



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

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

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

MONDAY, DECEMBER 17, 2012

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1 DECEMBER 17, 2012

2 PROCEEDINGS CONTINUED FROM DECEMBER 13, 2012

3

4 THE COMMISSIONER: All right. Mr. Gindin? Or
5 Mr. Olson --

6 MR. OLSON: Olson.

7 THE COMMISSIONER: -- sorry.

8 MR. OLSON: We're ready to proceed with the next
9 witness.

10 THE COMMISSIONER: I don't think Mr. Gindin's
11 Commission counsel yet.

12 MR. OLSON: Not yet.

13 THE COMMISSIONER: He's, he's got his hands full.
14 Carry on.

15 MR. OLSON: Maybe just before we start, there's
16 one document I'd like to file as an exhibit. It's the
17 admission as to facts of the Department of Family Services
18 and Labour, volume 2.

19 THE COMMISSIONER: This is the second
20 admission --

21 MR. OLSON: That's right.

22 THE COMMISSIONER: -- statement?

23 MR. OLSON: That's right.

24 THE COMMISSIONER: And that'll be Exhibit 19,
25 will it?

1 THE CLERK: That's correct, yeah.

2

3 **EXHIBIT 19: ADMISSION AS TO FACTS**
4 **OF THE DEPARTMENT OF FAMILY**
5 **SERVICES AND LABOUR, VOLUME 2**

6

7 THE CLERK: This is for you.

8 THE COMMISSIONER: Thank you.

9 THE CLERK: And would the numbered exhibit go to
10 the witness, or to where?

11 UNIDENTIFIED PERSON: No, the witness won't be
12 referring to it.

13 THE CLERK: Okay. I'll, I'll just leave it here
14 as well then. (Inaudible).

15 And that's for yourself.

16 THE COMMISSIONER: Thank you.

17 THE CLERK: State -- take the Bible in your right
18 hand and state your full name to the court.

19 THE WITNESS: Tracy Ann Forbes.

20 THE CLERK: (Inaudible). Please pull that button
21 towards you.

22 THE WITNESS: Oh, it was -- there.

23 THE CLERK: And then spell me your first name.

24 THE WITNESS: T-R-A-C-Y.

25 THE CLERK: And your middle name?

1 THE WITNESS: A-N-N.

2 THE CLERK: And your last name?

3 THE WITNESS: F-O-R-B-E-S.

4 THE CLERK: Thank you.

5

6 **TRACY ANN FORBES**, sworn, testified

7 as follows:

8

9 MR. OLSON: I'm just going to hand up a copy of
10 the exhibit for the witness. I will be referring to it
11 later on, so ...

12

13 DIRECT EXAMINATION BY MR. OLSON:

14 Q Ms. Forbes, I understand you have a Bachelor of
15 Arts from the University of Manitoba, which you obtained in
16 1994?

17 A That's correct.

18 Q You have a Bachelor of Social Work, also from the
19 University of Manitoba, obtained in 1996?

20 A That's correct.

21 Q And a Master of Social Work from the University
22 of Manitoba in 2003?

23 A Correct.

24 Q What was the focus of your Masters?

25 A It was on family therapy with families that were

1 involved with Child and Family Services.

2 Q Okay. I understand you started working for
3 Winnipeg Child and Family Services in 1996 as an intake
4 worker?

5 A Correct.

6 Q And which office did you work out of?

7 A St. Vital.

8 Q And for how long were you in that position?

9 A I was in that position for about six weeks.

10 Q Six weeks?

11 A Yeah.

12 Q And where did you go after that?

13 A I went to the Charleswood office, where I, again,
14 did intake.

15 Q You remained at intake?

16 A Yeah.

17 Q Okay.

18 A At that time, each office did their own intake,
19 so --

20 Q I see. Were -- was intake, at the time, divided
21 into CRU and tier 2?

22 A No.

23 Q Just straight intake?

24 A Correct.

25 Q Okay. Then after the Charleswood office, where

1 did you go?

2 A I went to a family service position at the St.
3 James-Assiniboia unit.

4 Q Do you recall which year that would have been?

5 A It would have been at the end of 1996, or the
6 beginning of '97.

7 Q Okay. So from the beginning of '97, until when
8 did you remain?

9 A I think I was in that position for approximately
10 a year.

11 Q Was that still an intake position?

12 A No, that was a family service position.

13 Q So you became a family service worker at that
14 point?

15 A Correct.

16 Q Okay. And where did you go from there?

17 A I went to the Fort Rouge office, where I did
18 intake just for a couple months at the beginning and then I
19 did a family service position there for three or four
20 years.

21 Q Okay. And then following that?

22 A Then from there, I went to abuse intake and I did
23 that position for a year.

24 Q Where was that?

25 A That was at 835 Portage.

1 Q Okay. And following the abuse intake position?

2 A I did a term position at --

3 THE COMMISSIONER: What, what year did you go to
4 835 Portage?

5 THE WITNESS: I believe it was 2000, somewhere
6 around there.

7 THE COMMISSIONER: Thank you.

8 THE WITNESS: And from the abuse intake position,
9 I went to a term position, I think it was a 10 month term
10 at the adoption unit.

11

12 BY MR. OLSON:

13 Q Okay. And what year would have that have been?

14 A That would have been think around 2001.

15 Q 2001? And for how long did you hold that
16 position --

17 A About --

18 Q -- say about a year?

19 A -- no, less than a year. I think it was about 10
20 months.

21 Q Ten months? Okay. And then following that?

22 A I did -- I went to intake, at the central unit.

23 Q So that would have, you would have started at
24 intake, in the central unit, in beginning of 2002, or end
25 of 2001?

1 A End of 2001, yeah.

2 Q And for how long did you remain in that position?

3 A I remained in that position until the spring of
4 2007.

5 Q Okay. So just so it's clear, that would have
6 been the position you were in when you had some involvement
7 with this file --

8 A Correct.

9 Q -- the Phoenix Sinclair file? And after 2007,
10 where did you go?

11 A I went to do a float position with Winnipeg Child
12 and Family Services.

13 Q What's a float position?

14 A We cover, we go to different units, family
15 service units and we cover if units are experiencing a high
16 workload, or if they're down a worker because a worker's
17 off on extended sick leave, or if a worker's left for
18 another position and they haven't filled the position yet,
19 we would cover for those positions.

20 Q And, and is that just intake work that you're
21 covering for, or is there any --

22 A No, it wasn't intake.

23 Q It was not intake?

24 A It was not intake, it was family service. I was
25 back with Winnipeg Child and Family, just doing family

1 service.

2 Q Just family service?

3 A Yeah.

4 Q Okay. But from 2002 until 2007, you were doing
5 intake; right?

6 A Correct.

7 Q And for how long did you remain a float social
8 worker?

9 A I was a float -- I still am a float social
10 worker, but from 2009 to September 2010, I did a year long
11 secondment at the Child Protection Branch as a quality
12 assurance and authority relations rep.

13 Q And would that be a full time position?

14 A Yes.

15 Q Were you still doing any float social work at
16 that point?

17 A No.

18 Q No. What, what did you do in that position?

19 A I was the authority relations person for the
20 northern authority. So any concerns, or issues, I would be
21 the person to deal with the northern authority and we
22 developed the framework for the quality assurance model
23 that the branch is using.

24 Q Okay. The branch, being Winnipeg Child and
25 Family Services?

1 A Child Protection Branch.

2 Q Child Protection Branch? Okay.

3 A Right.

4 Q In terms of training, when you first started at
5 Winnipeg Child and Family Services, did you receive any
6 sort of training?

7 A No.

8 Q Okay. And from when you first started, which I
9 believe was in 1996, until you began as an intake worker
10 in, in 2002, did you have any, any training, formal
11 training?

12 A I would have went through the competency based
13 modules that the province offers.

14 Q Is that the core competency?

15 A Yes.

16 Q And how much time would you have done that? How
17 long was that --

18 A I think there --

19 Q -- program?

20 A -- were four modules and they ranged from three
21 to four days that you would spend on each of the modules.

22 Q So about 12 days, in total, then, if you have
23 four modules?

24 A About that.

25 Q Aside from that, was there any other formal

1 training?

2 A Not that was mandatory to take. You could attend
3 workshops if you chose, if there was a topic of interest,
4 but ...

5 Q Did you do that at all?

6 A I would do it periodically, if I felt that I had
7 the time. Often workload was such that you felt like it
8 was difficult to attend extra training or workshops,
9 because you'd fall behind on your work, because no one
10 would actually be there, covering your cases, or doing your
11 work, if you went on training.

12 Q So if, so if you go on training, at any time
13 during that period, whatever work you were doing would have
14 to be set aside and you'd have to pick it up when you go
15 back; is that how --

16 A Correct.

17 Q Okay. Do you recall whether or not you received
18 any training on standards? And again, this is over that
19 period of time?

20 A I did not, no.

21 Q Okay. How about from 2002 until present, have
22 you received training on standards?

23 A I did not receive training on standards.

24 Q And in carrying out services in 2004, and I'm
25 referencing that because that's the specific time you were

1 involved in this --

2 A Um-hum.

3 Q -- particular file, what would have guided your
4 work?

5 A Sorry, repeat that?

6 Q What would have guided your work?

7 A What would have guided my work when?

8 Q In, in 2004?

9 A Best, best practice, as best as you could.

10 Q When you say "best practice", what, what does
11 that mean?

12 A Well, given the workload and given time
13 constraints, you would do -- I mean, there's the ideal work
14 that you would try and achieve, given ideal circumstances.
15 And when you didn't have ideal circumstances, you would do
16 the best that you could, with the time and resources that
17 you had.

18 Q Okay. Are you registered as a social worker?

19 A No, I'm not.

20 Q Have you ever been, or --

21 A No.

22 Q -- do you have any reason, one way or the other,
23 for not being registered?

24 A No, I just haven't felt that there would be a, a
25 purpose in doing so. So I just have never done it.

1 Q It's not something that's mandatory for any
2 position you've held?

3 A No, it's not.

4 Q Okay. And do you think registration would be
5 helpful to you?

6 A I'm not sure.

7 Q In 2004, you were, you said you part of the
8 central unit, the central intake unit?

9 A Correct.

10 Q And what area of the city did that
11 cover?

12 A That covered the core area of the city, the
13 downtown area, one of the higher needs areas in the city,
14 in terms of child welfare needs.

15 Q Would that have been one of the busier intake
16 units?

17 A It would have been one of the busiest intake
18 units, yes.

19 Q And who was your supervisor at the time?

20 A Carolyn Parsons.

21 THE COMMISSIONER: Carolyn who?

22 THE WITNESS: Parsons.

23 MR. OLSON: And we'll be hearing from Ms. Parsons
24 next, Mr. Commissioner.

25

1 BY MR. OLSON:

2 Q Within your intake unit, who assigned cases to
3 you?

4 A Carolyn.

5 Q Your supervisor did?

6 A Yes.

7 Q Okay. And the cases would come from the crisis
8 response unit?

9 A Correct.

10 Q Did they always come from CRU?

11 A Yes.

12 Q And so when a case would come to you, how did --
13 just tell -- explain to me how a case got on to the, to
14 become one of your files?

15 A Carolyn would assign it to me and depending on
16 whether we had a hard copy of the file, file available in
17 the office, I may or may not get the actual physical file,
18 right when I got the CRU report. But I would get a CRU
19 report, which would explain the presenting issue and would
20 also outline the history that the CRU would have documented
21 from CFSIS.

22 Q And so sometimes you would actually get the
23 physical file, if one was already in existence at the time?

24 A Correct. It would just depend on the location of
25 the physical file. Sometimes the physical file wasn't

1 actually in our building.

2 Q Was it typical for the physical file to come with
3 the CRU intake?

4 A No.

5 Q Oh, okay. When you didn't get the file, how is
6 it you got information about the case file?

7 A You would typically get it from CFSIS and often
8 it would be summarized by the CRU worker that would have
9 taken the presenting problem. And typically, within,
10 within a week, you would for sure have the hard copy of the
11 file.

12 Q Okay. So the hard copy file is something you
13 would get eventually?

14 A You would, yeah.

15 Q Would that be by request, or was it automatically
16 sent up to you?

17 A It would be by request, but often it would be CRU
18 that would have requested the file when they initially
19 dealt with the case.

20 Q Okay. So the request originates with CRU and
21 then when it's processed, it actually finds its way to the
22 intake worker?

23 A Correct.

24 Q When you were given a new case, would you discuss
25 it at all with the supervisor?

1 A Sometimes, and sometimes not, it would depend on
2 the nature of the concerns. And at that point, I had been
3 with the agency for long enough that some files I just knew
4 how to proceed, without having to consult initially.

5 Q Okay. So you were, you were a bit of a veteran
6 then?

7 A I had had, I had some experience, for sure.

8 Q Would your supervisor meet from, with you, from
9 time to time, to discuss the cases you were working on?

10 A We didn't have formalized supervision, where we
11 had a specific time that we would sit down and review my
12 case list. That, that would be a big difference between
13 family service and intake. But the intake supervisor was
14 available, pretty much at all times, to sit down, so if you
15 had a particular issue, at any moment in the day, you could
16 go in, sit down with her and have supervision, or consult
17 with her.

18 Q That sounds like it was sort of on an ad hoc
19 basis?

20 A Very much so.

21 Q Okay. There wasn't, for example, a, a scheduled
22 monthly, sort of mandatory monthly supervision session
23 then?

24 A No, not like you do when you're in family
25 service.

1 Q Was there ever any time, during a month, where
2 you would actually go over all your cases with a
3 supervisor?

4 A No.

5 Q No. Did you receive any performance reviews?

6 A I, in my time with the agency, have had two
7 performance reviews.

8 Q And that's through your whole, your entire --

9 A That's through my entire --

10 Q -- career with the agency?

11 A -- career.

12 Q What were the, maybe the years of those reviews?

13 A One would have been done around '99, when I was a
14 family service worker with Winnipeg Child and Family
15 Services and then the other one would have been done by
16 Carolyn at the very end of my time working in, in the
17 intake unit.

18 Q Okay. With only having had two performance
19 reviews, how is it you were able to determine how you were
20 doing, as a worker?

21 A Well, usually you would, I mean, even if you
22 didn't have a formalized review, depending on the
23 supervisor, they would, if they had concerns or issues with
24 your work, they would address that as it came up,
25 typically.

1 Q Okay. So the supervisor would still provide you
2 with feedback, just not in a formal evaluation?

3 A Correct. And some where better at doing that
4 than others.

5 Q Okay. I understand that for certain things you
6 did on a file, you would require supervision -- a
7 supervisor's approval?

8 A Yeah, if you were doing an apprehension --

9 Q So an apprehension?

10 A -- you would need a supervisor's approval to do
11 that. And if you were -- when, when you were looking at
12 going for a court order, like, a temporary order, or
13 especially permanent order, that would be something that
14 you would sit down with your supervisor and discuss.

15 Q And then, did a supervisor have to agree with the
16 reason for the apprehension, for example?

17 A Yeah, if your supervisor didn't agree with the
18 reason for the apprehension, then you wouldn't be able to
19 do the apprehension.

20 Q Okay. How about for closing a file? Is that
21 something that requires supervisor sign off?

22 A Yes, every closing or transfer required your
23 supervisor's signature.

24 Q Would there be a discussion with the supervisor,
25 prior to closing the file?

1 A In some situations, you would actually sit down
2 and -- if you were uncertain whether to close a file or
3 not, you would sit down with your supervisor and discuss
4 it. At the end of the day, because your supervisor has to
5 sign off on everything, even if you haven't sat down and
6 had a formal discussion about it, if he or she had an issue
7 with you closing a file, they would not sign off on your
8 file.

9 Q Okay. So but, for those cases, you are confident
10 it's ready to be closed, you just hand in your closing
11 summary and supervisor will sign off on it, assuming they,
12 they agree with it?

13 A They would review it and sign off.

14 Q There won't necessarily be a discussion with the
15 supervisor?

16 A Sometimes there would be. I mean, if they had
17 some questions about certain things, they might ask you
18 some questions before they signed off on it and sometimes
19 they wouldn't.

20 Q Okay. And you were getting your files from the
21 CRU level; do you recall there being times where you felt
22 that CRU should have done more work on a file?

23 A Yes.

24 Q What would happen in those circumstances?

25 A Well, it -- typically, we would just have to do

1 the work. Sometimes, you would go to your supervisor and
2 say, you would express a concern and your supervisor would,
3 may say, you know, I'm not taking it up with CRU, you need
4 to follow it up, or sometimes she would go back and, to CRU
5 and say, I think you should have done this, or I think you
6 need to keep this for slightly longer.

7 Q Okay. Were you ever involved directly with CRU,
8 in terms of getting more information, like, getting, having
9 them do, get more information for the file?

10 A No.

11 Q Were there ever disagreements, that you're aware
12 of, between intake and CRU, as to who should be doing what?

13 A Yes.

14 Q Okay. And who, ultimately, made the decision in
15 those cases?

16 A I'm not really sure.

17 Q Okay. That's not something you would have had
18 input --

19 A I wouldn't --

20 Q -- into?

21 A -- sorry, I wouldn't have been part of that, no.

22 Q Okay. In terms of response times, we've seen
23 that CRU would often to put in, you know, this is a two day
24 response, or a five day response, were those, did those
25 govern your practice, as a worker?

1 A Not necessarily, no. We would use our own
2 judgment, in terms of level of risk, and we would look at
3 the other cases that we had on our caseload and determine
4 which was higher priority and which needed to be followed
5 up on more quickly. It was, is was simply a workload
6 issue.

7 Q Okay. So prior, prioritizing work is -- I see.

8 A Yes.

9 Q How many workers were in your unit at the time?

10 A We were supposed to have six.

11 Q Okay.

12 A At the time that I had this file, we had three.

13 Q So in 2004, was that for the entire year you had
14 three workers?

15 A I don't know. It wouldn't have been for the
16 entire year and I'm not 100 percent sure how long it would
17 have been. I think it would have been a few months, but I
18 don't have a clear recollection of that. The only way that
19 I remember that it was three workers, is I would have been
20 interviewed by Andy Koster and at that time, I would have
21 told him about that.

22 Q Okay. So that's your memory, at the time you
23 were involved in this file, there was, there were only
24 three workers in the unit?

25 A Right.

1 Q Okay. And so how did that impact workload?

2 A It was difficult, because we were basically doing
3 the job of two workers at the time. So it was an extremely
4 busy and stressful period of time, where you had to figure
5 out which was highest priority, which was medium priority
6 and which was low priority and which you could leave for a
7 little bit longer.

8 Q So you had, you had basically three workers doing
9 the work that would normally be done by six workers?

10 A Correct.

11 Q Okay. Were there any temporary or float
12 positions brought on to deal with that?

13 A Intake never had float positions and I don't
14 believe they do right now.

15 Q Okay. Do you recall what your workload actually
16 was at the time?

17 A I don't know what my workload would have been at
18 the time, although caseload numbers versus workload are --

19 Q Right.

20 A -- two very separate things. And it's very hard
21 to measure. I mean, intake is not the same as -- like,
22 family service, you would typically have a certain number
23 of cases and that would remain pretty constant. At intake,
24 on any given day, you could have a certain number and yet
25 that's not really reflective of the work that you've done

1 over the past month, because you've closed, let's say, five
2 cases, and transferred five cases over the last month,
3 that's not going to show up on your actual case list,
4 because they've moved on.

5 Q So even though you may not have a, a lot of cases
6 on your case list, you may still be doing a lot of work?

7 A Exactly.

8 Q Okay. Or the other way around? You could have a
9 lot of cases that don't require a lot work?

10 A Yeah. I do, I do know, when I was at central
11 intake, I would work through lunches, I would stay late and
12 I would take work home in the evenings and on the weekends.
13 It was the only way that I could actually manage the
14 workload.

15 Q Okay. Do you have an idea of how many hours
16 you'd be working in a typical week?

17 A I, I, I, at this point I couldn't really -- it
18 would just be speculation.

19 Q Did you find it to be a lot?

20 A Yes.

21 Q Okay. Too much?

22 A Yes.

23 Q How did your workload impact, if at all, on your
24 ability to meet with families?

25 A It certainly would have had an impact. I mean,

1 cases that were high priority and high risk would get the
2 attention that they needed. Other cases that were maybe
3 seen as being lower priority would not have gotten the
4 amount of attention that they might otherwise have gotten.
5 So you would, you would try, you know, your best to do as
6 thorough of assessment that you could, in a shorter period
7 of time.

8 Q Would that affect the, the assessments
9 themselves?

10 A I'm sure it had an impact on the assessments that
11 we did.

12 Q Okay. And when you're sure it had an impact,
13 what sort of impact would, would you --

14 A Well, perhaps we would, if we had more time, we
15 would have spent more time with the family, doing a more
16 thorough assessment.

17 Q So maybe a little less thorough than you would
18 like to do otherwise; is that fair?

19 A That might be fair to say.

20 Q Okay. How about in terms of closing cases, or
21 moving them on to a family service worker? Did, did the
22 workload impact those decisions?

23 A No, not for me anyway. I mean, if a case needed
24 to be transferred, that would be a priority for me. I
25 would try and get -- that would, would be something I would

1 spend a weekend doing, or an evening doing, so that I could
2 move the case on and the case could get proper service from
3 a family service worker.

4 Q Okay.

5 A If you allowed those kinds of cases to sit on
6 your caseload, you would just get backlogged and then you
7 would actually be trying to manage cases and follow up on
8 new intakes.

9 Q So it would be important then to make sure cases
10 keep moving on, either to be closed, or on to family
11 services, or, or wherever?

12 A Very much so.

13 Q Otherwise your caseload gets unmanageable; is
14 that --

15 A It does.

16 Q Okay. What was the function of intake? What,
17 what did you do, as a worker, there?

18 A You would assess the presenting -- you would
19 receive a presenting problem. You would assess, do a
20 thorough assessment on what the risk factors for the family
21 were. From that, you would determine the needs of the
22 family. You would also look at the family's strengths, and
23 you, then you would devise a plan, after you made a
24 determination of whether a file should be closed or
25 transferred.

1 Q And were those basically the two options, close
2 the file or transfer a file for ongoing service?

3 A Those were the options, yes.

4 Q And we've heard from CRU workers that they would
5 do sort of a preliminary investigation, get some
6 demographic information, maybe talk to collaterals over the
7 phone, sometimes do a field, that sort of thing and then
8 they passed on to an intake worker to, to get more
9 information, do more investigation; is that, is that an
10 accurate description?

11 A That's pretty accurate, yes.

12 Q Just, in terms of workload, did you voice your
13 concerns about the level of work that you were dealing with
14 at the time to anyone?

15 A I did, I voiced my concerns on a one-on-one basis
16 with my supervisor and then, ultimately, I requested a
17 meeting with the program manager, Sandie Stoker. So my
18 supervisor and the program manager sat down and met with
19 me. I don't know the exact time period that that --

20 Q Do you know the, do you know the year?

21 A I don't even know for sure the year. I'm pretty
22 sure it was somewhere around this, but I, I can't be a
23 hundred percent sure.

24 Q Okay.

25 A There were no notes, or anything, taken during

1 the meeting.

2 Q Okay. So you didn't, you didn't take any notes?

3 A I did not take any notes, no.

4 Q Do you know if anyone else took any notes?

5 A I don't believe so.

6 Q Okay. Was there, was it a conscious decision not
7 to take notes at that meeting? It just seems sort of odd
8 that notes wouldn't be taken?

9 A Well --

10 Q Like --

11 A -- I, I mean, I guess, in hindsight, knowing that
12 we're here now and what's going on, it would have been
13 prudent for me to take notes. At the time, I really had no
14 way of knowing how -- that that would have been important.
15 I was just wanting to voice my concerns and see if
16 something could be done about it. So ...

17 Q Was this a formalized meeting, like, a
18 scheduled --

19 A It was a scheduled meeting, yes.

20 Q All right. And you said it was -- you were
21 present, Ms. Parsons was present and Ms. Stoker was
22 present?

23 A That's right.

24 Q And what was the, the result of the meeting?

25 A During the meeting, I expressed my concerns and

1 they were certainly sympathetic and they basically said,
2 you do the best you can with the time and the resources
3 that we have and that was kind of the end of it.

4 Q Was there any improvement, following the meeting,
5 in terms of your workload?

6 A No.

7 Q Did the situation get any better?

8 A No, in fact, I would say it probably got worse.

9 Q Got worse? Okay. Now, you left intake, you
10 said, I think, in 2007?

11 A That's right.

12 Q Did -- what was your reason for leaving?

13 A Workload and just generally the atmosphere at
14 intake. I was just no longer enjoying my job and I felt
15 like I couldn't keep up with the workload.

16 Q Okay. So workload, is, is it fair to say, that
17 would have been the main reason you left?

18 A Workload was definitely -- I loved intake, I
19 absolutely loved my job and -- but workload made it such
20 that you felt like you couldn't do your job properly.

21 Q When you say the atmosphere at intake, what do
22 you mean by that?

23 A There were a lot of changes happening with
24 devolution, so it was a very chaotic atmosphere and it, it
25 just didn't have the same supportive feeling that I was

1 accustomed to.

2 Q Okay. And was that coming from co-workers
3 mainly, or?

4 A I think it was just the overall atmosphere
5 really.

6 Q Okay. You were a, you've been a float social
7 worker since being an intake worker, in, in the family
8 services unit; right?

9 A Correct.

10 Q Have you noticed any improvements in workload in
11 that position? And I know it's a different position,
12 but ...

13 A I think that float social workers definitely play
14 a significant role in helping family service units manage
15 workload issues. Family service units are definitely still
16 struggling, but at least, when you have a vacant position
17 that's vacant for several months, there, you can get a
18 float social worker in to actually cover the caseload, so
19 the other workers are not being expected to cover their
20 normal workload, plus another caseload. And I think floats
21 might be a good option to help intake at, with respect to
22 workload as well, when you have people off sick and such.

23 Q Do you know if that's an option in intake right
24 now?

25 A I don't believe it's happening in intake right

1 now, but I don't work at intake anymore --

2 Q Right.

3 A -- so ...

4 Q Okay. But based on your experience, in intake, a
5 float social worker might, might be helpful if there are
6 vacancies?

7 A Right.

8 Q Okay. I just want to talk now about the services
9 you're involved in with respect to Samantha Kematch's file.
10 I understand you, you became involved in the file on May
11 13th, 2004?

12 A That's right.

13 Q Okay. Your office, I think you said, was at 831
14 Portage?

15 A That's right.

16 Q And CRU was also in that building?

17 A Right.

18 Q Okay. We hear about CRU sending a file upstairs,
19 is that -- you were physically located upstairs, CRU?

20 A Yes.

21 Q If we could put up page 36962 on the monitor,
22 this is from commission disclosure 1795.

23 UNIDENTIFIED PERSON: Sorry.

24 UNIDENTIFIED PERSON: (Inaudible).

25 MR. OLSON: You're in the wrong, the wrong spot

1 there. Yeah, right there. And you're going to want to
2 change that from 600, or 6,400 percent. So the document
3 number is 36962. That's it.

4

5 BY MR. OLSON:

6 Q So the document on the screen in front of you, do
7 you recognize it?

8 A I do.

9 Q And can you explain what it is?

10 A It's a memo from the supervisor of north intake,
11 or northwest intake, to my supervisor, indicating that the
12 file, child protection file, needs to get opened under
13 Samantha Kematch's name, as opposed to Steven, Steven
14 Sinclair's name, because Phoenix was in the care of her
15 mother at the time, or that's what we believed.

