychiatric consults?

19 A To the agency so yes, my staff, yes.

20 Q That's something, as a supervisor, you're -- do
21 you know if your staff would have been aware of that?

22 A Yes.

23 Q The information that would be provided to Dr.
24 Altman for doing these consults, you said he would be given
25 a list of cases?

1 A Yeah, so that he kind of had an idea of what his
2 day at the office would look like because sometimes it was
3 a consult that was the worker sitting down, saying listen,
4 this is, this is the child, these are some of the
5 behaviours, these are some of the issues happening in the
6 foster home, so it was that type of consult as to could he
7 assist us with some concrete ideas to make that a more
8 successful experience for the child.

9 It could be that he's actually going to see the
10 child, could be that he's going to meet with a parent, it
11 could be that we're going to have a chat and then at a
12 later day he's going to meet with the parent, so it could
13 look -- the consultations done with him looked -- were
14 varied.

15 Q In this particular case, what information did you
16 expect Ms. Greeley to share with Dr. Altman?

17 A Well, she would have shared basically the case
18 plan, a little bit of background in regards to the parents
19 and why we were requesting the consultation which was to
20 determine if there was a psychiatric condition that was
21 resulting in flat affect of the mother, in particular.

22 Q That was the purpose of that assessment is
23 determine the flat affect?

24 A That was, that was the hope, was to determine it.
25 I mean, there's no -- even the worker and the psychiatrist

1 wouldn't necessarily know if they would be able to
2 determine it in a consult so -- but that's the goal is to
3 try and get a better understanding of the flat affect and
4 if there's a psychiatric concern. He's a psychiatrist so
5 that's his --

6 Q We, we have heard evidence that the reason for
7 the assessment, he was really asked to determine whether or
8 not the flat affect was due to depression or postpartum
9 depression?

10 A Yes, that would have been a piece of it, yes.

11 Q So you agree that was, that was a piece of it.
12 Did you expect more than that?

13 A Well, he's a psychiatrist so I'm assuming that if
14 someone says they're hearing voices he's going to let us
15 know that, so there are always things that we bring forward
16 but it's a back and forth information sharing. So this --
17 we're saying this is what we see, depression, postpartum
18 depression, as the issue however he is the psychiatrist,
19 with his knowledge and expertise may identify a different
20 issue for us.

21 Q So you assumed if there were other issues he
22 noticed he would let you know what they -- that there might
23 be other issues?

24 A Well, within the scope of the timeframe and -- I
25 mean, we didn't expect that he would be doing any formal

1 extensive testing, that wasn't the purpose.

2 Q And there was no former -- formal report produced
3 by him?

4 A No. That was never the intent of his consulting
5 with the agency, there -- if one thought or believed that
6 they needed some kind of formal report, that's often when
7 outside resources were used.

8 Q By what you've described, it sounds like a fairly
9 sort of cursory review, psychological assessment; is that,
10 is that a fair characterization?

11 A It's, it's a consultation so it's -- I, I, I
12 don't -- I'm not even sure you would want to say assessment
13 because he is assessing but it's ...

14 Q He's not given the file?

15 A Well, he may have been.

16 Q Did he -- but would you expect him to be given
17 the file?

18 A It depends on the worker, it depends on the
19 issues. Sometimes they're given pieces of the file, it --
20 there was no hard and fast rules. What I would have
21 expected is that the worker would have shared pertinent
22 information, specifically focusing on depression,
23 postpartum depression, for us trying to understand that so
24 that -- because it impacts the overall parental capacity to
25 parent, it's a factor that we have to gauge and understand

1 better.

2 Q You went on maternity leave -- or I'm sorry,
3 medical leave, I think you indicated, June 12th, 2001?

4 A Yes, I think that was the date.

5 Q And then following that you went on to a
6 maternity leave?

7 A Yes.

8 Q Did you do any further work, other than what we
9 have discussed here, between that date and your return?

10 A No. Not on this file.

11 Q Not on this file. I'm sure you did lots of other
12 work.

13 A I did lots of other work.

14 Q Now, Angela Balan took over for you in that
15 period?

16 A Correct.

17 Q And was she someone you knew before this?

18 A No, I don't think I did know Angie prior to this,
19 no.

20 Q Was there a period of transition time where she
21 was in and you were also in the office so you could tell
22 her this is what's happening with these cases and here are
23 the workers?

24 A No, unfortunately my doctor said you're going
25 home and so I -- there was -- you know, there wasn't a

1 whole lot of transition, I believe there may have been a
2 phone call because I was kind of on bed rest so -- but no,
3 there would not have been the kind of planned transition
4 hand off that is optimal but that's often the case.

5 Q So your, your departure sounds like it was fairly
6 sudden?

7 A Yes.

8 Q When she came on, did you leave her with
9 information so that she could assume her role as
10 supervisor?

11 A Yes, the binders were all there, workers were
12 skilled and knowledgeable on their cases. They would have
13 been able to give clear rundown on where their cases were
14 at, what was happening. I would have -- knowing me, I, I
15 just know that I would have phoned her and said, listen,
16 these are the top kind of five things that's happening,
17 that you maybe want to consider or I would have sent an
18 e-mail or a note, or something, so ...

19 Q Do you recall if you discussed this particular
20 case with her?

21 A No, I don't recall.

22 Q The notes that you would have left her, they
23 would have been important to her then for seeing what you
24 observed as, as supervisor with respect to all the cases?

25 A Well, there would have been -- because I've -- my

1 departure, as you said, was kind of quickly, the notes
2 would have varied so it would have depended on when I had
3 last discussed a case with a worker, so some, because I
4 knew I was leaving, we would probably run through lots of
5 their cases and there would have been good notes. On
6 others, where the cases are evolving and things are moving
7 quickly, my expectation would have been that workers would
8 have had the best, most up-to-date information, for that
9 new supervisor.

10 Kerri-Lynn had this file, she was very competent,
11 she would have brought Angie up to speed quickly and, and
12 this was a very every day kind of case for us so ...

13 Q You've said there was nothing really unusual
14 about this case?

15 A No.

16 Q You return from your maternity leave, I believe
17 you said on June 1st?

18 A Yes.

19 Q 2001?

20 A Yes.

21 Q And when you returned Ms. Greeley was no longer
22 part of the unit?

23 A Yes.

24 Q Had you been aware that she had left the unit
25 before you came back?

1 A I was made aware just because, you know, through
2 casual ...

3 Q Sort of through the grapevine?

4 A Yeah. Kerri-Lynn had phoned me and said:
5 Listen, I got offered another job, I'm going. We've had a
6 good working relationship so yes, I was aware she was
7 leaving.

8 Q Deloris Chief-Abigosis came on during your
9 absence?

10 A Yes.

11 Q So when you returned on June 1st, 2001 she was a
12 new worker?

13 A Yes.

14 Q And you had never worked with her
15 before?

16 A Correct.

17 Q Did you know anything about her?

18 A I had the benefit of Angie had moved into a
19 supervisor position just down the hall so Angie had said,
20 you know, who she was but beyond that, no.

21 MR. RAY: Just, Mr. Commissioner, could I just
22 have a moment with my, my friend, Mr. Olson, I just wanted
23 to mention one thing to him that came to light yesterday.

24 THE COMMISSIONER: Yeah, fine.

25 MR. RAY: Thank you.

1 BY MR. OLSON:

2 Q That -- so did you know any -- I, I can't recall
3 your answer as to whether or not you knew anything about
4 Ms. Chief-Abigosis when you started.

5 A No. I had just been told when she joined the
6 unit and that was about it.

7 Q Did Ms. Balan or anyone else share with you how
8 she was working in the unit, whether there were any issues
9 or not?

10 A Ms. Balan had indicated that Ms. Chief-Abigosis
11 had been away from work, due to some family issues that
12 were within, kind of normal, and beyond that, no.

13 Q Did you -- do you recall when you would have
14 looked next at this particular file, the Kematch file?

15 A Well, any returning supervisor or new supervisor,
16 which ultimately when you return you're kind of new, so
17 some of the cases that you left the year before are still
18 there, some aren't. So I would have sat down with every
19 worker at some point within the first week to two weeks and
20 gone through all their case lists to kind of get a -- and
21 have them basically tell me about their files and their
22 families that they're working with.

23 Q And that would have been recorded in your
24 supervision notes?

25 A Yes.

1 Q And we don't have those notes; right?

2 A Correct.

3 Q Would you have reviewed the case summary that Ms.
4 Greeley prepared before she left the unit? When she
5 transferred the case on to Ms. Chief-Abigosis? Is that a
6 document you would have reviewed?

7 A Possibly. You have to remember when you're
8 coming back you have 300 files that you're now -- yes, my
9 math is better this morning, 280 to 300 files. So you may
10 look at some files, you may look at pieces of files, you
11 may look at worker's notes but for the most part you're
12 relying on your staff to feed you the important information
13 about their files, their case plans, where things are at.

14 Q So your primary source of information about the
15 files would be through your supervision meetings with the
16 workers, whether ad hoc or on your regular --

17 A Yes.

18 Q -- supervision?

19 A That's correct, yes.

20 Q For how long did you supervise Ms.
21 Chief-Abigosis?

22 A I came back June 1st of '01 and I think by
23 mid-July she indicated that she had secured employment
24 elsewhere and was leaving the agency so not for a very long
25 time period. So the initial part of my supervision with

1 her would have been getting to know her cases, getting to
2 know her work style, strengths, and then quickly we would
3 have moved to kind of a transitioning out plan and looking
4 at her departure and how do we plan for that.

5 Q During that period were you able to assess her
6 work and her quality of work?

7 A Minimally. I mean, she was a new worker so we
8 always say, in child welfare, it takes two years to fully
9 know as much as you really need to know. There's tons
10 about family service work, it's very complex. She had only
11 been there, I think, under the year and so no, I, I mean
12 minimally.

13 Q Wouldn't you want to -- one of the first things
14 you, you do, when you come back is any new workers in your
15 unit, wouldn't you want to get a sense of who they are and
16 what their work was like?

17 A Yes, yes.

18 Q And so are you saying that that didn't occur with
19 Ms. Chief-Abigosis?

20 A It did. I mean, she -- what I can say is that
21 she was a newer worker, she -- I had suggested that at
22 times she bounce ideas off the team. She was somewhat
23 reluctant, at times, to do that, which is not uncommon for
24 newer staff.

25 THE COMMISSIONER: Reluctant to what?

1 THE WITNESS: To bounce ideas off her peers,
2 which is not necessarily uncommon, some new staff just they
3 feel like they don't know things so they are not
4 comfortable, you know, asking others, they prefer to come
5 to their supervisor.

6 So that was something that I was aware of so I
7 tried to address that by making sure that I was available
8 when needed.

9 I did also then capitalize on some of my senior
10 staff to, you know, assist her on cases so that when there
11 was a need, so that she could build working relationships
12 with them, to kind of build some trust because in child
13 welfare you have to have those working relationships with
14 your peers.

15

16 BY MR. OLSON:

17 Q So those are things you did because of what you
18 saw when you were working with her?

19 A Right. Yes.

20 Q Was she in the office -- earlier you said Ms.
21 Balan told you she had missed some work due to family
22 issues or whatever, nothing out of the ordinary?

23 A Right.

24 Q When she was working under your supervision, was
25 she attending the office regularly?

1 A Yes.

2 Q There weren't, there weren't any problems with
3 her being absent from the office?

4 A No.

5 Q We've heard evidence, both from Ms.
6 Chief-Abigosis and from Ms. Balan that there was a lack of
7 contact with the family from November 14th, 2000 until
8 February 5th, 2001. Would that have been a concern, to
9 you, as supervisor?

10 A Well, I wasn't the supervisor at that point in
11 time but yes, it would be a concern.

12 Q So if you, if you came on and you saw that, when
13 you, when you came back, would you raise that as an issue?

14 A If I was aware of that, yes.

15 Q There's no evidence that that came up between you
16 and her at any point?

17 A No.

18 Q And if -- that's something if it did come up it
19 would have been in your supervisor notes?

20 A Right. One of my standard questions in
21 supervision is when is that last time you've seen this
22 family, so that would have been one of my standard
23 questions for her, as well.

24 Would it -- so -- but that may not have then
25 evoked a response that showed a pattern of not seeing the

1 family for so many -- you know, for a period of time.

2 Q Would you rely on whatever she told you?

3 A There's heavy reliance on that, yes, because most
4 of that information is within typed or handwritten case
5 notes.

6 Q So you wouldn't have picked up the file and
7 independently verified what the recordings were like?

8 A Well, it wouldn't have been in the file, it would
9 have been in her case notes. So case notes kind of look
10 differently, so most workers have binders, that say "A" to
11 "H" on them, and all the "A" to "H" families are in there
12 and that's where their case notes are. Whether they are
13 typed or written.

14 Those that type them print them off periodically.
15 That was one of the issues with staff who typed notes, we
16 had to then kind of develop worker/supervisor relationships
17 as to -- if you're typing your notes, when are you printing
18 them off, because if you happen to get sick I can't --
19 you're logged in under your password, I can't get at your
20 case notes, so how do we access that? So we had some plans
21 in place as to how frequently they needed to be printed and
22 placed in the -- either in the file or in their binders,
23 their case note binders.

24 Q So what was the -- what, what was -- what did you
25 develop in terms of the frequency of putting the notes

1 either in the binders or being updated or ...

2 A The agreement was that they would print them
3 periodically so generally it was for certain every month, I
4 said, for sure every two weeks. If it's a case that's
5 really, really active you're probably needing to print
6 them, you know, more frequently. So there is some
7 discretion of the social worker to make those decisions
8 because they know how many notes they're taking.

9 Because they're -- you can't have a hard and fast
10 rule because this week the -- this family may be drinking
11 and their kids came into care so there's a whole whack of
12 notes for that week on that family. Prior to that, maybe
13 there hadn't been notes for two weeks because the last time
14 you saw them was two weeks prior so you made a note of that
15 and what was happening.

16 So notes, printing them off, their -- workers
17 have to use their professional experience and discretion
18 for some of those things.

19 Q We heard evidence that a new baby was born to the
20 family on April 29, 2001.

21 A Yes.

22 Q Ms. Chief-Abigosis became aware of that but
23 didn't make contact with the family until July 6, 2001. At
24 least according to her notes. That, that gap, would that
25 have been a concern to you?

1 A Yes. Again, I wasn't supervising the file during
2 that period though.

3 Q Would the lack of notes during that time, if
4 contact was made or something was happening on the file,
5 would that have been concern to you?

6 A One of the things that anyone who has been
7 supervised by me knows, my mantra is take notes, take more
8 notes, document, document. However, the reality, in the
9 field, is that things are moving really fast all the time
10 so yes, documentation is key and -- but there are times
11 when certain things don't get documented. Is it a problem?
12 Yes. But it is the reality of the system we work in.

13 Q So are you suggesting that that would be a
14 reasonable reason not to take notes, that, that work is,
15 work is coming in fast and ...

16 A Well, it's not that people say, oh, I'm not going
17 to bother taking a note, I think it just -- the task gets
18 put off because you're now dealing with a foster parent who
19 says take these kids, I can't handle them anymore. So it's
20 not that people don't want to document, I think it's that
21 they -- some people, documentation is a skill set that
22 comes easier to them than to others, so it's often
23 something in performance appraisals that is commented on,
24 and I've often looked, with staff, at strategies or ways to
25 improve documentation and note taking because it is

1 important.

2 The fact that my notes are missing is difficult
3 for me because I rely on my notes because 12 years down the
4 road no one can humanly remember so yes, documentation is
5 critical. Is it an ongoing issue? Sure. Is it done on
6 purpose? No.

7 Q I understand it's not done on purpose. In this
8 case, with the lack of, of notes of any contact between
9 April 29, 2001 and July 6, 2001, that's, that's a pretty
10 big gap.

11 A It's a big gap in notes, it doesn't necessarily
12 reflect the work. You will see, even in the, I think it's
13 the Section 4 review, it says, you know, there's always a
14 clause that does not necessarily indicate that work wasn't
15 occurring.

16 Q The fact is you can't tell whether or not work
17 was occurring?

18 A Yes, yes.

19 Q And so nothing may have occurred in terms of
20 work?

21 A Or lots.

22 Q Or a lot but we'll never --

23 A Yeah.

24 Q We won't know unless someone has a recollection?

25 A Correct.

1 MR. OLSON: I wonder if this might be a good time
2 to take the mid-morning break, I'm just about to move
3 into ...

4 THE COMMISSIONER: You're about to move into
5 another area, are you?

6 MR. OLSON: Yes.

7 THE COMMISSIONER: All right, we'll take a 15
8 minute break now. You can leave the stand, witness.

9

10 (BRIEF RECESS)

11

12 THE COMMISSIONER: All right, Mr. Olson.

13

14 BY MR. OLSON:

15 Q So I just wanted to ask you, you mentioned that
16 Ms. Chief-Abigosis told you she was leaving because she
17 secured another position?

18 A Yes.

19 Q Did she give you any details as to that or was it
20 just I have another position, I'm leaving the unit?

21 A She had indicated that she had secured employment
22 with federal Corrections.

23 Q Okay. We heard evidence yesterday, I think it
24 was yesterday, from Ms. Chief-Abigosis, that she was
25 attending full-time university and that was one of the

1 factors that led her to give her notice. I understand from
2 speaking with her counsel that that may not be entirely
3 accurate. I'm wondering if you had any knowledge of her
4 attending university at that time?

5 A No, I had no knowledge of her attending
6 university.

7 Q Had she been attending full-time university,
8 would that have been a concern to you?

9 A Well, it would have been and because she was at
10 the office I, I don't know how she could have been
11 attending full-time university and still been at the office
12 but I suppose it's possible.

13 Q I want to turn now to page 37006. Sorry, 37003.
14 This page is from Ms. Chief-Abigosis' closing summary. Is
15 this something you would have read? Dated August 16, 2001.

16 A Yes, I would have read and reviewed her closing
17 summary.

18 Q And this, this is the closing summary on the
19 Samantha Kematch case file?

20 A Okay.

21 Q You said earlier that you actually closed that
22 file. Do I have that right?

23 A No, what I said was I signed, I signed off on
24 closing that file, sorry.

25 Q You signed off on closing that file, you also

1 signed off on the transfer of the Steve Sinclair file?

2 A Right. What happened was, in order to be in line
3 with the actual appropriate case reference, Samantha's file
4 was closed because she was the -- generally the mother is
5 the case reference in the child welfare world but because
6 dad was the primary caregiver Samantha's file was closed,
7 information from that file was copied to then be opened on
8 Steven and because Delores was leaving it would have been a
9 transfer also to a new worker. So kind of three things
10 happening but, at the same time.

11 THE COMMISSIONER: What were the three?

12 THE WITNESS: Closing of Samantha's file.

13 THE COMMISSIONER: Yes.

14 THE WITNESS: Opening of the file under Steven
15 Sinclair as the case reference.

16 THE COMMISSIONER: Yes.

17 THE WITNESS: And then Ms. Abigosis was departing
18 the unit so it would have been a transfer.

19 MR. OLSON: To a new worker.

20 THE COMMISSIONER: Well, her departing notes
21 would go on both files?

22 THE WITNESS: Yes.

23 THE COMMISSIONER: And you say you didn't sign --
24 you didn't close the file but you did something else. What
25 was your role in getting these -- this transition --

1 THE WITNESS: I would have --

2 THE COMMISSIONER: -- in place?

3 THE WITNESS: -- I would have directed her to do
4 those three steps and then ultimately, I believe, because
5 Delores was already gone, I actually signed the closing
6 summary and the transfer summary. Mine -- I sign on her
7 behalf because she's already left the
8 agency.

9

10 BY MR. OLSON:

11 Q You signed both documents for her?

12 A Yes.

13 THE COMMISSIONER: Both documents being
14 what?

15 THE WITNESS: The closing summary on Samantha
16 Kematch and the transfer summary on Steven Sinclair.

17

18 BY MR. OLSON:

19 Q Just for the, for the record, the page number of
20 the Steven Sinclair transfer summary, which is dated August
21 16, 2001 is -- starts at page 37399, goes to page 37408.
22 Maybe we can just put page 37408 on the screen.

23 THE COMMISSIONER: And that's the opening
24 document in Steven's file, is it or?

25 THE WITNESS: Yes.

1 BY MR. OLSON:

2 Q This --

3 A There would have been some background information
4 in his file, as well, because of -- so a lot of information
5 that was in Samantha and his file would have been copied,
6 to be placed in his file as background. And they would
7 have referenced each other.

8 Q So this is the transfer of Steven, Steven's file?

9 A Right. But the transfer was -- I believe was
10 also kind of the opening, changing him as the case
11 reference.

12 Q Okay. And I'm sorry, I misspoke, I said Steven,
13 his name is actually Steve, from what I understand.

14 So, on the screen then, 37408, this is you
15 signing Steve Sinclair's transfer summary. Do I, do I have
16 that right?

17 A Yes. Well, I can see my signature so I am
18 assuming at the top it says transfer summary, like -- yes.

19 Q Both of those signatures on that page are yours?

20 A Yes.

21 Q And it appears you signed off August 16, 2001?

22 A Around that time period. I mean, that's the day
23 -- the dated date is the day it's typed and provided to me,
24 so ...

25 Q Not necessarily the day you sign it?

1 A No. Because when a worker is leaving the agency
2 they're transferring, transferring, closing multiple files
3 so just like they're doing all of that work, I have to
4 review all of their work and sign off on it, so I mean it's
5 happening so it would have been close to around that date
6 though.

7 THE COMMISSIONER: But Chief-Abigosis wrote this
8 out?

9 THE WITNESS: Yes.

10 THE COMMISSIONER: It's her work?

11 THE WITNESS: Yes, it's her work, sir.

12

13 BY MR. OLSON:

14 Q Is any of the work in here your work? Did you
15 make any additions to it or changes?

16 A No. If I would have made changes or additions
17 there would be an addendum that says done by Lorna Hanson,
18 I -- it's -- we don't change each other's work.

19 Q The first page of this transfer summary is page
20 37399. It's dated August 16, 2001. You said that this
21 transfer summary was also the opening?

22 A Yes.

23 Q Can you explain that?

24 A In child welfare files are opened under a case
25 reference, in general the case reference is the parents, so

1 in many of our families who the parents are, there can be
2 multiple dads, there can be a dad with children that have
3 two different mothers, so the case reference really is who
4 is the primary caregiver of that child. In general, it's
5 the mother but in this case Steve had been the primary
6 caregiver of these children for a period of time and so to
7 accurately reflect that in our documentation the file was
8 then placed under his name. So you'll see that his name
9 comes first, Samantha's is second, and that is because he
10 is now the case reference.

11 Q But Steve, just, just to be clear, Steve had
12 been, in the agency's eyes, the primary caregiver for some
13 time at this point?

14 A Right. So the documentation is just to line up
15 with what was actually happening.

16 Q Was it normal practise to have some delay in
17 opening the file under the other parent's name?

18 A Well, because some of our families, their
19 relationships are not always stable, the primary case
20 reference is always the mother because fathers tend to move
21 and change within family units a little bit more
22 predominantly within our system. However, in this
23 particular case Steve was the primary, so we don't change
24 them instantaneously because, as in this file, Sam,
25 Samantha and Steve were -- they were in a relationship,

1 they were then having difficulty so one would leave the
2 house, so there has to be a significant kind of change in
3 the pattern. So you have to -- otherwise, that's all we
4 would do is write up now the case reference is this, now
5 the case reference is that, because people come and go from
6 these family units, unfortunately they're not always
7 functional. That's why we're involved.

