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

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

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

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SEPTEMBER 6, 2012

APPEARANCES

S. WALSH and **D. OLSON**,
for the Phoenix Sinclair Inquiry Commission

MR. G. MCKINNON and **MR. S. Paul**,
for the Department of Family Services and Labour

MR. T. RAY,
for the Manitoba Government and General Employees' Union

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

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

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

MR. J. FUNKE and **MS J. SAUNDERS**,
for the Assembly of Manitoba Chiefs (AMC) and the Southern Chiefs Organization Inc. (SCO)

MS. M. VERSACE,
for the University of Manitoba, Faculty of Social Work

MR. W. HAIGHT and **MS. K. BJORNSON**,
for the Manitoba Métis Federation (MMF) and Manitoba Child and Family Services Authority Inc.

MS. V. RACHLIS,
for Witness SOR #1

INDEX

SEPTEMBER 6, 2012

PROCEEDINGS CONTINUED FROM SEPTEMBER 5, 2012

THE CLERK: Court is now open.

MS. WALSH: Our first witness, Mr. Commissioner, is a witness to whom the SOR protocol that I discussed yesterday applies, and so in accordance with that protocol I'm going to ask everyone in the room, except for the witness' lawyer, and of course you and Commission counsel, to briefly leave the room while we swear the witness in and then everyone will be allowed back in.

THE COMMISSIONER: Yes, it'll be very brief I can assure you, so don't go far away.

MS. WALSH: Yes.

THE COMMISSIONER: It's just a matter of swearing the witness in and then you'll come in and hear her evidence.

MS. WALSH: Thank you.

(INQUIRY PARTICIPANTS, EXCEPT FOR THE COMMISSIONER, COMMISSION COUNSEL AND MS. RACHLIS, LEAVE THE COURTROOM)

MS. WALSH: All right. Ms. Rachlis is counsel for the witness.

THE COMMISSIONER: Yes.

MS. WALSH: So --

THE COMMISSIONER: All right. I think we're ready to proceed. We have security in the room, but they understand the rules and regulations I'm sure.

MS. EWATSKI: (Inaudible) confidential so maybe we should have them wait outside.

MS. WALSH: You want to have them wait outside. All right. Just --

MS. EWATSKI: Sorry. I'll have to ask you to leave as well.

THE COMMISSIONER: All right. I think we can proceed to have the witness sworn or affirmed.

THE CLERK: Is the witness able to hear me?

THE WITNESS: Yes, I can.

THE CLERK: Do you have a Bible there, ma'am?

THE WITNESS: No, I do not.

THE CLERK: Is it your choice to swear on the Bible or affirm?

THE WITNESS: I'll affirm.

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

THE WITNESS: [redacted].

THE CLERK: And just spell me your last name, please.

THE WITNESS: [redacted].

THE CLERK: Thank you.

[redacted], affirmed, testified as follows:

THE CLERK: Thank you.

MS. WALSH: All right. We'll just take a minute to let everyone back in the room. Mr. Commissioner --

THE COMMISSIONER: Yeah, just before we do that -- go ahead.

MS. WALSH: In terms of the name of the witness now appearing on the transcript I gather that we'll have to leave it on the transcript, but then we'll redact it for the purposes of putting it on the website.

THE COMMISSIONER: I think that would be the appropriate way.

MS. WALSH: Okay. Thank you.

THE COMMISSIONER: I haven't given thought to that so you -- that's a tentative view. If you wish to discuss that further before that happens why --

MS. WALSH: Yes.

THE COMMISSIONER: But certainly the name will go on the transcript.

MS. WALSH: Right.

THE COMMISSIONER: Yeah.

MR. WALSH: Okay, thank you.

THE COMMISSIONER: Thank you. Now, what I will indicate to counsel is that there are special rules applying this morning. They've all had notification of that. If any of them are in any doubt as to its application when we adjourn after this witness they should speak to you, or, or one of your colleagues.

MS. WALSH: That sounds like a good idea. Thank you.

THE COMMISSIONER: Right. Ready to proceed, counsel?

MS. RACHLIS: Ready to proceed.

MS. WALSH: Okay, thank you. So we'll have everyone brought in.

(INQUIRY PARTICIPANTS, EXCEPT FOR THE COMMISSIONER, COMMISSION COUNSEL AND MS. RACHLIS, RE-ENTER THE COURTROOM)

MS. WALSH: So for the witness' benefit everyone is coming back into the room.

THE COMMISSIONER: Now just before we proceed with the taking of the evidence of this witness I would just remind everybody present that there are special rules with respect to publication insofar as this witness is concerned. Those rules were laid out in a document that

was widely circulated yesterday, and posted on the board. I expect adherence to that, and if there is any doubt or any question in anyone's mind, media or anyone else, they should -- when we break after taking the evidence of this witness they should confer with Commission counsel or whatever colleagues to make sure there's an understanding as to what those rules are. I think they're clearly spelt out, no need for me to go over them, but if anyone has any doubt then when we break you can certainly confirm with Commission counsel to get any clarification required. With that we'll proceed, Ms. Walsh.

MS. WALSH: Thank you, Mr. Commissioner.

I just want to make sure, because this witness is the first witness who is testifying in this matter, can you hear me?

THE WITNESS: Yes, I can.

MS. WALSH: Okay. And can, can you see me?

THE WITNESS: Yes, I can.

MS. WALSH: All right. So, so that everyone else in the room understands the procedure you will be able to see whoever is asking you a question, and we can all hear you. We do not see you. Your image is, however, in front of the Commissioner; is that right, Mr. Commissioner?

THE COMMISSIONER: That is correct.

MS. WALSH: Okay.

THE COMMISSIONER: And I just would inquire -- or of course we just started, but if anyone cannot hear then get that message to me or to counsel, and we'll turn up the volume.

MS. WALSH: And similarly I'll just remind the witness that if you can't hear us, or there are any problems don't hesitate to indicate that. Are you ready?

THE WITNESS: Yes, I am.

MS. WALSH: Okay. Thank you.

EXAMINATION BY MS. WALSH:

Q Now, you are a social worker?

A Yes.

Q And you have both a Bachelor and a Masters degree in social work?

A Yes, I do.

Q Are you currently employed?

A Yes I am. I'm self employed.

Q What is it that you do?

A I'm a child therapist.

Q And are you a registered social worker?

A Yes, I am.

Q And in 2000 you were employed at the Health Sciences Centre in Winnipeg as a social worker in child and women's health?

A Yes.

Q And were you registered as a social worker at that time?

A I believe I would have been.

Q And I understand that when you worked at the Health Sciences Centre you were actually on maternity leave from Winnipeg Child and Family Services?

A That's correct.

Q And you worked at Winnipeg Child and Family Services as a family services worker?

A That's correct.

Q Now how long did you hold your position as a social worker at the Health Sciences Centre?

A I believe -- I'm sorry, I have to think. I believe I started in 2000 and I believe I left in -- my memory is vague. Maybe it was about four or five years. I worked part-time, and I moved within the hospital to different departments so. I apologize, I can't --

Q Okay. No.

A -- clear that up.

Q That's fine. Can you tell us what your duties were as a social worker in child and women's health?

A At that time I was assigned to the Women's Hospital. My regular duties were approximately three hours per week, typically scheduled on a Sunday morning, my

primary responsibilities were to respond to referrals to the social worker on the ward at Women's primarily regarding newborns, and discharge planning, so to do assessments regarding patient needs which would be the mother and/or the child, and respond appropriately.

Q And this is in, in 2000?

A Yes.

Q Okay. And who would make referrals to you?

A Referrals primarily were made by the nurses on staff. They could also come from others within the health care facility, doctors, nutritionists, lactation consultants, it was primarily the nurses who were involved that made those referrals.

Q And what types of issues would be referred to you?

A There were many issues.

Q Give us a couple of examples, please.

A Okay. Financial concerns. If a client or a patient indicated that they were without appropriate income to help themselves or support to their child. Domestic violence. If there was a reported history in a chart or a patient admitted to that, and currently being at risk, that would be referred to social work. Lack of appropriate baby needs. There's also a staff referral that if a client or a patient at the time felt they needed to speak with a

counselor, or with a social worker, they'd ask to speak with someone, so the reasons for the referrals could be that.

Q Okay. Thank you. And did you say that you would be asked to see sometimes mothers who had just given birth?

A Yes, that was my primarily role.

Q And when you received a referral regarding a new mother what did you do?

A Typically I would review the referrals. There may be one, there might be several, my workload was hopefully to be completed within three hours, but I could certainly stay longer if needed, so I would look at the nature of the referral, and often gather the chart for the parent, the mother, and the newborn chart, and I would look at the data within the chart as well so that I was aware of the dynamics or any issues before going to meet with the patient, and then often I'd meet with the patient. On that perhaps -- and I'd also consult directly with the nurse who had made the referral if she was still there, and ask questions to -- just familiarize myself with the reason for the referral, gather the data, and then go and meet with the patient as required.

Q And when, when you looked at the patient's chart what kind of information were you looking for?

A Well depending on what the referral stated I

might look for something with more detail within the chart itself. The chart was divided into sections regarding identifying information, medical record, lab tests, so I would look through it and look for any information that would help me with the nature of the referral, so depending on what the referral was I could just look at family information, or there might be something in there as a history perspective, depends what was in the content. I tried to do a thorough review.

Q And did you keep records?

A Our notes at the hospital were recorded on social work datasheets.

Q And where were those kept?

A That was a duplicate form so I believe one copy would go right into the patient chart. One copy may go into the child's chart if there is a child. One copy would be put in the back which go to the Department of Social Work, so that the clerk could await inventory, and place that -- I'm not quite sure what else it would have ended up, but I do know a copy went for our data records to know that there had been a social work contact.

Q And when you were reviewing the chart and the referral were you looking to make any kind of assessment or determination?

A I think so. Within, within the referral that is

why a social worker was asked for to examine certain, certain circumstances, and make an opinion, offer her support, offer her, you know, intervention or external -- access external supports if needed, so, yeah, it was an assessment process that goes along with that.

Q Okay. Did you have access to Child and Family Services records?

A No.

Q Did you have any way of knowing whether a patient had previously been involved with the child welfare system?

A In some patient's charts there may be dictation or a note, or a letter, or some form of paperwork that had been filed, and if that was in the chart you could see that. For example a letter, you know, placed on the file. A, a patient themself may also disclose in interviewing that they had involvement. They may also have done that upon admission to the hospital. My, my recollection is that when women are admitted for birthing they're asked a series of questions at the time of their admission, and that might get flagged.

In some situations files would have also the word "SCAN" red stamped on the cover of the, the folder, the file folder, which stood for suspected case of abuse and neglect, and that was to try to draw the attention to whoever was working with the patient that there was

something in the file regarding abuse and neglect, but that could be a variety of things.

That could be a report of a domestic violence where the patient herself was a victim. That could be an earlier history from -- perhaps the patient was a minor, and had been at the hospital, and had had some treatment regarding abuse or neglect, so there's a lot of reasons why that might get stamped on there, but it was as I say to draw the attention to a person, so you might know because of that there had been a child and family history as well.

Q And what, if any, relevance did the fact of Child and Family history have to the work that you were doing?

A Well, it provides historical perspective. If there is a history by involvement with a child welfare agency, it also -- if there was an active involvement. There may also be at times -- I forgot to mention this, but there's at times what's called a birth alert that if a Child and Family Services Agency is involved is aware that an expectant parent is due they will send out a letter regarding a birth alert. That they will like to be notified if a certain client's delivered. Usually that's because of a prior history or an active file, so that also might be on, on the file, and generally -- the nurses are actually aware of that before it even comes to social work.

Q Right. Now I'm going to take you to a document

from Ms. Kematch's medical chart, page 36794.

A Yes.

Q And that's from Commission disclosure 1790. So at the top on the right-hand side -- at the top of the page there's a date April 24, 2000 --

A Yes.

Q -- do you see that? And then the name Samantha Kematch?

A Yeah.

Q And so that's how we know that this document refers to Ms. Kematch, and midway down the document, if you'll scroll down, please. Good. It indicates, Social worker, and a name, and a place for a signature, both of those have been redacted, but was that -- is that your name and your signature under that redaction?

A Yes, it is.

Q Okay. And that's at the bottom of a section entitled, Assessment Summary, and that's in handwriting; is that your handwriting?

A Yes, it is.

Q Okay. So did you fill out this form starting at the assessment summary?

A Yes, I did.

Q Okay. So did you fill out this form starting at the assessment summary?

A Yes, I did.

Q Okay. So did you fill out this form starting at the Assessment Summary?

A Yes, I did.

Q Okay. Now, at the top of the document on the left-hand side it says, Consult/referral reason.

A Yes.

Q And under that is handwriting, that's not your handwriting?

A No, it is not.

Q So just this document that we're looking at what is its purpose?

A This is how a referral would be made to social worker, so the purpose would be to ask for Social Work Services for a patient.

Q Okay. And who made this referral to you, or to Social Work Services?

A May I say the name of the --

Q Yes, yes.

A Someone named Amber. I'm going to presume that was the nurse.

Q Okay. And those are her notes at the top under the heading, Consult Referral Reason?

A I, I suspect, yes.

Q Did you review those notes when you received the

referral?

A I would review that paragraph, yes.

Q Can you just read that for us, please.

A

> Please assess. Patient 19 year old, patient is having her second baby, and patient's first child is a permanent ward of CFS. Patient had no pre-natal care with this pregnancy. Patient on welfare, lives common-law, baby's father.

Q So what did you do when you received this referral from the nurse?

A What did I do?

Q Um-hum.

A I don't have any recollection that I looked at the chart, but I've written here that I went and met with the mother.

Q Okay. Now, while we're talking about your recollection do you have any independent recollection of your interaction with Ms. Kematch other than what's in the notes which we are going to refer to, this documentation?

A No, I do not.

Q Okay. Now, you met with Ms. Kematch?

A Yes.

Q And can you read for us then the assessment summary that is in your handwriting, please.

A Yeah.

> Writer met with Samantha to review about concerns. Samantha advised that her son, two years, was made a permanent ward of CFS because they thought I would hurt him. Samantha advised that the agency felt this was because Samantha herself was an abused child. Samantha advised that this pregnancy was unplanned. Samantha and her boyfriend Steve have been together for one year. Samantha had no prenatal care because she doesn't like doctor. Samantha advised that she and Steve are unprepared for baby, i.e. no crib, clothes, formula, et cetera. Samantha is unsure if they are emotionally ready. When questioned what her plans were for

baby, I don't know.

Q And I believe the -- if you scroll down some more, please.

A Oh. Yeah, I'm sorry. Yeah, it continues on.

Samantha made reference to the fact that perhaps they would place baby temporarily with Child and Family Services.

Q Okay. Thank you. Now, the baby that's being referred to is the baby born April 23, 2000, Phoenix Sinclair; right?

A Yes.

Q How long did your meeting with Ms. Kematch last?

A I don't recall exactly how long. Based on the questions I asked, and the dialogue, perhaps I met with her for 15 minutes.

Q Okay. And the purpose of your meeting?

A Again to ask questions regarding the referral. The nurse highlighted, "no prenatal care, history with Child and Family Services" --

Q Okay.

A -- so those two factors would have guided my

questioning.

Q And how did you decide what information to put into this document, page 36794?

A I would have put down the key points that I thought were relevant that would have warranted my decision to call Child and Family Services.

Q So I note on the form, and if we could just have more of the form visible, please, the assessment summary. Thank you.

One of the things you documented is that Samantha advised that her son two years old was made a permanent ward of CFS because they thought I would hurt him.

A Yes.

Q What was the significance of this information to you?

A I asked that because the nurse had highlighted that the patient's first child was a permanent ward, so in my experience as a social worker I'm curious as to why that is so, so I've asked -- I would ask the mother, Why is your child -- why are you not parenting this child, why is this child in care, and her answer to me, and I put this in quotes, Because they thought I would hurt him, and my next question would be, Well why would, why would someone think that, what would be the reason for that?

And her answer to me was that she described that

she herself was an abused child.

Q Okay. And was that information relevant to the assessment you were conducting?

A I believe so, I believe so. If there's a prior history of Child and Family Services' involvement that would be to me an indicator that we need to explore this further.

What is the current capability of this parent? If previously a child has been brought into care what has changed, so that she would be more successful this time in caring for a child, and I don't know the answer to that, so that's a question for me which says, I need to refer this back to Child and Family Services.

Q Okay. And again you noted in your assessment that Samantha had no prenatal care?

A Correct.

Q And that she and Steve were unprepared for the baby --

A Yes.

Q -- and that Samantha was unsure they are emotionally ready, so again --

A Yes.

Q -- what was the relevance of that information to your assessment?

A It's relevant in that it's other factors that

help guide an assessment about a client's or a patient's parent's ability to care for a child. You know, in terms of prenatal care that would be something again that you'd be curious about, why is the parent lacking in prenatal care if one understands that prenatal helps, helps the pregnancy stay on track and that baby and mother are well, why did this mother not have prenatal care, and I asked, and she said she did not like doctors, so that would be another variable that would lean me towards saying, This is something Child and Family should look into.

This mother also upon practical readiness admitted that she did not have the supplies required for discharge. She did not have crib, clothes, formula, and again that would indicate to me that this parent was ill equipped to leave hospital with baby with the lack of supplies.

Also in terms of her readiness I don't know was her response to me, so I might use the word ambivalent because this parent is saying to me, I'm just not sure about parenting this child, and that is something again that would say to me this is something we should be talking about with Child and Family Services as part of their role to assess a parent's readiness, and ability, but also to provide support to parents who do need help to parent their children.

Q So after you met with Ms. Kematch what did you do?

A I phoned Child and Family Services to report the information that I had gathered, and I had requested that they attend to meet with the parents to discuss this -- her ability and this baby's birth further with her.

Q Okay. So if we go farther down on the referral document that we were looking at under the heading Referral Information can you tell us what -- is that -- was that filled out by you?

A Yes.

Q And so what have you noted there?

A I noted that I made contact with the agency, Winnipeg CFS, I did so on April 24th at 11:15 a.m., I spoke with Cindy -- may I say that?

Q Yes.

A All right. I spoke with Cindy Murdoch who was the intake worker who took my call, and that is the telephone number that I called.

Q And then what -- under that it says, Discharge transfer summary; is all of that information that you filled out?

A Yes, it is.

Q So if you'll just read to us what you filled out, please.

A I said here, Samantha agreed to meet with CFS to discuss a plan. Notified Child and Family Services at 11:15 a.m., CFS After Hours team will come to meet with Samantha between two to midnight today. I advised Samantha of action taken.

My transfer note is for follow-up on April 25th, and that transfer note will be within the Department of Social Work at the hospital. That I would have -- because of the referral, because the patient was staying on the ward I would have left this for a regularly assigned worker for the ward to follow up.

Q Okay. So I want to take you now to the record that was made by Ms. Murdoch of the conversation that you had with her, and that's at --

A Yes.

Q -- page 37107.

A Yes.

Q And just for the record this is included in Commission disclosure 1795, which is Samantha Kematch's Child and Family Services protection file regarding Phoenix. So I'm just going to take a minute to walk you through this document. You see at the top it says, Winnipeg Child and Family Services, After Hours Emergency Services Unit, and it's to Intake from Cindy Murdoch, and the date is Monday, April 24, 2000. Re Samantha Kematch,

Steve Sinclair.

Under Children the first name is redacted, and that's the, the first child that you made reference to in your summary; is that your understanding?

A Yes, yes, that's correct.

Q And then under that is the name Phoenix Victoria Hope Sinclair, date of birth April 23, 2000, and then it says, Source of referral, and that would have your name, but it's redacted, and the time of referral is 11:00.

A Yes.

Q So here's what Ms. Murdoch wrote of your conversation under the heading Presenting problem intervention -- slash intervention.

> Source of referral was calling with concerns about the above-named couple's motivation and ability to parent. Samantha is 18 and gave birth to a baby girl yesterday after having no prenatal care.
>
> In talking with her source of referral was made aware that Samantha has another child that was removed from her care. When

source of referral asked her why she said that people thought she might hurt the baby, just as her mother had hurt her.

Source of referral questioned her preparation for this baby and found out that the couple had not purchased any clothes, diapers, crib, et cetera. Source of referral asked her if she was emotionally ready for the baby and Samantha responded by saying, I don't know.

Samantha and the worker talked more about this and it became quite clear that this couple is not sure if they want to parent. Given Samantha's lack of preparation for the baby, the past concerns, and the ambivalence over parenting source of referral is requesting workers attend some time today to talk with mom. SOR discussed the need to do so with Samantha, and after some

hesitation agreed to meet with workers. Consulting supervisor Arthur Gwynn agreed that the evening shift should attend to the hospital today as Samantha may be able to leave tomorrow.

So having gone through that is this recording of your call to Ms. Murdoch an accurate reflection of what you told the After Hours' worker?

A I, I believe it's fairly accurate.

Q Okay. And on the second page, page 37108 -- no, we're there, we're there.

Where you make reference to -- you say, Given Samantha's lack of preparation for the baby the past concerns, and the ambivalence over parenting, what were you talking about when you said "past concerns"?

A Well those are Cindy Murdoch's words. I can --

Q Yes.

A I suspect it's regard to a history with Child and Family Services and one child needing care, those past concerns.

Q Okay. And then where -- the social worker has recorded that -- you said that you had discussed the need to do so with Samantha, what was that --

A Yeah.
Q -- what was that about?
A Well if I go back to my chart recordings --
Q Yes.
A -- I wrote at the bottom -- I'm just going to look at that myself.
Q That's page -- here we go.
A

> Samantha agreed to meet with CFS to discuss the plan.

So in part of my work with patients I often, unless I believe there is a risk for flight, or some immediate threat that would happen, I would have had a conversation with Samantha about what she told me. What gave me concern, and that in my role I felt we should call Child and Family Services, and I believe I would have put that to her as, how do you feel about that if I was to call the agency.
Q Okay. And --
A So I would have given her informed -- I'm sorry. I would have informed her that that was my intention, and I need not her permission to do it, but as a courtesy to a patient I do that, so I believe when Ms. Murdoch wrote she's just recapping that I had already told the client --

the patient that Child and Family was going to be called, and so they knew that this patient was aware of this when they attended.

Q And were you present when the Child and Family Services After Hours team came to meet with Ms. Kematch?

A No, I was not.

Q And there are no notes of this, but did you have any discussions with the -- with Phoenix's father Steve Sinclair?

A No, I did not.

Q Well let's go back to the Health Sciences' chart at page 36795.

A Yes.

Q Is that your signature if we go to the bottom of the page, please?

A Yes.

Q That's the bottom of the page, at the very bottom there's a redacted signature; is that your signature?

A Yes.

Q And what is this document that we're looking at?

A This is the database document which we fill out information regarding the patient, the more -- I'm not sure about -- it's, it's data so birth date, addresses, any significant others, if there was a community resource involved we would document that, so it's the information

sheet.

Q Okay. And this is --

A It's not going to accompany the, the first sheet, the recording sheet where the assessment was conducted.

Q Okay. And again this is with respect to Samantha Kematch --

A Yes.

Q -- and, and the birth of Phoenix Sinclair?

A Yes.

Q Who filled out this database sheet?

A I did.

Q Okay. And about midway down the page under the heading Living Arrangements --

A Yes.