16 Q Okay. So Mr. Orobko is writing to Ms. Parsons
17 and saying this is your file, this is your unit's file?

18 A Correct.

19 Q Right. Because based on location, that's how the
20 files were assigned?

21 A Right.

22 Q When would you have reviewed this memo?

23 A I would have reviewed it at the same time that I
24 reviewed the CRU report.

25 Q It would have come with the CRU report?

1 A I believe it did, yes.

2 Q And in terms of the content of the memo, Mr.
3 Orobko's reporting the timeline, as he understands it; is
4 that something you verified with him at any time?

5 A Did I speak with him?

6 Q Yeah.

7 A No, I did not.

8 Q Now, if we could put page 36963 on the screen?
9 Just the next page.

10 Is this the CRU intake form that you would have
11 reviewed, prepared by Ms. De Gale?

12 A Yes.

13 Q And this, this is the one that would have been in
14 Samantha Kematch's file. If you look at the bottom, you
15 see her, her name, Samantha Kematch, case file?

16 A Correct.

17 Q And so when you got this intake, would, what
18 would you do with it --

19 A I would --

20 THE COMMISSIONER: Oh, wait a minute. Was, was
21 it signed by anybody when you got it?

22 THE WITNESS: I don't have a recollection of
23 that.

24 THE COMMISSIONER: All right.

25 THE WITNESS: I don't know --

1 MR. OLSON: This --

2 THE WITNESS: -- if it was signed or not.

3 MR. OLSON: -- and this one, Mr. Commissioner, is
4 the one with the notation, on page 36966.

5 If we can turn up that page?

6 THE COMMISSIONER: Three six nine what?

7 MR. OLSON: Six six. This is the last page of
8 that --

9 THE COMMISSIONER: Yes.

10 MR. OLSON: -- intake. And this is the one where
11 Mr. Orobko added to it.

12 THE COMMISSIONER: Yes.

13 MR. OLSON: So my understanding is he would have
14 reprinted it. And it, so if it was signed originally, it
15 wouldn't be signed at, in this form.

16 THE COMMISSIONER: Thank you.

17

18 BY MR. OLSON:

19 Q So when you, when you receive this CRU form,
20 what, what would you do with it?

21 A I would review the presenting concerns and I
22 would review the summarized history that was provided by
23 CRU. And then if -- I don't believe I had the physical
24 file at that time. Once I got the physical file, I would
25 review the front summary, like, transfer summaries, or

1 closing summaries, in the front of the file, but only once
2 I got the physical file would I usually do that.

3 Q Okay. And that might be, you said, I think, a
4 week later, or something?

5 A Yeah, it could, could be two days, could be a
6 week later, would just depend. If I needed information,
7 further information than what was on, in the history, I can
8 also go on CFSIS.

9 Q Okay. In, in this, in a case like this, would
10 you make any kind of notes or record of when you were
11 viewing the actual physical file?

12 A Not usually.

13 Q Okay. Would you highlight things from the file
14 that stand out as significant?

15 A Not usually.

16 Q If we turn to page 36965, is this what you would
17 read, as far as the presenting problem was?

18 A Yes.

19 Q And we understand that the source of referral
20 here was an employment insurance assistance worker?

21 A Employment and income assistance worker --

22 Q Income assistance.

23 A -- yes.

24 Q Sorry.

25 A Yeah.

1 Q Was it unusual to get this sort of referral?

2 A Not unusual, but it wasn't a referral that I
3 would have got on a typical basis at all. I might have
4 gotten a few of these in a year.

5 Q And when you say "of these", from EIA workers?

6 A Yeah, where, where they're saying somebody is
7 calling, wanting to have such and such a child put on their
8 budget, is it okay for us to do that? We had heard there
9 may be child protection concerns, or we think there might
10 be child protection concerns. That type of referral was
11 not something that we would have gotten on a typical basis.

12 Q Okay. When you -- you've had a chance to read
13 this document over a few times?

14 A Yes.

15 Q When you look at the presenting problem, what,
16 what would you identify as being significant to you, in
17 your work as an intake worker?

18 A Determining if, in fact, Phoenix is in the care
19 of her mother would be the first course of action.

20 Q Okay.

21 A And then determining if there's any protection
22 concerns that would actually place her at high risk.

23 Q And where, where would you get that information
24 from?

25 A Where would I get the information about --

1 Q Whether or not there are protection concerns.

2 A By meeting with the family.

3 Q Meeting with the family? Okay.

4 A And certainly reviewing the file.

5 Q So you'd go back into the file to see what the
6 circumstances had been previously, the history?

7 A Correct.

8 Q Okay.

9 A But I would still need to do my own assessment.

10 Q Okay. So you do your own assessment as well, but
11 it's informed by, I guess, the history from the file?

12 A Right. The history doesn't dictate risk, per se,
13 but it certainly forms a part of our assessment.

14 Q Okay. We've heard from other workers that
15 history is of vital importance to the work; is that, is
16 that a fair --

17 A History is certainly a factor that needs to be
18 considered in an assessment.

19 Q Okay. Do you recall if you followed up with the
20 EIA worker when you got this referral?

21 A Sorry, say that again?

22 Q Do you recall whether or not you followed up with
23 the EIA worker?

24 A I did not speak to the EIA worker. The concerns
25 were taken by the CRU worker.

1 Q And then the CRU worker was Ms. De Gale?

2 A That's right.

3 Q Did you, did you follow up with, with her, about
4 what the, what the specific concern was in this case?

5 A Typically the CRU worker would be expected to
6 document --

7 THE COMMISSIONER: Witness, do you recall your
8 dealing with this file?

9 THE WITNESS: I have a recollection of certain
10 pieces of this file, yes.

11

12 BY MR. OLSON:

13 Q Were you able, ever able to find out what the
14 specific concern of the EIA worker was?

15 A This specific concern that, as I understood it,
16 was that she had previously heard from another CFS worker
17 that Phoenix could be at high risk in either of the
18 parents' care and that that was her specific concern.

19 Q I see. Did you determine which worker made that
20 assessment?

21 A Which worker from our agency?

22 Q Right.

23 A I knew that it was from Lisa Mirochnik.

24 Q Okay. And how did you know that?

25 A Because I had -- there's reference in the

1 history, provided by Debbie De Gale, which then, in turn,
2 would have caused me to look at the summary, the closing
3 summary that Lisa would have done.

4 MR. OLSON: I see.

5 THE COMMISSIONER: And what did you say that
6 specific concern was?

7 THE WITNESS: That Phoenix may be at high risk in
8 mom or dad's care.

9 THE COMMISSIONER: Thank you.

10

11 BY MR. OLSON:

12 Q We'll take a look at Ms. Mirochnik's closing
13 summary in, in a little bit, but --

14 A Okay.

15 Q -- before we get there, you see that Ms. De
16 Gale --

17 A Um-hum.

18 Q -- assessed this to be a, a 48 hour follow-up
19 response, according to this document, anyway; is that what
20 you recall the response time being, 48 hours?

21 A I don't have a specific recollection of that. I
22 mean, I, yeah, I, I don't, I don't have a specific
23 recollection. I would have looked at the form and whatever
24 it said. I don't recall what it was specifically.

25 Q Okay. Ms., Ms. De Gale testified that she

1 thought she recommended a 24 hour response time.

2 A Okay.

3 Q Do you have any knowledge or any, any --

4 A I have no knowledge of that.

5 Q Based on what you reviewed, was a 48 hour
6 response time reasonable for this case, or appropriate?

7 A I, I think it was reasonable.

8 Q Okay.

9 A I wouldn't have assessed it as higher risk. But
10 again, that's -- or requiring a faster response time, but
11 that was not my role.

12 Q Okay. What do you mean? The, the response time
13 was not your role?

14 A Yeah, I, as a, an, a tier 2 intake worker, I
15 didn't, I was not the person that would determine response
16 time.

17 Q And I just want to be clear on this, my
18 understanding was that CRU would recommend a response time
19 to you, as a tier 2 worker?

20 A Right.

21 Q And then as a, a tier 2 worker, you determined
22 whether or not that's an appropriate response time?

23 A No.

24 Q Okay. How did it work then?

25 A You would get a response time from the CRU worker

1 and as I testified previously, you would assess the level
2 of risk yourself at that, at that time, at least that was
3 the common practice, and you would determine if you
4 followed the level, or the risk, response time that was
5 recommended, or not, based on the other cases that you had,
6 in terms of how high risk they were and what kind of
7 priority response they required.

8 Q Okay. And just to break that down a bit, your,
9 would your workload then, your caseload, would impact on
10 the response time that assess?

11 A Absolutely. Ideally, if you had a low case
12 number, we would follow the exact response time that was
13 articulated in the report. That was not, often not
14 possible.

15 Q Okay. And that was not ideal then, to not be
16 able to follow the response time that was recommended?

17 A No.

18 Q Okay. And from your -- you're looking at the
19 information that Ms. De Gale had in reviewing the file --

20 A Um-hum.

21 Q -- what, what, in your view, would have been an
22 appropriate response time?

23 A I may have given it a five day response time, but
24 again, I'm not the person who assigns the response time and
25 I did respond to the file within the 48 hour period,

1 response time that was articulated.

2 MR. OLSON: Okay.

3 THE COMMISSIONER: But you -- as I heard you, you
4 don't remember what the response time was in the document
5 you looked at, at the time that you, you reviewed it; am I
6 correct?

7 THE WITNESS: I only know what the document that
8 I got says. And I'm assuming that, that that was
9 correct --

10 THE COMMISSIONER: You --

11 THE WITNESS: -- that it wasn't changed.

12 THE COMMISSIONER: -- that's an assumption on
13 your part?

14 THE WITNESS: It is an assumption on my part,
15 yes.

16 THE COMMISSIONER: Thank you.

17

18 BY MR. OLSON:

19 Q In terms of determining the response time, you
20 said you had a look at your workload to make a prior, you
21 know, prioritize which files needed immediate action --

22 A Um-hum.

23 Q -- but aside from that, what else went into that
24 assessment? How did you determine how quickly to respond
25 to file? This file, in particular?

1 A You would look at the presenting issues. Were
2 there immediate child protection concerns identified? Was
3 there an active drinking party going on and kids were said
4 to be present? That would be something that you would
5 immediately go out on. So you look at the presenting
6 issues and the risk that that would pose to the child. So
7 in this particular file, I had no immediate child
8 protection concerns being presented. Nobody was saying
9 that this child was being abused. Nobody was saying that
10 Samantha was currently drinking and the child was in her
11 care and they had witnessed that. So ...

12 Q So there was no immediate risk, as far as you
13 were aware, to Phoenix?

14 A At least based on the presenting issues.

15 Q Okay.

16 A And I knew that Samantha had been caring for the
17 child since November of 2003, with a few months where Kim
18 and Rohan had been caring for her --

19 Q In between that --

20 A -- so --

21 Q -- period of --

22 A -- exactly, and I knew that we had nobody from
23 the community, or family members, or friends, that were
24 calling in to say we have these specific concerns about the
25 care of Phoenix. You need to follow up on them. So I knew

1 that, based on that information, I did not assess her as
2 being at immediate or imminent risk.

3 Q Did Phoenix's young age, at the time, play into
4 your assessment of risk?

5 A Certainly a child's age always plays into
6 assessment of risk. Again, though, I went out based on the
7 48 hour response that was stipulated in the CRU report that
8 I received.

9 Q Within the 48 hours?

10 A Right.

11 Q Okay. And I'm going to come each, every, you
12 know, all the things that you did in the file in a minute.
13 I'm just trying to get an idea of how you determined how to
14 respond to the file.

15 A You would look at the age of the child. You
16 would look at the presenting issues.

17 Q What about the history, in terms of who had been
18 caring for Phoenix throughout her life?

19 A That certainly would form a part of your
20 assessment.

21 Q Were you aware, at the time, that Samantha
22 Kematch didn't have Phoenix in her care between June 2001
23 and approximately November 2003?

24 A Yes, I was.

25 Q Okay. Did that have any impact on your --

1 A Not necessarily. I mean, particularly with the
2 aboriginal community, it's not uncommon for aboriginal
3 children to be raised by different family members, friends.
4 It's not necessarily my value system, but I'm not going to
5 impose my values and my beliefs on, you know, how children
6 should be raised on somebody else. There's a bare minimum
7 that people need to meet, but it's not uncommon, with
8 aboriginal children, to have various community members take
9 part in their raising.

10 Q Do you know whether Samantha Kematch had much
11 contact at all with Phoenix over that period of time?

12 A I would -- I did -- I don't, didn't know that at
13 the time.

14 Q Were you aware that -- and I think you may have
15 alluded to this before, but the file indicate that Ms.
16 Kematch didn't have Phoenix in her care between sometime in
17 January 2004 until April 2004?

18 A I knew that there was, at least according to the
19 information that I had, I had heard there were two or three
20 months that she was finding a place to live and out of
21 town.

22 Q Okay. So the information you would have had at
23 the time, and tell me if I'm wrong on this, Samantha might
24 have had Phoenix in her care for a portion of November and
25 December 2003 and then from sometime in April, to when you

1 got the file in May, May 13th?

2 MR. RAY: I think, I think maybe we could just
3 bring up the memo from Andy Orobko, because I think that's
4 where the witness obtained her information. So rather than
5 test her memory again?

6 MR. OLSON: Sure, if that, if that's helpful to
7 you, we can pull that up on the screen.

8 That's at 36962.

9 MR. RAY: I'm sorry, sorry.

10

11 BY MR. OLSON:

12 Q You have Mr. Orobko's memo in front of
13 you?

14 A I do.

15 Q At the time that you got the file, was this all
16 the information you had, in terms of the past history?

17 A Yes.

18 THE COMMISSIONER: Just a minute, let me find
19 that file.

20 MR. OLSON: So that's page 36962, the first
21 document we looked at this morning.

22 THE COMMISSIONER: Oh, that's the thing --

23 MR. OLSON: The memo.

24 THE COMMISSIONER: All right. I have it.

25

1 BY MR. OLSON:

2 Q So this, this, you would have had this and then
3 you would have had the CRU form Ms. Gale, or De Gale
4 prepared; right?

5 A Right.

6 Q And other than that, would you have any other
7 information? Would you have had whatever's on CFSIS?
8 Or --

9 A I don't know if I would have looked on CFSIS or
10 not. I wouldn't have had the physical file yet.

11 Q Okay. Based on what I indicated, it seems that
12 Samantha Kematch only had Phoenix in her care for a few
13 months, aside from when she was born. Is that, was that
14 something you would have been aware of at the time?

15 A I would have been aware of exactly what Andy
16 stated in the memo.

17 Q Okay. And would that have impacted your, your
18 risk assessment?

19 A That would have formed a part of my risk
20 assessment.

21 Q Were you aware that Phoenix had been apprehended
22 at, at birth?

23 A Yes, I was.

24 Q And what about the reason for that? Did you know
25 about why she was apprehended?

1 A The family was not feeling like they were
2 prepared to bring the baby home yet.

3 Q Were you aware that her first child had also been
4 apprehended?

5 A Yes, I was.

6 Q And how did, how did you become aware of that?

7 A I believe it was stipulated in the history that I
8 received.

9 Q Okay. There were concerns about Samantha
10 potentially harming the baby; is that something you knew
11 about?

12 A Well, that wasn't really how -- the, the main
13 concern that I recall was that she was not showing much
14 interest in parenting him and she was struggling with basic
15 care.

16 Q And that's what stood out for you is that part
17 of --

18 A Right.

19 Q -- it? Okay.

20 A Right.

21 Q Did that tell you anything about maybe some
22 concerns about her parenting?

23 A At that time, like, in, in '98, when her first
24 child was, that told me concerns that were happening at
25 that particular time.

1 Q Okay. Was that a concern that continued when
2 Phoenix was apprehended, that you're aware of?

3 A When Phoenix was a baby?

4 Q Right.

5 A The, the main reason that Phoenix was apprehended
6 was due to parents not feeling like they were ready to
7 parent and then a comprehensive plan was put in place and
8 my understanding is the parents met the various points in
9 the plan, working with the family support worker, working
10 cooperatively with the worker, meeting with the
11 psychologist and obviously that concern, in order for the
12 worker to have returned the child, those concerns were
13 resolved, so to speak.

14 Q That was your understanding, the concerns were
15 resolved?

16 A Most of them were resolved, yes.

17 Q Do you know how it is that Phoenix was no longer
18 in, in Ms. Kematch's care? Do you know how that occurred?

19 A Because Samantha and Steven separated.

20 Q And, and that was when Phoenix would be about a
21 year old?

22 A Yeah, little over a year.

23 Q And Phoenix stayed with --

24 A Steven.

25 Q -- Steven, Steve, sorry. And --

1 A That's right.

2 Q -- Samantha left?

3 A Right.

4 Q Steve also had their newborn baby at that time,
5 it was only a couple months old?

6 A Right.

7 Q And were you aware that that baby died while in
8 Steve's care, of natural causes?

9 A Yes, I was.

10 Q Okay. And did that impact your assessment at
11 all, in terms of Samantha's attachment, or, or ability to
12 parent?

13 MR. RAY: I -- just, just have a moment with my,
14 my friend.

15

16 BY MR. OLSON:

17 Q Sorry, I'm not sure if I, I got your answer to
18 the last question?

19 A What was the last question? Sorry.

20 Q Whether what we just went through, in terms of
21 the history, whether that impacted, first of all, your
22 assessment of Ms. Kematch's parenting or attachment to
23 Phoenix?

24 A Certainly it would have formed a part of my
25 assessment, but at the time that I had the file, I also

1 knew that Samantha had parented Phoenix from September '01
2 to June -- or September 2000 to June '01, without any
3 protection concerns arising. And I also knew that she had,
4 at the time that I met with her in July, she had parented
5 Phoenix for approximately five months. So that was sort
6 of, in terms of her parenting capacity, no concerns were
7 coming forward at all.

8 Q And when you say that, that period of time from
9 September to June there were no concerns, were you aware of
10 the problems with domestic violence and abusing substances
11 and those, those concerns that were on the file?

12 A Yeah, but I believe those concerns were reported
13 the, the summer of 2001.

14 Q Okay. Did, did it, did Ms. Kematch's, guess, gap
15 in parenting and, and leaving Phoenix at one point, did
16 that impact your assessment of risk when you were doing the
17 assessment?

18 A Attachment, at that time, was not the significant
19 -- I mean, you knew, we knew attachment and bonding were
20 important. It -- now, in our work, we have a much greater
21 focus on attachment. Doing an assessment of attachment,
22 though, requires a fair bit of information. So at that
23 time, I wasn't significantly concerned. There wasn't, in,
24 in the summaries that I had read, there wasn't any
25 notations about concerns regarding attachment.

1 Q Okay.

2 A I mean, it's always something you're looking at
3 though.

4 Q But at the time you were looking at this in 2004,
5 that's not something that would have been a major part of
6 your assessment?

7 A I, I was looking at the, the presenting issues at
8 that time.

9 Q Is it really the --

10 A I did talk to Samantha about it when I met with
11 her. We talked about the disruptions in care and if she
12 had any concerns with how Phoenix was settling in with her,
13 because she hadn't parented her for a long, a long period
14 of time. So we did have a discussion about that.

15 Q Is it really the immediate risk you were
16 concerned about at that point, when you --

17 A That was --

18 Q -- had the file?

19 A -- certainly one of, one of my big priorities.

20 Q So not necessarily the long term risk, or, or
21 wellbeing of the child?

22 A That's always your concern, but definitely the,
23 the immediate risk was a concern.

24 Q Okay. And when I'm talking about assessing risk,
25 you're not, you don't just do that at one point, when you

1 get the file; right? You do that continuously?

2 A Assess -- yeah. I mean --

3 Q Okay.

4 A -- level of risk changes. It can change day by
5 day, week by week.

6 Q And is it fair to say the more information you
7 get, the, the, the more accurate you can do, do a risk
8 assessment?

9 A Yes.

10 MR. OLSON: Can, can we put page 37445 on the
11 screen?

12

13 BY MR. OLSON:

14 Q Do you recognize this document?

15 A I don't recall seeing this document. I have seen
16 a document like this before, but ...

17 Q You don't recall this specific document?

18 A No, I don't.

19 Q And you've had a chance to review it before
20 today?

21 A Right.

22 MR. OLSON: Okay.

23 THE COMMISSIONER: But you recall receipt,
24 reviewing one, did you say?

25 THE WITNESS: No, I don't recall reviewing this

1 particular document.

2 THE COMMISSIONER: But what did you just say
3 about having reviewed another document?

4 THE WITNESS: I --

5 THE COMMISSIONER: I thought you said something.

6 THE WITNESS: -- I'm not sure, but I don't recall
7 having --

8 MR. RAY: Mr. Commissioner, I, I, I, I think she
9 said she's seen this form before, I think, was her comment,
10 like --

11 THE COMMISSIONER: Pardon?

12 MR. RAY: -- before, I think she said I've, she's
13 seen forms like this before.

14 THE COMMISSIONER: Oh, is that what you said?

15 THE WITNESS: That, that's what I mean, right
16 now, yes.

17

18 BY MR. OLSON:

19 Q Okay. Not, not with respect to this particular
20 file?

21 A Right.

22 Q Okay. This document was on Steve Sinclair's
23 file; would you have reviewed his file, in connection with
24 Ms. Kematch's?

25 A No, I did not.

1 Q Okay. Was there a reason you wouldn't have
2 reviewed his file?

3 A Probably time constraints would be -- and, and
4 it's hard for me to say definitively, this many years
5 later, but ...

6 Q Okay. Would you expect that -- I mean, you knew
7 the file was originally opened under Mr. Sinclair's name
8 and it was determined that Phoenix was, wasn't with him, so
9 it was opened under Ms. Kematch's name; right? That's
10 the --

11 A Right.

12 Q -- information that came to you with Mr. Orobko's
13 memo?

14 A Right.

15 Q Okay. So wouldn't you expect that Mr. Sinclair's
16 file might have more recent, or more information on it
17 than --

18 A But I would expect that any information
19 pertaining to Samantha would be in Samantha's file.

20 Q Would it be fair to say that Mr. Sinclair's file
21 might also have some important or relevant information as
22 well?

23 A It could, yes.

24 Q If you had had the time, would it be a file you
25 would have wanted to look at?

1 A Ideally, yes.

2 Q Okay. Generally, these safety assessment forms,
3 do you recall when you would see them? Did you always see
4 them on files?

5 A Sometimes you would, sometimes you wouldn't. I
6 mean, it wasn't necessarily a document that you would look
7 for, or pay close attention to. Because whatever the
8 response time was would be articulated in the CRU report
9 that you got.

10 Q Okay. So when you look for response time, it's,
11 you wouldn't look for the safety assessment document? You
12 would look for the CRU report and whatever it indicated in
13 there?

14 A Right.

15 Q Okay. Was that just your practice, or was that,
16 as far as you knew, the practice of intake?

17 A I'm not sure.

18 Q The 48 hour response time that Ms. De Gale
19 recommended, I think you said that it was appropriate in
20 this case? Is -- was that your evidence?

21 A No, I didn't say that. I did say that I followed
22 the 48 hour --

23 Q Oh, you followed? Okay.

24 A Right.

25 Q Okay. But, in your view, was it appropriate?

1 A I may have given it a longer response time, but
2 again, it's not my call to make. I responded to it within
3 the 48 hour guidelines that were given to me.

4 Q And when you say you may have given it a longer
5 response, is that because you didn't see anything in the
6 CRU report that warranted a 48 hour timeframe?

7 A Right.

8 Q Did you -- sorry if I asked you this earlier, but
9 did you speak with Ms. De Gale, to find out why she had
10 gave it a 48 hour response, according to the document?

11 A No, I did not.

12 Q Okay. Would that have been an option open to
13 you?

14 A You could speak to the CRU worker. Typically,
15 intake workers would not be -- unless there was something
16 unusual about a case, you usually wouldn't be contacting
17 the CRU worker to talk to them about, about a particular
18 report.

19 Q Okay. And it seems to me that would be a good
20 source of information; is there a reason why you wouldn't,
21 wouldn't --

22 A But --

23 Q -- talk to them?

24 A -- whatever information they had should be
25 documented.

1 Q Okay. But if it's -- what -- if it's not clear
2 in the document why the, there's a 48 hour response, would,
3 would it make sense to talk to the CRU worker?

4 A That would not have been something I would have
5 typically done.

6 MR. OLSON: Okay. Just want to put Ms.
7 Mirochnik's closing summary on the screen. It's at page
8 37350. And this will be out of Mr. Sinclair's file.

9

10 BY MR. OLSON:

11 Q Now, is this the closing summary you would have
12 reviewed? You, you said you knew it was Ms. Mirochnik
13 who --

14 A Can, can you scroll down a bit so I can see --

15 MR. OLSON: Yeah, maybe we can scroll through it,
16 it goes to page 37355.

17 THE WITNESS: Yes, that would have been ...

18

19 BY MR. OLSON:

20 Q This would have been it?

21 A Yes.

22 Q Now, this, this --

23 THE COMMISSIONER: This, this would have been
24 what?

25 I'm asking the witness.

1 THE WITNESS: This would have been Lisa
2 Mirochnik's closing summary that I would have reviewed.

3 THE COMMISSIONER: Thank you.

4

5 BY MR. OLSON:

6 Q Now, this was on Mr. Sinclair's file; right? Is
7 that your understanding?

8 A I don't know if it was on Mr. Sinclair's file. I
9 did see it with Samantha's information.

10 Q And do you know how -- maybe if we could just go
11 to the bottom, to see if indicates -- see, it says, has
12 Steve Sinclair on the bottom?

13 A Um-hum.

14 Q That indicates that it was part of his file.

15 A Okay.

16 Q Do you know how it is you would have come to see
17 it?

18 A I assume that because it's referenced in the CRU
19 report from Debbie De Gale, that either I would have pulled
20 it off CFSIS, or my supervisor would have pulled it off
21 CFSIS. I'm not sure how that happened, but it, it did form
22 a part of the CRU report that I received.

23 Q Okay. And all of these, intake, closing and
24 transfer reports, those are all available on CFSIS?

25 A Right.

1 Q Okay. And to see what the closing summary was,
2 you could just type in Mr. Sinclair's name and find it
3 quite easily?

4 A Yes.

5 Q Okay. What's the date of this document?

6 A I think it's February --

7 Q February 13th?

8 A -- '04. Yeah.

9 Q So February 13th, 2004? So fairly, fairly
10 recent, in terms of your involvement?

11 A Right.

12 MR. OLSON: Okay. Go to page 37353.

13 THE COMMISSIONER: Just, just one -- where's the
14 February date?

15 MR. OLSON: Sorry, the February date's on page
16 37355, just by the signatures.

17 THE COMMISSIONER: Yes, I see it.

18

19 BY MR. OLSON:

20 Q Under assessment, is that something you would
21 have reviewed?

22 A Yes.

23 Q And what would be the, what would be the
24 significance of the assessment to you, as the worker now
25 handling the file?

1 A That Lisa is indicating that at that time,
2 Phoenix was with Rohan and that -- and Kim, and that
3 Samantha and Steven are deemed to be high risk -- or high
4 risk, but based on the fact that she hadn't met with
5 Samantha at the time and she hadn't actually done an
6 assessment of Steven. She spoke to him, I believe it was,
7 over the phone. So she's, as a precautionary measure,
8 indicating that if Phoenix was found in either mom or dad's
9 care, that the child would be considered at high risk and
10 could be at high risk of coming into care.

11 Q Okay. And so if we look at the paragraph on page
12 37355, where it starts:

13

14 "This worker ..."

15

16 It's right, right above the statement of risk --

17 A Um-hum.

18 Q -- paragraph. It says:

19

20 "This worker cannot make an
21 accurate assessment of Steve's
22 current lifestyle due to lack of
23 information provided. This worker
24 would therefore determine that
25 Phoenix would be at high risk of

1 coming into care should she return
2 to Steve's care. She would also
3 be at high risk of coming into
4 care should she be found in
5 Samantha's care. Worker has
6 therefore safety planned with ...
7 current caregivers to Phoenix, the
8 Stepensions. They have agreed
9 [that this worker's] with this
10 worker's assessment and have
11 agreed to keep Phoenix in their
12 care under a private arrangement.
13 They will allow Steve to visit
14 Phoenix in their home whenever he
15 wants, though he has not come to
16 date ... Due to the fact that a
17 private arrangement has been
18 agreed to [to] between Steven and
19 the Stepensions, worker is
20 recommending this file be closed
21 at this time."