8 Q There was no legal custody order in terms of
9 where Phoenix was, was to be?

10 A No. I believe in some of the case recording
11 we'll probably review next that was one of the issues that
12 we had indicated to Steven that he needed to take care of
13 through legal processes, to formalize that.

14 Q But throughout your involvement in this file,
15 Phoenix could have been with either parent?

16 A I believe under Kathy Epps, when I was
17 supervising her, there was clear direction that should
18 Samantha try to remove the children Steve needed to do a
19 couple of things to ensure her safety. The agency, at that
20 point in time, believed that Samantha posed a greater risk
21 and we would have had different intervention should she
22 have been care giving.

23 Q So then reliance was placed on Steve Sinclair at
24 that point to inform the agency if Samantha became the
25 primary caregiver?

1 A There were expectations that Steve said he
2 understood and he was clear that he wanted to be the sole
3 custody custodial caregiver of the
4 children.

5 THE COMMISSIONER: And what point in time are you
6 talking about now? When, when you -- just as you've
7 explained it, that you had -- I think you said you had
8 concern about Samantha's caring ability and that Steve was
9 the one who would, would take charge if anything happened
10 and was to let you know. Isn't that what you just
11 said?

12 THE WITNESS: Yeah.

13 THE COMMISSIONER: At what time?

14 THE WITNESS: Right. In -- starting in August of
15 2001 the case reference also kind of reflects that because
16 we saw Steve as being the better parent, that he has -- he
17 was showing more consistency. Samantha was not engaged
18 with the agency, at that point so --

19 THE COMMISSIONER: You're -- you were talking
20 about when Epps was on the case?

21 THE WITNESS: Right. She would have gotten the
22 case shortly after this so this would have been the start
23 of that but then it was when Kathy took over. So Kathy, I
24 think, took the file in September of '01.

25 THE COMMISSIONER: Okay.

1 BY MR. OLSON:

2 Q Okay. So just, just to complete the, the record
3 here, the closing summary, we were talking before about the
4 transfer summary of Steve Sinclair's file --

5 A Right.

6 Q -- which was also sort of the opening?

7 A Yes.

8 Q Both August 16, 2001?

9 A Right.

10 Q Now, the closing summary for Samantha Kematch,
11 which begins at page 36999.

12 A Now, that -- oh, sorry.

13 Q This is also dated August 16, 2001?

14 A Right.

15 Q And your signature is on the last page which is
16 37008. You signed both for Ms. Chief-Abigosis and
17 yourself?

18 A Correct.

19 Q And does that -- does your signature, appearing
20 on this page as well as the page of the transfer summary,
21 what does that indicate?

22 A It indicates that I signed off, I authorized the
23 closing of one, the transfer, opening of the other file.

24 Q Does it also indicate that you agree with the,
25 the unresolved problems and the recommendations for future

1 intervention that are contained in both documents?

2 A Yes. If I would have had issues with them there
3 would have been an addendum.

4 Q Okay. So this means that you've reviewed what's
5 contained in the case summary, be it transfer or closing,
6 and based on what you reviewed you agreed with the worker's
7 assessment of the unresolved problems and recommendations
8 for future interventions?

9 A Yes.

10 Q Okay. You can turn, please, to -- this is in the
11 closing summary, page 37003. Paragraph second from the
12 bottom, beginning "July 4, 2001." Let me know when you see
13 it.

14 A Yes, I see.

15 Q Okay. That -- this is, this recording would have
16 occurred when you were now supervisor?

17 A Yes.

18 Q Okay. Because you began, I think you told us, on
19 June 1st?

20 A Correct.

21 Q It says:

22

23 "Several concerns have been
24 referred regarding the care of the
25 children and the parents use of

1 alcohol and family violence. Cory
2 Donald, on call worker, fielded to
3 the home during my absence from
4 work. According to Cory Donald,
5 he had met with Steve at his home
6 ... Steve appeared sincere, open
7 and honest in his discussion with
8 Cory. Steve stated that Samantha
9 left the home and the two children
10 in care of their father. The
11 house was clean and Steve did have
12 assistance from extended family to
13 care for the children if needed."

14

15 Do you -- were you aware, at the time when this
16 occurred, where Cory Donald was sent out?

17 A Yes.

18 Q Okay. How --

19 THE COMMISSIONER: Just a minute. What document
20 is this?

21 MR. OLSON: This, this is out of the closing
22 summary that we were looking at a minute ago.

23 THE COMMISSIONER: But I thought that had been
24 prepared by Chief-Abigosis?

25 MR. OLSON: Yes.

1 THE COMMISSIONER: Well, how does -- which was --
2 she's still there on July the 4th?

3 THE WITNESS: Yes.

4 MR. OLSON: Chief --

5 THE WITNESS: She must have --

6 THE COMMISSIONER: Oh, yeah, she --

7 THE WITNESS: -- just have been away from the
8 office that day.

9 THE COMMISSIONER: Yes, okay. I see. This just
10 reflects you coming in and she noted that in her notes, in
11 effect.

12 MR. OLSON: Well, this, this I understand, Mr.
13 Commissioner, this is Chief-Abigosis' case summary of her
14 closing.

15 THE COMMISSIONER: Yes.

16 MR. OLSON: And so she's -- she goes through her
17 history of involvement with the family, including prior
18 history of involvement from the agency; right?

19 THE WITNESS: Um-hum.

20 MR. OLSON: Up until when she actually closes the
21 file.

22 THE COMMISSIONER: All right. This witness had
23 just come on four days --

24 THE WITNESS: No.

25 THE COMMISSIONER: No.

1 THE WITNESS: A month.

2 THE COMMISSIONER: You had been on since June the
3 1st?

4 THE WITNESS: Yes.

5 THE COMMISSIONER: All right.

6

7 BY MR. OLSON:

8 Q So, in other words, this contact, on July 4,
9 2001, occurred while you were supervising?

10 A Correct, yes.

11 Q And you were just about to explain how it is you
12 were aware of it.

13 A I believe there was an afterhours report
14 generated on this incident. Or there was a call of some
15 kind. Obviously we were made aware, I can't recall the
16 exact piece of information as to why, like who -- how --
17 what the source was, but it generated a concern which
18 generated the on-call worker, Cory Donald, fielding to the
19 home.

20 Q Maybe if we could put up page 37067.

21 This is an e-mail from Angela Balan, who would
22 have been the supervisor before you. This is dated June
23 29, 2001. And she told us, yesterday, that she may have
24 been filling in for you on this date?

25 A She may have, yes.

1 Q Okay. And she got an -- this e-mail, which was
2 copied to Delores Chief-Abigosis. Is this what you were
3 referring to?

4 A Right. Because it's CRU so, the Crisis Response
5 Unit, yes.

6 Q Okay.

7 A Because the dates would have been around a long
8 weekend so ...

9 Q So you may not have been there at the time?

10 A No, it looks like Angie was there covering for
11 me, so ...

12 Q And with something like this, would it have been
13 brought to your attention at the time because you were the
14 supervisor?

15 A Yes.

16 Q And then this type of a referral, where there's
17 concerns about the children in the home and there needs to
18 be some, some check on the safety or the wellbeing of the
19 children, what sort of response time would you expect?

20 A Well, we sent a worker immediately and that's --
21 would have been appropriate.

22 Q And so according to Ms. Chief-Abigosis that
23 occurred on July 4, 2001? Mr. Donald attended the
24 home?

25 A Well, it says:

1 "I asked Cory to do a field to the
2 home to check on the well-being of
3 the children today. I will have
4 Cory send you an email with (the)
5 outcome ..."

6

7 So I'm assuming that Cory attended the home on
8 that day and then subsequent documentation was generated.

9 Q Okay. The reference in -- at page 37003 is under
10 July 4, 2001. Do you know what that's indicating? Does
11 that mean --

12 A Well, it's probably the first day Delores is back
13 in the office after the long weekend, so she generated the
14 July 4th note but it would appear that Cory fielded to the
15 home on the date Angie Balan directed him to do so.

16 Q Okay. If we turn now to page 37069. This is an
17 e-mail from Elizabeth Woods, dated June 18, 2001. So you
18 would have been the supervisor of Ms. Chief-Abigosis at
19 this time?

20 A Right.

21 Q And it's sent to Ms. Chief-Abigosis regarding
22 Steve Sinclair and Samantha Kematch. It says:

23

24 "Hi Delores:

25 Steve's sister Angie Sinclair was

1 (very reluctant) very recently
2 transferred to me. Angie has been
3 awol ... a great deal lately.
4 Much of the time she has spent
5 with her brother Steve and his
6 partner Samantha. Angie's group
7 home staff believe that Angie may
8 have been babysitting for Steve
9 and Samantha. Given Angie's
10 functioning this would be a
11 concern.

12 Also of concern is a message I
13 received ... wherein I was told
14 that (Samantha) --"

15

16 Sorry.

17

18 "-- Steve had become violent and
19 had assaulted both Angie and
20 Samantha. Police were involved
21 ... but I am not sure of what
22 (has) transpired. I was told
23 today that Angie is staying with a
24 fellow ..."

25

1 Named -- the name has been redacted. She knows
2 of him because he assaulted one of the other girls months
3 ago. "(He) is also the birth father of Samantha's first
4 born."

5 Were you aware of that information?

6 A I can't recall, I'm not copied on the e-mail, so
7 the worker may have flagged that for me, may not have. It
8 looks like the information is tied to the earlier
9 information which we had already responded to or it could
10 mean that there was a subsequent violence or assault that
11 occurred. But whether or not I was made aware, I don't
12 know.

13 Q Which early, earlier information are --

14 A The one we just talked about, the July 4th
15 notation at --

16 Q This is dated, though, June 19th, 2001.

17 A Right. The -- okay, good point.

18 Q If you go back -- so the date of this is June
19 18th, 2001.

20 A Yes.

21 Q If you go back to Ms. Chief-Abigosis' closing
22 summary, page 37003, it doesn't appear that there's any
23 reference to this.

24 A No, not in the closing summary, no.

25 Q Okay. Would you have expected there to be a

1 reference to this incident in the closing summary?

2 A I would have expected some follow up so there may
3 have been -- she may have documented a note in here but
4 yes, it looks like important information.

5 Q What kind of response time would you expect?

6 A Generally on domestics, when there's young
7 children in the home, we're looking at wanting to be there
8 fairly quickly so within 24 to 48 hours.

9 Q Okay. And there doesn't -- it doesn't appear
10 that that occurred?

11 A Not based on the documentation Ms. Abigosis-Chief
12 (sic) provided.

13 Q And that's all we can rely on to tell us what
14 actually happened?

15 A Yes.

16 Q And as a supervisor, seeing that now, is that --
17 would that cause you concern?

18 A Yes. If I had been aware I would have sent
19 someone, if Ms. Abigosis wouldn't have been there, it would
20 have been someone else that would have responded.

21 Q Would it also cause you concern that this
22 particular sister had been caring for, apparently caring
23 for Phoenix or the children?

24 A It would have been something that we would have
25 followed up on. I don't know, based on the e-mail, I mean

1 the worker says there's concerns about Angie's capacity to
2 provide care so, yes, it would have been something that
3 should have been checked.

4 Q Is this information you would have expected Ms.
5 Chief-Abigosis to share with you?

6 A It's information that I would have expected that
7 she would have followed up on and that she would have
8 shared with me, yes, the information, if she needed
9 guidance on what to do, or that she would have followed up
10 and provided me kind of outcome information so it might
11 have been provided before she acted or after she acted but
12 yes, I would have thought there would have been some note
13 to me.

14 Q If you would have received this information,
15 would you have done a risk assessment?

16 A Yes, their risk should have been evaluated thus
17 my comment of the 24, 48 hour response time because you
18 wanted to look at the imminent safety based on a domestic
19 or an assault of some kind.

20 Q And this clearly a high risk situation?

21 A Depending on the information. Sometimes when we
22 get this kind of information we will contact law
23 enforcement to gather background information because what
24 family present as the problem or the issue, or what
25 occurred, is not accurate so we would have tried to verify

1 it through -- either we can use Victim Services, law
2 enforcement, so we would have tried to gather a bit more
3 information because that way, when we're going out to meet
4 with the family, we have information from other sources so
5 that when we're interviewing or asking them about the
6 incident or the issue, we know what was reported, what
7 happened and then, if need be, challenge them on their
8 responses.

9 THE COMMISSIONER: Put 37069 back up on the
10 screen, will you, please?

11 So it's the information in connection with this
12 Samantha and Steve situation, as referred to in that
13 document, that there appears to have been no follow up on;
14 is that correct?

15 THE WITNESS: Yes.

16 THE COMMISSIONER: And, and you would -- do I
17 take it you read into that the need for some fairly
18 immediate attention?

19 THE WITNESS: Yes.

20 THE COMMISSIONER: That we have no indication
21 took place?

22 THE WITNESS: Correct.

23 THE COMMISSIONER: All right.

24 MR. OLSON: Thank you.

25 THE COMMISSIONER: I've got that now.

1 BY MR. OLSON:

2 Q Just, just a further question with respect to
3 Angie caring for Phoenix, would you have expected Ms.
4 Chief-Abigosis to explore, in some detail, what sort of
5 caregivers that Samantha and Steve were leaving Phoenix
6 with?

7 A Yes. There's always discussions around alternate
8 caregivers. I would have expected and potentially there
9 was a conversation between Elizabeth Woods and Delores
10 Chief-Abigosis because Elizabeth would have had information
11 on Angie, in particular, so would have been able to provide
12 some up-to-date information, accurate information on Angie.

13 Q Are you suggesting that there was a conversation
14 between Ms. Chief-Abigosis and this social worker,
15 Elizabeth Woods?

16 A There might have been, I don't know.

17 Q There's no record of it though?

18 A Correct.

19 Q Okay. So we don't know if she ever did any
20 follow up with the social worker?

21 A No, I don't know.

22 Q And if she had, you would expect there to be a
23 record?

24 A Yes. I -- again, like I stated earlier, I expect
25 workers to document. Do they document everything? No.

1 Q This sort of thing, though, you would, you would
2 want documented?

3 A Yes. I want everything documented but yes, these
4 critical -- this would be considered a critical piece of
5 information that can change the situation so, yes,
6 documentation, follow up of this, would have been best
7 practise.

8 THE COMMISSIONER: And what position did Woods
9 hold?

10 THE WITNESS: I believe, at the time, she was a
11 permanent ward social worker for Angie Sinclair. But I may
12 not be accurate on that.

13

14 BY MR. OLSON:

15 Q So based -- just based on the information in this
16 e-mail, is this an example of Steve and Samantha
17 potentially leaving Phoenix with a caregiver who is
18 inappropriate?

19 A There's some indication that the group home
20 believes that Angie may have been babysitting so it's
21 something we'd want to check out, yes.

22 Q Okay.

23 A Because it says, the next line says: "Given
24 Angie's functioning this would be of concern." Now, I
25 don't know what her functioning is, or what the concern

1 would be, so yes, that would a piece to be followed up on.

2 Q Of course, here you have another social worker
3 telling Ms. Chief-Abigosis that, as a social worker,
4 Angie's functioning would cause that sort of concern?

5 A Right.

6 Q Okay. So this isn't just -- this is maybe more
7 reliable than coming from someone else?

8 A Right. Which is why I had said, you know, I
9 would have expected a phone conversation between the two
10 workers, which is very common practise to share that kind
11 of collateral information because it's, it's what we do.

12 Q I understand. If you could turn, please, to
13 37066. Have you reviewed this memo previously?

14 A Yes.

15 Q Okay. Would you have reviewed this while you
16 were the supervisor of Ms. Chief-Abigosis?

17 A Can you go to the bottom, I probably am not
18 copied on it.

19 Q It doesn't appear so.

20 A No. I may have seen it, I may not have. Again,
21 280 cases, workers, we rely heavily on workers to identify
22 and that's one of the things we talk about when they first
23 sit down with us, is the types of things they need to
24 identify, the types of things they need to have our
25 approval on. So ...

1 Q With a worker like this, though, would you do any
2 sort of spot auditing of their files, I mean, pick up a
3 file and just go through it and see how it looks?

4 A I may have, however, the date on this is, what,
5 July 3rd, so I may have. I do periodically pick up files
6 but whether or not I picked up this one, I don't know.

7 Q Because that would be one way of sort of
8 assessing how the worker is doing.

9 A It's one piece, however, files kind of get work
10 done on them at, at points in time. Case notes are more --
11 should more accurately reflect because they're considered
12 what we call progress notes, so they're kind of like your
13 daily notes or your progress notes so what's happening on
14 daily contact. File information is more about specific
15 times that certain documentation has to occur, based on
16 standards or based on specific documentation that has to
17 occur and is in the file so ...

18 Q So if we look at this memo from Kathy Epps to
19 Delores Chief-Abigosis, it's dated July 3, 2001.

20 A Um-hum.

21 Q Kathy Epps, I understand, was Steve Sinclair's
22 former worker?

23 A Child-in-care, yes.

24 Q That's something you were aware of?

25 A Yes.

1 Q It says that:

2

3 "I was contacted today by ... and
4 ... Steven (and some sibling).
5 Steven was a ward of the Agency
6 for a number of years and I as his
7 worker. This was the situation as
8 presented to me:

9 Steve has been caring for the
10 children since June 14th. On the
11 15th he had welfare changed to his
12 name. Steve indicated that
13 Samantha was drinking and out of
14 control and not caring for the
15 children. He has assumed
16 responsibility for the children
17 and he would like to continue to
18 do so.

19 Samantha reportedly has taken the
20 Child Tax Credit and was drinking
21 with it. Steve indicated that on
22 Friday at approximately 2 AM an
23 altercation broke out between
24 himself, Samantha and Sheila
25 (Steve's sister). Steve admits he
26 had been drinking with Sheila but

1 that this sister, Genny was caring
2 for his children at the time.
3 Steven reports that Sheila
4 attacked Samantha and Steve pulled
5 her off of Sam.
6 On Monday July 2nd WPS showed up
7 at ... Magnus where Steven resides
8 and where he was caring for his
9 daughter ... Phoenix was not at
10 home last night. The officer
11 stated that Steven was being
12 charged with assaulting Samantha
13 during the altercation that took
14 place on the 29th. He has been
15 accused of shaking Samantha. The
16 officers took [the baby] and gave
17 her into the care of her mother
18 who is staying with [someone
19 else] ...
20 Steven is very concerned about his
21 infant daughter and would like her
22 returned to his care as he is
23 convinced that Sam is unable to
24 care for the child. [The
25 referral] stated that Sam's first
26 child is a Perm. Ward of Cree

1 Nation.

2 I spoke with Steve who stated that
3 he did not know he had a worker.
4 He will call you and may come here
5 after 2 PM."

6

7 Is this information that you would have received
8 at the time you -- this memo came in from Kathy Epps?

9 A Well, this looks tied to the June 29th piece
10 where Cory Donald, I believe, went out. So this kind of
11 looks all tied --

12 Q Um-hum.

13 A -- around that date.

14 Q Sounds like there were a number of reports into
15 the agency about concerns around that time.

16 A Well, it appears that Kathy was also made aware
17 because Steven -- well, she was contacted by someone. So
18 yes, the reports had come in.

19 Q Okay. These, these reports, these are something
20 you would expect the worker to make you aware of, the
21 supervisor?

22 A Right.

23 Q If we go back to the closing summary we were
24 looking at before, 37003. At the bottom. "July 4, 2001."

25 A Um-hum.

1 Q It says:

2

3 "Several concerns have been
4 referred regarding the care of the
5 children and the parents use of
6 alcohol and family violence. Cory
7 Donald, on call worker ..."

8

9 So that's the reference for the worker going
10 out?

11 A Yes.

12 Q Okay. And you believe that was in connection
13 with these concerns?

14 A It appears so, yes.

15 Q That appears to be the first time a worker went
16 out after -- well, between -- well, for some time.

17 MR. RAY: Sorry, maybe we can just -- maybe you
18 can just clarify, are you speaking about for some time
19 overall or for some time in relation to these specific
20 incidents?

21

22 BY MR. OLSON:

23 Q Well, if you look at Ms. Chief-Abigosis'
24 notes --

25 THE COMMISSIONER: That's reasonable.

1 BY MR. OLSON:

2 Q -- July 4, 2001 Cory Donald goes out; right?

3 A Um-hum.

4 Q When's the last time, prior to that, that --

5 A It appears a field was attempted May 9th, no one
6 was home.

7 Q Okay.

8 A Prior to that it was the birth of the baby on
9 April 30th, 2001.

10 Q Right. And do you --

11 A So there would have been contact with a hospital
12 social worker, probably, who referred information.

13 Q Okay, but no contact by the assigned social
14 worker?

15 A Not based on the information here, no.

16 Q And if you keep -- if you look at these notes, it
17 appears February 9th, 2001 at 2:00 p.m. was the contact --
18 last contact by Ms. Chief-Abigosis, according to these
19 notes?

20 A According to those notes, yes.

21 Q Okay. And it looks like if you go, if you go
22 back a bit further, it looks like the file is actually
23 assigned November 14, 2001? Right?

24 A Yes.

25 Q So then we have only one recorded contact by the

1 social worker, from the date the file was assigned,
2 November 14, 2001.

3 A Is this Delores' document? Whose --

4 Q This is Delores' closing summary of Steve
5 Sinclair's file.

6 A She was assigned prior to November '01, wasn't
7 she?

8 Q Yeah, sorry, that's a typo.

9 A That's a typo.

10 Q It should be November of 2000.

11 A Okay, thank you.

12 Q So is that, is that right according to this or
13 it's just --

14 A According to her notes, yes, this is -- these
15 were her actions, based on the notes.

16 Q Right. And you said you would have read this,
17 and signed off on it?

18 A Yes.

19 Q Do you recall if you had a discussion with her
20 about this apparent lack of contact?

21 A The fact that I signed off on it means that she
22 was already, her employment had ended, so sometimes when
23 workers depart, that is when supervisors become aware of
24 potential gaps in service, that we don't have the
25 opportunity to discuss, unless the worker has moved within

1 the organization.

2 Q Can you just put up, please, page 37062. This is
3 a July 3, 2001 CRU intake?

4 A Yes.

5 Q You mentioned that there may have been an intake
6 surrounding the decision to send Cory Donald out?

7 A Yes.

8 Q Now that you see this, does this, this look like
9 the intake that would have prompted that?

10 A Can you go a little further down so I can see the
11 presenting problem? Thank you.

12 Yes.

13 Q Okay. And here, if you look at the
14 recommendation after it reviews the concerns.

15

16 "It is recommended that the
17 assigned workers further assess
18 the above concerns. Regarding
19 Samantha, to determine if she is
20 stable enough to have her children
21 with her or if she has abandoned
22 them. As [far as the baby] it
23 would be important to know if she
24 is having Samantha live with her
25 while it is alleged that Samantha

1 is abusing alcohol."