Q -- you see there's a heading that says, Adequacy, slash, Problems?

A Yes.

Q And what did you fill out there?

A I wrote, Yes, unprepared for baby.

Q Okay. And then further down the page under the heading, Community Resource Involvement --

A Yes.

Q -- what have you filled out there?

A Winnipeg Child and Family Services Intake Assess, Cindy Murdoch, and the telephone number of the After Hours

Unit.

Q And what was the purpose of including this information on the hospital data sheet?

A To reflect that I had made a referral.

Q To Child and Family Services?

A Yes.

Q Okay. And after making the referral to Child and Family Services did you have any other involvement with Ms. Kematch or with Phoenix?

A No, I did not.

MS. WALSH: Okay. Thank you. Those are my questions for you. There may be other counsel who have questions for you.

THE COMMISSIONER: Thank you. Mr. Gindin?

MR. GINDIN: Good morning.

EXAMINATION BY MR. GINDIN:

Q Good morning, ma'am. I represent Kim Edwards and Steve Sinclair, and I have a few questions for you. Can you hear me all right?

A Yes, I can.

Q Your notes indicated that the time of referral was 11:00 a.m. on April 23, 2000; correct?

A My notes -- I wrote here 11:15 a.m. April 24th.

Q All right. What time would you have started work

that day, do you recall, or what time would you normally have started?

A I assume 10:00 a.m.

Q And do you recall whether Samantha was the first case you were dealing with that morning?

A No, I don't recall.

Q Based on the information that you received from Samantha herself, and whatever other information you had, I take it this was a pretty easy call to make a referral?

A This was a call based on the information she told me that I would make a referral, yes.

Q Yeah. It was fairly obvious that that should be done based on the information you received from her, would you not agree with that?

A I would agree that this would be necessary to call.

Q Yes. And you did so fairly quickly?

A Yes.

Q Now, you advised us that at no time did you speak with Steve Sinclair.

A I did not have contact with Steve.

Q So your decision to refer this matter to CFS was really based entirely On your discussion with Samantha Kematch and whatever information you had about her?

A Correct.

Q And in addition to making a pretty obvious and quick referral to CFS you recommended as well that someone should see Samantha very, very soon?

A I requested workers to attend, as often is the case, because of the potential for discharge, that when a patient leaves the hospital -- well, I'll just stop at that. The potential is always there for a patient to be discharged so it's effective to visit with the patient before they leave.

Q Obviously you thought that was necessary in this case?

A Yes.

Q And your decision to refer her to CFS was based on quite a number of what I would suggest obvious factors that lead you to that conclusion?

A They were based on the factors that I had mentioned. Lack of prenatal care, admission of prior history, one child in the care of an agency already, uncertainly regarding intentions to parent.

Q There were plenty of reasons obviously?

A There were many reasons.

MR. GINDIN: Those are all my questions. Thank you.

THE COMMISSIONER: Thank you, Mr. Gindin. Now before counsel for the witness has the opportunity of

asking questions is there anyone else with standing? Mr. McKinnon.

MR. MCKINNON: Thank you, Mr. Commissioner.

EXAMINATION BY MR. MCKINNON:

Q Witness, you gave evidence that you were unable to access the computer database of Winnipeg CFS, and I, I should say I'm the lawyer for Winnipeg CFS, and for the department. My name is Gordon McKinnon.

You spoke about not having access to the database. Do you know if that changed some time after 2000 where workers in positions like yours were entitled to get access to that database in a read only format? Are you --

Q In a, in a which format?

A A read only format, that is you could read it but you couldn't enter data on the database of the welfare system, which is the child welfare system which is called CFSIS. Are you familiar with that change?

A No, I'm not.

MR. MCKINNON: Okay. So I won't ask you anything further about that. Thank you.

MS. RACHLIS: I have no questions for this witness.

THE COMMISSIONER: Obviously there's silence, so there's no other cross-examination to come. Commission

counsel?

MS. WALSH: I have no further questions, Mr. Commissioner. Unless you have any questions ...

THE COMMISSIONER: No, I'll just thank the witness for appearing, and being of assistance to the Commission, and --

THE WITNESS: You're welcome.

THE COMMISSIONER: -- let her know that we're completed now with her testimony and as I indicated we would take an adjournment even though it's a little early for the opportunity of getting ready for the next witness, so we'll rise for 15 minutes at this point. Thank you.

MS. WALSH: Thank you.

THE COMMISSIONER: Thank you, witness.

THE WITNESS: You're welcome.

(WITNESS EXCUSED)

(BRIEF RECESS)

THE COMMISSIONER: All right. We'll take the next witness, please.

THE CLERK: Please stand for a moment. Is it your choice to swear on the Bible or --

THE WITNESS: Sure.

THE CLERK: -- affirm without the Bible -- swear. All right. State your full name to the court.

THE WITNESS: Marnie Saunderson.

THE CLERK: Would you take the Bible in your right hand, and spell me your first name.

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

THE CLERK: And your last name.

THE WITNESS: S-A-U-N-D-E-R-S-O-N.

THE CLERK: Thank you.

MARNIE SAUNDERSON, sworn,
testified as follows:

THE CLERK: Thank you. You may be seated.

MR. OLSON: Good morning, Ms. Saunderson.

THE WITNESS: Good morning.

EXAMINATION BY MR. OLSON:

Q I'm first going to start by taking you through some of your background in child welfare. I understand that you have a Bachelor of Social Work from the University of Manitoba?

A That's correct.

Q And you obtained that degree in 1992?

A Yes, that's right.

Q And then you started working for Winnipeg Child and Family Services in 1992 as an After Hours social worker?

A Yes, I began as a full-time After Hours social worker.

Q Is your -- I can't hear your voice very well.

A Is this better? No?

Q There's a little switch on the top.

A How's that?

Q Much better. So you began as an After Hours Social worker for Winnipeg Child and Family Services in 1992?

A Correct.

Q So that was fresh out of school at the time?

A I graduated in April of 1992 and I began full-time employment in November of 1992.

Q Okay. And just very briefly because these terms are going to come up over and over again can you just describe what you did as an After Hours Unit worker?

A After Hours Unit is the first point of contact for Child and Family Services in the City of Winnipeg, and at the time surrounding regions. They work from I guess four o'clock in the evening until eight-thirty in the morning, and also on weekends, so they deal with Child and Family Service emergencies.

Q Okay. So those are during non-normal business hours; is that right?

A That's correct, yeah.

Q And the sort of referrals that you're dealing with may come in through telephone calls from the community sort of thing?

A Yeah, it's mostly collateral phone calls to the agency, self-referrals, people calling with concerns about their neighbours, or it could be someone walking in and asking for assistance.

Q Okay. And then from 1994 to 1997 you were employed as a Family Service worker?

A That's correct. I was a full-time Family Service social worker for the Redboine Unit, which was the downtown area of Winnipeg Child and Family Services.

Q Okay. And that -- is that also called sometimes a front line worker?

A I think all social workers in Child and Family are front line workers, but a long term Family Service worker those workers work with families for an extended period of time where the needs are more critical.

Q Okay. And so can you just explain briefly what you did as a Family Service worker.

A As a Family Service worker I had a caseload of families. It was a variety of different families. There

were protection files, there were voluntary Family Service files, there were adoption files, so I worked with families and children over the longer period. Often there were children in care, often I was the worker for permanent ward children.

Q Okay. And then I understand from 1998 until September, 2010 you worked as an intake worker for Child and Family Services?

A That's correct.

Q Now, I've also heard the term tier 2; is that the same thing?

A Tier 2 came a little bit later. From 1998 until probably 2005 there was no tier 2, it was all -- the intake worker took the initial call, they screened the call, and to determine if it was a child welfare matter, decided on the intake response, and then finally decided on the intake disposition.

Q Okay.

A Some time after devolution the process changed and there became a Crisis Response Unit and a tier 2.

Q Okay. And when you say the intake worker took the initial call my understanding is sometimes you get -- and the initial call would come into the After Hours Unit and then to you as an intake worker; is that right?

A That's correct.

Q Okay. And then what, what did you do as an intake worker?

A Back then in its original form?

Q In the period around 2000.

A So we would be responsible for the screening process, so if a call came in, or if somebody came into the agency asking for help, or wanting to discuss a concern, or an allegation of abuse or neglect we would take the call information, get the demographics of the family. From there you would decide what kind of a response the matter needed, so based on the urgency of the situation, the concerns that were indicated, how quickly do you respond. Usually involved assessing the family, meeting with the family, the children, perhaps speaking to the school, and then finally coming up with the disposition of what would happen with the case, so the options being that you could offer a brief service and close the file. You could close the file after investigating. You could transfer the file to ongoing Family Services or prevention at certain points in our history.

Q Okay. And if you transferred the file to ongoing Family Services would that be to a Family Service worker?

A That's correct.

Q Okay. And that's what you had been doing before in that role as a Family Service worker?

A From '94 to '98, yeah.

Q And just -- so your involvement in this file was in the year 2000, and you were an intake worker at the time?

A That's correct.

Q Okay. So I'll be focusing my questions on that time period. I'm just going to finish going through --

A Sure.

Q -- your, your background. I understand that in -- between 2008 and 2010 you, you acted as a casual After Hours supervisor?

A Yes, and recently as well. I've covered for supervisors who are sick or on vacation in the After Hours Unit.

Q Okay. During that period were you -- from 2008 to 2010 were you otherwise employed by Child and Family Services?

A Yes. So I did my full-time job as an intake social worker and then worked in addition to that as an After Hours casual supervisor.

Q And what did you do as an After Hour casual supervisor?

A Well you're on site for the evening or the, the weekends. Provide case consultation to all the social workers who are going out in emergency fields, open door

policy what to do on this case, how quickly to help them go out, just supervisory duties for consultation, and child welfare emergencies.

Q So I take it there would be a normal -- a usual supervisor and are you filling in for that supervisor?

A That's correct.

Q Okay. And you were employed for a time as the differential response coordinator?

A From September 2010 until the present I was the differential response implementation coordinator at ANCR.

Q And what did that involve?

A I was tasked with implementing a differential response service delivery system at ANCR through the use of the structured decision making tools, so we ran two pilot projects to test the effectiveness of the structured decision making tools at ANCR, and I made a formal evaluation and we just rolled out differential response and structured decision making tools at the intake level within the last couple of months.

Q Okay. So does that mean those tools are now being used at intake?

A That's correct.

Q Okay. And are you still acting in that role?

A I am for only one more week. I've become the Crisis Response Unit supervisor at ANCR as of September

24th.

Q Now, with respect to this particular case you were assigned Samantha Kematch's file in around April 25, 2000; is that right?

A That's correct.

Q Okay. And at the time you were an intake worker -- and that was at the North Intake Unit?

A North Intake Unit, yeah.

Q Okay. Where was that unit located?

A At 835 Portage Avenue.

Q And at the time who was your supervisor?

A Andy Orobko.

Q Okay. And would it be Mr. Orobko who assigned Ms. Kematch's file to you originally?

A That's usually how it went, yes.

Q And was there any particular reason why you were assigned this file that you're aware of?

A My understanding was that it usually went on a rotational basis. The, the referrals that came in were handed to workers so that it was an even distribution in fairness.

Q Okay. So it just, it just came to you in that usual rotation, as far as you know?

A Correct.

Q I just want to talk to you a little bit about

your training. What sort of training did you receive when you first started working as an After Hours Unit worker in 1992?

A I can't exactly remember where each training fell. When I began I mostly got my training from my direct supervisor, as well as some of the senior workers who worked After Hours. I recall in the early days having training on how to write reports in particular for court purposes. I have received training on domestic violence, substance abuse, mental health difficulties, from the police with regard to gangs. I don't know exactly where that fell in, in my career. Nothing specific to how to be an After Hours social worker per se though.

Q So nothing specific to the job you were doing at the time?

A No.

Q Do you know if there was -- or do you recall whether or not there was any mandatory training?

A There was mandatory training in later years. Based on standards and legislation core competency based training was introduced which I think was somewhere in the mid to late 90s, but that didn't exist from '92 when I started.

Q Okay.

A And then later on there was computer training

that was mandatory when that was implemented.

Q Okay. And the core competency training is that something that you took when it became available?

A Yes, I did.

Q Okay. And how long a training session -- training program is that?

A It was a number of sessions long. It was broken down into categories. We would do two days at a time, then three days at a time. I think it amounted to maybe a couple of weeks in total.

Q Do you recall whether the training involved learning standards or policies?

A Yes, definitely. I think the, the core competencies were based upon the, the foundational standards, as well as legislation so yes.

Q When you first started as an, as an After Hours worker did you feel you had adequate training to perform the job?

A Yes and no. I received no formal training, but I had close supervision, and often at the beginning went out on calls with senior workers, so any concerns that I had, any questions that I had I was taught sort of on the job I guess.

Q Okay. When you moved from being an After Hours worker to a Family Service worker in 1994 did you receive

any additional training for that position?

A Not that I recall.

Q Okay. And is it fair to say the jobs are different, an After Hours worker does something different than a Family Services worker?

A Yes, After Hours would deal with some of the sort of pure emergency kinds of skills, and a Family Service social worker needs to sort of be able to look at the bigger picture and deal with families on the long term so --

Q So there's a different skillset involved?

A Yes.

Q When you started your position as a Family Service worker did you feel properly equipped to do that job?

A I felt that I had had the experience to be able to talk to families, to understand some of the legislation, and some of the standards. I think I was equipped to be a social worker and to do the job. I probably wasn't prepared for the volume though.

Q Do you recall what the volume was?

A It seems to be that my caseload was at times around 40, 40 files.

Q Forty Family Service --

A Forty, 40 Family Service files so that could have

been anything from children in care, temporary wards, permanent wards, adoption files, families who are asking for assistance under Part 2 of the Act, protection files.

Q So when, when you started as a Family Service worker you had that, that sort of caseload, that volume of cases?

A Yes, it was very high most of the time.

Q Was that a manageable caseload?

A I managed. It's very difficult though. You have to spread yourself quite thin to meet the expectations.

Q Do you recall whether there was any job shadowing period when you started?

THE COMMISSIONER: Any what?

MR. OLSON: Job shadowing period.

THE WITNESS: No, not really.

BY MR. OLSON:

Q So the files that you would be dealing with would you deal with them on your own then?

A Pretty much, yes.

Q So in other words when you started you were given a caseload and expected to deal with the caseload?

A Correct.

Q You moved into the position as an intake worker in 1998; was there any particular reason for that move?

A At the time I recall intake was considered a preferable job. It was something that after a period of time of, of sort of the long term work people wanted to move into the intake department so I saw it as, as a good career move for myself.

Q Okay. Was there any reason that you -- did you consider it a preferable job over Family Service work?

A Yes, I did at the time. I'm not exactly sure why, it was just believed to be a better, a better job at the time.

Q And how, how was your caseload as a intake worker?

A It's a little bit different. You -- cases are constantly coming and constantly leaving your caseload, so you could sit anywhere from maybe having 10 intakes open to you at any given time to 30 or 40 intakes open to you. It just depends on the month, it depends on how quickly you can get your paperwork done, how quickly you can see families. It really depended.

Q Do you recall whether or not you received any specific training when you became an intake worker?

A I did not.

Q And again this, this position was, was it significantly different than being a Family Service worker?

A Not significantly. I mean the basics of how to

be a social worker, how to talk to people, what you're looking for in terms of safety and risk, all of those things remained the same from After Hours to Family Service to Intake. Some of the more subtle differences in the job there was no specific training for that. It was more on the job, it was perhaps spending some time with an intake worker who had been doing that job for a long period of time, or time with your, with your supervisor, your direct supervisor, maybe a little more supervision at first, maybe looking at some, some cases that -- case examples that people had done to sort of learn that job.

Q Just in terms of supervision your supervisor at the time you said was Andy Orobko?

A That's correct.

Q And what sort of supervision would you receive from him?

A What was pretty common, because intake is a fairly fast moving system, what was most common is that your supervisor was there when you needed to ask him a question. I remember Andy having a fairly open door policy where if you had a question about a case you come in. I don't know that there was formal supervision at first. I think it might have moved into that a little, a little later in my intake career, but basically any question and any concern, anything that you needed a supervisor for you

just went to your supervisor's office and got supervision that way.

Q And when you say a "formal supervision" what do you mean by that?

A Sort of a planned out monthly supervision where you maybe didn't look specifically at cases, you looked at things like your worker's development, you know training deficits, things they needed to work on, kudos that they could get, something a little bit more formal that was planned out.

Q So, so you did not have that type of supervision?

A Not that -- I had some of that with Andy I think, but maybe not a ton of it.

Q Do you recall whether you had any formal performance reviews?

A I've had some in my career, just, just a handful.

Q Okay. Do you, do you have, do you have any idea of how many when you say "a handful"?

A Two to three, maybe, in 20 years.

Q Twenty years, okay. Are you aware of a requirement to have performance reviews?

A I am at this time, yeah.

Q Okay. And, and what is that requirement, what's your understanding of that?

A I'm pretty sure that a supervisor needs to do

monthly supervision with a worker, more if it's necessary, and that there needs to be a yearly performance evaluation.

Q Okay. At the time I'm interested in, which would be the year 2000, do you -- how, how is it you received feedback in terms of how you were performing as an intake worker?

A From my direct supervisor.

Q I have a few questions about the computer system you were using, which as I understand is called CFSIS.

A Correct.

Q Do you recall when you first started using CFSIS?

A I really don't exactly remember when it started, no.

Q Were you using it regularly by the year 2000?

A I believe so.

Q And how is it that you would use CFSIS as an intake worker?

A Well, immediately upon receiving a referral, or a case that was now my case to work on one of the first things that you would do is, is look up the case on CFSIS and determine if they've ever had involvement, the family, if any of the children have ever been in care, what you could determine from past involvement on the computer system.

Q So this is all information that you would find on

CFSIS?

A Not always. Technically and theoretically you're supposed to, but not always.

Q Okay. When you say you would look up a case how, how was that done?

A Usually by the family name, date of birth, sometimes I think you can look families up by an address or a postal code, whatever means you needed. Other members of the family can sometimes link you back to that original person that you were looking for. There's a variety of ways.

Q Okay. And which name would you typically search when you were looking up the family?

A In 2000, and even now to some degree, the case reference is usually the mother on the file, so that would normally be where we would start --

Q Okay.

A -- is to look up the mother's name.

Q And would you also look up the father's name or would that vary?

A I might not always have, probably now I would, but back then I don't think I always did.

Q In terms of the importance of CFSIS to your ability to do your job as an intake worker how would you characterize it, how important was it?

A It's very important. History and someone's previous involvement, how many times we've investigated allegations of abuse or neglect, whether or not kids have been in care in that family. If there's any sort of alert, there was a place to have an alert on CFSIS where you could talk about perhaps a threat or violence difficulties, something that a worker needed to be alerted to. Previous case notes were on there if, if they were imputed. You know, just the simple fact of whether or not the family had a previous ongoing service file with an agency, those are very important factors.

Q Would you also look at a paper file when you were -- received a new, a new case?

A I don't know when this ended, but there was a -- for most of my career when I got an intake referral I got the physical file with it --

Q Okay.

A -- so the After Hours report let's say would be on top of the physical file. At the time Winnipeg CFS held all of the files -- most of the files here in Winnipeg, so any involvement that Winnipeg CFS would have had would be on that physical file.

Q Okay. But as an intake worker would you, would you typically be looking through the paper file or through CFSIS, or, or both?

A Probably both, yeah.
Q Okay.
A The paper file had categories, so if I can recall sort of the front section was where some of the more important reports would be, so you'd go straight to those.
Q Okay. Did you receive any training on CFSIS?
A Yes, I did.
Q And do you recall when that was?
A No.
Q Okay. Would you know if it was prior to 2000?
A I'm, I'm assuming so, yes.
Q Okay. Was the training you received in your view sufficient?
A Yes.
Q Okay. Have you received any training -- additional training on CFSIS since the initial training?
A Not until the intake module was created.
Q Okay. So that would have been some time in 2005?
A I believe so, yeah.
Q How did it work in terms of transferring notes you would take for file onto CFSIS, and again I'm talking the period of around 2000?
A I don't know if this exactly was the way it worked back then, but what, what I would do is create a Word document with regard to the family that I was working

with, and then at some point my secretary or my admin. support would attach that as a recording, so when somebody later went to go and look at my transfer summary it would show up as an, as an attached recording.

Q We'll, we'll see a number of forms throughout, and, and they look like sort of standard forms that are handwritten, for, for example, the After Hours intake form.

A Um-hum.

Q Would that be something you'd find on CFSIS or would that only be in the paper file?

A It should be, it should be in both.

Q Okay. So -- and so it gets uploaded then into CFSIS at some point?

A Ideally, yes.

Q Okay. You mentioned the intake module which I understand came in -- came to be used in, in Winnipeg CFS around May, 2005. How did that change things?

A Working at Intake you no longer worked directly on CFSIS or a Word document. Everything that we did as intake workers was done directly on the intake module. If you looked up a family and did a prior record check you would find the CFSIS file and any intake module issues that have come up in the past. We had to take new training. That became what we worked on as intake workers from that point on.

Q In 2000 were you aware of any standards as to what was to be put onto CFSIS?

A Not specific standards, but I certainly knew that if I wrote a case note, a handwritten case note, that I needed to have it on my document within 24 hours. I knew that reports of any kind of important nature needed to be put on CFSIS, and reports from doctors, other social workers, the hospital, schools, and certainly my documentation as the intake worker needed to go on CFSIS.

Q Okay. And how is it you were aware that these things needed to be done, needed to be put on CFSIS?

A Probably through CFSIS training.

Q Okay. Do you have a specific recollection of that training, or you said "probably" so I'm ...

A Well, I'm thinking that that would have been something discussed when we had CFSIS training, I'm, I'm assuming. It makes sense that it would fit there, but also probably through normal supervision with my supervisor as reminders, as just part of the every day job expectations.

Q Okay. You said as a, as a -- I believe you said as an intake worker CFSIS, and the information on CFSIS, was very important for you to do your job.

A Correct.

Q In your experience did you find that the information you, you required was always on CFSIS?

A No.

Q And, and why wouldn't it be?

A I think it depends, it depends on the agency. It depends on their ability to access CFSIS. It depends on -- CFSIS is only as good as, as the inputting, so if you're unable to input data into the computer system then it simply won't be on there. It may show that a file is open to an agency, but there's nothing there, nothing to see. I assume, and I have later heard, that it's due to issues like lack of computers at an agency, lack of connectivity to the internet, those kinds of things.

Q Okay. Have you experienced missing information on CFSIS for even local or -- local cases in terms of Winnipeg cases?

A I don't, I don't know, I can't recall specifically.

Q Does the -- does missing information pose a problem to you -- for you as an intake worker, or did it pose a problem for you?

A Yes, it does.

Q And, and why was that?

A Well as I said history and past involvement, past allegations of abuse or neglect, interventions, whether they were substantiated or not, is very, very important to the work that we do. We need to know what's happened with

this family in the past. Something as simple as perhaps somebody has been put on the child abuse registry if that hasn't been imputed, and now we find out that they're caring for a small child, that can be a problem.

Another example is when children are in care of the agency there may be certain health problems with that child, there may be concerns about that child, or even if they're at home if After Hours gets a call to go out to that home, and we see that child, it might have been helpful to know that there was perhaps a breathing problem, or the child needed an asthma inhaler, those kinds of things.