22

23 So she's closed the file because Phoenix was with
24 the caregivers, the, the Stephenson's; right?

25 A Right.

1 Q In terms of the risk that Samantha posed --

2 A Um-hum.

3 Q -- at least based on this assessment, what was
4 your understanding of what that risk was?

5 A Well, it was an assessment that wasn't based on
6 any information that was obtained through Samantha at the
7 time, because Lisa did not meet with Samantha. So it was a
8 precautionary, child would be considered at high risk in
9 Samantha's care. So when I come to get the file, I need to
10 do my own assessment to, to actually determine what the
11 level of risk is.

12 Q Okay. How -- when you say it was an, a
13 precautionary assessment, what, what do you mean by that?

14 A Well, typically, in a situation like this, and
15 this type of situation would not have been uncommon, if you
16 were not able to meet with either of the parents and a
17 child was residing with another family member or a friend
18 on a private arrangement, you would say exactly what Lisa
19 said, which was, the child would be considered at high risk
20 in either of the parents' care, because you don't have
21 enough, enough information to accurately assess risk. So
22 if you look at the history and the age of the child and in
23 the absence of any other information, you would assess it
24 as, as high until somebody else could come and meet with
25 the parents and actually assess the risk.

1 Q Okay. So it seems to me, in a, in a case like
2 that, you, it makes sense to say the risk can't be
3 determined at this time, due to lack of information, or
4 something along those lines. What you're saying is workers
5 would say it was a high risk until you can get more
6 information? I'm just trying to understand what you're --

7 A Yes --

8 Q -- saying?

9 A -- in, in situations that had similar
10 circumstances to this, yes.

11 Q Okay. So are you saying that this sort of
12 phrasing was not unusual in a, in a case like this?

13 A No.

14 Q No, you're not saying that, or --

15 A No, sorry --

16 Q -- it's not unusual?

17 A -- it's not unusual.

18 Q So you've seen it before?

19 A Yes.

20 Q All right. And what does this signal to you
21 then, when you see that sort of language?

22 A That you need to do your own assessment and
23 determine the level of risk and that there's a reason,
24 there's reasons to be cautious in this type of situation.
25 I mean, there are some risk factors, due to history, but

1 that, alone, does not determine that this case would be
2 high risk.

3 Q When you -- what you're going on, at this point,
4 is, I take it, just the history that you have of Samantha
5 from the file, from previous workers' assessments?

6 A Right.

7 Q Okay. Because at this point, you hadn't met with
8 Samantha yourself?

9 A No, I had not.

10 Q Okay. And you wouldn't know whether she had done
11 anything to address any of the concerns raised in the other
12 assessments?

13 A I would have known that -- well, initially, when
14 I very first got the file, I wouldn't have known what she
15 had done, but at some point within -- and I don't know what
16 the timeframe would have been, I would have been, had
17 access to Kerri-Lynn Greeley's transfer summary and Delores
18 Chief-Abigosis' transfer summary. I would have had access
19 to that information, certainly by the time I met with
20 Samantha.

21 Q And certainly before you, ultimately, you closed
22 the file; right?

23 A Right.

24 Q Okay. So you would've had a full picture of that
25 background?

1 A Right.

2 Q Okay. Do you know what the relationship between
3 Ms. Kematch and the Stephensons was?

4 A I knew that it was somewhat tenuous, just based
5 on what was written in the file.

6 Q What do you mean by "somewhat tenuous"?

7 A Well, I knew that they weren't necessarily on
8 the, the best of, of terms, that they had had a difficult
9 separation when they did. I didn't know what the nature of
10 their contact had been since that time.

11 Q Are you referring to Steve Sinclair and Samantha
12 Kematch now?

13 A Yes, sorry.

14 Q Oh, sorry, I, I think you may have misunderstood
15 my question. I was asking if you knew what the
16 relationship between the Stephensons and Ms. Kematch was?

17 A Oh, I'm sorry.

18 Q That's okay.

19 A No, I didn't know the exact nature of the
20 relationship between them. All I knew was that Samantha
21 had dropped Phoenix off to be in their care and eventually
22 come to pick Phoenix up from them.

23 Q That was based on the memo that Mr. Orobko
24 provided --

25 A Right.

1 Q -- to you? Okay. You didn't know whether or not
2 they were actually friends, or had any other --

3 A I assumed that they were acquaintances.

4 Q That would have been an assumption on your part
5 though?

6 A Yes, I, I didn't know, really, the nature of
7 their relationship, no.

8 Q Okay. You were aware of the letter sent to the
9 Stephensons, advising them to contact the agency if, if
10 Phoenix is in the care of Steven, or Steve Sinclair?

11 A Yes, and I, I believe, I, I thought the letter
12 indicated that Samantha would be considered high risk as
13 well.

14 Q Right. Now, you know that Samantha picked,
15 picked Phoenix up?

16 A From the Stephensons --

17 Q Right.

18 A -- right.

19 Q Okay. Did you have any contact with the
20 Stephensons, to find out what the situation was?

21 A I did not, but I knew that the CRU worker had
22 attempted to contact them and the phone number that we had
23 was the wrong number.

24 Q Okay. Did you -- just getting back on to Ms.
25 Mirochnik's assessment of Samantha being high risk, did you

1 ever follow up with her, or talk to her about that?

2 A With Lisa?

3 Q With Lisa.

4 A No.

5 Q Is that something you could have done if you
6 wanted to?

7 A I could have. Typically -- sometimes you would
8 do that, but very rarely.

9 Q Is that because of a, a timing issue, just not
10 having the time to do it, or is it just something that's
11 not done?

12 A It could be a bit of both. Often it's just not
13 something that's done and sometimes time constraints would
14 play a, a, would be a factor in that as well.

15 Q In terms of getting her rationale for including
16 this statement in the document, would she, would it have
17 been a good idea, do you think, to contact her and ask why
18 she made it, why she said that, wrote that?

19 A I didn't feel like I would have gained anymore
20 information by talking to her than what was already
21 articulated in her summary.

22 MR. OLSON: I want to turn now to visit back to
23 Ms. Kematch's file, CD1795, page 36953.

24 THE COMMISSIONER: Three six nine five three?

25 MR. OLSON: Yeah, it's an intake closing summary.

1 THE COMMISSIONER: Yes, I have it.

2

3 BY MR. OLSON:

4 Q Do you, do you recognize this document?

5 A Can you scroll down a bit please?

6 Q Let's go to page 36958 --

7 A Yes, I do.

8 Q -- this is the last page.

9 A Yeah.

10 Q Okay.

11 A That's my closing summary.

12 Q Okay. So this indicates that the file was closed
13 July 15th, 2004, 2004 and the signature beside your name is
14 your, your signature?

15 A Yes.

16 Q The signature beside Ms. Parsons' name would be
17 her signature?

18 A It looks like her signature, yes.

19 Q Just want to ask you, it's signed by -- the date
20 under her name is August 6th, 2004 --

21 A Um-hum.

22 Q -- do you know why that is? Is that the date she
23 would have reviewed it and signed off --

24 THE COMMISSIONER: Now what, what page you on?

25 MR. OLSON: This is 36958. The last page of

1 that?

2 THE COMMISSIONER: Yes, and what are you asking
3 her about the signatures there?

4 MR. OLSON: She's confirmed that the signature,
5 one of the signatures is hers.

6 THE COMMISSIONER: Right.

7 MR. OLSON: One of the signatures is Ms. Parsons'
8 and I'm asking about the date underneath Ms. Parsons' name
9 being, it looks like August 6th, 2004.

10

11 BY MR. OLSON:

12 Q Do you, do you know why that date is written
13 there?

14 A Well, I'm not her, so it's difficult for me to
15 speak for her, but generally --

16 Q Okay.

17 A -- what she would do would be review the file, or
18 your summary sometime after you had done it and usually put
19 a date as to when she reviewed and signed it. So ...

20 Q It says, where it says case closed, July 15,
21 2004, there's another date, July 14, 2004, if you look down
22 at the bottom; you see it?

23 A Yes.

24 Q What's the, why is there a difference between
25 those two dates?

1 A The date, July 14th, would have been the date
2 that I actually completed the summary and the case closed,
3 July 15th, 2004, would have been the date that our admin
4 person would have actually processed the closing summary
5 and changed the status on CFSIS.

6 Q Okay. So if a worker to go into the file on the
7 CFSIS July 16, 2004, they should have seen that the file
8 was closed?

9 A Right.

10 Q Okay. And then assuming that Ms. Parsons'
11 notation of August 6th, 2004, that's her signing off on the
12 closure --

13 A Um-hum.

14 Q -- does that mean that she would have signed off
15 on it after the file had already been closed?

16 A I guess, so, yeah.

17 THE COMMISSIONER: Well then, in other words, it
18 didn't require the supervisor's signature in order to be
19 closed; is that --

20 THE WITNESS: Well, but it does -- you can't
21 close, I mean, you can't close a file without a supervisor
22 having signed it off. So I suppose if she disagreed with
23 what you had done, she would have the admin person go back
24 in CFSIS and change the closure.

25 THE COMMISSIONER: But I thought it was said that

1 the, that it went into the records that it was closed as of
2 July 14th?

3 THE WITNESS: That would have been the date that
4 I would have completed my recording.

5 THE COMMISSIONER: But that doesn't close the
6 file?

7 THE WITNESS: No.

8 THE COMMISSIONER: And that, it isn't closed
9 until the supervisor signs off, is that what you're telling
10 me?

11 THE WITNESS: That's the way it's supposed to
12 work.

13 THE COMMISSIONER: Do you know if it worked that
14 way this time?

15 THE WITNESS: It doesn't look like it did, but I
16 don't know, because I'm not -- I do my summary and I pass
17 it on to my supervisor, at what happens after that, unless
18 she, he or she comes back to me, I, I don't know.

19 THE COMMISSIONER: Why do you say, in this
20 instance, it doesn't look as though it --

21 THE WITNESS: Well --

22 THE COMMISSIONER: -- worked like that?

23 THE WITNESS: -- because it looks like, it says,
24 case closed, July 15th, 2004, which underlined. That would
25 typically be the date --

1 THE COMMISSIONER: Just a minute, what's
2 underlined? Are we, are we --

3 THE WITNESS: Above --

4 THE COMMISSIONER: -- are we --

5 THE WITNESS: -- my name.

6 THE COMMISSIONER: -- on page 58?

7 MR. OLSON: Fifty-eight, yes.

8 THE COMMISSIONER: Where, where's the
9 underlining?

10 MR. OLSON: Under case closed, July 15, 2004, at
11 the top of the page.

12 THE COMMISSIONER: Oh, the typed document?

13 MR. OLSON: Yeah, in all caps.

14 THE COMMISSIONER: Oh, oh, all right.

15 THE WITNESS: That --

16 MR. OLSON: And so, up there, that, it says July
17 15th, and then below, under date, it says July 14th, 2004.

18 THE COMMISSIONER: Well, who put, who put case
19 closed July 15th, 204 (sic) and underlined it?

20 THE WITNESS: I would assume our admin person
21 did. I don't know.

22 THE COMMISSIONER: You didn't?

23 THE WITNESS: No, I would put the date, July
24 14th, 2004, when I did my recording.

25

1 BY MR. OLSON:

2 Q Do you know who the admin person would have been
3 at that time?

4 A I'm not sure.

5 Q Sure. Okay. How many admin people were there at
6 the time, do you know?

7 A Well, you would have had one particular admin
8 person assigned to -- that, that worked, like, one admin
9 person per unit. I couldn't, I don't have a recollection
10 of who that was at that particular time.

11 Q Okay. The intake closing summary, the, the
12 document we're looking at, does that represent the work
13 you, you did on the file?

14 A Yes.

15 Q So whatever work you did on the file will be
16 reflected in the document?

17 A Yes.

18 Q Okay. If you take a look at present, sorry,
19 presenting problem on page 36953, this appears to be the
20 start -- right under presenting problem, go to the next
21 page, up to: She then -- sorry, if you could stop there?

22 The first big paragraph there, where it says:

23

24 "Samantha then appeared to be at a
25 loss for words, then suddenly she

1 uttered a profanity and hung up
2 the phone."

3

4 THE COMMISSIONER: What page --

5 THE WITNESS: Right.

6 THE COMMISSIONER: -- what page you on?

7 MR. OLSON: Three six nine five four.

8 THE COMMISSIONER: Yes, and where?

9 MR. OLSON: You see the first large paragraph?

10 THE COMMISSIONER: Yes.

11 MR. OLSON: At the end of that paragraph, last
12 sentence.

13 THE COMMISSIONER: Oh, the end of the paragraph?

14 MR. OLSON: Yeah.

15 THE COMMISSIONER: All right.

16

17 BY MR. OLSON:

18 Q Last sentence there. That appears to be taken
19 directly from Ms. De Gale's CRU report; is that right?

20 A That's correct.

21 Q Okay. So is that an example of where you would
22 just cut and paste information?

23 A Yes.

24 Q Okay. We've heard that that was a fairly common,
25 common practice, is that how you would generally do it?

1 A That was very common, yes.

2 Q And under history, where would that information
3 have come from?

4 A Pieces of it would have come from Debbie De
5 Gale's report, but I added a little bit more detail in
6 sections. But generally, it's very similar to what Debbie
7 De Gale wrote, with some minor changes.

8 Q And the detail that you would have added, where
9 would you have taken it from?

10 A The paragraph, I believe it's in July '98,
11 Samantha had a baby boy, or it --

12 Q So you're reading from, just, just so it's clear
13 on the record, page 36954, the first large paragraph on --

14 A Yeah, or it may be the third paragraph down. Let
15 me just look at --

16 Q Where it starts: In April?

17 A Yeah. Yeah, the second paragraph is slightly
18 different than what Debbie De Gale would have written, as
19 is the third paragraph.

20 Q So the paragraph beginning: In July '98. And
21 then the paragraph that begins: In April, 2000?

22 A Right. Just slightly more detail, that's all.

23 Q And where did you get the additional detail from?

24 A I would have gotten it from CFSIS or Samantha's
25 file.

1 Q Okay. If we turn to the next page, 36955, right
2 before the heading: Data/Interventions --

3 A Um-hum.

4 Q -- it says, in brackets:

5

6 "Refer to [the] file for further
7 details"

8

9 A Um-hum.

10 Q Is that something that you made note of?

11 A I would often write that in a history, yes.

12 Q Okay. And what, who would, first of all, who
13 would you refer to the file for further details?

14 A Whoever the next person was that happened to
15 handle the file.

16 Q Okay.

17 A So if it opened again, or if it was transferred
18 to a family service worker, it would be that particular
19 person.

20 Q While you were writing this, you're, you, you
21 would have thought the file was going to be closed?

22 A Yes.

23 Q Did you anticipate that it would be opened again
24 at some point?

25 A Possibly.

1 Q When you say possibly, in your experience as a,
2 as a intake worker, do files come back fairly often, or?

3 A It's not unusual.

4 Q And by writing refer to the, the file for further
5 details, were you signaling to the next worker that there
6 may be on the file that, that's important to look at?

7 A There would be more details on the file, yes.

8 Q So in other words, this is really just a summary
9 of the history, based on what you reviewed?

10 A Right. It'd be -- I mean, the, the file was
11 quite lengthy, so to actually summarize all of the details,
12 it'd be far to lengthy, so we would typically put refer to
13 the file for further details.

14 MR. OLSON: Okay. It's just about 11 o'clock and
15 I'm about to start going into the actual interventions on
16 the file, which will take some time.

17 THE COMMISSIONER: All right. We'll take --

18 MR. OLSON: So it might be a good time for the
19 break.

20 THE COMMISSIONER: -- our 15 minute mid-morning
21 break.

22

23 (BRIEF RECESS)

24

25 MR. OLSON: Can we just get the document on the

1 screen? That's good.

2

3 BY MR. OLSON:

4 Q So under the Data/Interventions on this page,
5 that's 36955, this, this represents your work on the
6 file?

7 A Yes, it does.

8 Q Okay. The May 13th entry here says:

9

10 "Field to [Sarah's] residence with
11 co-worker Kathleen Marks."

12

13 The reference to Sarah, is that a typo?

14 A It's a typo.

15 Q And by that, you meant Samantha?

16 A That's right.

17 Q And it says:

18

19 "A male answered the door and
20 identified himself as [West] Wes.
21 He advised that Samantha was not
22 in as she and [Phoenix] went to
23 see her mother."

24

25 It says: Field to Sarah's mother. Again, that's

1 Samantha's mother.

2

3 "[The mother answered] answered
4 the door and advised that Samantha
5 and [Phoenix] were visiting
6 friends. This writer left a card
7 and requested that Samantha
8 contact this writer."
9

10 So you were going out on May 13th, 2004; what was
11 your, what were you hoping to do at that, when you did
12 that?

13 A To be able to lay eyes on Phoenix and determine
14 if, indeed, Phoenix was in the care of Samantha and I was
15 hoping to be able to meet with Samantha at that point.

16 Q Am I right that at this time you didn't know for
17 sure where Phoenix was?

18 A We knew that, that she, according to the memo
19 that Andy Orobko had, had written, that she was allegedly
20 with her mother.

21 Q Okay. But that hadn't been confirmed by --

22 A Right.

23 Q -- CFS at that point?

24 A Right.

25 Q And the 48 hour response time, I just want to

1 understand what it is you would have understood you were
2 required to do by that time?

3 A Make an effort to make contact with the client.

4 Q So not necessarily actually establish contact,
5 but just make the effort to establish contact?

6 A Ideally, to establish contact, but if that's not
7 possible, at least be trying to establish contact.

8 Q There's a reference here to co-worker, Kathleen
9 Marks; who was she?

10 A She was my intake partner at the time. So we
11 often did fields, or intake fields together. I would go
12 out on calls with her. She would go out on my calls with
13 me.

14 Q And when she went out on calls with you, the file
15 was yours?

16 A That's right.

17 Q Would she have knowledge of the background and,
18 and other information about the file?

19 A Usually what we would do is on our way to a
20 client's home, we would, if it was my case, I would give
21 her some information about the presenting issue, the
22 history, what we were going to be attempting to do and if I
23 went out on a call with her, she would do the same for me.
24 So you -- she wouldn't have reviewed the file, but she
25 would have had some basic information, yes.

1 Q In terms of responsibility for the actions on the
2 file, would those be with you as the worker?

3 A Yes, it's -- the, the responsibility is with the
4 assigned worker.

5 Q I see. When you went to Samantha's residence and
6 you met this person, Wes, did you ask him any questions?

7 A I didn't ask him any questions and the primary
8 reason for that would be I had no -- at, at that point, I
9 didn't know he was a boyfriend. I didn't know if he was
10 somebody who worked for the building and was fixing her
11 plumbing. I didn't know anything about him, so I was very
12 cautious about breaching confidentiality. For me to ask
13 him questions, I would have had to identify who I was and
14 why I'd be asking for that type of information.

15 Q So you wouldn't have identified yourself then as
16 a CFS worker when you went to the door?

17 A No.

18 Q Was that your practice?

19 A Would depend on the situation. Often if a, a
20 stranger answered the door and I had no idea who they were,
21 I would be cautious about letting them know who I was.

22 Q You didn't ask him whether or not he lived at the
23 residence?

24 A No, I did not.

25 Q And you're saying that's because you wanted to

1 maintain confidentiality?

2 A Right.

3 Q If he was living at the residence, would it be
4 important to know that?

5 A Sure.

6 Q Then you go to Samantha's mother's residence; why
7 did you go there?

8 A Because I knew, from what Wes had said, that
9 that's where Samantha and Phoenix had went.

10 Q Okay. And you found out she was not there, she
11 was visiting --

12 A That's right.

13 Q -- friends?

14 A That's right.

15 Q Did that seem odd to you that Wes said she would
16 be at the mother's and the mother said she's not there?

17 A No, I mean, she could have left, she could have
18 went to another friend's. She could have been on her way
19 home.

20 Q Did you identify yourself to Samantha's mother?

21 A I did, because I knew it was her mother. I --
22 with the, with the male answering the door, I had no
23 idea -- I mean, as far as I knew, she wasn't living with
24 anybody, so --

25 Q Okay. And she would have known that Samantha had

1 involvement with CFS at that point?

2 A She would have, yes.

3 Q Did you think of asking her about questions,
4 sorry, questions about Samantha's circumstances, who she
5 was living with?

6 A No, I didn't.

7 Q What about how long Phoenix had been with her?

8 A Sorry?

9 Q What about how long Phoenix had been with
10 Samantha?

11 A I didn't think of asking her those questions.

12 Q Did you ask when the last time she saw Phoenix
13 was?

14 A No, I had assumed that she saw Phoenix that day,
15 because she was saying they had left and were visiting
16 friends.

17 Q Okay. The next notation, at the very bottom of
18 the page, 36955, is May 14, 2004.

19 A Um-hum.

20 Q It goes on to the next page:

21

22 "Message from [EIA worker]. She
23 advised that she has added
24 [Phoenix] to mom's EIA budget."
25

1 This, this is information you recorded in the
2 file; what was the significance of it?

3 A That Phoenix had already been added to Samantha's
4 budget, without us having called back to say we've
5 completed an assessment, it's okay for you to add her to
6 the budget.

7 Q Did you ask if there was anyone else on the
8 budget?

9 A No, I did not.

10 Q Is that something that EIA would normally share
11 with you?

12 A Would depend on the worker.

13 Q Okay. So some workers would and some wouldn't?

14 A Some workers share information more freely than
15 others.

16 Q Okay. That is one source of information for you
17 as a worker; right?

18 A Yeah, and it would depend on the worker you had
19 assigned from EIA, as to whether you got much information
20 or not.

21 Q May 17, 2004, you write: "Sent letter to
22 Samantha." What was the purpose of doing that?

23 A To let her know that I'm trying to make contact
24 with her and I need to meet with her.

25 Q The letters you're referring to, if we can turn

1 up page 36961, is this the May 17, 2004 letter?

2 A Yes.

3 Q Okay. So you've written that you've:

4

5 "... attempted to make contact
6 with [her] and left a message with
7 [her] mother ... to call ...
8 however [you haven't heard from
9 her]. Please contact me upon
10 receipt of this letter as I need
11 to meet with you."

12

13 Was that your standard practice, when you
14 couldn't meet with someone, to send a letter out?

15 A That was not unusual to send a letter, or go back
16 and do another field.

17 Q And you do go back and do another field on June
18 2nd, 2004?

19 A I don't know without my summary in front of me.

20 Q Three six nine five six.

21 A Yes, I do.

22 Q Okay. And again, you weren't able to make
23 contact?

24 A That's right.

25 Q So nobody answered the door in that case and you

1 left your card?

2 A That's right.

3 Q Do you recall what time of day that was?

4 A I don't know, I'm not -- I really couldn't
5 comment this much later.

6 Q When you did fields like that, was it normally
7 during normal working hours?

8 A Yeah, it would be during normal working hours.

9 Q And what would those be? Would it be 9:00 to
10 5:00?

11 A Usually about 8:30 to 4:30.

12 Q Eight thirty to 4:30? Did you have ability to
13 send someone out after hours?

14 A After hours was a resource that existed, yes.

15 Q Did you consider utilizing after hours in this
16 case?

17 A No, I didn't. I didn't deem this a situation --
18 typically after hours would go out on a situation where
19 there was imminent risk to a child.

20 Q Okay. And this, that wasn't the kind of
21 situation you saw here?

22 A No.

23 Q June 15th, you write that you sent to a letter to
24 Samantha requesting that she contact the writer. If we put
25 page 36960 on the screen, this is the letter dated June 15,

1 2004? Is that right?

2 A Yes.

3 Q And here you're saying you need to meet with her
4 and you can't close her file until you meet, so you'll
5 continue to try making contact?

6 A Right.

7 Q This, this letter seems a little more forceful
8 than the last one; was that, was that intentional?

9 A Yes, typically I, if I sent more than one letter,
10 the first letter would be more friendly and the more
11 letters I would send, the more forceful I would get.

12 Q And you did get a response. If we go back to
13 your recordings at 36956, June 21, 2004, it says:

14

15 "Phone call from Samantha.
16 Arranged to meet her ... June 29
17 ... at 10:30 a.m."

18

19 A That's right.

20 Q So she actually called in to you?

21 A She did.

22 Q Would -- did you actually speak with her, or was
23 this a message?

24 A No, I, I would have spoken to her. If it was a
25 message, I would have left, I would have written Samantha

1 left a message.

2 Q So this, at this point, it would have been well
3 over a month since you received the file and hadn't
4 actually been able to see Phoenix; right?

5 A That's right.

6 Q Okay. Was that -- at that point, were you
7 concerned?

8 A No, I was not.

9 Q June 28th, 2004, it says:

10

11 "Phone call from Samantha. She
12 requested that we change our
13 appointment because she is moving
14 within the block. This writer
15 advised her that only needed to
16 meet with her briefly and urged
17 Samantha to keep the appointment.
18 Samantha agreed to do so."

19

20 So she told you she was moving to another
21 apartment in that complex?

22 A That's right.

23 Q Did she give you the address?

24 A I, I don't think she did, or I would have
25 documented it.

1 Q Now, you say you urged her to keep the
2 appointment?

3 A That's right.

4 Q And she agreed to do so?

5 A That's right.

6 Q Okay. So you were expecting, when you went out
7 there, she would be there?

8 A That's what I was expecting, yes.

9 Q And when you went out there the next day, it says
10 you were unable to gain entry into the block?

11 A That's right.

12 Q Do you -- can -- do you recall why that was, or
13 what happened?

14 A It's -- the block that she lived in at the time
15 is a locked block, that doesn't have, or at the time,
16 didn't have a buzzer system. So you would either have to
17 wait for somebody to come out of the building and sneak in
18 the building, or sometimes, what we would do, in buildings
19 like that, is we would knock on somebody's window, who had,
20 lived near the door and sometimes people would let you in.
21 Sometimes people were not so helpful and would get quite
22 angry. So ...

23 Q Did you have a phone number for Ms. Kematch?

24 A I don't know if I would have had a phone number
25 at that point. I think I got a phone number on the -- I

1 must -- no, I must not have had a phone number. I would
2 have got the phone number on the 13th of July, which I
3 documented.

4 Q Do you know why you wouldn't have received her
5 phone number previously after, after having spoken to her
6 twice?

7 A I'm not, yeah, I'm not sure.

8 Q Do you know if you tried making contact, or with,
9 contact with her by phone, using the last phone number you
10 had on the file?

11 A I'm not sure. I think, if I would have tried
12 that, I probably would have documented that I had done
13 that.

14 Q Was it your practice to note everything you did?

15 A Typically, yes.

16 Q Okay. So because it's not noted there, you
17 probably didn't try that?

18 A Probably, yeah.

19 Q And if we did, if we looked, looked back to the,
20 Ms. De Gale's CRU report, there was a phone number there
21 for Ms. Kematch; right?

22 A Okay. If there was one, yeah, then there, then I
23 would have had a phone number.

24 Q Okay. Did it surprise you that you weren't able
25 to meet with Ms. Kematch on June 29th?

1 A No, it's not unusual, with many of the clients
2 that we work with, for it to take a significant amount of
3 effort to meet with them. And the fact that she was
4 calling me, I was taking as a good sign, because it's not
5 unusual for us just to get no response at all.

6 Q Okay. The next thing you have documented is July
7 9, e-mailed Samantha's social assistance worker, requesting
8 her new address?