2

3 Sorry, I think that refers to the friend. And it
4 was because of this concern that Cory Donald was sent out?

5 A Yes, I believe so.

6 Q So after all these, all these concerns are
7 raised, the several we just went through, including the
8 ones from mid-June --

9 A Okay.

10 Q -- Ms. Chief-Abigosis goes out on July 6; is that
11 right?

12 A It would appear that she goes out July 6, that
13 Cory Donald responds immediately to -- and it's, it's the
14 same kind of concerns, you just have multiple sources of
15 referral so ...

16 Q Okay.

17 A Which is not uncommon.

18 Q But they're the same type of concerns, you said?

19 A Yes.

20 Q Not necessarily one incident but the same type of
21 concerns?

22 A Correct.

23 Q They could have been the result of many different
24 people observing these problems?

25 A Right.

1 Q Okay. And it would be crucial I would, I would
2 imagine to see what's going on at the home at the time?

3 A Well, it would be important to follow up which is
4 why Cory was sent and then Delores followed up a few days
5 later.

6 Q Because as far as the agency would be aware, at
7 that time, though, there would have been two infants in the
8 home, possibly in the home?

9 A Yes.

10 Q Okay. Just going back to page 37001. The entry,
11 if we go down, please, to, to --

12 THE COMMISSIONER: Now, what document is this?

13 MR. OLSON: This is from -- this is a report of
14 Chief Abigosis' meeting with Steve Sinclair on the 6th of
15 July. I believe this is from the same closing summary.

16 THE COMMISSIONER: It's from the same closing
17 summary, is it?

18 MR. OLSON: Let me just, just confirm that before
19 I ...

20 This is actually -- you will recall, Mr.
21 Commissioner, that we looked at Ms. Abigosis' file
22 reportings the other day, where she had taken a running, a
23 running electronic file recordings.

24 THE COMMISSIONER: Yes.

25 MR. OLSON: This is from that document.

1 THE COMMISSIONER: Prepared by her?

2 MR. OLSON: Prepared by her.

3 THE COMMISSIONER: And what's the document
4 called?

5 MR. OLSON: The document is called file
6 reporting.

7 THE COMMISSIONER: Put up page one.

8 MR. OLSON: Could you go back -- scroll back,
9 please?

10 Sorry, sorry, I misspoke, it's 37011. If you
11 could -- now, if you could just scroll back to the start.
12 Sorry, that -- you just passed it. This is the -- this
13 would be page one of this document, 37009. Now, if we
14 could go, please, to --

15 THE COMMISSIONER: Well, the reference to 36999
16 was in error, was it?

17 MR. OLSON: That was incorrect.

18

19 BY MR. OLSON:

20 Q So 37011, the large entry, 7/6/01, 2:01 p.m.
21 This would -- this was the file recording that Ms. Chief-
22 Abigosis recorded after her visit to Mr. Sinclair on the
23 6th. Says she met with Steve.

24

25 "Steve was at home with his

1 youngest child ... Phoenix was not
2 at home as she was (with a) friend
3 Kim Edwards's home for the
4 afternoon. Steve stated he gets
5 her to watch her if he needs to go
6 somewhere."

7
8 First -- I'll stop there for a minute. Now, the
9 reference to Kim Edwards caring for Phoenix, what would you
10 expect the worker to do with that information, if anything?

11 A They may have run a CFIS check because it's an
12 alternative caregiver, if there's a concern that the parent
13 does not choose appropriate caregivers.

14 Q Was that a concern in this case, when you look at
15 the file?

16 A No. I mean, it looked like Steve was using
17 supports around him, there was the concern in regards to
18 Angie that you raised, which I may or may not have been
19 aware of, but overall he was choosing his supports through
20 Ma Mawi, the Boys and Girls Club. He was utilizing his
21 family supports that the agency felt were the most stable.

22 Q Where, where is the reference to him using
23 supports to care Phoenix that were stable?

24 A Well, his sister, his one sister was very stable
25 and there had been some contact with her.

1 Q Okay. So that's one but we know he left her with
2 the other -- apparently left her with another sister who
3 was not so stable?

4 A Well, there was a concern, I don't know if that
5 concern was validated or not.

6 Q Okay. But it -- that would be one example of
7 perhaps an inappropriate caregiver?

8 A Perhaps, yes.

9 Q And so would you expect the worker then to do
10 some checking into who Kim Edwards was?

11 A To some degree, however, parents have some
12 autonomy over choosing babysitters so unless there's a
13 concern regarding their choices or the amount of time the
14 child is spending at that home, or there's concerns being
15 raised, and at this point there was, there was no pattern
16 indicating that he was leaving Phoenix with unsafe care
17 providers. It appeared that, based on the information we
18 had, that he was utilizing, appropriately utilizing safe
19 supports.

20 Q Now, it goes on to explain how Steve and Samantha
21 apparently parted ways, the new boyfriend coming into the
22 picture, and there being some fighting between them.

23 And then it says, down near the bottom after the
24 police attend and give the child to Samantha, it says: The
25 other child -- sorry.

1 "The child returned to his care
2 about two days after this when
3 Samantha brought [the child] (back
4 to her) back on her own. Steve
5 described [the child's] conditions
6 as 'being dirty and hungry and she
7 smelt badly'. Steve stated that
8 he knew very well that Samantha
9 could not care for her. Steve
10 appeared up front and honest in
11 his answers."

12

13 That bit of information there would, would that
14 be particularly concerning?

15 A Well, it was information that supported the case
16 plan which was that Steve was -- appeared to be the more
17 stable caregiver of the children.

18 Q Okay. Go to the next page, the first paragraph
19 there, where it starts: "While he fed her the formula he
20 talked about his plans for the children."

21 A Um-hum.

22 Q

23 "He stated that his main support
24 for the children and him is his
25 sister "Jenny" she works at the Ma

1 Ma Wi Center and he attended to
2 the center almost daily. Steve
3 stated that he takes the children
4 to 601 Aikins if there is a need
5 for medical attention and that Dr.
6 Lipnowski sees ... or will call
7 Envoy for assistance if they get
8 sick and that [the baby] is on
9 "similac" formula and ... she eats
10 well."

11

12 Would you expect the worker at that point to have
13 some discussion with Geni to see how prepared she would be
14 or available she would be to take care of the baby?

15 A I think by that point in time we knew that Geni
16 was -- we had confirmed that she worked at Ma Mawi so there
17 may have been a conversation but Ma Mawi Chi Itata is well
18 known to our agency and the types of support services they
19 provide so we would have had a pretty good sense of Geni,
20 just based on our working collaborative relationship with
21 Ma Mawi and, and as a partner.

22 I mean, the fact that he also -- I mean, he, he
23 says where he's getting medical attention, he knows a
24 pediatrician that our own agency has used for our children
25 in care. He knows the type of formula. There's -- you

1 know he, he has some parenting skills, he's alert, he's
2 responding to the noises and faces that the baby is, you
3 know, giving back so there's, there's some good engagement
4 and I mean, so there's some good things happening there
5 that we can see and that are documented.

6 Q And then but there was also the recent report of
7 domestic violence and community concerns, those are also
8 things that would have been --

9 A Right.

10 Q -- known.

11 A And there's some indication, I think if you
12 scroll back, that there was some discussion around that.

13 Q Um-hum.

14 A And how they've separated and so there -- the
15 charges. So there is some discussion around the incident,
16 what's happening, Steve's plans in the future, so that
17 we're trying to gauge and assess future probability of, of
18 Samantha being in the home because we can tell that there
19 are two things going on there, there's some serious custody
20 issues and that Samantha seems to come and go from the
21 family setting.

22 Q And this was all fairly recent history.

23 A Like --

24 Q If the meeting was on July 6 and the reports were
25 coming in just earlier that week in, in mid-June.

1 A Right.

2 Q Okay. And so if you look at the summary prepared
3 by Ms. Chief-Abigosis, at page 37012. I just want to bring
4 you to this second last bullet. It says:

5

6 "This worker informed him that on
7 a weekly basis - I will stopping
8 by to see how he is doing and if
9 he is not home I will leave a note
10 in the mailbox for him to
11 contact."

12

13 And "if needs any supports to call me ASAP."

14 That, that response, the weekly contacts, would
15 that be an appropriate response based on the background
16 circumstances here?

17 A We always let families know that we'll be
18 stopping by weekly, may have been her goal or her
19 intention, doesn't necessarily mean that we'll be there
20 every week. But it's basically, I think, trying to say to
21 Steve, listen, we're here, we want to engage with you, we
22 want to work with you. If you need help call us. He's
23 done the other pieces of the earlier plan so his engagement
24 with the agency seems to be focused around custody more
25 than anything, which is fine but it -- this is not someone

1 that's necessarily, you know, reaching out to us so that's
2 probably why there was the goal of weekly -- you know, that
3 we're coming out to see him.

4 Q Okay. And so that the need to see him weekly,
5 talking about best practise at this point, would it be best
6 practise for the worker, given the prior lack of contact by
7 the worker, in the situation that presented itself, would
8 it have been best practise for her to get out there weekly
9 to see him?

10 A It would be great if on every file we could get
11 out to see every one of our families weekly so, yes. Now,
12 having said that, there are times where we have weekly
13 contact with families for a period of a month because of
14 some things that are happening, so in this case some
15 assaults. So there may be weekly contact for a period of
16 time until we can better assess what's happening. There
17 may be periods of time where it is monthly contact, so ...

18 Q But she told -- she apparently told Steve that
19 she would be out there weekly to check, check up on him?

20 A Yes.

21 Q Okay. And you said that -- you know, that may be
22 a nice ideal or goal but it doesn't always happen?

23 A Correct.

24 Q And does that -- does it happen -- is it less
25 likely to happen than, that not? I mean, when a worker

1 says I'm going to go weekly and check on you, is there
2 normally follow through with that, typically, at that time?

3 A I always say that our families are so used to
4 broken promises that whatever you say you're going to do
5 you need to follow through on. Delores is a new worker so
6 sometimes they're very idealistic and they -- their
7 intention is to meet that. The reality is, is that it's,
8 it's very difficult to do that, even with 25 cases, to see
9 someone weekly. So attempts may have been made to see
10 someone weekly but that doesn't necessarily mean that
11 they've come to fruition and that people are home.

12 Q Okay. We expect to hear evidence that after the
13 infant was born Phoenix was spending approximately four
14 days a week with other people. If you had been aware of
15 that, as supervisor, would it have caused you any concern?

16 A Yes, she would probably have been brought into
17 care, had we known that at the time.

18 Q Okay.

19 A Because she technically had no legal guardian
20 caring for her so whoever her alternate caregiver was, if
21 there was one in particular, some -- that's why we have
22 places of safeties where we can deem someone who is
23 important to that child, makes sense for them to reside
24 there. We can deem them a place of safety.

25 Q Okay. We've heard previously that it's not

1 unusual for people in this situation to leave their
2 children with friends, other people, that the children may
3 move around a lot and that, that would be an informal
4 arrangement and, and generally okay.

5 A There are informal arrangements that do occur.
6 Some of this is due to culture, some of it is due to
7 coping, some of it is due to other factors. So yes,
8 children can move from caregiver to caregiver. I think the
9 important piece for us to assess is that very healthy
10 children can grow up and be perfect little human beings as
11 long as there is some consistency around that or there is
12 an attachment to caregivers.

13 Q That's something the worker, having that
14 knowledge, if she had that knowledge, would want to
15 explore?

16 A Would want to explore the care, multiple
17 caregivers?

18 Q Right.

19 A There's a difference between a planned multiple
20 care giving kind of value. So if I believe that my sister
21 can look after my children and one day -- one week a month
22 they live with her, that's a planned strategy or parenting.
23 It's different to be in a crisis, dropping your children
24 off at point "A", point "B", point "C". So that's
25 something we would assess, whether this is, is the -- is

1 this a support or is this a crisis response by the parent?

2 Q Okay. It's important to know which it is?

3 A Yes.

4 Q Okay. But based on what Steve was telling us at
5 the time, it was a planned response that he was
6 capitalizing on support systems he had, where Phoenix was
7 being cared for by someone he trusted, off and on, so as a
8 babysitting. Had we known that that person, what appears
9 now, based on the evidence, is that he was not, in fact,
10 the primary caregiver.

11 THE COMMISSIONER: Should you have known that?

12 THE WITNESS: It would have been good to know,
13 should we have known? It may have taken time to know that
14 and that's maybe why we don't know.

15 THE COMMISSIONER: What would have been involved
16 for you to have known that? What would have been necessary
17 for your social worker to have done to have been aware of
18 that?

19 THE WITNESS: Checking on the multiple
20 caregivers, however there's some barriers to that at times,
21 sometimes family members are resistant, even to tell us who
22 has their children which is why you'll see after hours or
23 we'll go out at various times of the day, we'll utilize
24 employment assistance to see if there's any listing of
25 other addresses or known associates. So there are

1 strategies to check but all of those things take some time
2 and unless there's an indication that the child is not
3 being appropriately cared for, some of those tasks may not
4 be gotten to because of other competing priorities.

5

6 BY MR. OLSON:

7 Q Just, just to follow up on that, is there any
8 indication here that Ms. Chief-Abigosis made any attempts
9 to make that determination, contacting collaterals or
10 people listed in the file?

11 A During the time period that I supervised her, no,
12 the contacts would have been limited, there's -- I mean,
13 because the -- there's some pieces that are done, due to
14 the death of an infant, and then shortly after that, Ms.
15 Chief-Abigosis is leaving the employment, so that's not
16 something that would have been the focus of my supervision
17 and work with her at that point in time. I would have
18 asked about that and expected some of that to be in the
19 closing or transfer summaries.

20 Q When, when did you learn that she was going to
21 leave the agency? Do you remember?

22 A I think mid to late July.

23 Q Okay. Turn to page 37013.

24 A I think -- you know what, if I can just go back
25 to the Commissioner's question of what we would need to do,

1 I think that there are different ways for us to do our
2 casework and our afterhours units, when I first started,
3 had the capacity to go out and check some of these
4 situations because resistant families hide from us and they
5 are not cooperative and so it, it really is difficult to
6 try and find some of these kids sometimes. So
7 unfortunately, though, the volume of workload has made it
8 so that after hours now doesn't have the capacity to
9 respond to some of these requests that are no -- are not
10 considered urgent, imminent safety risk things. So if
11 there was a way to somehow do our work a little bit
12 differently, look at hours of work so that some of those
13 things, or a unit that is devised and, and looks at how do
14 you deal with resistant families who really don't want our
15 service and it's very hard for us to assess what's really
16 happening for them. That's a different kind of scope of
17 work and it's really not totally feasible or possible
18 within family service case loads and the way our structure
19 is right now.

20 THE COMMISSIONER: But from the time you came
21 back on June the 1st until Chief-Abigosis indicated she was
22 going to leave in mid-July, was the attention that was paid
23 to this file by her, as the assigned worker, adequate by
24 the standards of, of the, of the agency?

25 THE WITNESS: Based on looking back and when I

1 got the closing summary and signed off on it, I would have
2 noted the gaps. Had she remained my staff, that's
3 something that we would have talked about and I would have
4 probably shifted how I asked certain things of her in
5 supervision. So that we had a clear understanding of
6 things.

7 I would have probably altered my supervision
8 approach with her.

9 THE COMMISSIONER: But the gaps you noticed were,
10 were not up to standard?

11 THE WITNESS: No, they weren't.

12

13 BY MR. OLSON:

14 Q Page 37013. This is a continuation of Ms.
15 Chief-Abigosis' file recording. That's the document I, I
16 identified previously. Top of the page it looks like she
17 went out and made an attempt on the 10th of July, so that
18 was only a few days after she told Steve she would.

19 A Yes.

20 Q She stopped by, no one is home, so she left her
21 call -- card. And then on the 16th, so six days later,
22 says:

23

24 "This worker was informed by the
25 Supervisor - Lorna Hanson at my

1 home in Brokenhead that on Sunday,
2 July 15th that [the baby] was
3 taken to the hospital and was DOA
4 - Received Night Duty report of
5 the incident dated July 15, 2001
6 (see file)."

7

8 Do you have a recollection of that?

9 A Yes.

10 Q Okay, what's your recollection?

11 A Well, my recollection is probably jogged from the
12 notes but when any child dies the super -- the executive
13 director is notified of the agency. The executive then
14 makes a decision as to who will inform the supervisor of
15 that case and the supervisor makes an informed decision as
16 to when they will contact their worker, because it's
17 considered one of the biggest critical incidents that we
18 can have to deal with.

19 So I know that I would have contacted Delores, at
20 home, prior to her coming into the office and that we would
21 have had a discussion around the process because, again,
22 this is someone who's newer to our system so she won't
23 necessarily understand the process that occurs after a
24 child death.

25 Q Had you received calls like this before about a

1 child's death?

2 A Yes.

3 Q So did this call -- was it shocking to you or ...

4 A No, I'm -- sadly I can't recall the death of this
5 infant. Unfortunately, in our work, death, tragedy is, is
6 everyday occurrence so no, this child death I can't
7 specifically recall.

8 Q Do you know if Ms. Chief-Abigosis had dealt with
9 this situation previously, where a child died?

10 A No, I believe I -- I don't know if I knew that
11 for sure, my assumption would have been that is a pretty
12 new staff, that this would not have been something that she
13 would have experienced before because I know that I did
14 take the lead on doing some of the documentation that's
15 required after a child death. As well as, as a manager, as
16 the supervisor, you're balancing two things, you're
17 balancing -- you're balancing three things, the needs of
18 the family, who has just suffered an incredible loss, the
19 needs of the worker who also is -- you know, has suffered a
20 loss in some way, and that can range, as well as the needs
21 of the agency and our documentation because we are held
22 accountable for our work, and what services we provided,
23 when and how and why.

24 As well as, we're also looking at there are other
25 children here in this home so the minute there's a child

1 death one of the next pieces we'll probably get into is the
2 police involvement, because if this is a homicide or a
3 potential homicide, that dramatically impacts our next
4 steps.

5 Q Okay. So at this point you didn't know why --
6 what the cause of the death was?

7 A No. Police were on the scene and the death had
8 been confirmed but beyond that, no.

9 Q All right. Did Ms. Chief-Abigosis tell you that
10 this death had a pretty significant impact on her?

11 A Unfortunately, she did not. I understand that
12 that was in her testimony. I did discuss the impact that a
13 child death can have on a staff, offered various supports.
14 We have various things in place to ensure that staff had
15 the supports they require.

16 It is not uncommon for social workers in our
17 system to -- for this not to be a good fit for their
18 employment. There are some social workers that child
19 welfare is not for them because of death, tragedy, child
20 abuse.

21 Q Do you recall if you offered any, any support to
22 Ms. Chief-Abigosis in this case?

23 A I've been shown documentation where I did, did in
24 fact do all of that. It's my standard practise back then,
25 today, vicarious trauma is a significant thing that impacts

1 our work. In child welfare vicarious trauma is so every
2 day that self-care is critical so it's something that I
3 always ensure and take care of for my staff.

4 Q Okay. You said you were shown some information
5 that shows you did do that?

6 A Yeah, I believe there was an e-mail where I kind
7 of say to her, you know what, it could feel like people are
8 scrutinizing your work, that -- you know, but that there is
9 a process that unfolds but that -- this is just part of the
10 process. And we talked a little -- you know, there's a
11 little piece about that.

12 We always also offer if staff want to attend
13 funeral services, if they don't staff are allowed time to,
14 if they, they cannot come into the office and cannot do
15 their day-to-day job, they're offered all kinds of --
16 whatever they need. We try to make sure that they're
17 provided with that.

18 Q Okay. And apparently here Ms. Chief-Abigosis did
19 attend the funeral. So is that something that the workers
20 typically do?

21 A It depends. Sometimes the families don't want us
22 at funerals so we will look at ways for staff then to have
23 their own closure. Some workers attend, some do not.

24 Q Was it your expectation that Ms. Chief-Abigosis
25 would continue working with this family on the file?

1 A Yes, we do talk about whether or not that is
2 difficult for staff. They take the lead on that. So there
3 are times where workers have continued with files where
4 there has been a death and there are some where they
5 haven't. They've maybe continued some contact with the
6 family in some other way but --

7 Q So those, those conversations that you're
8 referring to now, would they be documented in your
9 supervisor notes?

10 A Yes.

11 Q Okay. Page 37057, it is a CRU and AHU intake
12 form and it's to Delores Chief-Abigosis, Darlene McDonald,
13 youth coordinator and Lorna Hanson, from Shannon Skogstad.

14 Do you know what this, this document is about?

15 A I believe this is the afterhours action when they
16 were contacted about the child death.

17 Q And it would have come across your desk then,
18 your --

19 A I would have seen this. The practise in my unit
20 was all after hours reports were vetted through me in the
21 morning, that was the first task of the day. So that if,
22 for example, the worker was away or was on training, or
23 whatever, that I could ensure that there was follow up.

24 Q Were you sort of quarter backing the, the file
25 after the death?

1 A Quarterbacking? I think I'm the quarterback all
2 the time.

3 Q Okay. Would you have more involvement in it,
4 though?

5 A Yes. When there's a child death, I mean, there
6 is -- there are certain tasks that the manager takes care
7 of, yes.

8 Q Okay.

9 A We have to ensure that documentation gets to a
10 certain place at a certain time. There's a real time
11 crunch on us and because the worker is often dealing with
12 the family, we're often gathering the data and drafting the
13 report that has to go to the director.

14 Q I see. So those would be your primary tasks, at
15 that point?

16 A One of my primary tasks at that time, yes.

17 Q With respect to this file, though?

18 A Yes.

19 Q Were you concerned about Phoenix's safety?

20 A It was quickly -- the police quickly cleared the
21 death as non-homicide and that -- so there was actions,
22 interventions done by after hours, as well as dayside in
23 regards to ensuring where, where Phoenix was and that she
24 was cared for and that the family had the necessary
25 supports in place.

1 Q And at this point we know that Phoenix was
2 apparently with Geni Sinclair?

3 A Yes.

4 Q And was she considered a safe person?

5 A Yes.

6 Q Did you know what the plan would be after, after
7 things settled down with Steve and, and during his -- when
8 he was grieving for his -- the death of his daughter? Was
9 there a plan developed?

10 A After as in, like, what timeframe, sorry?

11 Q Well, what sort of planning would, would occur
12 after this, after the funeral? What did you expect?

13 A There was some follow up, some outreach done in
14 regards to offers of support around grief counselling,
15 various supports in place. Because the parents were no
16 longer together there was some mitigating of conflict
17 between the two so that the focus becomes on assisting
18 everyone to grieve, to find closure to that in whatever way
19 that makes sense for them and in however long that means.
20 To ensure that they have the supports in place to continue
21 parenting the child that is with them and to further
22 assess. And we'll get into this, I'm sure, shortly or
23 later, that at a later point in time a decision is made
24 that the file is closed.

25 Q Did you know if the plan was for Geni to have

1 Phoenix for any length of time?

2 A No. Just like any family that has a death, I
3 mean, we, we go in, we make sure that people are safe and
4 we take care of business but we try to walk gently so that
5 we're being respectful of families' grieving processes. So
6 for some families that may mean that children are cared for
7 by family members, for some families that means that every
8 person --

9 THE COMMISSIONER: But just a minute, I think the
10 question was did you know that Geni was going to have this
11 child for some period of time.

