



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 3, 2012

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1 DECEMBER 3, 2012

2 PROCEEDINGS CONTINUED FROM NOVEMBER 30, 2012

3

4 THE COMMISSIONER: Good morning, witness.

5 THE WITNESS: Good morning.

6 THE COMMISSIONER: All right. Mr. Gindin.

7 MR. GINDIN: Good morning.

8 Good morning, ma'am, my name is Jeff Gindin. I
9 appear for Steve Sinclair and Kim Edwards. I have some
10 questions for you.

11

12 **HEATHER ISABEL EDINBOROUGH,**
13 previously sworn, testified as
14 follows:

15

16 CROSS-EXAMINATION BY MR. GINDIN:

17 Q You were testifying about the importance of
18 taking notes, and that kind of thing, last week, and you
19 indicated that you would be, would want to know whether the
20 workers who were working, were being supervised by you,
21 were unable to connect with families, as opposed to being
22 unwilling to; do you recall that evidence?

23 A Yes, I do.

24 Q And I take it from that that you mean that it's
25 really important that they note even the attempts that they

1 make?

2 A I think that is important, yes.

3 Q Yes. That would be one way that you could have a
4 look at what they've done and be able to help them; right?

5 A And what they've tried to do, right.

6 Q You also told us that when you heard about
7 Phoenix Sinclair's death, that your reaction was to try and
8 find out if you were, in fact, in some way connected to the
9 case through your work --

10 A Yes.

11 Q -- right?

12 A Yes.

13 Q And you made some inquiries right away and found
14 out that, in fact, you were --

15 A I did.

16 Q -- connected to the case?

17 A Yeah.

18 Q And obviously that struck you as the obvious
19 thing to do, based on your work and your dedication and
20 commitment to your work; right?

21 A It, it was important to me to know. We see so
22 many clients over the years, when a name is familiar and it
23 was an unusual name --

24 Q Um-hum.

25 A -- it was important to me to find out if, in

1 fact, my memory was correct, that I had had involvement.

2 Q And you were somewhat disappointed, it sounded
3 like, that people didn't get together in your office and
4 discuss it and deal with it in some fashion back when you,
5 when you found out?

6 A Yes, I, I think that I, I waited for something to
7 happen, but in six years it didn't.

8 Q We've also heard some evidence and I think you
9 also talked about it, that there are some resistant clients
10 or families that you, you deal with --

11 A Absolutely.

12 Q -- and that there really wasn't a, a set policy
13 as to how to deal with, with families like that; right?

14 A I'm not aware if there was a policy. Certainly
15 every worker has their own style about how they deal with
16 resistance.

17 Q You, although, tried a method of dealing with it
18 by using somebody like Stan Williams, who was more
19 culturally appropriate for someone like Steve?

20 A Yes.

21 Q And you thought that was a good way of, of trying
22 to deal with an issue like that; right?

23 A I was hoping that that would, that would help to
24 lower some of Steve's resistance.

25 Q And, and Stan, you described as being a pretty

1 compassionate individual about his work --

2 A I certainly --

3 Q -- right?

4 A -- found him to be.

5 Q Yeah. And it was also clear, I think you said,
6 that there was more to what he did than what you could see
7 in his notes?

8 A Yes. He, he talked about --

9 Q Yeah.

10 A -- some of the approaches he would, he used with
11 clients. He used sharing circles. He would bring elders
12 into meetings. I can't say for sure that he did that with
13 Steve, but I know that he did do that on cases.

14 Q Yeah. But you know that he did more with respect
15 to Steve than his notes might reflect?

16 A Yes.

17 Q And obviously he was meeting with Steve regularly
18 and, and trying to work with him, that seems clear?

19 A Yes, he was meeting with him, I, I couldn't say
20 how regularly, but ...

21 Q And clearly he was very impressed with Steve?

22 A He absolutely was.

23 Q Yeah. He had a lot of faith in Steve, based on,
24 obviously, his dealings with him; right?

25 A Yes, he appeared to.

1 Q Yeah. And he would not only base that on his
2 dealings with Steve, but like every other social worker,
3 you would think he would look at the file, make himself
4 familiar with all the background --

5 A Yes.

6 Q -- and use that as well --

7 A Right.

8 Q -- in his dealings; right?

9 A Yes.

10 Q And his opinions --

11 A Yes.

12 Q -- right? Now, with respect to Steve, you've
13 told us that, based on your review of the file, you felt
14 that he showed significant commitment towards Phoenix?

15 A I, I believed so. He, he absolutely, from the
16 time that Samantha Kematch left that, the family in 2001,
17 he, he parented his, his daughters.

18 Q Yeah. And under some difficult circumstances --

19 A Absolutely.

20 Q -- because I think he would have been, maybe 20
21 years old at the time or so --

22 A Early --

23 Q -- right?

24 A -- twenties, certainly.

25 Q Yeah. I think 21, in fact, when I calculate it

1 in my mind now. And during that time, there were two
2 children that he was left with?

3 A Yes.

4 Q One a couple of months old and Phoenix maybe 14
5 or 15 months old?

6 A Right.

7 Q And of course, then he had to struggle with the
8 loss of the young one --

9 A Yes.

10 Q -- right?

11 A Yes.

12 Q And he kept on taking care of Phoenix?

13 A To -- that's certainly what was indicated in the
14 file, that yes, he did, indeed he did.

15 Q It would also appear, from the file, that Steve
16 would be pretty honest and candid about whatever he was
17 asked about, in terms of any problems he was having. He
18 would certainly come forward and be quite candid?

19 A I don't know. What would you -- what -- can you
20 give me an example of where --

21 Q Well, when he indicated that he might not be
22 ready at this time to be able to do what should be done for
23 Phoenix?

24 A Yes.

25 Q That's certainly a better approach than, than

1 just saying you can do it when you have your doubts --

2 A Yes.

3 Q -- right?

4 A Yes, he certainly indicated he wasn't ready. I
5 couldn't say what his reasons were for that.

6 Q According to the evidence, he felt he wasn't
7 strong enough at that time to, to handle it?

8 A Okay.

9 Q Of course, by that time, we know he had lost the
10 -- ■■■■■; right?

11 A Yes, the younger one.

12 Q And we know, of course, that he was pretty much
13 left to, to raise Phoenix on, on his own, other than with
14 the help of some family and friends --

15 A Right, which --

16 Q -- right?

17 A -- which is significant --

18 Q Very -- yeah.

19 A -- the fact that he certainly named his sisters
20 as supports and Kim.

21 Q And Kim Edwards?

22 A Yeah, that's, that was significant for us.

23 Q Yeah. You told us that one of the things you
24 maybe wish you did differently was that, based on some of
25 your education afterwards, you thought perhaps you should

1 have approached the, an attach, the attachment issue with
2 Steve around the time that he wasn't going to be taking
3 care of Phoenix --

4 A Yes --

5 Q -- remember that?

6 A -- I certainly wish that there, that, that we, we
7 had done something with that, for whatever resources were
8 available at that time, but yes, that's something I wish
9 we'd addressed.

10 Q It may well have been that had you discussed it
11 with him, things would have proceeded in the same way as
12 they did in any event, I think you said?

13 A They may well have. Improving or enhancing,
14 creating attachment between a parent and a child is not a
15 short term process.

16 Q No. But all indications were that he was very
17 committed to Phoenix and he was doing the best he could,
18 given a very difficult background and circumstances that he
19 found himself in; right?

20 A Yes, he, he had been there, on his own, with
21 those children --

22 Q Um-hum.

23 A -- since '01.

24 Q And if he was to say that I'm not, I don't feel
25 strong enough, or I don't feel ready, that was a temporary

1 thing? You knew, at that point, that it was for a few
2 months perhaps?

3 A That was my understanding and, and also a
4 statement that, that we shouldn't be critical of parents
5 for.

6 Q Um-hum. And that comment by him, that he didn't
7 feel ready or strong enough, can certainly be interpreted
8 to mean that he was being quite unselfish and worried about
9 Phoenix's safety and wellbeing by acknowledging that
10 perhaps this wasn't the right time for him and someone else
11 should help her; correct?

12 A It could be interpreted that way --

13 Q Yes.

14 A -- absolutely.

15 Q And the evidence seems to be that while she was
16 away from him in foster care, that he visited her
17 regularly?

18 A I believe that's indicated in the notes, yes.

19 Q And that would certainly indicate that he felt
20 some attachment towards her, obviously; right?

21 A Perhaps you're right, yes.

22 Q And of course, he would know, and made it clear
23 that it was a temporary thing?

24 A Yes, he made that clear.

25 Q You also testified that perhaps, on reflection,

1 maybe a parental capacity assessment might have been
2 something that should be ordered with respect to Steve
3 around, around the time we're talking about in '03? I
4 think you --

5 A Yeah, I, I remember saying that and, and if
6 you'll recall that there were internal e-mails between
7 employees, which I wouldn't have seen --

8 Q Um-hum.

9 A -- wherein Stan expressed that perhaps she should
10 stay in care longer, perhaps we needed a different order, I
11 think, at that time, if we were having doubts about his
12 attachment, or about how significant his substance abuse
13 was, that it would have been a good time to refer to
14 someone with expertise around parenting, parenting capacity
15 and, and have that assessment done.

16 Q Who would do that kind of thing, that you're
17 aware of?

18 A We generally hired psychologists. Do you want me
19 to name some? Or --

20 Q No, no --

21 A Okay.

22 Q -- just generally, generally.

23 A Generally, psychologists.

24 Q Okay.

25 A Sometimes some social workers with Masters

1 degrees have done those for us, but we, we try to have them
2 done by psychologists.

3 Q Now, you know that early on, in September of '05,
4 when Phoenix was first returned to Samantha --

5 A In '05?

6 Q -- and Steve -- '05.

7 A Okay.

8 Q Oh, pardon me, 2000.

9 A Okay.

10 Q September 5th, 2000, sorry.

11 A Okay, okay.

12 Q I think you were probably aware that someone
13 suggested a psychological assessment of Samantha?

14 A Yes, I'm aware.

15 Q None was suggested, at that point, for Steve?

16 A No.

17 Q I suppose one could easily say, maybe they should
18 have back then, rather than --

19 A In 2000?

20 Q -- putting it on yourself for not having thought
21 about it a few years later?

22 A If, if I'm recalling the old file recording
23 acturely (phonetic), or accurately, I think that it was
24 Samantha's presentation, her --

25 Q Um-hum.

1 A -- some of the things that she said that gave the
2 workers concern, not so much Steven.

3 Q Um-hum. Right.

4 A Yeah. I'm not surprised they didn't assess
5 Steven in 2000, really. She certainly presented as the far
6 more concerning parent and they were together then, so --

7 Q Yeah, no, I think the evidence is pretty clear on
8 that.

9 A Yes.

10 Q But --

11 A No, I'm just saying, from the workers'
12 perspective, why they, perhaps, chose not to have an
13 assessment of Steven.

14 Q Yeah. Well, they -- obviously no one thought
15 that needed to be done for quite a few years before you
16 became involved; right?

17 A Yes, that seems obvious.

18 Q Um-hum. Another one of the issues you touched on
19 was the issue of whether substance abuse was a problem;
20 right?

21 A Yes.

22 Q Now, that is a very, very difficult issue --

23 A Absolutely.

24 Q -- you would agree?

25 A Yes.

1 Q A delicate issue? Dealing with something like
2 that, if it's a problem, has to be done when the person is
3 ready?

4 A Yes.

5 Q And many struggle with that, if they've come from
6 a background where that was present?

7 A Absolutely.

8 Q Right. So when you have Stan Williams, in some
9 of those e-mails you talked about, expressing that he's a
10 little concerned about that, isn't that just being cautious
11 for him to be concerned about that possibility recurring,
12 by the nature of the problem?

13 A It, it may -- okay, what was your question? Was
14 it --

15 Q Well, Stan Williams seems to be maybe expressing
16 some doubts, maybe --

17 A Right.

18 Q -- maybe a substance abuse problem, if it exists,
19 might recur?

20 A Yes.

21 Q And he's kind of having a, a backup plan, at
22 least he's suggesting one?

23 A Right.

24 Q Isn't that just being cautious --

25 A Was that --

1 Q -- having regard to the nature of what we're
2 talking about?

3 A Okay. Was that Stan being cautious?

4 Q Yes, yes.

5 A I think what that was, and of course, none of us
6 can know exactly --

7 Q Um-hum.

8 A -- what, what Stan Williams thought, but I, I
9 think, I think I also mentioned, on Friday, that,
10 that Stan, from my recollection, had some additional
11 knowledge --

12 Q Um-hum.

13 A -- of alcohol abuse. I, I don't know where it
14 came from, but he appeared to be someone who had more
15 information about that than the average social worker. And
16 I think that he realized that without having addressed that
17 issue in a formalized treatment program, that certainly the
18 risk was high that it would, it would reoccur in Steve's
19 life and potentially cause the child to be, cause Phoenix
20 to be unsafe again.

21 Q It, it appears as though he was --

22 A So, cautious, yes, but --

23 Q -- he thought, he thought might occur and he --

24 A -- yes --

25 Q -- made note of that?

1 A -- yes.

2 Q Yeah.

3 A Yes.

4 Q And that, of course, seems logical, based on the,
5 the history and background, that might be a concern of his?

6 A It was logical --

7 Q Yeah.

8 A -- yes.

9 Q One of the things that I think you agree that
10 might have been helpful, is that when Stan Williams left,
11 first of all, it might have been helpful if he didn't leave
12 and continued on with Steve?

13 A Yes, it would have been.

14 Q Or if his replacement was of the same cultural
15 background perhaps, that being the original idea in --

16 A Yeah, I --

17 Q -- approaching Stan; right?

18 A -- I think that may have made my decision easier
19 at that time, if we'd had someone else --

20 Q Um-hum.

21 A -- to pass the, the case to.

22 Q Yeah. Of course, one of the difficulties for you
23 is that you're testifying not only your own, on your own
24 behalf, but also for Stan, who isn't here --

25 A Yes, that --

1 Q -- and you're left to try and interpret what he
2 might have said, or how he may have explained certain
3 things?

4 A That's certainly right.

5 Q But some things about Stan's conduct are pretty
6 clear and that is that he clearly had a lot of faith in, in
7 Steve?

8 A Yes, that's absolutely clear. It was clear to me
9 then and it still is.

10 Q There was also some mention that Steve didn't
11 want a family support worker at his home. That would be
12 something that was relayed to you, I think, through,
13 through Stan?

14 A Steve had been resistant to services. I, I don't
15 know --

16 Q Services from, from the agency?

17 A Yes, any services --

18 Q Yeah.

19 A -- from the agency. I think when, when Stan
20 devised his first plan to return Phoenix under a, an order
21 of supervision and place a support worker in the home, he
22 may have discussed that with Steven. I don't know that it
23 said anywhere that Steven was resistant to that. Steven --
24 my understanding was that Steven turned down that plan,
25 because he wasn't ready to have Phoenix returned to him at

1 that time.

2 Q Um-hum.

3 A I don't know that the file said that he was
4 refusing to have a support worker. I don't, I don't recall
5 that it said that.

6 Q I think the --

7 A However, historically, Steve had been resistant,
8 certainly.

9 Q Yeah. He had -- seems to me, he had less issues
10 with other outside sources than he did with --

11 A Oh --

12 Q -- the agency?

13 A -- yes, yeah. I mean, he certainly was, had been
14 using Ma Mawi.

15 Q Yeah, and we know he went to the Boys and Girls
16 Club --

17 A Right.

18 Q -- the evidence shows that?

19 A Yes.

20 Q And we know, as well, that he used members of his
21 family for support?

22 A Yes.

23 Q And obviously Kim Edwards and Rohan Stephenson --

24 A Yes.

25 Q -- were a great source of --

1 A Yeah.

2 Q -- support for him?

3 A All of those things --

4 Q Yeah.

5 A -- added to the strengths column for, for Stan
6 and myself.

7 Q He may simply have felt more comfortable using
8 those resources --

9 A Yes.

10 Q -- clearly; right? In fact, around that time,
11 when he was indicating that he wasn't ready and he needed
12 to get stronger, we have some evidence that maybe Stan
13 speaking to Kim Edwards and her essentially agreeing that
14 indeed, he wasn't ready at that time; do you recall
15 anything about that?

16 A Do I recall him talking about that?

17 Q Seems to be somewhere in the notes and it was
18 mentioned earlier --

19 A Yeah, I --

20 Q -- that he --

21 A -- if, if, if a parent is clearly indicating that
22 they're not ready, it, it certainly wouldn't be our
23 practice to insist that he take the child and --

24 Q Of course.

25 A -- and -- I mean, if a parent is prepared to say

1 they're not ready, we would, we would agree with them.

2 Q Um-hum.

3 A Why would we dispute that?

4 Q Yeah, of course. And, and of course, we know
5 that, in a relatively short period of time, he was back
6 with Phoenix?