Q So does a lack of information put children at risk?

A I think it could, yes.

Q Do you recall when you last used CFSIS or the intake module in relation to a file?

A Probably when I last worked the line, which would have been August of 2010.

Q Do you recall whether or not there was still an issue of information sometimes missing from CFSIS, or, or the intake module at that point?

A Yes, there still would have been.

Q Do you have any knowledge of whether that's a problem or an issue currently?

A Not personally, but through my job as a differential response coordinator I often had to meet with other agencies, their differential response coordinators, and part of the job is the (inaudible) decision making tools, and the tools are on the computer, they are right in the computer system, so I have heard from other agencies that they continue to have problems being connected to the internet, they continue to have problems imputing the information, even to do some of the new tools that we -- that are now mandatory, so, yes, I believe it continues to be a problem.

Q I want to now look at the services that you were involved in with respect to this case. I'm going to ask you to turn to page 37107, which is Commission disclosure 1795.

THE COMMISSIONER: Just let me interrupt. Were those documents referred to by the previous witness this morning marked as exhibits?

MR. OLSON: For these types of exhibits we're going to just simply be referring to the Commission disclosure number, so we're not actually marking individual documents.

THE COMMISSIONER: Oh, I see. Is, is there some agreement on that with, with all counsel?

MR. OLSON: Yes, I believe there is.

THE COMMISSIONER: And is, is the, the reference to them then -- put them into an exhibit as standing insofar as officialdom is concerned?

MR. OLSON: Yes.

THE COMMISSIONER: All right. That's -- I was not aware of that, but -- and I was -- it's been running through my mind we didn't mark those this morning, but that's the reason, but they're considered -- having referred to them by a number and all parties having received a copy of it then the references made to it it's, it's considered as an exhibit before me?

MR. OLSON: That's right. In order to avoid the cumbersomeness of having so many exhibits this was thought to be a better process.

THE COMMISSIONER: All right. I, I think it probably ...

So this document is number what?

MR. OLSON: This document it's -- the page number is 37107, and it's Commission disclosure number 1795.

THE COMMISSIONER: Is, is that, is that -- are those numbers on the screen somewhere?

MR. OLSON: Yes. If -- on the bottom of each, each page you'll see the, the number on the bottom right hand.

THE COMMISSIONER: Yes.

MR. OLSON: The 37107.

THE COMMISSIONER: So that's how this document will be known at these proceedings as document 37107?

MR. OLSON: Right, from Commission disclosure 1795.

THE COMMISSIONER: Just explain that to me again.

MR. OLSON: Sorry, the, the reference at the bottom is a page number.

THE COMMISSIONER: Yes.

MR. OLSON: And the page number comes out of Commission disclosure --

THE COMMISSIONER: Yes.

MR. OLSON: -- number 1795.

THE COMMISSIONER: 1795.

MR. OLSON: Right.

THE COMMISSIONER: Now, is, is that, is that a document number or ...

MR. OLSON: It's, it's a document number, the documents are numbered by the Commission disclosure produced to the parties.

THE COMMISSIONER: So this was the 1795th document disclosed; is that it?

MR. OLSON: That's right.

THE COMMISSIONER: Okay. I, I think, I think I understand you. And, and where does, where does 1795

appear on that document?

MR. OLSON: There's a -- you'll see there's an, there's an index that's being moved through now --

THE COMMISSIONER: Yes.

MR. OLSON: -- and so each document has, has a number in this index, and so this is Commission disclosure 1795.

And then the page reference is the page within the disclosure, so some disclosures are -- could be hundreds of pages whereas others may just be one or two pages, so we've just referred to them by the page number.

THE COMMISSIONER: As to where you are on that document number?

MR. OLSON: That's right, and that the page numbers on the documents are the running page numbers from all the disclosures, so I think there are some 40,000 or so pages in total.

THE COMMISSIONER: All right. I, I -- that's the clarification I required. Thank you.

MR. OLSON: You're welcome. Just having some technical difficulties here. So the pages 37107 ...

BY MR. OLSON:

Q So this is the After Hours Emergency Services Unit form dated April 24, 2000 that we looked at earlier

today with the previous witness. Are you familiar with this document?

A Yes, I am.

Q And would this be a document you would have reviewed before -- or when the case was first assigned to you?

A This is likely what came up to me as the referral, as an intake worker, so I'm not sure of the timeline, but there may have been a physical file, and this report was likely on top, and this served as, as my referral.

Q So just, just on that depending on the timeline you're not sure when it was --

A I don't know.

Q -- but at some point you would have just received the referral without the physical file?

A Yes, at some point, yes. It's more likely at this time though that this After Hours report came on top of the physical file for the family.

Q And, and this document then would tell you as an intake worker what you needed to do; is that ...

A This document would have told me what the initial call is, so what the screen then for child welfare was. It would have told me what the After Hours service did, and then it would be in my hands to figure out what to do from

here.

Q Okay. So the information you see on the document that's, that's all information that someone else had filled out; right?

A That's correct. This was the After Hours' report so in, in theory it would have given some of the demographics of the family. It would have indicated who called, what the concern was about, and what the After Hours workers did about it. Sometimes there might even be a recommendation for what needed to happen in the, in the following days by an intake worker.

Q If you look at presenting problem, slash, intervention, it says:

> Source of referral was calling with concerns about the above-named couple's motivation and ability to parent.

I take it the "above-named couple" is Samantha Kematch and Steve Sinclair?

A Correct.

Q And:

> Samantha is 18 and gave birth to a

baby girl yesterday after having no prenatal care. In talking with her the source of referral was made aware that Samantha has another child that was removed from her care. When asked why she said that people thought she may hurt the baby just as her mother had hurt her. The SOR questioned her preparation for this baby and found out that the couple had not purchased any clothes, diapers, crib, et cetera. The SOR asked her if she was emotionally ready for the baby and Samantha responded by saying, I don't know. Samantha and the worker talked more about this, and it became quite clear that this couple is not sure if they want to parent. Given Samantha's lack of preparation for the baby, the past concerns and ambivalence over parenting the SOR is requesting workers attend some time today to

talk with mom. SOR discussed the need to do so with Samantha, and after some hesitation agreed to meet with workers. Consulting supervisor Arthur Gwynn agreed that the evening shift should attend the hospital today as Samantha may be able to leave tomorrow.

So this is the information that you would have had in terms of the presenting problem?

A Correct. The, the whole report including what -- including their hospital visit would have been what I would have received the following morning.

Q Okay. When you refer to the "hospital visit" is that the -- if you continue on where it says: At 1745 hours --

A Correct.

Q -- workers Diana Verrier and Dan Cianflone attended the hospital and met with Samantha and Steve.

Those are -- those would be Child and Family Services workers?

A Correct, After Hours workers.

Q Okay. So these After Hours workers went out and

attended the hospital?

A Correct.

Q Just in terms of the presenting problem what significance, if any, was it to you as an intake worker that Ms. Kematch hadn't received any prenatal care?

A That in isolation, that one issue in isolation?

Q Well in the context of the information you had.

A Most things are not usually viewed in isolation of one another. Generally as, as a social worker you would couple all the information together that you have, so that would be things like the history, the ages of the parents, any past involvement that they had, so just the fact that somebody had no prenatal care in and of itself would not be a huge red flag --

Q Okay.

A -- but it would be the addition of the other concerns packaged together.

Q So, so in this case you had Ms. Kematch having no prenatal care, another child that had been removed from her care, concerns that she might hurt her first -- and that that child was removed because there was concerns that she might hurt the child, she had been abused as well, you had information that Ms. Kematch had not made any purchases for the baby and was not sure if she was ready to parent, so, so all of those things together then what, what

significance did they have for you as an intake worker?

A Likely at the time I would have seen that as being fairly high risk, all of the information coupled together that you just mentioned, and --

Q Okay.

A -- particular standing out would be the fact that there was a child that had been made -- another child of the mother's that had been made a permanent ward.

Q And why, why does that stand out as something that would be significant, in particular?

A There are many options that social workers have when apprehending a child. There are voluntary placement agreements, there are family members who can take a child, there are temporary orders, there are supervisory orders. To have a permanent order on a child is seen as quite serious. That child is permanently removed from the care of those parents, and can potentially be placed for adoption at that point, so that I have always viewed that as very serious.

Q Would that be about the most serious thing that happened in terms of a child?

A To permanently lose guardianship of your child, yes.

Q Right. Looking again at the document, page 37108, we continue on after the -- 1745 hours, there's more

information about this not being a planned pregnancy, if you go onto the next page the workers are writing that:

> Sam stated that she received no prenatal care other than the initial pregnancy test to confirm that she was pregnant. When asked why she received no pre-natal care she advised she doesn't like doctors. There was no family members who could assist them in caring for the child.

If you keep going down:

> Steve and Sam live together and stated that they have known each other for a year. They have both always lived in the city. The couple asked that the child be taken into care until they could prepare for the child and make a decision about whether they would like to parent. A brief synopsis of possible options was provided

> to the couple which included parenting with CFS intervention and support, adoption or having a family member obtain guardianship. They were advised that a day worker would meet with them to discuss their options more completely.

And then it says:

> It should be noted that the couple is very apprehensive about parenting. In addition to this Samantha's ability to parent would be questionable, and further assessed, should the couple decide that they want to parent, she presents as quite immature and it is unclear whether she could grasp and follow through on the necessary skills of parenting. Steve presented as more mature. He advised that he did not feel financially capable of parenting

at this point.

Is that -- that, that paragraph is -- the workers who attended was it their assessment?

A Correct.

Q And what significance would this have for you as the intake worker?

A So the, the After Hours workers were the ones who attended and made the decision based upon this information to apprehend Phoenix at the hospital, so it would be quite significant.

Q Okay. So is that something that you would take into account when determining your plan as an intake worker?

A That's correct.

Q And then if you keep looking down on that page it appears that:

> The couple advised that they would like the child taken into care until they could determine what they wanted to do, and to get ready to parent. Although the couple presented as voluntarily wanting the child in care the plan

had been to apprehend the child based on the information at hand. The couple were provided with the information for intake. Samantha and Phoenix will be ready for discharge tomorrow. Sam is bottle feeding, and the child is doing well in this area. The hospital had no concerns about the baby and felt that Sam was bonding quite well.

On the next page, 37110, it continues:

The hospital was advised that the plan and Phoenix was placed under apprehension. A letter of apprehension was left on the chart. Follow-up will need to occur Tuesday a.m. in terms of discharge and further planning.

And then it's signed by Ms. Verrier.

So based on this it appears that Ms. Verrier apprehended Phoenix at the hospital?

A Correct.

Q If we continue on to the next page of Commission disclosure, 1795, which is page 37111. This ...

THE COMMISSIONER: Is this a new document?

MR. OLSON: This is a new document.

THE COMMISSIONER: What number is it?

MR. OLSON: This is -- it's still the same Commission disclosure number, which is 1795.

THE COMMISSIONER: Yes.

MR. OLSON: It's page 37111.

BY MR. OLSON:

Q So this is an After, After Hours Emergency Services form; is that right?

A Correct.

Q And what's the purpose of this form?

A I think I recall this was just a, a template to make, make it a little more formal, so I think the social worker and After Hours would fill this out, and either fax it or give it to the hospital for their charts indicating that such and such a child was under apprehension with the agency as of such and such a date.

Can you scroll it up a little bit?

So it provides the hospital staff the, the forwarding number where the case was going to, so that

would have been intake the following morning so that they know who to contact for when the child was ready for discharge.

Q And, again, this, this -- the signature on this form is -- would that be Ms. Verrier's signature?

A Correct.

Q According to the, the After Hours Unit form we just looked at minutes ago it, it appeared that the worker apprehended Phoenix on April 24, 2000?

A Correct.

Q As an intake worker what was your role once this file was assigned to you?

A So my role was to first and foremost place Phoenix in care. She was under apprehension, but remained at the hospital. She was not ready for discharge yet, so I knew upon getting this, and by some of the writing that Diana Verrier had done, that Phoenix was likely ready for discharge the following morning. It would likely be to again speak with the parents, provide them with some options, discuss what's going to happen from here. I would have to write up a transfer summary knowing that this was a case that was going to have to go for ongoing services, and deal with some of the legal aspects of Phoenix being in care, such as writing court particulars, filing the apprehension with the help of our legal person, as well as

making sure all the appropriate parties were served with the petition and notice of hearing paperwork.

Q If you can turn to Commission disclosure 1795 starting at page 37038. This is an intake transfer summary. If you look at page --

THE COMMISSIONER: And this is, this is what page?

MR. OLSON: Sorry, it's page 37038.

THE COMMISSIONER: All right.

BY MR. OLSON:

Q And the summary goes from page 37038 to page 37042. If you go to page 37042 at the bottom of the page there's a signature above your name; is that your signature?

A Yes.

Q Okay. And does that indicate that you prepared this document?

A Correct.

Q And the date that you appeared to have completed the document or at least signed the document is April 28, 2000?

A Correct.

Q What's the purpose of the transfer summary?

A The transfer summary is -- again as I said this

case was going to go for a long term Family Service involvement because now there was a child in care. The next worker was going to have to come up with a plan as to how long Phoenix would remain in care, what kind of work would be done with the parents. At the time beginning this case I assumed that I would be the worker who would transfer it to the ongoing service worker. As it turns out I closed it, and my supervisor carried on.

Q Okay.

A The purpose of this document is to indicate what has happened since we got the initial call, what the initial call was, who it was about, what have we done with this case, what is our social work assessment of this case, and often times recommendations for the next worker.

Q Can you turn it back to page 3703 (sic). Three, seven -- sorry, 37038.

So this is the, the beginning of the intake transfer summary. I'm going to go through this in some detail.

A Sure.

Q Just before I do that do you recall whether or not you received any additional information when you were assigned this file, other than the AHU form?

A As I said I'm, I'm not sure if it came attached to the family file that we had. I can't be sure, I don't

know.

Q Okay. So based on this you can't discern whether or not you had the paper file?

A It looks like I, I knew the history because I wrote a paragraph about the history. I do not know whether I got it off of CFSIS or off of an attached physical file that came with the report.

Q Okay. Do you know what Samantha Kematch's age was when Phoenix was born?

A I believe she was 18.

Q Okay. And you were aware that she was a permanent ward herself?

A Yes, because that's the information that came with the After Hours report, and from the source of referral.

Q Okay. And would that mean that she would have her own Child and Family Services file?

A Correct. She'd have a child in care file.

Q Okay. And just -- could you just briefly explain what a "child in care file" is.

A So if you're working with a family with concerns related to neglect or abuse they would have an open protection file. If you apprehended the children from those parents each child should have their own child in care file, so the family protection file would hold all of

the information with regard to the family, the reasons the children came into care, attempts that were made with the parents, anything related to the child solely should be on the child and care file, so if you had a family file where three children were removed permanently there should be theoretically three child in care files for each child that was made a permanent ward, and then the family protection file could be closed.

Q Okay. So what happens when a child in care has a child in care file turns 18?

A The file should be closed when a child in care turns 18.

Q Okay. The file is closed and then where, where would it be kept?

A Those files are sealed. I guess they seem to have more confidentiality attached to them. Because it was a child in care some of the issues of that child. It takes sort of a special effort to be able to unseal those files, and I believe you need the, the permission of the person who's now an adult to be able to access those files.

Q And so in this case you would have known that Samantha Kematch had her own child in care file?

A Yes, it came up with the referral information.

Q And is that something you tried to obtain or access?

A Well --

THE COMMISSIONER: Was, was it still open at that time?

THE WITNESS: Not to my knowledge, no, no.

THE COMMISSIONER: Having turned 18 it would have been closed?

THE WITNESS: Technically and theoretically the worker should have closed the file the day after that, that child's 18th birthday, but there would have likely been a protection file opened to Ms. Kematch as well because she had a child who was made a permanent ward, so those would have been two different files.

BY MR. OLSON:

Q So there would have been a child in care file and a protection file?

A There should have been, yes.

Q Okay. And do you recall whether or not you obtained either of those?

A Just from reading my documentation it didn't look like I, I was able to obtain those. It looks like -- if you could -- if I could see the history, please.

It looks like we had one history of our own involvement with Ms. Kematch when her son was born. At the time I guess Cree Nation Child and Family Services was

working with Ms. Kematch and her child, and they asked us to apprehend that child on their behalf. That often happened because Winnipeg Child and Family Services had jurisdiction to be able to apprehend in Winnipeg, where none of the other agencies did, so if a, a First Nation or aboriginal agency was working with a family they would have to request that we apprehend the child on their behalf, and then we could transfer that apprehension via something that's called a section 28 transfer of the apprehension, so it looks like that was our one involvement. It looks like that's all I knew about the file so if I wanted more information on, on why that child was made a permanent ward of Cree Nation I would have to contact them for that information, which, which I did.

Q Sorry, which you ...

A Which I did.

Q Which you did.

A Yeah.

Q Okay. So just if we look under history of involvement it says:

> The agency appears to have one history of involvement with Samantha Kematch dating back to July, 1998, when her son was born.

So that would have been Ms. Kematch's first child?

A Correct.

Q And, and he was born then two years prior to Phoenix being born, approximately?

A By the looks of it, yes.

Q Okay. And when Phoenix was born Ms. Kematch would have been 18 years old?

A Correct.

Q So at the time her first child was born she would have been probably 16 years old; right?

A Yeah.

Q Okay. At the, at the time the family -- I'm going back to the history of involvement on page 37038.

> At that time the family was referred to our agency from Cree Nation CFS with whom Samantha was a permanent ward. They had serious concerns about Samantha's ability to parent as she kept her pregnancy a secret, had received no prenatal care, and had been resistant to any kind of

assistance. Winnipeg CFS apprehended on their behalf. It was eventually transferred to Cree Nation CFS. Please refer to social history and attached paperwork from Cree Nation CFS on file.

And just -- so getting back to whether or not you accessed Ms. Kematch's child in care file does that tell you whether or not you did?

A Well it looks like -- please refer to social history and attached paperwork.

If we go to my interventions I made a phone call to, to the Cree Nation agency specifically asking for information with regard to the protection file for Ms. Kematch, looking for reasons for why the first child was made a permanent ward of their agency.

Q Okay. So your, your request then to Cree Nation was for Ms. Kematch's protection file?

A Correct.

Q And that would have been the protection file with respect to her first child?

A It would, it would have been important for my assessment to know why that child was made a permanent ward

of their agency in terms of their -- in terms of Ms. Kematch's ability to parent this child it was important information.

Q Okay. And why would that be important information in terms of her ability to parent the child?

A Our agency views history fairly seriously believing that past behaviors can often happen in, in the future as well, and if there's nothing to intervene, if the person has received no help. We look at patterns of behavior. If someone was known to act a certain way, or neglect a child, or abuse a child with no help in between would the same things happen with this child.

Q Okay.

A It's most definitely considered a risk factor.

Q Okay. And would you expect then that the protection file might give you some insight into that past history?

A Correct.

Q Okay. And would her child -- would Ms. Kematch's child in care file similarly give you some insight into her history?

A The child in care file is supposed to speak specifically to that child in care and their difficulties or issues, their school or medical information, so it would not be as important. Obviously there is a bit of a overlap

because Ms. Kematch was 16 and a child in care when she gave birth to her first child, so technically the information about the first child, protection issues, why he was apprehended and made a permanent ward should have been on the protection file, but assuming that some of the behaviors of Ms. Kematch, that may have lead to the child being apprehended and made a permanent ward, could have conceivably been on the child in care file as well.

Q Okay.

A But again those are more difficult to access because they are sealed.

Q As an intake worker do you have the ability to access those child in care files?

A No, not on the computer.

Q Is there any other way you can access them?

A I think I mentioned earlier you could speak to the person that was the child in care once they're an adult, and get their permission to access the sealed files. At this point I had contacted Cree Nation to find out why the first child had been made a permanent ward and I think you'll see that they sent me Ms. Kematch's child in care information instead.

Q Okay. And, and that's not the information you were actually asking for?

A Correct.

Q Okay.

THE COMMISSIONER: Did you ever get what you were asking for?

THE WITNESS: I had to divorce myself from the case due to a conflict of interest and my supervisor had to take the case over, and he did eventually get what I had asked for, but I didn't have a chance to review it, and it became a part of our file.

BY MR. OLSON:

Q If you could return back to page 37038 of your intake transfer summary under history of, history of involvement? Just at the bottom of that paragraph it refers to the social history and attached paperwork from Cree Nation CFS on file. Do, do you recall -- you mentioned that they had sent that to you. Do you recall why or how that came about?

A Generally a social history is referencing a child in care, and if I recall the information that they sent me inadvertently about Ms. Kematch was titled Social History, so I'm assuming that -- because they sent it to me I included it in the assessment and, and asked that they refer to her social history that was attached.

Q Okay. And when you say "asked that they refer to it" who, who is the "they" or --

A The next worker that's going to get the case --
Q Okay.
A -- so wherever the case is going to be transferred for ongoing services.
Q I see. If you could look at page 37095 from Commission disclosure 1795. This is a fax cover sheet from Samantha's -- sorry, Samantha Kematch's Cree Nation CFS file. Do you recall this document?
A Yes, it looks like this is ...
THE COMMISSIONER: What's the number of this document?
MR. OLSON: Sorry, it's Commission disclosure 1795.
THE COMMISSIONER: Yes.
MR. OLSON: Pages 37095 to 37104.
THE COMMISSIONER: 37104?
MR. OLSON: That's right.
THE COMMISSIONER: All right.

BY MR. OLSON:
Q So if you look at the very top of the document --
A Um-hum.
Q -- on the top left-hand corner it says, April 27, 2000, so that would be the date the fax was sent to you?
A I believe I made a phone call to the Cree Nation

Agency asking for information with regard to the child who has been a permanent ward, and I would have looks like received it the morning of the 27th.

Q Okay. If we look down under Comments, Please find attached social history and closing summary, and, and that's what you're talking about before in terms of they had provided Samantha Kematch's child in care file information?

A Can, can I see the document? Can you scroll up a bit? The other way.

Yes, so this is the information that was inadvertently sent with regard to Ms. Kematch's time in care. It was not specifically what I asked for.

Q Okay. So this, this is a document that would have been prepared by that agency and then sent to you; is that right?

A Correct, and it was -- like it was the social history with regard to Ms. Kematch, and also the closing of her child in care file when she turned 18.

Q Okay. Can you just move to the page down, please. Keep going to page 37097. So under -- on page 37097 under History of Initial Involvement with Agency, do you see that?

A Um-hum.

Q That -- this is -- I take it this is information

you would have had then as the intake worker, you would have reviewed this?

A I did review whatever came over from Cree Nation that day.

Q Okay. So this says, and I'll read it for the record.

THE COMMISSIONER: What page is this?

MR. OLSON: Sorry, this is page 37097.

THE COMMISSIONER: Okay.

BY MR. OLSON:

Q So this is what the other agency had provided to you at your request; right?

A Well this was, this was not what I requested, but this is what they provided me.

Q Right, right. It says:

> Samantha is experiencing difficulties due to her family history, negative attitude, running behavior, promiscuity, non-compliant and non-communicative relationship with adults. Samantha has resided with her --

And then it's redacted.