12 THE WITNESS: We knew that Geni was taking care
13 of Phoenix in the immediate, beyond that I don't, I don't
14 know what period of time the plan was. I don't think the
15 family necessarily knew the period of time plan, I think it
16 was a day-by-day process decision.

17 THE COMMISSIONER: Well, that's what the question
18 was.

19 THE WITNESS: Okay, sorry.

20

21 BY MR. OLSON:

22 Q Would there be a responsibility on, on the
23 worker, whoever the worker was, to make a determination as
24 to what that plan was for Phoenix?

25 A Well, the -- there was no indication that Steve

1 was making bad decisions around that so he would have been
2 allowed to make plans around Phoenix's care. The
3 supervisor or the social worker would have asked some
4 questions but would not have, necessarily, directed the
5 amount of time.

6 Q Did, did the, did the death of the infant child
7 in Steve's care, would that have changed the risk
8 assessment at that point?

9 A Well, the death of any child changes risk so
10 immediately the risk was high because we didn't know if it
11 was a homicide. Risk dramatically drops when you know it's
12 not a homicide. And then there is increased risk because
13 of how is the family going cope. So those are one of the
14 things that we had looked at and assessed and there seemed
15 to be appropriate supports in place.

16 Q There were, there were concerns about Steve maybe
17 having an alcohol or addiction problem.

18 A There had been incidents of misuse of alcohol,
19 yes.

20 Q Okay. And that with the, with the death of an
21 infant child, would that, would that not increase the
22 concern?

23 A Well, there is an increased concern that as a
24 coping strategy a parent who has misused alcohol may do so
25 again but Geni was taking care of Phoenix so there was a

1 mitigating factor there, as well.

2 Q And that's why --

3 A And Geni lived close by so that was the other
4 piece.

5 Q And that's why I'm wondering, in the long term I
6 understand that Geni was caring for Phoenix at the time but
7 in the, in the long term, wouldn't, wouldn't the agency
8 want to know what the plans were for Phoenix's care?

9 A Yes.

10 Q And would, would the risk not remain high, high
11 still until those things were worked out?

12 A Till which things were worked out?

13 Q Where Phoenix would be, where she would stay?

14 A Well, it appears that Phoenix was going to be
15 taken care of by her dad, that all indications showed that.

16 MR. RAY: Sorry, I just wanted to clarify. Mr.
17 Olson, I think, said would the risk not remain high? I
18 think the witness' evidence was once it was determined that
19 this was not a homicide that risk would drop, so I'm just
20 not sure why he's suggesting that it would remain high
21 because I don't think --

22 MR. OLSON: Well, that's, that's why I'm
23 suggesting it when you say withdraw, I'm suggesting that
24 based on these factors it would still remain high, rather
25 than dropping.

1 THE COMMISSIONER: Well, ask, ask her that.

2 MR. RAY: Thank you.

3

4 BY MR. OLSON:

5 Q Yeah, that's, that's my, that's my question,
6 if -- you said the risk would get low once it was
7 determined it was not a homicide.

8 A Right.

9 Q And I'm not suggesting would it not remain high,
10 given the factors, the death of the infant and Steve's
11 potential problem with alcohol, the history there. So ...

12 A No. It would have been low, maybe to medium
13 because he had supports in place that could provide for his
14 child. There was no indication that he was going to
15 actively drink and parent, he seemed clear that that was
16 not a good option, that was not a good plan.

17 THE COMMISSIONER: Now, are you nearly through,
18 Mr. Olson?

19 MR. OLSON: I'm going to be a little while longer
20 so it might be a good time to take an afternoon break.

21 THE COMMISSIONER: Well, yes, it's, it's the hour
22 now for, for a break so I guess we'll adjourn now till two
23 o'clock.

24

25 (LUNCHEON RECESS)

1 THE CLERK: Okay, we're back in action.

2 THE COMMISSIONER: All right, Mr. Olson, we're
3 back in business.

4

5 BY MR. OLSON:

6 Q Okay. So on -- in front of you is a July 16,
7 2001 letter from you to Darlene McDonald. Do, do you know
8 what this letter is for?

9 A Yes, it's a notification of death of a child not
10 in care.

11 Q Okay. You explained before this is something
12 that you would have to prepare following the death of the
13 child?

14 A Yes.

15 Q It's standard form?

16 A Yes.

17 Q If we go to page 37055, do you know, do you know
18 why this form is required, just before we get to that?

19 A In our legislation the Director has to be
20 notified of child deaths and so the directors of agencies
21 are notified and they then forward the notification to the
22 director.

23 THE COMMISSIONER: And is that regardless of
24 whether the child has ever been in care?

25 THE WITNESS: It's if the file is -- if there's a

1 file open so whether the child is in care, out of care, as
2 long as there is an open active file with our agency.

3

4 BY MR. OLSON:

5 Q With respect to the family?

6 A Right. Whether there's a protection file or a
7 voluntary family service file or an expectant parent file.
8 If there was a child death then we would do a notification.

9 THE COMMISSIONER: And what file was open, at
10 this point in time, that prompted you to make this report?

11 THE WITNESS: A protection file on this family.

12 THE COMMISSIONER: A family protection file?

13 THE WITNESS: Yes. Yes, sir.

14

15 BY MR. OLSON:

16 Q And just to -- well, on the page that's in front
17 of you, at 37055.

18 A Right.

19 Q There's "Anticipated Action of Agency".

20 A Yes.

21 Q Before that you went through, it looks like a
22 review of what's happened in the file up to that point.

23 A Yes.

24 Q Did you prepare that?

25 A Yes, I would have prepared this document

1 utilizing file information, CFIS information and
2 information provided by the assigned worker at the time.

3 Q Okay. So you went through the agency involvement
4 and the various dates that are indicated there, those would
5 be consistent with what's reported by Ms. Chief-Abigosis
6 and before that Ms. Greeley?

7 A I don't think I specifically, in this document,
8 outline dates but it -- the idea of the death notification
9 is to summarize not necessarily specific involvement,
10 day-to-day involvement but to give a general analysis or
11 understanding of the case and what the services we have
12 provided are -- and the case plan and the next steps for
13 the agency.

14 Q Turn to page 37053, "Agency Involvement".

15 A Right, yeah.

16 THE COMMISSIONER: What document is this?

17 MR. OLSON: This is the same document we're in,
18 this is the letter to Darlene McDonald.

19 THE COMMISSIONER: Oh, okay.

20 THE WITNESS: Right. So when I said that we
21 wouldn't outline everything, so unlike progress notes or
22 case notes, we would highlight certain specific things but
23 we wouldn't -- it wouldn't be a running tabulation of every
24 case note ever made.

25 MR. OLSON: I see.

1 THE WITNESS: The idea is so that the Director of
2 Child Welfare has a clear understanding of what services
3 have been provided, the police involvement, any concerns
4 that may need to be addressed in the next pieces of the
5 agency's involvement.

6

7 BY MR. OLSON:

8 Q The information that you present here, though,
9 for example the November 14, 2000 Delores Chief-Abigosis is
10 assigned to the file and then you have -- if you go to the
11 page after that, which would be the next page, you go on to
12 explain what she did, some, some of the contacts she had
13 with the family, that sort of thing. That information,
14 itself, did that come from your own review of her file?

15 A It could have came from the review of her file,
16 it could have been that she provided me with a synopsis or
17 pieces. I don't know, it can come in various forms, I
18 don't recall specifically if I went through every one of
19 her case notes or if she provided me with some of that
20 verbally.

21 Q Did you have a standard practise at the time?

22 A The standard practise is to gather the
23 information in the quickest way possible, so it can take
24 many shapes and forms, depending on what the worker is
25 doing, or the workers preference. Some workers prefer to

1 type up that piece themselves and forward it.

2 Q There was an e-mail you referred to earlier and
3 I'm just trying to find the, the actual number for it, but
4 it's an e-mail you sent to Delores Chief-Abigosis, asking
5 her to get her notes in order. Do you recall speaking
6 about that before?

7 A Yeah, I spoke about the e-mail, yes.

8 Q When you asked her to get her notes in order,
9 that would have been just after the death of the baby?

10 A Right.

11 Q Purpose of getting the notes together were so
12 that this report could be completed?

13 A Right.

14 Q So you would have looked at her notes to put it
15 together, am I --

16 A I may have or she may have sat down with me with
17 her notes and as she's going through her notes, providing
18 the information, I'm actually typing this document.

19 Q But you would have been aware then, at that
20 point, as to what her involvement in the file was?

21 A Well, again, it depends on how I gathered this
22 information, if she was providing me with the information
23 or whether I was looking at it. I also would have been
24 looking, so I may have looked at it, but I would have been
25 looking at it, at that point in time, with a different lens

1 than I think what is probably your next question. So the
2 lens, at that time, that I'm looking at the case notes, is
3 to gather information about things that have been happening
4 on the file to provide that information.

5 Would I have identified a gap at that point in
6 time, I may or may not have.

7 Q 37048, I believe is the document, the e-mail. If
8 you can just pull that up.

9 That -- this -- is this the e-mail that we were
10 just speaking about?

11 A Right. But I'll have to correct myself. So this
12 e-mail is in -- this is not the e-mail I was referring to
13 earlier, this e-mail is in regards to the Chief Medical
14 Examiners Office --

15 Q Okay.

16 A -- coming. So this is, this is a different --
17 this would have happened around the same time but I'm
18 asking her to prepare the file for the CME's office, not
19 for me to complete the death notification.

20 Q CME's office, according to your e-mail, is coming
21 July 24, 9:30. Is that -- that's what you've written here?

22 A This says -- the e-mail that's up before me right
23 now says July 19th. I'm sorry.

24 Q The date of the e-mail is July 19th, but you say
25 Jan Christianson-Wood from the Medical Examiners Office.

1 A It says that she'll be out July 24th, yes.

2 Q Right. So the CME was coming to your office?

3 A That was their standard practise, yes.

4 Q Did, did they take the file with them?

5 A They don't leave the premises with the file but
6 they are provided space and the complete file documentation
7 so they can review and they can request copies be made or
8 make copies themselves sometimes.

9 Q Would your notes, your supervisor notes, have
10 been provided to them?

11 A They have access to all information under the
12 Fatalities Act.

13 Q But they wouldn't take their notes with them out
14 of the -- your notes with them out of the office, would
15 they?

16 A No.

17 Q So those notes would not have left the office,
18 the CFS office?

19 A Correct.

20 Q You said when -- would you have reviewed the
21 notes of Chief-Abigosis at that point when you had asked
22 her to gather them all together and, and have them in your
23 office?

24 A Not necessarily. Probably not. I would have had
25 the file brought to me, it would have went to my admin to

1 be, what we call cleaned, because lots of times there's
2 duplication of information, things aren't hole punched,
3 placed in the appropriate section so really it's about
4 having it organized and tidied up.

5 Q As a supervisor, though, wouldn't you want to
6 make sure that the notes are adequate?

7 A Yes. But the notes are the notes so whatever is
8 in there will be in there and that's what the CME will
9 review. So ...

10 Q So you wouldn't have done a prior review of them?

11 A No.

12 Q You wouldn't have sat down with Chief-Abigosis
13 and asked her to go through them with you, at that point?

14 A No.

15 Q You said something about looking at things from a
16 different lens. What were you, what were you referring to
17 by that?

18 A Well, I think one of the things that you're
19 asking, in not necessarily a direct way, is if I noticed
20 the gap in service in regards to Ms. Chief-Abigosis'
21 contact with the family and I would not have necessarily
22 noted that when I am quickly going through a file for the
23 purpose of death notification. We're looking through a
24 different lens to gather information that meets the need of
25 that notification.

1 Q The purpose of your looking through the file
2 would be different than what you're doing as a supervisor,
3 typically?

4 A Yes. The task at hand, yes.

5 Q But you're not saying if you did notice a gap you
6 would ignore it at that point?

7 A No. If I notice a gap, I address it.

8 Q Just going back to 37055. Again, Mr.
9 Commissioner, this is in the letter to Darlene McDonald,
10 July 16, 2001, by this witness.

11 Under Anticipated Agency of Action (sic), you
12 have written here:

13

14 " - to continue supporting Steve

15 In regards to his parenting of ...

16 daughter Phoenix

17 - to assist Ms. Samantha Kematch

18 in coping with the loss of her

19 daughter.

20 - to continue monitoring family

21 situation

22 - to help Samantha stabilize, as

23 since her break-up from Steve she

24 has been staying with various

25 people and has had limited contact

1 with her children."

2

3 That anticipated action, is that something you
4 formulated?

5 A Would have been in conjunction with the assigned
6 worker, yes.

7 Q So you would have sat down then with Ms.
8 Chief-Abigosis and, and looked at the file and determined
9 what was necessary, at that point, in terms of agency
10 intervention.

11 A What's necessary and what was already kind of
12 happening or the case plan which really the case plan was
13 to continue supporting Steve, to continue monitoring the
14 situation. So part of this is an existing case plan with a
15 couple of other pieces added in due to -- as a result of
16 the death of a child.

17 Q So at least at this point in time, when you're
18 advising the -- Darlene McDonald, the program manager,
19 you're indicating to her that the plan is to continue
20 monitoring Steve?

21 A Yes, that's correct.

22 Q That would involve a social worker going out and
23 seeing him?

24 A Yes.

25 Q Would it have been prudent at this time or around

1 this time to do, to do a full assessment of Steve?

2 A There was some assessment done of Steve and -- to
3 ensure that the family had the supports necessary to safely
4 take care of Phoenix. When you say a full assessment, no,
5 the family is in a state of crisis so your assessment will
6 be somewhat skewed, based on a critical incident.

7 Q You mean at that time, when the -- just shortly
8 after the death occurred?

9 A Right. So an assessment to address immediate
10 safety was done.

11 Q How, how long after the death would you
12 anticipate an assessment of Steve would occur or should
13 occur?

14 A An assessment is an ongoing process so it's not
15 like you do an assessment on Tuesday and you do one again
16 30 days from then, an assessment is an ongoing so when we
17 say to continue monitoring the family situation, part of
18 that monitoring is ongoing assessment of the parent who's
19 taking care of the child, ongoing assessment of what kind
20 of supports they have, all of those factors.

21 So the assessment is an ongoing living, breathing
22 thing that happens.

23 Q Steve's file was opened by you with that transfer
24 summary we looked at previously, I think, on August 2nd?

25 A Yeah. August 16th, I think.

1 Q August 16, sorry.

2 A Yeah.

3 Q So at that point, when that -- August 16th
4 Steve's file was still an open protection file?

5 A Yes.

6 Q And because of that, the agency would have had a
7 requirement to continue monitoring Steve?

8 A Yes, open protection files require monitoring.

9 Q I want to take you to 37050. And this is from
10 Samantha Kematch's case file. You see the front, it says:
11 CRU Intake and AHU Form?

12 A Yes.

13 Q Delores Chief-Abigosis.

14 A Yes.

15 Q And Shannon Skogstad, she's the CRU worker, or
16 was that, was that -- she an AHU worker?

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

18 Q Okay. The date here is July 18th, 2001.

19 A Yeah.

20 Q It says "Presenting Problem":

21

22 "The [source of referral] called
23 to report that Samantha ... and
24 her partner, Steven Sinclair are
25 involved in a family dispute since

1 the death of their daughter on
2 July 15th --"

3

4 THE COMMISSIONER: Just one moment. Just one
5 moment. I want to see the top of that.

6 MR. OLSON: Okay, can you bring that to the top?

7 THE COMMISSIONER: See, one of the difficulties
8 I'm having is not having the hard copies of these and, and
9 I've asked at noon, Mr. Olson, to get me for, for starting
10 tomorrow, hopefully, a hard copy of, of these various things
11 that are seeing -- appearing on the screen. Everyone else
12 has seen them and I'm seeing them for the first time and
13 it's just very difficult to get into the middle of a
14 document, not knowing what the top of it is so --

15 MR. OLSON: Right.

16 THE COMMISSIONER: -- I hope that we can work that
17 way from here on in but it -- I'll just take a note of what
18 this is.

19 All right. Now, did you explain, witness, what
20 this document is?

21 THE WITNESS: CRU stands for crisis response unit
22 and AHU is the afterhours response unit.

23 THE COMMISSIONER: Yes?

24 THE WITNESS: They use the same form, it's kind of
25 used interchangeably. After hours means that it's after
26 hours, after 4:30, so the form can be generated from either

1 unit but the idea is that it provides --

2 THE COMMISSIONER: So record, record of a call
3 coming in?

4 THE WITNESS: Right. And, and possibly action by
5 those units and it's generally forwarded onto dayside family
6 services for follow up or dayside intake for follow
7 up.

8 THE COMMISSIONER: Okay.

9

10 BY MR. OLSON:

11 Q Okay, so looking at the presenting problem. This
12 is a source of referral calling to report Samantha and her
13 partner were involved in a family dispute since the death
14 of, of the child; right?

15 A Correct.

16 Q

17 "According to the [source of
18 referral] the police actually had
19 to attend the funeral chapel last
20 night due to the tension which
21 outside source had indicated might
22 lead to violence."

23

24 A Right.

25 Q Okay.

1 "In fact, Steve's side of the
2 family were to view the body
3 [certain times] and Samantha's
4 side ... to view the body [at
5 another time].

6 In addition, the police were
7 informed that a Nikki Taylor
8 worker for the Boys and Girls
9 Club, had actually examined [the
10 baby's] body last night at the
11 funeral parlor. Apparently she
12 has accused the police of missing
13 marks on the body which of course
14 are marks caused by the autopsy."

15

16 It goes on to say:

17

18 "The [source of referral] also
19 relayed that according to Steve
20 Sinclair, he was approached by
21 Diane Redsky ... participate in a
22 (healing) circle ..."

23

24 Et cetera.

25

1 "The [source of referral] has been
2 told that Samantha Keematch and
3 her family are upset that the
4 funeral is not being held on the
5 reserve. She ... indicated that
6 she wanted the funeral postponed
7 and ... challenge autopsy."

8

9 A Right. Sorry, the screen, I'm -- you're reading
10 but the screen is not moving, sorry, so ...

11 There we go. Okay, yeah.

12 Q And she was asking that an inquest be
13 held.

14

15 "The [referral] maintains that it
16 appears that [the child] died from
17 complications from pneumonia, and
18 the autopsy has not revealed any
19 evidence of child abuse ..."

20

21 Steve Sinclair has apparently gone to a lawyer
22 and is seeking interim custody of Samantha and of the
23 body.

24 A Yes.

25 Q And,

1 "The [referral] stated that the
2 funeral is at 1:00 p.m. ... and
3 the police will not be attending.
4 This writer contacted the family's
5 worker, Deloris Chief-Abigosis, at
6 the Jarvis office and relayed the
7 aforementioned. Deloris requested
8 the information be written up and
9 faxed over to place in the file."

10

11 Is this -- were you -- these forms came across
12 your desk first; is that right?

13 A The afterhours ones. This one, it's signed off,
14 she says she's a CRU social worker so it may or may not
15 have, only the afterhours ones came to my attention.

16 Q I see.

17 A Because they were faxed. The process was after
18 hours would fax them in so that in the morning they would
19 be waiting but these could arrive randomly throughout the
20 day. So I may or may not have seen this.

21 I am aware of this issue, based on some further
22 documentation you've shown me.

23 Q Were you aware of the issue at the time?

24 A I can't recall but most likely because we have a
25 situation that's escalating and requires some mediation and

1 there's some misinformation resulting in the family
2 becoming agitated.

3 Q So you see here there's a custody dispute?

4 A Well, there's a custody dispute but there's also
5 -- I mean, they've lost their child, mom has not been
6 present, was not there when this baby died so, of course,
7 there are questions. Not all the answers are known, the
8 toxicology reports aren't back yet, so often you see
9 families then blaming each other or not problem solving or
10 coping very well.

11 Q And that's what was happening here, they were
12 blaming each other?

13 A Well, there was some blame, there was also -- I
14 mean, the body had not been cleaned very well, and prepped
15 for viewing so the blood that was on the body was not as a
16 result of trauma, that was explored, and confirmed that it
17 was not trauma.

18 Q Nikki Taylor was one of the supports that were
19 identified as being a support for Steve at one point?

20 A Yes.

21 Q And it appears here that she's now attending with
22 Samantha?

23 A I think she -- I mean, I didn't listen to her
24 testimony but she was a support, at one point, based on the
25 file of records, to both parents. They had, I think, been

1 attending when they were a couple to her so ...

2 Q So what is -- what would you make of the CRU
3 intake, in terms of risk assessment? Would this require a
4 new risk assessment to be done at this time?

5 A There was a response, we followed up on the
6 concern, provided information, deescalated the situation
7 so, yes, was risk assessed? Yes. Were actions and
8 interventions occurred? Yes.

9 Q You say there was a response to this situation?

10 A Yes, I believe so, yes.

11 Q And that would be recorded then in the closing
12 summary prepared for the Samantha Kematch file?

13 A I don't recall which documentation it was but
14 there's a recording at some point that I reviewed that
15 indicated that we had consulted to find out that the, the
16 blood, which was causing some of the upheaval, on the body,
17 was as a result of lack of due diligence on the funeral
18 home not as a result of any other kind of trauma or
19 concern.

20 Q And you're saying that that would have decreased
21 a concern over risk, at that point?

22 A Well, it would have assisted the parents in
23 understanding the situation, it would have assisted their
24 supports in understanding the situation, and thus mediating
25 it and not resolving the entire conflict but definitely

1 bringing the emotional level down.

2 Q Was, was that communicated to Steve or Samantha,
3 or both?

4 A Again, based on information that you've showed me
5 and that I've reviewed before, it appears that yes, there
6 was documentation of that.

7 Q If you turn to the closing summary, page 3707 --
8 sorry, 37007. This is the closing summary that you signed
9 off on with respect to the Samantha Kematch file?

10 A Okay.

11 Q And which entries are you referring to here where
12 there was contact with the family following this dispute on
13 the 18th or this -- sorry, this CRU concern on the 18th?

14 A You'll have to scroll down. I don't know, I
15 think it was in Delores' case notes, I, I honestly I don't
16 recall where but I know that I did see that documentation.
17 I'm sorry, it's very hard on the screen, as well, for us,
18 we're used to seeing the beginnings and the ends of
19 documents.

20 THE COMMISSIONER: I, I fully understand your
21 problem.

22 MR. RAY: Mr. Commissioner, I've been told that
23 my friend has a clean copy of the paper files, perhaps we
24 could put that in front of the witness, it may be easier
25 for her, for the remainder of her exam.

1 THE COMMISSIONER: Oh, that --

2 MR. RAY: I, I would have done that but my copy
3 is marked.

4 THE COMMISSIONER: That would be, that would be
5 helpful.

6 MR. RAY: Thank you.

7 THE WITNESS: Thanks.

8 THE COMMISSIONER: Thank you, Mr. Paul.

9 MR. RAY: Ms. Hanson --

10 THE WITNESS: Um-hum.

11 MR. RAY: -- I'm not sure how the departments
12 are, are numbered but you'll probably receive tabs with
13 numbers there.