7 A Yes.

8 Q We're, we also talked about a risk assessment.

9 A Yes.

10 Q And one of the problems, I think, you told us
11 about risk assessment, in those days --

12 A Um-hum.

13 Q -- in between 2000 and at least 2004 anyway, it
14 was really a judgment call as to how that was, how risk was
15 assessed? Whereas today, there've been some changes --

16 A Yes.

17 Q -- right?

18 A There's been some changes, but then I, my opinion
19 is, is that it, it, it was formed that the opinion of, of,
20 the assessment of the risk was formed by the opinion of
21 the, of the worker who had the file at that time.

22 Q Yeah. And of course, when workers change from
23 time to time, so do the way they look at it and their
24 opinions?

25 A Right.

1 Q And that's the, that's the problem with judgment
2 calls --

3 A Right. These, these are fairly informed
4 opinions, I mean --

5 Q Yes.

6 A -- they're not just pulling rabbits out of hats.
7 These are experienced social workers --

8 Q Right.

9 A -- who have seen lots of clients and have seen
10 clients with similar problems. It's, it's not an
11 uninformed opinion, but --

12 Q But it's still --

13 A -- it wasn't scientific.

14 Q Well, yeah, it's subjective?

15 A Subjective.

16 Q And everyone's different?

17 A Right.

18 Q And you could have two social workers examining
19 the same file and having a different opinion?

20 A Yes.

21 Q And I take it that that's why this structured
22 sort of tool that we have heard something about makes it a
23 bit more scientific and objective?

24 A It does --

25 Q I see.

1 A -- yes.

2 Q Which you think is a, is a better thing?

3 A I absolutely do.

4 MR. GINDIN: Thank you, those are my questions.

5 THE COMMISSIONER: Thank you, Mr. Gindin.

6 Mr. Ray, are you next?

7 MR. RAY: Yes, thank you, good morning, Mr.
8 Commissioner.

9 Good morning, Ms. Edinborough.

10 THE WITNESS: Good morning.

11 MR. RAY: I'm Trevor Ray, for the record,
12 representing MGEU and some, various social workers. I just
13 have a few questions for you this morning.

14

15 CROSS-EXAMINATION BY MR. RAY:

16 Q One of the questions I have for you is you
17 mentioned, I think, in your evidence that you and, you and
18 Stan, or perhaps both of you, or -- had perhaps
19 underestimated the risk of alcohol with Steven continuing
20 and perhaps had not placed enough emphasis on trying to, I,
21 I guess, deal with that or address it a little bit better;
22 was that, was that --

23 A Yeah --

24 Q -- am I understanding your evidence correctly?

25 A -- that's right, yes.

1 Q Okay. And you're saying that, I assume, now,
2 with the benefit of hindsight, looking back on, on the file
3 and what's happened since then?

4 A Certainly I'm saying that now because people are
5 asking me to comment on it now.

6 Q Um-hum.

7 A That is what I believe in hindsight.

8 Q Okay.

9 A I, I can say with some certainty that, that
10 throughout my career, because drug and alcohol, substance
11 misuse is a big part of what we deal with in child welfare,
12 that I always wished I understood it better and knew more
13 about it.

14 Q Um-hum. Okay. Are you aware, from the service
15 agreement -- maybe we can bring up page 37115?

16 THE COMMISSIONER: Now, we've got a new operator
17 on the machine this morning, so it, we'll give her a little
18 time to get accustomed, so -- there she is, she's come
19 through pretty fast.

20 MR. RAY: Can we scroll down to paragraph 3
21 please?

22

23 BY MR. RAY:

24 Q So we know that in approximately 2000, if you,
25 you can see the last part of paragraph 3 there, they're,

1 they're asking Steve and Samantha to cooperate with respect
2 to exploring issues about substance abuse. So it was
3 certainly flagged then, but what we do know now is that
4 from 2000 to 2003, this is actually, when, when you, when,
5 when Steven has come to you now with a protection file, and
6 Phoenix has been apprehended, three years after this
7 agreement has been put into place, that this is actually
8 the first time, or are you aware, that this is actually the
9 first time that a source of referral had brought, raised
10 concerns about alcohol impacting the safety of Phoenix; are
11 you aware of that?

12 A I believe so, I think, yes.

13 Q So would you agree with me that the fact that
14 this has happened only once in, in approximately three
15 years is not a bad track record for a person who had this,
16 the, the problems that Steven had?

17 Let me, let me rephrase it.

18 A Okay.

19 Q Would you agree with me that one occurrence in
20 three years is, is, is a fairly limited number of
21 occurrences?

22 A It's a limited number of occurrences, certainly
23 on, on a child protection file. Okay. That's my --

24 Q Yeah.

25 A -- answer to your question.

1 Q And I think one of your comments was, in your,
2 your opinion, that workload didn't impact services. I
3 assume what your comment -- that you're only commenting as
4 it relates to your actual involvement on this file, at the
5 time you had it, or to Stan's actual involvement? You're,
6 you're not able to comment about what the workload was of
7 other intake workers or other family services workers and
8 whether their workload impacted their work on this file,
9 are you?

10 A No, I'm not able to comment on other people.

11 Q Okay. Now, you said that you kind of wished that
12 you had explored the alcohol issue more?

13 A Yes.

14 Q Would you agree with me that if you had lower
15 caseloads and you had lower workloads, that you would be
16 able to perhaps do a, a, a more in-depth, or a broader
17 assessment of a person such as Steve, or that Stan may be
18 able to make those grounds, or make those barriers if he
19 had a better opportunity to work with, with his clients?

20 A Yes, thank you for asking me that. I, I -- my
21 difficulty with saying that workload was the cause of
22 things not getting done, because workloads are always
23 large, the inference to me, if I say workload, high
24 workload is the reason that good work doesn't get done,
25 it's like saying we never did good work, because the

1 workloads were always high. And I, I'm not comfortable
2 saying about, about child welfare. Yes, the workloads are
3 high, but people still did good work. If they had lower
4 caseloads, they would absolutely get to know their clients
5 better. They would know just how serious or not serious
6 the named problems are. So yes, they, they could do more
7 with clients if they had lower workloads, smaller
8 workloads.

9 Q Thank you. I just want to clarify one thing
10 about your comment about a place of safety. You had said,
11 I believe, that they're meant to be 90 days; was that your
12 evidence?

13 A That's what I thought it was.

14 Q Okay. We expect to hear just general evidence
15 about place of safeties and the application process. It's
16 my understanding that although ideally a place of safety
17 should be 90 days, that in, in reality, the application
18 process can take much longer than 90 days; are you --

19 A Yes.

20 Q Okay.

21 A Oh, yes.

22 Q If we could turn to page 36869 please?

23 And these are the notes, I think, that Mr. Koster
24 took from, from his interview with both you and then below,
25 below you, Mr. Williams?

1 A Right.

2 Q And I just -- we were just -- in, in reference
3 to, to workloads --

4 A Um-hum.

5 Q -- where it says ideas for recommendations, is
6 that what you're talking about when, as you just explained
7 it to us:

8

9 "Smaller caseloads mean more in-
10 depth knowledge of families and
11 ability to see them more ...
12 [allow them] allow ... the
13 supervisors to be more familiar as
14 well."

15

16 Is that what you're --

17 A Yes.

18 Q Okay. And if you turn, just scroll down a little
19 bit further please, until we get to Stan Williams. Yeah,
20 thank you.

21 And then Mr. Williams is saying, in the second
22 full paragraph, he's -- right there is fine, thank you.
23 Yeah, thanks.

24

25 "The numbers never did balance out

1 ... there was always a shortage of
2 both [a shortage of both] workers
3 and supervisors."

4

5 Then he continues a little further:

6

7 "There was also ..."

8

9 You can just keep the screen where it is.

10 Thanks.

11

12 "There was also the sickness and
13 workers being away and so there
14 was the crisis response to
15 service."

16

17 Would you have any reason to disagree with Mr.
18 Williams' comments to Mr. Koster, as to, as to how he felt
19 about workload?

20 A So what, what do you think he felt about
21 workload?

22 Q If you could just scroll up there, just a slight
23 bit. Mr. Williams is saying:

24

25 "The numbers never did balance out

1 and there was always a shortage of
2 both workers and supervisors."

3

4 A Yeah.

5 Q And --

6 A I don't know what that means:

7

8 "The numbers never did balance
9 out ..."

10

11 Q Okay.

12 A I don't know what that means.

13 Q Okay. I, I'm just curious as to whether or not
14 you had any reason to disagree with Mr. Williams' comments?

15 MR. MCKINNON: The concern I have, Mr.
16 Commissioner, just the way this question is worded, is he's
17 asking this witness whether she disagrees how Mr. Williams
18 felt and I don't know that we can draw that --

19 MR. RAY: Sure.

20 MR. MCKINNON: -- I think he has to ask a
21 specific question.

22 THE COMMISSIONER: I, I think the witness has
23 made it clear she can't really deal with this proposition;
24 isn't that correct?

25 THE WITNESS: I, I think that not exactly. I

1 mean, there's pieces in there I disagree with, but I can't
2 really tell how he felt.

3 MR. RAY: That, that's fine.

4 THE WITNESS: Okay.

5 MR. RAY: Good. Thank you, Ms. Edinborough,
6 those are my questions --

7 THE WITNESS: Thank you.

8 MR. RAY: Thank you, Mr. Commissioner.

9 THE COMMISSIONER: Thank you, Mr. Ray.
10 Anybody else?

11 I guess not, Mr. McKinnon, and you're on. Any
12 re-examination?

13 MR. MCKINNON: Thank you, Mr. Commissioner.

14

15 CROSS-EXAMINATION BY MR. MCKINNON:

16 Q Ms. Edinborough, you'll be pleased to hear I'll
17 be short. Just wanted to follow up on a couple of things
18 that you spoke of in your evidence on Friday and
19 particularly, when you spoke about Stan Williams being a
20 male aboriginal worker and, and that was significant to you
21 in the way in which you assigned this file. You spoke
22 about that; you'll recall that?

23 A Yes, it was significant for me.

24 Q And you said that he used -- these are my notes,
25 I hope I'm right, but used culturally relevant ways to deal

1 with his clients, which you considered to be a great thing?

2 A Yes.

3 Q And I was going to ask you to comment on what you
4 meant by culturally relevant ways and you, I think, in
5 part, answered that in response to Mr. Gindin's question.
6 You spoke just a moment ago about sharing circles --

7 A Um-hum.

8 Q -- and we may not all know what that is and if
9 you could just, in a word or two, explain to us what a
10 sharing circle is?

11 A Okay. I'm not sure I'm the best person to do
12 that, but I --

13 Q And, and I don't expect you to do a, a detailed
14 analysis, but just --

15 A Yeah.

16 Q -- just sort of what is that?

17 A They, the worker would endeavour to bring other
18 significant people into the discussion, into the circle
19 with the client, the parent, to explore what the issues
20 were and how the others in the room, in the circle, could
21 help the identified client overcome some of the identified
22 problems.

23 Q And is it your understanding that that's part of
24 aboriginal tradition and culture?

25 A That's my understanding, sharing circles, healing

1 circles, yes.

2 Q And you spoke about involving elders --

3 A Yes.

4 Q -- again, a word or two, if you could, about what
5 that involves?

6 A Respected members of the community whose advice
7 is valued by aboriginal families, our clients. I don't --
8 Stan -- I, I'm not saying nobody else in Winnipeg CFS used
9 that, I wasn't aware of it being used in that way, but I, I
10 know that Stan utilized elders who were known to the
11 families, that they identified as the persons they would
12 want to help.

13 Q Had --

14 THE COMMISSIONER: But whether he used it in this
15 case, you don't know?

16 THE WITNESS: In this particular case --

17 THE COMMISSIONER: Yes.

18 THE WITNESS: -- I don't know, I know that he did
19 use it.

20 THE COMMISSIONER: That was his practice?

21 THE WITNESS: Yes.

22

23 BY MR. MCKINNON:

24 Q And, and other than sharing circles and involving
25 elders, are there other culturally relevant ways that Stan

1 practiced that you can recall at this time? And I, again,
2 I'm not asking you about this case, because you've made it
3 clear, you can't say, but just because I know that, that,
4 that this is an issue that we'll be talking about later on.

5 A Um-hum. I think it was -- I, I, I, I can't, I
6 can't name exactly if, if the practice was something, but
7 Stan was, there was a phrase that I think he used, he, he
8 walked the red road.

9 Q Okay.

10 A He -- it was important to him to be aboriginal
11 and to be proud of that and he carried that when he dealt
12 with his clients. He, he would speak to the rest of us on
13 the team, who weren't aboriginal, about the importance of,
14 of the beliefs he held and the experiences he'd had. And
15 he would, he would carry that information and that attitude
16 in his work with clients. I, I don't know that that has a
17 name, but that was how Stan presented and I, I believe that
18 it was meaningful for some, at least, of his also First
19 Nations clients.

20 Q And, and, and I'm asking you that, obviously,
21 because Stan Williams is not able to give evidence here, so
22 that we would miss that piece if you didn't provide it to
23 us.

24 Now, you mentioned that Mr. Williams was one of
25 eight social workers that you supervised at that time and I

1 believe you've said that he had been assigned to your unit
2 as part of a workload relief effort?

3 A Correct.

4 Q And that term of workload relief expired at the
5 time that this file was being closed?

6 A Around about that time, we knew he was going
7 back.

8 Q Were there any other social workers on your unit
9 who were male and aboriginal?

10 A No.

11 Q Were there any other social workers on your unit
12 who practiced, as you say, in culturally relevant ways?

13 A No.

14 Q And so, when, when Stan Williams left your unit,
15 that was somewhat of a loss?

16 A Yes.

17 Q Now, you spoke about the ADP, the authority
18 determination process, or protocol, I can't remember what
19 the language was, but the ADP that was completed in 2003
20 and if I could call it up, it's CD1796, page 37527.

21 UNIDENTIFIED PERSON: (Inaudible).

22 MR. MCKINNON: Three seven five two seven, I
23 believe.

24 You might want to look at it in the book, Ms.
25 Edinborough, because it's sideways on the screen.

1 THE WITNESS: Oh, good heavens. Okay.

2

3 BY MR. MCKINNON:

4 Q Now, this document was being completed in July of
5 2003?

6 A Right.

7 Q Later on, Ms. Walsh asked you to comment on Stan
8 Williams' interview notes when he was interviewed by Andy
9 Koster. Mr. Ray took you to those a minute ago. They're
10 at -- and I know you can't save this, but we're going to
11 come back and forth between these two documents, page
12 36870. And if you could navigate a little bit, where does
13 Mr. Williams' evidence start on that page?

14 A I think it starts the next page up, so 69 maybe.
15 Oh, no --

16 Q So it starts at the top of the page, it's your
17 interview. If you could navigate --

18 A -- okay, sorry.

19 Q -- down the page.

20 A Yeah. There we go.

21 THE COMMISSIONER: What, what's the top of the
22 statement say, the very top of it?

23 MR. MCKINNON: First, it starts with the
24 interview of Heather Edinborough and then I'm taking her
25 two thirds of the way down the page, it starts the

1 interview with Stan Williams.

2 THE COMMISSIONER: You carry on.

3

4 BY MR. MCKINNON:

5 Q Just while we've got that screen up, and I'm
6 jumping order a little bit here but so we won't have to
7 navigate back and forth.

8 A Okay.

9 Q When Mr. Williams says that his case list was 46
10 to 48 open cases, we've seen statistics in this hearing
11 that show his case count was actually 28 to 36. You've
12 seen those statistics?

13 A I did. You showed me this.

14 Q You would agree with me, then, that this is an
15 area where Mr. Williams was incorrect in his recollection.

16 A Right.

17 Q Now, I was going to take you back to this issue
18 of the ADP. And what Mr. Williams told Mr. Koster is that
19 he was going back to his own unit and a decision was being
20 made with respect to whether to assign this to a new worker
21 or send it to a new authority. Do you recall he said that
22 in his notes?

23 A Yes. Yeah.

24 Q And I think that's on the next page.

25 A Yeah. Right at the bottom there.

1 Q Can you find it there?

2 A No, no. Yeah. Stop. There we go. Second last
3 paragraph. Very --

4 Q It says:

5

6 "Stan was going back to his own
7 unit and the decision was being
8 made whether to assign this to a
9 new worker or send it to a new
10 Authority for their follow up."

11

12 And you commented that that was incorrect because
13 this devolution didn't occur until 2005?

14 A Correct.

15 Q So this ADP was being filled out in 2003;
16 devolution didn't occur until almost two years later?

17 A Right.

18 Q So Stan's incorrect in his recollection that this
19 could have been referred to a different authority?

20 A Yeah. If, if, if he discussed that in '03 as one
21 of the options, I would have corrected him because that
22 wouldn't be an option.