-- from June, 1993 until May, 1997. Due to the AWOLs from the homes --

And "AWOLs' what does that refer to?

A Absent without leave, that's generally when a child runs away from a foster home or a group home.

Q Okay.

She was placed in the foster home of --

The name's redacted.

The relationship broke down due to issues related to Samantha's involvement with a negative peer group which she became involved with in September, 1996. She met this peer group at school, John Henderson Collegiate, the foster home placement broke down due to

her negative attitude, rude comments, and AWOLs. She was placed with --

Again the name's redacted.

-- on July 24, 1997. The foster parent had requested Samantha's removal due to truancy, non-compliant behavior and AWOLs. Samantha was placed at the Crisis Stabilization Unit at Marymound for seven days, September 24 until October 2, 1997. She persuaded --

And the name's redacted.

-- to take her back. She returned to --

Again the name's redacted.

-- on a one month trial basis, but went AWOL the next day. October 13 she went to --

And then again the name's redacted.

-- and is still there.

It says:

> Samantha is trying to become independent and make her own choices. This is a difficult area for Samantha due to controlling type of parenting. She also had unrealistically high expectations which Samantha had difficulty meeting and maintaining. She was over protective and this didn't allow Samantha the opportunity to learn how to cope with different situations, especially when dealing with her peers. She is angry and has included all adults as well. There has been some improvement with her relationships with adults.

And then it says:

> Samantha is presently having difficulties in school, and she is not concentrating on her courses, and is missing classes. She was in grade 10 at Churchill High School, she still requires four credits from last year. Education is not one of her present priorities due to the number of absences. She is presently suspended and is not attending school.

Continuing on to the next page. It says that:

> Samantha has had behavior difficulties for the past three years, and have recently escalated. She is involved in criminal activities and has one charge for shoplifting. She recently used a stolen telephone card to make long distance calls.

She is becoming more involved with a negative peer group. Some are known members of street gangs. She refuses to stay in the placement resource as she goes AWOL and the police have to return her to the foster home. She was placed at Place Louis Riel on June 12th and has slept there for four nights in a period of one month. She left in the evening without permission with another ward and returned at lunch time. She refused to follow a curfew. The AWOL increased in July when she was at the Polo Park Inn. On July 24 she was moved to an intervener's home. She didn't go AWOL for several weeks, but began to stay out all night but returning in the morning. Then she had to go out on Fridays and not return until Monday. Presently she goes AWOL for longer periods of time.

So it sounds like there was a difficulty with her leaving without permission based on that; is that right?

A Yeah, it sounds like it, yeah.

Q Okay. And then it says:

> Samantha's attitude is a major concern. She is rude, demanding, loud, hostile, verbally abusive and non-compliant. This has been an issue for a number of years, but it has regressed in the past year. Her former foster parent --

The name's been redacted.

> -- couldn't tolerate her behavior. This continued despite informed repeatedly that it was not acceptable. She was also placed with --

And again the name's redacted.

> -- and she was even more hostile and rude towards him and his

family. She also went AWOL from this home and he refused to allow her to return. This has not been a major issue with --

The name's redacted.

-- but there are times it was. The family has expressed their concern that Samantha is behaving abnormally aggressive towards them and that some of her behavior would indicate that she is emotionally disturbed. They feel that she is a threat to adults and other children in the home. Her brother is also afraid of her due to her aggressiveness towards him. The interveners who worked with her at the hotel were afraid of her as well. Her tendency for violent behavior has increased. She had a physical confrontation with her friends recently.

It goes on.

> Samantha will not agree to any plan we have tried to make for her. She is insistent that all she wants is to be with her friends and do what she pleases. She has secretly been involved in group sexual activities, car theft, drugs and alcohol. Her peer group is The Deuce street gang, and this is a major concern as Samantha denies involvement, and laughs when she is told what the gang expectations of females are.

And it says:

> Samantha requires a placement in a secure setting with limited opportunities to be re-involved with her negative peer group. She needs to learn appropriate social skills so she is more socially accepted. She needs to learn how

> to relate to others without becoming verbally abusive and aggressive. She needs to learn how to make decisions that do not place her safety at risk. She needs to start discussing with others her experiences as a child, and her feelings concerning the tragedies in her family. She needs to be more responsible in all areas of her life, which also include education.

So there's a number of issues that are mentioned in that summary; is that fair?

THE COMMISSIONER: And what period of her life are we talking about here? Do you know what year and how old she was?

THE WITNESS: I don't know. I didn't write this. Cree Nation wrote this. Would it show at the bottom when it was written?

BY MR. OLSON:

Q So the document doesn't appear to be dated?

A No.

Q If you --
A It looks like they were looking to place her at a level 4 placement, and it's usually a requirement of looking for that type of placement that you have to write a social history like --
Q Okay.
A -- of this nature, but I would have --
Q Yes.
A -- no clue when this was written.
Q What would -- what is a level 4 placement?
A Something that's usually got more staff, more of the staff ratio with, with the children, more therapeutic involvement, perhaps more respite, it comes usually with a higher, higher dollar, more of a structured facility for higher needs kids.
Q So is it -- is there anything more for -- is there anything above a level 4 placement in terms of needs, higher needs children?
A I'm sorry, I don't understand the question.
Q Well I'm assuming there's different levels of placement. This, this is a level 4, are there other levels?
A I think there are level 5 placements, yeah.
Q If you look on page 37097, please. If -- in the first paragraph -- I'm sorry, second paragraph near the

bottom it says:

> Manitoba has placed at Crisis Stabilization Unit at Marymound.

Do you see that?

A Yeah.

Q And then it says September 24th until October 2nd, 1997, and then it says, the last line, October 13th she, she went to some other place and is still there, so --

A So this was written in the fall of 1997?

Q Right. It would appear to be that.

A So approximately two and a half years before I got the call about Phoenix.

Q Right. Which would have made her ...

A Fifteen and a half or something.

Q Around that age, yeah.

THE COMMISSIONER: Well, this was the document you didn't ask for?

THE WITNESS: Correct.

THE COMMISSIONER: What use did you make of it?

THE WITNESS: I had the document and I needed to take the relevant information and put it into my assessment. The reason that these files are sealed is because this is about a child who was in care, and possibly

unlikely a victim herself, so I was very careful about what information to include, especially since I had received no permission to have this document, and it was not what I, what I was asking for.

BY MR. OLSON:

Q Okay. But this, this -- I understand the problems with it being a child in care file, but was this history important to you in terms of you making your assessment as a social worker?

A Some of it was important, especially as it may have related to her first child coming into care.

Q Okay.

A So having not seen the protection file I could only assume that some of the reasons the first child came into care, or, or became a permanent ward, were for some of the outlined reasons of Ms., Ms. Kematch's behaviors.

Q Does anything in this document tell you whether or not Ms. Kematch received any intervention or help with any of the various issues that are outlined?

A By the looks of it, just from what you read us, lots of what was done was, was placement issues, so placements would break down and she would be moved, she would perhaps be moved to a higher level facility, something with more structure. It looks like again from

what you read they were basically trying to keep her safe most of the time.

THE COMMISSIONER: Do I understand from what you said that this document came from a sealed file?

THE WITNESS: I guess technically, according to the computer, to CFSIS and the standards that would have been out there this file should have been sealed. It probably shouldn't have been faxed to me as it was.

THE COMMISSIONER: Who, who makes the order to seal, to seal a file?

THE WITNESS: I believe it's one of the foundational standards that once a child in care reaches the age of majority that the, the file is sealed. The idea being that something that someone has done when they were in care does, does not get used against them when considering their ability to parent necessarily in the future.

THE COMMISSIONER: And where is it recorded with respect to who can unseal it, so as to speak, and have access to what's in there?

THE WITNESS: I don't know exactly. I just know that what I have done in the past is to have the permission, signed permission, of the person who the file belongs to to be able to see it, to have a fairly good reason to be able to see it.

THE COMMISSIONER: Sorry. Go ahead Mr. Olson.

BY MR. OLSON:

Q So in a case like this where a, a child ages out of care at 18, and has had -- just had another child, a child two years previously, would that, would that be a reason to see a child in care file?

A I didn't ask for the child in care file. I wanted the protection file assuming that any of the overlapping information related to Ms. Kematch's behaviors would have been outlined --

Q Right.

A -- in her -- like in her protection file, which would have spoke to the reasons that he came into care, and was made a permanent ward.

Q Okay. If you could go to page 37099 under Family History. It says:

> Samantha's parents were chronic alcoholics. Her father died four years ago. He was intoxicated at the time and fell down a flight of stairs in the home. The father had custody of the children at the time of his death as the mother

had left the family. There was a long history of family violence related to the alcohol abuse during their marriage.

It says:

> Samantha and her siblings lived with their mother following the death of the father. Mother continued her alcohol abuse and was transient. She resided with the children in Edmonton. Samantha was physically and emotionally abused by her mother. She could not provide the basic necessities for her children. Samantha will not discuss some of these events that occurred to her with caregivers. Samantha and [redacted] were apprehended by Winnipeg Child and Family Services, and were placed with --

The name's redacted.

They became permanent wards in 1995. The mother had no contact with the children since their apprehension in 1993. The children resent their mother for not appearing in court. The mother had moved to Winnipeg and abandoned the children resulting in their apprehension. Mother moved to Pine Creek Reserve two years ago and she has changed her Band membership from Shoal River to Pine Creek.

Samantha's brothers --

The names are redacted.

-- remained with their mother. One of them had informed --

The other name is redacted.

-- before his death that he could not tolerate his home life with his mother. He went to their home

> community of Shoal River. He did not have a close relationship with any extended family in the community. He was depressed and as a result he committed suicide by jumping off an elevator in Swan River.

It goes on:

> Samantha's brother is transient. At the time he was with his mother in Edmonton ...

Et cetera. If you go down where it says:

> Samantha's mother continues to be a chronic alcoholic and has a transient lifestyle. Number of relationships ...

Et cetera. Samantha -- the last paragraph.

> Samantha has not dealt with the family issues of death, suicide,

alcohol abuse and rejection by her mother. She has difficulties expressing her feelings concerning the family situation and refuses to discuss them. She despises her mother because of the physical and emotional abuse, but is refusing counseling.

So that's all information you had -- would have had as well?

Just, just in case there, there is any live tweeting going on the name "[redacted]" should not be released. It should not be tweeted. It should have been redacted.

The page numbers are 37099 and 37100.

THE COMMISSIONER: That's in accordance with the remarks of Commission counsel yesterday if that occurred counsel would be required to say that by mistake it was revealed and should not go further than this room.

MR. OLSON: That's correct.

BY MR. OLSON:

Q So the information contained in this document -- that, that particular information that the problems hadn't been dealt with, and there were various problems, that's

something that you also had when you were doing your intake assessment?

A I'm not sure if I specifically included those pieces of information. I know I did speak to some of Ms. Kematch's behaviors while she was in care, but looking at the many issues that she had to face it certainly could be considered to be problematic should she had not received any help in the future in terms of parenting specific to, you know, family patterns. Often times if children are abused or neglected there's a risk they may do the same to their children, and also it sounds like there was difficulties with attachment there.

Q So despite whether or not this is a sealed child in care file or not would this, would this be something that you would, you would want to know as a social worker making an assessment?

A It is, but I think it's -- the person who held the protection file theoretically should have summed this information up for the reasons why the first child was apprehended, so a good social work assessment would speak to how these behaviors, how these difficulties of Ms. Kematch resulted in the apprehension of her child, so the behaviors alone of a, of a teenager who was in care, and likely victimized herself, those behaviors in and of themselves would not be the risk factors. It's how those

behaviors played themselves out with a child that I would be more interested in.

Q Okay. If you could turn, please, to page 37103. Again this is part of Commission disclosure 1795, so this, this document is two pages, pages 37103 to page 37104.

THE COMMISSIONER: And, and what document number is it?

MR. OLSON: 1795.

THE COMMISSIONER: So it's part of this one we've been talking about?

MR. OLSON: Yes.

BY MR. OLSON:

Q It appears if you look at the top of the page, of 37103, the faxed information it was part of the same package that was sent to you; is that --

A Correct, correct, yeah.

Q Okay. And so this would be the closing summary from Ms. Kematch's file?

A It looks like they closed the file at, at her age of majority.

Q Okay.

A So when she turned 18 this was their closing summary.

Q Okay. So this, this would have been not too far

from the date that she had given birth to Phoenix; is that right?

A Well it said she was discharged September 9, 1999, and she --

Q And Phoenix was April --

A -- gave birth April, 2000.

Q -- 2000. Okay. And is this -- did you review this at the time the file was assigned to you?

A Yes, because it was sent to me.

Q If you look at the top of page 37104 under Presenting Problems. It says:

> Samantha upon turning 18 has not given any indication she has any long term plans for herself and her baby. The agency has apprehended her child because of safety concerns.

What significance, if any, would that statement have in terms of safety concerns with respect to Ms. Kematch's ability to parent Phoenix?

A Well that was the information that I had been looking for.

Q Okay.

A Obviously her first child was apprehended and they made that child a permanent ward for safety concerns that are not outlined here, so I would have been seeking something more specific.

Q Okay. Did this information form part of your assessment?

A I believe that I spoke about some of Ms. Kematch's issues or difficulties while she was in care in the assessment, yes.

Q Turn back to your intake transfer summary, which is -- starts at page 37038.

THE COMMISSIONER: 37038?

MR. OLSON: That's correct.

BY MR. OLSON:

Q Under History of Involvement -- so, again, just to be clear this is a transfer summary you prepared when you transferred the file on?

A Correct. The plan was that it would be transferred to a long term service worker at Winnipeg Child and Family Services, however, I did end up having to give it to my supervisor to work on.

Q Right. You, you mentioned in her history of involvement that Ms. Kematch is a permanent ward. At this point were you also aware that Mr. Sinclair was a permanent

ward?

A It doesn't look like I knew that, no.

Q Okay. Would that information have been relevant to your assessment of the situation for Phoenix?

A Again that file would have been sealed, so information on his child in care file would have likely needed his permission to obtain that.

Q Okay.

A Again the information on someone's child in care file is, is not the be all and end all in considering their ability to parent. Past attempts at parenting are key, not necessarily all of the information on the child in care file, again considering the factors of, of that child and the fact that they may have been a victim, and at the time they likely were.

Q Would you, would you have known whether or not Mr. Sinclair had fathered -- or, or had any parenting experience at that point?

A I didn't speak to it, so I can't tell if I looked him up on the system, and was met with a sealed file so ended it there. No one had indicated that he had any previous children, so maybe it didn't alert me. Also maybe I wasn't quite as good at looking up fathers back then and their history. Our, our services were often focused on moms.

Q Okay.
A That's gotten quite a bit better.
Q So since 2000 when this, this was occurring there's been more focus to look, look up fathers as well as mothers?
A Yeah, or anybody that's living in the household, anybody around. Those checks are very important.
Q Okay.
A I can't tell if I looked him up or not.
Q Okay. If, if you would have looked him up in CFSIS and he had been, been a ward would, would there have been an indication of that in the computer system?
A I, I think it just shows up as sealed file.
Q Okay.
A So when you do a prior contact check, I could be wrong, but what I recall is when you do a prior contact check what pops up is no identifying information but something with an asterisk that says sealed file.
Q Okay.
A That's my recollection. I'm not sure if I'm a hundred percent right.
Q Would, would that in and of itself tell you that the child was a permanent ward?
A It would tell me that somebody, either that person or another person in the family, was likely a child

in care.

Q Okay. And then if you wanted more information about that how would you get it?

A I can't recall whether or not it would say which agency had the sealed file. Probably. I may call that agency to see how recently the child in care file had been closed. I may want to speak to the worker who was the worker for that child to see if there was anything of concern now that person is considering parenting. Perhaps if they alerted me to a concern I would then move further and get the permission of Mr. Sinclair and order the child in care file.

Q Okay. And would, would a worker -- in your experience would another worker share that type of information with you if you made a call?

A Yes, likely.

Q Okay.

THE COMMISSIONER: Now, Mr. Olson, I'll, I'll leave it to you when a convenient time is to adjourn for lunch. I don't know how much longer you're going to be.

MR. OLSON: I'll be a little while longer so it might make some sense to, to break now.

THE COMMISSIONER: Well, this witness has been on the stand quite awhile and, and we're -- it's adjournment time, so --

MR. OLSON: Yes.

THE COMMISSIONER: -- if this is a convenient time to break we'll break until one-thirty and --

MR. OLSON: This, this is -- this would be a good time to break.

THE COMMISSIONER: And, witness, you'll be required to return at one-thirty.

THE WITNESS: Thank you.

THE COMMISSIONER: All right. We'll stand adjourned until one-thirty.

(LUNCHEON RECESS)

THE CLERK: All right. We're back on the record. Court is re-opened.

MR. OLSON: So we'll continue on. I just wanted to remind you that there are binders in front of you, Ms. Saunderson.

The WITNESS: Okay.

MR. OLSON: And if you're more comfortable with those feel free to refer to those rather than what's on your screen.

And, Mr. Commissioner, you have binders in front of you as well.

THE COMMISSIONER: Yes.

BY MR. OLSON:

Q So I wanted to go back to your intake transfer summary, page 37038.

A Okay.

Q Do you have it?

A I'll just look at the screen.

Q At the bottom of the page it starts with Interventions.

A Yeah.

Q And what does that section refer to?

A Interventions takes the place of my day-to-day recordings of what I did on the file, so they would typically be dated or sometimes with the time of when I did a certain intervention.

Q In terms of what you record here is it -- would this be everything you, you did on the file?

A Yes.

Q And is that just your practice or is that your understanding of, of what should be recorded here?

A Well it was a template. It was an intake transfer template so the expectation was that a person's interventions would be outlined. I suppose people had different styles of how they would do it, but my style was that as soon as I came back from a field or a meeting with

the family I would immediately write it down in my intervention section, so that I wouldn't have to keep my handwritten notes.

Q So we're on page now 37039.

THE COMMISSIONER: Mr. Olson, I'm going to just interrupt you for a minute.

MR. OLSON: Certainly.

THE COMMISSIONER: I was looking at this over the noon hour. In the -- at tab CD1795 I've got one, two, three pages, and then the same three pages repeat with other pages of the statement following it, and I couldn't understand why these three pages are in there separately as a separate -- is it just some error in putting this book together?

MR. OLSON: My understanding is that's simply the way the document came to us, and it was --

THE COMMISSIONER: Oh.

MR. OLSON: So it was just reproduced as is.

THE COMMISSIONER: Oh I see.

MR. OLSON: That, that would, that would be why.

THE COMMISSIONER: I see. I guess I'm trying to make sense of everything, and it's -- are all the documents going to be referred to, or, or just, just some of them?

MR. OLSON: Throughout the course of the proceedings I think many of them will be from the

Commission disclosure.

THE COMMISSIONER: I see, I see. I just couldn't understand why I got those pages repeated, but you've explained that that's the way you got them, and you just sent them on.

MR. OLSON: Exactly.

THE COMMISSIONER: All right.

BY MR. OLSON:

Q So this -- in this section you're recording your interventions, and you said that was the practice that you developed?

A It wasn't specific to me. I'm sure many other people did the same thing. Right within the template was something called Interventions, and it was expected that you would put what you did. Some workers may have summarized their involvement under that section, what, what they did in one large paragraph. It was my style to put the dates and sometimes the times that I would actually do things.

Q Okay. And so you've, you've explained that you kept a running -- basically a running log of what you were doing on the file at the various times indicated?

A Correct.

Q Okay. So if we look at the interventions under

April 25, 2000, which is on page 37039, starting at the top of the page. So this shows on April 25th you received the referral for follow-up?

A Correct.

Q And that would have been the referral you received from After Hours?

A The After Hours report.

Q Okay. And then you have a phone call from Cathy Allen, HSC social worker, the name's been redacted, to advise that Phoenix was ready for discharge?

A Correct.

Q And that refers to -- why are, why are you recording that, what's, what's that telling?

A Just so you know the name's not actually been redacted, it's there.

Q Okay.

A So that would have been the second source of referral from the hospital who was indicating that Phoenix was ready to leave the hospital, and since our agency had Phoenix under apprehension the next logical step is that I needed to find a placement for her.

Q Okay. And so that's when you record, P, slash, C, that's phone call to placement department, the next --

A Correct.

Q Who will begin looking for a placement resource

for baby. So, so you started the process of looking for a placement for Phoenix, is that --

A So I would have called our placement department, who was probably in a different building at that time. Given the demographics of baby Phoenix, the age, any difficulties or issues, and they would begin looking for a placement for her.

Q Okay. And the next you've recorded:

> Field to Women's Hospital. I met with Samantha and Steve. Both were in room with Phoenix and appeared attentive and excited by her. Samantha indicated to this writer that she had changed her mind and no longer wanted to leave with her baby.

So this is you attending at the hospital?

A Yeah. So right as soon as I began looking for a placement I went straight to the Women's Hospital and went to the room to meet with Ms. Kematch and Mr. Sinclair.

Q Okay. And Phoenix was already under apprehension at that point?

A Correct, by the After Hours Unit.

Q Okay. So if we carry on with that paragraph it says:

> She indicated that her mother and her aunt were on their way to Winnipeg from their home reserve. She did not know which reserve her mother lives on, and would be here at 6:00 p.m. to pick Phoenix up. This writer indicated that Phoenix is currently under apprehension with the agency therefore no one can simply come and pick the baby up. Samantha was advised to give her mother my phone number to discuss her interest in her caring for Phoenix. It was at this point that Samantha reiterated that her mother used to abuse her when she was younger, and this is why she was in agency care. This writer then indicated that her mother would likely not make an appropriate care alternative for Phoenix under the circumstances.

When you, when you -- do you recall when you heard Samantha Kematch say that her mother was going to care for Phoenix did that -- was that of significance to you in terms of Samantha's ability for care for Phoenix?

A Well part of my practice, and part of the mandate of the agency, is that alternative care can be considered so the first place that you look for a placement resource is family, but I had known at this point that Samantha was a permanent ward of an agency, and that she had been in care due to abuse, and then she reminded me that her mother had abused her, at which point we wouldn't be considering the grandmother as a placement option at that point.

Q Okay.

A Having had a past history of involvement abusing or neglecting children pretty much automatically cancels out the possibility it could be a foster placement.

Q And did the fact that Samantha seemed prepared to allow Phoenix to stay with her mother, despite her experiences, did that tell you anything in terms of your assessment?

A Of Ms. Kematch?

Q Of Ms. Kematch.

A Not necessarily. At the time when somebody gives birth to a baby and you attend the hospital, and you are

now going to leave with the child it's fairly natural for the parents to maybe begin to, to bargain with the agency. Although initially they wanted their child placed in care when it actually came down to the moment that the baby was leaving them perhaps other emotions come into play.

Q And is that something you experience with other individuals when you're involved in apprehensions?

A Yes, very much so.

Q And then it appears that you indicated that you -- I guess you asked her whether there were any other individuals who might be able to care for Phoenix and encouraged her to let you know?

A Yeah, I think I had said to go ahead -- I usually brought my business card, and I, I think I told Ms. Kematch to give my name and number to anybody who might be interested in caring for Phoenix.

Q Okay. You write:

> This writer invited the parents to help this writer to dress Phoenix and only Steve did so. Samantha seemed only vaguely interested in the process, and when we were walking downstairs she seemed more interested in chatting and

giggling with a friend. The girl that the couple met up with appeared extremely shocked that they had just had a baby, and she made it sound as though the couple had kept this a secret on purpose.