14 THE WITNESS: Um-hum.

15 MR. RAY: 1795 is Ms. Kematch's protection file.
16 1796 is Mr. Sinclair's protection file. And 1797 is
17 Phoenix's file. So just in case you're trying to locate
18 something specific.

19 THE WITNESS: Do you know what number was
20 Delores' case notes?

21 MR. OLSON: Case notes are 37009.

22 MR. RAY: Yeah.

23 Mr. Commissioner, would it make sense that --
24 maybe take five minutes to, to allow the witness to flip
25 through the file and -- I'm doing the same because I

1 thought there was also a notation.

2 THE COMMISSIONER: Would that be helpful?

3 MR. OLSON: Yeah, that would help.

4 THE COMMISSIONER: All right. Well, let's --
5 we'll take -- we had better take 10 minutes, I guess.

6 MR. RAY: Thank you.

7

8 (BRIEF RECESS)

9

10 BY MR. OLSON:

11 Q So you've now had some time to go through the
12 documents. There were -- one document was 37048?

13 A Yes.

14 Q If you can put that on the screen, please. This
15 is an e-mail?

16 A Yes, from myself to the assigned worker.

17 Q Okay. And, and this e-mail, this is the e-mail
18 we actually looked at previously.

19 A Yeah, sorry.

20 Q With the number of documents, it's easy
21 to --

22 A I know.

23 Q It says: "the coroner is now thinking the baby
24 had a fast-acting disease", et cetera. And then it says
25 also:

1 "Nikki Taylor and mom both spoke
2 with coroner, re: blood on body."

3

4 A Yes.

5 Q

6 "This blood was as a result of the
7 autopsy, not as a result of anyone
8 harming the child. Obviously, the
9 funeral home did not do a good job
10 (of) cleaning and preparing the
11 body for viewing. Once the
12 coroner spoke with mom and Ms.
13 Taylor, they seemed to calm down."

14

15 A Yes.

16 Q That's what you're referring to in terms --

17 A Yes.

18 Q -- of de-escalating the situation?

19 A Yes.

20 Q Okay. Aside from that, was there anything else?

21 A No.

22 Q When is the last work, that you're aware of, done
23 by Delores Chief-Abigosis on the file?

24 A Well, her last work would be when she wrote up
25 the transfer and closing summary, so that would have been

1 in August.

2 Q In August. But when was the last -- I should
3 have been more specific, when was the last sort of field
4 work, real file work, something happening on the file?

5 A I would have -- you would have to pull up her
6 case notes and I would have to see what the date would be.

7 Q Okay, we can pull up the case notes which I think
8 are at 37009. These are the file recordings for Kematch,
9 she identified these as her case notes.

10 A Okay, so ...

11 Q So if we go to the last page. Before the
12 summary. Sorry, keep going. The next page, please.

13 So here we're July 16 and if we keep going down,
14 the next page. Keep going down, please. The last entry
15 there appears on the 17th of July.

16 A Yes.

17 Q That, that would indicate the 17th of July would
18 have been the last case work she had done.

19 A It would have been the last contact in here that
20 she's documented.

21 Q Okay. Do you recall having any conversation with
22 Ms. Chief-Abigosis before she left the agency about this
23 file?

24 A Yes, we would have discussed the transfer,
25 closing, case plan and the priority as to what cases she

1 would complete the paperwork on first and kind of outline a
2 plan for departing.

3 Q When was a new worker assigned to the, the file?
4 That would have been Kathy Epps; right?

5 A Right. I -- what does the file recording tell
6 us? It would have been in, I'm assuming, late September
7 when Kathy took the file.

8 Q I think we can see that on 37396. If you just
9 want to put that up for a moment.

10 This is Kathy Epp's signature on the bottom with
11 your signature beside it.

12 A Right.

13 Q Dated March 27, 2002. And this, you'll see on
14 the top, the header of the page, it says: Sinclair closing
15 summary?

16 A Yes.

17 Q Okay. And if we go now -- you can scroll up,
18 please, to the beginning of the document.

19 A Whoa, whoa, whoa.

20 Q Go down.

21 THE COMMISSIONER: Well, let's see page one, what
22 is this?

23

24 BY MR. OLSON:

25 Q Go up to page -- the first page, please. So this

1 is the standard form closing summary.

2 A Yes.

3 Q And it's -- the date completed was March 1, 2001,
4 according to this.

5 A Yes, when Kathy Epps closed the file, yes.

6 Q And --

7 THE COMMISSIONER: Oh, okay.

8

9 BY MR. OLSON:

10 Q And it's going to tell us where she assumed
11 conduct, somewhere in the, in the history portion?

12 A Yes, it would have been in the fall of '01.

13 Q So if we scroll down, let's just get that date.

14 So you see here, under intervention, where it
15 says: The Kematch file was assigned to this worker
16 November 14, 2001.

17 A Yes.

18 Q That was Chief-Abigosis. If you can go down
19 further, please.

20 A And that's still that typo, that's actually 2000,
21 so ...

22 Q Right, so the typo --

23 A Yeah.

24 Q -- was carried over to this document. If we keep
25 going down to end of July.

1 Okay, whoa. Under July 16, there, you see July
2 16, 2001?

3 A Yes.

4 Q 3:46 p.m.?

5 A Yes.

6 Q This is a recording that I believe also appears
7 in the closing summary from Ms. Chief-Abigosis up to the
8 end of that paragraph where it says outcome.

9 A Yes, Kathy Epps resumed the conduct of this file
10 in late August 2001.

11 Q Okay, so that's where her notes begin in this
12 closing summary?

13 A Yes.

14 Q The rest of that was cut and -- it looks like it
15 was cut and paste --

16 A Yes.

17 Q -- from Ms. Chief-Abigosis' summary?

18 A Correct.

19 Q So late August 2001 is when she would have
20 assumed, assumed conduct for the first time of the file?

21 A Yes.

22 Q That's a typo, the resumed conduct?

23 A Right.

24 Q Okay. So between the last entry that Ms.
25 Chief-Abigosis makes on July 17th, to the end of August

1 2001, who has conduct of this file?

2 A The supervisor, myself.

3 Q And what, if anything, did you do with respect to
4 this file?

5 A When any worker leaves, the files are kind of
6 categorized into immediate or urgent, some are re-assigned,
7 some are managed by myself and the team, based on calls
8 that are coming in or urgent need until a new worker can be
9 assigned.

10 Q Where did you place this file?

11 A It would have been in the lower end of risk.

12 Q So your assessment was it was a low risk file at
13 this point?

14 A Yes.

15 Q And was that based on a formal risk assessment or
16 how did you come to that conclusion?

17 A It was based on the information that was
18 assessed, relative to the actions throughout the beginning
19 of the file to date and the current situation.

20 Q And we just went over the last, the last
21 information on the file was that which came in about the
22 dispute around the funeral, the custody issues and the
23 coroner telling the mother, through Nikki Taylor, that
24 marks were caused by --

25 A Yes.

1 Q -- the autopsy?

2 A Correct.

3 Q So that's where it was left off?

4 A Yes.

5 Q Okay. And at that point, I, I take it there
6 would be no difference in the risk from that point to the
7 point that Ms. Epps is assigned the file or, or would it
8 have changed?

9 A Based on the information I had it was -- it
10 remained the same, it had not changed.

11 Q What did the agency know, as of the 17th, in
12 terms of where Phoenix would be staying?

13 A In terms of July 17th?

14 Q July 17th.

15 A That the father was the primary caregiver, that
16 he was seeking -- looking at interim custody and
17 guardianship papers. As well as that he had supports from
18 family and friends.

19 Q Do you know if there was any application for
20 interim guardianship or custody?

21 A He had been encouraged to follow up on that,
22 that's -- custody issue is separate from -- separate but
23 interrelated with child welfare.

24 Q Because -- what do you mean by separate, can't
25 custody be a risk factor, in itself, if there's a custody

1 dispute?

2 A Well, there is and so if custody, if, if custody
3 results -- if custody disputes result in a child in need of
4 protection then our act applies. If it is a disagreement
5 about custody and the child is not in need of protection
6 then that's a straight forward custody issue.

7 THE COMMISSIONER: Well, unless you take the
8 child into care, wouldn't the father have custody at this
9 point in time?

10 THE WITNESS: He had custody and control.

11 THE COMMISSIONER: The mother being deceased?

12 THE WITNESS: The mother wasn't deceased.

13 THE COMMISSIONER: I'm sorry, the -- no but, he
14 had, he had sole --

15 THE WITNESS: He had primary.

16 THE COMMISSIONER: Care giving.

17 THE WITNESS: Care giving. He didn't have the
18 actual legal paper saying he was the sole guardian by the
19 courts but, but for all purposes --

20 THE COMMISSIONER: So at the time the, the child
21 died --

22 THE WITNESS: Yes.

23 THE COMMISSIONER: -- he, he was the, the care
24 giver.

25 THE WITNESS: Primary, yes, the primary

1 caregiver, mother was not actively parenting at all.

2 THE COMMISSIONER: Right.

3 THE WITNESS: Yes.

4

5 BY MR. OLSON:

6 Q He was the primary care giver of both Phoenix
7 Sinclair and the deceased baby?

8 A Yes.

9 Q That was just sort of de facto, it wasn't -- he
10 -- there was no actual legal arrangement in place, as far
11 as you're aware?

12 A Correct.

13 Q So the mother could, if she wanted custody, she
14 could pick up the children and ...

15 A But that would then have resulted in the agency
16 taking other steps. I think Kathy Epps testified to
17 information around direction she provided to Steven, should
18 Samantha try to come and get the children, the actions he
19 should take.

20 Q There was -- as far as you know, though, there
21 was a dispute going on between the family and some
22 potential for violence, that was the, the report that came
23 in?

24 A Well, there was a, there was a custody -- there
25 was no formal court ordered custody agreement so custody

1 issues had come up around the time of the infant's death.

2 Q Um-hum.

3 A But after the funeral they -- it seemed to
4 somewhat resolve itself and Samantha, Samantha didn't even,
5 at that point in time, have a house. I don't believe she
6 was even accessing EIA benefits so she wouldn't -- she was,
7 by the agency, she posed some significant risk but because
8 she was not the primary caregiver, it was felt that
9 Phoenix, based on our assessment, was safe with dad, who
10 had supports.

11 Q I just want to take a look at the transfer
12 summary prepared by Ms. Chief-Abigosis. Page 37399. This
13 is the one dated August 16, 2001.

14 A Right.

15 Q If we can go to the identified problems, page
16 37401. Scroll down, please.

17 The heading there "Identified Problems." What's
18 your understanding of what is to be recorded under that
19 heading?

20 A The problems that remain and are relevant to that
21 family in this file.

22 Q Okay. And so at the time, you would expect this
23 would record the problems that were in existence at the
24 time this worker transfers a file onto a new worker?

25 A Correct.

1 Q Okay. It says -- it goes through a list of
2 things. Mr. Sinclair recently separated from his wife,
3 June 2001, the actual date unknown.

4

5 "Sinclair has been charged with
6 assault against (his) Ms. Kematch.
7 Sinclair has a non-molestation
8 order against Ms. Kematch and
9 charged her with 'uttering
10 threats'."

11 [Baby] deceased as of July 2001.

12 Both parent are involved in a
13 custody dispute for Phoenix."

14

15 And go to the next page, please.

16

17 "Mr. Sinclair has a (strained)
18 relationship with Ms. Kematch
19 extended family."

20

21 Sorry, strained relationship.

22

23 "Ms. Kematch appeared to have
24 hidden her second pregnancy as she
25 had her first one ...

1 Ms. Kematch has also hid her third
2 pregnancy as she did the first
3 two.

4 ... Kematch's lack of motivation
5 and/or interest in caring for her
6 first child ...

7 The couple's ambivalence regarding
8 the long term plans for the
9 child."

10

11 No prenatal care, et cetera.

12

13 "Ms. Kematch's reported flat
14 affect and the reason for it. ...
15 concern she may have been
16 suffering from depression. Some
17 form of psychiatric/psychological
18 assessment with respect to
19 Samantha (has been) suggested."

20

21 And it says:

22

23 "Due to the couple's young age and
24 Ms. Kematch's history, it was
25 suspected (that) they had limited

1 parenting experience and skills."

2

3 It seems, to me, that that is really sort of
4 rehashing what the, the first assessment was before Ms.
5 Chief-Abigosis even became involved in the file.

6 A Right. Yes, this is a more comprehensive list
7 that kind of outlines the problems, the identified
8 problems, at that point in time, as well as some identified
9 problems from more of a historical kind of lens.

10 Q So when you go to the last -- the ending of this
11 report, right here, you'll see that, under "Unresolved
12 problems", this is the area where the workers, the problems
13 that, that still need to be resolved?

14 A Correct.

15 Q And here it says: "The identified problems
16 remain unresolved for Mr. Sinclair."

17 A Right.

18 Q Okay. So in -- when you reviewed this, was it
19 your understanding that the problems that were listed, that
20 we just looked at, those, those were the identified
21 problems?

22 A No. One of the things that happens when a worker
23 leaves is that, again, they're transferring, 25, 35, 45
24 cases so when they leave, I mean, is this exactly the way I
25 would have wanted it written? No. But when you read

1 through the entire document, you get a sense of what
2 problems were addressed, which ones remain identified.
3 Workers are churning out a number of final documents under
4 time constraints so it would have been -- the documentation
5 would have been improved if the unresolved problems would
6 have been captured more at the here and now.

7 Q Okay. They weren't captured, though, how you
8 would expect?

9 A They weren't captured in the, in the, in the best
10 way, necessarily, but I think the problems are still there.
11 When you read the documents you get a sense of what still
12 needs to be worked on.

13 Q Did you have any discussion with Ms.
14 Chief-Abigosis about the quality of this transfer summary?

15 A No. Because I signed off on it, she would have
16 already departed the agency.

17 Q Were you satisfied with it when you signed off on
18 it?

19 A Again, had she been able and present to make some
20 changes and edits, yes, I probably would have edited it to
21 some degree. But that wasn't the case.

22 Q In terms of you, as a supervisor, does this, does
23 this type of a summary, the summary that you're looking at
24 here, does this meet standards?

25 A Yes.

1 MR. RAY: If I can just --

2 THE WITNESS: The, the standard is --

3 MR. RAY: Could you --

4 THE WITNESS: -- that a closing summary has to be
5 done and one was done.

6 MR. RAY: So maybe, maybe if you could just
7 clarify, do you mean does the document, itself, meet
8 standards? Is that your question?

9 Thank you.

10 THE COMMISSIONER: That's what he meant, I think.

11 MR. RAY: That's what I was curious about.

12 THE COMMISSIONER: That's what I took out of it.

13 MR. RAY: Thank you.

14

15 BY MR. OLSON:

16 Q So --

17 A Standards don't really articulate specifically
18 what's supposed to be in the document --

19 Q I see.

20 A -- just that one should be completed.

21 Q As long as it's called a transfer summary and
22 it's signed?

23 A Well, there should be some content and it's a
24 supervisor's responsibility and a worker's responsibility
25 to ensure data is in there so that the next worker taking

1 over the file has the relevant information.

2 Q And I think you told us, probably yesterday, that
3 it was important that these transfer summaries be accurate?

4 A All documentation, yes, accuracy is important.

5 Q Yeah. Especially with the transfer summary since
6 it's one of the, the main things the new worker is going to
7 rely on, initially?

8 A Yeah, transfer summaries are one of the key
9 documents, yes, used.

10 Q And it should have been current, as well? Up to
11 date information?

12 A Yes.

13 Q Where it says: "Recommendation for future
14 intervention." It just says:

15

16 "If or when Mr. Sinclair and Ms.
17 Kematch resolved their
18 relationship and resume
19 cohabitation, that the Agency
20 accessed and monitor Ms. Kematch's
21 parenting style. There are
22 concerns expressed by Mr. Sinclair
23 about her treatment and
24 disciplined methods used on
25 Phoenix."

1 What, if anything, do you take from this
2 recommendation, what, what was this -- the purpose of this?

3 A I think this, again, is to highlight that should
4 they resume as a couple or should Ms. Kematch want to
5 parent in the future, there is some considerable concern
6 about that and should be followed up on.

7 Q Was there a case plan at this point?

8 A A case plan in regards to Mr. Sinclair?

9 Q Right.

10 A Was to monitor and try and address some of the
11 identified problems. So to monitor, to ensure there was
12 supports in place and to assist him with the loss of a
13 child.

14 Q This case wasn't closed, wasn't ready for closure
15 at this point?

16 A It wasn't ready for closure because of the death
17 of a child in the home.

18 Q So as a supervisor you, you agreed with that, it
19 was not appropriate to close the case at this point in
20 time?

21 A I didn't close the case at this point in time,
22 correct. So I made that decision, yes.

23 MR. RAY: Perhaps, perhaps you could just
24 articulate what timeframe you're talking about, I lost what
25 you're talking about.

1 BY MR. OLSON:

2 Q Well, the point in time that the summary is
3 completed, it says August 16, 2001.

4 A Right.

5 MR. RAY: Okay, thanks.

6

7 BY MR. OLSON:

8 Q So as of that day --

9 THE COMMISSIONER: That's the date, as I
10 understood, he was talking about.

11 MR. RAY: Yeah, thank you, Your Honour (sic).

12 THE COMMISSIONER: All right.

13

14 BY MR. OLSON:

15 Q Okay. So as of that date, your assessment,
16 having reviewed the transfer summary prepared by Ms.
17 Chief-Abigosis, was that the file should stay open?

18 A Yes.

19 Q And as long as it's open there is an obligation
20 on the agency to continue monitoring and assessing?

21 A Yes.

22 Q To determine the safety of Phoenix?

23 A Yes.

24 Q So when Ms. Epps receives a file, what is it you
25 expected her to do?

1 A Part of the reason and part of the decision
2 around maintaining this file open was the death of the
3 baby, as well as the fact that Ms. Epps had a previous
4 existing relationship with Mr. Sinclair, so because he was
5 what we would term a passive resistant client family that
6 there was a hope that if he would reach out for supports to
7 help him with the grieving, to address the, the formal
8 custody piece, that it would possibly be Ms. Epps and her
9 connections to this family that would bridge that and, and
10 move it forward.

11 Q Okay. In terms of agency contact between the
12 date that Ms. Chief-Abigosis' last contact and Mrs. --
13 sorry, Ms. Epps receiving the file, there wasn't any agency
14 contact.

15 A Not based on the documentation, no.

16 Q And if there was contact that, that would be
17 documented? You were handling the file; right?

18 A Yes. It would have been documented if it was in
19 my supervision notes, those we've -- you know, those are
20 not available, they haven't been found. If I had done
21 something specific to the file, I probably would have
22 documented it right on the file.

23 Q Did that lack of contact over that period, while
24 you were actually having conduct of the file, would -- did
25 that meet standards?

1 A This was signed off August 16th. Kathy was
2 assigned so workers are to meet with families every 30 days
3 so we would have been close, within the parameters of that.

4 Q When was the last, when was the last contact with
5 the family?

6 A July 7 or 18th, something like that, July 18th.
7 Based on the documents.

8 Q And --

9 A So if this is assigned late August, that could be
10 around the 18th, could be the 20th, so you're in around the
11 timeline that it's re-assigned to someone.

12 Q So it's re-assigned but then when the, the
13 actually contact? Do you know if Ms. Epps ever has
14 face-to-face contact?

15 A I would have to look at the notes.

16 Q Let's look at those notes, they're at page 37385.
17 This is Ms. Epps' closing summary?

18 A Um-hum.

19 Q And if we scroll to the last page, 37396, you see
20 that you have signed off on it as well as, as her; right?

21 A Yes.

22 Q March 27, 2002 is the date it indicates it was
23 typed?

24 A Yes.

25 Q We heard evidence from her, I believe that she

1 closed the file sometime in October. Were you aware of
2 that?

3 A Yes, I would have been aware of that, we would
4 have discussed it in supervision.

5 Q And that would have been October 2001?

6 A Yes.

7 Q What would be the reason for the delay between
8 the closure of the file and this closing summary?

9 A New files are being assigned, it's a workload
10 management piece.

11 Q So it's because of workload that it didn't get
12 officially closed up?

13 A Yes.

14 Q For that time?

15 A Yes. I don't know what date we moved it to
16 waiting closure but it's not uncommon for an agreement to
17 be made that a file will be closed and it to take some time
18 to do the paperwork to complete that process.

19 Q Okay. And if you -- we look through this, this
20 closing summary, it doesn't appear that Ms. Epps had any,
21 any face-to-face contact with Mr. Sinclair or saw any --
22 and she didn't see Phoenix. Are you aware of that?

23 A Yes, I know that attempts were made. We
24 talked -- discussed about my standard process was to send
25 letters, make collateral contacts. When this file was

1 assigned, like I indicated earlier, Steven -- Steve was
2 very clear that he did not want support services from the
3 agency because of the baby's death and because Kathy was
4 coming on, we had hoped it was one last effort by the
5 agency to try to bridge the gap, to have Steve see child
6 welfare as a support to him.

7 Q Why, why is it that child welfare would want to
8 offer support?

9 A Because that's part of our mandate and our job is
10 to support families because it will improve outcomes.

11 Q Outcomes in terms of risks for the children?

12 A Yes.

13 Q And so here did the agency know what sort of risk
14 there might be to Phoenix at any, at any time prior to
15 closing the file?

16 A Based on the information we had, the risk to that
17 child was low, which is why the child was -- the file was
18 closed and the child remained with the primary caregiver.

19 Q How was that --

20 A Her father.

21 Q -- how was that assessment made when no, no
22 worker had seen Phoenix or Steve Sinclair since sometime in
23 July, maybe?

24 A I believe that there was some contact by after
25 hours, as well as there were attempts, there had been

1 contact with collaterals, extended family members, the
2 support systems, so ...

3 Q Is, is, is that documented somewhere the contact
4 with collaterals and the support system?

5 A They might be in some of Kathy's notes, I don't
6 know. Kathy would have documented that. Kathy had a
7 longstanding relationship with the siblings so would have
8 had conversations with them. Even prior to her being the
9 assigned worker she had spoken to those siblings and often
10 had information.

11 Q It says here reason -- on, on the screen in front
12 of you, page 37396, it says:

13

14 "Reason for Transfer Closing
15 Steven is the primary caregiver
16 for Phoenix. He has not requested
17 any services from the Agency and
18 at this time no community
19 resources are indicating any
20 concerns. Since there are no
21 child welfare concerns at present,
22 this worker recommends that this
23 file be closed."

24

25 So, first of all, Steve did not -- you said

1 before he wasn't -- he did not want agency assistance at
2 this point?

3 A Right. Supportive agency assistance, correct.

4 Q Okay. That -- was that unusual for clients not
5 to want to have agency involvement?

6 A No. But there's a difference between not wanting
7 us involved because of ongoing protection versus support
8 services. There was no indication that there were
9 protection concerns, based on the information, there were
10 no community concerns coming in, no other sources of
11 referral indicating any concerns regarding the care of this
12 child.

13 There was no concerns regarding the conduct of
14 the parent. The parent, the primary parent was clear that
15 should the mother re-appear and try to remove the child
16 that police of child welfare should be notified
17 immediately. They were accessing resources external to the
18 agency and, therefore, there were no protection concerns
19 and voluntary services are voluntary and the client did not
20 want that, therefore, the file was closed.