9 A That's right.

10 Q We've been through the file, we can't seem to
11 find a copy of any e-mail; do you know why that would be?

12 A I may not have printed it off.

13 Q Okay. Is, is it typical to e-mail the, a, a EIA
14 worker like that?

15 A It's not unusual to.

16 Q Was this --

17 A In my practice now, I often will and many of us
18 will often e-mail, versus using the phone, because you get
19 more information, more quickly.

20 Q Okay. Do you, do you know if you got a response
21 from the worker?

22 A If one isn't documented, then I didn't get a
23 response.

24 Q In this particular file, do you -- can you recall
25 whether or not the A, EIA worker was being helpful, in

1 terms of providing information?

2 A I did not have contact with her, besides e-
3 mailing her and I didn't get a response, so ...

4 Q Did you want to try to determine whether or not
5 the Wes who answered the door was actually residing in the
6 home?

7 A I wanted to meet with Samantha first and have a
8 discussion with her.

9 MR. OLSON: And turn to Commission disclosure
10 1578, page 28130. Sorry, 281, let's go to 28155.

11 THE COMMISSIONER: Two eight one five zero?

12 MR. OLSON: One five five.

13 THE COMMISSIONER: Five five, I have it.

14

15 BY MR. OLSON:

16 Q This is the EIA file for Karl Wesley McKay.

17 A Okay.

18 Q You'll see that Samantha Kematch was added to his
19 budget as of April 26th, 2004 --

20 A Um-hum.

21 Q -- do you see that?

22 A Yes, I do.

23 Q And his address is listed as 15747 McGee Street
24 and then as of -- if we go to page 28208, so that's 28208,
25 it shows that Phoenix Sinclair was added to his budget as

1 of May 28, 2004; that's not information you had when you
2 were doing your investigation?

3 A That is not information I had when I was doing my
4 investigation, no.

5 Q But if you wanted to find out that information,
6 EIA appears to have had it at that point?

7 A I could have approached EIA. My line of
8 reasoning at the time was my understanding was he was
9 working, Karl was working as a trucker, so if he was living
10 with Samantha -- and I was being told he stayed with
11 Samantha when I met with Samantha, when he was in town. My
12 line of reasoning, at the time, was that he wouldn't likely
13 be added to her budget. Because if he was working, she
14 wouldn't be able -- and living with her, she wouldn't be
15 able to be on assistance. So it was not unusual for us to
16 have clients who had boyfriends that lived with them, but
17 EIA was not aware of it.

18 Q So that wasn't unusual. Was it important to
19 determine whether or not he was living there though?

20 A At the time, I didn't think that it was
21 important, because I knew -- I didn't have any concerns
22 about him.

23 Q Okay. You didn't really know much about him at
24 that point, I take it?

25 A No, we had no concerns coming in, saying, you

1 know, this individual poses a risk for this reason or that
2 reason.

3 Q If you had obtained the information from EI --

4 A Um-hum.

5 Q -- about McKay living there and Samantha and
6 Phoenix being on his budget, would that have changed
7 anything for you, in terms of how you handled the file?

8 A It may or may not have. It's easy, in hindsight,
9 knowing that Phoenix died at the hands of Karl, to say,
10 yes, for sure, I would have done this. I don't know what I
11 would have done. I may have done a prior contact check and
12 a criminal record check, if I knew he was living there and
13 I had his name and date of birth. It's hard for me to say.
14 In hindsight, do I wish I did that? Absolutely.

15 Q Okay. What was your practice, at the time, in
16 terms of prior contact checks?

17 A It was on a case-by-case basis. And even now, I
18 think of, with a lot of workers, it's a case-by-case basis.
19 It wasn't a practice then to do that on every person that
20 you came across.

21 Q Has that changed, that you know of?

22 A It's probably being done more often now. It's
23 not being done on every case.

24 Q Going back to your closing summary, page 36956 --

25 A Um-hum.

1 Q -- July 13, 2004, it says you received a message
2 from Samantha Kematch and you have a number recorded there?

3 A Right.

4 Q So she called in to you and left you a message
5 and included her telephone number?

6 A She did, yes.

7 Q Okay. And it says:

8

9 "Phone call to Samantha. Arranged
10 to meet at her at home in 10
11 minutes. She advised ... she
12 still resides in the same block
13 however she has moved to suite 1."

14

15 So she volunteered that information to you?

16 A She did.

17 Q Okay. And it says:

18

19 "Field to home with co-worker
20 Kathleen Marks. The home was tidy
21 and well furnished. Phoenix was
22 present and she appeared, clean,
23 healthy and well cared for.
24 Samantha also appeared healthy --
25 good coloring, clean and a healthy

1 weight. This writer advised
2 Samantha that a referral had been
3 made to the agency a couple months
4 ago. This writer advised her of
5 the nature of the concerns and she
6 denies abusing substances and
7 having any difficulties coping
8 with Phoenix."

9

10 I'm just going to stop there for a minute. What,
11 what were the concerns that you would have advised her
12 about?

13 A I would have told her that we received
14 information that Phoenix was back in her care and that we
15 had information that she may be at high risk due to her
16 history. So I would have been looking at the concerns that
17 we previously had on mom in 2000 and I would have been
18 focusing on was she able to provide adequate care? Were
19 there -- and, and I knew that we had some concerns about
20 drug and alcohol use, so I would have been focused on that.
21 So I would have talked to her about that type of stuff.

22 Q What about leaving Phoenix with inappropriate
23 caregivers? Was that one of the concerns?

24 A Yes, and I would have talked to her about that as
25 well.

1 Q Okay. But you don't actually write down what
2 you, what you spoke to her about here?

3 A No, I don't.

4 Q The reference to Samantha appearing healthy, good
5 colouring, clean and healthy weight, why would you include
6 that information?

7 A Just so that there's some detailed information
8 about what I observed. Because during some intakes, you
9 could go and see children that look very pale, dark circles
10 under their eyes, dirt --

11 Q Oh, sorry, just before you go on, that was a
12 reference to Samantha. It says, Samantha --

13 A Oh --

14 Q -- also appeared healthy --

15 A -- oh, sorry, yes. I would have been making
16 reference to that in terms of drug and alcohol abuse.
17 Often clients who are abusing substances will not be taking
18 good care of themselves. They'll often be very thin and
19 gaunt looking.

20 Q Okay. So you're, the purpose of you noting that
21 she didn't look that way here was that it was an indication
22 to you that she might not be abusing substances?

23 A That's right.

24 Q Okay. And now, the reference to Phoenix
25 appearing clean, healthy and well-cared for, what was the

1 purpose of including that information?

2 A To indicate that I saw her and to note what I
3 observed. So there weren't, there wasn't anything
4 concerning about her appearance, to indicate that she was
5 not being well cared for, that she was being neglected.

6 Q And how much time did you spend with Phoenix? Do
7 you recall?

8 A It's -- I don't know. Usually on an intake, you
9 could spend anywhere from 30 minutes to a couple of hours.

10 Q Okay. So there was no common practice, in terms
11 of --

12 A Would depend on how verbose the client was, how
13 many concerns you had to discuss.

14 Q That's not something you included in your notes,
15 the time you actually spent?

16 A No, not usually.

17 Q Okay. And with respect to time spent with
18 Phoenix herself, would you actually talk to her?

19 A I, I, I didn't speak to her individually at the
20 time, no.

21 Q So you wouldn't have spoken with her separate
22 from Ms. Kematch, or anything like that?

23 A No, I did not and that was pretty well common
24 practice at intake at the time. You didn't necessarily --
25 unless you had a specific abuse allegation, you wouldn't

1 typically interview a child.

2 Q Okay. And were you concerned about abuse here?

3 A Not at all.

4 Q Okay. Would you have been looking for signs of
5 physical abuse on Phoenix?

6 A You're always looking for that, as a child
7 welfare worker, but based on the history, there was nothing
8 in the history that indicated that Samantha had mistreated
9 her children, or abused the children.

10 Q Okay. Just continuing on, where it starts:

11

12 "She reported that Phoenix came
13 back into her care in November '03
14 because Steven was drinking. She
15 indicated that Phoenix went to
16 stay with her friends for a month
17 in January or February '04 when
18 Samantha [was] went 'traveling'.
19 When ... Samantha advised that she
20 did not feel that the disruptions
21 in care caused any problems in her
22 [relationship] with Phoenix.
23 Samantha advised that her main
24 support is her boyfriend who is a
25 trucker and stays with [her

1 family] when he is in the city.
2 This writer inquired if Samantha
3 wanted/needed any assistance from
4 the agency and she advised no,
5 although she indicated that she
6 would be interested in writer
7 sending her info on programs
8 (mom's groups, parenting groups)
9 in the area. Samantha advised
10 that she would be registering
11 Phoenix for nursery school in the
12 fall (most likely at Wellington)."

13

14 So that was the balance of your conversation with
15 Ms. Kematch?

16 A Yes.

17 Q Okay. Are you able to say, in this case, how
18 much time this meeting would have taken?

19 A I can't say for sure. I would say it definitely
20 didn't take two hours, based on the length of my
21 description.

22 Q So it definitely didn't take two hours? You
23 think it was significantly shorter than that?

24 A I, I, honestly, I'd be guessing, if I said to you
25 how long it was.

1 Q The information here, about her boyfriend, were
2 you able to confirm that she was referring to Wes?

3 A I did not -- well, I knew that, I knew that her
4 boyfriend was Wes, but that's all I knew.

5 Q Did you ask for his last name?

6 A I did not ask for his last name and at that
7 point, I was -- for, for a few reasons, I was trying to be
8 as least invasive as possible and we had no reason to
9 believe that he posed a threat to Samantha or Phoenix. We
10 had no neighbours calling, or family members calling,
11 saying this individual has, you know, this type of history,
12 or this type of criminal record. And during my
13 interactions with him, there was nothing in my interactions
14 with him that sent up red flags and caused me any sort of
15 concern.

16 Q And when you say your interactions, are you
17 referring to the one time when he answered the door?

18 A Yes, I mean, he wasn't hostile or you know,
19 difficult, or anything of that nature.

20 Q Aside from that one meeting with him, did you
21 have any other contact with Mr. McKay?

22 A I did not, no.

23 Q Okay. Would that have been just a short contact
24 with him?

25 A Yes, it would have. But it's not an -- I mean,

1 I've, I've gone to other people's houses before and knocked
2 on their door and in a very short period of time, had
3 people become very explosive and difficult to deal with in,
4 you know, a five minute period. So ...

5 Q Just given Samantha's background and the
6 allegations of leaving Phoenix with inappropriate
7 caregivers, did you consider that, in terms of doing a
8 prior contact check on Mr. McKay?

9 A I, I didn't and, and part of what I was thinking
10 is that was an allegation. It wasn't something that was
11 proven to be true.

12 Q But you were -- part of your role then was to
13 investigate that allegation?

14 A Correct and I did that. And when I spoke to her
15 about it, she denies it. And in, in the absence of being
16 able to field when Phoenix is actually in the care of an
17 inappropriate caregiver, it's very difficult to
18 substantiate a concern like that.

19 THE COMMISSIONER: She denied what, did you say?

20 THE WITNESS: Samantha denied that she was
21 leaving Phoenix with inappropriate caregivers.

22

23 BY MR. OLSON:

24 Q And in that point, it, it appears that you, you
25 were willing to take her word for it?

1 A Yes.

2 Q Do you know whether or not you, you were checking
3 to see if Phoenix appeared to be developmentally on track?

4 A That would certainly be something, as an intake
5 worker, I was always watching for.

6 Q Okay. There was nothing noted in your note?

7 A If she had not been developmentally appropriate,
8 in the brief time that I would have seen her, I would have
9 made a notation of something, whatever I had observed that
10 had caused me concern.

11 Q The note you made about Ms. Kematch, indicating
12 that the disruptions in care did not cause any problems
13 with the relationship with Phoenix --

14 A Um-hum.

15 Q -- what's the significance of that?

16 A I was trying to get a sense of whether, I mean,
17 whether there were any struggles with, you know, was, how
18 was Phoenix with her? Was she struggling because she
19 hadn't been with her mom for that long? And some parents
20 will say to you, yeah, you know, she's having difficulty
21 adjusting to being back in my care. I'm having a lot of,
22 you know, obstinate and defiant behaviour and you would
23 have a discussion such as that. That didn't happen with
24 Samantha.

25 Q She said there were no problems?

1 A Exactly.

2 Q Did that surprise you at all, given the short
3 time that she had her?

4 A Not entirely, no. It -- because I had been doing
5 the job for so long and I've seen kids move between family
6 members, it's often a part of a -- it's a way of life for
7 them. They're not -- it, it doesn't cause them a
8 significant amount of distress. I also thought that if,
9 when Kim and Rohan had turned Phoenix over, back to
10 Samantha, if they had any concerns about Phoenix was
11 reacting to Samantha, or any concerns about anything with
12 Samantha, that they would have called us.

13 Q but you, you never, you didn't make any efforts
14 to contact them, did you?

15 A I did not. I knew that Debbie Gale (sic) had
16 attempted to contact them and whatever phone number she had
17 for them was out of service, or was the wrong number.

18 Q Okay. But you had their address as well?

19 A I did have their address.

20 Q And, and you didn't go there --

21 A No, I did not. In an ideal world, if I had a lot
22 of time, might I had done that? Maybe.

23 Q Okay. Just getting back to the information about
24 McKay, Wes McKay --

25 A Um-hum.

1 Q -- did you ask whether or not he was helping care
2 for Phoenix?

3 A I did not, no.

4 Q Would that be something that would be important
5 to know?

6 A It would be important to know who's caring for
7 her.

8 Q Was there a reason you didn't ask?

9 A At the time, because there were no concerns about
10 him, I just didn't think that it was relevant.

11 Q Did you ask how often he stayed with her?

12 A No, I did not.

13 Q Did you ask whether he had any other, other
14 family living there, any other kids, or anything?

15 A No, I did not.

16 Q And the meeting that you had with Samantha on
17 July 13th, was it just Samantha and Phoenix present?

18 A Yes, it was.

19 Q No one else was there?

20 A No.

21 Q When Ms. Kematch and --

22 THE COMMISSIONER: Well, wait a minute, didn't
23 your co-worker go with you?

24 THE WITNESS: She did, yes.

25 THE COMMISSIONER: She'd be there too then?

1 THE WITNESS: Right, sorry, but nobody else at,
2 like, that --

3

4 BY MR. OLSON:

5 Q No one else in the home?

6 A Right.

7 Q Okay. And Ms. Kematch indicated she didn't need
8 anything else from the agency?

9 A That's right.

10 Q Okay. And was it your practice to -- I, I assume
11 clients say that fairly often?

12 A Sometimes they would like further -- they want
13 respite, or they want to have an open file, to get
14 continued supports, just depended on the client.

15 Q Okay. But it wasn't unusual, I take it, for
16 clients to say, we don't really --

17 A No, that would -- no.

18 Q Okay. Because often, we've heard often, clients
19 don't really want to have involvement with CFS?

20 A Clients are leery of us, for sure.

21 Q Okay. Did you get the impression, at any time,
22 that Ms. Kematch was trying to avoid contact with CFS?

23 A I felt like she was leery about having
24 involvement with us, but ultimately she contacted me twice
25 and met with me and that was not unusual.

1 Q She had asked for some information on programs
2 and July 14, if we look at your summary, 36957, it's the
3 same, same page we were on previously, July 14, 2004, it
4 says:

5

6 "Letter sent to Samantha providing
7 her with info on resources in the
8 community."

9

10 And if we turn to page 36959, is this the letter
11 you sent?

12 A Yes.

13 Q Okay. And it says:

14

15 " Please find enclosed a guide to
16 resources in the community, as
17 requested by you. Please do not
18 hesitate to call if you have any
19 questions."

20

21 What would you have included with this?

22 A I would have either included a list of resources
23 that I had put together, or we had a Parenting on Your Own
24 handbook, that had a number of resources in the community.
25 I may have included that.

1 Q Okay. Whatever you included isn't, isn't in the
2 file?

3 A No, it isn't.

4 Q Okay. Ms. Kematch indicating that she was going
5 to register Phoenix for nursery school in the fall; is that
6 something you would have wanted to follow up on at some
7 point, just to see if she had done that?

8 A No, if I had wanted to follow up on that, I never
9 would have closed the file.

10 Q Okay. If we could put page 37335 on the screen,
11 there, this page and continuing on to page 33 -- sorry,
12 37339, are handwritten notes?

13 A Right.

14 Q Are those your notes?

15 A Yes, they are.

16 Q Okay. Just in terms of these notes and what we
17 see in your closing summary --

18 THE COMMISSIONER: Just, just a minute, I want to
19 find that. Three seven three --

20 MR. OLSON: Three seven three --

21 THE COMMISSIONER: -- three nine.

22 MR. OLSON: -- three five. It's a handwritten
23 note, would be the top page, dated May 13, 2004.

24 THE COMMISSIONER: Yes, I have it.

25

1 BY MR. OLSON:

2 Q Are these, these your notes?

3 A Yes, they are.

4 Q Okay. They look like they mirror the information
5 contained in your closing summary?

6 A That's right. Whenever we did transfers, or
7 closing summaries at intake, we would typically take
8 whatever was in our notes, in terms of day-to-day
9 involvement and document that in the actual transfer or
10 closing summary.

11 Q At what point would that be done, the
12 documentation and the closing summary?

13 A When you were doing the closing. So for me, that
14 probably would have been done on, I think, the 14th of
15 July.

16 Q What was your practice in terms of keeping notes,
17 handwritten notes?

18 A I kept handwritten notes. If I had a meeting in
19 the office with people, I would sit and write as they
20 spoke. If I took a phone call, whatever, I would, I was
21 typically pretty diligent about documenting most
22 everything.

23 Q Okay. And if you met with your supervisor, would
24 you keep notes of that as well?

25 A Not necessarily. If it was something

1 significant, I would document it in my intake. So let's
2 say I was deciding to apprehend a child, I would document
3 that I had consulted with my supervisor about that. If
4 there was some concern about a plan for a particular
5 client, I might document whatever my discussion was with my
6 supervisor. I wouldn't necessarily document every single
7 consultation with my supervisor though.

8 Q Did you consult with your supervisor with respect
9 to this case?

10 A I did. At the very beginning, when I got the
11 file, I consulted with my supervisor about how she wanted
12 me to proceed on this particular file, because it was more
13 of an unusual referral, because there wasn't any specific
14 concerns identified in the referral, I went to her and
15 said, how do you want me to proceed on this? And she said,
16 just do a, a general outreach to the family, see if any of
17 the concerns in the prior history are evident. So ...

18 Q That's, that's what her advice was?

19 A Yes.

20 Q Is that documented somewhere?

21 A It is not.

22 Q So there's no, no record of that; correct?

23 A No.

24 Q Okay. Did your supervisor when she would meet
25 with you and talk about files?

1 A No.

2 Q She wouldn't?

3 A No.

4 Q Okay. Looking at your closing summary, page
5 36957, under assessment --

6 A Um-hum.

7 Q -- what's, first of all, what, what kind of
8 information are you recording here?

9 A You're recording any -- you're sort of
10 summarizing what you did and highlighting any risk factors
11 that are evident in the family, any specific needs.

12 Q Okay. So the, the information that you've put
13 into the assessment, is, is that the important information,
14 in terms of how you would deal with the file?

15 A Typically, yeah.

16 Q So here, you're noting, in the first paragraph,
17 that the EIA worker called:

18

19 "[She wasn't] specific [about]
20 concerns identified, but simply
21 wanted an assessment completed to
22 determine if Phoenix was safe in
23 Samantha's care."

24

25 Where did you get that information from?

1 A Debbie De Gale's report.

2 Q Okay. You never, and I think you confirmed this
3 before, just want to be sure, you didn't actually
4 speak with the EIA worker, to find out why she had that
5 concern --

6 A No.

7 Q -- did you? No. Okay.

8 A But I knew, from Lisa Mirochnik's report, that
9 that's what it was based on.

10 Q Okay. And then you go on to deal with Phoenix's
11 background, including that her first child was apprehended?

12 A That's right.

13 Q So was that something that was important to you,
14 in terms of making your assessment?

15 A Yes.

16 Q Okay. And what was the significance of that?

17 A That when she was younger, she was struggling.
18 She struggled to parent and she was ambivalent about
19 parenting.

20 Q Okay. In the paragraph that begins:

21

22 "This writer made repeated
23 efforts ..."

24

25 Do you see the one I'm referring to?

1 A Yes.

2 Q And it says:

3

4 "Samantha denied abusing
5 substances and maintained that she
6 was coping well. Phoenix appeared
7 healthy and well cared for and
8 Samantha did not present as a
9 crack user would be expected to --
10 she was not jittery nor was she
11 thin and drawn looking."

12

13 Before you explained that you, that Samantha had
14 a healthy weight and looked --

15 A That's right.

16 Q Is that what you're referring to here?

17 A Yes. And she just -- I mean, sometimes when we
18 meet with clients that are addicts, they're in a perpetual
19 state of motion, they've got scabs on their face, or their
20 arms, that they're constantly picking. There's a very
21 different presentation than what she presented with.

22 Q And she didn't display that presentation then?

23 A Not at all.

24 Q Okay. Did that tell you she wasn't a, a crack
25 users, or drug user?

1 A I mean, you can never know 100 percent for sure,
2 no.

3 Q Then you write:

4

5 "Given that there are no apparent
6 child protection concerns this
7 file can be closed."

8

9 And that was based on your assessment above, is
10 that --

11 A That's right.

12 Q Under statement of risk, it say:

13

14 "Low -- There is no sign that
15 Samantha is abusing substances,
16 she maintains that she is managing
17 well, and Phoenix appeared well
18 cared for."

19

20 What led you to believe that the risk was now
21 low? We, we know that it was considered a fairly high risk
22 when the file came to you; what changed that so now that
23 it's low?

24 A I actually met with Samantha and I met with
25 Phoenix, so I did my own risk assessment and based on the

1 information that I had, I assessed it to be low. Just
2 because a, a risk is high at one point, doesn't mean that
3 it stays high all the time. And at the point that Lisa had
4 assessed it at high and that Debbie had assessed it at
5 high, they hadn't met with Samantha or Phoenix.

6 Q So it's the fact that you met with Samantha and
7 Phoenix that changed the assessment from high to low?

8 A You do, yeah, you do a risk assessment. You're
9 looking for risk factors. I didn't note, beyond her
10 history, I didn't note any risk factors that would be
11 present.

12 Q You didn't observe anything yourself?

13 A No, and there was nothing that was said to me
14 that was indicating that there was a risk.

15 Q Just in terms of a new partner being in the home,
16 would that change the risk assessment? Would that increase
17 the risk?

18 A It could, or it could not.

19 Q Okay. So that's not an independent thing, in and
20 of itself, in terms of risk, a risk factor?

21 A It would depend. I, I mean, at the time, I had
22 no knowledge of -- there, there -- it was not like someone
23 was phoning and saying we have concerns about Wes McKay's
24 treatment of Phoenix, or he has, you know, a very terrible
25 history.

1 Q Okay. Did you consider referring the file to
2 family services?

3 A It was certainly something that I contemplated.
4 Had I decided to -- and I mean, in hindsight, do I wish
5 that I had referred it to family service? Of course. But
6 had I referred it to family service, it would have gone to
7 the unit that covered, the family service unit that covered
8 the core area. It was an incredibly busy unit. I floated
9 there for months and months at a time, so I'm able to say
10 what the workload is like there. Workload is high. They
11 have lots of cases, cases are lots of high risk cases, many
12 complex issues, had I transferred it, this case would have
13 been deemed a low priority, without, without there being
14 any presenting concerns.

15 Q So if you had had a concern come in from the
16 community while you were dealing with the file, would that
17 have changed the situation?

18 A Yes. I would have --

19 Q And --

20 A -- done an assessment on whatever the concern was
21 that had come from the community.

22 Q -- and what you're saying is, from when you got
23 the file, until you said it could be closed, there was
24 really nothing there that would lead you to believe an, you
25 know, ongoing service was required?

1 A That's right.

2 Q Did you feel any pressure to close files like
3 this, at the time?

4 A I wouldn't say pressure. I mean, you felt
5 pressure to stay on top of your work and keep working
6 through the cases that you had. I think, ultimately, if
7 you felt that a case really needed to be transferred, you
8 would transfer it. Maybe, in a, in a case like this, where
9 it's iffy and you're, and you're not sure of whether you
10 would transfer it or not, maybe there would have been
11 pressure in that kind of situation and you would think, oh,
12 you know, there isn't any presenting risk right now, I'm
13 not going to transfer it on. Because typically we didn't
14 transfer cases to be monitored. We would have to transfer
15 a case with a plan in place, beyond I want you to monitor
16 this file and see if further concerns are reported.

17 Q In this case though, with Samantha's history and
18 the fact that she had only had Phoenix for a very short
19 time, would it, would it be kind of quick to close this
20 case?

21 A No. I mean, Samantha's history, yes, she had a
22 history. Was it a chronic, absolutely horrible history,
23 compared to what, the histories that I have come across?
24 No, it wasn't.

25 Q Was there anything unique about her history or

1 this case?

2 A No, no.

3 Q Did you have any further involvement with this
4 family?

5 A I did not, no.

6 Q Just want to ask you some questions about prior
7 contact checks?

8 A Um-hum.

9 Q At the time, 2004, were you aware of any
10 standards, policies, or protocols for investigating new
11 partners?

12 A No.

13 Q Are you aware of any policies, protocols or
14 standards now?

15 A I understand that there's been a recommendation.
16 I'm not sure if that's actually in policy now. Personally,
17 do I do prior contact checks on pretty much everybody
18 because of this experience? Yes.

19 Q And that's because of this, not because of --

20 A Because of this experience, yes.

21 Q Okay. You said you didn't attempt to do a prior
22 contact check on Mr. McKay?

23 A No, I did not.

24 Q Was there anything that prevented you from doing
25 a prior contact check?

1 A I didn't have a date of birth on him, so I, I
2 could have done a prior contact check and I could have
3 guesstimated at his age. It would have been difficult for
4 me to determine, without a date of birth and/or specific
5 information about, let's say names of his children, it
6 would have been difficult for me to determine which Karl
7 Wesley McKay he was and whether I had the correct on our
8 system.

9 Q So if you had put in his name, Wes McKay, you
10 would get some sort of a match, but you'd have to go
11 through it, to figure out which one was the right McKay?

12 A You would.

13 Q But if you had his actual birth date, then you
14 could narrow down quite easily?

15 A You could, yes.

16 Q Okay. We have admission of the facts that's in
17 front of you. It's the clipped document. So this is
18 admission of facts from the Department of Family Services
19 and Labour, volume 2, which is Exhibit --

20 THE COMMISSIONER: Nineteen.

21

22 BY MR. OLSON:

23 Q -- 19. Have you reviewed this previously?

24 A I've reviewed many of the documents in here --

25 Q Okay.

1 A -- yes.

2 Q Just in the first three paragraphs, beginning on
3 page 2 --

4 A Um-hum.

5 Q -- this is Wesley McKay's CFSIS file. It says:

6

7 "If, during the period from ..."

8

9 MR. RAY: I'm sorry, I -- you had indicated to
10 the witness whether she had reviewed and I, just for the
11 record, maybe you could clarify when she's reviewed
12 it.