What's the significance of any of your notation that Samantha didn't appear to be interested in dressing Phoenix?

A Well I noted it because upon the initial referral it seemed that the parents were ambivalent about parenting, they weren't ready for baby, they weren't necessarily sure that they were able or even interested in parenting at this time. Usually in my experience at the time of a birth generally people are fairly emotional when you're about to leave the hospital with their baby, it's a pretty natural reaction, so to be disinterested in the process I've often made it a part of my practice that when I'm leaving with the baby there's not an assumption that the parents will never be that baby's parent again, so to include them in the process, help get baby dressed. I have had people, and I think even maybe Ms. Kematch and Mr. Sinclair, walk the baby right to my car carrying the baby.

If there was no interest on mom's part I thought

that it was important to note.

Q Okay. And that would be -- would that be something you would expect the next worker on the file to take note of as well?

A Correct.

Q Okay.

A If there continued to be no interest in baby Phoenix that might be viewed more significantly.

Q Okay. Do you have any independent recollection of this meeting with Ms. Kematch and Mr. Sinclair?

A To a degree I do, yes.

Q Okay. And what is it you remember about the visit?

A I do remember the meeting in the room. I do remember that Mr. Sinclair did most of helping me with, with the baby, getting her dressed, getting her out to my car, and as I noted I did note that Ms. Kematch did seem somewhat disinterested.

Q Is there any reason why that stands out for you?

A I think the file in general stands out because you'll come to see that I had to declare a conflict of interest with this case, and I haven't had to do that very often in my career.

Q Okay. Now, looking just back at your note you write:

> This writer talked with hospital staff and the baby's nurse Bev who indicated that Phoenix was perfectly healthy and there are no specific care instructions. All the appropriate forms were filled out for Phoenix's discharge and information was left on the mother and child's charts. Phoenix was moved from the hospital to agency shelter --

And the name's been redacted.

> -- by this writer without incident.

So was it you who took Phoenix to the shelter?

A Yes.

Q Okay. So still in Commission disclosure 1795, page 37112. This appears to be a document that you wrote?

A Correct.

Q And if you go down to the bottom of the page opposite your signature there appears to be the signature

of Mr. Orobko?

A Correct.

Q Your supervisor at the time. What's the purpose of this particular document?

A I'm not positive because I also know that I wrote in the hospital chart.

Q Okay.

A But I'm thinking, and since it has Andy Orobko's signature on it, I'm thinking that probably upon receiving the referral from After Hours first thing in the morning I typed this letter up, and faxed it to the hospital, just to be sure that someone had placed on the file that Phoenix was under apprehension, and that, that I would be coming to, to move baby to placement.

Q Okay. And so if, if we look at, at the disclosure from the Winnipeg Regional Health Authority, which is Commission disclosure 1789, page 36736, so this would be from Ms. Kematch's chart, and it's --

THE COMMISSIONER: This is page what?

MR. OLSON: 36736.

THE COMMISSIONER: 36736.

MR. OLSON: That's correct.

THE COMMISSIONER: Still part of 1795?

MR. OLSON: No, this is now 1789.

BY MR. OLSON:

Q So this, this is the hospital chart for Ms. Kematch and so your, your letter appears on the chart, which would make sense?

A Right. It's basically just to inform them that I would be coming down to move baby.

Q Okay. And then in that same disclosure, which is Ms. Kematch's chart, at page 36730, this would be Ms. Kematch's hospital chart?

A It looks like it.

Q The patient progress notes. If you look at the third entry dated April -- it looks like it's dated April 23, 2000, the time 2230; do you see that?

A Yeah.

Q And there's a, a notation with -- CFS worker, and it looks like your signature by the stamp?

A Yes, that's correct.

Q And is that your entry?

A I think the hospital stamps that on the file, and that's the moment that they show me the corresponding arm band of the baby to the mother, and that I'm taking the correct baby from the hospital, so they show me the ID bracelets, and I sign off.

Q Okay. And just in terms of the notation it looks like it was made on the 23rd, although it's, it's difficult to make out.

A It seems to be stamped right above the note that says baby was being discharged. It couldn't have been on the 23rd.

Q Okay. So the note immediately following the stamp would have applied to the discharge?

A It looks like it.

Q Okay. And if you could go now to the same Commission disclosure, page 36731. The last entry on the page this appears to be a note you wrote also on the 25th?

A Correct.

Q And what's the purpose of this entry?

A Typically when we were leaving with a baby the hospital asked us, asked us to write a note on the chart just indicating who we were, that the child was under apprehension, any follow-up numbers in case there should be any medical issues that we need to be aware of, just to kind of finally note who was removing the baby from the hospital and the time.

Q So just a record of that for the hospital's purposes?

A Correct.

Q Commission disclosure 1795, pages 37106.

THE COMMISSIONER: What, what tab now?

MR. OLSON: It's 1795, I believe that's the tab you ...

THE COMMISSIONER: Yes. Page what?

MR. OLSON: 37106.

BY MR. OLSON:

Q This appears to be a fax from you to Val Brook dated April -- sorry, Brooks dated April 26, 2000?

A Correct.

Q And on page 37105 this would be the actual fax, and it appears to be a request for driver?

A Correct.

Q And this is, this is a request that you were making?

A That's correct.

Q And what would the purpose of this form be?

A At the time our agency had volunteer drivers or case aids, I'm not sure exactly who this would be, but they helped bring children in for visits to the office, so as part of a child being placed under apprehension there's an expectation that access begin very quickly with the family, and often social workers didn't have time to drive children back and forth for visits, so we requested a driver to do that on our behalf.

Q Okay. And so at the time Phoenix -- based on this, this form under where it says Foster Parents it says Shelter --

THE COMMISSIONER: What, what page is this again?

MR. OLSON: This is page 37105.

THE COMMISSIONER: All right. I, I thought you had said 06 before, but ...

MR. OLSON: Originally 06 was the, the fax and then this is the contents of the fax.

BY MR. OLSON:

Q So under Foster Parents it, it says, Shelter Staff?

A Correct.

Q What does that indicate?

A It indicates to me that this was an agency shelter that was staffed by rotating staff, so this is not per se a foster home with your typical mother and father. This would have been a shelter with rotating staff and people in it, so I didn't exactly ever know who I was addressing so I just generally addressed it to shelter staff.

Q Okay. So, so at this time at least Phoenix was at an agency shelter?

A Correct.

Q And under Frequency of Visits it says one time per week, and that's Fridays, 11:00 to 1:15 p.m.?

A Correct.

Q And what does that indicate?

A I think in my notes I had spoken to Mr. Sinclair, and we had arranged for visits to start the same week Phoenix was brought into care, that Friday, and they would continue on every Friday from that point onward for a period of two hours and 15 minutes in the office loosely supervised by myself.

Q Okay. Do you recall actually supervising any visits?

A I had to declare a conflict of interest before the visit even occurred, so if I recall when they came in for a visit with Phoenix I introduced them to my supervisor, who took over the case at that moment.

Q Okay. Just before we get to that the loose supervision of Phoenix with the parents would that involve Phoenix having time alone with the parents?

A Yes.

Q And would there have been anyone else at these visits?

A Nobody that the agency would have asked to be in the visits, but often times parents ask for, ask for other people to come to visits, like grandparents or somebody that they might deem an advocate for them.

Q And you said a moment ago that you, you recall maybe being at the first supervised visit with ...

A I recall being there for as long as it took to introduce the family to my supervisor.

Q Aside from that visit and your initial contact with Ms. Kematch and Mr. Sinclair at the hospital did you have any other opportunities to observe them with Phoenix?

A No.

Q Based on your limited observations of them with Phoenix what was your impression in terms of their willingness and ability to parent?

A I don't think that I could have spoken to that in the three days that I had.

Q So if we go back to your transfer summary, now we're on page 37039, the next entry is dated April 26, 2000. It says:

> Phone call from placement resource indicating that there was a note for Phoenix to be seen by a doctor when she is two weeks old. They were advised to call agency nurse to set this up. They indicated that her first night was fine and that she appears to be a very healthy baby.

So that -- this is a recording, this is a recording of a conversation you had then with the placement resource?

A Correct.

Q Okay. And then:

A phone call from Steve Sinclair asking why there hasn't been a visit set up for today. This writer indicated that we were in the process of setting up visits, but that it would not be today. He became very angry with this writer and started swearing over the phone. After he was calmed down he indicated that he and Samantha would prefer afternoon visits with Phoenix. This writer would call him back at Ma Mawi Centre on Selkirk Avenue.

And then:

> Phone call to Val Brooks and asked about requesting a driver for Phoenix to come in for visits. She advises that visits can be set up for Fridays, 1:15 p.m. at the office. This writer faxed the information over to Val's office.

And that's the fax we were just looking at?

A Correct.

Q Then it looks like you made a phone call to placement resource to advise the times and dates for Phoenix's visits with parents, and then a phone call to Ma Mawi on Selkirk and left a message for them to call this writer.

What's Ma Mawi?

A It's a resource for families from a First Nation and aboriginal perspective. They often provided supports to families, they do many things, parenting classes. I think specifically Mr. Sinclair was using Ma Mawi as a place to gain support, and also there was a telephone that was accessible for people to use, so that was our place for messages between us.

Q Okay. So at that point did you have a home number for Mr. Sinclair and Ms. Kematch?

A I think on the front of the After Hours sheet there was a phone number, but when I tried it it was maybe out of service, so I put something like no phone, N-P.

Q Okay. And the next, the next note:

Phone call to Cree Nation CFS.

The receptionist advised that --

The name is redacted.

> -- is a ward of their agency, and that the worker is Germaine Brass. She is available this week so therefore she will leave a message for the supervisor Rose McKay to call this writer back.

Do you recall what that, that note is about?

A This is likely where I was looking for the information about the protection file, and I was looking to gather information about why Ms. Kematch's first child was made a permanent ward.

Q And at that point had you received any additional information?

A No, this looks like it was my most attempt --

Q Okay.

A -- at gathering the information.

Q And the next -- there's a notation:

> Phone call from Steve asking about his visitation with Phoenix. He was advised of the time and days of his visits, and he indicated that they will be there. He asked

> this writer if it was all right if they brought a friend and advocate with them. He indicated that he and Samantha have a connection with the Winnipeg Boys and Girls Club and they would like one of the workers, Nikki Taylor, to attend with them and assist them. At this point this writer realized that the person whom they considered their advocate is this writer's first cousin. The issue of conflict of interest will have to be discussed with supervisor Orobko tomorrow.

Is this the conflict that you were referring to earlier?

A Correct.

Q And is this something then that you discussed with your supervisor?

A It looks like the next morning I went in to see my supervisor and told him of the conflict, and we decided that I would get my paperwork completed, and hand the case to him to complete.

Q Okay. Once -- is that just -- is that -- is a conflict in these cases -- is there always a conflict in these cases when there's another family member involved in a file?

A I think it's -- I think it was -- I think it's wise to have a discussion with your, with your supervisor about whether or not it's a conflict. I think I felt at the time it was a conflict since our agency had placed their child under apprehension, and that one of my family members was going to be coming to the agency as an advocate to them. I just felt it would be best to pull myself away from the case.

Q Okay. Once it was determined that you were in a conflict of interest did you have any further involvement n the file?

A It looks like I did, according to my notes I was able to speak to Cree Nation to find out a little bit more about the file information. I did speak with the advocate, who is my first cousin, who I believe called me and I said that I would no longer be able to keep the file. I can't see the rest of my notes. Sorry.

Q So we're now looking at page 37041.

A It looks like I sent the particulars to our court co-ordinator, who will take care of serving the petitioner notice of hearing to the appropriate agencies. On the last

day it looks like I reviewed the social history and the closing summary on Ms. Kematch's child in care file, and I indicated that it speaks to Samantha's time in the care of the agency, and so I called Ms. McKay back at Cree Nation and asked for the protection material, and then it looks like my last entry under interventions was the beginning of the visit where I introduced the parties to my supervisor and told everyone transparently that I would no longer be a part of the file.

Q So at that point then the plan was to transfer the file to your supervisor and he would have conduct of it?

A Correct.

Q Okay. Did you have any involvement with the child protection proceedings?

A No.

Q If we -- if you look at -- on, on page 37041 at the note dated April 28, 2000, this is your contact with Cree Nation CFS?

A Um-hum.

THE COMMISSIONER: Where, where is that?

MR. OLSON: It's page 37041.

THE COMMISSIONER: Yes.

MR. OLSON: The entry April 28, 2000. It's the second paragraph.

THE COMMISSIONER: You, you said the "note" and I was looking for a note, but I see what you mean.

MR. OLSON: Oh, sorry, the, the entry --

THE COMMISSIONER: I see what you mean.

BY MR. OLSON:

Q It says:

> Reviewed social history and closing summary that was faxed to this writer from Cree Nation CFS.

Is that the information we reviewed this morning?

A Correct.

Q Okay. And --

A And it says it speaks, it speaks to Samantha's time in the care of that agency.

Q Okay. And you note:

> None of the attached history from Cree Nation discusses anything to do with the first -- Samantha's first child and his time in their care.

Did you ever -- sorry, it goes on to say that you had a phone call with a Rose McKay from Cree Nation CFS and left her a message to call you, and then you spoke with Rose McKay and she advises that the information that this writer requires is on the child's file, and she will locate it and fax it over to this writer.

Did you ever receive that information?

A I believe it was received by our agency on the day that I ended my involvement with the case, but I do not -- I don't recall reviewing it. I had written my assessment and handed the file to Mr. Orobko already.

The information on that was not included in my assessment, that's how I'm gathering that I didn't see it.

Q Okay. And then at, at --

THE COMMISSIONER: Just a minute. What information was it you, you were wanting and hadn't seen?

THE WITNESS: The protection information for why Ms. Kematch's first child became a permanent ward.

THE COMMISSIONER: And that's what we discussed this morning?

THE WITNESS: Right. The stuff that I had originally asked for.

BY MR. OLSON:

Q And then so according to your notation on April 28, 2000 it appears that was your last involvement with the file?

A Correct.

Q Okay. Still on that page if you'd go under the heading assessment what, what sort of information do you record here?

A The purpose for the assessment is to take all that we know about the family, all that we did, the interventions that we were involved in, the history, and package it up sort of with an overall assessment of the family, the situation, what, what we might recommend happen with this file, so I took everything that I knew about the file and about Phoenix, and Ms. Kematch and Mr. Sinclair. I packaged it up in an assessment and handed it off to Mr. Orobko.

Q Does that differ in any way from what -- the sort of assessment an After Hours Unit worker would make?

A Well it's intended to be a little more thorough. Ideally Intake would have a case for up to 30 days, so you may gather much more information than After Hours could gather in an evening, or in an hour. That was the reason that I made the phone calls to Cree Nation. I wanted to in a very short, quick turnaround time be able to give the next worker as much information as I could about this

family to make decisions about whether or not they could parent Phoenix in the future.

Q And so your assessment piece then is that something you would have expected the next worker to rely on in doing their work, his or her work?

A Correct.

Q So under, under Assessment on page 37041 it says:

> Samantha Kematch, 18, and Steve Sinclair, 19, are the parents of Phoenix Sinclair, five days. Samantha Kematch has another child, date of birth July 23, '98, who is a permanent ward of Cree Nation CFS. The social worker there for the other child is Germaine Brass and her supervisor is Rose McKay. Currently the child is in foster placement in Winnipeg, however, he's moving to Island Lake to reside with his father's family. Samantha has been a permanent ward of Cree Nation since 1993 when she was apprehended from her mother due to

issues of alcoholism, neglect, abandonment and abuse. Samantha's years in the care of that agency were fraught with difficulties for her in that she was often AWOL from placements, involved in criminal activities, sexually promiscuous, didn't attend school, was hostile and aggressive, and generally had difficulties following any rules.

Cree Nation CFS made attempts to place Samantha in a level 4 setting due to these behaviors and she was eventually placed in an independent living program supervised by Macdonald Youth Services. Cree Nation CFS provided this writer with information with regard to Samantha, however, they have yet to provide information with regard to reasons behind the first child becoming a permanent ward.

In a phone conversation with

> supervisor Rose McKay she indicated that Samantha hid her pregnancy from everyone and made no parental plans around having a baby. She was also provided some opportunity to parent the child, however, she lacked the ability to do so and ended up not being able to feed him or meet his basic needs.
>
> The behaviors that she had been exhibiting, plus her lack of motivation to parent, resulted in the agency asking Winnipeg CFS to apprehend on their behalf. Cree Nation advises that Samantha has taken no interest in her first child and has no contact or communication with him, or his guardian agency.

So this appears to be a fair amount of the information from Ms. Kematch's child in care file; is that right?

A Because that's all I had at that point.

Q Okay. And was this, was this important information to pass on to the worker who would have the next file -- the file?

A It was the information that I had, and it did speak to some of the behaviors that Ms., Ms. Kematch had shown while she was in care, but also it was important to have what Ms. McKay had indicated were some of the reasons that the first child was apprehended, and why that child hadn't been returned home, so the combination of the information was important I think.

Q Your note goes on to say that:

> On April 24, 2000 the Women's Hospital made contact with the agency's night duty service to advise that Samantha had given birth to a baby girl, Phoenix Sinclair. She indicated to hospital staff that she had no prenatal care and had nothing to prepare for the imminent birth.

You continue to go through the facts we discussed before with respect to the concerns over Samantha possibly hurting Phoenix, et cetera.

The last paragraph you say:

> At this point the parents remain somewhat ambivalent around their motivation to parent Phoenix. There is some indication that despite their initial reaction they're eventually wanting to parent Phoenix.

And so at that point that's what you anticipated at some point they would want to parent?

A Well I took, you know -- the fact that Mr. Sinclair called so quickly after the baby was apprehended I took that to mean that he had some interest in bonding with his child and seeing her. He was angry when there wasn't a visit the very next day after the apprehension, which I saw as a positive, as some level of interest in parenting.

Q Did, did you make anything of the fact that it was Mr. Sinclair that phoned rather than Ms. Kematch?

A What do you mean?

Q Was it unusual at all in your experience for the, for the father to phone rather than the mother?

A Not necessarily, no.

Q Then you go on to say:

> The writer has yet to receive written documentation around the reasons that Samantha's son became a permanent ward of Cree Nation. Once this information was received it will need to be incorporated into the final assessment of the family and the recommended plan.

What, what did you mean by "final assessment" here?

A Well, my assessment came after three days of having the file so I don't imagine it was completely thorough. I think that there needed to be more conversations with the parent around their intentions. Ideally if I wouldn't have had to declare conflict of interest I would have met further with the parents to determine their level of motivation, would have perhaps seen where they were living, would have had a chance to review the first child's file, and the reasons, to determine what sort of some of the needs of the family are in order to make recommendations to the next agency. If the parents indeed said that they were interested in perhaps parenting in the future I'd give some

recommendations based on my more thorough assessment of what I thought they needed to work on.

Q Okay. When you say "final assessment" were you expecting the next intake worker, in this case it would have been Mr. Orobko to do a further assessment or are you referring to the next level of ...

A Well assessment is ongoing, so it's not just Intake that makes an assessment or After Hours that makes an assessment. I was quite sure Mr. Orobko was going to have a further assessment to add to this because he was going to be meeting with the parents, and also once it got to their Family Service worker, who would be working with them in the long term, assessment is ongoing.

Q Okay. The, the document if you look to the last page -- sorry, 37042, I believe. Further -- at the bottom of the page your signature appears and it's signed, and then opposite is Mr. -- a line for Mr. Orobko to sign. Would it normally -- would he normally sign this type of a document?

A Yes.

Q Do you know why this, this doesn't appear to be signed, do you know why that is?

A I'm not sure.

Q Okay. Do you know if you would have discussed it with Mr. Orobko before transferring it over to him?

A He would have received this as part of the file because I would have -- similar to how I receive the file, or how I received the referral, he would have been given this document, as well as the After Hours report, and possibly the physical file if that's what was happening at that point in time, so he would have had all of this information. Probably just an administrative miss, but I'm quite sure he would have read all of this information when he got it.

Q Okay. The, the file itself, the document, when you prepared it was this was a Word document you were working off of?

A Yes, I believe so.

Q So at the point when you signed it -- did you print it out and then sign it, and then you would give it to Mr. Orobko?

A Correct.

Q So at the point you signed it it would not have been entered into CFSIS?

A I'm not sure. I don't, I don't know that. He could have continued on with my document, I'm not sure how that, how that worked.

Q Okay. But just before you, you actually signed this, this particular document would you have uploaded it to CFSIS?

A Usually it was our administrative staff who did the attaching of Word documents to CFSIS. I don't remember attaching it to CFSIS.

Q Okay. What, what was your understanding of what was -- what would happen with this particular file after it was transferred to Mr. Orobko?

A What would he do on the file?

Q Right.

A I think there was probably a couple of things that he had to do. I think he was tasked with serving the petition and notice of hearing paperwork to both biological parents. I believe he was going to meet with the family again, with their advocate present, to determine what their intentions were, and then write up a more thorough assessment and transfer it to Winnipeg Child and Family Services.

Q And when you say "transferred to Winnipeg Child and Family Services" would that be for ongoing services?

A Yes.

Q And would that be to the family support -- a service worker?

A Correct.

Q In 2000 was there any option for services aside from referring the file to Family Services.

A I don't think I understand the question, I'm

sorry.

Q Well now, now there is an option of transferring a file I understand to Family Enhancement.

THE COMMISSIONER: To Family what?

MR. OLSON: Family Enhancement. Is that ...

THE WITNESS: That's correct. An alternate stream, a prevention stream, is, is what we offer now. There was no Family Enhancement back in 2000. There were, if memory serves, other teams like a Family Reunification Team, Family Preservation Teams, but I think that was one unit in, in the whole of Winnipeg Child and Family Services, and there was some fairly tight criteria.

BY MR. OLSON:

Q Okay.

A Most cases where a child's been apprehended with a view to either gaining permanency on this child or working with the parents to reunify them those files typically went to a Family Service worker.

Q Okay. And just, just to clarify that would be into the protection stream?

A Correct.

Q And so there, there are two steams, a protection stream and a prevention stream?

A Now, and also a voluntary Family Service stream,

which would be -- I think it's Part 2 of the Act where services to families where families are asking for assistance. This file -- voluntary Family Services existed back then, but this file would not have fit under that case category because it was clearly a protection file, a child had been apprehended.

Q I want to look now at the section 4 report, which is at Commission disclosure 1. The report itself starts at page 2, and it's entitled The Special Case Review in Regard to the Death of Phoenix Sinclair, which was written by Andrew Koster and Billie Schibler, former Manitoba Children's Advocate, and this is a report that was submitted to the Minister of Family Services and Housing for the Province of Manitoba in September, 2006, and it was one of the reports commissioned after Phoenix Sinclair's death was discovered in March, 2006.

Have you seen -- you've seen portions of this report before?

A Only for the purpose of this inquiry.

Q Okay. We -- turn to page 18 under the heading The Second Protection File Opening from April 24, 2000 to March, 2002, so this portion of the report refers to the birth and apprehension of Ms. Kematch's first child in 1998, and it goes on to end with a finding, number 5, so that's on page 19.