21 Q Wouldn't it be important, before closing the
22 file, for the worker to say to Steve, I just need to meet
23 with you and I need to see Phoenix?

24 A Yes.

25 Q Would that --

1 A Attempts were made to do that and a letter was
2 sent, indicating exactly that. My understanding is that
3 that letter cannot be found and the documentation isn't
4 there. But that was standard practise in my unit that if
5 you could not meet with a family after attempts then a
6 letter was sent.

7 Q How is it you recall a letter being sent?

8 A It's my standard practise on all my cases.

9 Q So it's not that you actually recall a specific
10 letter here, it's just that was your standard practise?

11 A It was the standard practise, yes.

12 Q Okay.

13 A And the expectation, so ...

14 Q And the letter would serve to meet the obligation
15 to see the child before closing the file, is what you're
16 saying?

17 A Yes.

18 Q How does that, in any way, ensure that the child
19 is safe?

20 A Well, it's, it's another effort on child
21 welfare's part to attempt to see the child, to see the
22 family and to engage with them. If there are no protection
23 concerns we have no mandate to, to force someone.

24 Q We, we heard evidence that one of the concerns
25 was when you have a small child under the age of five, they

1 may not be connected to the community in any way.

2 A Yes.

3 Q That presents a significant risk, in and of
4 itself; right?

5 A Yes, children under the age of five
6 developmentally as -- have other risk indicators than
7 adolescents, so ...

8 Q And do you know how old Phoenix was at this
9 point?

10 A She was a toddler so, yes, there -- she was not
11 in daycare so yes, was there some of those extra eyes and
12 ears? No. But there was family, there was connections to
13 Ma Mawi, his sister lived a couple of doors down so they
14 had -- there had been previous reports of concerns so there
15 had been none recently and there was no indication that
16 there was risk.

17 Q Would there be some requirement to check up to
18 ensure that there, there -- these supports were still in
19 place?

20 A Yes.

21 Q And do you know if that was done?

22 A Again, my standard practise is that prior to
23 closing the file collateral checks have to be done, the
24 family, all attempts made to see the family, and if that is
25 unsuccessful then a letter is sent.

1 Q And do you know if that -- was that done on this
2 case?

3 A I have nothing to say contrary that it wasn't,
4 so ...

5 Q Do you have anything to say that it was, other
6 than your standard --

7 A My practise?

8 Q -- your standard practise?

9 A No. I mean, I don't know if there's
10 documentation I haven't been shown that, that there is, so
11 I'm assuming that there is not documentation of that but
12 again, that doesn't mean that the actions that I expected
13 weren't done.

14 Q Where, where would you expect to see it recorded,
15 if it was done?

16 A Well, the letter that would have been sent would
17 have been on file but I would have --

18 MR. RAY: Perhaps, Mr. Olson can direct -- give
19 the witness an opportunity to look at Ms. Epps' closing.

20 THE COMMISSIONER: What did you say?

21 MR. RAY: Perhaps the witness could be given a
22 chance to look at Ms. Epps' closing for a moment.

23 THE COMMISSIONER: Is there something in there
24 about the letter?

25 MR. RAY: I'll let the witness advise but I

1 believe there is a notation in there.

2 THE COMMISSIONER: All right. Well, fair enough.

3 THE WITNESS: It says that the worker made a
4 number of attempts to contact -- or attempted to contact
5 Steve a couple of times.

6

7 BY MR. OLSON:

8 Q Before you go forward, could you just tell me
9 which page you're on?

10 A Yeah, 394.

11 MR. RAY: 37394.

12 MR. OLSON: 373 --

13 THE WITNESS: 37394.

14 MR. OLSON: -- 394. Thank you.

15

16 BY MR. OLSON:

17 Q And you're reading from?

18 A The second last paragraph, right before -- right
19 there, before relevant reports.

20 Q Um-hum.

21 A

22 "Steve did not respond to ...
23 inquiries, however his sister,
24 Sheila, did, as this worker has
25 had a (previous) relationship."

1 As I mentioned. Sister indicated that he's doing
2 well with the child, that another sister is helping out,
3 the sister that was employed at Ma Mawi.

4 There's some other information. The sister says
5 she will pass along the information of the worker wanting
6 to see Steve and the child and ...

7

8 "After another attempt to speak
9 with Steven, (this letter wrote a)
10 this worker wrote a letter
11 requesting that Steve attend the
12 office. Steve did not respond to
13 the letter and no concerns have
14 been directed to the Agency."

15

16 Q So you're, you're saying then Ms. Epps wrote a
17 letter?

18 A Yes. She's saying here that there was no
19 response to the letter she wrote.

20 Q And there is no letter on the file?

21 A Yes, so I'm told.

22 Q This, this recording here, starting with "this
23 worker", those two paragraphs represent Ms. Epps' work on
24 the file, recorded work; is that ...

25 A These two paragraphs, in a very brief way, show

1 the work that she did on this file, yes.

2 Q As her supervisor, are you satisfied with the
3 recording here?

4 A It meets the requirements. Could there have been
5 more information? Again, yes. However, dates would have
6 been helpful however, again, you have a worker who is
7 leaving and transferring cases and while they're
8 transferring cases they are still somewhat managing them
9 and so it's -- it is a -- it is one of the most difficult
10 times for a worker to manage their work -- already large
11 workload.

12 Q It says this, it says: "This worker attempted to
13 contact Steven a couple of times."

14 A Um-hum.

15 Q "Steven did not respond to my inquiries." Do you
16 know how that attempted contact was made?

17 A No. That's the part that -- would it be helpful
18 at this stage, 12 years later, to know the dates and how
19 that -- how those attempts were made, for sure. Kathy,
20 herself, may remember, Ms. Epps.

21 Q That would have to be based on memory, though?

22 A Yes.

23 Q Wouldn't the fact that Steven didn't respond to
24 the letter, in and of itself, be of some concern?

25 A It wasn't really a change in his pattern, he had

1 been resistant to agency involvement. You'll see, I think
2 in the next page of her summary, she talks about that, that
3 he's private.

4 Q Doesn't like to reach out for support?

5 A Right, yes.

6 Q So even if he needs the support, he's not going
7 to ask for it?

8 A He's not necessarily going to ask child welfare
9 for it, yes, which is why there was work done around who
10 his supports were.

11 Q At that point, though, he, he may have been in
12 need of agency support without wanting it?

13 A Not based on the information we had, no.

14 Q Okay. Do you recall having any discussion with
15 Ms. Epps about her activity on this file?

16 A I don't have recall of it but I would have
17 discussed all of her cases with her at some point, or
18 periodically.

19 Q The record of that would have been in your
20 supervisor notes?

21 A Yes.

22 Q Go to page 37395. It's the next page.

23 A Could I just have some water, please? Thanks.
24 Thanks very much.

25 Q You said earlier that it was your practise to

1 send a letter every time you closed a file?

2 A When we couldn't meet with the family, yes.

3 Q Like in this case?

4 A Yes.

5 Q Okay. What -- was that a standard form letter?

6 A No, I'm sure we had somewhat of a template but
7 no, there wasn't a standard form letter.

8 Q What would you say in the letter?

9 A The letter would -- varied. Sometimes it varied
10 a little bit and sometimes it would set an appointment
11 time, it would offer -- provide different phone numbers,
12 contact information. It would indicate if you require
13 assistance here are some various contacts and that the file
14 -- closing your file is being considered.

15 Q Okay. Would this, this letter come from you,
16 personally, or would it come from the worker?

17 A Generally the workers drafted them. I suppose
18 there are some workers that requested that I sign off on it
19 but for the most part they would have the autonomy to draft
20 their letter, sign it and send it. But my admin type would
21 have typed that and prepared it for mailing and everything.

22 Q The decision to close the file, that's something
23 that you made with the worker?

24 A Yes.

25 Q So it's not a decision they make on their own?

1 A No.

2 Q And if you don't agree with the decision you
3 don't sign off on it?

4 A Right.

5 Q Page 37395, which is on the screen in front of
6 you.

7 A Yes.

8 Q This is, again, from the closing done by Ms.
9 Epps. These problems say unresolved problems, that would
10 mean the problems that are unresolved at the time of
11 closing?

12 A Right.

13 Q It says: "Please refer to Samantha Kematch's
14 file for Child Welfare issues relating to her."?

15 A Yes.

16 Q It says: "Steve has suffered significant losses
17 in his life" including "the loss of his infant daughter."

18

19 "Until Steve became a ward of the
20 Agency he grew up in an
21 environment that was rife with
22 alcohol abuse, domestic violence
23 and sexual abuse. Although Steve
24 received therapy while (he was) in
25 care this worker is concerned that

1 these issues may reoccur in the
2 future.

3 Steve always has been and still
4 remains a very quiet and private
5 person. He finds it extremely
6 difficult to reach out for help
7 and to talk about his issues."

8
9 Is that what you were referring to before?

10 A Yes.

11 Q

12 "It remains unclear whether Steve
13 has difficulty with alcohol.
14 Steve admits to drinking
15 occasionally, and he remains at
16 risk of developing a substance
17 abuse problem.

18 Steve had indicated that Mama Wi
19 had not provided him with the
20 assistance he had expected and
21 claimed that the resource had
22 'taken Samantha's side' in their
23 dispute. This reduces the
24 resources available to Steve
25 unless it has been resolved."

26

1 A Yes.

2 Q With those being the unresolved problems at the
3 time would, would you do -- looking at it now, would you
4 like to have done a risk assessment here?

5 A I did do a risk assessment, that's how I
6 determined to close this file.

7 Q And it was your professional decision, at that
8 time, that this was a safe file to close?

9 A Yes. Many families in our system have these
10 types of unresolved issues. It does not mean that there is
11 imminent safety risks for children who are -- they are
12 caring for. Many people within this room, statistically
13 speaking, based on research have some of these same issues
14 so it doesn't mean that we can't parent.

15 Q I just want to take you now to the reports that
16 were prepared after Phoenix's death. The first one to look
17 at is a Section 4 report prepared by Mr. Koster. I want to
18 look at page 20.

19 Before I get into it, did you -- were you
20 interviewed by Mr. Koster?

21 A No, I don't believe I was.

22 Q Were you interviewed with anyone in connection
23 with any of the reports that you're aware of?

24 A Not that I recall, no.

25 Q Prior to being involved in the inquiry process,

1 did you have any knowledge of the contents of the reports,
2 any of the reports?

3 A Yes, in my current position some of these reports
4 are provided to me as part of my present job.

5 Q Which reports would that -- would those have
6 been?

7 THE COMMISSIONER: Well, just a minute, you know
8 the reports we're talking about?

9 THE WITNESS: Yes, the Section 4 I would have
10 this one --

11 MR. OLSON: Okay.

12 THE WITNESS: -- by Mr. Koster, I would have had
13 access to in my current position.

14

15 BY MR. OLSON:

16 Q Any of the other ones?

17 A The other one would have been the Section --

18 Q Ten?

19 A -- 10 would have been provided to me but, to be
20 honest, until I was part of this process I didn't even know
21 that some of the information in here related to my work
22 previously, so ...

23 Q Okay. So it was just through happenstance that
24 you --

25 A Yes.

1 Q -- would have had access to these reports?

2 A Right.

3 Q Look at finding six. It says:

4

5 "The case file management
6 involving Phoenix and her parents
7 was competent up to the point of
8 worker transfer in October, 2000."

9

10 So that would have been during the time that Ms.
11 Greeley had conduct of the file?

12 A Yes.

13 Q And it talks about their being on target with the
14 realistic case plan, identifying problems appropriately, et
15 cetera. You've read this over before?

16 A Yes.

17 Q Do you want to comment on anything here?

18 A By -- well, this is the finding based on the
19 information. The one thing about these types of reports is
20 they have hindsight, which is valuable in learning and
21 moving forward so sometimes that information and have --
22 and viewing it from that lens is very different from in the
23 moment.

24 Q Is there anything else you would like to say
25 about this particular finding?

1 A I think that there was -- there's clauses
2 underneath the finding that kind of qualify that finding to
3 say that at times, because of a lack of documentation, it's
4 unclear what did occur so when you don't have documentation
5 to back up the actions that may or may not have occurred
6 someone reviewing the file can't comment. So it's the
7 findings based on the data, at that point in time, that was
8 available.

9 Q That's why it's so important to keep notes?

10 A Yes.

11 Q Let's go to page 24, please.

12 Finding seven. It's says:

13

14 "The worker who received the case
15 file in November 2001 did not
16 maintain the necessary contacts
17 and frequency with the parents of
18 Phoenix during this period. There
19 were only two actual home visits
20 and an additional two other
21 unsuccessful attempts in seven
22 months."

23

24 Now, I appreciate that this refers to a portion of
25 time where you were not the supervisor. You have also read

1 this over?

2 A Yes.

3 Q Do you want to comment on this finding?

4 A Can you just scroll up a little bit, please.
5 Sorry, the other direction.

6 Q Scroll down?

7 A Down, I guess.

8 It's the finding of that reviewer at that point
9 in time.

10 Q Sorry, and I just want to point out for the
11 record, my friend brought this to my attention, if you
12 could go up to finding seven.

13 It looks like the error was again repeated here,
14 where it talks about the case file, November 2001.

15 A Um-hum.

16 Q It was November 2000 is the period.

17 A Yes.

18 Q You understand that?

19 A Yes, I do.

20 Q Okay. Was there anything else you wanted to
21 mention about this finding?

22 A No. Again, I think it highlights that attempts
23 are made and due to work load sometimes you don't get back
24 to that family. And that's unfortunate but it's part of
25 our day-to-day reality in managing things.

1 Q You can go to the next page, 25. Finding eight.

2

3 "There is no recording of the
4 worker actually seeing Phoenix
5 during this case period.

6 This required contact may have
7 occurred but there is no record of
8 it and this is an extremely young
9 child who could start to decline
10 quite rapidly. There is no
11 confirmation that any other
12 collateral are visiting in the
13 home and may have had an
14 opportunity to view Phoenix and
15 the baby and to know that they
16 were all right."

17

18 Again, this would cover a portion of the time
19 that you were not supervisor --

20 A Yes.

21 Q -- but to the extent it covers the time that you
22 were, do you -- are you able to comment on that?

23 A Well, I think, again, attempts were made, was the
24 child seen, there's no documentation of that. I think this
25 morning we talked about how you can visit a family home

1 three, four times and not necessarily see all the children
2 in that home for a number of reasons that we kind of
3 outlined this morning.

4 Again, the system has made some changes to try to
5 address, to ensure that workers are documenting exactly who
6 they see on each home visit because I think that's one of
7 the pieces here, that is not necessarily accurately
8 portraying what and who this worker saw.

9 Q The next finding, finding nine says: "The case
10 work does not appear to be purposeful or to follow a plan."

11 It says:

12

13 "The Case Management appears to be
14 primarily a delayed response to
15 events or crises with no contact
16 in between and no meaningful
17 pursuit of the original case plan.
18 This is a dangerous approach since
19 it puts the agency in a position
20 of responding to rather than
21 actually preventing possible
22 catastrophes to children in need
23 of its protection."

24

25 A Um-hum. I think one of the benefits that -- I've

1 done file reviews, one of the benefits is, in hindsight,
2 you get to look at -- you have the time to look at patterns
3 and see them evolving and look at what happened in what
4 time periods. Often workers and supervisors are, are
5 having to respond to crises with families that are somewhat
6 resistant, that adds in another kind of layer or barrier to
7 that type of work.

8 I think our documentation does not necessarily
9 outline that there was, in fact, a plan and the purpose
10 behind that plan but it doesn't mean that one doesn't
11 exist. It says "does not appear" but --

12 Q "To be purposeful."

13 A Right.

14 Q Right.

15 A But it may have been there, it just -- the
16 documentation doesn't support what was happening for that
17 case plan.

18 Q That would be a recording issue again?

19 A Yes.

20 Q The next page, page 26, under finding 12:

21

22 "The absence of any recoding and
23 case notes for the period from
24 July 16, 2001 until March 1, 2002
25 makes it difficult to determine

1 what was attempted by the case
2 worker during this period of time
3 that the file was open."
4

5 I think you've commented on this already, do you
6 have anything else you want to add?

7 A Well, I think the timeframe that they're
8 outlining, I mean the decision was made to close the file
9 well before March 1st, 2002, that's just when the paperwork
10 was done. So the fact that it shows a larger chunk of time
11 is not necessarily an accurate reflection of when the
12 decision to close was.

13 Q The next finding, finding 13, says:
14

15 "Significant problems existed
16 which could have negatively
17 affected the welfare of Phoenix
18 Sinclair and they should have been
19 followed up prior to closing.
20 There were still protection
21 concerns based on their past
22 childhood traumas and the apparent
23 use of alcohol that could still
24 occur."
25

1 Do you have any comment to make on that finding?

2 THE COMMISSIONER: Which number?

3 MR. OLSON: Thirteen.

4 THE COMMISSIONER: Put it down on the screen
5 then, please.

6 THE WITNESS: I think one of the, one of the
7 things here is that every -- pretty much every file that we
8 close probably still has some past trauma, childhood
9 traumas. There's always the potential, if you have abused
10 a substance, to abuse again. People who have been sober
11 for 10 years fall off the wagon. So if we used that as our
12 guidance practise, we would probably never close a file and
13 that's just unrealistic in our world, so ...

14 Q Then finally with this report, finding 14.

15

16 "The case management from November
17 of 2000 until the closing in March
18 of 2002 was substandard.

19 There were limited contacts, no
20 risk assessments and assessments
21 were completed and there is no
22 indication of sound casework
23 practise."

24

25 And I'm not going to read the rest out, you've

1 read it before.

2 A Um-hum.

3 Q Or do you want to comment on this to the extent
4 that it applies to your supervision?

5 A I think that one of the pieces is that we don't
6 have an actual form on our files that says this is the case
7 plan, so some workers are better at documenting that. We
8 have changed our computer system to reflect that a little
9 bit. There are risk assessments, again is there an actual
10 risk assessment tools that when you open our file and you
11 see risk assessment tool? No, at that point in time there
12 wasn't, that doesn't mean that those things aren't
13 occurring. They are occurring. They look different and
14 again, I think there has been changes made in our system
15 that reflect that we now have some of those tools in place
16 that would, on a piece of paper, show you what, what has
17 happened and what was done.

18 Q I want to turn to the Section 10 report,
19 mentioned that before, done by Jan Christianson-Wood, page
20 138.

21 The first italicized paragraph here, it says:

22

23 "There were no details provided in
24 the Case Summery concerning this
25 statement about Ms. Kematch's

1 treatment of Phoenix who was 15
2 months old at the time the summary
3 was written. As she was an
4 infant, the failure to follow up
5 on an allegation of inappropriate
6 discipline ... or mistreatment is
7 concerning. Waiting for the
8 couple to reconcile in order to
9 assess and monitor. Ms. Kematch
10 did not take into account the
11 couple's reluctance to seek
12 assistance from the Agency. There
13 was also no contemplation of the
14 (real) very real possibility that
15 Mr. Sinclair might decide to take
16 a break from parenting by passing
17 Phoenix back to her mother and
18 that he would feel no obligation
19 to involve the Agency. An
20 examination of the files did not
21 provide additional details in the
22 handwritten recordings."

23
24 A I think I stated earlier that, yes, some
25 clarifying information within the closing documentation

1 would have been helpful, however, the worker had left the
2 employment of the agency so I did not have access to that.

3 As far as parents taking a break, we were aware
4 that it appeared Mr. Sinclair was taking appropriate
5 breaks. There is always the risk, that is an accurate
6 risk, that parents can, at any point in time, relinquish
7 their children and place them in unsafe situations, it's
8 the reason the Child Welfare Act exists.

9 Q The last report is the internal review prepared
10 by Rhonda Warren, page 38015.

11 Bullets five and six where it says:

12
13 "In a meeting with Steven on July
14 6, 2001 (or July 5, both dates are
15 mentioned) following an After
16 Hours report, the worker committed
17 to meeting with Steven on a weekly
18 basis. There appears to be no
19 direct contact between July 6,
20 2001 and March 27, 2002 (date of
21 closing) although two attempts
22 were made. In response to [the
23 baby's] death on July 15, 2001 the
24 only family contact listed is by
25 telephone."

1 A So again, July 6, so there is a commitment to
2 meet weekly, shortly after there the worker made a decision
3 and sought employment elsewhere. So departed. So the new
4 -- so there would have been a change in workers, again.

5 The direct contact, there were attempts made,
6 around the death after hours staff were out, as well as
7 police, as well as day side staff, so there was contact
8 with the family. Was it specifically -- did they
9 specifically see Phoenix? No. But there was direct
10 contact, it wasn't all by telephone. And again, the end
11 date is the date that the closing was done, paperwork-wise
12 but the decision to close had been made prior to the end of
13 2001.

14 MR. OLSON: Those are all my questions. Thank
15 you.

16 THE COMMISSIONER: Thank you, Mr. Olson. Mr.
17 Ray?

18 MR. RAY: Yes, Mr. Commissioner, I'm just
19 wondering, I know we took a brief break earlier, I'm just
20 wondering if we could take approximately a 10 minute break
21 at this time or ...

22 THE COMMISSIONER: Yes.

23 MR. RAY: Before I start cross-exam.

24 THE COMMISSIONER: Are the prospects that we'll
25 get through the cross-examination this afternoon?

1 MR. RAY: I know I personally don't have many
2 questions -- hardly any questions, I don't know about
3 others.

4 THE COMMISSIONER: Seems to be all right. We'll
5 take 10 minutes then.

6 MR. RAY: Thank you.

7

8 (BRIEF RECESS)

9

10 THE COMMISSIONER: Mr. Gindin?

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

12 Ms. Hanson, my name is Jeff Gindin, I appear for
13 Kim Edwards and Steve Sinclair. I have some questions for
14 you.

15 THE WITNESS: Good afternoon.

16 MR. GINDIN: Good afternoon.

17

18 CROSS-EXAMINATION BY MR. GINDIN:

19 Q Now, going back to your evidence earlier, you
20 started off discussing your supervisor's notes that you
21 would make?

22 A Yes.

23 Q And I think you said that you kept them in a
24 binder; right?

25 A I kept -- per worker, yes, there were binders --

1 Q Okay.

2 A -- per worker.

3 Q Okay. Then you said at one point you started to
4 put them on the file.

5 A Yes.

6 Q And the reason for that?

7 A Was because of case information that possibly the
8 worker may not have documented or I would have directed in
9 a certain way, certain actions, so because they were case
10 specific they seemed to belong on the file.

11 Q Okay. So that was obviously a good idea, that
12 the file should have your notes on them.

13 A Thank you.

14 Q All the best information would be available then;
15 right?

16 A Yes.

17 Q Nice to be complimented for a change?

18 A It is, thank you

19 Q All right. Do you know, do you know when you
20 made that decision to start putting them on the file?

21 A No, unfortunately I don't recall.

22 Q Was that a policy or just a good idea by
23 yourself?

24 A It may have been policy driven at some point in
25 time but I had made that decision.

1 Q Now, we know that those notes aren't on the case
2 file in the end and I take it you really can't explain why
3 or what happened?