13

14 BY MR. OLSON:

15 Q You reviewed it, I take it, in, in context of the
16 inquiry?

17 A Yes.

18 Q Okay. Not, not as a worker, at the time?

19 A No.

20 MR. OLSON: Okay.

21 MR. RAY: Okay. Thank you.

22

23 BY MR. OLSON:

24 Q So looking at the first paragraph:

25

1 "If, during the period from May
2 2004 to April 2005, a worker had
3 completed a prior contact check in
4 CFSIS for Karl Wesley McKay, and
5 identified the correct Karl Wesley
6 McKay who had involvement in the
7 subject matter of this inquiry,
8 the worker would have been able to
9 access the information contained
10 in four protection files (one of
11 which is McKay's protection file)
12 and four child in care files ("the
13 CFSIS file"). The CFSIS file
14 contains 225 pages of documents as
15 of April, 2005. Attached as
16 Appendix A are excerpts from the
17 CFSIS file originating from the
18 protection file of one of McKay's
19 common-law partners [called Ms.,
20 Ms. X]. In the period from May
21 2004 to April 2005, a worker would
22 have had access to the documents
23 in Appendix B (Ms. X's file) in an
24 unredacted form."

25

1 Paragraph 2:

2

3 "With respect to [with respect to]
4 Appendix A, to the extent that the
5 face of the document indicates it
6 was created on a given date, then
7 the information in that document
8 would have been accessible to a
9 person doing a [CFSIS check,
10 sorry] CFSIS search in or around
11 that given date and subsequently."

12

13 Three:

14

15 "Ms. X's file contained additional
16 documents which were not available
17 in CFSIS during the period from
18 May 2004 to April 2005. The paper
19 file of Ms. X originates from
20 Winnipeg CFS and consists of 832
21 pages. Excerpts from Ms. X's
22 paper file are contained in
23 Appendix B. In the period from
24 May 2004 to April 2005, a worker
25 would have had access to Ms. X's

1 paper file in an unredacted form."

2

3 So what I want to do is ask you some questions
4 about the information in Mr. McKay's, in Mrs. McKay's file
5 and Mrs. X files, determine if that would have, if you had
6 done a prior contact check, if that would have changed what
7 you would have done with this case.

8 A Okay.

9 Q So you've had a chance to read over these files,
10 you said?

11 A Yes.

12 THE COMMISSIONER: Just a minute.

13 MR. RAY: Mr. Commissioner --

14 THE COMMISSIONER: Yes?

15 MR. RAY: -- I think that the witness has
16 indicated that she didn't, she did not see the files at the
17 time that she, she was a worker. She's been shown the file
18 in preparation only for this inquiry and I think that we're
19 going now into an area that is purely speculation, in terms
20 of what the witness would or would not have done with this
21 information at the time she was a social worker. It's not,
22 in my view, going to be, have a whole lot of weight,
23 because she's going to be speculating as to what she might
24 have done, based on information she didn't have.

25 THE COMMISSIONER: Well, this witness is well

1 capable of handling herself. She shown that this morning.
2 So I think the questions can be put and we'll see what she
3 says.

4 MR. RAY: Thank you.

5 MR. OLSON: Thank you.

6

7 BY MR. OLSON:

8 Q So if you could turn to appendix A, the page
9 numbers I'll refer to are the page numbers at the bottom
10 in, in bold, so this would be page 11. So not the
11 handwritten numbers, but the, the page numbers in the
12 centre of the bottom of the page.

13 A Okay.

14 THE COMMISSIONER: Where is page 11?

15 MR. OLSON: Sorry, Mr. Commissioner, the page
16 numbers, in the document in front of you, are at the bottom
17 centre. I'm looking for page 11.

18 THE COMMISSIONER: Yes, I have that.

19 MR. OLSON: That's the right one, yeah.

20 UNIDENTIFIED PERSON: (Inaudible).

21 MR. OLSON: Yeah.

22

23 BY MR. OLSON:

24 Q If you look at the, the -- this, just for
25 reference, this is an intake opening summary from 1998 and

1 this is found on Karl McKay's CFSIS file. So if you would
2 have searched Mr. McKay and got the right one, you would
3 have seen this, one, as one of the documents. The entry at
4 May 6, 1998 says:

5

6 "P\C from Carl, he asked to have
7 information regarding the
8 apprehension. This worker
9 provided him with the particulars
10 and then discussed the agency
11 concerns. This worker advised
12 Carl that the agency would not be
13 looking at returning the children
14 until the issues of alcohol abuse
15 and domestic violence were
16 addressed [and] it was the opinion
17 of [the] agency that the children
18 were at risk because of these.
19 Carl stated ... he was planning on
20 reuniting with [Ms. X] and that
21 the two of them were going into
22 counselling for the violence.
23 Carl stated [that he did not want,
24 sorry] that he did not have a
25 problem with alcohol, that he was

1 a good parent and [that he]
2 basically raised [the child] for
3 the first year of her life.
4 [The] worker confronted Carl on
5 his violent behaviour and
6 suggested to him [that the couple,
7 sorry] that couple counselling
8 would not be appropriate until he
9 had addressed this problem on an
10 individual basis. Carl stated
11 that he disagreed with this and
12 that because he never hit [Ms. X]
13 in front of the children it should
14 not be a concern for this agency.
15 This worker again confronted Carl
16 on this sort of thinking and
17 suggested to him that the trauma
18 and impact for [the] children
19 living with violence is indeed a
20 child welfare matter and that it
21 was this agency's position [that
22 it would not support a
23 reconciliation until, sorry] that
24 [it] would not support a
25 reconciliation [until] he

1 addressed this first."

2

3 It says:

4

5 "(It is worth noting that when
6 this worker challenged Carl on the
7 trauma to the children on seeing
8 their mother battered, Carl stated
9 that 'it was beside the point'.)"

10

11 What I'm going to do is I'm just reading a few
12 passages I've selected, because there's a lot in here to go
13 through and that would just take a lot of time to go
14 through it.

15 Go to page 15, still in the same document.

16 MR. RAY: Is it my friend's intention to, to read
17 various portions and then ask at the end a question?

18 MR. OLSON: I think that would save time. I just
19 want to put to the witness what is evident from the file
20 and how that would have affected the handling.

21 THE COMMISSIONER: I assumed that was what you
22 were going to do.

23 MR. RAY: I just wanted to -- I, I didn't hear a
24 question at the end of the --

25 THE COMMISSIONER: No, I didn't either.

1 MR. RAY: -- at the -- so that's what I assumed,
2 but --

3 THE COMMISSIONER: That's what I assumed.

4 MR. RAY: Okay. Thank you.

5 THE COMMISSIONER: Are you thinking he should be
6 asking at the end of each paragraph?

7 MR. RAY: I, I don't think so. I think if the
8 witness wants to clarify something --

9 THE COMMISSIONER: All right.

10 MR. RAY: -- she can ask. Thanks.

11 THE COMMISSIONER: You're going to be asked at
12 the end, your assessment, I take it, witness, so just --
13 you'll appreciate what's -- you'll listen to what's being
14 read to you and there's a question coming.

15 THE WITNESS: Okay.

16

17 BY MR. OLSON:

18 Q Yeah, any, at any time you, if you think
19 something needs to be clarified, you've, you've reviewed
20 these, so feel free to interrupt me.

21 A Okay.

22 Q So now, on page 15, the entry here, 15/06/98; see
23 that one?

24 A Um-hum.

25 Q It says:

1

2

"Received the following information on Carl's past criminal behaviour:

3

4

5

- Has a lengthy list of convictions and charges dating back to 1991. Numerous assault charges, failure to comply, etc.

6

7

8

9

10

- With respect to [Ms. X] WPS [confirmed] Carl has been arrested on three separate occasions for assaulting [her]"

11

12

13

14

15

16

And then there's a list of various charges, assault, assault with a weapon, uttering threats, assault, and then an assault on a 22 year old female.

17

18

And if we go to the next page, page 16, this is under assessment, at the bottom of the page. It says:

19

20

21

22

23

24

25

"[Ms. X] and Carl have been [have been] a long term relationship that is plagued with domestic violence and alcohol abuse. The results of this are that the children are continuously at risk

1 of being hurt and\or neglected.
2 Both [Ms. X] and Carl have been
3 given opportunities to address
4 these issues, however to date they
5 have not been able to follow
6 through.

7 Although it is this worker's
8 opinion that Carl and [Ms. X] not
9 be together until Carl has
10 satisfactorily addressed his
11 violence issues, this couple is
12 determined to work things out
13 together. The challenge for this
14 agency will be to ensure that [Ms.
15 X] is getting the support she
16 requires and is not being
17 controlled by Carl.

18 The conditions of Carl's probation
19 are the same as the expectation of
20 this agency. This should be
21 helpful to the assigned worker as
22 it will provide collateral support
23 and assist in monitoring and
24 assessing progress."

25

1 And it says:

2

3 "Because the violence demonstrated
4 by Carl has been so severe in the
5 past and ... he continues to
6 minimize the impact that this has
7 on his family, this worker ...
8 strongly [suggests] that
9 [treatment program] any treatment
10 program Carl enter ... be closely
11 monitored."

12

13 If you had that information, if you did a prior
14 contact check and you saw this --

15 THE COMMISSIONER: Now, are you talking about all
16 the paragraphs you read?

17 MR. OLSON: Yeah, what I've read and, and
18 including the document, because it is the closing summary.

19

20 BY MR. OLSON:

21 Q If you had that, would that have changed the way
22 you dealt with this file?

23 A It's hard for me to say. Again, knowing what
24 happened to Phoenix, it's very easy for me to go back and
25 say, yes, I would have definitely transferred it, if I had

1 this information. Domestic violence wasn't necessarily a
2 concern that we would, would automatically force us to, to
3 transfer a file to family service. It was not uncommon for
4 us to have concerns regarding domestic violence presented
5 to us at intake where we did an assessment, where we did
6 some education and safety planning with the mother and then
7 we closed the file.

8 Given the severity of the concerns presented, I
9 think the likelihood I would have transferred it would have
10 been higher, but it's really, I mean, it's speculation on
11 my part to say for sure.

12 Q Okay. So even with this sort of information,
13 that may not have been enough?

14 A Is it concerning? Absolutely, there's no
15 question. I may or may not have been enough.

16 Q Okay.

17 A And I mean, the, the other piece that has to be
18 remembered here, is I wouldn't be able to go to Samantha
19 and say, your partner, your current partner has X, Y and Z
20 as their current criminal record and your partner has a
21 history with Child and Family, consisting of A, B, C, D.
22 We were not permitted to provide that type of information,
23 due to confidentiality. I could tell her that we had some
24 concerns that would place her and Phoenix at high risk, but
25 that would be the extent of what we would be able to say.

1 Q Would you not be concerned though for the child's
2 safety?

3 A We're, certainly we're always concerned when kids
4 are witnessing domestic violence, but to my knowledge, from
5 reviewing this information, there's no substantiated
6 concerns of Wes abusing a child.

7 Q When you looked, when you reviewed Mr. McKay's
8 file, there were some concerns in that regard; is, is that
9 right?

10 A There had been a, an investigation where there
11 had been an allegation of him having abused a child. But
12 my understanding it was, that it was not substantiated.

13 Q Would -- with that information, would you have at
14 least tried to keep the file open longer for monitoring?

15 A At intake?

16 Q On, on family services?

17 A I may have. It's very hard, after the fact, to
18 speculate what you would have done, especially knowing what
19 the outcome in this matter was. It would be very easy for
20 me to say, 100 percent, I would have transferred it. I
21 think I probably would have, but I can't say for certain.

22 Q Do you recall when you first learned of Phoenix's
23 death?

24 A Yes, I do. I have a very clear recollection of
25 where I was and what was happening in my life at the time.

1 I heard about it on the news and I immediately knew.

2 Q You knew, you recognized --

3 A I remembered --

4 Q -- you were involved?

5 A -- yes.

6 Q Okay. Do you recall when that was?

7 A It would have been in March of, or the spring, I
8 can't remember the exact month. I remember it only because
9 there was something very significant happening in my family
10 at the time, so I remember it based on that.

11 Q What sort of impact did it have on you?

12 A I felt very badly.

13 Q Did, did your employer ever discuss your
14 involvement with you around that point in time?

15 A No.

16 THE COMMISSIONER: What was that question?

17 MR. OLSON: Whether or not her employer discussed
18 her involvement with her.

19 THE WITNESS: No.

20

21 BY MR. OLSON:

22 Q Was there any offer of any support services, or
23 anything of that nature?

24 A I think, several months after the fact, I had got
25 a call from our -- I just need a minute.

1 Q Sure.

2 THE COMMISSIONER: Would you, would you -- is
3 this an appropriate time to break for lunch?

4 MR. OLSON: We, we could break now.

5 THE WITNESS: You know what, I, I'll be okay,
6 really.

7 THE COMMISSIONER: How far are you from being
8 finished, Mr. Olson?

9 MR. OLSON: I'm just going to go through the
10 reports, probably about 20 minutes.

11 THE COMMISSIONER: Well, are you sure you can go
12 through --

13 THE WITNESS: I'm, I'm okay, I'll be okay.

14 THE COMMISSIONER: Well, if you're not, you tell
15 me and we'll --

16 THE WITNESS: Okay.

17 THE COMMISSIONER: -- we'll break.

18 THE WITNESS: Okay.

19 THE COMMISSIONER: But if you're going to be 20
20 minutes, we may as well finish that and --

21 MR. OLSON: Go through it.

22 THE COMMISSIONER: -- perhaps then adjourn until
23 2:15 or something.

24 MR. OLSON: That sounds good.

25 If you're okay with that?

1 THE WITNESS: Yeah.

2 THE COMMISSIONER: But if you, if not, you let me
3 know.

4 THE WITNESS: Okay.

5

6 BY MR. OLSON:

7 Q You were saying your employer, at some point you
8 received a call?

9 A There -- I can't remember the name of the
10 committee or the group. They basically would respond to
11 workers who had experienced a traumatic, or crisis-oriented
12 event and they would typically reach out and offer support.
13 I didn't get a call from somebody on that committee for
14 several months after the fact and at that point, I declined
15 meeting with anybody.

16 Q Would you have wanted something sooner than that,
17 in terms of support?

18 A Yeah, I think, in the future, when things like
19 this happen, it would be important for the outreach to be
20 made immediately.

21 Q Okay. Was there any, any meeting after where you
22 discussed what had happened, what your involvement was and
23 looked over the file? Was there anything like that?

24 A A meeting with?

25 Q With your employer.

1 A No.

2 Q Okay. Now, I understand, at some point, you met
3 with Andy Koster?

4 A That's right.

5 Q And he interviewed you; right?

6 A That's correct.

7 Q And that was in the context of his preparing a
8 report?

9 A That's right.

10 Q Okay. Have you, before being involved in the
11 inquiry, were you ever shown his report?

12 A (Inaudible).

13 Q Okay. Now, he's taken some notes, which are at
14 page 36871. This is out of Commission disclosure 1794.
15 Have you had a chance to review these notes before today?

16 A The notes from my meeting with Koster?

17 Q Right.

18 A Yes.

19 Q Do you, can you recall where the interview took
20 place?

21 A In an office at intake.

22 MR. OLSON: Have you found them, Mr.
23 Commissioner?

24 THE COMMISSIONER: What page you on?

25 MR. OLSON: It's 36871.

1 THE COMMISSIONER: In the Section 10 report?

2 MR. OLSON: No, no, this is out of Commission
3 disclosure 1794.

4 THE COMMISSIONER: Oh, oh, you're not to Koster's
5 report?

6 MR. OLSON: No, no, these are his notes --

7 THE COMMISSIONER: Oh, okay, oh --

8 MR. OLSON: -- of the meetings he took.

9 THE COMMISSIONER: -- all right. What, what page
10 is it?

11 MR. OLSON: Three six eight seven one.

12 THE COMMISSIONER: (Inaudible) Koster's notes?

13 MR. OLSON: Yeah.

14 THE COMMISSIONER: Three six eight seven one?

15 MR. OLSON: Three six eight seven one.

16 THE COMMISSIONER: Yes, I have it.

17 MR. OLSON: Okay.

18

19 BY MR. OLSON:

20 Q So, and I'm sorry, I don't know, I, I didn't hear
21 your last answer. Do you recall where the interview took
22 place?

23 A yes, it took place at 831 Portage in an office on
24 the main floor.

25 Q Okay. And was it prearranged that you'd meet

1 with him?

2 A I believe it was.

3 Q Do you remember who arranged it, or who told you?

4 A I don't know.

5 Q Okay. Do you -- can you recall how long the
6 interview lasted?

7 A No.

8 Q Were you given the file, or anything, to read in
9 advance?

10 A No, the only thing that I had to review, to
11 prepare for it, was my summary.

12 Q So you were given your summary?

13 A Yeah, but I wasn't actually given the file, with
14 the history, to review, in terms of how I made decisions
15 and why I --

16 Q Right.

17 A -- made certain decisions.

18 Q At the time of the meeting, when was the last
19 time you would have looked at the file?

20 A When I handled the file.

21 Q Okay. So back in 2004?

22 A That's right.

23 Q Okay. And do you recall whether or not Mr.
24 Koster reviewed your interview with you?

25 A He did not, no.

1 Q Did not? Okay. So the notes, beginning at page
2 36871, you've read them over; are they an accurate
3 reflection of what you discussed?

4 A I would say generally they're fairly accurate.

5 Q Is there anything you want to point out, in the
6 notes, that is not accurate?

7 A Nothing that's not inaccurate (sic). I don't
8 know if there's something that I said that isn't
9 documented. It's impossible for me to know.

10 Q Okay. Now, I want to go through some of these
11 with you. First, you say:

12

13 "Sickness of at least 3 colleagues
14 at the time Tracy had the intake
15 file on Samantha."

16

17 That's what he's written. You've told us about
18 that already?

19 A That's right.

20 Q Okay. It says:

21

22 "Apparently Standards are not a
23 priority for workers since the
24 reality is that they cannot
25 necessarily meet them. In

1 particular, high medium or low
2 time frames are not met and
3 workers use their own judgment.
4 Standards do not take context into
5 consideration. The assignment of
6 risk and the information comes
7 from CRU and often the right
8 information cannot necessarily be
9 obtained by phone."

10

11 A That's right.

12 Q Are you able to elaborate on any of that, what
13 you meant?

14 A Some of it I think I've already spoken to, but in
15 terms of:

16

17 "The assignment of risk and the
18 information comes from CRU and
19 often the right information cannot
20 necessarily be obtained by phone."

21

22 Because the primary job for CRU typically is
23 gathering information over the telephone, they do do fields
24 sometime, that oftentimes, we don't have all of the
25 information when we get the report from CRU and we have to

1 do our own assessment, which is the purpose of tier 2
2 intake.

3 Q Okay. So you don't necessarily have a full
4 picture by the time the file comes to you?

5 A Sometimes you do, sometimes you don't.

6 Q He goes on to write:

7

8 "You don't feel that you can help
9 people because you are running on
10 a wheel and it feels like it is
11 getting worse."

12

13 A Yeah, it was, that was an incredibly stressful
14 time at intake. It was lots of work coming in, lots of
15 uncertainty about people's jobs, how things would be
16 structured. It -- morale in that building was at an all
17 time low. It was a very stressful place to work and people
18 did the best that they could, but you really felt like you
19 couldn't do the best type of work that you would have
20 wanted to do.

21 Q And you mentioned before, devolution, was that
22 part of it?

23 A Yeah, devolution definitely played a role.

24 Q You write -- he writes:

25

1 "Supervision is once a month and
2 at that time (2004) there was no
3 set time. Go through case lists
4 and ask questions about case plans
5 etc. Not clinical supervision
6 since there is not the time. On
7 intake it is more about planning
8 to move the case on rather than
9 developing relationships with
10 clients. On intake it is easier
11 to pop in and ask questions."

12

13 What do you mean by that?

14 A Just that supervision would have typically taken
15 place on an ad hoc basis, where you would go in when you
16 had a specific question. You would sit down with the
17 supervisor. It may be for a minute, it may be for five
18 minutes. You may pop in to the supervisor's office five
19 times on day and no times the next day. It just depended
20 on what was happening on your caseload at the
21 time.

22 Q And when I'm reading this, it, it suggests to me
23 that you're being somewhat critical about the way
24 supervision was working; am I --

25 A No, supervision, I don't really have a critique

1 of how supervision worked. I mean, it worked for me. I
2 liked having somebody available right then. Because intake
3 is fast moving, you have to be able to make decisions
4 quickly and you need to have somebody there that you can
5 sit down and consult with. So having a supervision time
6 set once every two weeks, or even once a week, would leave
7 you with a lot of questions that you had in the meantime.
8 So, for intake, that type of supervision schedule worked
9 fairly well. Would it have been good sometimes, maybe once
10 a month, to sit down and go through your case list?
11 Probably. But time didn't permit that.

12 Q And then you have -- he, he's written:

13

14 "Ten year veteran, lots of
15 turnover, experienced workers are
16 more inclined to get loaded up.
17 Negative reward system if you
18 close off cases you get loaded up
19 and then resentful."

20

21 That's pretty accurate. If you worked your
22 cases, you got assigned more cases. If you didn't work
23 your cases and let your numbers build up, you wouldn't get
24 assigned as many cases and that was a sticking point for
25 me, for sure.

1 Q Okay. You were someone who was getting a lot of
2 cases?

3 A Yes.

4 Q And then you -- it goes on to state:

5
6 "If she had known the [the] Wes'
7 last name she would have contacted
8 the police to get past history and
9 done internal record check.
10 Difficult to elicit information
11 from Samantha, how far do you
12 push. Worker did check past
13 history on the file. We do not
14 keep cases often where [there is]
15 there is a troubled past. She has
16 had the child since November.
17 The Stephensons are not calling.
18 No referral except the EIA worker
19 to confirm she has the child and
20 that it is o.k.
21 Had mother looked poorly but she
22 was well nourished, if she looked
23 like she was not taking care of
24 herself, or the child looked
25 poorly, [she would have closed]

1 she would have closed the case."

2

3 A I think that should have said transfer.

4 Q You would have transferred the case?

5

6 "She was also with a partner who
7 went [went] out with her"

8

9 Do you have any comments with respect to what's
10 written there?

11 A No, I, I think what I meant when I said I had a
12 partner that went out with me, was just that there was
13 another set of eyes and ears. And typically, that was
14 helpful, when you were out on intake. One person would do
15 the talking. The other person would be scanning the
16 environment and taking note of certain things. And if your
17 partner felt like you missed something prudent, they would
18 step in and ask certain questions as well. So ...

19 Q Is that something that your partners would do
20 from time to time?

21 A Yes.

22 Q Okay. So that's something you would expect from
23 the partners?

24 A The partner that I worked with, yes.

25 Q Okay. The next page, 36872, says:

1

2

"She also thought that if she

3

closed it and there was another

4

referral there would be a stronger

5

case to work with her."

6

7

A And by -- sorry, by that, I was meaning that at

8

the time that I was involved, we didn't have the concerns

9

to mandate, to force her to work with us. We didn't have

10

enough to get a temporary order or supervisory order and I

11

felt like if I closed the file and then somebody called

12

with further concerns, at that point, we may or may not

13

have had enough to mandate her to work with us. It's

14

pretty difficult. I mean, you could have transferred this

15

case. Had you transferred it, she could make it very

16

difficult for you to work with her. She could avoid

17

meeting with you, she could not do any of the things that

18

you're asking her to do and she had every right to do that.

19

I mean, you're not going to apprehend someone's child,

20

based on them being resistance to working, resistant to

21

working with you, based on the concerns that we had.

22

Q Would it have been helpful if there was some

23

other mechanism that you could have had to give some teeth

24

to your involvement?

25

A Yeah.

1 Q Next paragraph says:

2

3 "In Manitoba there is no clear
4 guidelines on domestic violence in
5 itself. Cases are not [kept
6 often] kept open or referred. Has
7 to be some history or evidence of
8 effect on children. Emotional
9 [would not be] would not probably
10 be considered only physical
11 evidence."

12

13 So you're saying emotional abuse is not enough?

14 A Typically, at intake, we were not focused on
15 that. We were more focused on the physical evidence and
16 that was probably a function of workload.

17 Q Then it goes to say:

18

19 "Worker appears [worker appears]
20 that budget is a consideration."

21

22 A I am not sure what I would have meant by that.

23 Q Okay.

24

25 "The whole devolution process is a

1 consideration ... in the last two
2 years the agency is feeling it
3 more.

4 Morale stress level could not be
5 worse. Will they still have jobs
6 after"

7

8 Do you want to expand on that at all, or is that
9 basically what you told us already?

10 A I, I think I've already covered that, yeah.

11 Q And it says:

12

13 "Went over recording and the
14 closing was approved by Carolyn
15 Parsons."

16

17 A That's right.

18 Q Okay. That means you went over it and you
19 noticed that Ms. Parsons approved it; is that --

20 A That's right. And she would have had to go over
21 it before she signed it.

22 Q Okay. The report itself, it's Commission
23 disclosure 1, and your involvement begins at page 41. You
24 had a chance to read through these portions previously?

25 A Yeah, the portions that pertain to me, yes.

1 Q Okay. So I'm not going to go over this portion
2 with you, it's basically factual, but if there's anything
3 you want to point out or, or correct, from pages 41 until
4 43, let me know. Is there anything in there?

5 THE COMMISSIONER: Well, if you want to just take
6 your time to go over it.

7 THE WITNESS: Point out in terms of?

8

9 BY MR. OLSON:

10 Q It's mostly the, the facts that we've covered --

11 A Like, if there's --

12 Q -- already --

13 A -- a fact that's not correct?

14 Q If something's not right.

15 A Okay.

16 Q We've already corrected the reference to Sarah
17 being --

18 A Right.

19 Q -- Samantha. If there's anything else in there
20 that you'd like to correct, let me know.

21 A I think June 2nd, I did, I believe, a field and
22 it's not documented in here. And on the 15th, I didn't
23 visit the home, I sent a letter.

24 MR. OLSON: Okay.

25 THE COMMISSIONER: June the 15th?

1 THE WITNESS: June the 15th, I sent a letter and
2 June 2nd, I did a field and it's not documented in this at
3 all.

4

5 BY MR. OLSON:

6 Q That's at page 42?

7 A Right.

8 Q Is there anything else?

9 A No.

10 Q And on page 43, I think we've reviewed most of
11 this, going through the notes that Mr. Koster made?

12 A Um-hum.

13 Q I wanted to ask you about the bullet point where
14 it says:

15

16 "The Stephensons who have shown
17 caring for the child and have
18 looked after Phoenix are not
19 calling with any concerns;"

20

21 Is that something you indicated to Mr. Koster?

22 A Yes.

23 Q Okay. And what is it you were saying there?

24 THE COMMISSIONER: Where, where is this you're
25 reading from?

1 MR. OLSON: Page 43.

2 THE COMMISSIONER: Yes?

3 MR. OLSON: It's the third bullet.

4 THE COMMISSIONER: Oh, third bullet, all right.
5 Go ahead.

6 THE WITNESS: The community has an obligation to
7 report child protection matters to the agency and I would
8 have assumed that had Kim or Rohan had specific concerns,
9 either with Samantha or Steven, that they would have
10 contacted the agency and made a report, particularly given
11 the letter that was sent by Lisa to them, reminding them of
12 that obligation.

13

14 BY MR. OLSON:

15 Q But the fact was that by that point at least, the
16 agency was well aware of, of Phoenix being with, at least
17 reportedly being with Samantha?

18 A Right.

19 Q Okay.

20 A But if there were specific concerns that Kim or
21 Rohan, or anybody else, for that matter, were aware of,
22 other family members, or community members, people need to
23 be calling us.

24 Q All right. Just with respect to your comments
25 with workload, things getting harder or worse, have you

1 noticed any change in that respect?

2 A I wish I could say I did. I mean, I can't really
3 comment on intake. I only know what people tell me and
4 people say workload is very difficult there. I can comment
5 on, from a family service perspective.