Look at finding number 4. It says:

> The Intake worker completed her tasks appropriately, thoroughly and in the best interests of Phoenix and her parents.

So this, this would be referring to your work, I understand; is that your understanding?

A It looks like it, yeah.

Q How did you work with this case compared to other cases you were dealing with at this time?

MR. RAY: I'm not sure Ms. Saunderson can recall all the different files she's working on some dozen years ago. I will let her answer the question, but I think it's going to be pretty speculative at this point.

MR. OLSON: Maybe I can put it another way.

THE COMMISSIONER: Can you narrow, narrow your search?

MR. OLSON: Sure.

BY MR. OLSON:

Q Was there anything in particular about this case that allowed you to do a thorough assessment and ...

THE COMMISSIONER: Well is, is the "thorough

assessment" the objective of every case?

THE WITNESS: Yes, ideally. I like to think that I would have given my best work on all cases. I have no idea what my case list was like at this time. If you're speaking to, or asking about how quickly I reacted to this case -- Phoenix was safe, she was under apprehension when the, when the case came to me. I didn't need to react quickly because she was in danger. She was a baby in a nursery at a hospital, and was ready for discharge, so along with having to ensure that we act quickly in files where children may not be safe there's other things at play.

When a hospital says a baby is ready to leave, and we are acting as the guardians of that baby, we need to go. That's probably why I went out so quickly. There's a couple of reasons behind that. A baby who needs to be in a home and in a crib, and with caregivers, not in a nursery bed being cared for by nurses. The other part is is that there's other children who need that crib space in the hospital, so when the hospital calls us to say, this baby needs to leave the hospital we usually react pretty quickly. That falls in the high priority.

I think it was always my intention and as the Commissioner says everybody's intention is to get the most information to do the best assessment that you can. I

can't say that all of my cases had a bang-on assessment, maybe my case list was lighter at that time, I'm not sure.

Q I just want to move on to some questions around workload. Back in 2000 did you find that you were able to, to usually comply with standards in your handling of cases?

A Are you looking for a percentage or I'm not ...

Q Just, just generally.

A I think that's always the intention. I think I've always tried to meet the standards, especially at Intake the more crucial standards are basically your reaction time, how quickly you respond to families based on their level of risk.

Did I always get out to high risk families within 24 hours? No, probably not.

Q Okay. Just with that example getting out to high risk families within 24 hours was that a standard at the time?

A Yes, I believe so.

Q Okay. And are you able to say in general terms how often you were able to actually comply with that standard?

A I can't give you a number. I tried my best, I hope that I met them lots of the time, but I could probably safely say I did not meet the standards all of the time.

Q Okay. Was, was there anything in particular that

made it difficult to meet the standards all of the time, or most of the time?

A I would say workload is probably the number one answer to that. It's, it's a very complicated job, it's very fast paced, it's very intense, you don't know from one day to the next how many files are going to come to you. In addition to that you are dealing with a mixed bag of cases, so you could be dealing with a family that's called the agency for help and support. That's probably not a family that I would need to prioritize in terms of risk or safety threats, but certainly it's a family that under the Act we need to, we need to help.

Children in care. If we had children under apprehension on our caseload we were acting as their guardian, so you are responsible and tasked with their school, their education, their spiritual needs, their religious needs, their food, clothing, shelter, visits, access with parents. The expectations of the job are huge.

Q So there were -- it's safe to say there were a lot of demands on your time?

A Correct.

Q And in terms of prioritizing cases how would you deal with that?

A Well I think you, you didn't do it in isolation. I certainly did a lot of talking with my coworkers, and

with my supervisors about if things were really busy and you couldn't get to all your cases, which was reality, you would choose the ones that you deemed higher risk when you would look at a number of factors.

Q Would, would certain cases get sort of shuffled to the bottom?

A It's possible, yes.

Q And occasionally were some cases overlooked in order to deal with higher priorities?

A What do you mean by "overlooked"?

Q You don't get around to actually providing service on certain cases.

A I would get around to providing services, that was my job. Did I meet the standards around how quickly I did? Probably not.

So I would get to them, just not probably when I should have.

Q Aside from workload as an issue you identified in terms of making it more difficult to comply with standards was there anything else, any other factors?

A Sometimes there are internal factors. There's all kinds of expectations of social workers that just come with the territory. There are committees to sit on, you know Workplace Health and Safety, certain meetings that you need to attend on a weekly basis. We, we talked about

supervision earlier today. Part of the reason that formal supervision didn't happen a lot is because it was put on the so called bottom of the pile of priorities.

When you have 20 cases that you have to get out on probably having weekly supervision or bi-weekly supervision goes to the bottom of the pile.

We've had chronic problems with outside resources. Sometimes matters are not necessarily child welfare matters. They could probably be better dealt with by an outside resource that maybe has a more specific mandate to deal with that particular issue. Resources are -- lack of resources are constantly a problem, and the bottom line is if it has to do with a child, and possible safety or risk threats, it will fall to Child and Family, so if I can't get a client into a resource that I know they need Child and Family Services will have to deal with that issue with that family.

Q In terms of non-child welfare issues that you were, that you were speaking about can you just elaborate on that a bit, give me an example maybe?

A So part of the process of, of Intake is screening, the screening process, and that's to determine whether this is actually a child welfare matter. Sometimes at that initial screening level or phone call, or conversation we may say, This is not a child welfare

concern, this is something maybe that might be better met by a certain resource.

I'll give you an example. A parent/teen conflict. We get a call there's a mom and her teen, you know, arguing all the time, the mom's fed-up, the teenager has addiction problems, looking for assistance. That family might be -- have their needs better met by a resource who specializes in parent/adolescent conflict, or youth addiction issues, or maybe the school can get involved, or a private therapist. Often times families don't have money for that. Often times the resources are -- the criteria is too tight and it falls on our lap anyway, and part of the problem is if there's not an intervention it could turn into a child welfare concern, where it didn't initially start that way.

Q Okay.

A That kind of answer.

Q Right. So that's in terms of if, if there was more prevention something like that may not eventually turn into a child welfare concern; is that --

A Absolutely.

Q Okay. If we could go to Commission disclosure 1676, beginning at page 34758.

THE COMMISSIONER: And what exhibit -- or what number here?

MR. OLSON: It's 1676.

THE COMMISSIONER: 1676.

MR. OLSON: And the page reference is 34758.

BY MR. OLSON:

Q These are a series of e-mails between you and Sandy Stoker. It appears that you wrote an e-mail on January 6, 2009 which is at the top of page 34758.

Can you tell me why you're writing this e-mail, what this was about?

A Can you scroll down to the bottom, please.

Sorry, in this subject line there's a client's name. That should probably be ...

Q Something that should be redacted?

A Yes. Can I see where the e-mail began, please.

Q So that, that name will be redacted before it's posted on the website.

A Okay.

Q And it shouldn't be circulated or made public or communicated to anyone.

A I need to see where the e-mail began, which I believe was an e-mail from Morgan Cameron to myself.

This looks like it started because I had placed a child under apprehension and had a family member or a friend who I made a place of safety. We were responsible

for paying the per diem for that child, and the place of safety wasn't getting processed in a timely fashion --

Q Okay.

A -- and our accounting department was calling me wanting to know where the paperwork was.

Q Just before you go on, because I think a place of safety is probably a new term for most people, what is a place of safety?

A A place of safety is an alternative care option for children that we have in care. It's something that the worker is responsible for. When I mentioned earlier one of the first things that we ask families is, Do you have a family member or a friend who might be appropriate to care for your child, instead of a foster home or a shelter. If there is someone appropriate the worker essentially does like a, like a pseudo licensing of the, of the home, so there's a, a check of the actual home environment, checks to make sure that the caregivers don't have previous child welfare concerns, or investigations, make sure that they don't -- that they're not on the child abuse registry, check them or any other adults in the home. Essentially has to ensure that it's an appropriate placement in a number of different ways.

They need to have references that we need to contact, physical check of the home and a signed agreement

that they're willing to provide care to this child or these children.

Q Okay. So you were, you were explaining the context of this e-mail, I'll let you go on.

A It just looks like I had a child who was in care, and I was able to place the child with relatives, or a friend and make that person a place of safety. The work that I needed to do is handed in administratively, and had not been processed in any way, shape or form. The signatures for a place of safety need to go all the way up to an executive director of an agency, to sign off on that place of safety, and it looks like it hadn't even really gotten past the inputting stage, so what was happening is the family was not getting paid, so they were caring for this child or these children with no pay, and it was an administrative issue, and so I think I was writing to Sandy Stoker to tell her about my concern and how the lack of administrative people in positions was starting to affect social workers because I was now having to do things like help this place of safety have food to put on their table, or clothing for the kids. If they're not getting paid to take care of these children, or if they're not getting paid to take care of the children they're getting paid money to meet the basic needs of the children, if that money isn't forthcoming there's a problem, and that placement might

breakdown, so I wanted to know where things were at with the fact that these positions had not been filled.

Q Was this a new issue at this point, or had this been something that had been going on for some time?

A I think it had been going on for some time. I think they had difficulties filling certain of those positions.

Q And just in terms of giving us an idea of -- when you, when you say "some time" can you recall was it a matter of years, months?

A I would say months.

Q And, and what was Ms. Stoker's position at the time?

A I believe she was -- either the Acting Program Manager of Intake, or the Program Manager of Intake.

Q Generally as, as an intake worker, and you were an intake worker for a number of years --

A Um-hum.

Q -- was workload always an issue?

A Yes.

Q Was it an issue in 2000 when, when you were involved in the Phoenix Sinclair case?

A I don't know to what extent, but I would say, yes. The workload's been an issue for 20 years that I've been around.

Q Have you noticed any improvements in terms of workload issues since 2000 to date, and, and I realize you haven't been necessarily with Intake that whole period?

A Well I haven't been on the front line for just over two years now, so I could not speak from personal experience, only what I see and, and hear. I think that there's been more positions created. I think there's more jobs, I think the world continues to become more complex, and I think we continue to get a lot of referrals, a lot of families with complicated situations, so although there may be new positions, and there may be new monies that have gone into our system I'm not sure it has taken the bite out of the workload problems.

THE COMMISSIONER: Out of what?

THE WITNESS: Out of the workload problems.

MR. OLSON: I, I think I'm almost done. I'll just take a minute.

BY MR. OLSON:

Q I have just a couple more questions. If, if you could look at -- this is Commission disclosure 1677, at page 34761 to page 34762. It's a series of e-mails dated January 8, 2009. In the e-mail starting two-thirds of the way down the page, on page 34761, appears to be written by you?

A Correct.

Q And, and who was it sent to?

A My supervisor, our covering team supervisor, to program managers, I think. I'm not sure what position Shawenne was in at the time.

Q And your supervisor at the time?

A Was Ron Monias.

Q Okay. The e-mail says:

> I'm writing this e-mail because I now no longer know what to do about Intake's current situation. I feel that things had hit a very critical stage wherein many of the workers are overwhelmed and cannot meet expectations any longer. We have heard that at times there have only been between 11 to 13 Intake workers covering the whole city with no view of any plan or future solutions.
>
> Coupled with this is the fact that there is a huge administrative problem with workers often having to do these tasks themselves, or

> deal with missing paperwork, POS, financial issues, et cetera. I have brought this issue to both Faye Jashyn and Sandy Stoker's attention, as well as under separate e-mail. Many of these issues have come up time and time again at the general Intake meetings and we have discussed that communication is a huge part of the problem, slash, solution. We are looking for some leadership and guidance at this very difficult time, and management's plan of what to do about it.

And then on the next page:

> My caseload is at a reasonable level at this time, but only because I take my personal time to complete things to ease my own conscious. In saying that, however, there are many cases that I have closed, but for whatever

reason they have not left my caseload since October, 2008, that is three months ago. I realize that my supervisor and my admin. are also overwhelmed, but those cases then re-open with new issues, and I am stuck with the case that was never closed, in addition to the now daily assignments.

Again I am not sure what can be done about this, but I do as a long term employee feel some level of responsibility to request a meeting or some discussions to ensue with yourselves so that people have an idea of where things are headed and possible solutions that become of it. I appreciate your attention to this matter.

What's, what's the context of that e-mail?

THE COMMISSIONER: Before you answer that question when you wrote that your position was what?

THE WITNESS: I was an Intake social worker.

THE COMMISSIONER: And what was Ingram's position?

THE WITNESS: I believe Ron Monias was my supervisor and Doug Ingram was the supervisor to our sister unit, so he often provided coverage to Ron Monias. I'm not sure if I wrote -- if I attached Doug to that because Ron may have been away at the time.

THE COMMISSIONER: Well, well this -- your e-mail says it's to Ingram first; doesn't it?

THE WITNESS: Yeah.

THE COMMISSIONER: Is he a, a supervisor of yours?

THE WITNESS: He was never my direct supervisor, but he would have covered in my supervisor's absence.

THE COMMISSIONER: And your supervisor was whom?

THE WITNESS: Ron Monias.

THE COMMISSIONER: And that's the next name?

THE WITNESS: Yeah.

MR. COMMISSIONER: So it was really -- was he the prime recipient of your, of your communication?

THE WITNESS: I'm not sure if it came that way because of -- alphabetical or how I have Doug first, but --

THE COMMISSIONER: Okay. You've explained that. What about Stoker, what, what was her position relative to

you?

THE WITNESS: I believe she was the Acting Program Manager of Intake at the time, so the supervisor to the supervisors.

THE COMMISSIONER: And McKay?

THE WITNESS: I don't know. I'm sorry, I can't recall.

THE COMMISSIONER: But these were all people who had some senior responsibility to the position you held; is that correct?

THE WITNESS: Correct, correct.

THE COMMISSIONER: Okay.

BY MR. OLSON:

Q Just, just before you answer my previous question was, was ANCR live at this time?

A Yes, I believe so.

Q And this would have been January, 2009?

A Yes.

Q And so Intake was being done by ANCR, in other words?

A Correct.

Q Okay. So just getting back to the question I asked what was the context of this particular e-mail, if you can recall?

A I think I was pretty clear that I was concerned that work wasn't getting done, that we were at a bit of a critical stage with lack of staff, lack of social workers to take cases that were coming. The cases didn't stop coming when we were down by 10 workers, and I think I was looking, I think as I said, for some leadership and discussion. I had hoped for a meeting or a plan, or something, a strategy.

Q Do you recall what came of this?

A I think the response is attached.

Q Okay.

A Okay. So Sandy was the program manager of -- oh, Crisis Response and After Hours, so Shawenne must have been the program manager for Intake then at the time. It looks like Sandy replied, and acknowledged the concerns and explained what was being done to rectify the situation, invited me to meet with her, to come and talk to her, and described to me what they were doing to begin to, to deal with some of the issues.

Q So in terms of what was being done with the issues -- so I'll just read the, the response then into the record.

A Um-hum.

Q It says:

> Thanks Marnie for your concerns. Management is well aware of the situation at Intake, and we have responded to all of the staff's recommendations including the most recent dissolving of the geographic boundaries.

What was that -- what did that refer to, do you know?

A Earlier I had described how I was on the north Intake Unit for many years, which would have -- we were based in geographical boundaries, so my unit would have only dealt with the cases from the north end of Winnipeg. There were -- there was some belief at that time that certain areas of the city were busier than others, so as someone who was working with families only from the north end of Winnipeg I may be getting intakes on my desk at a rate of three to four per week, whereas somebody who, and this is just an example, somebody who may be working the south end of Winnipeg may only get one or two per week, so I think we had talked to Sandy in an earlier meeting about the possibility of breaking down the boundaries, and simply doing -- assigning intakes on a rotational basis, so that everybody on every unit got the same amount of cases.

Q Okay. Next it goes on to say:

> This seems to be working as workers are now receiving between one to three cases a week each, with the exception of one staff. In terms of the rumor at 11 staff on rotation I can inform you that there are currently 14 staff on a rotation. As you are aware this changes weekly as people are booked for vacation, et cetera. In terms of our vacancies staff submissions have all been completed.

What, what -- do you know what that's referring to, what you understand that to mean?

A I think the way I took that to mean that they were beginning the process, the hiring process.

Q Okay.

A I think that's what that means. I'm not sure.

Q It says:

> Four of the vacant positions have

been advertised for and screened. We will be interviewing within the next two weeks. We also held an admin. competition and selected more than one candidate, but none of the offers we made were accepted. We have since reposted. In the interim our float position is returning on Monday, and we are keeping Barb Miller on in the mornings until everything is caught up. This should also provide Jackie with well needed and deserved workload relief.

Did that response address your concerns?

A Yes, definitely. We may have met again to discuss further strategies, I'm not sure, but I felt satisfied with the response.

Q Okay. And did --

THE COMMISSIONER: Did you see an improvement after that?

THE WITNESS: Yes. I can't say how quickly after that, but there was definitely improvement through the years. We got to a point I think where we were at full

complement.

Q But you don't -- you, you can't recall when that was?

A Not exactly, no.

MR. OLSON: I don't have any further questions for you, okay, so thank you.

THE WITNESS: Thank you.

THE COMMISSIONER: All right. Before we take our afternoon break have counsel arranged their order of cross-examinations, has that been resolved, Mr. Gindin?

MR. GINDIN: I think it has.

THE COMMISSIONER: All right. Well, I think we'll, we'll -- it's an appropriate time to take our mid-afternoon break. We'll do that and then start with the cross-examination in 15 minutes.

(BRIEF RECESS)

THE COMMISSIONER: All right. We'll have the witness return, please.

Mr. Gindin, I'll just be a minute. I'm -- stay where you are. I'm just going to ask one question, and it -- I think in fairness to counsel I should ask it now rather than at the end, as I intended to.

EXAMINATION BY THE COMMISSIONER:

Q Witness, you have made reference to this, these e-mails back in 2009 and you've indicated the improvement you saw arising as a result of you having raised the matter and what followed, as I understand you. Earlier on, you were asked about improvements in the workplace at the present time and you talked about there having been more positions, more jobs, but you're dealing with a complex world with family problems and so on of new kinds and, and the complexity of it all, and you said you were not sure that new money has taken the bite out of the workload problems. Has there been some deterioration from what you thought you saw improvement of in, in 2009 to today, or how do you rationalize those two positions as between 2009 and 2012?

A I think specifically with regard to the concerns that I raised on those couple of days, I think there was specifically improvements after that. I can't say how quickly, but I, I do know that I felt that all of a sudden, you know, we had all of the workers in place for a period of time. And in general, I believe there's been more positions added, more money has come to the system, another route of prevention has, has come to the system. I don't know if that necessarily equals no further workload problems, I think is what I was trying to say. I think

that while we've gotten more money and positions, I think problems have gotten worse out there in the world. I think family situations are more complicated, there are, there's, there's new gangs, new violence concerns, new substances every month that make our, our job harder. So although I can say that I feel there's been improvements, I'm not sure it's translated into a hundred percent cure for workload. Does that come to answer your question a bit?

THE COMMISSIONER: It does.

THE WITNESS: Thank you.

THE COMMISSIONER: Thank you.

All right. Mr. Gindin, please.

MR. GINDIN: Thank you.

EXAMINATION BY MR. GINDIN:

Q Ms. Sanderson, I represent Kim Edwards and Steve Sinclair. My name is Jeff Gindin. I just want to follow up on these e-mails before I take you back to --

A Sure.

Q -- some of your other evidence. The -- at page three thousand, 34761, which you were just looking at a moment ago, at the bottom of that page is your e-mail dated January the 8th at 3:08 p.m. in the afternoon, correct?

A Correct.

Q Now, just taking you through that just for some

clarification, you begin by saying that you're calling or you're writing about the, about intake's current situation. I take it by that you meant what you had discussed earlier: administrative issues. Is that what you were talking about mostly?

A Partly yes and partly that there were, I believe, 24 social work positions on intake, and at times 11 people doing that job.

Q And normally it would be 24?

A Correct.

Q Almost double?

A Correct.

Q And a little bit further on in your e-mail, you talk about how overwhelmed you are. And I presume you're talking about other people as well?

A Correct.

Q And that you cannot meet expectations any longer. And what did you mean by "expectations"?

A I think what I was getting at was that I wasn't seeing families in a timely manner. I was not meeting the standards at that time.

Q So you wouldn't be able to do what you thought you were expected to do?

A What, what I am expected to do.

Q Yes.

A Yes.

Q A little further in your e-mail you talk about a huge administrative problem with workers and then you say, "missing paperwork". You see that portion of your e-mail?

A Yes, I do.

Q What did you mean by "missing paperwork"?

A When I completed a social work task, often that piece of paper went to our administrator on our unit who then either attached it to CFSIS or attached it, did something, sent it out somewhere, whatever administrative pieces of the job had to be done. There was a huge backlog at the time. I recall files needing to be transferred out. They were ready to go, they were ready to close, but we couldn't locate the paperwork in the large backup of paperwork.

Q So you're not talking about paperwork that went missing forever but just paperwork that was late in being attached to the file; is that what you meant?

A Yeah, I think that's what I meant, yeah.

Q I see. Now, earlier you had said that these problems that you addressed in your e-mail had only been going on for a few months?

A Um-hum.

Q The next paragraph of that e-mail says:

Many of these issues have come up time and time again at the general intake meetings.

Which gives me the impression that it's been going on for some time by that language.

A It could be months, too. We had general intake meetings, we had unit meetings once a week, and we had a larger intake meeting once a month. So if I look at general intake meetings being plural --

Q Um-hum.

A -- that could have been a couple of months.

Q "Time and time again" refers to not just once or twice; you'd agree?

A Possibly, yeah.

Q Going over to the next page, 34762, in that paragraph you're talking about the problem of files not being closed on time and you're talking about the fact that certain files that should be closed aren't being closed when they should, and then later they're re-opened as new issues. What would be the difference between a file that is closed when it should be closed and then re-opened because of a new issue and a file that hangs around for a while without actually being closed? Is there any difference between those things?

A To me personally, as a social worker?
Q Yes. I ask that because it sounds like it's a problem that you're concerned with here and you mention it quite clearly.
A Um-hum.
Q And the question is, why is that a concern?
A If I did work on a file, if I met standards, saw the family, saw the children and deemed the disposition was now that the children were safe and the file could be closed, the next step is my supervisor signs off on that.
Q Um-hum.
A I believe at that time the intake module was in place so they would have to electronically do an administrative task to close that file off so it drops off my caseload.
Q So the -- I, I think you're saying that the benefit is that it lessens your caseload?
A It lessens my caseload for one. I've, I've closed the file so I am not intervening with that family. Should something come up with that file that I have now closed, essentially that would have been my responsibility. So my --
Q I'm not sure I ...
A My supervisor and I have agreed that it's time to close this file. All of the work has been done. If the

file closed off and a new issue arose, it would get assigned to another worker, possibly myself again, to deal with that issue and again see the children, meet the standards, ensure everyone's okay. If a file is open to me for two months and now I'm doing nothing with it and something happens during that long period of time where it never actually got closed off, there should be some level of responsibility for what I did or didn't do during that time period.

Q And so if it wasn't closed when it should have been, how does that affect your level of responsibility?

A Well, technically, if there's a file open to me for six months, I should be doing something on that file. I should be seeing children, I should be monitoring the situation. If it was deemed for closing but it never actually closes, I wouldn't, I wouldn't do those things. I wouldn't see the family, I wouldn't -- but if it looks like it was open to me for a longer period of time and I did nothing, that would look quite negligent.