4 A No. I commented earlier that no, there seems to
5 be a number of pieces missing from the files, yes.

6 Q You were discussing, earlier, as well,
7 face-to-face contacts.

8 A Yes.

9 Q And I take it, when you say that, you mean with
10 the child in question, like Phoenix?

11 A With the child, with the family, with various
12 extended family members, whoever is kind of critical to
13 that family, yes.

14 Q And you said that the notes don't always reflect
15 who that contact was with and I take it that they should
16 reflect that?

17 A Well, I think because we're called upon to court
18 at times the more detailed our notes can be the more
19 helpful it is, however, workers often will write field to
20 home, met with family, and they won't specifically outline
21 which family members were present at that point in time.
22 Sometimes they do.

23 Q It would be better if they did.

24 A It would be helpful, yes.

25 Q Yeah. That would be best practise; right?

1 A Well, I think yes, it would be best practise,
2 however, there are -- myself included as a worker, have not
3 always specifically documented each time that I've had a
4 face-to-face and who that includes.

5 Q And I appreciate that it isn't always done but it
6 would be the wisest thing to do?

7 A Well, the more detail there is, yes, that's
8 helpful.

9 Q The better. You were discussing the closing of
10 files.

11 A Yes.

12 Q And I think you said, basically, that in an ideal
13 situation unresolved matters would be resolved first, there
14 would be recent face-to-face contact, collateral,
15 collaterals would be spoken to, but in an ideal situation.
16 It's not something you can always get to do but that would
17 be the ideal, would it not?

18 A Well, the ideal is that problems would be
19 resolved and that, yes, you would have direct face-to-face
20 contact prior to closing.

21 Q Yes.

22 A But because that is not always possible that's
23 why the other processes that I discussed --

24 Q Right.

25 A -- were spoken to.

1 Q And the face-to-face contact ideally would be
2 fairly recent?

3 A Yes.

4 Q Rather than six months earlier?

5 A Yes.

6 Q And collaterals being checked out would be a wise
7 thing to do just to see what they could provide you with,
8 in terms of information?

9 A Yes.

10 Q This isn't always possible, it isn't always done,
11 but ideally it should be?

12 A Prior to my signing off on a case closing the
13 expectation was, was that there would be a collateral
14 check.

15 Q You, you also talked about when there's a change
16 of worker and you have to assign the file from one worker
17 to another.

18 A Um-hum.

19 Q I think you said this, correct me if I'm wrong,
20 that you're not sure if there was a policy on the subject
21 but it may, it may, it may have been that about five days
22 to assign it was what you tried to do? Do you recall that
23 evidence?

24 A Yeah, but that was off of intake, that's
25 accepting a new file, that's not transferring --

1 Q Oh, I see.

2 A -- from one worker to another within the family,
3 the family file within the unit.

4 Q I see. So when you have a new file come in, you
5 like to, within five days, assign a worker if you can?

6 A Yes. Automatically if I don't accept it and I
7 don't respond, the supervisor on the other end will
8 automatically assign it to me within, I believe it was five
9 to seven days you had.

10 Q Now, what about the situation where a worker
11 leaves or for some reason is being re-assigned to another
12 worker, is there also a policy as to how long that period
13 should be before someone else is assigned if there's a
14 transfer?

15 A There's not a policy, however, the -- we want
16 them assigned as quickly as possible, however, if we have a
17 vacancy and the person who is starting hasn't yet arrived
18 then we have to manage those existing files and that's done
19 in a number of ways. Some are re-assigned temporarily,
20 some are managed by myself, some are responded to when a
21 crisis occurs.

22 Q So when you have a gap, between workers, as
23 supervisor it would be your responsibility to manage the
24 file until someone takes over?

25 A Yes. The files are assigned to the supervisor

1 because open files have to be assigned to someone so if
2 there is not a new worker then they automatically are
3 re-assigned to the supervisor for oversight and management.

4 Q So in this case it sounds like there were periods
5 of time where you would be performing that role where there
6 were certain gaps?

7 A When -- there was one when Delores left and --

8 Q Right.

9 A -- Kathy Epps was assigned, there would have been
10 a vacancy management piece to address and I would have been
11 assigned, yes.

12 Q And what you might have done during that period
13 of time is something we can't look at now because we don't
14 have your notes?

15 A Correct.

16 Q At one point in your evidence, when you were
17 discussing things that were recorded and things that may
18 not have been recorded, you made this remark, lots of work
19 may have occurred yet nothing being -- was recorded. That
20 may have happened?

21 A Yes.

22 Q Now, that would certainly be a breach of best
23 practises and standards if people are working on a file,
24 doing lots of things but not recording them?

25 A The breach would be on the documentation, the

1 work would actually be exemplary if we were doing lots and
2 lots of things. So the breach is on the documentation but
3 not on the actual work.

4 Q But the next worker looks at the documentation in
5 order to decide what they should be doing and if there is
6 no documentation that's obviously not a very good thing.

7 A Um-hum. Case transfer summaries are, in order
8 for the worker to put down what they've documented as well
9 as what they've actually done. So you may see things in
10 case summaries that are highlighted that you won't
11 necessarily see as much detail in case notes. So that's
12 why case summaries there's, there's pieces of information,
13 that's why it's also, if a worker is still within the
14 agency, it's to our benefit because if we don't understand
15 something or something is missing, we can pick up the phone
16 and internally check on that. When someone leaves the
17 agency, then it's a little bit more difficult.

18 Q But the best idea is to record everything you've
19 done --

20 A Yes.

21 Q -- so no one has to guess about what it might
22 have been.

23 A Correct.

24 Q Right?

25 A Yes.

1 Q And it was clearly your opinion, based on your
2 perusal of all the various bits and pieces of information,
3 and I think you said this, that it was clear that Steve was
4 the better parent, between Steve and Samantha?

5 A Yes, at that point in time, yes, that was the
6 assessment.

7 Q He showed more consistency.

8 A Yes.

9 Q Right? Now, with respect to the psychological
10 assessment that was ordered on Samantha, that Dr. Altman --

11 A Um-hum, yes.

12 Q -- did, our understanding was that what he was
13 looking for was whether there was any signs of depression,
14 whether it be postpartum --

15 A Yes.

16 Q -- or regular depression --

17 A Um-hum.

18 Q -- if I can use that phrase, to see if that was
19 an issue. And I take it if it was an issue there's
20 treatment for that?

21 A Yes.

22 Q Apparently he concluded that that wasn't the
23 case.

24 A Yes.

25 Q He was looking into her flat affect and her

1 ambivalence and he concluded it wasn't as a result of
2 depression?

3 A Yes.

4 Q It seems to me that that ought to be more of a
5 concern now because it may be a reason that you can't
6 really treat, by just not caring about your child and not
7 being interested.

8 A I'm sorry, what's the question?

9 MR. RAY: I'm sorry, but --

10

11 BY MR. GINDIN:

12 Q If the, if the depression --

13 MR. RAY: Sorry, I'm not -- if you're asking the,
14 the witness to get into an analysis of what medical
15 conditions can or cannot be treated then I don't think she
16 can answer that question but ...

17 MR. GINDIN: All right. I, I wasn't really
18 getting into that.

19

20 BY MR. GINDIN:

21 Q What I was suggesting was that there was a
22 psychological assessment done of Samantha.

23 A There was a psychological consult with Dr. --

24 Q Right.

25 A -- Altman, yes, about depression, post-partum

1 depression, yes.

2 Q His conclusion, as we've heard it in the
3 courtroom here, is that he didn't see signs of depression;
4 right?

5 A Yes.

6 Q His initial reason for assessing her, what he was
7 asked to do, was to look into the ambivalence she seemed to
8 show towards the child. And wasn't --

9 A Her flat affect.

10 Q -- and wasn't due to depression.

11 A Her flat affect, I don't --

12 Q Her flat affect.

13 A Right.

14 Q Okay. Apparently he decided it wasn't due to
15 depression, so my question to you is wouldn't it seem
16 obvious, at that time, to then follow that up with some
17 sort of parental capacity assessment with respect to
18 Samantha?

19 A There was follow up. The worker assigned was
20 assessing her parental capacity at that point in time and
21 ongoing.

22 Q Um-hum. But not by a psychiatrist?

23 A No, because the psychiatrist said she -- the
24 depression, it does not fall within a psychiatric
25 condition.

1 Q Okay.

2 A One can be depressed but not considered
3 psychiatrically depressed.

4 Q I guess what I'm asking is, is there something
5 like a parental capacity assessment that is available to
6 you because we've heard some evidence that it's a -- there
7 is such a procedure. We've heard evidence that it's costly
8 but there is a procedure for arranging that. Are you aware
9 of that?

10 A There are parental capacities that are formal,
11 that can include IQ testing, can include psychiatric
12 testing, a whole range of tests. Social workers also do
13 parental capacity assessments all the time, it's part of
14 our day-to-day work. So in this particular case, a formal
15 external parental capacity assessment was deemed not
16 necessary, that the worker was doing that as part of the
17 case plan and ongoing work.

18 Q Okay. So you agree there was no formal type of
19 parental capacity assessment done on Samantha after
20 receiving Dr. Altman's opinion?

21 A The worker -- whether you call -- I think the --
22 it's semantics, formal or not formal, the worker was
23 formally, as part of her job, doing an assessment of
24 parental capacity. The worker is not qualified to do IQ
25 testing, cognitive intellectual testing and that's

1 generally why we would go to an external.

2 It's often, when we're before the courts and we
3 need to provide backup or to qualify our already findings,
4 so often we will then get a formal assessment.

5 Q Okay.

6 A Or if the capacity to learn doesn't seem to be
7 there so ...

8 Q No. There's no evidence here that that was done?

9 A We did not hire an external on this, no.

10 Q Now, I'm going to direct your attention to page
11 37011. And I believe this refers to notes made by Delores
12 Chief-Abigosis, if I'm not mistaken and direct your
13 attention to the July 6th reference.

14 And this came up when we were discussing whether
15 or not there should have been some further calls made to
16 certain individuals like perhaps Geni, the sister, or Kim
17 Edwards, who was mentioned for the first time in this
18 particular paragraph. Do you see where that's mentioned?

19 A Yes.

20 Q And I think the mention is that the child was
21 with Kim for the afternoon. Is that correct?

22 A Yes.

23 Q And your comment was that it appeared, to you,
24 that she was, from that comment, a babysitter?

25 A Yes.

1 Q But that's not really what it says there. All it
2 says that -- is that the child was there for the afternoon.

3 A Right.

4 Q That particular afternoon.

5 A Right.

6 Q But, in any event, nothing was done to find out
7 exactly what the arrangement was with Kim Edwards; right?
8 At that time.

9 A Based on the notes?

10 Q Right.

11 A No.

12 Q And if it was done, you would expect to see it
13 there?

14 A Well, the parent was asked about the arrangement,
15 the parent said that he was the primary caregiver and that
16 he utilized supports, including Ms. Edwards, as someone who
17 would take Phoenix now and then, as well as his sister,
18 Geni. So we did have, from him, indicating that he was
19 utilizing, whether you want to call them babysitters or
20 alternate caregivers, yes.

21 Q Yes. So you simply accepted what he said and
22 didn't -- no one, it appears no one checked out Kim
23 Edwards, where she was living, called her, saw who she was
24 living with, anything like that?

25 A At this point in time, based on the worker's

1 notes, no, I can't -- I mean, did I specifically do that?

2 No.

3 Q Okay. It doesn't appear that Ms. Abigosis did it
4 either, from the notes we've seen?

5 A Not from the notes, no.

6 Q If you look at the next page, 37012, towards the
7 bottom. The second last bullet from the bottom, where it
8 says:

9

10 "This worker informed him --"

11

12 That refers to Steve, I take it.

13

14 "-- that on a weekly basis -- I
15 will stopping by to see how he is
16 doing and if he is not home I will
17 leave a note in the mailbox for
18 him to contact."

19

20 Okay. Now, as I recall your evidence on this
21 point, it sounded like that didn't necessarily mean the
22 worker would actually -- or the worker actually intended to
23 do that.

24 A I think --

25 Q And I was confused by that.

1 A Well, I think what I said was that the worker may
2 have intended to do this, however, this is a fairly new
3 worker who sometimes new workers are somewhat unrealistic
4 in the capacity to meet with a family on a weekly basis.
5 So, that intent, you would have to ask Ms. Chief-Abigosis
6 about her intent but my assumption, based on the
7 documentation, is that that was her intent.

8 Q So she clearly told him I'm going to drop by on a
9 weekly basis. Sometimes that isn't possible.

10 A Correct.

11 Q Right? And sometimes you, you drop by every two
12 weeks?

13 A Yes.

14 Q There doesn't seem to be any evidence here that
15 it was even every month. You would agree with that?

16 A Yes. Her notes don't indicate weekly contact.

17 Q And, of course, the way workers are trained is if
18 they make contact or even attempt to make contact, it's
19 wise to mark that down somewhere?

20 A Yes.

21 Q So other people know about it?

22 A Yes.

23 Q And part of your job is to review their conduct
24 and their performance?

25 A Yes.

1 Q That would be hard to do if you're not sure what
2 they did?

3 A Yes.

4 Q You were also talking about both sides should
5 follow through with promises made. Do you recall that --

6 A Yes.

7 Q -- piece of evidence? And you were referring to
8 becoming aware of information that Phoenix might have been
9 spending as much as four days a week with, with Kim
10 Edwards?

11 A No.

12 Q Do you remember that?

13 A I believe when I talked about keeping promises,
14 what I said is that from a clinical perspective the
15 families we work with suffer traumas, the children
16 repeatedly are made promises that are broken for a number
17 of reasons and so that if workers commit to something they
18 need to follow through because we might be the first person
19 that has that kind of experience or promotes that kind of
20 experience for that family.

21 Q Um-hum. I think you said that if you had known
22 that Phoenix was spending as much as three or four days a
23 week elsewhere --

24 A Right.

25 Q -- you might have considered a place of safety

1 option.

2 A Yes, we --

3 Q Do you remember that?

4 A -- probably would have apprehended --

5 Q Yeah.

6 A -- and explored places of safety or we would have
7 looked at things differently, yes.

8 Q And I think you said that one of the things you
9 might have considered is, is legal guardianship, for
10 example?

11 A Well, that --

12 Q After checking it out, I mean?

13 A That's quite a few steps down the road, I mean,
14 you have to bring a child into care then you determine if
15 the child needs to remain in care, so legal guardianship is
16 kind of down the road.

17 When I spoke about custody or guardianship issues
18 that was in regards to the custodial, between the
19 biological parents, not alternative caregivers.

20 Q As far as the place of safety alternative, if
21 that's checked out and it's decided that this is a good
22 place of safety, a particular place, what does that say
23 about the rights of somebody like Samantha who we know, at
24 this point, everyone is trying to make sure she doesn't see
25 the child, everyone seems to be concerned, what if she

1 shows up, and --

2 A Um-hum.

3 Q -- we know --

4 A Right.

5 Q -- we've heard all of that evidence --

6 A Yes.

7 Q -- over many days, if you had arranged a
8 voluntary place of safety, at some point, does that affect
9 the rights of someone like Samantha to come and just pick
10 up the child? Do you know?

11 A Yes. First off, I can't arrange a voluntary
12 place of safety. A place of safety occurs when a child is
13 brought into care so the child would have had to have been
14 apprehended which then means that the parental rights of
15 both parents are impacted and the agency makes decisions on
16 behalf of that child, including where they live, whether
17 that's a place of safety, a foster home, with a family
18 member.

19 So, yes, it would have impacted both parents.

20 Q You were talking about the fact that Steve was
21 somewhat resistant --

22 A Yes.

23 Q -- to involvement by the agency and that was one
24 of the reasons you said no one bothered to check out
25 collaterals and I was a little confused by that piece of

1 evidence. Do you recall talking about --

2 A I don't ever recall saying we wouldn't have
3 bothered checking out collaterals.

4 Q But we, we, we know that collaterals weren't
5 really checked out.

6 A Well, I requested a collateral contact check
7 before the file was closed and Kathy Epps' closing says
8 that there was some -- Steve, at that point of time in
9 closing, him and Ma Mawi were on a bit of outs so there
10 obviously had been some kind of collateral check with, with
11 Ma Mawi so, yes, I had -- I wouldn't have closed off on a
12 file without there being --

13 Q I guess I --

14 A -- collateral checks.

15 Q Pardon me, I guess I was referring more to
16 somebody like Kim Edwards or some of the other individuals
17 that we see listed in the file that don't appear to have
18 been checked out by anyone.

19 A Right. So, there was no -- was there CFIS
20 checks, different checks done? Not based on the
21 information.

22 Q Um-hum.

23 A I, I don't recall if -- I don't -- on Kathy's
24 closing if it refers -- if it lists Kim Edwards or not.

25 Q Well, we know on July the 6th, 2001, based on

1 Delores Chief-Abigosis' notes, she becomes aware that Kim
2 Edwards has -- is helping to take care of the child?

3 A Right.

4 Q And at that point there's no, sort of, checks
5 done whatsoever?

6 A Well, based on Delores' notes, there's nothing to
7 indicate what, if any, checks were done.

8 Q Okay. So, the fact that Steve was somewhat
9 resistant is really irrelevant since he's the one who told
10 Delores Chief-Abigosis about Kim Edwards. He was the one
11 who gave her that information. Now, here's someone who's
12 helping me take care of the child, but yet it doesn't seem
13 to have been checked out.

14 A I think they're two separate issues. Someone can
15 be resistant and give us --

16 Q Yes.

17 A -- a little piece of information, I think there
18 are two separate issues there.

19 Q Um-hum. But once you have the information then
20 you have something you can check.

21 A Right.

22 Q Okay.

23 A However I think, you know what, when parents --
24 I, I commented on this earlier, there was no indication
25 that Steve was making unsafe choices in regards to who

1 provided care or alternate care so were some additional
2 checks done? I don't know, based on the information it
3 appears not. But there was nothing to indicate that this
4 was unsafe plan that Mr. Sinclair had set up.

5 Q I happen to agree with you completely that if it
6 was checked out there's no question that Kim was a safe
7 place to -- Kim's place was a safe place to be. The point
8 I'm trying to make is simply that it should have been
9 checked out.

10 A Well, I think that, again, that comes down to
11 some case work, case management and some decisions around
12 contact with who and collaterals and the number of people,
13 as well as time.

14 MR. GINDIN: Okay, those are my questions. Thank
15 you.

16 THE COMMISSIONER: Thank you, Mr. Gindin.
17 Anybody else? Mr. Paul?

18 MR. PAUL: Good afternoon, Ms. Hanson.

19 THE WITNESS: Hi.

20 MR. PAUL: Sasha Paul for Winnipeg CFS and the
21 department. I'll say what every lawyer says, I just have a
22 few questions.

23

24 CROSS-EXAMINATION BY MR. PAUL:

25 Q I want to begin with the issue of parental

1 capacity assessments and I want to see if you can help us
2 out with understanding what that is.

3 If I can begin from the very basics, social
4 workers, their job is to assess capacity to parent?

5 A Yes.

6 Q Also, their job is to assess the motivation to
7 parent?

8 A Yes.

9 Q And that's what we expect social workers to do?

10 A Yes.

11 Q We've also heard of another concept which,
12 perhaps confusingly, is called a parental capacity
13 assessment.

14 A Yes.

15 Q And if I can put it this way, a parental capacity
16 assessment is done by an expert, for lack of a better term?

17 A Yes.

18 Q And that expert would be a psychologist or a
19 psychiatrist, as the case may be?

20 A Generally, yes.

21 Q Generally speaking, someone with a different
22 level of expertise than the front line social worker?

23 A Yes.

24 Q An expert report would be a fair way of calling a
25 parental capacity --

1 A Yes.

2 Q -- assessment. And it would be fair to say that
3 these expert reports, and I think you've made mention of
4 this already, but it's fair to say that these expert
5 reports are seen almost primarily in the case of what I'll
6 call child welfare litigation?

7 A Yes, often, yes.

8 Q Right. So when an agency is seeking, for
9 example, a permanent order, it is possible that you will
10 see one of these expert reports being created that -- at
11 that time?

12 A Yes.

13 Q And again, I, I may have misheard the evidence
14 or, or what have you, just to recap that point, these
15 expert reports are -- is it fair to say they are primarily
16 seen in the case of child welfare litigation?

17 A Yes, primarily it's when there is disagreement on
18 the plan --

19 Q Okay.

20 A -- and so it's in, yes, before litigation.

21 Q And in the context of this particular case, would
22 it be fair to say that this is not the case for this type
23 of expert report?

24 A Yes.

25 Q I want to move on to a different topic and again,

1 if we can start back from, from the basics. You are a
2 supervisor of family --

3 A Services.

4 Q -- services workers, sorry.

5 A Yes.

6 Q Services workers.

7 A Yes.

8 Q That's correct?

9 A Yes.

10 Q And family services workers, they have, in
11 essence, two types of cases. Is that fair?

12 If I can back up. Family services workers have
13 protection cases?

14 A Yes.

15 Q And they also have child-in-care cases?

16 A Yes.

17 Q It is the two types of cases that they have, in
18 essence?

19 A They could have a voluntary family service file
20 and depending what agency you work for they may also carry
21 other cases but here, in Winnipeg, where I -- at the time
22 of this case, yes.

23 Q There would be two then at the time --

24 A Two primary cases.

25 Q -- that we're talking about.

1 A Yes.

2 Q And those two, again, for the benefit of the
3 Commissioner, are protection cases.

4 A Child-in-care.

5 Q And child-in-care cases, so those two types.

6 As I understand it, then, in this particular case
7 we have, at varying times, we have ourselves the -- a
8 Samantha Kematch protection case?

9 A Right.

10 Q That was -- I don't want to get into the dates
11 but that was subsequently closed and the Steven Sinclair
12 protection case was opened?

13 A Yes.

14 Q Right. And I think -- I'm sorry to, to jump now
15 back in time, there would have been a point in time in
16 which there was the Phoenix Sinclair child-in-care case?

17 A Yes.

18 Q When Phoenix was apprehended at birth?

19 A Yes.

20 Q And again, I apologize going through these -- the
21 file management. It's theoretically possible to have a
22 child-in-care case open at the same time as a protection
23 case?

24 A It's more than theoretical, you generally have a
25 child-in-care and a family file unless the child is a

1 permanent ward.

2 Q And when you say a family file, you mean
3 protection file?

4 A Protection file, yes.

5 Q Okay. Sorry, I want to be as precise --

6 A Yes.

7 Q -- as possible when it comes to the terminology.

8 And again, in terms of these types of files, a
9 protection file, as I've just -- as you've just mentioned
10 to me, really is for a family?

11 A Yes.

12 Q And so a protection file could have one child
13 involved in it or more?

14 A Yes.

15 Q In the case of a child-in-care file, you're only
16 looking at one child in care for that, for that particular
17 child?

18 A Somewhat but the child-in-care is attached to a
19 family so you may have a protection file with five
20 child-in-care files attached to that so, in essence, you
21 are dealing with a family that has six open protection
22 files.