6 THE COMMISSIONER: And what work are you doing
7 now?

8 THE WITNESS: I'm doing family service as a float
9 social worker, so I go to --

10 THE COMMISSIONER: Oh yes, yes.

11 THE WITNESS: -- different offices and --

12 THE COMMISSIONER: Yes, yes, I, I --

13 THE WITNESS: -- help --

14 THE COMMISSIONER: -- I follow. You told us that
15 before.

16 THE WITNESS: Okay.

17

18 BY MR. OLSON:

19 Q Just want to ask you about some of the findings.
20 This is on page 43.

21 A Um-hum.

22 Q Finding 27, it says:

23

24 "The Safety Assessment called for
25 a 48 hour response. It would have

1 been important to go out the same
2 day when previous concerns about
3 the mother's parenting and
4 possible drug problems are
5 considered."

6

7 Do you want to comment on that finding?

8 A I went out with -- there was a response time of
9 48 hours given and I went out within the time that was
10 given to me, the response time that was given to me.
11 That's really --

12 Q Under --

13 A -- sorry, no, go ahead.

14 Q I was going to say, under the, the paragraph, the
15 explanation below --

16 A Um-hum.

17 Q -- you'll see, about mid-paragraph, it says:

18

19 "The CRU worker had to have the
20 file accepted in Intake and work
21 load may have been a consideration
22 and so the time frame could have
23 been tailored to meet the intake
24 response capacity. Workers had
25 indicated that this was done on

1 occasion."

2

3 Is that something you were aware of?

4 A No.

5 Q So had you ever experienced that?

6 A If it was done, it was not something that I would
7 have been aware of.

8 Q Okay. The note also says that it would have been
9 important to get out there because of the young age of
10 Phoenix; is that something you agree with?

11 A Age of, of the child is definitely a factor in
12 level of risk.

13 Q Okay. Next page, finding 28, so that's page 44,
14 it says:

15

16 "It would have been good practice
17 to obtain Wes's full name if the
18 worker had thought that he was
19 living in the home."

20

21 Now, you see below there's a reference to Sarah.
22 It looks like Mr. Koster was somewhat mistaken --

23 A Okay.

24 Q -- in terms of what he wrote there.

25 A Yeah.

1 Q We've talked already about obtaining --

2 A Right.

3 Q -- full name; is that something you agree with
4 now?

5 A In hindsight, again, I, do I wish I had done it?
6 Yeah. At the time, I've explained, you know, my rationale
7 for why I didn't. Do I do it now, pretty much on every
8 case, because of this experience? I do.

9 Q We've already discussed finding 29; is there
10 anything you want to add?

11 A No.

12 Q Okay. And finding 30 says:

13

14 "This file should have been
15 transferred to Family Services due
16 to the past history of the case,
17 the mother's possible drug and
18 alcohol problems and the young age
19 of Phoenix ..."

20

21 A The history forms a part of your assessment. It
22 doesn't make the entire assessment. And just because a
23 file was deemed as high risk at one point, doesn't mean
24 that it stays as high risk throughout. If, if that's the
25 case, then we should get out of this line of work, because

1 there, there would never be any hope that families could
2 change and that risk could be reduced.

3 And in terms of the mother's possible drug and
4 alcohol problems, those were allegations. They weren't
5 confirmed or substantiated and I was treating them as
6 allegations.

7 Q The next finding, 31:

8

9 "The Statement of Risk for Phoenix
10 was assessed at too low level for
11 the risk factors that were known
12 to exist in the recent past."

13

14 I'm going to look at the second paragraph there.

15 It says:

16

17 "This assessment was only through
18 one visit and there were still
19 unknowns in this situation as to
20 whether Samantha really was
21 avoiding drugs. Also, problems
22 were [as] recent as of January
23 2004 when there was a report ...
24 she had apparently left Phoenix at
25 a home [where] a friend was using

1 crack cocaine. Was the mother
2 using crack cocaine herself? What
3 was known was that mother also
4 appeared to have an unstable
5 record of staying in one residence
6 and using appropriate caregivers
7 and this could be difficult for
8 Phoenix depending on where and
9 with whom, the mother moved in the
10 future. Finally, although the
11 mother did not want services,
12 there was enough recent concern to
13 warrant at least [supervision] a
14 supervision order through the CFSA
15 and possibly wardship."

16

17 Do you have any comments to make --

18 A Yeah --

19 Q -- with respect to that?

20 A -- the only risk -- history was the only risk
21 factor that was present. There was no sign of domestic
22 violence. There was no sign of substance abuse. And
23 typically, on intake, it would be unusual for us to do more
24 than one visit and I'm sure that was to do with workload.
25 And there were no immediate or imminent concerns that were

1 present that would have warranted placing the level of risk
2 at a higher level.

3 Q If you had --

4 A And in terms -- sorry, in terms of a supervision
5 order, I would have had to apprehend Phoenix to apply for a
6 supervisory order and there were not enough grounds to be
7 able to go to a court and be able to justify why we
8 apprehended Phoenix and then apply for a supervisory order.

9 Q If you had a more manageable workload at the
10 time, would you have liked to have made more visits to the
11 home before closing the file?

12 A Sure, in an ideal world. And would I have liked
13 to have spent longer on my initial visit? Absolutely.
14 That's all assuming that it's an ideal world.

15 MR. OLSON: I want to turn now to Section 10
16 report that -- Commission disclosure number 2 and your
17 involvement begins at page 152.

18 THE WITNESS: Can I get some more water
19 please.

20 MR. OLSON: One five two.

21

22 BY MR. OLSON:

23 Q Have you seen the Section 10 report, prior to
24 being involved in the inquiry?

25 A No.

1 Q You've read what's documented beginning at the
2 bottom of page 152, where it says:

3

4 "The supervisor ... on May 13 ..."

5

6 A Um-hum.

7 Q And that, your involvement continues to page 160.

8 A Um-hum.

9 THE COMMISSIONER: One fifty-two to 160?

10 MR. OLSON: One fifty-two to 160.

11 THE WITNESS: Thank you.

12

13 BY MR. OLSON:

14 Q You, you have read this over before?

15 A Yes, I had.

16 Q Do you want to take a minute to read it and let
17 me know if there's anything you, you want to correct or
18 comment on?

19 A I do not believe, just from my review of it
20 before, that there is anything.

21 THE COMMISSIONER: You, you've not read this
22 before?

23 THE WITNESS: No, I have read this --

24 THE COMMISSIONER: Yes.

25 THE WITNESS: -- in preparation for the inquiry,

1 yes.

2

3 BY MR. OLSON:

4 Q So you're confirming you've read it, there's
5 nothing you want to comment on --

6 A That's right.

7 Q -- or correct? I want to take you to, now,
8 Commission disclosure 1802. This is the internal review.

9 A Okay.

10 Q Beginning at page 38008; do you have it?

11 A Yes, I do.

12 Q Your involvement, again, begins at the bottom of
13 the page, under Samantha Kematch file.

14 A Um-hum.

15 Q And goes to the next page --

16 THE COMMISSIONER: I, I'm sorry, what page does
17 it start at?

18 MR. OLSON: It starts at page 38008.

19 THE COMMISSIONER: All right.

20 MR. OLSON: And it goes to page 38009.

21

22 BY MR. OLSON:

23 Q And that seems to be just factual information.
24 Have you read this as well?

25 A Yes.

1 Q Okay. Is there anything you want to correct, or
2 clarify?

3 A No.

4 Q Now, if we could go to page 38018, under risk
5 assessment --

6 A Um-hum.

7 Q -- it says:

8
9 "Statements of risk change from
10 low to high without any change in
11 circumstance. Statements of
12 Safety are referred to as
13 Statements of Risk. A family
14 situation [may be] may be high
15 risk even if on [on] any given day
16 the child is deemed to be safe.
17 Unfortunately in this case 'low
18 safety assessments' were deemed to
19 be 'low risk assessments' which
20 were not the case. This
21 continuous error resulted in [a]
22 case being closed numerous times
23 without adequate intervention by
24 the Agency."
25

1 And then it references comments by another intake
2 worker.

3 It says:

4
5 "Unfortunately this statement was
6 ignored once the case was
7 transferred for ongoing service.
8 Based on this case review it is
9 apparent that Risk Assessment is
10 not universally understood by
11 Agency staff."

12

13 Do you, do you want to comment on that?

14 A Comment on safety assessments versus risk
15 assessments?

16 Q The comments about risk assessments,
17 yeah.

18 A There is a difference between a safety assessment
19 and a risk assessment. A safety assessment can fluctuate
20 hour by hour and typically a risk assessment is more stable
21 than that. But a risk assessment can change. Just because
22 a family is high risk at one point doesn't mean that they
23 remain that way for whenever they're involved with the
24 agency.

25 Q Turn to page 38020, and under the heading:

1 Assessment of New Partners --

2 A Um-hum.

3 Q -- it says:

4

5 "In May 2004 there was an
6 indication that Samantha had
7 entered into a new relationship."

8

9 It goes on and then it says:

10

11 "There is no documentation that
12 the attending Social Worker asked
13 for any identifying information
14 regarding this individual. The
15 status of the relationship was
16 further clarified in December when
17 Samantha gave birth to her
18 forth ..."

19

20 That, that's after your involvement?

21 A Right.

22 Q And it says:

23

24 "Recommendations:

25 1. That if a new partner becomes

1 involved with a family and spends
2 any significant time in the family
3 home, background information on
4 the individual be gathered, CFSIS
5 prior contact checks completed,
6 Abuse Registry checks completed
7 and if there is reason to believe
8 [that] the person has had contact
9 with the justice system, Police
10 contacted to provide a criminal
11 risk assessment."

12

13 Do you agree with that recommendation?

14 A I do.

15 Q Do you have anything further to comment on, with
16 respect to it?

17 A No, I think I've already commented about that
18 previously.

19 Q And just finally, with respect to this report, on
20 page 38034 --

21 A Three four?

22 Q Three eight-o --

23 A Okay.

24 Q -- three-four.

25 A Okay.

1 Q At the bottom, see where it says:

2

3 "Although [the] this file was
4 flagged as high risk, the Agency
5 did not make face to face contact
6 with Samantha until July 13, 2004.
7 Samantha related that she removed
8 Samantha ..."

9

10 It should be Phoenix.

11

12 "... from the Stepheⁿs care in
13 approximately February 2004."

14

15 And it goes on, in the next page, to say:

16

17 "Please note that a 48-hour
18 response time is given to moderate
19 risk cases. High risk Intakes
20 must be responded to that same day
21 and low risk cases are given a
22 five-day response time. All of
23 these response times are
24 stipulated in the standards."

25

1 And then there are a number of factual statements
2 from the file.

3 A Right.

4 Q Do you have any -- do you want to correct
5 anything in this portion of the report, or clarify
6 anything?

7 A No.

8 Q Okay. And if you look at the, the comments below
9 that, and I think we've covered most of these already
10 through the other reports, so I'm not going to put them
11 specifically --

12 A Okay.

13 Q -- to you, but I want to give you an opportunity
14 to respond to them, if you would like to?

15 THE COMMISSIONER: Now, how far do you
16 mean?

17 MR. OLSON: That goes from the bottom of page
18 38035, starting with:

19

20 "During this interview ..."

21

22 THE COMMISSIONER: To?

23 MR. OLSON: To page 38037, to the paragraph that
24 says:

25

1 "In that it was now confirmed ..."

2

3 THE WITNESS: I think I've covered most of what
4 my comments would be previously, so ...

5

6 BY MR. OLSON:

7 Q I just wanted to ask you one final question and
8 that's when you mentioned, at the beginning, that you were
9 working a lot of hours and weekends and evenings --

10 A Um-hum.

11 Q -- were you being paid for that work?

12 A No.

13 MR. OLSON: Those are my questions.

14 THE COMMISSIONER: All right. It's -- do we
15 adjourn to, let's see, 2:15, or, or would, would that give
16 us enough time, Mr. Gindin?

17 MR. GINDIN: Mr. Commissioner, I would suggest
18 2:30, as I have a --

19 THE COMMISSIONER: All right.

20 MR. GINDIN: -- I have a matter to attend to over
21 the break.

22 THE COMMISSIONER: That's fine. We'll adjourn
23 until 2:30.

24 You have to be back, witness. Thank you.

25 All right. We stand adjourned now. I'm going to

1 stay here and shuffle some papers, but we're adjourned.

2

3 (LUNCHEON RECESS)

4

5 THE COMMISSIONER: All right. Now it's your
6 turn, Mr. Gindin.

7 MR. GINDIN: Thank you, thank you, Mr.
8 Commissioner.

9

10 CROSS-EXAMINATION BY MR. GINDIN:

11 Q Good afternoon, Ms. Forbes. Jeff Gindin is my
12 name. I appear for Kim Edwards and Steve Sinclair. I have
13 some questions for you. You were discussing, this morning,
14 the fact that there was no real training with respect to
15 standards, remember that?

16 A That's right.

17 Q And you're saying that there still isn't, as far
18 as you know?

19 A They may have had -- I've been -- I've just
20 recently come back from maternity leave, so they may have
21 had training that I missed while on leave.

22 Q Okay. Now, you were asked some questions about
23 best practice --

24 A Um-hum.

25 Q -- and you told us that ideally that's something

1 you'd like to use, but what's your understanding of what
2 that actually means?

3 A Best practice would mean, in this particular
4 situation for --

5 Q Yes.

6 A -- example --

7 Q Yes.

8 A -- would have been, I would have been able to
9 meet with Samantha for a longer period of times, maybe a
10 couple of times. I would have possibly transferred the
11 case, knowing that they would have had, the, the family
12 service would have had the time and energy to meet with the
13 family. Those would be a couple of examples of best
14 practice.

15 Q And where does that come from? Is there a manual
16 that you have? Is there an article that you read?

17 A There's no manual or article, per se.

18 Q So how would you know what bet, best practice
19 should be?

20 A You don't necessarily -- I mean, there isn't a,
21 there isn't a book or a manual. You might find the best
22 practice would vary from worker to worker.

23 Q Um-hum. And of course, every worker does their
24 job a little bit differently?

25 A That would be true.

1 Q And a lot of the things you're telling us about
2 are judgment calls that --

3 A That's right.

4 Q -- might differ from one worker to the other?

5 A That's right.

6 Q Now, have you read articles on best practice?
7 Are you aware of any?

8 A Not recently, no.

9 Q Or ever?

10 A I can't recall.

11 Q You were also asked about whether you were a
12 registered social worker. I can't recall, you said you
13 were, or you weren't?

14 A No, I was not.

15 Q Do you know what the purpose of registering is?

16 A No, I don't.

17 Q No idea why some would register and some don't?

18 A Many child welfare workers are not registered.

19 Q You know some that are?

20 A Yes.

21 Q Any idea why that would make a difference, or
22 what the reason for that would be, why someone would
23 register, in other words?

24 A I don't know.

25 Q You also indicated that when you had the matter

1 referred to you, when you got involved in this case,
2 sometimes it would take a week or so to get a hard copy of
3 the file; remember that?

4 A That's right, yes.

5 Q No, I take it you'd rather get a hard copy of the
6 file as soon as you could?

7 A That's right.

8 Q And do you know why it might take a week? Is
9 that because you're busy, or?

10 A No, it wouldn't be -- I mean, you would
11 request -- the file would often be requested by the CRU
12 worker. It would be, it would depend on where the file is
13 housed and how long it takes for them to transfer it to
14 whatever office you're in.

15 Q And would one of the factors be that it might not
16 be requested immediately because you're busy with other
17 files or other matters?

18 A Not usually.

19 Q So --

20 A Usually that would be something that would
21 automatically be done at the beginning.

22 Q Um-hum. So, in this case, can we assume that you
23 would have made a request for the file right away?

24 A The request probably would have -- I, I don't
25 recall what was done, but typically the request would have

1 been made by the CRU worker, if they're transferring a case
2 up to tier 2 intake.

3 Q And it just sometimes takes as long as a week to
4 get it?

5 A Sometimes, it does, yes.

6 Q And does it sometimes take longer than that?

7 A I mean, it's hard for me to comment. I'm not at
8 intake anymore and that was a number of years ago. So I, I
9 don't know.

10 Q And you also talked about performance reviews and
11 I think you said that you only had two done on yourself,
12 one in '99 and I think you said the other one was 2007;
13 correct?

14 A Yeah, or two, late 2006. It was towards the end
15 of my time in intake.

16 Q So two in eight years?

17 A That would be right. Actually longer than eight
18 years.

19 Q Okay. Do you agree that maybe that should be
20 done more often?

21 A I would agree, sure.

22 Q When you close a file, think you told us how the
23 supervisor has to approve that?

24 A That's right.

25 Q And they some, sometimes will disagree with your

1 decision?

2 A That's true.

3 Q And if they did, would they, do you think,
4 discuss it with you and let you know that they had a
5 different idea? Or would they just make a note of it, or
6 how does that work?

7 A I guess it would depend on the individual, but I
8 can speak to my supervisor at the time. She would have
9 spoken to me about if she had a disagreed with me closing a
10 case, or with a decision or a plan I had, she would have
11 definitely spoken to me about it.

12 Q In 2004, I think you said that you had three
13 workers in your unit --

14 A Right.

15 Q -- which is about half the number you normally
16 have --

17 A That's right.

18 Q -- right? So essentially, each person's doing
19 the job of two people?

20 A That's right.

21 Q And even doing the job of one person had it's
22 demands --

23 A That's right.

24 Q -- right? So that wasn't an ideal situation by
25 any means?

1 A Not at all, no.

2 Q I think you said that sometimes you've tried to
3 get ahead of the game, so speak, by working through
4 lunches, et cetera. And I think you said you would work at
5 home. Were you allowed to take files home with you?

6 A Yes, we were allowed to take files home. I mean,
7 obviously, we would have to be very careful about where we
8 put the files. We were, if we were taking a file home, we
9 had to make sure we went straight home and not leave it in
10 our car and make a stop, because we're dealing with
11 confidential information.

12 Q Was there any policy regarding taking files home
13 at all?

14 A Not that I'm aware of.

15 Q But you'd have to be concerned with
16 confidentiality of course?

17 A Absolutely.

18 Q You also told us how you voiced your concerns
19 about the, the workload to, I think you said, Sandie
20 Stoker?

21 A Yes, and my supervisor.

22 Q And obviously you felt that that was something
23 you needed to do --

24 A Yes.

25 Q -- based on your workload, et cetera. Did you

1 make notes of that meeting, or the concerns you expressed?

2 A I did not make notes.

3 Q And I think you told us that it would have been
4 wiser to make them?

5 A Yeah, I, I, I think what I said was, if I'd have
6 known what would have happen, what will, what was going to
7 happen, of course, I would have made notes and documented
8 it, but I had no idea that something this tragic would
9 happen, so at the time, I didn't think that it was
10 necessary or important.

11 Q Of course, that's always the case with these
12 kinds of matters, you never know what's going to happen;
13 right?

14 A Absolutely.

15 Q And I think you said that after the meeting, you
16 noticed nothing really changed?

17 A No.

18 Q In fact you put down, I think my notes say that
19 you said it got worse?

20 A Yes.

21 Q And in what ways did it get worse?

22 A Workload continued to be unmanageable and the
23 environment at intake continued to be pretty chaotic and
24 unstable and the morale continued to decline.

25 Q And I take it, morale declining is not very good

1 for the work you have to do?

2 A No, it's --

3 Q It's hard enough --

4 A -- it's hard enough --

5 Q -- when morale is good? Hard enough when morale
6 is good; right?

7 A Yes.

8 Q And when you say chaotic atmosphere, what do you
9 mean by that?

10 A Well, with the impending devolution, there was
11 people that were going to be losing their positions, or
12 moving to other positions. There were mass amounts of
13 cases that would be, that were, people were trying to
14 prepare paperwork for, to transfer them to other agencies
15 and authorities. So generally, it was just pretty chaotic.

16 Q And all those things, I take it, would make it
17 more difficult to do the really important things you have
18 to do, taking care of families or children; right?

19 A That's right.

20 Q And I take it you weren't the only one that felt
21 that way?

22 A No, not at all.

23 Q Pretty, pretty common?

24 A Yes, very common.

25 Q Now, just with respect to your involvement in, in

1 2004 --

2 A Um-hum.

3 Q -- we've gone through that, you told us that you
4 had seen a memo from Andy Orobko; remember that?

5 A That's right.

6 Q You hadn't actually spoken to him though --

7 A No, I had --

8 Q -- right?

9 A -- not.

10 Q And I think you became aware of an EIA referral
11 of sorts. You hadn't spoken to any EIA worker?

12 A That's right.

13 Q You became aware of a letter that Lisa Mirochnik
14 had written to the Stephensons?

15 A That, that's right.

16 Q And again, you, you didn't really speak to her
17 either?

18 A No, I did not.

19 Q I'm just going to, going to refer you to page
20 3,000, 36964, pardon me and this would be the intake
21 prepared, intake form prepared by Debbie De Gale. And if
22 you look at -- have you got that up on the screen there?
23 Three six nine six four.

24 THE CLERK: I've typed it correctly, it's not
25 appearing. I think I'm going to have to reboot the

1 computer.

2 MR. GINDIN: We might be able to -- we'll try and
3 get by without pulling up the page and I'll try and help
4 you with what I'm referring to.

5 THE WITNESS: Okay.

6

7 BY MR. GINDIN:

8 Q On that particular page, obviously it goes
9 through some of the history and that kind of thing and at a
10 certain point in the page, it says:

11

12 "In Jan. /04, Samantha and a
13 friend had a falling out and the
14 friend contacted the Agency to
15 report that Samantha drinks
16 alcohol and smokes 'rock' in front
17 of Phoenix."

18

19 Do you recall --

20 A I do recall that, yes.

21 Q Now, that would be a serious concern, obviously?

22 A That was an allegation.

23 Q Yeah. And most things you see, of course, are
24 allegations? You haven't got time to go to court and prove
25 things; right?

1 A But you always investigate an allegation. You
2 don't assume that an allegation --

3 Q Right.

4 A -- is true.

5 Q But you're certainly going to -- that's the kind
6 of allegation that's of, of some concern, that you'd want
7 to look at --

8 A Right. And that wasn't the allegation that was
9 made when I was following, when I was the intake worker.
10 However, I did follow that up.

11 Q Yeah, but you became aware of --

12 A I did.

13 Q -- this report and that would cause you some
14 concern, obviously?

15 A Certainly, it's an allegation that I would deem
16 necessary to follow up on.

17 Q And I think later on, we'll get to this when you
18 actually spoke to Samantha, you asked her about use of
19 drugs and that kind of thing?

20 A Right.

21 Q And you've told us that you noticed she didn't
22 appear to be someone on drugs at the time?

23 A Right.

24 Q But this comment here refers to drinking alcohol
25 as well?

1 A Right.

2 Q And did you talk to her about drinking alcohol?

3 A I talked to her about substance abuse in general,
4 so both drugs and alcohol.

5 Q Had she been drinking alcohol recently, it might
6 not be so visible to you?

7 A That's right.

8 Q Um-hum. Okay. In addition to that, you were
9 also aware, from just looking at the history, which I
10 appreciate isn't inclusive, but history did reveal that she
11 had a first child that was apprehended three years back and
12 that she shows some avivalance (phonetic), ambivalence
13 towards Phoenix when Phoenix was born and to parenting in
14 general --

15 A Right.

16 Q -- right? You, you didn't speak to Debbie De
17 Gale either; correct?

18 A No, I did not.

19 Q And while you were discussing the risk, insofar
20 as Samantha's concerned, you didn't have a lot of
21 information on her, or did you?

22 A Well, I mean, we certainly had gaps in
23 information, but I knew that she had parented, without
24 concern, from September 2000 to June 2001 and then I knew
25 that she had been parenting from November 2003 until July

1 of 2004, when I met with her, with a few months in there
2 where Phoenix had stayed with Kim and Rohan and I knew that
3 she had parented during those periods of time without
4 anybody calling us to express any degree of concern about
5 the care she was being provided.

6 Q What you're saying is that there were clearly
7 gaps in her involvement with Phoenix, no question; right?

8 A Sure, there, there was, there, there's often gaps
9 in information that we have with cases.

10 Q In fact, the history was that she basically left
11 Steve with two young children under the age of 15 months
12 and took off --

13 A She left --

14 Q -- right?

15 A -- children to parent his children, yes.

16 Q And there was quite a few years there before the
17 record shows that she became involved again, not until
18 November of '03, according to the documents?

19 A Until she began actively parenting again.

20 Q That's according to the documents, anyway?

21 A That's right.

22 Q Right. And I think you said that you viewed her
23 as high risk until you could at least see her, talk to her
24 and make further assessment?

25 A I viewed her as high risk only based on Lisa

1 Mirochnik's statement that, in her report, that if either
2 parent had Phoenix in their care, she would be considered
3 to be high risk because of lack of information.

4 Q Did you know Lisa?

5 A Yes, I knew Lisa.

6 Q And you respected her opinion, I take it?

7 A Yeah, it, it's, it's, has no bearing on whether I
8 -- I mean, I respected her work, but whether I did or
9 didn't, the fact of the matter is, is I would have had to
10 go and do my own assessment.

11 THE COMMISSIONER: Yeah, but the, the question
12 was whether you respected her.

13 THE WITNESS: Sure.

14

15 BY MR. GINDIN:

16 Q And so based on what she had to say and other
17 things in the file, you felt it was a high risk situation
18 and you felt that you had to go check it out --

19 A Yes, I did.

20 Q -- right? In addition to some of the other
21 individuals I've pointed out that you didn't actually speak
22 to, you also didn't speak to Kim Edwards or Rohan
23 Stephenson; right?

24 A That's right.

25 Q And you told us that --

1 A Neither one of them were calling the agency.

2 Q Right. Right. And you told us about the fact
3 that there's an obligation sometimes on people in the
4 community if they --

5 A Not sometimes, there is an obligation --

6 Q -- if they see something --

7 A -- they can -- absolutely.

8 Q -- they have to, they have to observe it
9 themselves to see it?

10 A That's right.

11 Q And if they do, you expect that they might call?

12 A Yes.

13 Q There's also an obligation, would you not agree,
14 on yourself and workers to maybe make some inquiries with
15 collaterals and people who might know more?

16 A There could be an obligation there as well.

17 Q Yeah.

18 A I knew that Debbie De Gale had already tried to
19 make contact with Rohan and Kim and was unable to do so
20 because we had a, a wrong number.

21 Q Um-hum. But there was an, there was an address
22 for them as well?

23 A There was an address and I believe what I said
24 previously was that had workload not been the issue it was,
25 that I may have gone out to meet with Kim and Rohan, but

1 unfortunately, that was not the case.

2 Q If you could have, it would have been a good
3 idea; right? If you --

4 A I, I don't know. I don't know if it would have
5 or not.

6 Q Well, it couldn't hurt?

7 A I don't know what they would have said.

8 Q Could it hurt to check it out?

9 A I don't know what they would have said.

10 Q Would have, you would have had more information
11 than, than if you didn't go and talk to them?

12 A Well, I would hope, if they had significant
13 concerns, that they would follow the obligation that they
14 have, which is to call the agency.

15 Q Well, aside from having concerns about Samantha,
16 they were involved with Phoenix for some time and that
17 might be interesting to look into what they might know
18 about Phoenix, or anything else?

19 A My primary focus would have been assessment on
20 Samantha though and her ability to care for Phoenix.

21 Q But you're saying is your primary interest was
22 the safety of Phoenix?

23 A For sure, absolutely and that always is the case.

24 Q Now, also, in Debbie De Gale's intake form, or
25 CRU form, she mentions having a phone call from Samantha

1 and having a certain discussion with her --

2 A Um-hum.

3 Q -- you recall that?

4 A I do recall that, yes.

5 Q And it's easy to see, when you read that, that
6 she had kind of doubted what Samantha was telling her? It
7 comes across pretty clearly?