23 Q And --

24 A Even though Steven chose the southern authority,
25 it wouldn't have been an option --

1 Q Right.

2 A -- until '05.

3 Q And in fairness to Stan Williams, he's being
4 interviewed in 2006 --

5 A Right.

6 Q -- and devolution has occurred now --

7 A Right.

8 Q -- in 2006 and he may be assuming that the
9 present situation was still applicable in 2003.

10 A Right.

11 Q But I'm going to ask you to speculate a little
12 bit here about what would have happened if this was after
13 devolution and if Steven had, as he did in this protocol,
14 in the ADP, if he had chosen the southern authority. And
15 if we could go back to that screen. 37527 and the
16 documents that follow that. Next, next page. Next page,
17 please. Okay, this is the screen I'm interested in.

18 Section one, I believe you said that, that
19 doesn't involve a choice?

20 A Right.

21 Q That's just a recitation of which band he's
22 affiliated with and what that means --

23 A Yeah, in this case.

24 Q -- if he, if he goes with the band with which he
25 has an affiliation?

1 A Right. It's that's who you are, right.

2 Q And section two is the choice. That would be,
3 would reflect the fact that in his interview with Stan
4 Williams, Steven Sinclair had said that if it were -- if he
5 was given a choice, he would choose the First Nations of
6 South Manitoba, which is an aboriginal authority?

7 A Right.

8 Q And if we go down a little bit further on the
9 page, it says: Based upon -- sorry, stop there, yeah.

10

11 "Based [upon] the Authority of
12 Service chosen by the family the
13 Service Provider will be:"

14

15 And then it says:

16

17 "Anishinabe Child & Family
18 Services ..."

19

20 And the question then, and this may be helpful to
21 the Commissioner in understanding what happened after
22 devolution, if this was post-devolution, what would have
23 happened to the file?

24 A It would have gone to the southern authority and
25 been assigned to the agency that was his identified

1 community.

2 Q And that would have, that, that clearly reflects
3 a choice being made --

4 A Yes.

5 Q -- by Mr. Sinclair.

6 A Right.

7 Q And we can infer from that that, if given a
8 choice, he would have elected services from a culturally
9 appropriate agency?

10 A Right. Clearly.

11 Q And I know you can't comment on this, but in
12 terms of the probability that there would be a worker at
13 Anishinaabe that would practice in culturally appropriate
14 ways, would that be more likely or less likely than
15 Winnipeg?

16 A I expect it would have been more likely.

17 Q The only other issue I wanted you to comment on
18 is the issue of attachment.

19 A Right.

20 Q And you spoke about that quite eloquently on
21 Friday. And, and my summary from my notes is that you said
22 that if you knew then what you know now about attachment
23 you might approach this file somewhat differently? I
24 shouldn't use the word "file". This family --

25 A Right.

1 Q -- somewhat differently?

2 A I would, I would hope that I would have -- I know
3 I would have certainly looked at it differently. I would
4 have assessed, if you like, this parent's abilities
5 differently. I would have been able to understand how his
6 perhaps lack of attachment to his child would need the
7 assistance of some expertise to help build, rebuild or
8 create that attachment between Steve and Phoenix, and, and
9 I would have searched for resources to assist with that.

10 Q And you ...

11 A Because I think that was the biggest problem,
12 personally. I don't think it was his substance abuse, I
13 think it's the attachment.

14 Q And your knowledge about attachment is, in part,
15 governed by the fact that subsequent to 2003, if my memory
16 serves me, correct me if I'm wrong --

17 A I will.

18 Q -- was it 2005 you did your masters degree?

19 A It's when I finished it, yes.

20 Q And so subsequent to 2003 you, you worked on your
21 masters degree, and a portion of that dealt with this issue
22 of attachment?

23 A Yes, it ...

24 Q So you know a lot more today, nine years later,
25 than you did in 2003?

1 A Yes, I do.

2 Q And would it be fair to say that the system as a
3 whole, and I'm not talking just about CFS, I'm talking much
4 broader, about just the social work profession and the
5 social work faculty and the research and literature have
6 made improvements on understanding this issue in the last
7 nine years? Is that reasonable?

8 A That's, that's very reasonable to say and it's
9 accurate, and it's -- I know that the system is identifying
10 the need for additional training for social workers and
11 attachment, and that training has been done in some
12 agencies.

13 Q So to the extent that you may be -- and I think
14 everyone appreciates the candor with which you spoke on
15 Friday about perhaps a failure to recognize this issue,
16 that's not something that's unique to you?

17 A No. I, I would say not.

18 Q Thank you.

19 A Okay.

20 MR. MCKINNON: I've no other questions.

21 THE CLERK: (Inaudible).

22 THE WITNESS: Isabel, I-S-A-B-E-L, Isabel.

23 THE COMMISSIONER: Thank you, Mr. McKinnon.

24 THE WITNESS: Ms. Walsh?

25 MS. WALSH: I have nothing further, Mr.

1 Commissioner.

2 THE COMMISSIONER: All right, Witness. I think
3 you're completed, and I thank you very much for your
4 attendance.

5 THE WITNESS: Thank you very much.

6

7 (WITNESS EXCUSED)

8

9 THE COMMISSIONER: All right. We'll take the
10 next witness.

11 THE CLERK: You could stand for a moment.

12 THE WITNESS: I'm sorry?

13 THE CLERK: Please stand for a moment.

14 THE WITNESS: I'm sorry.

15 THE CLERK: Is it your choice to swear on the
16 Bible or affirm to tell the truth without the Bible?

17 THE WITNESS: With the Bible.

18 THE CLERK: All right. Just take the Bible in
19 your right hand. Do you have a -- it's right here. State
20 your full name to the court.

21 THE WITNESS: Mario Rojas.

22 THE CLERK: And spell me your first name, please.

23 THE WITNESS: M-A-R-I-O.

24 THE CLERK: And your last name, please?

25 THE WITNESS: R-O-J-A-S.

1 THE CLERK: Thank you.

2

3 MARIO ROJAS, sworn, testified as
4 follows:

5

6 THE CLERK: Thank you. You may be seated.

7 THE WITNESS: Thank you.

8

9 DIRECT EXAMINATION BY MR. OLSON:

10 Q Mr. Rojas, you obtained your equivalency of
11 bachelor of social work from the University of Calgary in
12 1983?

13 A That's correct.

14 Q And then you began working for Winnipeg Child and
15 Family Services in 1986?

16 A That's correct.

17 Q You've remained an employee of Winnipeg Child and
18 Family Services since that time?

19 A Yes.

20 Q You're currently employed at Winnipeg Child and
21 Family Services?

22 A That's correct.

23 Q When you first began your employment there, what
24 were you doing?

25 A I was a front line protection worker.

1 Q A front line protection worker?

2 A Yes, sir.

3 Q I understand that back then it was a general
4 position where you would do everything, which, which is
5 different than it works today?

6 A It was a generic social work protection, yes.

7 Q So you'd have some children in care that you'd be
8 looking after, some protection files?

9 A Adoptions.

10 Q Adoptions?

11 A Yes.

12 Q Then you began working as a place of safety
13 program in 2003?

14 A In 2003, yes.

15 Q And what was your title there?

16 A Place of safety support social worker.

17 Q Place of safety support worker?

18 A That's right. Social worker.

19 Q Social worker?

20 A Yes.

21 Q Are you still working in that program today?

22 A Yes, I am.

23 Q What's the position you have today?

24 A I'm the place of safety support social worker.

25 Q The same position?

1 A Exactly the same position.

2 Q What sort of services did you provide as a place
3 of safety social worker in 2003?

4 A Well, our program is a support program that has
5 been designed to provide direct support to care providers
6 who have been designated as place of safety providers while
7 they care, they take care of children that are under the
8 agency's care.

9 Q So that's direct support to care providers?

10 A To the care providers.

11 Q Who are identified as the place of safety?

12 A That's correct.

13 Q So when you say direct support, can you give me
14 some examples of what that means?

15 A We, once the family has been approved as a P.O.S.
16 provider --

17 Q And P.O.S. is short for place of safety?

18 A Yes. We are required to go out and meet with the
19 family, talk to them about our program, what we call an
20 orientation to the program. In other words, basically, why
21 did you get another worker involved in your lives. And we
22 also talk about what they're entitled to, what services
23 they could access through the agency, so they could provide
24 care for the child that is under their care. We talk about
25 issues like respite, daycare, special rates when we're

1 talking about children with special needs. And we also do
2 take an application for a licence to maintain and operate a
3 child foster home at that point, and that is the
4 requirement by probation standards.

5 Q Do you provide any protection services for the
6 child?

7 A Not at all. Our function has never been
8 protection. Our function has always been to provide
9 support to the care providers while they take care of
10 children that are under the agency's care.

11 Q So you're a support person, then, for the place
12 of safety?

13 A For the family.

14 Q For the family who's acting as a place of safety?

15 A The care providers. Absolutely.

16 Q So what point in the process are your services
17 engaged?

18 A As soon as -- back then, well, and still the case
19 now, when the file is open it gets assigned to a place of
20 safety worker. We do have, and we did have at the time, a
21 letter, which was a template that will be sent out to the
22 care providers advising them that we've been assigned as
23 the support workers and at the time the care providers were
24 supposed to call the worker, myself in this case, in order
25 to set up an appointment.

1 Q Okay. And we'll look at that letter in a few
2 minutes.

3 A Okay.

4 Q When you are assigned a place of safety file, is
5 the child already in the home?

6 A Yes.

7 Q So the child's already in the place of safety
8 home before you get involved?

9 A That's correct, because again, the place of
10 safety home is being developed, identified and assessed as
11 such by the family services worker.

12 Q So that's all done by the family services worker
13 before you get involved?

14 A Absolutely.

15 Q Is that the current practice today?

16 A It is the current practice today, yes.

17 Q So after the child's been placed, are you
18 contacted by the family service worker to become involved?
19 Is that the process?

20 A No. The family services worker will comply the
21 identification and development of the home as a place of
22 safety home following very clear provincial standards as to
23 the suitability of that placement. And once that is done,
24 the hope -- and by the way, the provincial standards, I
25 don't know if you want me to mention what the placing

1 working does as part of that. Do you want me to tell you
2 about it?

3 Q Sure.

4 A Provincial standards are very clear in terms of
5 identifying a home as a place of, place of safety and
6 that's a designation, again, provided by a family services
7 worker with the approval of a -- his or her supervisor.
8 Everyone 18 years of age and over residing at the home need
9 to go through a child abuse registry, a prior contact
10 check, a police criminal check and also the worker will do
11 what's called a physical requirement check list of the home
12 together with one reference.

13 Q Okay. So the items that you've identified, are
14 you responsible for seeing that they're done or is that the
15 family service worker that does it?

16 A The family service worker will do, will do all
17 those task as part of his or her assessment in terms of
18 identifying that home and designating that home as a place
19 of safety home.

20 Q So once the family support worker does those
21 tasks and complies with those standards, how do you get
22 assigned the file?

23 A I'm sorry, did you say family support worker?

24 Q Sorry. Family service worker.

25 A Okay. Once the family, sorry, the family

1 services worker will identify and follow all the steps with
2 all the checks and, in our language is, the home is clear,
3 in other words, there is no issues or concerns in terms of
4 any risk to the, to the safety of the child that's placed
5 or will be placed there, we receive a package that comes
6 with all the checks that are mentioned plus the actual
7 three pages of the place of safety placement which
8 identify, obviously, care providers, the children, the day
9 the child comes into being placed in that home, plus the
10 so-called greens, which is the child instruction sheet,
11 which we do get the information as to the effective date
12 that the child has been placed there. That package then is
13 signed by the family services worker and his or her
14 supervisor, comes to our program.

15 And back in 2003 we were eight or nine social
16 workers in our programs. There was one, one colleague that
17 will do the intake. In other words, that colleague will be
18 the person that will review the whole package, making sure
19 that every single step that was required by provincial
20 standards had been undertaken and that there were no
21 difficulties. And at that point, then the file, the P.O.S.
22 file was ready to be opened and that particular worker will
23 send a memo to accounting so the maintenance fee could be
24 paid to the family. So once the file was open, then our
25 supervisor will assign the file to all of -- any one of us.

1 Q So the file comes to you by supervisor assigning
2 to you?

3 A That's correct.

4 Q And that supervisor is part of your program, the
5 place of safety program?

6 A She is the supervisor for -- yes.

7 Q And so the file initially comes in to an intake
8 worker at the place of safety program?

9 A That's, that was the case back then. Only one
10 colleague was doing that task.

11 Q So one designated intake person at the time?

12 A That's correct.

13 Q And it's that person who receives the package
14 that you described, the check lists, the greens saying if
15 there's any special concerns for the child, that sort of
16 thing. That all comes in to the place of safety intake
17 person?

18 A That's correct.

19 Q And that intake person reviews it to make sure
20 that it satisfies the standards?

21 A That's correct.

22 Q And if it doesn't, if it doesn't comply with the
23 standards, what happens?

24 A That worker, the particular worker that we're
25 talking about will be the one contacting the worker, making

1 sure that whatever might be missing is taken care of.

2 Q During that whole process you've just described,
3 where is the child?

4 A In the place of safety home.

5 Q So the child is already in the place of safety
6 home --

7 A That's correct.

8 Q -- before the process gets to you?

9 A And I, I will have to say not all the time but
10 most of the time once we get the package in our office the
11 child has already been placed.

12 Q Just in terms of things like criminal background
13 checks and the, the home assessment, are those done before
14 the child is placed in the home, typically?

15 A Yes.

16 Q They are done?

17 A Yeah. Yes.

18 Q So once you become engaged, once you get the
19 package as the place of safety social worker, what do you
20 do?

21 A I don't get the -- I didn't get the package.

22 Q Okay.

23 A That package was in the hands of the intake
24 worker. That intake worker will do the opening of the
25 file, they will send the memo to accounting for payment of

1 the maintenance fee. And once a file was opened, that file
2 went to my supervisor and my supervisor will assign the
3 actual P.O.S. file to the worker.

4 Q So there's a, a new file open in the place of
5 safety, call it, department assigned to that place of
6 safety family? There's a new file?

7 A I'm sorry, I couldn't hear.

8 Q Sorry. You say there's a new file that's opened
9 at the place of safety, in your department?

10 A Right.

11 Q And that file is given to you as the worker?

12 A Well, in this particular case, yeah, it was given
13 to me.

14 Q What would be in that file?

15 A Well, we --

16 THE COMMISSIONER: Are you talking about a
17 particular file?

18 MR. OLSON: Yes. My understanding is this is
19 something different than the family service file.

20 THE COMMISSIONER: Yeah, but are you relating it
21 to a particular case or are you talking generalities?

22 MR. OLSON: Just generally, at the time.

23 THE WITNESS: At the time, the file will contain
24 this -- the opening (inaudible) was done by the intake
25 worker plus all the documents that came as part of the

1 package, and right in front of the file there was the
2 letter that I mentioned before that was sent out to the
3 care provider advising them in regards to our involvement.
4 And at the time, the requirement was for the car providers
5 to call our agency, in this case myself, for an
6 appointment. That has changed, the letter has changed.
7 But that was the procedure at the time. And we also had a
8 template in which we will notify the family services worker
9 responsible for that placement as to the fact that I have
10 been assigned as the support worker for the P.O.S. family
11 and I believe the letter mentioned something to the effect
12 of I will be doing a visit in the near future, are there
13 any issues or concerns that I should be made aware of
14 before I go out.

15

16 BY MR. OLSON:

17 Q Before you send out the initial letter to the
18 place of safety do you have any contact with the, the
19 family, the place of safety family?

20 A No.

21 Q So the first contact is by sending the letter
22 you're, you're talking about?

23 A And requesting a call back in order to set up
24 that appointment.

25 Q And you say that's now changed. It's now --

1 A Well, it's changed because the letter, it might,
2 you might have it, it was not very clear, it was not very
3 well written. We all knew that the purpose of that visit,
4 number one, was mandatory. Number two, the purpose of it
5 was to provide an orientation to our program; in other
6 words, what's our role here, why do I get another worker.
7 And then we did have to do, obviously, the application for
8 a licence to maintain and operate a child foster home. The
9 letter didn't say anything of that at all. So in one of
10 our meetings we thought, you know what, we need to tell
11 care providers, because the letter was quite confusing in
12 our view, tell them why we are requesting this appointment,
13 what is the nature of that appointment, mandatory, in other
14 words, where this appointment is going to take place.
15 Because the appointment needed to take place at the P.O.S.
16 home, not in our office, but nothing was clear in that
17 letter at all. So that was changed, I believe, some time
18 late part of 2003.

19 Q Late 2003?

20 A Yes.

21 Q But after the involvement that you had in this
22 particular, with this particular family?

23 A Yes, because that was just the beginning of my
24 employment, let's say, with the program.

25 Q Okay. How long is a place of safety placement

1 intended to be? Is there a time limit?

2 A In terms of?

3 Q How long -- when a child is placed with a place
4 of safety, is there a duration that the child can be in
5 that place of safety?

6 A Actually, there is a bit of confusion about that.
7 The placement itself doesn't have the specific timeframe in
8 terms of how long that home is going to be a P.O.S. home.
9 It has to do with licensing and, and I know my will-say
10 mentioned two weeks. That's incorrect. It's 30 days.