23 Q And so -- and just so I can underscore that
24 point, Mr. Jones has a protection file, he has six
25 children. Those six children then, if they're apprehended,

1 would the lead to six different child-in-care files?

2 A Yes.

3 Q And then, of course, the seventh file would be
4 the family protection file, the Jones protection file?

5 A Yes, that's accurate.

6 Q I'm sorry, am I speaking too loud? I'll have to
7 step back from, from the microphone.

8 I think we've covered that point. I think it's
9 impossible then that one family could have a number of
10 different files attached to it, depending upon the
11 situation?

12 A Yes.

13 Q Okay. I want to move from the basics now into an
14 issue of case numbers. I think it's clear that, in this
15 particular case at varying times, you were supervising
16 three workers involved in this case?

17 A Yes.

18 Q Being Ms. Greeley, Ms. Chief-Abigosis and Ms.
19 Epps; is that correct?

20 A Yes, that's correct.

21 Q And they were part of your unit?

22 A Yes.

23 Q And I understand that your evidence about case
24 numbers was that it was in the range of 30 to 35?

25 A Yes.

1 Q If I can direct you to Exhibit 17. And if we
2 could start at page four of Exhibit 17.

3 These are numbers prepared by the department and
4 here we're looking at the numbers for Ms. Greeley and if I
5 were to suggest to you that on May 31st, 2000 the number of
6 total cases Ms. Greeley had was 32, would you accept that?

7 A Yes.

8 Q And would you further accept that, at that time,
9 she had 20 family units?

10 A Yes.

11 Q And similarly, for June 30th, 2000 you would
12 accept the numbers you see there?

13 A Yes.

14 Q And I picked that day, June 30th, 2000 as a
15 sample. It's around that time that you transition out
16 of --

17 A Yes.

18 Q -- out of active work due to medical leave?

19 A Yes.

20 Q If we can turn to page one. Do you see here the
21 numbers for Delores Chief-Abigosis?

22 A Yes.

23 Q And my understanding is that you returned on June
24 1st, 2001?

25 A Yes.

1 Q And so we can say that of the day prior to that,
2 May 31st, 2001 you would accept that Ms. Chief-Abigosis had
3 27 cases at that particular time?

4 A Yes.

5 Q And, of course, you would accept the family units
6 next to it and essentially the numbers from May to August,
7 as you see on those particular days, are numbers you would
8 accept?

9 A Yes.

10 Q And so around July 31st, 2001 the cases that Ms.
11 Chief-Abigosis would be transferring would be 28, as she's
12 transitioning out of work?

13 A Yes.

14 Q If we can go to page two. We are looking at the
15 numbers for Ms. Epps and, again, I, I am mindful of the
16 time. I would take it that you --

17 THE COMMISSIONER: No, no, take your time, we'll
18 sit here till five o'clock if we have to.

19 MR. PAUL: Okay.

20

21 BY MR. PAUL:

22 Q Okay. I would take it that you would accept the
23 numbers on that particular chart --

24 A Yes.

25 Q -- for those days in question and that you would

1 further confirm for the Commissioner that August to March
2 is the period in time in which you were the supervisor of
3 Ms. Epps?

4 A Yes.

5 Q Is that right?

6 And again, we're talking here about family
7 services workers, these three workers?

8 A Yes.

9 Q I further understand, in your evidence, and this
10 is taking you back now perhaps to yesterday, but you were
11 speaking about, I believe, Child Welfare League of America
12 standards. Is that correct?

13 A Yes, yes.

14 Q And my understanding is that for family services
15 workers the number that they recommend is 17 families for
16 one social worker. Is that correct?

17 A It's actually less than what I thought so ...

18 Q Seventeen to one?

19 A Yes.

20 Q And there they're counting families as opposed to
21 cases?

22 A Yes.

23 MR. PAUL: Those are my questions, Mr.
24 Commissioner.

25 THE COMMISSIONER: Thank you, Mr. Paul.

1 MR. PAUL: Just before 4:30.

2 THE COMMISSIONER: Mr. Saxberg.

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

4 Hello, Ms. Hanson, it's Kris Saxberg, I'm here
5 for ANCR and for the three authorities, other than the
6 Metis Authority.

7

8 CROSS-EXAMINATION BY MR. SAXBERG:

9 Q If we could turn up page 25 and that's Commission
10 disclosure number one. I'm taking you back to Mr. Koster's
11 report. You were asked to comment on some of his findings
12 and one of the findings that you weren't asked to look at
13 is finding number 10 which reads:

14

15 "It appears that at this point,
16 Steven was marginally managing the
17 situation with his two children
18 and as a result, apprehension was
19 not required in spite of the
20 concerns for domestic violence and
21 alcohol (abuse)."

22

23 Do you see that?

24 A Yes.

25 Q Do you agree with that, that finding?

1 THE COMMISSIONER: Now, at what point is this?
2 That's the way that, that finding is written, it appears
3 that at this point. What -- do you know what point that
4 was, witness?

5 THE WITNESS: No, I --

6 THE COMMISSIONER: Well, I think we had better
7 determine that then before we --

8 MR. SAXBERG: Sure, I, I think if you look --
9 scroll back down to finding number 10.

10

11 BY MR. SAXBERG:

12 Q You'll see on the -- it's referencing the period
13 of July 6, 2001 and that is after this, this family
14 violence and the split between Samantha and Steve,
15 resulting in Steve being -- having custody of his two
16 children. At that point in time the report writer is
17 making the finding that the children were not in need of
18 protection and that an apprehension was not warranted. Do
19 you see that?

20 A Yes.

21 Q And I asked you if you agreed with that, I take
22 it you agree with it because --

23 A Yes.

24 Q -- an apprehension was not an initiated by the
25 worker?

1 A Correct.

2 Q And, and, and that was Winnipeg CFS's view at
3 that point in time, that there were no indicators that an
4 apprehension was warranted, based on all that information
5 that Mr. Olson went over with you about the things that
6 were going on in June of 2001.

7 A Yes, that's accurate.

8 Q You agree with that.

9 And finding number 11, if you can scroll down to
10 the next page, that deals with the next period then from
11 February -- or sorry June -- sorry, July 6th to the period
12 then after [REDACTED]'s death on July 15th.

13 A Yes.

14 Q And it's indicating that the Chief Medical
15 Examiner did a report into the services provided to this
16 family during that period of time and the report is
17 concluding, as we've seen here before, that the Chief
18 Medical Examiner found no fault with the services provided
19 by Winnipeg CFS and found that they were all in compliance
20 with applicable standards.

21 A That's correct.

22 Q Were you aware of this, this report and the
23 findings of the Chief Medical Examiner with respect to your
24 work and the work of your staff at this time?

25 A Not at the time that the report was generated. I

1 saw this report in my present capacity but I, again, didn't
2 realize that I had even worked on the file in question so
3 it wasn't until being prepped as a witness for this that I
4 even recognized that the report was referencing me.

5 Q Okay. And you're aware that this report was
6 finalized in October of 2003? And I can show you that if
7 you're not --

8 A Sure, if you're --

9 Q If you -- if we can turn to the first page, which
10 is 17680, you'll see it's dated --

11 A Yes.

12 Q -- October 2nd, 2003?

13 A Yes.

14 Q And that is several years before Phoenix was
15 murdered by Ms. Kematch and her --

16 A Yes.

17 Q -- common-law.

18 A Yes.

19 Q You see that?

20 A Yes.

21 Q And does that -- you had made comments that often
22 Medical Examiner reports and other reports, like Section 4
23 reports, often look at the matter through the lens of
24 hindsight?

25 A Yes.

1 Q And this report, though, wasn't looking through
2 -- didn't have the hindsight that Phoenix would later be
3 murdered, did it?

4 A No.

5 Q Now, in the period approximately mid-July 2001,
6 through to March 27, 2002 --

7 A Yes.

8 Q -- this so-called period where there is a gap and
9 no contact with the family from Winnipeg CFS?

10 A Right.

11 Q I'm asking about that period, specifically. I
12 want to ask you, firstly, the expected evidence at this
13 proceeding is going to be that Ms. Edwards was looking
14 after Phoenix for up to three to four times per week during
15 that period and beyond and you've heard that already? But,
16 of course, you weren't aware of it at the time; right?

17 A No, I was not aware of that at the time.

18 Q That wasn't information that was provided to you
19 by anybody or to anyone, at CFS, to your knowledge?

20 A Correct.

21 Q And did CFS receive, during that period of time
22 that I earlier referenced, did it receive any reports from
23 any collateral with respect to maltreatment of Phoenix?

24 A No, there was no reports of that nor was there
25 any reports from any of the alternate caregivers indicating

1 that they were, in fact, a primary caregiver of Phoenix at
2 that point in time.

3 Q And there were no reports, similarly, of abuse of
4 Phoenix or neglect of Phoenix?

5 A No, there were no concerns identified as such.

6 Q By Steve Sinclair or anyone else?

7 A Correct.

8 Q And were there any reports that Steve Sinclair
9 was drinking?

10 A No, there were no reports of that.

11 Q Any reports during that period that he was
12 fighting with Samantha Kematch and that there was any
13 additional domestic violence?

14 A No, there was no reported concerns of any of
15 those to the agency during that time period.

16 Q And, as you sit here today, with whatever
17 information you have from whatever source, are you aware of
18 any information along those lines that's being asserted
19 that, that Phoenix was maltreated during that period of
20 time?

21 A Not during that time, not --

22 Q Or, or that Phoenix was abused during that period
23 of time?

24 A Not that I'm aware of, no.

25 Q And so you, you would agree that with respect to

1 that period of time this certainly isn't the case wherein
2 CFS had received information but ignored it?

3 A No. I would not have ignored a call in regards
4 to any concerns, we would have taken action on that.

5 Q And you -- you're aware, as all workers are, that
6 -- in the CFS, in child welfare, that the community has a
7 responsibility to report --

8 A Yes.

9 Q -- any information on child welfare concerns?

10 A Yes. Any Manitoban in our province, under our
11 legislation, has the responsibility to report what they
12 reasonably believe to be a child in need of protection,
13 including child abuse.

14 Q And Winnipeg CFS and the other agencies operating
15 in this province all rely on the community to report their
16 concerns?

17 A Yes, because we can't be everywhere and even if
18 we are in a home, we do not necessarily have all the
19 information that people directly involved in those families
20 will have, such as neighbours, community members, family
21 members, collaterals.

22 Q And Winnipeg CFS at the time, and today, doesn't
23 have an investigation mandate, it isn't allowed to
24 investigate where there are not concerns raised with
25 respect to child protection concerns. Where there is no

1 concerns raised they can't investigate of their own
2 volition?

3 A No, we do not have the authority to just walk
4 into any house if there is no concerns or we don't have an
5 open file.

6 Q And with respect to a file where it's a
7 protection file, and these -- the risk is assessed as low,
8 you would agree it would not be regular practise for CFS to
9 check out, investigate, every source of support that a
10 parent has?

11 A No.

12 Q And would that not be a very intrusive thing to
13 do?

14 A It would be intrusive. Families we try to
15 develop so that they have some autonomy, they are, like all
16 families in our province, expected to try and build in
17 supports. So we look at those supports, if there are
18 concerns about their capacity or how they generate those
19 supports or concerns about the people they've chosen, we
20 will explore that, but to check out every single person
21 that may provide some care to a child, at any given point,
22 in our province is not attainable.

23 Q And I just quickly, on the topic of client
24 contact and standards, you had mentioned that there was a
25 30 day standard. Now, are you sure that that was something

1 that was in place at the time that you were providing
2 services to this family?

3 A No, standards evolve and change over time so I
4 don't exactly know, someone would have to show me the
5 standards from that point in time.

6 Q Okay. And, and you're aware, though, that today
7 there are some fairly stringent standards with respect to
8 client contact that include seeing families on a regular
9 basis, dependent on the level of risk and whether it's a
10 protection file or a child-in-care file; is that fair?

11 A Yes, there's been changes to clarify that
12 expectation so that it is clear to the field, depending on
13 the case type, depending on the issues. There are tools in
14 place that generate a response time for staff, yes.

15 Q And I just want to clear up a couple of -- one,
16 one matter with respect to the afterhours unit. You had
17 commented that, in relation to a question about whether the
18 afterhours unit could have helped you in terms of dealing
19 with resistant clients such as these, at the time, and you
20 indicated that, at the time that you were working on the
21 matter, the afterhours unit could do that type of service
22 but that it no longer has that capacity. Did I get your
23 evidence right?

24 A I think it, it started to change around the time
25 that we had this file because the demands on after hours

1 continued to increase so things that they -- random checks
2 on resistant families or families that we couldn't see, we
3 would send service requests but depending on their work
4 load and as it grew their capacity to meet those was very
5 limited.

6 Q If we could turn to CD725 and page 17421.

7 I'm just going to show you the ANCR after hours
8 unit program manual, it's in draft, and this is circa
9 January 2011. And ANCR is now performing -- is the
10 organization that performs the after hour function, in
11 Winnipeg, today; correct?

12 A Yes.

13 Q And if we could turn then to page 17424.

14 And under objectives, these are the, these are
15 the objectives of the afterhours program, it includes:

16

17 "Provide after-hours service
18 assistance to ANCR and all other
19 child and family service (CFS)
20 agencies within our jurisdiction."

21

22 The next bullet is:

23

24 "Provide emergency CFS services to
25 children and families on open,

1 closed and new cases outside of
2 regular business hours."

3

4 And then under "Key Functions and Activities", it
5 includes, in the second bullet:

6

7 "Receive and respond to service
8 requests from within ANCR and
9 other CFS agencies within the
10 jurisdiction."

11

12 Do you see that?

13 A Yes.

14 Q And are you aware that, that since ANCR's
15 inception that there have been additional workers that have
16 been hired to perform these after hour objectives and
17 functions?

18 A I know that staffing has increased there, yes.

19 Q And, and that you would accept that with an
20 increased staff comes an increase in capacity to --

21 A Yes.

22 Q -- respond to service requests?

23 A Yes.

24 Q And if we could turn up page 17428? Could you
25 just scroll down? There's, there's a heading that says

1 "Spot Checks", and it reads:

2

3 "The AHU receives requests to
4 check on the well-being of
5 children and families. Often
6 these request concern (substance
7 abuse) substance misuse, neglect
8 and access to abuse offenders."
9

10 And it goes on making a commitment in terms of
11 the work that ANCR will do with respect to those service
12 requests. Do you see that?

13 A Yes.

14 Q And you would agree that ANCR, therefore, has the
15 capacity and is set up in order to service agencies like
16 Winnipeg CFS and to do after hour safety checks and to
17 perform the kind of work that it was suggested could have
18 been performed in this case to, to deal with resistant
19 families?

20 A Yes, but you will note bullet two says:
21 "Dependent on work load" so you know what, after hours work
22 is very hard, after hours makes every attempt to respond to
23 every service request that's put through by workers and
24 have they increased their capacity there? Yes. Do they
25 meet the demands of tons and tons? Yes. However, on any

1 given night, certain service requests have to be
2 prioritized, just as they are on day side.

3 So I think my point was that resources are always
4 stretched and in regards to resistant families, where
5 there's no issues or blatant concerns, such as substance
6 misuse, it is -- the priority occurs, whether that's at
7 after hours or at family service level.

8 Q And I just want to be clear, you're, you're --
9 you aren't saying though that the capacity of ANCR to
10 perform this important function of checking in on families
11 after hours, to either locate children or to ensure that
12 there aren't the difficulties listed in the page before us,
13 that that capacity is any less than it was back in 2000 or
14 2001. You're not suggesting that?

15 A I'm not suggesting that but I really can't speak
16 to ANCR's capacity, I don't, I don't make service requests
17 of that nature in this present -- my present role so
18 someone from ANCR or someone doing that would need to speak
19 more directly to, to that question, I'm afraid.

20 Q Oh, okay. And then just in the context of the
21 work that, that your staff was performing and that you were
22 supervising, there was no initiative, at that point in
23 time, to access after hours, to perform any work on this
24 file; correct?

25 It wasn't a case that after hours had too much

1 work and there was a work load, it's just the request
2 wasn't made; correct?

3 A It appears that there was no service request for
4 a spot check. In part that decision might have been made
5 because, in reality we knew that the service requests that
6 we were putting through, that it would have been at the
7 bottom of the pile and it wouldn't -- they wouldn't have
8 gotten to it. So sometimes a manager, like myself, will
9 not make a service request because we know that our staff
10 in another unit don't have the capacity to meet that.

11 MR. SAXBERG: Okay, thank you very much, those
12 are my questions.

13 THE WITNESS: You're welcome.

14 THE COMMISSIONER: Thank you, Mr. Saxberg.
15 Anyone else before Mr. Ray?

16 All right, Mr. Ray.

17 MR. RAY: Thank you, Mr. Commissioner. I just
18 have a couple of questions, Ms. Hanson.

19

20 CROSS-EXAMINATION BY MR. RAY:

21 Q You were asked questions about accessing
22 resources as it related to the psychological assessment and
23 in more particular the more formal or -- capacity
24 assessment that's often conducted by doctors and Mr. Paul
25 asked you some questions and you -- I think, I think you

1 said that this would not be the type of case that you would
2 expect to do that.

3 A In general, no. Often those are where there's an
4 indication that there's a need for some type of formal
5 testing as part of that, part of that assessment so that
6 you need psychological or psychiatric testing of some kind
7 or the other reason, as Mr. Paul pointed out, is often due
8 to litigation. So that often child welfare social workers
9 have lots of expertise and knowledge but the courts prefer
10 to hear from someone who has done some type of formal
11 testing or can provide an external look at the situation to
12 provide evidence.

13 Q Okay. And I think you told us that this file was
14 a file that contained typical problems and, and normal
15 concerns that you would expect or often see on many, many
16 files. If, if this file, as it presented to you at the
17 time the psych assessment was being made by Dr. Altman --

18 A Um-hum.

19 Q -- if this file was referred for a formal
20 parental capacity assessment done by a psychiatrist then,
21 in your experience, how many other files would have to
22 have, also, that same referral?

23 A Well, you would be pretty much looking at
24 assessing, formally, from an external, pretty much all of
25 our files so that's, I don't think, realistic.

1 Q In, in your experience, do you -- if that was the
2 case, does the system, globally, have the capacity to do
3 those type -- that type of a ...

4 A I, I am not sure of the capacity because,
5 depending on the type of formal expert, if you want to call
6 it that, parental capacity, there are so many components to
7 that, when you're in litigation everyone has to agree on
8 the assessor, there's timelines because they take time, so
9 children are in care often longer, waiting for these types
10 of formal assessments which is not necessarily in the best
11 interest of children and families. So there are a number
12 of factors.

13 The capacity to meet that would be -- there would
14 be a financial burden on the system, as well as I'm not
15 sure that the system, itself, has presently the capacity to
16 meet that need.

17 I think one of the pieces, at that point in time,
18 there are no in-house consultations like Dr. Altman, to my
19 knowledge, even available to child welfare today, so back
20 then this was a very viable and useful tool, that doesn't
21 exist today so today social workers are having to vie for
22 those resources, defend or explain why they need additional
23 funding to do those things, which is why, as pointed out,
24 they often are before, they're with litigation so that
25 often there's a cost sharing component to them.

1 MR. RAY: Thank you, that's my only question.

2 Thanks.

3 THE COMMISSIONER: Mr. Olson?

4 MR. OLSON: I just have one area to clarify.

5

6 RE-EXAMINATION BY MR. OLSON:

7 Q Mr. Saxberg asked you about the report that's at
8 17680, if we can just put that on the screen. This, this
9 report, can you tell me what the investigation here -- it
10 would have been in -- not into the services provided to
11 Phoenix Sinclair, would it?

12 MR. RAY: Well, maybe before she answers that,
13 you can have her refer to the files that were reviewed and
14 the context of -- and the report.

15 THE WITNESS: Well, it says investigation into
16 the --

17 THE COMMISSIONER: Just a minute. Just a minute.

18 MR. RAY: Just -- sorry.

19 THE COMMISSIONER: What was your question?

20 MR. OLSON: The report, I'm asking her if it was
21 made in reference to the services provided to Phoenix
22 Sinclair.

23 THE COMMISSIONER: And what's your objection to
24 that?

25 MR. RAY: I -- before she answers the question, I

1 think it's fair to allow her to refer to the files that
2 were reviewed by this -- by the report writer in the
3 context of preparing this report.

4 MR. SAXBERG: I, I add my voice, I will object
5 because that statement is just factually incorrect. I
6 mean, this is, this is a medical examiner's report into the
7 death of [REDACTED] Sinclair, but it reviews all of the services
8 provided by Winnipeg CFS to that family, just as this
9 inquiry is.

10 We're not saying that this inquiry doesn't deal
11 with any of the services that were provided to [REDACTED]
12 Sinclair during that brief period of her life, either.
13 This -- I mean, that -- this report reviews all the files.
14 You can see it, and it covers all the material and all the
15 work.

16 THE COMMISSIONER: What's your question again?

17 MR. OLSON: My question is, is this -- if this
18 report was an investigation into the services provided to
19 Phoenix Sinclair?

20 THE COMMISSIONER: Well, why, why can't she
21 answer that?

22 MR. RAY: Well, I suppose she can answer that but
23 I think we've -- should be entitled to ask her some follow
24 up questions in response to Mr. Olson's question because I,
25 I don't think --

1 THE COMMISSIONER: Well, this witness is
2 certainly not lost for words.

3 MR. RAY: Well ...

4 THE COMMISSIONER: So I, I --

5 MR. RAY: I think she should be given --

6 THE COMMISSIONER: -- I think she's quite
7 qualified to answer that question as I rule it a proper
8 question to be asked in re-examination.

9 MR. RAY: And I, I only ask that she be given an
10 opportunity to reflect upon the files that are reviewed
11 because it is listed in the report on the next couple of
12 pages in terms of what was reviewed by this report writer.

13 THE COMMISSIONER: Would you need to see this
14 report to answer the question, witness?

15 THE WITNESS: What's, what's the question again?
16 I've lost track of the question.

17

18 BY MR. OLSON:

19 Q The question is, is this report, to your
20 understanding, is it an investigation into the services
21 provided to Phoenix Sinclair?

22 A Well, it's redacted but it's an investigation
23 into the services provided to the child that died. As part
24 of a child death review like this it encompasses the family
25 file services to that family, including other children.

1 The primary focus will be on the child who died but all
2 other files will be looked at.

3 The CME has broad authority and power to look at
4 whatever files they believe are relevant.

5 Q And, of course, to investigate the services
6 provided to that child, because that child is part of the
7 family there, there would be reference to the entire file?

8 A Potentially, yes. I mean, I would have to look
9 through the document but ...

10 MR. OLSON: Okay, that was my only question.

11 THE COMMISSIONER: Do you still want her to look
12 through it?

13 MR. RAY: That's fine, thank you, Mr.
14 Commissioner.

15 THE COMMISSIONER: All right. Thank you,
16 witness.

17 THE WITNESS: You're welcome.

18

19 (WITNESS EXCUSED)

20

21 THE COMMISSIONER: All right, we're through until
22 9:30 tomorrow morning?

23 MR. OLSON: Yes.

24 THE COMMISSIONER: Stand adjourned.

25 (PROCEEDINGS ADJOURNED TO NOVEMBER 30, 2012)