Q So it's a matter of perception; is that the issue?

A That might be part of it. If a file is open to an agency for a long period of time, one would think there's an onus on us to be doing something with that family, so maybe more than perception a bit.

Q If you had decided that, you know, it's time to close a file --

A Um-hum.

Q -- I take it you would make note of that somehow --

A Yes.

Q -- on the file --

A Yes.

Q -- saying this file should be closed?

A Um-hum.

Q So the fact that it actually wasn't for a while, not sure how that would affect anyone's perception of your responsibilities, having regard to the fact that there's a note there. Not sure why it's, it's an issue.

A I've explained it the best way I know how. Sorry.

Q You obviously felt strongly enough to put this in your e-mail.

A I also think, in terms of families, I think it's unfair for a family whose file is deemed to be ready to be closed and it stays open for eight months --

Q With the --

A -- because of an administrative problem.

Q Would the family know about that?

A No, not necessarily, although they could, because

if a new issue arose they could say, oh, don't you know that you have a worker, Marnie Saunderson, assigned to your case? And they would say, no, I had no idea.

The other problem is, is that when you're looking later at history, it matters how long a file is open.

Q All right.

A So if someone had a file that was supposed to only be open a month and closed and later it was eight months open, that next worker could make some presumptions about that.

Q Okay.

A So it wasn't fair to families either.

Q Now, the response that you got to that e-mail that we've just been discussing, I notice from -- that's on page 34761, I think it's the same page -- or the previous page, pardon me. You get a response, and part of it indicates that, I'll just read the last sentence:

> I will be holding a program meeting next Friday morning which we can discuss your concerns at.

See that?

A Yeah.

Q Do you recall whether there was, in fact, a

program meeting the next Friday?

A I can only assume that there was. We had regular program meetings. But I don't recall exactly.

Q I just want to go back through some of your earlier evidence. You were talking about the type of training that you get --

A Um-hum.

Q -- early on, and I think you indicated that it was mostly from supervisors. Remember that?

A Yeah.

Q Would that include training about standards?

A I received no specific training on standards other than when I talked about core competency-based training, which I believe was in the late '90s, which would have been at least five years after I began being a social worker. And I'm quite sure that the core competency-based training is based upon foundational standards.

Q I presume you were required to read them?

A Yes.

Q At least. But received no training. About --

A Not until some years later there was a couple of changes to some standards within the last four years, I think. And I remember having a specific training session with my supervisor at the time to discuss what those changes were to the standards.

Q This would be after 2005?
A Correct.
Q And do you recall what the main changes were that you're referring to?
A I can't recall at this time.
Q Okay. You also said that you received no training specific to the job you were doing. Do you recall saying that earlier?
A Yes.
Q What would have been training specific to the job that you were doing that you would have preferred to have?
A I don't think I made a judgment of preference when I said that. I don't know what possible training that they can implement that would be specific to the job. I mean, there's some very basics that one learns to be a social worker. I think the best training sometimes is that which you learn on the job. So I was watching what other social workers did. I was watching, I was hearing from my supervisor, I was perhaps going on fields with them, I was reading their work. I can't think of --
Q So --
A -- what would be better or worse than that.
Q So it was really left to you to train yourself based on the experience you were receiving?
A Yes, for the most part.

Q And I suppose every social worker might have a different experience?

A Correct.

Q At another point in your evidence you indicated that you were not prepared for the volume --

A Um-hum.

Q -- of cases that you were suddenly handling. I can't recall what year you were referring to. Do you recall?

A I think it's when I became a family service social worker, which would have been around 1994 to 1998.

Q And when you say you weren't prepared for the volume of -- or your caseload, I suppose, how would that manifest itself, the fact that you weren't, in your view, totally ready for this volume that you're receiving? Does it mean that you would take shortcuts on occasion because you had no choice?

A I think you prioritized a lot. I think you decided which cases came first, which children you needed to see, some of the expectations that are beyond child safety, like attending court, going to trials, going to pretrials, doing your paperwork, writing reports to get a child leveled in a different place, placement. There was competing, competing workload from, from various places. So I wouldn't say as a social worker charged with the

safety of children, I wouldn't ever use the word "cutting corners", because that implies that I left kids unsafe. That's the number one priority of the job, is making kids are safe and seen and well in their home or in care.

Q But there are times --

A Does it mean I attended less, did less things like sit on different committees or things like that? Yeah. Does it mean I worked a ton of overtime that I never got paid for? Yep.

Q That's your experience, of course.

A That's my experience, yes.

Q I suppose you would have to be somewhat selective in what you chose to do because of the extreme workload?

A Correct.

Q You also talked about how you were -- there was no job shadowing period, which sounds like you were pretty much left to sink or swim on occasion?

A By that I mean there was no period of time where I was given no cases and could just go along with another worker to watch what they did. I got cases the minute I got there.

Q Okay.

A So I may have asked workers to come out with me on difficult cases or cases where I didn't quite know what to do, or maybe asked a supervisor, closer consultation

with them. Did I have a period of time of having no work in which to just shadow somebody? No.

Q You think it was common for most social workers to, to work those extra hours and try to keep up on their own personal time or is that --

A Yes.

Q You think that was a common thing?

A Yes.

Q I presume there were some that didn't do that?

A Could be.

Q You were talking about the supervision when Mr. Olson was asking you questions. You indicated that you would sometimes go to a supervisor to discuss things, that there was nothing formal about it but you would do that on occasion. What kind of things, for example, would you find it necessary to go talk to a supervisor about?

A Well, in my different jobs at the agency it would have been different things. So at the after-hours level or at the intake level, it might be something like whether or not to apprehend a child. In fact, we needed to have supervisory authorization in order to make the decision to remove a child from their home. It could be anything. Authorization for a certain kind of -- if a family needed groceries and had no food, could we provide monies to them; who would provide a hamper to them to hold things together.

Q So it's something that would be at your discretion really?

A Yes.

Q As to whether you felt it needed to be discussed with a supervisor?

A Correct, or it could go both ways. If I handed in a product, an assessment on a family and my supervisor needed clarification or didn't understand or didn't agree, that could also -- I could be called in to discuss that.

Q Were there some policies in place as to when you must see a supervisor or get their approval for some, for certain things?

A Well, for sure if you're going to apprehend a child, for sure if you're going to return a child home. If you have a child in care and you're looking at changing their placement, that would need supervisory. Any kind of --

Q Is, is that written --

A -- money expenditures.

Q Pardon me. Is that written somewhere? Is that a policy? Is it a standard? Or, where do we get that?

A I'm thinking it's a policy based on standards. I don't know exactly. I just have always known that.

Q That's the procedure you would follow at least?

A Yes. Most people would follow.

Q Yeah. When you say there was no formal meetings or schedule to meet with supervisors, is that something that you would have liked to see?

A At, at many times in my career there has been formal supervision scheduled. In the last number of years, formal supervision is an expectation of, for sure, ANCR. Formal scheduled supervision, unless there's issues or concerns and then it increases in intensity and frequency. Some supervisors in the past that I've had worked more on an ad hoc basis, as-needed basis: when you need me come see me, I will be here; here's my cell phone number, here's this, here's that; can always be reached. I've never had particularly an issue with lack of supervision. I have felt that my supervisors, I've been quite lucky that they've always been there when I needed them.

Q Of course, they all operate differently, I suppose.

A Um-hum.

Q Okay. You also mentioned that -- correct me if I'm misstating something, but I think you mentioned that these days you would look up more information about a father whereas back then, I presume back in 2000 or so, that wouldn't always happen. Remember that?

A Yes.

Q When did that change take place where you began

to consider the father and the background a little bit more than in the past, do you recall?

A I can't say that -- I can't give you a specific time. I can only give you my experience with that. At the beginning of my career 20 years ago, our system's always been based on the mother.

Q Um-hum.

A Often, files were opened under the mother. That was just the way the system was set up. With that opening would often come the history or what's, what's happened. In recent years, fathers have become a bigger part of the picture. They're no longer just the biological father to be served in a court proceeding. Often, father are very involved now. Often, fathers have custody over the mothers. I think it was just, just a normal course of evolving where my personal practice was that fathers, their histories needed to be looked up as well; we needed them to consider them as options as well. Also, the intake module came out within the last, I want to say, seven, eight years, something like that. When the intake module came out, any person that you add to a family unit now, whether they're in the home or not, the system forces you to do a prior contact check.

Q And prior to that there was no motivation to do that?

A No, I'm not, it's not sure it's about motivation. I think it's, it just wasn't done maybe as thoroughly as it seems to be now.

Q So you're saying since about 2004, or 2003, that is being done more?

A Yes. And also with the evolution of people's thinking.

Q All right.

A And how fathers have stepped up to the plate in recent years to become a part of these proceedings and to parent their children.

Q And not only fathers but perhaps a significant other of the mother's that she may be with.

A Um-hum.

Q Would be something that -- someone who should be looked into. You agree with that?

A Yes.

Q That wasn't always the case?

A It also depends on what information you have. I mean, we can only look up people with, with what we have. If you have a common name, sometimes 15 people will show up with that name, and so better to not include that person, better to be sure that you have the right person. So yes, it would be important to look it up. If you know people that are in and around children and have contact or some

care-giving responsibility to children, yes, it would be wise to look them up and see if they've had any involvement. It's not always as simple as that, though.

Q So the idea of looking more closely at the father or other people is not a decision that was made one day, it's just evolved over time?

A That's my belief, yes. And with the intake module and the prior contact check that I talked about.

Q You also said that -- we were talking about CFSIS and you said that you heard that problems continue with that system. What sort of things have you heard about what the problem is still?

A Agencies would like to have their information inputted into CFSIS. They recognize that this is something they must do and is a priority and is important. But I've heard and I understand that many agencies are incapable of doing so. Some of it is that they don't have enough computer systems, that they are antiquated and I've also heard that many agencies don't even have internet connectivity in their communities to be able to get on the system to input the information and they must drive things to other communities for inputting. So I do believe that it's difficult for many agencies to have proper inputting on CFSIS.

Q These are things that people have told you about?

A Correct.

Q Also, you were talking about the difficulty in getting information on Samantha's protection file that you were requesting.

A Um-hum.

Q And instead you got some information on her child-in-care file?

A Correct.

Q Right. And normally you wouldn't get that type of file, child-in-care file?

A Correct.

Q Is that something you believe that you should be able to get more easily to be able to do your job better?

A Is this my opinion?

Q Just your opinion on your experience and ...

A I think it's a slippery slope. I think if those files were accessible to everybody, information could get misused. These are children in the care of an agency who have presumably been abused or neglected themselves. I don't think how they managed their victimization should be used against them solely in the future.

Q I was just referring to social workers having --

A Oh.

Q -- an access, not the public.

A Well, I -- none of those files are accessible to

the public.

Q No, of course. But you have trouble getting certain things, and I'm just wondering if you think that that should be changed, that's something you should be able to get to do your job more, more -- better?

A I think it depends. If a teenager acted a certain way at the age of 17 and then was going to parent at 18, and that behavior could have caused or posed a risk or threat to the child that they were now wanting to care for, I think that's important information to get, and hopefully a good social worker would go about getting that information. I think carte blanche, I think they should remain sealed. That's my opinion.

Q Just getting the information doesn't mean you'll use it in an improper way. You still have to use judgment, obviously.

A Correct.

Q In interpreting it.

A Yes.

Q In fairness to the, the child in care, right?

A Correct.

Q But at least on occasion it would have helped in some circumstances?

A Sure.

Q Now, you told us about how this conflict of

interest arose that led you to back off of the file, and that was because the, the advocate they came to a visit with was your first cousin; was that it?

A Correct.

Q Okay. And I take it this issue of a potential conflict is really a matter of appearances and it wouldn't look appropriate if you continued on in a case in certain circumstances, right?

A Partly, yes.

Q It doesn't mean that you would act improperly if you did, it just means that it doesn't look right and it's wise to step back?

A Well, and for the comfort level of myself and --

Q Yes.

A -- my first cousin and for the family.

Q Right. Was there some sort of a policy or some sort of procedure in place as to when that should be done or what amounts to a conflict of interest? For example, what if it was your fourth cousin, would that have been something that would cause you to withdraw from a case?

A There could have been a policy; I don't recall seeing one. I think it was at the discretion of the worker, their comfort level and the supervisor.

Q So that would be left to the particular social worker involved, if there could be a potential conflict, to

bring that to somebody's attention?

A Correct.

Q Probably to a supervisor's attention, and discuss it?

A Correct.

Q Right? You had mentioned earlier some of your dealings with Samantha and Steven Sinclair.

A Um-hum.

Q I think you indicated that it was pretty clear that he was more involved, helping her dress and that kind of thing, right?

A Correct.

Q And in fact, he was the, the one who phoned about visits and upset about not being able to get a visit as quickly as he'd like?

A Correct.

Q And that was something that impressed you?

A Enough to note it.

Q Yes.

A Yes.

MR. GINDIN: Thank you. Those are my questions.

THE WITNESS: Thank you.

THE COMMISSIONER: Thank you, Mr. Gindin.

Mr. Saxberg, are you next?

MR. SAXBERG: Thank you, Mr. Commissioner. I'll

proceed. If I could ask Ms. Ewatski to turn up Commission disclosure document 992.

MS. EWATSKI: Page number, Mr. Saxberg?

MR. SAXBERG: First page.

MS. WALSH: What's the page number in the disclosure? It's just easier.

MR. SAXBERG: 19625.

THE COMMISSIONER: Where -- what, what CD number is this?

MR. SAXBERG: This is Commission disclosure 992.

THE COMMISSIONER: 992. I don't have that.

MR. OLSON: Mr. Commissioner, these disclosures may not be in the hard copy in front of you.

THE COMMISSIONER: Well, they can go on the screen.

MR. OLSON: They'll be on the screen, though.

THE COMMISSIONER: We, we -- I've got to have a talk with you about exhibits. I, I'm concerned that we're not marking these things as exhibits, but we can have that discussion at some point. But if you get them on screen for now, that will be satisfactory for today.

MR. OLSON: Yeah. Should be on the screen.

EXAMINATION BY MR. SAXBERG:

Q Good afternoon, Ms. Saunderson. As you --

A Hello.

Q As you know, I'm one of the lawyers for your employer, ANCR, and I have a few questions, really along the lines of clarifying information from a factual perspective. And I want to start with one of the first things that you'd indicated in your testimony was that there was no division of intake between CRU and tier two until, I believe you said, around 2005.

A That's probably what I said.

Q And I've put in front of you a document which is entitled Winnipeg CFS Intake Program Description and Procedures. Do you see that?

A Yeah.

Q And it's dated July 2001. Do you see that?

A Yeah.

Q And if we could turn to the second page, the index page, you have table contents, and scroll to the top. The first section is the crisis response unit and after-hours unit, and then when you scroll down, the next section is the intake unit and then the abuse unit. Do you see that?

A I do.

Q Does that assist you with respect when the division of intake came into place?

A It looks like I was about four years off.

Q Okay. Thank you for that. And just by way of clarification, if we continue to scroll down and to the crisis response unit. Yes, right there.

The crisis response unit deals with cases over what period of time?

A Sorry, is that question to me?

Q Yes.

A Twenty-four to forty-eight hours, generally. After-hours would for sure be that evening or that day or possibly that weekend, that after-hours would handle a case. Typically, it's very, very short term involvement.

Q And I believe you'd indicated that as a result of workload pressures, it may be the case that as a result of having to prioritize, you might not meet the timelines that are required for attendance to a matter, and you had cited 24 hours as being one of those timelines. You remember that?

A I do. I think I was just making a general example, but go ahead.

Q And if I could get to page 19636. This is under the crisis response unit policy manual and it indicates the type of responses that require 24 hours. Are you familiar with that?

A Yes.

Q And they include suspicious death or severe or

serious physical abuse or severe or serious sexual abuse or life-threatening serious medical neglect, severe or serious lack of supervision, parent behaving in a bizarre manner. And then it goes on, under vulnerability, to include a young child or developmental-age child attempts or threatens suicide, child less than 12 kills or injures someone, homeless child, sudden death, child unable to protect self, access by perpetrator. Those are the type of referrals that would require a 24-hour response, correct?

A Correct.

Q And in the instance that you were involved with that you testified to, would that fit under any of those categories?

A The case specific to the inquiry that we're talking about?

Q That's right, with respect to your involvement with Phoenix Sinclair.

A There was no imminent safety threat to Phoenix. She was already under apprehension so, no.

Q And so would you agree that many of the cases that you dealt with as an intake worker didn't require 24-hour response?

A Sometimes yes, sometimes no.

Q And, but you would be guided by the factors that are listed in this program manual; you'd agree?

A Correct.

MR. SAXBERG: Mr. Commissioner, I'd like to mark that document as an exhibit. I believe it's going to come up throughout the proceedings by way of indicating the differences in function between --

THE COMMISSIONER: Well, look, I'm going to have a chat with Commission counsel after we adjourn today about this whole exhibit issue, and the outcome of that conversation will be reported to you in the morning. And you keep track of this document, and if we're going into a marking, full marking scale, we'll, we'll do it anyway, but I'd just like to have you just keep your reference to that and I'll deal with it in the morning because I have concerns about the documents not being marked. And I'll get Commission counsel's take on that when I meet with them. And we could do it publicly here but I don't want to take up the time. So you'll get that marked at some point.

MR. SAXBERG: Okay.

BY MR. SAXBERG:

Q And maybe just so that everyone understands these, the different units within the organization that this document is explaining, can I just, I just want to run through them quickly with you.

The after-hours unit, how long would a worker in

the after-hours unit deal with a file?

A If it was on an evening, a weekday evening, that evening would be the length of their involvement. Their --

Q And at the -- sorry?

A Their purpose is to assess the immediate safety of children that evening.

Q And if the matter needed continuing involvement by CFS, where would it go?

A It would either go up to the CRU, the crisis response unit, to finish off their involvement and perhaps move to closing it. If it required further assessment, it would go up to what's now called the tier two intake department.

Q And the crisis response unit would generally deal with files for, I believe you said one to three days?

A So the crisis response is the after-hours of the daytime, again dealing with all of the calls that come into the agency. They are the screeners for ANCR. They decide whether or not this is a child welfare matter, whether this gets brought into our agency. If it requires an emergency field or intervention, they generally go out on it 24 to 48 hours. If the file requires a more thorough assessment, a closer look, or if it's not life-threatening, it would go up to tier two intake.

Q Okay. And just by way of context, you'd

indicated in a week you're going to be the supervisor of the CRU at ANCR?

A There are two supervisors and I will be one of them, yes.

Q And so then at -- if a matter moves from CRU and progresses further, it goes to what's called tier two intake, how long can it stay there for investigation?

A Ideally, 30 days is what a case should be at tier two intake for. There's an assessment period, there may be some brief services provided to the family and a decision, an intake disposition decision is to be made ideally within a month. The decision to close the file, to transfer it for ongoing services, to transfer it for a preventative service, that's about the only options.

Q Right. And one of those options, if the file's continuing after the 30 days, is it goes to what is called family services for the most part?

A Correct.

Q Ongoing services. And that's the job that you talked about having done in 1994 to '98 or so --

A Correct.

Q -- correct?

A Yes.

Q And that's where you deal with families on a more long-term basis?

A Long-term basis. Yeah.

Q And as of 2001, those divisions within CFS were present as of July 2001; you confirmed that, correct?

A Looks that way.

Q And at ANCR the continue to be present except that ANCR doesn't perform the family services function, the ongoing provision of long-term services; is that correct?

A Correct.

Q Now, I just want to ask you about the standards training. You'd indicated that you received core competency training at some point after you began working for CFS?

A Um-hum.

Q But you'll confirm that didn't specifically include any training with respect to the standards at the time that you took the training?

A I believe that that training is based on standards. So things like what kinds of cases require a 24 or 48-hour, five-day response, I don't remember specifically ever learning standard one A, B.

Q Right.

A Anything to that.

Q And the document that we're looking at that was Commission disclosure 992 that document was available to you when you were working at that time?

A Yes.

Q And it would also incorporate the standards; is that correct?

A Yes.

Q So would tell you what's a 24-hour response and whether you'd see a child, that sort of thing?

A Correct.

Q And that was available to all the people working in intake?

A A standards binder has always been available to me in 20 years.

Q A standards binder but also this --

A Oh.

Q -- particular document.

A Yeah, the program manual, which incorporates standards, yes.

Q And the -- fast-forwarding to, to the period post-delivery of services to Phoenix Sinclair in around 2009, I understand that you received standards training from your supervisors at ANCR?

A Yes, I spoke about that a minute ago. Yes.

Q And, and the supervisors, I understand, had received standards training from the southern authority?

A Yes, that's my understanding.

Q So standards training now is something that's a

part of the, the workplace profile at ANCR?

A Yes. That was related to changes in the standards and we did get training on that.

Q And if I could ask Ms. Ewatski to turn up Commission disclosure 1634.

Oh, sorry. 29040 is the page.

This is a Winnipeg CFS supervision policy which was implemented on March 1st, 2004. Do you see that?

A Yeah.

Q You had spoken about supervision over different periods of time. Are you, were you aware of the implementation of this supervision policy in 2004? Were you part of that process?

A I'm not sure exactly. I don't know.

Q In addition to, to supervision, you made reference, at least during the 2009 period, to regular administrative meetings of, of program areas?

A Um-hum.

Q Yes?

A Yes.

Q So one of those regular monthly meetings related to the intake program, the tier two intake program --

A Um-hum.

Q -- is that correct?

A Correct.

Q And you've testified about some concerns that you had with respect to certain issues in January of 2009 with respect to intake, correct?

A Correct.

Q Now, one of the issues related to the lack or, or a problem with respect to administrative services of files; is that right?

A Yes.

Q That was the e-mail at Commission disclosure 1676. And perhaps we should turn that up. At page 34758. And is it fair that, for the most part, what you're complaining about here is that there are many files that are scheduled to be closed; there's been a decision that they ought to be closed but they're awaiting paperwork to resolve that; is that fair?

A I think you might be thinking about the other e-mail. I think this one was specific to a place of safety that wasn't getting paid.

Q That's right.

A Sorry.

Q Yeah, I think so. That was one of the examples related to that, but on the other e-mail --

A Yeah.

Q -- as well, you're complaining about the administrative process and file; is that fair?

A Yes.

Q Files that should be, they're scheduled to be closed, not being closed because they're awaiting paperwork and that hasn't been done. That's right?

A Correct, yeah.

Q And is it fair that -- you're talking about the intake program alone, correct?

A Correct.

Q That's the tier two intake --

A Yes.

Q -- program, not CRU or after-hours, correct?

A Correct.

Q And that there are two administrative people that are tasked with performing the functions that -- for instance, closing the file, correct? Doing the paperwork to close the file, correct?

A Correct.

Q And at the time that you were raising these issues there was a vacancy and so there was only one administrative person available to do the job?

A Believe so, yes.

Q And so that's 50 percent of the resources --

A Um-hum.

Q -- to be able to do this work, and that was the cause of the problem, correct?

A Yes.

Q And that administrative person, that position was later filled and, and the problem diminished by reason of that other person being available, correct?

A Correct.

Q And also, I understand that there was another step that was taken to help reduce the problem, and that is that there was a tracking system put in place to ensure that no file that was scheduled to be closed stayed open for more than 60 days; is that fair?