11 Q Thirty days?

12 A Thirty days. And the standards mention very
13 clearly --

14 THE COMMISSIONER: Thirty days to get a licence?

15 THE WITNESS: No. Thirty, thirty days that we
16 need to start the licensing process.

17

18 BY MR. OLSON:

19 Q So in other words, with, within becoming a place
20 of safety, within 30 days of that day, the place of safety
21 family has to fill out a licence to become a foster home
22 placement?

23 A We have to start the process of licensing. And
24 that, what I mentioned before, one of the tasks of that
25 mandatory appointment was actually to fill out that

1 application. So because obviously, places of safety, they
2 are meant for short term care. And again --

3 THE COMMISSIONER: Is this -- let me just
4 interrupt. Is this for every case that comes along or is
5 it a one-time application for a licence?

6 THE WITNESS: For every case that come along.

7 THE COMMISSIONER: You have to make the
8 application in each instance?

9 THE WITNESS: You have to make the application.
10 Absolutely right, yes.

11

12 BY MR. OLSON:

13 Q And that's because the, a place of safety is
14 meant to be temporary. The idea is to eventually place the
15 child with that place of safety as a foster home?

16 A Well, not to place the child there because is,
17 the child is already placed. The intention is to begin the
18 licensing process so at one given point that P.O.S. home,
19 which will be a former P.O.S. home, will become a licensed
20 child specific foster home.

21 Q I see. In practice, is that 30-day standard met,
22 30-day requirement met?

23 A No, it is not.

24 Q And why is that?

25 A I have to mention that there is a timeframe that

1 goes by between the time, I'm talking back in 2003, and
2 that's still the issue at this present time. There is time
3 that goes by, by the time, number one, that the package,
4 the P.O.S. package, is received by our program, the time in
5 which, at the time the intake worker will do, will do the
6 review of the package and the time that you will actually
7 get the physical file that will allow you to send that
8 letter out to the care providers to make them aware of what
9 we spoke about before. So there's, there's -- and I'm
10 sorry, I should clarify. The date of assignment of a
11 P.O.S. file will always be the day the child was placed in
12 the home.

13 Q I see.

14 A Which does not coincide with the actual date that
15 you receive the actual file in which you're going to start
16 doing the actual work. We've raised that as an issue in
17 our team, team meetings, you know, because you might get an
18 internal transfer of the file, you know, people that go to
19 another position, go to another agency. And let's say, for
20 example, that person, that worker has been involved with
21 that particular P.O.S. family since 2010, when you do
22 receive the transfer of that file it will appear that
23 you've been the worker since 2010. We've raised that as an
24 issue. We've been told that it seems that that's the only
25 way that CFSIS is able to track a case. I don't know about

1 that, but it's been raised as an issue.

2 Q So, so you might only get the file, as a place of
3 safety worker, well after the 30 days has passed?

4 A Oh, absolutely.

5 Q Yeah. Before we get into the specifics of this
6 file, one more question: As the -- we know that here, for
7 example, Kim Edwards and Ron Stephenson were made a place
8 of safety for Phoenix Sinclair.

9 A All right.

10 Q And the Phoenix eventually went back home to her
11 father before they ever became foster, foster parents for
12 Phoenix.

13 A Before they became licensed child-specific foster
14 home.

15 Q Right.

16 A Correct.

17 Q In a case like that, if the child does come back
18 in care, is it possible to place them back with the place
19 of safety without going through the whole process again?

20 A I mean, that is the absolute responsibility of
21 the family services worker. It's never been our function
22 to identify, to develop or do the actual preliminary work.
23 It's always the responsibility of the family services
24 worker.

25 Q So that wouldn't be something that you would be

1 involved in, then?

2 A That would be something that I would not be
3 involved in.

4 Q Right.

5 A Yeah.

6 Q Okay. My understanding is that your place of
7 safety file is at Commission disclosure 1780 beginning at
8 page 36617. Do you see the screen in front of you there?

9 A That's the closing summary, correct.

10 Q And that, that would be the first page of the
11 file, as we have it, and it goes all the way to 36641?

12 THE COMMISSIONER: Do I have these? Do I have a
13 package of these documents?

14 MR. OLSON: They should be beside you, Mr.
15 Commissioner.

16 THE COMMISSIONER: Oh, maybe they're over here.

17 MR. OLSON: The first, first document should be
18 Commission disclosure 1780 and the page begins at 36617.

19 THE COMMISSIONER: No, they don't seem to be in
20 that order, but you go ahead, I'll follow.

21 MR. OLSON: Okay.

22

23 BY MR. OLSON:

24 Q Do you have any recollection of actually working
25 on this, with this particular family?

1 A Not an independent recollection, no.

2 Q No. Okay. But you have read the file over, the
3 pages I've referred to, and seen it recently?

4 A I have read my, my dictations, yes.

5 Q Stan Williams was a family service worker
6 assigned to the family?

7 A That's correct.

8 Q Do you -- have you dealt with him in the past
9 that you recall?

10 A In terms of?

11 Q Other place of safety families?

12 A A few probably. I, I ...

13 Q But you don't have any recollection of working
14 with him on this, this particular file?

15 A No, I don't.

16 Q If you go to page 36620. Are you familiar with
17 the document that's in front of you?

18 A Yes.

19 Q Can you --

20 A That's the document that is done by the family
21 services worker.

22 Q So you don't fill this document out?

23 A No, I don't.

24 Q Do you review it?

25 A I did not review it at the time. There was an

1 intake worker that had that function and it was not me.

2 Q So this is not something you would review, as a
3 family -- a social worker for the place of safety?

4 A Not at that time.

5 Q Not at the time. Okay.

6 When you -- just when you look at it, you see
7 where it has the:

8

9 "Not living in the home but is co-
10 parenting"

11

12 And that's referring to Ron Stephenson. Do you see that?

13 A Yeah.

14 Q Top.

15 A Yes, I do.

16 Q Is that sort of information, is that anything you
17 would be concerned with?

18 A Well, that's something that, once again, the
19 person that was doing the intake could be addressing.

20 Q But you, as the, the place of safety worker --

21 A No.

22 Q -- you're not -- that's not ...

23 A I, I got -- I did get the file after all these
24 steps were taken.

25 Q So just, just to be clear, when you come into the

1 file it's already determined that this is an appropriate
2 place of safety home?

3 A That's correct.

4 Q And you're not involved in any way in assessing
5 the appropriateness of the home?

6 A That's correct. Not back at that time.

7 Q Not at that time. Has that changed now?

8 A It has changed. I'm sorry, it's a change, not in
9 terms of our program having a new function of assessing the
10 suitability. It has changed in the sense that now we all
11 do get a file from beginning to end; in other words, there
12 is no one colleague that is doing the intake or review of
13 the package. You do get the package, you do the whole
14 review until the end of the placement, whatever that end it
15 is.

16 Q You're describing what happens today?

17 A What is happened right now.

18 Q And that is, you get the entire package now?

19 A Right.

20 Q When you did not back in 2003?

21 A That's correct.

22 Q But now, are you involved in assessing whether or
23 not the place of safety home is appropriate?

24 A We -- I'm involved in reviewing what that
25 particular colleague, intake worker, was doing at the time,

1 absolutely.

2 Q You are now?

3 A Yes, we are.

4 Q Yeah. But in 2003 you were not?

5 A We were not.

6 Q If we can turn now to page 36639. The document
7 in front of you is called a check list for completing a
8 place of safety contract.

9 A Um-hum.

10 Q Is dated July 31, 2003.

11 A Yes.

12 Q Is this also prior to your involvement?

13 A Yes. It's part of the package that comes to the
14 office, to our program.

15 Q And so just to be clear, the information that's
16 recorded here, is that something you would have looked at?

17 A Again, not back then. There was an intake worker
18 that was doing all that.

19 Q If we go to the next page, which is 36640. This
20 appears to be a memorandum to accounting from the place of
21 safety program dated July 30, 2003, and it says, approved
22 place of safety care providers. Can you -- are you
23 familiar with this document?

24 A Again, that is the authorization memo to
25 accounting sent, at that time, by the colleague that was

1 doing the review of the whole package sent by the family
2 services worker.

3 Q So the person, the authorized place of safety
4 worker here, it says Maeva Bradley.

5 A She was the one that did it at that particular
6 time, and that's because the colleague that was doing that
7 was on holidays. So when she was on holidays, as a backup
8 person, Maeva will be the one that will undertake this,
9 this duty.

10 Q So Maeva, at this point, was acting in the role
11 of the intake person --

12 A That's --

13 Q -- you described before?

14 A Absolutely. Yeah, correct.

15 Q So this was the intake function?

16 A That's correct.

17 Q If we can go now, please, to page 36625. This is
18 a notice of agreement to provide placement. It's dated
19 July 29, 2003. Was this created before your involvement in
20 the file?

21 A Again, that's part of the package that is
22 completed by the family services worker.

23 Q Are you -- is this a document you would refer to
24 as a place of safety worker at that time?

25 A Again, that would have been reviewed by the

1 person that had the intake function at the time.

2 Q Just on this document, and I don't know if you
3 can tell me this, but at number five, you see point number
4 five?

5 A Um-hum.

6 Q Says:

7

8 "I realize that I am being trusted
9 with the care of these child(ren)
10 until further notice, and I will
11 not let these child(ren) leave my
12 care without the approval of Child
13 and Family Services."

14

15 Is that something you would discuss with the
16 place of safety family?

17 A Well, again, the care providers were signing into
18 this notice of agreement to provide placement with the
19 understanding that those are the conditions in terms of the
20 placement.

21 Q So then was it your expectation that the family
22 service --

23 A That that --

24 Q -- worker would go over this with that person?

25 A No. My, my expectations will be that the place

1 of safety home, that place of safety family will comply
2 with those conditions that what they signed.

3 Q Yeah. But in terms of someone explaining these
4 conditions to that, in this case, Kimberly Stephenson?

5 A They will, they will be done by the placing
6 worker.

7 Q By -- sorry, by the?

8 A By the placing worker, right, the family services
9 worker. Stan Williams in this case.

10 Q In this -- so in this case, Stan Williams'
11 responsibility would be to, to explain --

12 A Right.

13 Q -- these conditions to the, to, in this case, Ms.
14 Stephenson?

15 A Right.

16 Q Not, not you, in other words?

17 A Not me. I will have to say, though, should the
18 P.O.S. family have any questions after the file is
19 assigned, in this particular case to myself, any questions
20 in regards to any procedures, in regards to the agency, by
21 all means we will be talking about that. We will be
22 addressing those issues, not a problem. That's part of our
23 support role.

24 Q If we go to page 36624. Is this the -- this is
25 an April -- sorry, an August 14, 2003 letter from you to

1 Kimberly and Ron Stephenson?

2 A Yes.

3 Q Is this the letter you were referring to earlier,
4 the first letter you sent?

5 A Can you go up a bit more, please? That's the
6 letter I was referring to as not being very clear, not very
7 well written really.

8 Q So this, this letter would be the first
9 introduction that the family would have to you as a place
10 of safety worker?

11 A Exactly.

12 Q It says:

13

14 "Please find enclosed a copy of
15 the Notice of Agreement to Provide
16 Placement form. This is to save
17 for your records."

18

19 That's the form that was already filled out by
20 the social worker --

21 A Right.

22 Q -- which we looked at?

23 A What we were just looking at, yes.

24 Q Right. It says:

25

1 "As you may or may not be aware,
2 the Place of Safety Placement is
3 for short term arrangements only
4 and does not have the same
5 licensing standards as a foster
6 home. I have been assigned to
7 assist you with any questions or
8 concerns ... you may have
9 regarding any administrative or
10 support services you may need.
11 Please contact this office at your
12 earliest convenience so that an
13 appointment can be made."

14

15 And that's, that's the only information that
16 family is giving -- given at that point?

17 A Right. That was a template, a letter that was
18 sent out to all the care providers once their file had been
19 opened with our program.

20 Q And in bold, is:

21

22 "Please contact this office at
23 your earlier convenience ..."

24

25 to make an appointment. So it was the expectation, then,

1 that the place of safety people here, in this case Kimberly
2 and Ron Stephenson, would contact you to set that up?

3 A That was the expectation at the time.

4 Q And did that typically happen? Did, normally,
5 they get in touch with you? I mean generally did they get
6 in touch with you to set up an appointment?

7 A Generally. And when that didn't happen, and I'm
8 not saying that it did not happen in this case situation,
9 we had a follow-up letter stating that we have sent letter,
10 in this case, dated August 14, 2003 requesting a contact
11 with the worker in order to make an appointment; that
12 hasn't happened, so we are expecting a call and we don't
13 want to be withholding the maintenance payment but
14 sometimes, in rare occasions, we have to do that in order
15 to get people to contact the worker.

16 Q Sometimes a follow-up was necessary?

17 A Yes.

18 MR. OLSON: I have maybe another two questions on
19 this point and then I notice it's time for the mid-morning
20 break.

21 THE COMMISSIONER: Yeah, you do your two
22 questions and then we'll do that.

23

24 BY MR. OLSON:

25 Q This letter is dated August 14, 2003 and it looks

1 like the, your place of safety file is opened at the end of
2 July 2003; is that right?

3 A Right.

4 Q So what, why would it not go out as soon as a
5 file is opened?

6 A That's exactly what I was referring priorly when
7 I mentioned that the day that the file will appear to have
8 been assigned to me will always be the day the child was
9 placed in the P.O.S. home. I also mentioned that there is
10 a gap in terms of the time that our office received the
11 package, the file is opened and the actual physical file
12 being assigned to me. So in all fairness, I could tell you
13 that although my name will be attached to this particular
14 file as of the day Phoenix was placed in this home, in all
15 actuality my involvement, real involvement or practical
16 involvement, starts on August the 14th, 2003.

17 Q I see. So it looks like two weeks has gone by
18 but that's not the case?

19 A Well, I don't know how long it's been going by,
20 but what I'm trying to say, there's always a gap there.

21 Q And in terms of when you would send the letter
22 out that we're looking at, the August 14 letter, in
23 relation to when the file was assigned to you, how long
24 would -- how, how long would that typically take?

25 A How long? I'm sorry, I couldn't ...

1 Q When you get the file ...

2 A Yes.

3 Q From that point, how long does it take before you
4 send out your standard form letter, the August 14th,
5 letter?

6 A Oh, my practice has always been to send it out
7 right away or very soon thereafter because has been, again,
8 a timeframe here in which the family has been -- or pardon
9 me, the child has been placed but there hasn't been any
10 formal contact from our program. So as soon as I send this
11 letter out I did also send the template letter that I
12 mentioned advising the family services worker that I've
13 been assigned as a support worker and what I told you
14 before.

15 Q Okay. And is there a reason that you don't try
16 contacting the family by phone rather than letter?

17 A Again, at the time, the policy of the program was
18 exactly what is highlighted here, that it was the duty, if
19 you will, of the P.O.S. provider to contact the office.
20 That has changed, but at the time that was, was in place.

21 MR. OLSON: This might be a good time to break.

22 THE COMMISSIONER: All right. We'll stand
23 adjourned for a 15-minute mid-morning break.

24

25 (BRIEF RECESS)

1 THE COMMISSIONER: All right, Mr. Olson.

2

3 BY MR. OLSON:

4 Q If we could turn up page 36626. This is a
5 children's foster home provincial requirements check list.
6 Do you, do you have an understanding as to what the purpose
7 of this document is?

8 A Again, it is to comply with the provincial
9 standards that I spoke about earlier --

10 Q Um-hum.

11 A -- and that is done by the family services
12 worker.

13 Q So, again, you don't have any input into that
14 document?

15 A No, again is as part of the preparation for the
16 designation of the home as a POS home.

17 Q Turn now to Commission disclosure 1797, page
18 37675. You referred earlier to an e-mail you sent to the
19 family service worker, Stan Williams?

20 A That's correct.

21 Q Now, this doesn't look like an e-mail but my
22 understanding is that this is actually an e-mail that you
23 sent to Mr. Williams?

24 A Right. That, that was again, a template we had,
25 and I did send it by e-mail to him.

1 Q Now, do you know what date this was sent on?

2 A You know, if you do take a look at Stan's reply
3 to this e-mail, at the bottom it would say letter of
4 introduction to the worker, so you will see that that's the
5 date in which this was sent.

6 Q Okay, so if that, that's at 43569. Is this what
7 you're referring to, if you look under -- should be page
8 43569.

9 A That's what I'm referring to.

10 Q So where it says "original message" there at the
11 bottom?

12 A At the bottom, that's correct.

13 Q August 18, 2003?

14 A That's correct.

15 Q And it shows the attachment being letter of
16 introduction to worker. That's what page 37675 is?

17 A That's correct.

18 Q Yeah. So on August 18th, 2003 you sent Stan
19 Williams a letter which says:

20

21 "This is just inform you that I am
22 the Place of Safety Social Worker
23 for the above care provider.

24 I will be arranging a home visit
25 in the very near future. Is there

1 any information I need to be aware
2 of before going out to the home?
3 How can I best assist you with
4 this family?"