8 A Yeah, I mean, she, she certainly had some
9 questions.

10 Q Yeah.

11 A That's not unusual.

12 Q And she indicates that Samantha's attitude was
13 less than stellar and she was rude and ended up hanging up?

14 A That's right.

15 Q Yeah. And those things caused her a little more
16 concern than before that phone call?

17 A Right. That type of a response is not unusual to
18 get from clients though.

19 Q Um-hum.

20 A And it's not always indicative of there being
21 something highly concerning in that situation. People are
22 leery about involvement with the agency.

23 Q But the fact that something is typical doesn't
24 mean it's not a concern?

25 A No, but it's not always indicative -- what I'm

1 saying is it's not always indicative of a concern.
2 Sometimes people are just leery about having to deal with
3 the agency.

4 Q It caused her a great deal of concern, according
5 to her evidence and you can understand why she might feel
6 that way; right?

7 A Right.

8 Q Now, looking at page 36955, which starts off with
9 the interventions regarding your involvement, so just so
10 you have that handy --

11 A Um-hum.

12 Q -- the first thing there is, pardon me, May 13th,
13 2004 and it says field to Sarah's residence and of course
14 that's an error?

15 A Right.

16 Q You're talking about Samantha. The next
17 paragraph, the same error is made; correct?

18 A Right.

19 Q Okay. Now, I take it that, with respect to each
20 of these incidents that occurred on May 13th, 2004, first
21 you went to Samantha's residence and then you went to her
22 mother's right?

23 A Right.

24 Q And that would be the same day, according to --

25 A That's right.

1 Q -- the notes? Now, I take it, while you're doing
2 that, you're making notes?

3 A I'm making notes as soon as I return to the
4 office.

5 Q Okay. So you did these, these things, you went
6 to these two places, you come back to the office and then
7 you make some notes; right?

8 A Right.

9 Q And then how do the notes get into this report?
10 Is that something that you do when it's time to close --

11 A Yes.

12 Q -- the file? Okay. So this file seems to be
13 closed, I think it was July 14th --

14 A Right.

15 Q -- which is when you would prepare the report?

16 A Yeah, some, sometimes, I, I don't know exactly
17 what I did in this situation. Sometimes you would type
18 part of your contacts into the summary and then you would
19 finish it a month or two later, when you had more contacts,
20 it would depend. Generally, I would do it right before I'm
21 doing the closing. Sometimes I would do pieces of it
22 earlier.

23 Q Okay. So if you did it in the usual way, then
24 probably prepared this report July 14th, or pretty close to
25 it?

1 A That would be right.

2 Q Which would be about two months after those field
3 visits; right?

4 A Right.

5 Q Okay. So let, let's just have a look at the
6 notes you made at the time and that would be at 37335;
7 right? Do you have that in front of you there?

8 A Not yet.

9 MR. GINDIN: Okay.

10 THE COMMISSIONER: Three seven three three five?

11 MR. GINDIN: Yes.

12

13 BY MR. GINDIN:

14 Q That, these are the actual notes that you made at
15 the time?

16 A Um-hum.

17 Q I presume at the time, you mean when you got back
18 to the office, within a short time of --

19 A Right.

20 Q -- the incident? And I presume that's when your
21 memory is pretty fresh, because it just happened?

22 A That's right.

23 Q So if you look at the first note, from May 13th,
24 '04, first of all, they're pretty brief? You'd agree with
25 me there?

1 A Right. Well, there isn't much to, to write
2 really. It's not like I had a meeting with somebody.

3 Q Okay. It just says Wes answered --

4 A Right.

5 Q -- right? There's nothing there about any
6 conversation you had with him, any questions you may have
7 asked him, it's just Wes answered?

8 A Right.

9 Q By that, you mean he answered the door?

10 A Right.

11 Q Okay. And then what's the next line there? What
12 are you saying there?

13 A It says: Never let us in. Which is, we didn't
14 go inside his apartment. We would have had the -- or
15 inside the apartment. We would have had the conversation
16 at the doorway.

17 Q So, never let us in, that does mean that you
18 tried to get in and he wouldn't let you?

19 A I wouldn't, I wouldn't have tried to get in, if
20 Samantha wasn't there and Phoenix weren't there.

21 Q So it's not --

22 A It would just simply mean that I had the meeting
23 there at the door.

24 Q It's just an odd way of phrasing it, never let us
25 in, as though you were --

1 A Yeah, I wouldn't have -- if Samantha wasn't
2 there, I would not have asked to go inside, because as I
3 previously stated, I wasn't even prepared to identify who I
4 was to him.

5 Q Did he not ask who are you?

6 A No.

7 Q No?

8 A No.

9 Q You didn't know him? You never saw him before?

10 A No.

11 Q As far as you knew, he never saw you before?

12 A As far as I knew, no.

13 Q And he never asked you who you were?

14 A No.

15 Q And had he asked you, would you have told him?

16 A Most likely not because --

17 Q Would you --

18 A -- I didn't know who he was.

19 Q -- would you have made up something, or what
20 would you have said?

21 A I would have just said I'm just looking for
22 Samantha, I'll try again later.

23 Q So when there's no request to go in, you would
24 still make a note, never let us in?

25 A Well, sometimes when you knock on somebody's

1 door, you actually go inside their apartment and they tell
2 you this person, or whoever it is, tells you this person is
3 not there right now, come back at another date. That was
4 not the case. I think that's what I was getting at here.

5 Q I see.

6 A You actually get to have a visual of the inside
7 of somebody's place. I didn't not have that in this
8 situation, otherwise, I would have documented it.

9 Q Okay. Did, did you leave a, a card? I guess you
10 wouldn't because you --

11 A I didn't leave a card with him, or I would have
12 documented it, like I did with Samantha's mom.

13 Q So you never left him a name and phone number or
14 anything?

15 A Not that I'm aware of, no.

16 Q Okay. And of course, your notes don't say that,
17 so --

18 A Right.

19 Q -- that's your best, your best recollection;
20 right?

21 A Yes.

22 Q So then you then -- now, it says Samantha's at
23 her mom's; right?

24 Did you have an address for the mom?

25 A I don't know how I would have got an address for

1 the mom. I don't know if he would have given it to me, I'm
2 not sure.

3 Q So it's possible he said some things to you that
4 aren't recorded?

5 A It's possible, sure.

6 Q And when he answered the door, I take it he
7 wasn't wearing a coat or anything like that?

8 A It was summer, so I would assume not. So I would
9 assume not.

10 Q So it would appear that he was staying there, at
11 least?

12 A Yeah, but why would --

13 Q He's answered --

14 A -- he have a coat on, even if he wasn't -- it's
15 summertime, so --

16 Q Well, I -- but he didn't look like he was, just
17 got there, or was just leaving. He just looked like
18 someone who answered the door when you knock on it?

19 A I didn't know who he was, so ...

20 Q Did you ask him if he lived there?

21 A I didn't ask him that, no.

22 Q All right. Somehow you knew, got the mother's
23 address --

24 A Right.

25 Q -- whether you knew it before, or he gave it to

1 you, but you went there next; right?

2 And Samantha wasn't there?

3 A Right.

4 Q So how long would this be after the visit to
5 Samantha's?

6 A I would have went from Samantha's place directly
7 to her mother's.

8 Q Okay. And that would be a matter of minutes, I
9 presume?

10 A Yeah, yeah, I don't know, I mean, it wouldn't
11 have taken too long.

12 Q So within a few minutes of you being told that
13 Samantha's at her mom's with Phoenix, you arrive there, but
14 she's not there?

15 A That's right.

16 Q Right? And you're told -- according to your
17 notes, it just says not here, she's visiting?

18 A Right.

19 Q Would you have asked who's she's visiting?

20 A I believe they said she was visiting friends and
21 I documented that in my intake summary.

22 Q Okay. It's not in your notes though; right?

23 A Right.

24 Q And again, you have never let us in?

25 A Right. Which would mean I was standing outside

1 in the hall of the apartment building, as opposed to inside
2 her suite.

3 Q So is that a common phrase that you write down
4 in your notes, never let us in, whether you tried or not,
5 or whether they prevented you or not, you just put that
6 down?

7 A I don't know, I mean, it's hard for me to know
8 eight -- however many years later.

9 Q Okay. So next in your -- now we're going back to
10 36955, where you have the typed notes of your
11 interventions. You have May 17th you send a letter to
12 Samantha; right?

13 A Right.

14 Q See that at the top of --

15 A Yeah.

16 Q -- 36956? And do, can you tell us whether you
17 received any response to the letter?

18 A The first response I would have received from her
19 would be the June 21st --

20 Q Okay.

21 A -- phone call.

22 Q So on June the 2nd, you go to another address on
23 McGee; right?

24 A I field out to the home again, yes.

25 Q Okay. So this is now 16 days after you sent the

1 letter?

2 A That's right.

3 Q Okay. And this was a case where you had -- it
4 was a 48 hour response time assigned to it; right?

5 A That's right.

6 Q Okay. So now, so nothing is done for that 16 day
7 period; right? That you have recorded anywhere?

8 A No.

9 Q Okay. So you attend on McGee, no answer at the
10 door and you leave a card; right?

11 A Right.

12 Q Now, I presume that would be in the daytime?

13 A Right.

14 Q It is possible to do a field visit at night?

15 A It is, yes.

16 Q Or on the weekend?

17 A I wouldn't, we would not, as intake workers, who
18 work dayside staff, do fields at night or on the weekend.

19 Q But there is a after hours unit --

20 A There is an after hours unit.

21 Q -- that you could contact and ask if perhaps
22 someone can attend? That's possible?

23 A As I previously mentioned, typically, after hours
24 would only go out in situations where someone was deemed to
25 be at imminent risk.

1 Q But it wasn't done here?

2 A No, it was not done here.

3 Q Okay. So now, on June the 15th, you send a
4 second letter to Samantha, which would be about a month
5 after the first one, if you look at the chronology there;
6 is that right?

7 A Um-hum.

8 Q And then after the second letter is sent, another
9 six days goes by and apparently nothing is done in between,
10 obviously --

11 A No.

12 Q -- right? And then you get a phone call from
13 Samantha and you arrange to have a meeting --

14 A That's right.

15 Q -- right? The day before that meeting, she calls
16 again to change it; correct?

17 A That's right.

18 Q Under June 28th, '04, you note that she wants to
19 change the appointment because she's moving within the
20 block?

21 Did you ask her, at that point, what her new
22 suite number was?

23 A I would assume not, because it's not documented.

24 Q So you told her it's important to meet; right?

25 A Right.

1 Q And you did go the next day, as planned; right?

2 A Right.

3 Q And you couldn't get into the block; is that
4 because you have to have some kind of code to get in, or
5 how does that --

6 A You would have to have a key and there's no
7 buzzer system.

8 Q Do you know when --

9 A So you would knock on people's windows or stand
10 there and wait and hope that somebody exits the building
11 and you can enter it.

12 Q -- do you remember if you stood there and waited
13 for awhile, to see if you could get in?

14 A I don't remember. That was my typical practice
15 in situations like this, so --

16 Q Did you have a phone number for her at that time?

17 A I don't think I did, but I don't know.

18 Q There's not indication there that you tried to
19 phone her that day?

20 A No, no, there's not.

21 Q In fact, there's nothing that happens for another
22 11 days, until July 9th, 2004? It's about 11 days or so;
23 right?

24 A Right.

25 Q When you e-mailed her social assistance worker,

1 requesting her new address?

2 A That's right.

3 Q That could have been done on the 28th or the, the
4 29th, when you couldn't get into the block; right?

5 A But at the time, I was thinking that she was
6 going to agree to meet with me and that a, I wouldn't even
7 be required to e-mail the EIA worker. And once I realized
8 that she hadn't called back again, that's why I contacted
9 EIA to ask for the address. And then she contacted me.

10 Q You waited 11 days to do that though?

11 A That's right. Workload issues, I'm sure, played
12 a role.

13 Q Upon reflection, it would have been nice if you
14 could e-mail --

15 A Well --

16 Q -- a few days earlier, or a week earlier?

17 A -- you do the best that you can do and
18 hindsight's always 20-20, and if we had a crystal ball, it
19 would -- I mean ...

20 Q And then you do get a message from her July 13th
21 and there's a phone number there now, beside the message;
22 right?

23 A July 13th?

24 Q Yes.

25 A Yes.

1 Q Do you know whether that's a phone number that
2 you had before, or is that the first time you saw it?

3 A I don't, I don't know, I'm not sure. I'm
4 thinking not, but I can't say for sure.

5 Q So at this point, you phone her back and you
6 arrange to meet her pretty quickly?

7 A Right.

8 Q Ten minutes later?

9 A Right.

10 Q Obviously you felt that, needed to have a meeting
11 soon?

12 A Well, and I knew that she was calling from home,
13 so my hope would be that if I met her, agreed to meet with
14 her right then, I would actually get to have a face-to-face
15 with her and Phoenix.

16 Q Now, you don't have any notes here about any sort
17 of a time with Phoenix by herself, which we presume didn't
18 happen?

19 A No, it didn't.

20 Q Yeah. Do you recall whether you asked if you
21 could just speak to Phoenix?

22 A That was not our practice at intake at the time,
23 unless we had a specific abuse disclosure that we were
24 interviewing for.

25 Q Is that the practice now, or it still the --

1 A It's not the practice now, no.

2 Q So that hasn't changed?

3 A No, no, it has changed --

4 Q Oh, it has changed?

5 A -- now, intake sees all kids on their own.

6 Q Regardless of --

7 A Right.

8 Q -- once you're there, you may as well try and
9 talk to the child and see what you can pick up from that
10 type of interaction; right?

11 A Typically would, it would be a conversation or an
12 interview with them.

13 Q Now, it says here, of course, that you told her
14 about the nature of your concerns, which appear to include
15 substance abuse --

16 A Right.

17 Q -- issues; right? Now, you expect that she would
18 admit that; is that what you would expect when you discuss
19 those things?

20 A Some clients readily admit it, they do.

21 Q And some don't --

22 A And some don't --

23 Q -- obviously?

24 A -- absolutely.

25 Q And that's all you have to go on, I guess, you

1 ask her a question, she says no, that's it?

2 A Well, and in the absence of people phoning us to
3 say, you know, Samantha's actively drinking, go, can you go
4 out now? It, it's very difficult to confirm an allegation
5 like that.

6 Q I suppose, if someone went out there unannounced
7 in the evening, you might have a better indication of
8 whether someone's actually abusing substances or not?

9 A I mean, it's a possibility. Some people aren't
10 drinking every single night, so even if you sent after
11 hours out -- because I certainly have done that, in cases,
12 and they've not been able to confirm that there's active
13 drinking taking place and yet we suspect that there is in
14 particular situations. So it's difficult to know.

15 Q But it might give you a little more information,
16 if you came unannounced in the evening or the weekend, than
17 it would if you came announced during the day?

18 A I chose not to do that.

19 Q Okay. It says here when you asked Samantha did
20 she not feel that the disruptions in care caused any
21 problems in her relationship with Phoenix, you -- according
22 to your notes, you asked her that question?

23 A Right.

24 Q Samantha advised that her main support, you used
25 the word "main" here, is her boyfriend --

1 A Um-hum.

2 Q -- who is a trucker and stays with her when he's
3 in the city. We're talking about Wes McKay; right?

4 A Right.

5 Q Okay. She advised you that that was her main
6 support --

7 A That's right.

8 Q -- and that he stayed with her when in Winnipeg;
9 correct?

10 So at this time, did you say, what's his last
11 name?

12 A No, I did not. And as I testified previously, at
13 that point, my rationale was, I had no specific reason to
14 be concerned about him and I mean, in hindsight, now I know
15 I should have.

16 Q And the reason, I suppose, is obvious. Had you
17 known more, we could have -- you, or someone, could have
18 checked them out a little bit better and come up with some
19 of the things that were in that file that was read to you
20 earlier; right?

21 A Right. And at the end of the day, that may or
22 may not have changed the course of action that was taken,
23 at least on my part.

24 Q But it's still pretty good information to know?

25 A I have, I have acknowledged that I wish I had

1 done that.

2 Q One of the things you said, I think, when you
3 went there on May the 13th, 2004, when Wes answered the
4 door, was that you were somewhat concerned about letting on
5 who you were and that kind of thing?

6 A That's right.

7 Q Okay. Now, when you went to Samantha's mother's
8 place --

9 A Right.

10 Q -- within minutes of that --

11 A Um-hum.

12 Q -- first visit, there's nothing in your notes
13 about asking how, how is Samantha doing? It appears as
14 though you wouldn't have asked, even asked that, according
15 to the notes?

16 A No, I did not ask her mother that. I was looking
17 for Samantha and wanting to meet with Samantha.

18 Q I presume you also wanted to know how Phoenix
19 was?

20 A For sure.

21 Q Now, with her, you did identify yourself, because
22 she knew who you were, I suppose, or you knew who she was?

23 A Yes, I did identify who I was there, because I
24 knew that she would have known that Samantha had a history
25 and I knew that that was Samantha's mom.

1 Q Okay. So it appears you didn't ask how, how
2 Phoenix was doing; correct?

3 A No, I did not.

4 Q And it appears as though you never asked the
5 mother --

6 A I didn't anticipate that Samantha's mother would
7 tell me anything other than that Phoenix was doing well.

8 Q Well, in the past, you're relying on what people
9 are telling you, so why not ask the questions?

10 A Yeah. At that point, I was most focused on
11 trying to have a face-to-face with Samantha and Phoenix.

12 Q Did you ask Samantha's mother if she knows who
13 Wes is?

14 A No, I did not.

15 Q Or whether he's her boyfriend, or how close they
16 are, or does he live there? Any of that stuff?

17 A I didn't ask that, no.

18 Q And when you did see Wes for a brief period, who
19 long would that have been for? A minute or so, or?

20 A Maybe a few minutes, a minute, I don't know. Not
21 very long at all.

22 Q And really, you left without no additional
23 information than when you got there? You didn't know
24 anything about him, or whether he was safe or not, or what
25 his background was or anything; right?

1 A No, and at that point, I had no reason to be
2 concerned about him.

3 Q Except that he --

4 A We don't go to everybody's house though and
5 demand all this information about who somebody is that
6 answers the door upon the first meeting.

7 Q -- except that he would be, apparently, living in
8 the house that Phoenix was in, so that's --

9 A At, at the time, I didn't know that.

10 Q Um-hum. I think you indicated as well that your,
11 one of your concerns was whether Phoenix would be
12 developmentally on track?

13 A I didn't, I don't think I said that, but I think
14 Derek had asked me that question.

15 Q And I think you said, well, if you noticed
16 something to the contrary, you would have made a note?

17 A Exactly.

18 Q How would you be able to tell if somebody was, a
19 child, was developmentally on track?

20 A Well, there's, I mean, there's certain things
21 that you would expect children of certain ages to be able
22 to do, particularly younger kids. Like, if you're looking
23 at a baby, is this baby able to stand yet? Are they
24 walking? Phoenix, what's her verbal skills like? How does
25 she present? I mean, there's certain things that you would

1 look for. I mean, it's a lot easier to do with a baby, in
2 terms of sitting and standing, but still, with it, a
3 younger child like Phoenix, I mean, you would, you would
4 notice more obvious developmental concerns. You might not
5 notice slight, you know, delays or advances in development,
6 but the more obvious stuff, you would be able to notice.

7 Q And some of the stuff that might not be as
8 obvious, you'd have to talk to her?

9 A Right.

10 Q Okay. But you --

11 A Again, at that time, that was not our practice.

12 Q But obviously there was nothing that you noticed
13 that you --

14 A Sorry?

15 Q -- there was nothing that you noticed in that
16 area that you wrote down?

17 A No.

18 Q When you indicated that you had not -- or at
19 least there were no notes that Kim Edwards or Rohan
20 Stephenson had called in with any concerns about Samantha,
21 course, you don't know, at that time, what they knew about
22 her, or what they didn't know about her?

23 A About Samantha?

24 Q Yes.

25 A Well, I knew they would have had some degree of

1 contact with Samantha and I knew that they had contact with
2 Steven so --

3 Q Yeah.

4 A -- I had assumed that in their contact with
5 Samantha, if they had had concerns, even if they were just
6 minimal concerns, they would have notified the agency,
7 given how much they had already cared for Phoenix and if
8 they had heard of concerns from Steven, they would have
9 notified the agency about that as well.

10 Q But the evidence is clearly that their
11 involvement was mainly with Steven, Steve?

12 A Right. But they did have some contact with -- at
13 least the information I had was that Samantha dropped
14 Phoenix off and picked Phoenix up from them and that
15 Samantha was having some visits in their home with Phoenix.

16 Q We've heard evidence that it was pretty minimal,
17 as far as Samantha was concerned; would you --

18 A I'm going by whatever -- I mean, I, I, I wouldn't
19 have had, you know --

20 Q -- you didn't --

21 A -- that evidence.

22 Q -- you didn't know for sure --

23 A No.

24 Q -- on those things? And certainly you didn't
25 make a call to them to find out more?

1 A No, I did not.

2 Q No.

3 A Again, Debbie De Gale had tried to reach them and
4 couldn't.

5 Q By telephone?

6 A Right.

7 Q When you consulted with your supervisor, for
8 whatever reason, I think you told us that you didn't really
9 make notes of those meetings, or you did?

10 A Typically not. If there was a major thing that I
11 was -- issue I was consulting about, I might have
12 documented it in the intake summary, but often I would just
13 go in there, consult with her and then not necessarily
14 document it.

15 Q Now, I think you said that even had you know some
16 more of these things about Wesley McKay and I can tell you
17 that you were only read a very small portion of some very
18 disturbing things that we'll hear about later, but had you
19 know more of this, you, you think it, it still might have
20 been a low priority thing, even if it was referred to a
21 family service worker?

22 A Yes, given the family service unit it would have
23 gone to, which would have been the downtown unit, that has
24 a high number of cases and the families that they work with
25 have complex needs, multi problems.

1 Q But if that --

2 A It's an extremely busy unit.

3 Q -- if that did happen, the file would at least be
4 monitored, rather than being closed; right?

5 A What's your version of monitor though? If you're
6 thinking that someone's going to be going out every couple
7 weeks to see Samantha and Phoenix, that would unlikely,
8 that would be unlikely to happen. What typically would
9 have happened is either the case would have sat open on
10 somebody's caseload and unless a further call had been
11 received reporting concerns, nothing further would have
12 been done. And often what has been happening now, given
13 that we've been getting a lot of cases that have been
14 transferred from intake to family service, because people
15 are scared to close files at intake and as a float social
16 worker, many of us floats are going to units and having to
17 follow-up on these particular cases where we would go out,
18 do an initial meeting and determine, does this file stay
19 open, or do we close it? Because often the supervisor will
20 flag it, saying we've got this case from intake, I'm not
21 sure why it was even transferred to us, go out, do an
22 initial meeting, see if there's any risk factors apparent
23 that would be, warrant us keeping it open and then often
24 we're closing those files.

25 Q So when the file is closed, you'll agree that no

1 further work is done on it?

2 A No.

3 THE COMMISSIONER: And, and would -- in 2004,
4 would the fact you knew that the family services was a, was
5 a busy place and, and I think you're saying overworked --

6 THE WITNESS: Yes.

7 THE COMMISSIONER: -- would that be reason for
8 you not making the transfer?

9 THE WITNESS: No, it would -- that reason
10 wouldn't have been the reason alone. I think what I said
11 before was we typically wouldn't transfer a file to be
12 monitored. You would have to transfer a file with a plan.
13 That was the typical practice at intake --

14 THE COMMISSIONER: Yeah, my, my --

15 THE WITNESS: -- not just to be monitored.

16 THE COMMISSIONER: -- question is, was that a
17 reason for not making the transfer?

18 THE WITNESS: Not necessarily, no. That alone,
19 would not have made me say I'm not transferring this file.

20

21 BY MR. GINDIN:

22 Q So your decision was to close the file and of
23 course, we now know there were things you didn't know;
24 right?

25 A Right.

1 Q But you're saying that even had you known these
2 things about Wes McKay, and even if the file had then been
3 transferred over to family service worker, you think it's
4 quite likely that it just would have sat there without
5 anybody checking it out, or wanting to find out more about
6 Wes?

7 A Someone would have done an initial meeting with
8 him and then beyond that, if there hadn't been further
9 concerns that would have come forward, it most likely would
10 have sat there.

11 Q Even --

12 A And it certainly would not have been a case that
13 would have had a, a worker going out on a weekly or a
14 biweekly basis and doing close monitoring.

15 Q And some of these things that would become
16 apparent from the file was a clear history of violence and
17 a criminal record and all of these kinds of things,
18 allegations of abuse, all sort of very serious matters;
19 are, are you saying that no one would want to tell Samantha
20 about that?

21 A We would not be able to tell her, due to
22 confidentiality. We could not go out there and say, look,
23 he has this child welfare history, or he has this type of
24 criminal record. We could tell her that, based on
25 information that we have, he's believed to pose a high

1 risk, or a medium risk, whatever, to herself or Phoenix,
2 but we could not tell, in situations like this, you can't
3 provide that type of confidential information and that was
4 the practice at intake and abuse intake.

5 Q So had the file not been closed, and sent over
6 to, for follow-up, someone might have done that?

7 A They may or may not have.

8 Q There were certainly grounds for doing it?

9 A It's speculative for me to say what -- I mean,
10 it's possible, yes. I can't say what somebody would have
11 done on something --

12 Q But you'll agree --

13 A -- like that.

14 Q -- that, you'll agree that the background that
15 we're now familiar with about Wes McKay is pretty serious
16 stuff?

17 A It's certainly concerning, yes.

18 Q And a lot of it relates to domestic abuse?

19 A Yeah. As I previously testified though, domestic
20 abuse and domestic abuse alone would not necessarily get a
21 case transferred to family service.

22 Q No matter --

23 A That was not the common practice at intake. The
24 common practice at intake would be that you would educate
25 the family, you would develop a safety plan and those files

1 would often get closed.

2 Q -- no matter how severe?

3 A It would depend.

4 Q Now, after you found out what happened here, it
5 think it would be March of '06 likely --

6 A Right.

7 Q -- that this was reported in the newspaper, that
8 Phoenix had been murdered, you say you never discussed your
9 involvement with your employer. Maybe just step back, were
10 you aware immediately that you were involved, or did you --

11 A I was aware pretty immediately that I was
12 involved, yes.

13 Q And that was from your own recollection, or --

14 A Yes.

15 Q Yes? And there was no real meetings with anyone
16 to deal with the obvious issues that that would bring on?

17 A No.

18 Q And you do agree that maybe that's something that
19 should have happened?

20 A For sure.

21 Q Do you know, does that happen now?

22 A I don't know if it happens now.

23 MR. GINDIN: Those are my questions, thank you.

24 THE COMMISSIONER: Thank you, Mr. Gindin.

25 Mr. Saxberg?

1 MR. SAXBERG: Mr. Commissioner.

2 Good afternoon, Ms. Forbes. It's Kris Saxberg
3 and I act for ANCR, the General Authority, Southern
4 Authority and the Northern Authority. If we could begin by
5 turning to Commission disclosure 2066 and it's page
6 43273.

7 Mr. Commissioner, I don't believe you have that
8 in a --

9 THE COMMISSIONER: Oh, all right, all right.

10 MR. SAXBERG: -- paper copy.

11 THE COMMISSIONER: Thank you for telling me.

12

13 CROSS-EXAMINATION BY MR. SAXBERG:

14 Q This is a -- that's the title page of a document
15 that I'm sure you're familiar with, the General Child and
16 Family Services Authority Case Management Standards
17 Framework book; familiar with that?

18 A No, I haven't seen this before, actually.

19 Q You're not familiar with --

20 A I haven't seen this. I've seen standards online,
21 but I haven't seen this particular -- like, I, I refer to
22 standards on the computer, I'll type -- but I haven't sent
23 his particular --

24 MR. SAXBERG: Maybe if we could just scroll
25 through this and put it at a hundred percent, so pages are

1 a little ... If you could, yeah, keep going.