A Yes.

Q And that that tracking system also went a long way to making sure that files were closed, that were supposed to be closed, on a timely basis; is that fair?

A That's correct.

Q And you'd agree with me -- I mean, this, this complaint arose in 2009 and that was more than three years or four years after the last provision of service to Phoenix Sinclair, so it has nothing to do with the Phoenix Sinclair case; is that correct?

A Correct.

Q And it isn't a current problem either, is it? That's --

A No.

Q Right. So it has nothing to do with the Phoenix

Sinclair case and it's not a current problem?

A Correct.

THE COMMISSIONER: What is not a current problem?

MR. SAXBERG: The issue that she's raised about administrative staff not closing files in a timely basis.

BY MR. SAXBERG:

Q Is that right?

A Correct.

Q And the other issue, then, on that second e-mail, which is CD1677, page 34761.

This is the, the other concern that you raised, which was with respect to the number of intake workers that were available on rotation in, in that early 2009 period, correct?

A Correct.

Q And in that tier two intake function there, at that time, there were four units of six workers; is that correct?

A Correct.

Q So there should be 24 workers available to take on new files and provide that intake service over the 30-day period that you indicate; is --

A Yes.

Q -- that fair?

A Yes.

Q That's right? And they were divided geographically into four different regions, and one was, I believe, north A, then there was north B, and then there was central and south; is that right?

A Correct.

Q And you were north A?

A North B.

Q North B. And what was happening was at some -- because there was more activity going on, as you said, you know, society is -- or sometimes problems worsen in, in the city with families and so there was, at times, more work being generated in certain regions of the city than in others, and that was meaning that certain workers in the intake program were getting more work than others. Is that a simplified --

A Yes.

Q That's correct?

A Yeah.

Q And one of the changes that was implemented at the behest of the workers to solve that disproportionate assignment of files to intake workers was to move to a rotational system where individuals would get files based on not their -- not a geographical area but the amount of work they had on their desk; is that fair?

A That's correct.

Q And so do you agree that that changed from geographical to rotational, that was just being implemented literally weeks before you sent that e-mail issuing that you're raising your concerns about intake?

A Yeah.

Q That's fair. And so that later -- well, would you agree that the rotational function instead of the geographical assignment has, has gone a long way to alleviating the problem at intake in terms of workload?

A I think it made case distribution fairer and more equal, and that helped a lot.

Q Okay. And I think that's a very fair answer.

The other, the real issue, though, that was driving your concern was that you were indicating there was only between 11 and 13, I believe, intake workers available and, as we had indicated, there should be 24 there, correct?

A Right.

Q And the reason was that there were seven vacancies at that point in time.

A Um-hum.

Q There were seven job openings that ANCR was trying to fill; is that correct?

A I'm not sure exactly but you could be right.

Q Yeah, I understand that once that, that there -- there's a monthly administrative meeting of the, of that tier two intake department occurs every month and that these issues were canvassed, including the issue of the seven vacancies. But do -- and explanation as to why the vacancies were there was offered, but you don't recall that?

A I'm not denying that that conversation didn't occur; it probably did, it likely did. We were often updated on where things were at by our program manager, where the postings were at, those kinds of things. But I couldn't -- about this specific in seven, I didn't -- I don't know.

Q And you'll agree that the seven vacancies was a temporary issue and that was later resolved, those vacancies were filled with, with workers, correct?

A Yes.

Q And in relation to the intake, tier two intake program, you'd indicated that there were four units, 24 people, and now there is a fifth unit; is that correct?

A Yes.

Q So now there are 30 workers that work in the tier two intake at this point in time; is that correct?

A Correct.

Q And you'll agree that that, that seven-person

vacancy problem occurred years after services were provided to Phoenix Sinclair and had nothing to do with the delivery of services to Phoenix Sinclair?

A Correct.

Q And it's a problem that doesn't exit today, and in terms of the vacancy problem at that level, in that program; is that fair?

A Yes.

Q Now, I just wanted to ask you briefly about the child-in-care file issue. As a front line social worker, it is important that you're aware of the Child and Family Services Act and its provisions and requirements; is that fair?

A Yes.

Q And are you aware that Section 76(14) of the Act requires that:

> "Where a ward ... has reached the age of majority and the record of ... wardship or placement has been closed, the record shall be sealed in a separate file and stored in a safe depository, and information from the record shall not be disclosed to any person

except ..."

in accordance with the CFS Act?

A Yes.

Q And that's what you were talking about with respect to child-in-care files being sealed, they're, they're sealed --

A Yes.

Q -- by virtue of the Act; is that fair?

A Yes.

Q And one of the situations in which you can access that sealed file is if you have the consent of the adult, the now-adult that was the subject of the file; is that fair?

A Yes.

Q And you're aware that another way that you can access the file is listed in Section 76(16) that says:

> "Upon application by the director or an agency, the court may order that all or part of a record referred to [above] be opened or disclosed where there are reasonable grounds to believe that a child or sibling of the adult

> who is the subject of the record, ... is likely to suffer physical or serious psychological harm if the record is not opened or disclosed."

Are you familiar with that test to be able to access CFS files?

A It sounds familiar now, yes.

Q And I just want to ask you if that -- do you believe that, with respect to Phoenix Sinclair and your provision of services to her and her family in 2000, that there was a situation where she, as the child of an adult who is the subject of a closed file, was likely to suffer physical or serious psychological harm if the file was not and the record was not opened and disclosed?

THE COMMISSIONER: What's that again?

MR. SAXBERG: I'm asking if she believes that it was important to access the child-in-care file of Samantha Kematch because Phoenix Sinclair was likely to suffer physical or serious psychological harm if the record was not opened or disclosed as pursuant to the test.

THE WITNESS: I'm going to have a hard time answering that question because I got the information whether I wanted it or not. Further to that, Phoenix was

already under apprehension and in our care, so the results of that child-in-care file at that point are not particularly salient at that moment. Are you asking me hypothetically if we would have never gotten that child-in-care file would it have put Phoenix at risk?

BY MR. SAXBERG:

Q No, no, and I'll never ask you a hypothetical question and I --

A Okay.

Q -- I don't think you should answer hypothetical questions. I was just asking if, in your opinion, the test set out in the Act to get a hold of those sealed files had been met or was met, and I think you've answered it.

A Okay.

Q What was your regular practice in terms of seeking out child-in-care files?

A It was not regular practice for me to seek out child-in-care sealed files.

Q And that's, that was also the case with respect to your fellow workers in intake, correct?

A To my understanding, yes.

Q And was there any policy that you were aware of that was directing workers in intake, tier two intake, to seek out child-in-care files?

A Not to my knowledge.

Q And here, as you indicated, you hadn't asked for it; it was provided to you. You were looking for the, the family file relating to Samantha Kematch and her first child who had been taken into care by Cree Nation; is that fair?

A Correct.

Q That was the file you were looking at. And presumably that file would have had the information you were looking at in terms of whether or not -- or the reasons why that agency believed that that child was in need of protection; is that fair?

A Correct. It was not enough to know how someone behaved. It's more to the point how their behavior affected the safety of a child in their care.

Q Right. And if a parent hadn't been a child in care, hadn't been a ward of the state but you were investigating that parent with respect to a concern about a child, you wouldn't have any information about their youth or about their behavior as children, would you?

A No, unless you asked.

Q And it's fair if -- issues with respect to what happened to a parent when they're child may be relevant in certain circumstances, for instance, if there's an allegation of, of abuse; is that fair?

A Yes.

Q But, and are there any other situations where you'd want to know about the particular experience of a parent as a child in order to determine whether they can parent their child, other than abuse situations?

A One of the questions that I've asked often of parents that I do believe is a factor for risk is whether or not the parent themselves has been victimized by abuse or neglect.

Q And your, in your last, in your job that's, that's about to, to end, you were the differential response coordinator at ANCR and part of your function was to train staff, including the tier two intake workers on how to use the new assessment tools; is that fair?

A That's correct.

Q How do those -- and they're referred to as structured decision-making tools, and one of the assessments is called a probability of future harm test. How, if at all, do those assessment tools deal with the subject of a parent's childhood and information about what occurred during the childhood?

A The probability of future harm is a research-based actuarial risk tool that, when an allegation of abuse or neglect has come forward about a caregiver, one is to do the probability of future harm tool with the family. There

are two sides to the tool. One is to do with is this an allegation of abuse, and the other side is neglect. Under each heading are different factors that might add together to show a risk scoring for if that child in the care of that caregiver is at risk of being neglected or abused within the next 18 to 24 months. On the, on the abuse side there is a question that asks, has the caregiver themselves ever been abused or neglected as a child. If the answer is yes, that mark, in combination with other risk factors, puts that caregiver at a slightly higher risk of abusing or neglecting their children.

Q And you would gain that information by interviewing the parent; is that fair?

A Usually, yes.

MR. SAXBERG: Those are all my questions.

THE COMMISSIONER: Thank you, Mr. Saxberg.

THE WITNESS: Thank you.

THE COMMISSIONER: Who's next? Mr. McKinnon. Have you any idea about how long you might be?

MR. MCKINNON: About 10 minutes, Mr. Commissioner.

THE COMMISSIONER: Oh, well that's fine. I was going to say if you're going to be less than half an hour, we'll let -- I would like you to conclude.

MR. MCKINNON: Okay.

THE COMMISSIONER: And then we'll deal with whoever is next tomorrow.

EXAMINATION BY MR. MCKINNON:

Q Ms. Saunderson, my name is Gordon McKinnon. I'm on for the Department and the Winnipeg CFS. It's going to be tricky because all my books are back there so I'm going to try to move around a little bit here.

Let me just commence by making reference to the fact that I'm aware, and I think this was put to you by Mr. Olson, that in the reviews that have been done of your work on this file, it was found to be exemplary and I take no quarrel with that. I'm not here in any way to suggest that you didn't do excellent case work on this file. I just want to clarify a couple of points with you, and there may be areas where people have different understandings of procedure or law, and, and part of the process today is to make sure that the Commissioner, if there are these differences, is aware that there's differences, and they may invite him to comment on those differences when he writes his report.

So I'm going to, if I can -- and Mr. Saxberg has put to you the Commission disclosure 992, which was the intake after-hours CRU program guide, and we've clarified that CRU came into existence in 2001, so that, that was

just a mistake or slip of the tongue on your part, but if I can talk a little bit about that because I think it is perhaps relevant to the Phoenix case.

When you were working on the Phoenix case, that was in 2000, so that was before the creation of a separate CRU unit; is that fair?

A Correct.

Q And we heard evidence yesterday from Alana Brownlee that in 2000 there was no separate crisis response unit, there was what they called intake screening, which was done by assigning, on a rotational basis, intake staff members from each of the four intake units to act as a triage team. So that would have been the program in effect in 2000 when the Phoenix Sinclair case first came to the attention of Winnipeg CFS, correct?

A Correct.

Q And I can tell you, we heard evidence from Alana Brownlee as well that the creation of CRU as a separate unit was January 1st, 2001, so a few months after this case was heard -- or was received, the CRU was up and running. And so I'm just giving you that as a backgrounder so you know what we heard yesterday.

We also heard that when CRU was created, that that resulted in the introduction of, I believe it was, eight new workers. I won't -- the record will be clearer

than that, but it certainly was a significant number of additions to the intake function was introduced in 2001 with the addition of those CRU teams. Would that -- would you agree with that?

A Yes.

Q And your experience, you made some comment about your experience as a family service worker. That would have been in the '90s before you had any involvement with the Phoenix Sinclair file?

A Correct.

Q And you made some comment about workload as well when you were a family service worker; that would have had no impact on your involvement in the Phoenix Sinclair file?

A On my involvement, correct.

Q Correct. Since -- I forget when you started at the CRU unit, but about 1998, 1999, was that your evidence? Sorry, not CRU, intake.

A Intake.

Q At the intake unit.

A Beginning of 1998, I believe, yeah.

Q Okay. And from '98, essentially till today, you've been working on the intake side of the -- I know your employer has changed. First you were Winnipeg when it was a private agency and then you were with Winnipeg when it became part of government, and then you became part of

JIRU and then you became part of ANCR. Is that fair, that was the -- you, you worked through all those changes?

A Yes. I'm still a Winnipeg CFS employee, actually.

Q And you're seconded to ANCR?

A Yes.

Q Yes. But in terms of your day-to-day work environment, since 1998 you're on the intake side of the family service delivery program in Winnipeg?

A Correct.

Q Okay. And so when you give evidence about, certainly in terms of current experience, which Mr. Saxberg has spoken to you about, that was in relationship with your employment at the agency ANCR?

A Correct.

Q And that was not relevant to your work at Winnipeg CFS?

A Correct.

Q Okay. And if I can, just in terms of the change that took place in around 2001 with the introduction -- well, let's back up a little bit.

We heard evidence that in 1999 Winnipeg moved from an area-based model of service delivery to a program-based model of service delivery. Do you recall that?

A Yes.

Q And I'm going to suggest to you that the introduction of the CRU as a separate and distinct group or unit within Winnipeg CFS was part of the evolution of that program-based model. Would you agree that that's, that was a continuation of developing --

A Yes.

Q -- the agency more along the program lines than, than along geographic lines?

A Correct.

Q And one of the advantages of the program-based model, I'd suggest to you, is that it allows for greater specialization; is that fair?

A Yes.

Q And would you agree that as a, with the generalization that the creation of CRU and a separate tier two intake and a separate abuse intake, that those developments in around 1999 and 2000 and 2001, those were positive developments from the perspective of service delivery to children?

A Yes.

Q And you spoke about structured decision-making, which is a relatively new concept. Would you agree that that's also a positive development in terms of delivery of services to children?

A Yes.

Q Okay. Thank you. Now, in terms of the work you did on this file, there's been no criticisms of it, and as well, there's no criticism on my part or others of your decision not to request a copy of the CIC file for either Steven or Samantha. I'm not critical of that but I just want to talk about it a little bit, okay?

A Um-hum.

Q And in 2000, when this case was before you, it's my understanding, or certainly I haven't found any written policy of Winnipeg CFS on the access to sealed files, but I have found one from 2001 and I'm going to ask Commission counsel team if they would call up, I think the number is 30771.

THE COMMISSIONER: That's a page number, is it?

MR. MCKINNON: That's a, that is a page number, Mr. Commissioner. It's part of a very large document that's about 1700 pages. It's the, it's part of the Winnipeg CFS policy manual. The CD number, I'm going to have to look it up. I'll take me a minute to look it up, Mr. Commissioner.

THE COMMISSIONER: Fair enough.

MR. MCKINNON: 1656.

BY MR. MCKINNON:

Q And if you can just -- have you had a chance to

read it, Ms. Saunderson? Is it on the screen in front of you?

A Yes. Yes.

Q And you'll see that's a policy that's signed by Lance Barber, the then chief executive officer of Winnipeg CFS.

A Okay.

Q And the next page, 30772, is a form to be filled out when a worker such as yourself wants access to a sealed file. Are you familiar with either that policy or that form?

A No.

Q Okay. And it's my understanding -- and, and the explanation for that may be that it's more likely that Winnipeg CFS, in its current mandate, would require access to a sealed file than would intake. Would you agree with that statement?

A Yes.

Q And it's my information that it's not a matter of routine but it's not uncommon for sealed files to be accessed using the form that's provided here. And I'm not going to ask you about the legal foundation for that. My friend asked you about that, and I think that might get us into a legal battle, which neither of us wants to do. But it's my information that this is not an uncommon thing for

Winnipeg CFS to do in the present world if they feel they require access to a sealed file in order to make an appropriate decision on a case.

A And that --

Q Do you have any information about that?

A I'm not sure I can speak to that, but that's presuming that the child-in-care file is a Winnipeg CFS file.

Q That would be correct, yes. They would have to have control over the file.

A Right.

Q Yeah.

UNIDENTIFIED PERSON: He's covered up the microphone.

MR. MCKINNON: Sorry.

UNIDENTIFIED PERSON: Start again.

BY MR. MCKINNON:

Q Can you tell if the transcript is complete from your end?

UNIDENTIFIED PERSON: I could hear it. (Inaudible).

MR. MCKINNON: Okay. Thank you.

BY MR. MCKINNON:

Q And the purpose of my raising that isn't to suggest that you're wrong other than to indicate that there may be other policies and other procedures in other organizations, contrary to your understanding of what the policies and procedures are at ANCR; that fair?

A Yes.

Q Just one more brief area. You spoke about problems that you're aware of with postings on CFSIS and you mentioned, in particular, a word that I, I don't know if this was your word or mine, but connectivity. Some agencies have difficulties with being connected to the CFSIS program because of technical limitations in, in internet access. Is that correct?

A Yes, that's my understanding.

Q And I just want to make sure the Commissioner understands this, because I'm certainly not a very technical person myself, but that's a problem not with the CFSIS program, that's a problem with the internet connection. The program doesn't prohibit people from connecting?

THE COMMISSIONER: But it's not, it's not a problem for the -- that the agencies aren't addressing; it's, you're saying it's an impossibility?

BY MR. MCKINNON:

Q Well, I'm not going to say it's an impossibility because I'm not equipped to, to say that. But there may be, there may be satellite options and things like that, that I'm completely not familiar with. But what I'm trying to get out of this witness, which I think might be fair to ask of this witness, is that there's nothing that you could do to the CFSIS software program to solve that connectivity problem. That's a hardware problem that, as I understand what you described?

A From my understanding, yes. I think it also may have to do with the sensitivity of the connection that you would need to run such a program.

Q And when you talk about the -- again, I'm not familiar with this area so we might both be in our -- an area where we're not --

A Probably.

Q -- comfortable --

A Probably.

Q -- but when you're talk --

THE COMMISSIONER: You have, you have company.

MR. MCKINNON: Sorry?

THE COMMISSIONER: You've got company.

MR. MCKINNON: You're company. Yes.

BY MR. MCKINNON:

Q I just want to make sure the Commissioner is not confused as, as much as we can help him. When you talk about the sensitivity issue, that's not because some programmer could fix CFSIS to make it more sensitive or less sensitive, it's because the internet signal's not working as well as it should work?

A I don't think it's anything against the CFSIS information system. It's content requires -- and again, I'm likely way over my head in this discussion. I believe the content requires certain secure connectivity --

Q Okay.

A -- that not everyone has access to.

Q And so that is -- and that's what I'm describing as an internet problem, and I don't think we're disagreeing with each other. We may be hearing more about that later, but I just didn't want to leave the impression that it was something that could be fixed by adjustments to CFSIS, it has to be fixed by getting better access?

A Correct.

Q That's your understanding?

A Correct.

Q Okay.

THE COMMISSIONER: But it's not a case of an agency or another, whoever else, not declining to join in

when, when it's available to them?

THE WITNESS: I can't speak for all agencies. I don't know. That may be a problem with some agencies, but from what I've heard, and that would be specifically Southern First Nation network of care agencies, it's the issue of connectivity as one of the difficulties.

THE COMMISSIONER: Okay.

MR. MCKINNON: And we may be hearing more about that later, Mr. Commissioner, but I just wanted to clarify that one.

THE COMMISSIONER: Yeah. I got the impression earlier in the day that, that some who could participate weren't participating, but that's not it.

MR. MCKINNON: And, and it, it -- I don't know if there may be other problems, too, but certainly from this witness. All she, I think, is saying is there's a physical problem.

THE COMMISSIONER: Yes.

MR. MCKINNON: A hardware problem.

THE COMMISSIONER: I understand that now.

MR. MCKINNON: Okay. Those are the questions I have of this witness, Mr. Commissioner.

THE COMMISSIONER: Thank you, Mr. McKinnon.

Now, Mr. Khan.

MR. KHAN: Mr. Commissioner, it's, it's now just

after 4:30, and I have to admit the disadvantage of being the last one to ask questions is that I'm, I'm juggling, constant juggling what's already been ticked off on my question list or not. I think Mr. Ray might also have some questions for the witness. I don't know if you'd like to continue now or adjourn till the morning.

THE COMMISSIONER: About how long would you be?

MR. KHAN: Well, I think I can narrow it down just to two areas if I had a bit, just a bit of time to organize a touch more based on some of the answers given to --

THE COMMISSIONER: You mean 10 minutes or ...

MR. KHAN: Oh, yes.

THE COMMISSIONER: And Mr. Ray, how long would you might be?

MR. RAY: Regrettably, I think I could be as long as 20 minutes to half an hour.

THE COMMISSIONER: Well, how be we take Mr. Khan tonight and you in the morning?

MR. RAY: That's, that's suitable to me. Maybe I can just, once Mr. Khan's finished, if I can canvass with the witness just briefly and then we'll get back to you on trying to finish today or what ...

UNIDENTIFIED PERSON: (Inaudible) Mr. Ray.

MR. RAY: Once Mr. Khan is, is finished, perhaps

I could just speak with the witness briefly and then make -- and then get back to Your Honour decision --

THE COMMISSIONER: Oh, yeah, your client. Yes.

MR. RAY: Yes.

THE COMMISSIONER: Yes, all right.

MR. KHAN: Well, I was going to ask for five minutes. If we can just recess for five minutes just so I can organize my notes.

THE COMMISSIONER: Well, maybe we'll do it all in the morning. Do you -- you want to talk to your client about availability in the morning, I take it?

MR. RAY: Yeah, among, among other things. If Mr. Khan's going to take a five to ten-minute break now to, to organize his notes and then start and then I'm going to start, then I would suggest that we're probably better off just doing that tomorrow.

THE COMMISSIONER: I think we're better off leaving it till tomorrow. But do you still want to talk to your client before we adjourn?

MR. RAY: Maybe just for one minute, if that's okay.

THE COMMISSIONER: Well, sure. Well, yeah, that's fine. We'll just adjourn and we'll take a five-minute adjournment.

MR. RAY: Sure. Thank you.

(BRIEF RECESS)

THE CLERK: Back on the record.

THE COMMISSIONER: Mr. Ray.

MR. RAY: Thank you, Mr. Commissioner. I think in light of the material that's left to canvass with the witness, including questions from Mr. Khan, that it makes more sense just to stop at this point in time and then continue in the morning. And I don't expect we'll be very long in the morning.

THE COMMISSIONER: All right. Commission counsel, anything else?

MS. WALSH: I just wanted to talk about who we're going to be calling tomorrow so that counsel can be prepared.

THE COMMISSIONER: Yes.

MS. WALSH: So we will start with the continuation of Ms. Saunderson.

THE COMMISSIONER: Yes.

MS. WALSH: And then we will call Mr. Orobko.

THE COMMISSIONER: Yes.

MS. WALSH: And we -- the schedule originally called for Ms. Greeley. We will still operate under the assumption that we will be able to start her evidence. We never expected to complete her evidence, in any event, so

you should be prepared for that.

THE COMMISSIONER: All right. That sounds reasonable. And I'm going to talk to Commission counsel about this exhibit matter. It came as a surprise to me this morning we weren't going to keep marking exhibits the way we have, so we'll, we'll report to you in the morning on the outcome of that conversation and allow any input if, if there's going to be any change. So we'll stand adjourned till 9:30 --

MS. WALSH: Thank you.

THE COMMISSIONER: -- tomorrow morning.

MR. RAY: Thank you.

(PROCEEDINGS ADJOURNED TO SEPTEMBER 7, 2012)