5

6 And it says:

7

8 "(If there is any changes in
9 status or when the child moves
10 placements could you please
11 forward a copy of the greens to
12 the Place of Safety Program or to
13 the writer.)

14 I look forward to working with
15 you."

16

17 This was a standard form letter you would send to
18 the social worker?

19 A That was a standard form, yes.

20 MR. RAY: Sorry, I don't think the letter is
21 actually filed as the worker.

22 THE WITNESS: But I don't have -- yeah, I don't
23 have it in front of me.

24 MR. RAY: It's still on e-mail.

25 MR. OLSON: Sure, could we put that back up, it's

1 page 37675.

2

3 BY MR. OLSON:

4 Q So this is -- is this the first time that Mr.
5 Williams would have known that you were the place of safety
6 worker assigned to the file?

7 A That's correct.

8 Q And the reference here to I will be arranging a
9 home visit in the nearly -- in the near future, the very
10 near future, what, what is that?

11 A That's in reference to the mandatory visit that I
12 had spoken about, appointment that I had spoken about
13 before, when the care providers would reply to the letter
14 that was sent out to them, requesting them to get in touch
15 with myself in order to set up that appointment.

16 Q The references to a place of safety care
17 provider, Kimberly Stephenson, is that who you understood
18 the place of safety care provider to be?

19 A That's the name I did receive in the package, I
20 believe.

21 Q Well, when you look back in the package it
22 identifies Kim Stephenson and Rohan Stephenson as a place
23 of safety --

24 A Providers, yes.

25 Q -- providers.

1 A Yes.

2 Q Is there a reason you, you have just Kimberly
3 Stephenson?

4 A I couldn't tell, I, I, I couldn't tell you. If
5 we (inaudible), I don't know.

6 Q Okay. And so the home visit that you were going
7 to schedule, what was the purpose of -- what would be the
8 purpose of the home visit?

9 A Again, that's -- the mandatory appointment that
10 we needed to take place at the care provider's home, beside
11 providing an orientation to the program, in other words
12 again what is my role within this family. We were also
13 required to complete an application for a licence to
14 maintain and operate a child specific foster home, as part
15 of the provincial standards.

16 So we, at that appointment, the -- we started the
17 licensing process with a view, at the home, to become a
18 licensed child specific foster home.

19 Q Would you bring that application form --

20 A Yes.

21 Q -- with you to that meeting?

22 A Yes.

23 Q So the clients don't have it ahead of time?

24 A No. I, I brought it with me.

25 Q Okay. And was there any requirement, in terms of

1 who would have to be present at the meeting?

2 A It's whoever the care providers were.

3 Q So in this case would it be both Kim Stephenson
4 and Ron Stephenson?

5 A That's correct.

6 Q Would you do any sort of walk-through, through
7 the home?

8 A No. Again, the physical requirement check list
9 was done by the placing worker. The only occasion in which
10 we will do that, and that it still holds true at, at this
11 time, is when a place of safety provider moves from the
12 regional home to a new residence. Then we are the one
13 responsible for doing the check of the home.

14 Q That didn't occur here?

15 A That was not the case in this situation, no.

16 Q Do you have any recollection of attending the
17 home in this case?

18 A I know I was there because we completed the
19 application but specifically I've met so, so many families
20 during my almost 27 years with the agency that it, it would
21 be hard to, to remember.

22 Q How long would the meeting last at the home,
23 typically?

24 A Normally usually it's between an hour and a
25 quarter and an hour and a half, and, and again, that all

1 depends in the length of time that the child has been
2 already placed in the home and the time we go into the
3 home, you know, because people might have more questions
4 and we will be addressing those.

5 So that, normally between an hour and a quarter
6 to an hour and a half, that's on average.

7 Q Okay. And during that visit would you also
8 discuss things like setting up respite, clothing allowance,
9 things like that?

10 A Everything and anything that care providers are
11 entitled to, to receive from the agency, to take care of
12 the child that is under the agency's care, and while
13 they're taking care of that child.

14 Q So you would go over that with the care
15 providers?

16 A Yes.

17 Q Looking back at the e-mails I was referring to
18 before, on page 43572. This -- there's an e-mail here from
19 you, sent September 23, 2003 to Stan Williams. Child:
20 Phoenix Sinclair. Place of safety provider: Kimberly
21 Stephenson. It says:

22

23 "Hello Stan:

24 Long time no talk. I hope you are
25 doing OK. Well, having Heather as

1 a supervisor sure helps a lot.
2 Enough of brown nosing to Heather.
3 I met with the above-named care
4 provider this morning. She asked
5 to be placed in a twice a month
6 budget since it is hard to make
7 ends meet. I could easily do that
8 with accounting, providing ... you
9 are in agreement."

10

11 Just that portion there, what's that referring
12 to?

13 A Normally at the time, back in 2003, when the
14 approval went out to accounting, that memo authorizing the
15 maintenance payments, we knew that accounting will pay,
16 will pay care providers on a monthly budget. In other
17 words, they will get their maintenance payments once a
18 month.

19 Q And she was asking here for a twice a month
20 payment?

21 A That's correct.

22 Q And she being Kim Stephenson?

23 A That's correct.

24 Q It says: "I met with the above-named care
25 provider this morning." Would that be this morning of the

1 23rd of September, 2003?

2 A That is correct.

3 Q You're saying to Mr., Mr. Williams that you could
4 set this kind of payment up as long as he is in agreement?

5 A I'm sorry, I'm sorry, I'm -- I -- where?

6 Q In the same paragraph there, it says: "I could
7 easily do that with accounting, providing ... you are in
8 agreement"?

9 A Yes.

10 Q So you needed his agreement then to --

11 A Well, at the time we, we were always and we
12 always are respectful of the colleagues doing family
13 services and we were assuming that they had better
14 knowledge, at that point, of the family situation than we
15 do. But no, I did not need the formal --

16 Q I se.

17 A -- approval from him.

18 Q Then it says:

19

20 "I also looked at the health
21 numbers for her and, again, if you
22 are OK with this I could call her
23 and provide those to her."

24

25 What's that referring to?

1 A Again, that is referring to the Manitoba Health
2 numbers, the PHIN number.

3 Q Okay.

4 A And the social allowance number which would
5 normally be provided by the family services worker. And
6 out of respect to my colleague I am saying, you know, if
7 you want me, I will send those if they don't have them, and
8 that will appear to be that was the case at the time.

9 Q In other words, you're offering to provide the
10 Manitoba Health numbers to the -- to Kim Stephenson?

11 A Yeah, and especially, also, the social allowance
12 number because that, that covers prescription medications,
13 eyeglasses, when appropriate, obviously, dental and all
14 that kind of stuff. So the care providers don't have to be
15 paying out of their own pocket and wait for the agency to
16 reimburse them of whatever money they have spent.

17 Q The next paragraph says:

18

19 "The third issue that we spoke
20 about was the possibility of Day
21 Care for Phoenix, I encouraged her
22 to look around and to talk to you
23 about it."

24

25 This is something that Ms. Stephenson was asking

1 about, is daycare?

2 A That's something that we always bring up with
3 care providers, as an option, which we always see that as a
4 good option for the social development of the child. The
5 reason why we talk about that is the care providers will
6 look for places that might have an opening and then, and
7 then the family services worker will do the application for
8 the subsidy for daycare.

9 Q So then as a place of safety worker, you -- do
10 you help the, the care provider try to set up daycare? Do
11 you provide them with maybe resources and, and --

12 A Again, we, we don't have those resources, we
13 encourage care providers to look around, see what's
14 available, where there might be openings, let us know and
15 then the family services worker then will complete all the
16 subsidy forms that need to be completed.

17 Q And that's something that you talked to every
18 care provider about?

19 A That's my practise, that's been my practise.
20 That was my practise then and it's my practise now.

21 Q The last paragraph says: "The fourth Issue we
22 spoke about was respite." And you talk about some money
23 for respite. That's just referring to a respite allowance
24 for the place of safety?

25 A No, that is referring to -- because when you take

1 a look at the foster care rate or the maintenance payment,
2 one item in the breakdown of that maintenance fee is
3 respite and there -- at the time there was an amount of
4 \$54.30 that was built right into that maintenance fee. I'm
5 talking about respite above and beyond the basic they say.
6 Those are -- that is an entitlement, that's something that
7 we offer care providers, and that's something that we look
8 after. We did then and we do now.

9 Q What's the purpose of the extra respite?

10 A To provide a meaningful break from the 24/7 care
11 of the child. So care providers to have time for
12 themselves, recharge their batteries and go back at it
13 again.

14 Q Turn now to page 43571. At the bottom of the
15 page. There is an e-mail from Stan Williams to you, dated
16 September 24, 2003. It looks like he's replying to your
17 e-mail from the previous day.

18 A That's correct.

19 Q He says:

20

21 "These things all sound fine and
22 dandy and I think we will be able
23 to proceed once we get connected
24 with Phoenix's Dad Steven. I need
25 to make arrangements with him to

1 see if he will sign a VPA or if I
2 need to ask for an extension of
3 the Temporary Order we have at
4 present. The original plan was
5 that baby would be with Kimberly
6 for a short term and then returned
7 to Dad. The [temporary order]
8 expires on October 2, 2003 which
9 is next week. Once I get this
10 sorted out I think we could get
11 together with Kimberly and do a
12 Child Service Plan and take it to
13 Special Rate Committee with
14 consideration for extra respite,
15 etc. I have baby's medical numbers
16 ... I think day care is a great
17 idea and I believe our branch
18 would be able to cover the extra
19 costs once day care subsidy forms
20 are submitted and approved. If she
21 has something in mind this would
22 be great. Although the [temporary
23 order] expires on Oct. 2/03 I
24 anticipate baby's stay with
25 Kimberly will be extended. I'll be

1 in contact in the next week or so
2 and share the outcome of my
3 tracking of Dad."

4

5 Do you have any recollection of this e-mail?

6 A Reading it, that's -- I obviously do see it in
7 front of me, that's my recollection.

8 Q What do you understand the need that Mr. Williams
9 is identifying here to meet with the dad?

10 A He was replying to what I wrote to him in terms
11 of what I had spoken with the care providers in terms of
12 daycare, in terms of respite, and he was giving me
13 information that he was going to be doing some other task
14 and -- so he was basically responding to what I had written
15 to him.

16 Q Okay. And what's the significance of the
17 temporary order expiring, in terms of your, your role as --

18 A We have no function at all with child protection
19 planning, that is, again, absolute responsibilities of the
20 family services worker. We are support, a support program,
21 we are not a protection program.

22 Q Do you recall if there was a discussion about
23 Stan William's plan changing to put Phoenix back with her
24 father sooner?

25 A That was not something that he would discuss with

1 me, that is something that he will discuss with his
2 supervisor.

3 Q So that wouldn't have anything to do with you?

4 A No, because we do not get involved in those
5 decisions at all.

6 Q Page 36617 out of Commission disclosure 1780.
7 This, this was from your file, you remember we looked at
8 this, this was the initial document I think we looked at
9 today. This is a place of safety closing summary?

10 A It is.

11 Q And you have signed it and it's -- your
12 supervisor has signed it?

13 A Correct.

14 Q And this is indicating that the file, it's under
15 discharge date, October 3, 2003?

16 A That's correct.

17 Q Is that the date the file is closed?

18 A That is the day the file is closed, effectively.
19 It doesn't necessarily mean that I will do it exactly the
20 same date, that is when the file is effectively closed as a
21 POS home.

22 Q Okay. If you -- and if you look down at the
23 bottom it says October 7, 2003 is the date that you've
24 prepared this document?

25 A I don't -- oh, yeah.

1 Q Is that right?

2 A Yes. Yes.

3 Q Okay. If you look at the second paragraph in the
4 document, where it says:

5

6 "Given time frame constraints,
7 this worker was able to meet once
8 with this care provider.
9 Nevertheless, she should be
10 invited to apply as a general
11 foster home provider."

12

13 The -- what's the reference to given time
14 constraints?

15 A Well, it has to do with other case load demands,
16 it has to do with the length of time that the child is in a
17 POS home. That's what it is related to.

18 Q Would you have liked to meet with the care
19 provider more than once?

20 A Every family situation is different and unique.
21 If I need to meet or we need to meet with POS providers
22 more than 10 times, we'll do that. There is not -- I mean,
23 there is a minimum requirement, obviously, because I have
24 spoken about that mandatory appointment that needed to take
25 place in order to comply with provincial standards and do

1 the application, but again, we will meet with families for
2 as many times as is needed.

3 THE COMMISSIONER: So this never reached the
4 stage where foster care status was confirmed?

5 THE WITNESS: I'm sorry, could you rephrase that
6 again?

7 THE COMMISSIONER: This -- you talked earlier
8 about an application to convert to a foster home.

9 THE WITNESS: To a child specific foster home.

10 THE COMMISSIONER: Yeah. My question is, did
11 that ever happen here?

12 THE WITNESS: No, it did not happen here. We
13 started the process which, by means of filling out the
14 application. As soon as the child is discharged from a POS
15 home, given that that home was open specifically for the
16 care and concern of that child, that file is closed.
17 Therefore, no further work is done in terms of getting to
18 the home study process and the actual granting of a child
19 specific licence to that home.

20

21 BY MR. OLSON:

22 Q Okay. And we will take a look at the
23 application, the foster home application in a minute. But
24 once that's made, and the child gets -- is no longer in the
25 home, does that application then end?

1 A That application ends.

2 Q No further processing of it.

3 A I'm sorry?

4 Q There's no further processing of the application?

5 A There is no further processing.

6 Q In the closing summary, you're inviting, you say,
7 this -- Ms. Stevenson should be invited to apply as a
8 general foster home provider? Is that something you
9 normally recommend?

10 A Well, you will probably show me another letter,
11 the closing letter was sent to POS providers when their
12 files are closed with the agency. At that particular time,
13 we were --

14 Q Maybe I'll just get that put up on the screen.

15 A Oh, sorry.

16 Q That's page 36618.

17 A Okay.

18 Q Is that the letter you're referring to?

19 A Yes, that's the letter I'm referring to. And
20 again, there was a template we all had to send to care
21 providers to advise them that the file had been closed, the
22 file had been closed, the reasons why the file was closed.
23 And the last paragraph was added, not for all care
24 providers but we received a direction or a directive from
25 our supervisor in terms of trying to help out with this

1 historical shortage of general foster care providers. So
2 if we did identify any family in our case load, in our POS
3 case load, that were closed or were being closed then we
4 should add that paragraph and invite that person or those
5 people or that family to apply to become general foster
6 care providers. That was the purpose of that paragraph.

7 Q And when you say the last -- the, the sentence
8 here in this, this other -- the letter is basically a form
9 letter, aside from the last sentence in the second
10 paragraph?

11 A That's correct.

12 Q So that's the ...

13

14 "If in the future you would like
15 to foster children on a general
16 basis, please contact our foster
17 recruitment coordinator for
18 information and an invitation to
19 an agency foster parent
20 orientation."

21

22 A Well, I should say this time the letter will go
23 up to:

24

25 "Winnipeg Child and Family

1 Services and I would like to take
2 this opportunity to thank you for
3 the care and commitment you have
4 shown toward Phoenix while in your
5 care. If in the future you would
6 like --"

7
8 That part, is the one that again we were directed
9 to send to people in which placements there were no
10 difficulties or issues to apply to become general foster
11 care providers. That's the reason why I'm saying not
12 everyone will get that --

13 Q So you --

14 A -- that particular paragraph.

15 Q Right.

16 A Invitation.

17 Q You made the recommendation in your closing
18 report that Kimberly Stephenson was one of those people you
19 would recommend?

20 A Absolutely, yes.

21 Q And that was based on the fact there were no
22 problems with --

23 A There were no problems, there were no concerns.

24 Q Before I forget, you, when you met with Ms.
25 Edwards, Kim Stephenson, Kim Edwards, did you make notes of

1 your meeting?

2 A I'm sorry?

3 Q Did you make any notes of your meeting?

4 A My notes is what you see in my e-mails here.

5 Q Okay. So you don't have any --

6 A Again -- I'm sorry.

7 Q So you don't have any handwritten notes of your
8 meeting with --

9 A Again, keep in mind that I met with the care
10 provider, providers, once. Those are my notes.

11 Q Okay, just whatever we reviewed in the e-mails?

12 A My notes were done in the computer, in the form
13 of, of e-mail, e-mails, mainly, yes.

14 Q When you say you, you met with the care
15 providers, are you referring to both Kim Stephenson and Ron
16 Stephenson?

17 A Both, yes.

18 Q Your recollection then is meeting with both of
19 them?

20 A My recollection, again, it's according to the
21 written material and when you take a look at the
22 application for a licence to maintain and operate the child
23 foster home, both care providers signed.

24 Q We'll look at that.

25 A So that tells me both of them were there.

1 Q But in the e-mails you wrote to Mr. Williams, it
2 just referred to Kim Stephenson?

3 A And I couldn't tell you why I did that, I
4 couldn't say it was a computer glitch, it could be a human
5 glitch, I couldn't tell you.