2

3 BY MR. SAXBERG:

4 Q This is a, a, a bound, shortened version --

5 A Okay.

6 Q -- of the standards --

7 A Okay.

8 Q -- that's produced by the General Authority for
9 its agencies.

10 A Okay.

11 Q Is it looking more familiar to you now?

12 A I refer online to the standards, so it, I guess
13 the document maybe looks slightly different than the one
14 that I would refer to online, that's all.

15 Q Okay. And isn't it the case that you're also
16 provided with a flowchart that's available to all social
17 workers?

18 A I'm not aware of a flowchart, but ...

19 Q Now, you were away for, for a period quite
20 recently; right?

21 A Yes.

22 Q And did, did that mean that you were away for
23 most of 2011?

24 A I was away for a good chunk of -- not 2011, but I
25 was away from December 2011, the very beginning, until

1 October 2012.

2 Q October 2012? So you've, you've just come
3 back --

4 A Yes.

5 Q -- as this proceeding has commenced?

6 A Right.

7 Q And as a result of that, did you miss the
8 training that was offered by the General Authority for
9 standards?

10 A I'm assuming that I did, because I haven't had
11 training in standards and ...

12 Q And are you aware that -- your group that you're
13 in right now is the -- what's it called, formally?

14 A Like, the unit I'm with?

15 Q The unit, yes.

16 A Float social workers.

17 Q Right. And how many of there are you?

18 A There's eight of us, some of which, about half of
19 which are part time. And then the rest of us are full
20 time.

21 Q Okay. And are you aware as to when the next
22 training session is coming for that float social worker
23 pool?

24 A No, I'm not.

25 Q Now, as a result of your absence, did you also

1 miss the rollout of the SDM tools?

2 A I, I missed the initial rollout, but about a
3 month ago, I attended some of the SDM training.

4 Q So you're familiar then with the new standardized
5 assessment tools that social workers use to assess risk?

6 A I've had the preliminary education on it. I
7 haven't had an opportunity to use it yet.

8 Q But you're aware that the other social workers at
9 Winnipeg CFS are using those assessment tools on a regular
10 basis now?

11 A They are attempting to use them on a regular
12 basis.

13 Q If we could turn to page 43284, this is from the
14 case management standards manual that --

15 A Okay.

16 Q -- I just asked you about and this is a specific
17 page that's referring to the standard. And if you look at
18 the last bullet:

19

20 "... gathers and records
21 information on persons or family
22 members involved and where they
23 live ..."

24

25 A Right.

1 Q Are you -- would you agree that the current
2 standard today, with respect to gathering information on an
3 intake is to ensure that you are aware of all of the
4 persons and family members involved in the file?

5 A Today, yes.

6 Q Yes. So, so today, the standard would require
7 that you would get all the necessary information you needed
8 on Karl Wesley McKay; correct?

9 A Correct.

10 Q That's the standard today?

11 A Right.

12 Q And if we continue on, if we could just scroll
13 forward, page 43292 and this standard, at the top, is
14 referencing that the intake worker conducts a prior contact
15 check through CFSIS, the intake module and agency records,
16 to determine if a person or family is known to the system.
17 It goes on; do you see that?

18 A Um-hum.

19 Q And that's the current standard today that you're
20 aware of?

21 A Yes.

22 Q And so, in addition to obtaining the information
23 on, on Karl Wesley McKay and, and given today's standards,
24 there'd be a requirement for a prior contact check to be
25 done; is that fair?

1 A That's fair, yeah.

2 Q And from your training on the probability of
3 future harm assessment tool, would you agree that one of
4 the items that the tool considers in measuring the risk in
5 a particular case, is domestic violence in the household in
6 the past year?

7 A Yes.

8 Q Familiar? Yes?

9 A Yes.

10 Q The number of prior CFS ongoing protection
11 services is also an issue that's considered in, in
12 measuring the risk?

13 A Sorry, say that again?

14 Q The number of times that CFS has had a file open
15 on a family --

16 A Yes.

17 Q -- that's a factor, in terms of the standardized
18 assessment tool and its determination of risk; correct?

19 A Yes.

20 Q Now, you had talked about a meeting with your
21 supervisor and the program manager at Winnipeg CFS, in and
22 around the time that devolution was occurring; do you
23 recall?

24 A Yeah, I, I don't know the exact date of that, but
25 somewhere in and around there.

1 Q But you, you do know the exact date of
2 devolution, that's -- that that was in May of 2005?

3 A Right.

4 Q So, and your evidence is that this meeting
5 occurred before that time, during this period of --

6 A I don't --

7 Q -- I think you described --

8 A -- I don't know the exact date.

9 Q You don't know the exact date of the meeting that
10 you were --

11 A Of the meeting.

12 Q -- referring to?

13 A Right.

14 Q And so, you don't know if it happened after
15 devolution then?

16 A I couldn't, I couldn't say, I don't know.

17 Q And you'd indicated that Sandie Stoker, who's
18 the, currently is the executive director of ANCR --

19 A That's right.

20 Q -- you indicated that she was at the meeting and
21 as she was then, which was program manager?

22 A I believe she was program manager then, yes.

23 Q Okay. And Ms. Stoker didn't start at Winnipeg
24 CFS in that position until September of 2005.

25 A Okay. Then, then that may have been. I know the

1 meeting was with Sandie and I know it was with Carolyn.

2 Q Okay.

3 A In terms of the specific date and I know it was
4 in and around this time. I -- in terms of an exact date, I
5 don't know.

6 Q Okay. And when you --

7 A There were a number of years that were fairly
8 stressful.

9 Q -- and when you say in or around this time, the
10 this you're referring to is the period in which you had
11 involvement in the Phoenix Sinclair case?

12 A Yes.

13 Q And that, as we know, is between May of 2004 and
14 mid-July --

15 A Right.

16 Q -- 2004?

17 A Right.

18 Q So if Ms. Stoker didn't start until September
19 2005, that's, that's over a year after those bets (sic)?

20 A Yeah, I, I'm still, I mean, the, the times at
21 intake that were stressful and busy were a number of years,
22 so ...

23 Q And when you talk about the workload not
24 improving after that meeting, you, you, you're only
25 referring to your period of time at, at Winnipeg CFS?

1 A Right. I can't comment beyond 2007.

2 Q Right. And what month in 2007 did you leave?

3 A April.

4 Q Okay. And ANCR, which is a separate entity from
5 the Winnipeg CFS; correct?

6 A That's right.

7 Q And it's a new agency that deals exclusively with
8 after hours, CRU, intake and abuse --

9 A That's right.

10 Q -- and, and early intervention --

11 A Right.

12 Q -- programs; correct?

13 A Right.

14 Q And so you, you essentially left right around the
15 time that that new agency was coming into being; correct?

16 A It had already started coming into being, but
17 yeah.

18 Q Well, it went online in February of 2007;
19 correct?

20 A Okay.

21 Q So you can't speak to --

22 A No.

23 Q -- what the current policies are at ANCR today?

24 A No, I cannot.

25 Q And, and you wouldn't be aware then that -- well,

1 there were four intake units in the old Winnipeg CFS when
2 Winnipeg CFS did intake in Winnipeg; correct?

3 A Right.

4 Q And so you wouldn't be aware that there are now
5 five intake units at ANCR?

6 A No, I would not.

7 Q Are you aware that ANCR does the probability of
8 future harm assessment on each case that it refers to
9 family services and other agencies?

10 A Yes, I'm aware of that.

11 Q Okay. And are you aware that, that there is a --
12 well, you would have been around at the rollout of the
13 intake module; correct?

14 A Yes, I would have been around for that.

15 Q And that was mid-2005?

16 A I, I don't remember the date, but ...

17 Q And do you recall that when using the intake
18 module, that it requires that a prior contact check be done
19 when you add a new family member?

20 A I don't recall. It's been a number of years
21 since I've used the intake module.

22 MR. SAXBERG: Think those are all my questions.

23 THE COMMISSIONER: Thank you, Mr. Saxberg.

24 MR. SAXBERG: Thank you.

25 THE COMMISSIONER: Mr. Paul?

1 Well, now, just a moment. What about an
2 afternoon break? Or are, are you -- should we -- or can we
3 get through this witness before we break, do you think?

4 You expect to be long, Mr. Paul?

5 MR. PAUL: Five, 10 minutes.

6 THE COMMISSIONER: Well, maybe we better take a
7 10 minute break now. We'll do that, take a 10 minute
8 break.

9

10 (BRIEF RECESS)

11

12 THE COMMISSIONER: All right, Mr. Paul, the floor
13 is yours.

14 MR. PAUL: Thank you, Mr. Commissioner. I just
15 have two areas I want to canvas with the witness and
16 hopefully I'll keep to my estimated time of five or 10
17 minutes.

18 THE COMMISSIONER: Oh, well, we had our break,
19 you can go until you're finished, providing you're within
20 reason.

21 MR. PAUL: Thank you. I'll do my best.

22

23 CROSS-EXAMINATION BY MR. PAUL:

24 Q I want to talk, to begin with, Ms. Forbes, about
25 Carolyn Parsons' intake unit.

1 A Um-hum.

2 Q And of course, you were a member of that
3 particular unit?

4 A That's right.

5 Q And I believe your evidence, and correct me if
6 I'm wrong, was that there were six people in that unit? Or
7 was it six additional to you?

8 A No, six --

9 Q Six total.

10 A -- I believe.

11 Q That's, that was the evidence you gave before?
12 Okay. And I believe that your evidence that you gave
13 previously was that in 2004, and I think specifically the
14 time that you were on this file, from May to July of 2004,
15 I believe the evidence you indicated earlier was that the
16 number had dropped, effectively, from six to three? Was
17 that the evidence you gave?

18 A That's the evidence I gave, yes.

19 Q And, and again, my recollection of the evidence
20 was that the reason you recall these numbers -- and again,
21 correct if I'm wrong -- is because you told this to Andy
22 Koster?

23 A That's right.

24 Q Right. And my understanding of that is that you
25 told Mr. Koster this in 2006?

1 A Right.

2 Q Which is about two years after the events in
3 question?

4 A Right.

5 Q Right. And of course, you're relying on your
6 recollection of the time, two years after the fact?

7 A That's right.

8 Q Right. My understanding, and correct me if I'm
9 wrong, in Ms. Parsons' intake unit, one of the workers
10 there was a person named Barb Grey; correct?

11 A That's right.

12 Q Another worker there was someone named Nora
13 Warren (phonetic)?

14 A That's right.

15 Q A third worker by the name of Marion Johnason
16 (phonetic)?

17 A Right.

18 Q A fourth worker by the name of Deanna Shaw
19 (phonetic)?

20 A I don't know what, what period of time Deanna
21 would have been -- Deanna was definitely a worker. What
22 period of time she would have been a worker in the unit,
23 I'm not sure.

24 Q So then the employment records would have to
25 speak for itself on that point, whether or not Ms. Shaw --

1 A That's right.

2 Q -- was part of Ms. Parsons' unit at that time?

3 A That's right.

4 Q You can't recall?

5 A I cannot, no.

6 Q And I would suggest the evidence that we're able
7 to call is that Ms. Shaw was, indeed, a member of Ms.
8 Parsons' unit in 2004.

9 A Okay.

10 Q Would you accept that?

11 A Yeah.

12 Q So we're now at four. The next worker, who I
13 understand was part of Ms. Parsons' central intake unit at
14 this time, in 2004, was a woman who, that go by two names,
15 one name I have is Janet Desrochers (phonetic), also known
16 as Janet Mullendore (phonetic) --

17 A Right.

18 Q -- correct?

19 A Right.

20 Q Okay. And of course, there are two people who I
21 have not yet mentioned, but we've heard about them already.
22 One is Kathleen Marks?

23 A That's right.

24 Q And the other one is you?

25 A That's right.

1 Q So that would add up to be seven?

2 A Okay, seven.

3 Q And you'd accept that?

4 A I would accept that, yes.

5 Q Further, my understanding, at this time, was that
6 there was a clerical support worker assigned to Ms.
7 Parsons' intake unit?

8 A Right. Who would not do any frontline --

9 Q Of course.

10 A -- or any protection --

11 Q Of course.

12 A -- work, right.

13 Q And that person is Lizzie Sekora (phonetic)?

14 A Okay. If -- I don't remember. I, I know she was
15 a, an admin person at the time, that, what she was, I don't
16 remember.

17 Q Okay. And my understanding further, in addition
18 to the seven social workers we've talked about, and that,
19 of course, is not including Ms. Parsons who was the
20 supervisor, different role?

21 A Right.

22 Q Another person that I have listed is someone
23 named Cheryl Lee Ranville (phonetic), who I understand is
24 an auxiliary worker; are you familiar with her?

25 A I know she was a, I'm pretty sure she was a

1 student with us for awhile.

2 Q Not a case carrying person, but nonetheless
3 someone there as part of the unit, generally speaking?

4 A Who was requiring teaching and mentoring.

5 Q Right. My understanding of the employment
6 records is that in the period of May, we'll say May 13th,
7 2004, when you first came on, on the file, to July 15,
8 2004, when you do your closing, my understanding is that
9 when you add in all the sick leave, vacation time, et
10 cetera, the number of people in your unit hovered just
11 under six, as opposed to three; would you accept that?

12 A If that's what it says, then ...

13 Q That's what you would accept?

14 A I would accept that.

15 Q Okay. The other thing that I want to move to,
16 hopefully within my 10 minutes, is the issue of support at
17 devolution.

18 A Okay.

19 Q And again, my understanding of what you told Mr.
20 Saxberg was that effectively devolution occurred in May of
21 2005?

22 A Right.

23 Q The go live date, I think, is the terminology,
24 or --

25 A Right.

1 Q -- something along those terms? My understanding
2 is that, in terms of the supports offered at devolution,
3 there was a mechanism whereby family service units were, in
4 essence, allowed time to do their transfer documents to the
5 new agencies and they weren't accepting any new referrals
6 at that time; would you accept that? Or are you aware of
7 that?

8 A Yes, I was aware that --

9 Q And further, I understand that, again, at the
10 time of devolution, Winnipeg CFS had some, I think what is
11 called preservation or reunification teams, that in
12 essence, they started taking the intakes that were coming
13 through and the other units were doing paperwork; were you
14 aware of that?

15 A I briefly recall that.

16 Q Okay. I also understand, and correct me if I'm
17 wrong, again, at the time of devolution, staff from
18 community programming were assisting in the transition into
19 the new system; were you aware of that?

20 A It's possible. I don't, I, honestly, I don't
21 remember that specifically.

22 Q And fair enough. Were you aware that, again, at
23 the time of devolution, part time staff were asked to, in
24 essence, go a little more than part time, add more hours to
25 their shift and that many were able to do so? Were you

1 aware of that?

2 A I wasn't aware of that, no.

3 Q Were you aware -- again, at the time of
4 devolution -- that social work students were asked to do
5 work on a casual basis?

6 A No, I was not aware of that.

7 Q Were you aware that retirees, recent retirees
8 were asked, during this devolution time, to come back and
9 assist with the transition?

10 A I was aware of that, yes.

11 Q And were you aware, again, at the time of
12 devolution, that additional administrative support staff
13 was hired to assist with the transition?

14 A I wasn't aware of that, no.

15 MR. PAUL: Hopefully that fit within my 10
16 minutes, Mr. Commissioner?

17 THE COMMISSIONER: I think you've done very well.

18 MR. PAUL: Thank you.

19 THE COMMISSIONER: Now, anyone else before Mr.
20 Ray? I guess not, so anything you have, Mr. Ray.

21 MR. RAY: Yes, good afternoon. For the record,
22 Trevor Ray for MGEU and various social workers.

23

24 CROSS-EXAMINATION BY MR. RAY:

25 Q Just a couple questions for you, Ms. Forbes. You

1 mentioned that you would occasionally have case discussions
2 with your supervisor, Ms. Parsons and that it didn't appear
3 to me, based on your evidence, that you would have regular
4 or frequently scheduled supervisor meetings to discuss
5 cases; was that my -- am I correct in understanding your
6 evidence?

7 A That's right, I had supervision in consultation
8 with Carolyn. It just wasn't on a scheduled basis. It was
9 on an ad hoc basis.

10 Q Okay. Primarily ad hoc?

11 A Yeah.

12 Q And you have been a family services worker and
13 currently are a family services worker?

14 A That's right.

15 Q Is your supervision with, with, as a family
16 services worker, with your supervisor, is that, tend to be
17 more scheduled than it was with intake?

18 A Yes, it does.

19 Q And is the reason that it wasn't really scheduled
20 with intake because of the nature of intake being kind of
21 short term servicing of files?

22 A That's right.

23 Q Okay. I just wanted to clarify that.

24 Can we bring up page 36963 please?

25 You'll see there's a, a, right in the centre of

1 the page, Samantha Kematch, there's a highlighted portion
2 there and then a phone number. It's kind of hard to make
3 out. I think it says 779-7200?

4 A Right.

5 Q Okay. And you, your evidence was, I believe,
6 that you thought that the number for Ms. Kematch was not
7 correct or someone had advised you that it was not correct
8 or was disconnected?

9 A Right.

10 Q And --

11 A The number I later got was not that phone
12 number.

13 Q That was my question, thank you.

14 And if we could turn to page 38036 --

15 THE COMMISSIONER: Just a moment, just a minute.

16 MR. RAY: Sure.

17 THE COMMISSIONER: Sorry, I was finding this.

18 What did you say about -- you were on 36963?

19 MR. RAY: That's correct, Mr. Commissioner and
20 there's a --

21 THE COMMISSIONER: And maybe just ask that
22 question again.

23

24 BY MR. RAY:

25 Q Of course. The, the phone number 779-7200 --

1 THE COMMISSIONER: Yes?

2

3 BY MR. RAY:

4 Q -- is that the same number you had for Ms.
5 Kematch at the time she called you back, when you were
6 servicing the file?

7 A No, it is not.

8 THE COMMISSIONER: Okay.

9 MR. RAY: Thank you.

10 Page 38036 please.

11

12 BY MR. RAY:

13 Q Mr. Olson asked you to comment and, and in
14 fairness to Mr. Olson, and, and I know you were kind of
15 reviewing and trying to determine, or recall, whether you
16 had any comments and I just have one question for you. The
17 first line under the heading, the first line says:

18

19 "There is no information on the
20 file to state that another
21 assessment was ever done."

22

23 A I'm not sure what that means.

24 Q Okay. Just to be clear, did you do an
25 assessment? That, that doesn't relate to you, but did --

1 A Did I do an assessment?

2 Q Yes, did you feel that you are -- let me
3 rephrase. Is your intake closing summary a "assessment"?

4 A Yes, it is.

5 Q Okay. And just one last question. Mr. Paul
6 suggested to you that the number of employees in your unit,
7 with Ms. Parsons' unit, was not three as you recalled it,
8 at a certain --

9 A Right.

10 Q -- time period? Does the fact that it was not
11 three change your evidence at all --

12 A No.

13 Q -- regarding your perceptions about workload?

14 A No. You could be full staff and it was
15 impossible to stay on top of workload.

16 MR. RAY: Thank you, those are my questions.

17 THE COMMISSIONER: Mr. Olson?

18 MR. OLSON: Yes, I just have a couple of
19 questions.

20

21 RE-EXAMINATION BY MR. OLSON:

22 Q The first one is with respect to prior contact
23 checks --

24 A Right.

25 Q -- and I just wanted to clarify something with

1 you. I, I think your evidence this morning was that your
2 practice now is to do prior contact checks fairly regularly
3 on everybody?

4 A That's right.

5 Q And I think you said that was as a result of your
6 experience in this case?

7 A Right.

8 Q And I think you also said it wasn't because of
9 any standard or requirement to do so?

10 A Well, there is a standard on that. My practice,
11 as soon as I became aware of what happened with Phoenix, my
12 practice had changed even before the standard had changed.

13 Q Okay. But the standard that Mr. Saxberg took you
14 to, was that a standard you were familiar with?

15 A That was not a standard that I was familiar with,
16 no.

17 Q Okay.

18 A I haven't had the training in standards, so --

19 Q Right. And that's, that's what I thought, so --

20 A I was aware that there was a recommendation made,
21 as a result of this, to change that though.

22 Q Right. And that's consistent with what you told
23 me this morning, that there, you thought there was a
24 recommendation, or something, but not necessarily a
25 standard, in fact?

1 A Right.

2 Q Okay. And so those standards that Mr. Saxberg
3 showed you, were those standards you would have referred to
4 then currently?

5 A I don't frequently refer to standards, even now.
6 There just isn't the time. I would discuss things with my
7 supervisor and they might give me some direction on it.
8 But in terms of doing prior contact check and crim checks,
9 that would be something that I would be doing quite
10 regularly right now.

11 Q Okay. You haven't had the training on the
12 standards yet though?

13 A I haven't, no.

14 Q Okay. And as, and as far as you know, you don't,
15 you're not scheduled for that training?

16 A I'm not scheduled for it right now, no.

17 Q Okay. You said, with respect to the SDM, that
18 it's not a tool that you've actually used yet; is that
19 right?

20 A That's right.

21 Q Have you been trained on it?

22 A I had two days of training on it. My
23 understanding is, from people who have started to use it,
24 is that they're requiring even more help and hands on
25 support than the two day training. So once people have

1 started to use it, they're having to phone the trainers, to
2 walk them through specific cases.

3 Q That's, then, that's, maybe you're answering my,
4 my next question, you said people are attempting to use it?

5 A Yes.

6 Q Is that what you meant?

7 A Is that what I meant by what, sorry?

8 Q That people -- in your evidence to Mr. Saxberg, I
9 think you said other people were attempting to use the SDM?

10 A Yes.

11 Q And by that, what did you mean?

12 A That people aren't necessarily using the SDM on
13 every case. Workload is an issue and workload is making it
14 somewhat difficult for workers to use SDM on a regular
15 basis and use it in every case.

16 Q Okay. As far as you know, is it something that's
17 required to be used in every case?

18 A We're supposed to be making an effort try and use
19 it as often as possible.

20 Q Okay. And (inaudible) you may not be able to
21 answer this question, but has the SDM improved workload?

22 A I can't -- it's hard for me to comment on that
23 really. Has that, has it helped workload?

24 Q Right.

25 A No. It's, I would say it's going to increase

1 workload and that's the perception of many workers.

2 Q Okay. Finally, the last area I wanted to ask you
3 about is whether or not the file, the Samantha Kematch
4 file, should be transferred for ongoing service --

5 A Um-hum.

6 Q -- to a family service worker. You gave -- you
7 said this file wouldn't be and I think you said even if you
8 had the history with, with respect to Mr. McKay, Karl
9 McKay, you still probably wouldn't have transferred it on;
10 do I have that right?

11 A I may or may not have transferred it on, I
12 believe that was -- I -- it's hard for me to say, in
13 hindsight, whether I would have or not. Knowing what I
14 know now, it's very easy for me to say yes, I absolutely
15 would have transferred it. I don't know for certain.

16 Q Just trying to get understanding of what sort of
17 files would be transferred on? Like, what, what would it,
18 what would it take to have a file transferred on to ongoing
19 family service?

20 THE COMMISSIONER: At that time.

21

22 BY MR. OLSON:

23 Q At that time?

24 A Kids in care, obviously, if a file had kids in
25 care attached. If we had been able to substantiate

1 concerns in an investigation, so if we had allegations that
2 a child had been sexually abused or that, let's say, there
3 was an active drinking party and we went out and, and we
4 were able to confirm that, those types of cases would most
5 definitely get transferred. Domestic violence cases, at
6 that time, did not necessarily get transferred. Were the
7 concerns concerning? Absolutely. But would that have
8 necessarily made us transfer the file? I don't know. It's
9 difficult for me to say after the fact.

10 Q Okay. So in this case, just, just as an example,
11 if the concerns about Ms. Kematch abusing substances, if it
12 was determined that that, those were accurate concerns and
13 that was an ongoing problem, then you would --

14 A That --

15 Q -- that would qualify --

16 A -- that --

17 Q -- to transfer --

18 A -- would probably --

19 Q -- to ongoing --

20 A Sorry, go ahead.

21 Q -- services?

22 A Yeah, probably.

23 Q And here, it's because you weren't able to verify
24 that, that it didn't go on to --

25 A Right. Typically, we, we are looking to verify

1 the concerns that we have, because people can make various
2 allegations and they're allegations that you need to try
3 and confirm or deny.

4 Q And you confirm or deny it by meeting with the
5 person?

6 A And by having other -- we always tell -- when we
7 get calls at intake, we often tell people, you need to call
8 us when the concerns are actively happening. Because we
9 would often get people who would call us, saying, oh, so
10 and so had a drinking party on the weekend, but they would
11 call us on the Tuesday. Well, we need you to call when
12 that's happening, so we can go out and actually verify it.

13 Q So in other words, unless you attend the house
14 when someone is intoxicated, or party's ongoing or
15 something like that, you can't actually substantiate the
16 concerns?

17 A It's difficult to do so without that time, type
18 of information, or with out other collateral information
19 coming in.

20 MR. OLSON: Okay. Those are my questions. Thank
21 you.

22 THE COMMISSIONER: Thank you, Mr. Olson.

23 Witness, you're finished and thank you for your
24 attendance.

25

1 (WITNESS EXCUSED)

2

3 MR. OLSON: It's almost 20 after. We do have the
4 next witness here, but we only have about 10 minutes.

5 THE COMMISSIONER: Well, I -- probably, we, we
6 won't start her until the morning then. But I think we
7 should discuss the rest of the week's agenda, which we
8 haven't done today, because I understand there is some
9 change to the end of the week. I'm, have, have I got a
10 current list? There are still one, two, three, four, four
11 more witnesses, plus the completion of the video
12 conference?

13 MR. OLSON: Is that right?

14 There's -- so we have Ms. --

15 MS. WALSH: Yes.

16 MR. OLSON: -- Parsons tomorrow morning.

17 So there's four in total?

18 MS. WALSH: Yeah, plus (inaudible).

19 MR. OLSON: There's four in total, plus Ms.
20 Verrier and she's scheduled for Wednesday afternoon, I
21 believe.

22 THE COMMISSIONER: All right. Is, is it Ms., is
23 it Ms. Brown? I'm looking at a revised schedule in
24 December.

25 MR. OLSON: Yes, there's Ms. Brown.

1 THE COMMISSIONER: And, and Ramkissoon?

2 MR. OLSON: Right.

3 THE COMMISSIONER: And, and --

4 MR. OLSON: SOR 4.

5 THE COMMISSIONER: -- and then what about,
6 there's an [REDACTED] as well, as well as the C. Parsons on
7 my list.

8 MR. OLSON: There's, there's an SOR 4 and --

9 THE COMMISSIONER: Oh yeah, she's an SOR --

10 MR. OLSON: -- [REDACTED] --

11 THE COMMISSIONER: -- 4. Oh, sorry, I guess
12 that's confidential information; isn't it? Well, I wish
13 that to be borne in mind then, by all those in attendance,
14 that that name is, is, that I just used, the last one, is a
15 SOR, source of referral, whose confidentiality is, must be
16 protected and I, I, I make that quite clear to all those
17 that are here.

18 MR. OLSON: But those are the, those are the
19 names, Mr. Commissioner.

20 THE COMMISSIONER: So that is, one, two -- four
21 plus the video?

22 MR. OLSON: Exactly.

23 THE COMMISSIONER: All right. And so we, we'll
24 start at 9:30 tomorrow morning with C., C. Parsons?

25 MR. OLSON: That's right.

1 THE COMMISSIONER: All right. We'll stand
2 adjourned until that time. You can, you can leave your
3 table. I'm going to arrange these papers.

4

5 (PROCEEDINGS ADJOURNED TO DECEMBER 18, 2012)