6 Q And if, if the foster application would have gone
7 through, would you have remained as the worker to the
8 family?

9 A Well, but it didn't go through.

10 Q No, if it had, if it had gone through.

11 A At the time, we had in our unit, and I'm trying
12 to recall 2003, as we had an intake worker. We also had a
13 worker whose case load was only for people who were having
14 or had their child specific foster home licence so it would
15 probably have gone to that particular worker.

16 Q Okay. So you wouldn't have been -- you wouldn't
17 have likely been a --

18 A Not at that time, no.

19 Q I just want to take a look at the application for
20 the licence for the foster home, it's at page 36634. And
21 that's from CD 1780.

22 So on the screen in front of you should be the
23 application to -- for a licence to operate.

24 A Yes.

25 Q Is this the document you would have provided to

1 Ms. Stephenson and Mr. Stephenson?

2 A Yes.

3 Q And you're saying it looks like you met with both
4 of them because it's signed by both of them?

5 A If I could take a look at the bottom.

6 Q Scroll down to the bottom, please.

7 A I make, make sure that -- yes.

8 Q Okay. And your understanding is that these,
9 these signatures are the signatures of Ron and Kim?

10 A That would be my logic understanding.

11 Q Okay. And the date, September 23rd, 2003, that's
12 when you indicate you met with them.

13 A That's right.

14 Q Would the applicants normally sign in front of
15 you that day?

16 A Yes.

17 Q And what's the purpose of the foster home
18 application?

19 A Again, to comply with, to comply with provincial
20 standards that mentions that when a home has been
21 designated as a place of safety, and is going to be lasting
22 in terms of the child being placed there, longer than 30
23 days, we do need to start the licensing process because all
24 children, who are under the agency's care, need to be in a
25 licensed home or a licensed facility, that's legislation;

1 right?

2 Q Okay. And that's something you would have
3 explained to Kim Edwards and Ron Stephenson that -- on
4 September 23rd?

5 A Absolutely.

6 Q They would -- and after that they would have
7 filled out the entire form?

8 A Right.

9 Q Go to page 36637. Is this part of the form, the
10 consent for a criminal record check?

11 A No, actually, back in 2003 together with the
12 application for a licence to maintain and operate a child
13 foster home, we had to sign this document with every person
14 over the age of 18 and older, living in the home.

15 I don't know why this form was not done, I did
16 (inaudible) with the whole package, I couldn't tell you.
17 What I could tell you is at the time that was the agency's
18 policy.

19 Q Sorry, which was agency's policy, to have it
20 done --

21 A To have, to have this done at the time we met for
22 the first time with the care providers, together with
23 completing the application for a licence to operate a child
24 foster home.

25 Q So when you met with the care provider there had

1 not been a criminal background check to that point?

2 A That doesn't mean that at all.

3 Q Okay.

4 A This means that this consent -- and this, this
5 has changed, it's not the way it's done anymore but back
6 then it was specifically to provide authorization to do a
7 check just to make sure that whoever the applicant was at
8 the time, did not have a pardon for a sexual offence which
9 would not have shown in a so-called criminal name check.

10 Q So this, in other words, was a specific check to
11 see if there --

12 A Very specific for the vulnerable section of the
13 records, of the police records.

14 Q So that's not say a prior criminal record check
15 hadn't been done, it's just that you wouldn't know if there
16 was a pardon --

17 A That's correct.

18 Q -- for a -- okay.

19 A That's correct.

20 Q It was the family service worker's responsibility
21 to do any prior criminal background checks, aside from
22 this?

23 A Oh, yeah, that was part of what I mentioned
24 before, in terms of the provincial standard child abuse
25 registry, prior contact, criminal name check, physical care

1 requirements and the reference.

2 Q Have you seen any changes since 2003 in terms of
3 the process for making someone a place of safety?

4 A In 2003?

5 Q Since 2003.

6 A Oh, since 2003. I've seen changes at an agency
7 level, I've seen change in our program level. Do you want
8 me to refer to our program changes?

9 Q Your, your program changes.

10 A Like I mentioned before, now we don't have one
11 specific social worker doing the intake part of the whole
12 place of safety process, we are assigned to the package,
13 when we get it at the office, from beginning to end.

14 In other words, care provider will get a
15 consistent person throughout the duration of that placement
16 and if that placement is going to be granted a licence to
17 become a child specific foster home, it will be the same
18 worker who will be undertaking all that process. That's
19 what I said, from beginning to end.

20 Q So, is that a change then?

21 A Right. That, that is -- that has changed. The
22 letter that we used to send to the worker is not in place
23 any longer, the letter that goes out to the care providers
24 advising them as to why this appointment is required, what
25 is the nature of it and what is the purpose of it is the

1 one that the family services worker gets a copy of.

2 Q And aside from those things, have there been any
3 other major changes?

4 A There has been changes in terms of the
5 interaction of what is called the SAFE tool and that stands
6 for Structured Analysis Family Evaluation which is a tool
7 that is used to assess suitable for fostering and also for
8 adoption. So, in other words, that's the tool that is used
9 in order to do a home study leading to the licensing of a
10 place as a child specific foster home.

11 We've also -- we, we will liaison, also, with
12 family services unit, back in 2003 and we still do have
13 units attached to every worker in our program but we also
14 offer to our services, our assistance, our experience, our
15 skills to them when they have difficulties identifying as
16 to whether a family or a potential place of safety family
17 could really meet standards, whether that, you know, it
18 will be a home that in the future will be a home that will
19 be in a position to be licensed. So we do work with
20 workers when they have doubts about this whole process.

21 Q Okay. In terms of the place of safety process,
22 keeping children safe, did you have any concerns about it
23 in 2003, in terms of how it worked?

24 A In general?

25 Q In general.

1 A My concern was in terms of again why this
2 particular and very important form, in my view, in which
3 we're trying to find out if any applicant might have
4 received a pardon for a sexual offence was not done at the
5 beginning of this whole process. Again, we didn't have all
6 the information, up to the point in which we were doing
7 this, but that now has changed. Now the police form has
8 changed, it has two places in which people sign. One is
9 for the criminal name check and the other one is for the
10 vulnerable section search which will be this form. So we
11 have the two and the two, two of those checks are done at
12 the beginning of the process.

13 Q And you're referring to page 36637, the consent
14 for a criminal record check?

15 A That's the one I'm referring to, yes.

16 Q That is now done at the beginning of the process
17 rather than later on?

18 A Right. Because the form will include the
19 criminal name check or police check plus this consent.

20 Q The -- I just want to ask you about something
21 that came out of the Section 10 report. If we can put it
22 on the screen, it's page 29.

23 Sorry, page 145. You've had a chance to review
24 this previously?

25 A I only had the chance to see it and to review it

1 when you provided access to me in the interview that I had
2 with you.

3 Q Okay.

4 A I never had prior knowledge of this nor was I
5 ever, ever interviewed by no one in regards to this
6 situation.

7 Q Okay, so the first time you saw this was in the
8 inquiry process?

9 A That's correct.

10 Q Okay. Were you interviewed by anyone with
11 respect to any of the reports that were written?

12 A Like I just mentioned, I was never ever
13 interviewed by no one, by no people doing the reports, not
14 at all.

15 Q Would you have liked to have been interviewed by
16 this report writer?

17 A Well, it would have been (inaudible) if whoever
18 is doing the report is talking not only in terms of your
19 personal and professional, professional work as a social
20 worker but also in terms of your work, as part of an
21 agency, it would have been a very nice learning tool.

22 We are learning every day, we are not perfect.
23 If I had short fallings on this, according to whoever wrote
24 the report, hey, that will be very welcome, it will be,
25 again, a learning experience. But I was not.

1 Q So to have some input into it and to see the
2 report when it's done would have been helpful?

3 A Very helpful.

4 Q Okay. I'm getting -- I'm going to review this
5 and give you a chance to comment on it now.

6 So under "Place of Safety with Kimberly Ann
7 Edwards and Rohan Wayne Stephenson", start with the second
8 paragraph where it says:

9

10 "Kimberly Edwards and Rohan
11 Stephenson applied in 2003 to be
12 licensed as a Place of Safety ...
13 for Phoenix Sinclair. In the
14 application forwarded to Manitoba
15 Family Services, it was noted that
16 Kimberly was living at 1331
17 Selkirk Avenue while Rohan lived
18 in McMunn, a hamlet an hour east
19 of Winnipeg in the R.M. of
20 Reynolds. The information in the
21 POS file indicated that the couple
22 were separated at the time of the
23 application. The reason for
24 separation was not noted nor does
25 it appear that a reason was

1 requested or questions (about)
2 asked about why they were making a
3 joint application, other than to
4 note ... they were co-parenting."

5

6 That's something you weren't involved with?

7 A I was not.

8 Q Okay. And it goes on to say:

9

10 "It was not clear from the file
11 why Mr. Stephenson's place of
12 residence was not examined for its
13 suitability as a [Place of Safety]
14 if the couple were co-parenting.
15 In addition, the personal
16 reference referred only to the
17 suitability of Kimberly Ann
18 Edwards. Mr. Stephenson remains
19 an enigma. The reason for the
20 couple's separation was not
21 explored - was it due to alcohol,
22 drugs, violence, gambling or
23 incompatibility?"

24

25 A Well, I mean again, if I go back to what I

1 mentioned before you in regards to standards, the
2 requirement, in terms of the checks, are done for everyone
3 18 years of age and older, residing in the home where the
4 child is residing.

5 Why should anyone do a physical check on Mr.
6 Stephenson's home when Phoenix was not living at that home?
7 That's to illustrate, I guess, my point in terms of has
8 someone asked me about it? Maybe they could have received
9 a different answer. But that's, that's not correct. I
10 mean, what was done in terms of Mr. Stephenson, in regards
11 to the checks, that's -- that is complying with the
12 standards.

13 Q So examining the, the home where you understood
14 the child would be living in would be complying with the
15 standards is what you're saying?

16 A Exactly. I mean, that's what the -- it's not my
17 understanding, that's what the standards mention very, very
18 clearly.

19 Q Is there anything else you want to add on that
20 paragraph?

21 A I'm sorry?

22 Q Is there anything else you want to add with
23 respect to what I have reviewed so far?

24 A No, no, that's all.

25 Q It goes on to say:

1 "Provincial Standard 411 for Place
2 of Safety in a family residence
3 specifies: 'Placement in a family
4 residence is not to exceed two
5 weeks unless the family applies to
6 provide care as an approved foster
7 home.'"

8
9 And before you comment I'll just keep reading
10 here.

11
12 "Given that the placement did
13 exceed two weeks and that the
14 caregivers were a separated couple
15 proposing (somehow) to co-parent,
16 it was incumbent on the Agency to
17 ensure that Phoenix was in a
18 satisfactory placement. It was
19 also required that the foster
20 parents apply to be licensed.
21 None of this was done during her
22 placement."

23
24 Do you want comment on, on that?

25 A Well, it was done during the placement, once more

1 we had the mandatory appointment as part of the beginning
2 of the licensing process. Granted, they were not given a
3 licence for a child specific foster home because the child
4 was not there any longer, therefore, you will not be doing
5 a home study when you have no children placed in the home.

6 Q Okay. If we go onto the next page, it says:

7

8 "Ms Edwards was noted to have a
9 child ... aged 14 years, living at
10 home as did Mr. Stephenson, whose
11 son, ... aged 12 years, lived at
12 home. The person who provided a
13 reference had known Ms. Edwards
14 for "6 or 7 years" and stated that
15 'Phoenix is (better there) better
16 off there. Phoenix has been taken
17 care of by Ron (sic) and Kim for
18 extended periods of time. Positive
19 reference.'"

20

21 It says:

22

23 "Phoenix was moved from [another]
24 foster home to Ms. Edwards'
25 Winnipeg home on July 31, 2003.

1 She became a Temporary Ward by an
2 order of consent on August 13,
3 2003. The order would end October
4 2, 2003, seven weeks after Mr.
5 Sinclair appeared in court.

6 Ms. Edwards had some previous
7 involvement with the Agency - a
8 Protection file was opened and
9 closed in her name on June 30,
10 1990. A child named --"

11

12 And the name has been redacted.

13

14 "-- was referenced. As Ms.
15 Edwards indicated in the POS
16 application (application) that she
17 had never received service from
18 any child welfare agency, this is
19 somewhat puzzling.

20 At the closing of the file on
21 October 7, 2003, the care provider
22 listed is Kimberly Stephenson
23 only. The POS worker noted that
24 Ms. Stephenson should be invited
25 to apply as a general foster home

1 (placement).

2

3 Or sorry, provider.

4

5 "In the letter to Ms. Stephenson
6 (there is no corresponding letter
7 to Mr. Stephenson) it is noted
8 that Phoenix left the home at 1331
9 Selkirk Avenue on October 3, 2003.
10 She was discharged to her father,
11 Steven Sinclair."

12

13 Do you want to comment on any of that?

14 A Again, had there been any prior contact checks,
15 in other words, any prior contact with the agency, that
16 will have been analyzed and assessed by the placing worker
17 as part of the assessment that the issues, whichever those
18 could be, but when there were -- there was contact with the
19 agency did not pose any risk for the safety of Phoenix in
20 this home. That is part, like I mentioned, of the
21 assessment of the suitability of the home to be designated
22 as a place of safety home. There were no concerns with
23 this home.

24 Q And you weren't, you weren't assessing, in any
25 event, the suitability of the home?

1 A No, I was not.

2 Q I'm just going to take you to one more reference
3 at page 147. Top of the page it says:

4

5 "The [place of safety] file was
6 closed with the note "Given time
7 constrains (sic), this worker was
8 able to meet once with this care
9 provider. Nevertheless, she should
10 be invited to apply ..."

11

12 Et cetera. It says:

13 "As the [place of safety] worker
14 was not charged with monitoring
15 Phoenix's placement, this limited
16 contact was regrettable; of
17 greater concern was the fact that
18 the Family Services worker did not
19 record contacts with Phoenix and
20 her foster parents."

21

22 And now I understand a lot of that doesn't apply
23 to your involvement but do you have any comments on that
24 last paragraph?

25 A Again, had I been interviewed prior to the

1 conclusion, in terms of the contact from the POS program,
2 that took place only once, was regrettable. They could
3 have had come to, to a different conclusion, that it was
4 suitable for the needs of that home at that time. That's
5 my only comment.

6 Q Okay.

7 A But again, I was never interviewed.

8 Q And just, just to be clear, is it your position
9 that it was suitable just to have the one visit in that
10 time period?

11 A Again, there is not a set number of visits,
12 either than obviously that mandatory appointment, like I
13 mentioned before, we would meet with care provider as many
14 times as needed.

15 I should mention though, the only exception will
16 be when you had a former POS home who is now a child
17 licensed child specific foster home in which you do have to
18 do a home review every year in order to renew the licence
19 and then we are required to have, at the least, four
20 contacts during that particular year.

21 MR. OLSON: Okay. Thank you, those are my
22 questions.

23 THE COMMISSIONER: Thank you, Mr. Olson. Cross-
24 examination? Mr. Gindin?

25 MR. GINDIN: Good afternoon, sir.

1 THE WITNESS: Good afternoon.

2 MR. GINDIN: My name is Jeff Gindin, I appear for
3 Kim Edwards and Steve Sinclair. I just have a couple of
4 questions.

5

6 CROSS-EXAMINATION BY MR. GINDIN:

7 Q The matters of which you're telling us go back
8 nine years; correct?

9 A I'm sorry, I'm having a lot of difficulties --

10 Q I say that the matters of which you're discussing
11 with us go back some nine years. Correct?

12 A Correct.

13 Q And I think you said that you really had no
14 independent recollection of some of these events because
15 you've had lots of cases; correct?

16 A And a lot of years that went by, absolutely
17 correct.

18 Q And so the evidence that you're giving us, really
19 is after looking at some documents, and as a result of
20 looking at those documents you're kind of trying to piece
21 together what occurred; right?

22 A Well, I'm trying to provide the Commission with
23 the best information that I am able to provide with what I
24 do have.

25 Q Um-hum. Now --

1 A So I'm not placing things together, I'm trying to
2 make sense out of my notes, to provide the Commission with
3 the best of the information to the best of my abilities.

4 Q Now, when you say my notes, do you actually have
5 notes?

6 A What I mentioned before --

7 Q No, I realized that you have looked at an
8 e-mail --

9 A Right. Those are my notes.

10 Q Okay, you've looked at an e-mail, you've looked
11 at a letter.

12 A Those are my notes, sir.

13 Q Did you make any notes on your own --

14 A I did.

15 Q -- aside from that?

16 A What I'm saying is my notes were made in the
17 computer, were done in the computer.

18 Q Okay. Do you have notes, for example, of the
19 conversation that you would have had with Kim Edwards or
20 Rohan Stevenson?

21 A Again, that's my e-mails, my recording was done
22 in the computer.

23 Q Okay. So you have no notes; right?

24 A I have the notes that were in the computer.

25 THE COMMISSIONER: Well, have you got any notes

1 other than what have been shown to you today?

2 THE WITNESS: No.

3

4 BY MR. GINDIN:

5 Q If we can have a look at page 36634, just for a
6 moment. Now, here is a document that you were shown some
7 time earlier today. You recall that; right?

8 A Correct.

9 Q And if you just lift it up a little bit, towards
10 the bottom, you will notice that there are two signatures
11 at the bottom of that page.

12 A Yes.

13 Q All right. Now, would you be able to recall
14 whether you were present while those signatures were put on
15 the page or whether the page was simply delivered to you,
16 already signed?

17 A No, I was there.

18 Q You have notes of that somewhere?

19 A I know because if you -- I saw my handwriting
20 here somewhere, if I'm not mistaken. I might be mistaken.

21 No, my note -- there's no hand -- my handwriting
22 there.

23 Q Okay. So you can't tell us then whether the
24 document delivered to you already signed or if it was done
25 in your presence?

1 A What I could tell you, sir, is what my practise
2 was at the time in which I will take this application and I
3 will be there while we are completing this with the care
4 providers. That's the best I could tell you.

5 Q Yeah. That is your practise but you can't
6 specifically recall that happening here?

7 A Not specifically.

8 Q Okay.

9 A Not specifically.

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

11 THE COMMISSIONER: Thank you, Mr. Gindin. Who
12 else? All right, I guess you're on, Mr. Ray.

13 MR. RAY: Thank you. I just have a couple of
14 questions for you that's resulting from questions asked by
15 Mr. Olson, Mr. Rojas.

16

17 CROSS-EXAMINATION BY MR. RAY:

18 Q Your comment was that you don't provide
19 protection services to the child that is placed, in this
20 case that's Phoenix. My understanding is that's the role
21 of Mr. Stan Williams, who was the family services worker,
22 for that particular file?

23 A That's correct.

24 Q That's your evidence?

25 A That's correct.

1 Q So however, as the place of safety worker for Ms.
2 Edwards and Mr. Stephenson, if you noted a child protection
3 concern, perhaps you were interviewing them for purposes of
4 filling out the foster home application, if you had noted a
5 concern what would you do with it, if anything?

6 A I will immediately make Stan Williams aware of
7 those.

8 Q Do you recall if you noted any child protection
9 concerns the one time you say you visited with this
10 particular family?

11 A There were no protection concerns with the POS
12 home for baby Phoenix Sinclair, none.

13 Q Mr. Olson asked you questions about the
14 suitability of the home and whether or not you would be
15 playing a role in assessing that and I think you said that
16 you would not normally assess the suitability of the home,
17 again that would be Mr. Williams' responsibility when he
18 originally filled out the place of safety application?

19 A Right.

20 Q Okay. If you noticed, again, something about the
21 home where it appeared, to you, to become unsuitable, would
22 you -- what, if anything, would you do with that
23 information?

24 A Again, the same thing that I told you before,
25 inform Mr. Williams of that.

1 Q And do you recall noting anything to provide Mr.
2 Williams about the unsuitability of the home?

3 A No. Once again, there were no problems, there
4 were no concerns with the POS home.

5 Q I would just like to clarify something that Mr.
6 Olson commented about the Section 10 report, just to -- I'm
7 not sure I understood quite your answers. If we could
8 bring up -- I'm sorry, I thought I had the -- just give me
9 one moment, please.

10 Page 145 please.

11 If you could scroll down to the bottom paragraph,
12 please. You see the, the statement there: "Given that the
13 placement did exceed two weeks"? And then it continues:
14 "It was incumbent on the Agency to ensure that Phoenix was
15 in a satisfactory placement." Is it, is it my
16 understanding, from your evidence, that that is what Mr.
17 Williams would have done, originally, by filling out the
18 place of safety application and doing the, the checks that
19 you mentioned in your evidence?

20 A That is correct.

21 Q Okay. And then the next sentence:

22

23 "It was ... required that the
24 foster parents apply to be
25 licensed. None of this was done

1 during her placement."

2

3 You've been shown the application form which was
4 -- appears to have been an application to apply for a
5 foster home, so do you agree with that statement that
6 the --

7 A Like I --

8 Q -- that that wasn't done?

9 A Like I mentioned before, I don't agree and I
10 really don't understand it, because it was done.

11 Q Okay. I just didn't quite understand your
12 evidence on that point. Thank you.

13 There was some comment about the fact that
14 Phoenix was returned to her father prior to the application
15 process being completed for, for the licensed foster home,
16 child specific foster home. You mentioned, you mentioned
17 that in your evidence, that the -- you closed the file
18 because Phoenix was returned prior to the licensed foster
19 home application being completed.

20 A No, the actual reason for the closing of the file
21 in any place of safety home, is because the child that was
22 specifically named to be cared for by those POS providers,
23 is being discharged from the home.

24 Q Yeah, but the -- she was returned to her father,
25 there was no -- she was no longer in the home and a place

1 of safety.

2 THE COMMISSIONER: Well, he said a number of
3 times that's the reason.

4 THE WITNESS: That she was no longer --

5 MR. RAY: Yeah. No, I --

6 THE WITNESS: -- in the home.

7 MR. RAY: -- and the --

8 THE COMMISSIONER: That's the reason he, he down
9 tools.

10

11 BY MR. RAY:

12 Q Yes, and what -- but my question for the witness
13 is, is had Phoenix stayed longer, another four months,
14 another five months, another six months, whatever the
15 duration was, would you have expected to, to conduct more
16 visits in that period of time, given that the file remained
17 longer and, and was not closed?

18 A Absolutely.

19 Q And just one question with respect to Mr.
20 Gindin's questions for you, if we could turn to page 43572,
21 please. You -- that's the e-mail from you to Stan and it's
22 -- do you see the date there, what is the date on that
23 e-mail, September 23rd?

24 A Twenty-third.

25 Q Okay. Do you recall what date you filled out the

1 application form for the licensed place of safety?

2 A September 23rd.

3 Q Okay. And Mr. Gindin was asking you whether you
4 specifically recalled or had any notes about your
5 interaction with Ms. Edwards and Mr. Stephenson on
6 September 23rd and you said you did not and that your notes
7 were in the e-mail. Is that my understanding of your
8 evidence?

9 A Right. I'm -- yeah.

10 Q And just look at the e-mail, the second
11 paragraph. Would you read that for us, please?

12 A I'm sorry?

13 Q Would you read the second paragraph please?

14 A

15 "I met with the above-named care
16 provider this morning. She asked
17 to be placed in a twice a month
18 budget since it is hard to make
19 ends meet. I could easily do that
20 with accounting, providing that
21 you are in agreement."

22

23 Q And does that help you to recall whether that
24 meeting occurred at the time that you filled out the
25 licensed place of safety application?

1 A That's quite obvious, yes.

2 Q And, and is that -- are those the notes that you
3 are referring to when you say you had notes of that?

4 A Yes, yes, that's what I'm referring to, sir.

5 MR. RAY: Thank you, those are my questions.

6 THE COMMISSIONER: Thank you, Mr. Ray. Mr.
7 Olson?

8 MR. OLSON: I have no further questions.

9 THE COMMISSIONER: All right, thank you, witness,
10 you are finished.

11 THE WITNESS: Thank you very much.

12 THE COMMISSIONER: Appreciate you being here.

13 THE WITNESS: Thank you.

14

15 (WITNESS EXCUSED)

16

17 THE COMMISSIONER: What time are we going to
18 adjourn to, 1:45 or two o'clock?

19 MR. OLSON: I think two o'clock.

20 THE COMMISSIONER: All right. We'll adjourn now
21 until 2:00 p.m. this afternoon. Thank you.

22

23 (LUNCHEON RECESS)

24

25 MR. RAY: My, my apologies, Mr. Commissioner, I

1 was, I was the reason for the wait there.

2 THE COMMISSIONER: Oh, wasn't serious.

3 THE CLERK: Please stand for a moment. Is it
4 your choice to swear on the Bible or affirm without the
5 Bible?

6 THE WITNESS: Sure.

7 THE CLERK: Bible? State your full name to the
8 court.

9 THE WITNESS: Barbara Anneliese Klos.

10 THE CLERK: Spell me your first name, please.

11 THE WITNESS: I'm sorry?

12 THE CLERK: Spell me your first name.

13 THE WITNESS: B-A-R-B-A-R-A.

14 THE CLERK: Your middle name?

15 THE WITNESS: Anneliese, A-N-N-E-L-I-E-S-E.

16 THE CLERK: And your last name?

17 THE WITNESS: K-L-O-S.

18 THE CLERK: Thank you.

19

20 **BARBARA ANNELIESE KLOS, sworn,**

21 testified as follows:

22

23 DIRECT EXAMINATION BY MR. OLSON:

24 Q You have a certificate in supervising child care
25 workers which you obtained from Chapel Hill, North Carolina

1 in the 1970s; is that ...

2 A Yes.

3 Q Aside from that, do you have any other formal
4 education?

5 A No, I don't have a degree.

6 Q Okay. You began working for child welfare in
7 1981 and that was with the Children's Aid Society of
8 Winnipeg?

9 A Yes.

10 Q That was prior to Winnipeg Child and Family
11 Services being in existence, is that ...

12 A That's right.

13 Q And what is it you did with child -- Children's
14 Aid?

15 A Children's Aid Society? I was a supervisor of
16 group resources --

17 Q Okay. Could you move --

18 A -- for the agency.

19 Q -- your microphone a little closer.

20 A All right?

21 Q That should be better.

22 A A supervisor for the child, child care resources.

23 Q And what, what did that involve?

24 A I supervised the operation of six receiving homes
25 and some family group homes --

1 Q Okay. So those --

2 A -- for Children's Aid.

3 Q That was longer term placements, then?

4 A The emergency receiving homes were allegedly
5 30-day placements but they often were longer.

6 Q Yes.

7 A So these were shift-staffed homes. As I said, I
8 had six of those, and there were probably eight staff in
9 each home and a coordinator that I supervised.

10 Q Okay. Then in 1985 you began working with
11 Northwest Child and Family Services?

12 A I was grandfathered in at the devolution of the
13 Children's Aid of Winnipeg.

14 Q Okay.

15 A Grandfathered in as a social worker, generic
16 social worker.

17 Q And when you say "generic social workers", is
18 that the same thing as what you call a front line worker or
19 a family service worker?

20 A Everything. I did intake once every six days.
21 Whatever intakes I got on those days were my cases. And
22 then I was assigned cases by the supervisor, which were
23 protection cases, children in care, permanent wards,
24 adoption, foster home, whatever.

25 Q Whatever. Okay. In 1989 you began working in

1 intake or as an intake worker?

2 A '88/'89 I took over as an intake worker in the
3 Northwest office that I worked out of.

4 Q Was that strictly intake?

5 A Strictly intake.

6 Q What did that involve?

7 A We -- by the end of -- at some point in the late
8 '80s early '90s we developed an intake system for our area
9 of northwest where we did one week of intake, one week of
10 backup, and one week of getting our recording done. So the
11 one week of intake, I did whatever, whatever calls came in,
12 whatever intake needed to be dealt with, were my cases.
13 The following week, on backup, I would cover and help or
14 assist the person who was on primary intake for that week,
15 because there was three of us. And then the third week I
16 would devote to doing some of the fields that I hadn't
17 completed, doing my write-ups, et cetera.

18 Q So for one, one week you would take phone calls
19 and answer requests for service?

20 A Yes.

21 Q And then one week you would go out in the field
22 and, and respond to those requests?

23 A No. I might go out on the same day that I took
24 the call if it was an emergency.

25 Q Okay.

1 A Otherwise I might set an appointment or go out on
2 them at a later date.

3 Q For how long did you work in intake?

4 A I did strictly intake until 1999 when there were
5 changes in the system and the 835 or 830, at that time,
6 Portage Avenue building became the building that did intake
7 for the whole city as opposed to the four agencies that had
8 been developed. So I moved, in '99, to Portage Avenue.

9 Q To 835 Portage Avenue?

10 A Yeah.

11 Q What were you doing there?

12 A Initially, I was with the, what was the northwest
13 intake unit, but I was doing screening for that unit, which
14 meant there were four people doing the screening for each
15 of the four areas and what that consisted of was answering
16 the phone and taking information on any new cases, and then
17 we gave them to the supervisors of those units to be dealt
18 with.

19 Q So in that position, you didn't go out and do
20 fields?

21 A No.

22 Q Just answering the phone?

23 A Yes.

24 Q Taking the information?

25 A Yeah.

1 Q And you called that screening?

2 A At that time it was called screening. It then
3 developed into CRU.

4 Q That's what I was going to ask you next. CRU
5 wasn't around at that point?

6 A No.

7 Q When it -- did you stay there after that?

8 A From screening right into CRU.

9 Q Were you doing the same function when you began
10 at CRU?

11 A No. CRU was developed in two teams. There were
12 two teams that comprised CRU, team "A" and team "B". For
13 three days you were on phones and three days you were on
14 backup. So I was on one of the teams.

15 Q So you do three, three days phone, three days
16 backup?

17 A But no fields.

18 Q What did backup involve?

19 A Backup would involve fields. However, I did not
20 do fields because of physical constraints.

21 Q Okay.

22 A So I did all of the other things that backup did,
23 and that might be walk-ins, doing any follow-ups on any
24 cases from after-hours or from the other team that didn't
25 require a field. Anything that came in via fax or e-mail,

1 cases that needed to be opened on the system. The only
2 fields I did, if you can call them fields, was if I --
3 because I used to do some of the services, if we were being
4 requested to serve notices to families by another, another
5 agency or another province, if the family lived on the main
6 floor and I had established that, I might go to their home
7 to do that.

8 Q Okay.

9 A I also went to 114 Garry on a number of occasions
10 in order to review files because I did some file reviews.

11 Q What's 114?

12 A 114 Garry is where the archive the files were.

13 Q So you'd go to the archives?

14 A I would go there, yeah, to look at old cases or
15 the files if I was preparing a file review as part of the
16 backup role.

17 Q Okay. So your, your situation was a big unique
18 in that you didn't generally go out and do fields?

19 A No. The only fields, as I said, those were the
20 only two, the only two kinds of fields I did was going to
21 review files or the odd process serving.

22 Q Can you just give, give us a brief run-down of
23 what a CRU worker does, how the files come in and then what
24 happens?

25 A When you're on telephones you respond to

1 generally new cases, anything that is coming to the agency
2 for the first time or coming back to the agency. Reception
3 answers the phone, and if it's determined that a case is
4 open, that won't even come to CRU. If it's a new case, the
5 call comes to CRU, we respond, take the call, take down
6 information from the source of referral. Based on what the
7 concerns are, if it's a case that is -- that, as a worker,
8 you feel requires immediate response, you would go to your
9 supervisor and ask that it be assigned to the backup unit
10 so that the response can be made. Then you go back to your
11 desk and write up the report while the other team is out on
12 the field.

13 Q So you have to make a determination as to the
14 response time?

15 A Yes. If it's a case that you're just going to
16 open and it's going to need to be followed up and not
17 immediately, you write up your report and you hand it in to
18 your supervisor to review and to make a determination based
19 on what you've recommended: Is it going to the other team
20 for follow-up tomorrow or is it going directly up to
21 intake.

22 Q If the supervisor disagrees with your assessment,
23 then what happens?

24 A I haven't had that experience.

25 Q You've never had that experience? Okay.

1 A I'm sorry. No.

2 Q No, that's fair. You said that if the file, when
3 the call came in if the file was already opened, it goes
4 directly -- that goes directly to the family service
5 worker?

6 A Yes. Or to the intake worker. CRU is not
7 intake.

8 Q Right. It doesn't stay in CRU?

9 A No. It goes directly to the worker it's assigned
10 to. If the case is an assigned case, the call would go
11 directly to that worker.

12 Q What about cases where the call involves an
13 allegation of child abuse?

14 A If it's an open case?

15 Q Any, any case you get a call and it's in --
16 there's an allegation of child abuse?

17 A Okay. A determination needs to be made whether
18 or not this needs to be attended to immediately. If it
19 does, we would again go to our supervisor or call up to an
20 abuse supervisor, indicate the concern and that supervisor
21 might send out an abuse worker, because that isn't handled
22 by CRU. Even the backup unit, like it's handled by abuse.
23 So the abuse supervisor might send out her workers or his
24 workers to attend to the allegations that you've presented
25 to them, and you, at that point, starting writing it up so

1 that it's ready for them when they get back.

2 Q Okay. From 2000 until 2009, were you doing the
3 same type of work, CRU work?

4 A Yes. There was a short period in 2001 or 2002
5 that I was acting supervisor in the unit when one of the
6 supervisors went on maternity leave.

7 Q And then after 2009 you were promoted to --

8 A I began supervising.

9 Q -- supervisor of a --

10 A CRU.

11 Q -- CRU unit?

12 A Yes.

13 Q Where are you today?

14 A Retired.

15 Q You're retired. Okay. When did you retire?

16 A Effective November 1st.

17 Q Okay. So you were supervisor of CRU up till that
18 point?

19 A Until I went on holidays in August --

20 Q Okay.

21 A -- mid-August.

22 Q Just want to talk to you about standards. Have
23 you received any training on standards during your career?

24 A Yes. 2009, I believe, before I took on the
25 supervisor position, the standards were presented and

1 training took place with all of the units at, at ANCR that
2 I'm aware of.

3 Q Okay. And prior to 2009 had you received any
4 specific training on standards?

5 A Not specific that I can recall.

6 Q Okay. In your role as a supervisor, up until
7 when you retired, do you -- did you ever refer to
8 standards?

9 A I don't think there was ever a need to refer to
10 the standards manual.

11 Q Okay. You were involved in providing services to
12 Phoenix Sinclair and her family in 2004.

13 A Um-hum.

14 Q Right. At that time, who did you report to?

15 A Diva Faria.

16 Q So she was your direct supervisor?

17 A Yes.

18 THE COMMISSIONER: What was her name?

19 THE WITNESS: Diva Faria. F-A-R-I-A.

20

21 BY MR. OLSON:

22 Q So would she assign you cases?

23 A Yes.

24 THE COMMISSIONER: And that was 2004, did you
25 say?

1 THE WITNESS: That was when I was involved in the
2 Sinclair case.

3 THE COMMISSIONER: Yes.

4 THE WITNESS: But Diva Faria was my supervisor
5 from 2000. I think that's when she became a supervisor in
6 the crisis response unit.

7 THE COMMISSIONER: And she --

8 THE WITNESS: She was always my supervisor up
9 until she left.

10

11 BY MR. OLSON:

12 Q When did she leave approximately?

13 A Good question. 2005/2006 maybe, I'm not sure.

14 Q Okay. Now, you said she assigned cases to you.

15 A Yes. To all the workers.

16 Q And as a CRU worker, did you carry cases? Did
17 you have a caseload?

18 A No.

19 Q No.

20 A No.

21 Q So what was the normal timeframe for a case in
22 CRU? Was there, you know, 30 days, 60 days?

23 A You moved the cases as quickly as possible. If
24 they were going up to intake, you completed writing them up
25 and sent them up to be assigned to an intake unit. If it

1 was something that could be dealt with in a short term,
2 within a 24 to 48 -- if it was an emergency it might go to
3 the, the other intake -- the other CRU unit to be dealt
4 with immediately. And then at that point, depending on the
5 outcome, it might have been closed or it might have gone
6 upstairs by that worker.

7 Q Okay.

8 A If we were going to be -- if I was doing a court
9 notice or serving notices for court and I kept that, I kept
10 that till it was completed. It might have been four or
11 five days. But as a rule, our cases move fairly quickly.

12 Q So they're fairly short term?

13 A Yeah.

14 Q I've heard it described as sort of a triage
15 function where you, you look what the problem is and where
16 to send the case. Is that, is that accurate?

17 A From the phone?

18 Q Right. From when the referral comes in.

19 A Yes. Yeah. Or even with the faxes or e-mails,
20 depending on what the request is, a determination is made
21 whether that's going to be handled at CRU or whether it's
22 going to be written up. Or one way or another, it's got to
23 be written up.

24 Q Right.

25 A A file needs to be created or at that time, which

1 is now an intake module. So we opened up a report and it
2 was either going to be dealt with by yourselves or it was
3 going to go upstairs to intake. And there were certainly
4 occasions where it was going to be dealt with and it was
5 going to be closed at our level.

6 Q Okay. Did every report or intake result in a
7 paper trail of some sort, a report or document?

8 A Not every report. If the call you were taking
9 was felt to be non-child welfare, it was just a log.

10 Q It would be --

11 A A report wasn't generated; you logged the
12 information.

13 Q Okay. And where would the information be logged?

14 A At that time there were log forms, log sheets.
15 We would, we would record all the calls we took. And there
16 was a section on that log that indicated whether you were
17 logging the information or whether you were opening up a
18 report and where you were sending it. So the log really
19 consisted of a short note in that line, you know.

20 Q Was it up, was it up to the worker to make the
21 log note?

22 A Yes.

23 Q So there would be a record, then, of every call
24 that came in as, as long as a note was made or a file
25 opened?

1 A Yes.

2 Q Okay. With respect to Ms. Faria, did, did she
3 have regular supervision meetings with you?

4 A No.

5 Q Were there any regularly scheduled supervision
6 meetings?

7 A I think that she would attempt to have regular
8 supervision times and we'd often end up cancelling them
9 because I might be, for myself, I might be busy on the
10 phone at that time that was scheduled or she was called
11 away to a meeting. But she had an open door policy, so if
12 I needed to talk to her about a case, I generally had no
13 problem just going in and talking to her.

14 Q Did -- you had no problem actually accessing her
15 through the open door policy she had?

16 A No.

17 Q Okay. And would you go to her to talk about
18 specific cases and questions you had about those cases?

19 A Yes.

20 Q Did you -- would you make notes of the
21 discussions?

22 A No, I don't think I made notes of the
23 discussions. If -- whatever was discussed might be entered
24 into the report that I was generating.

25 Q So it might go into the report but you wouldn't

1 have handwritten notes?

2 A Yeah. The, you know, this case, in terms of my,
3 my recording, I might be saying, in discussion with
4 supervisor Diva Faria, it was determined that.

5 Q Yeah. I want to look at the specific services
6 you were involved in, in this case. If we could turn first
7 to page 37356. This is from Commission disclosure 1796.

8 A Okay.

9 Q So this, this is a four-page document called CRU
10 intake and AHU form.

11 A Um-hum. Yes.

12 Q Is this something that you prepared?

13 A Yes.

14 Q And if you turn to page 37359, the bottom, just
15 scroll down a little bit, there are two signatures. Is
16 the, is the top signature yours?

17 A I'm sorry?

18 Q There, there are two signatures on the bottom of
19 the page.

20 A Right.

21 Q Is the top signature yours?

22 A Yes, it is.

23 Q And then below that's your supervisor's
24 signature?

25 A Yes. Or that could be Diana Verrier for Diva

1 Faria. I don't know.

2 Q Okay.

3 A I, I really don't remember if Diva signed her
4 full name or just initials, really.

5 Q Okay. And who was Diana Verrier?

6 A Diana Verrier was the -- there were two
7 supervisors with CRU.

8 Q Would she --

9 A So --

10 Q -- sometimes fill in for Ms. Faria?

11 A Yes. Yes.

12 Q So it could have --

13 THE COMMISSIONER: What, what was her name?

14 THE WITNESS: Diana Verrier.

15 THE COMMISSIONER: Verrier.

16 THE WITNESS: Yes.

17

18 BY MR. OLSON:

19 Q Go back to page 37356. The top it says that this
20 is being sent to northwest intake?

21 A Yes.

22 Q Why was that?

23 A That was because -- this is after the fact, this
24 report you're showing me.

25 Q Um-hum.

1 A The initial report was going to central intake
2 from after-hours. This report was taken by after-hours
3 then it came to me.

4 Q Okay.

5 A I determined that because of where Phoenix was to
6 be residing, which was with her father, Steven, I changed
7 the opening of the file from the mother's name to opening
8 it under the father's name.

9 Q So initially it was opened under Samantha
10 Kematch?

11 A Yes, and it was going to go to central intake
12 because of her address.

13 Q Okay.

14 A And when the determination was made that Phoenix
15 -- or Steven was in receipt of EI Assistance with Phoenix
16 on his budget, the case was being opened under Steven's
17 name, and it would -- and because of his address it was
18 going to northwest intake.

19 Q And if we look at the history, under file number,
20 below that, is that, is that the history that you recorded?

21 A Yes.

22 Q Says: S012010 last closed November '03. That's
23 referring to Steve Sinclair's file?

24 A Yeah, maybe you could bring it back for me, back
25 to the ...

1 Q Page 37356.

2 A Okay.

3

4 "Following is information copied
5 from the last closing summary
6 (please read information on file
7 for more details):"

8

9 Yes. So I would have got the information from
10 Mr. Sinclair's closing summary from his file.

11 Q From his closing summary?

12 A Yeah.

13 Q Would you have accessed that in a paper form or
14 would that be from CFSIS?

15 A From CFSIS.

16 Q So you go on CFSIS and you look at the last
17 closing and, and the information that's below, all the way
18 up to Significant Others on the next page, is that all
19 copied and pasted?

20 A Was copied, yes. As I indicate at the beginning.

21 Q At the time you're writing this would you have
22 had access to the paper form, the paper file?

23 A No. I think by that time, and I may be wrong,
24 because I certainly can recall times that I called for
25 files, paper files. We had to call our file clerks and

1 they would bring up the files. Then they were moved so we
2 didn't access them anymore once we were doing everything,
3 more on the computers. Plus, in terms of time, waiting for
4 a file to get to me, if it needed to be moved, it would
5 have taken that much longer to complete the recording.

6 Q So CFSIS was quicker?

7 A Absolutely.

8 Q Is CFSIS the primary tool you relied on to pull
9 up histories, past histories?

10 A After ...

11 Q A certain point in time.

12 A After a certain point in time, yes. As we -- as
13 the computers were being used more and more, yes.

14 Q Prior to that you'd have to look at the paper
15 file, and that'd be more time-consuming?

16 A Yes.

17 Q I take it you don't review the whole file, you
18 just review the last intake?

19 A When we're doing a report?

20 Q Right.

21 A At this point with the, with the I.M., as the way
22 they're done now?

23 Q Not now, back in 2004.

24 A Back then?

25 Q That pre-dates the I.M.

1 A Okay. We, we sometimes, it depended on the
2 amount of time you had and what you were doing with the
3 case, I might look up a number of different closing
4 summaries. Hopefully I would find one that was completed
5 and was well done and had all of the information from all
6 of the prior involvements. So the last closing summary
7 technically should have all of the information in it.

8 Q But you might look at more than the last --

9 A Yes.

10 Q -- closing summary?

11 A Yeah.

12 Q Just want to go through what you've written here
13 for the history. Says:

14

15 "Both parents have been involved
16 with ..."

17

18 I'm reading from page 37356. Says:

19

20 "Both parents have been involved
21 with child welfare agencies as
22 permanent wards. Samantha became
23 a ward of Cree Nation [CFS] in
24 1993 and Steve a ward of Winnipeg
25 Child and Family Services in 1991.

1 Samantha had one child, ... when
2 she was seventeen ... who is a
3 permanent ward in Cree Nation ...
4 Steve and Samantha had two
5 children together. Phoenix born
6 ... April 23, 2000 and apprehended
7 at birth as neither parent was
8 ready or prepared to parent their
9 daughter. In September of 2000
10 Phoenix was returned to her
11 parents. On April 29, 2001, they
12 had another baby ... who went to
13 live with them and Phoenix. [That
14 baby] died of natural causes
15 related to complications of
16 pneumonia on July 15, 2001 while
17 in the care of Steven shortly
18 after Samantha and Steve
19 separated. Phoenix remained with
20 Steve and the file was closed in
21 March 2002 because Steve did not
22 want any further services from
23 the agency. The file was re-
24 opened on February 28, 2003 due to
25 medical concerns about Phoenix

1 having a foreign object in her
2 nose and was infected. The file
3 was subsequently transferred for
4 ongoing service on June 27, 2003,
5 after Phoenix was apprehended on
6 June 23, 2003. Steve's ability to
7 parent his daughter had
8 deteriorated to the point of him
9 being under the influence most of
10 the time and subjecting his
11 daughter to inappropriate
12 caregivers."

13

14 Goes on:

15

16 "Mr. Sinclair requested his child
17 stay in care until he felt strong
18 enough to care for her once again.
19 He has had his time out and will
20 parent Phoenix starting October 2,
21 2003. He has done no programming
22 and as such is prone to returning
23 to an unhealthy way of managing
24 stresses in his life. He is aware
25 of the need to arrange for

1 appropriate alternative caregivers
2 when he feels the need for a break
3 or time out for respite.

4 In the event Mr. Sinclair returns
5 to unhealthy ways of managing
6 his life and caring for his
7 daughter, it is recommended
8 Phoenix be placed with Place of
9 Safety Foster Parents, [Ron] and
10 Kimberly Stephenson. It is also
11 recommended he attend to
12 programming for lifestyle
13 difficulties prior to him
14 considering parenting his daughter
15 Phoenix. It is anticipated a
16 Temporary Order of six months to a
17 year would be required."

18

19 We've looked before at the closing summary
20 prepared by Mr. Williams, Stan Williams. This is directly
21 out of that?

22 A Think so.

23 Q Okay. And that's the background you would have
24 been aware of?

25 A Right.

1 Q Under Significant Others there's Samantha
2 Kematch, and then it says:

3

4 "Kimberley and Rhon Stphenson"

5

6 A Yes.

7 Q There are two numbers under their name. And then
8 you have a note:

9

10 "As of Jan. 16/04, it is not
11 confirmed that the Stephenson's
12 continue to reside at this
13 address. It is known, that
14 neither of the phone numbers that
15 were active in Nov./03 (listed
16 here), are currently in service."

17

18 A No, currently they -- that's an error.

19 Q Are --

20 A Not in service. Because I believe that's
21 indicated in my recording.

22 Q So ...

23 A The numbers weren't in service.

24 Q So the numbers listed here weren't in service at
25 the time?

1 A Right.

2 Q How did you make that determination?

3 A By trying to phone them.

4 Q Okay. And you got a --

5 A Not in service.

6 Q -- number disconnected, or whatever. Okay.

7 Then, under Source of Referral, the source of
8 referral's name has been redacted:

9

10 "[The referral] ... called on Jan.
11 15/04, and the report was opened
12 under Samantha Kematch until it
13 was discovered that it is Mr.
14 Sinclair that is the guardian of
15 Phoenix and the file needed to be
16 opened under his name."

17

18 Then you have the Time of Referral on the next
19 page. Presenting Problem. So this is the problem that
20 source of referral has indicated is the problem?

21 A To after-hours. That's a copy of the after-hours
22 report.

23 Q Okay. Up to where it says Jacki Davidson/AHU?

24 A Yes.

25 Q So the information you were given by after-hours

1 is that, it says:

2

3 "At this time, we will copy the
4 information from the Samantha
5 Kematch file as it is the same
6 information that would be entered
7 on this file:"

8

9 Then there's --

10 A So I just copied what was written by Jacki
11 Davidson.

12 Q By Jacki Davidson.

13 A Below that, yes.

14 Q Okay. So it says:

15

16 "[Referral] lived with Samantha,
17 Phoenix, and Samantha's mother,
18 ... They had a falling out at
19 Christmas ... [they] had ...
20 police remove ... belongings,
21 which were vandalized by the time
22 ... she got them. [The referral]
23 alleges that Samantha goes out
24 drinking frequently leaving ...
25 with ..."

1 That name's been redacted:

2

3 "... [who] allegedly smokes 'rock'
4 when Phoenix is present. [The
5 source of referral] has not heard
6 anything about the family since
7 [she] left the home."

8

9 So that was the after-hours report?

10 A Yes.

11 Q And when it says she allegedly smokes rock,
12 what's that referring to? What's your understanding of
13 that?

14 A I would imagine crack cocaine, some kind of drug.

15 Q Okay. So in terms of a safety or risk
16 assessment, would you have, would you have prepared a
17 safety or risk assessment at this point?

18 A We didn't formally do risk assessments at that
19 time.

20 Q You go, go on a little bit further where it
21 starts:

22

23 "Prior to the case being assigned
24 to a Central Intake worker, ..."

25

1 A Um-hum.

2 Q Is this, is this your recording now of what you
3 did?

4 A That would be my recording.

5 Q Okay. So that's your involvement in the file?

6 A Yes.

7 Q With the significant others, under Kim and Ron
8 Stephenson, you have an address there. Did, did you have
9 anyone go out to see if they resided at that location?

10 A No, I didn't.

11 Q Is that something you could have done?

12 A After I got this case, you mean?

13 Q Right.

14 A You're asking me for, in hindsight after the
15 fact?

16 Q Yeah. Is that something that you could have done
17 at the time?

18 A After I completed my report and made the
19 determination or the assumption that this is possibly where
20 the child is, that's why they're added as a significant
21 other.

22 Q Okay.

23 A Because after I spoke to the source of referral
24 and got more, more information, I thought that this is a
25 possibility so I added those people as significant others.

1 Q Okay.

2 A At that point, if I thought it was an emergency,
3 I could have asked my supervisor to send a team out to that
4 address to see if the child was there, sure.

5 Q So that would have been an option, depending on
6 the level of risk that you assign?

7 A Yes.

8 Q You ultimately recommend the file be opened to
9 northwest intake for investigation and assessment?

10 A Yes.

11 Q Would, would you have anticipated that the intake
12 worker would try to make contact with the Stephensons?

13 A Well, yeah. That's why they're under Significant
14 Others.

15 Q Okay. Just want to go through what you've, what
16 your involvement in the file was here. So beginning at
17 page 37358.

18

19 "Prior to the case being assigned
20 to Central Intake worker, a
21 request was made for CRU to check
22 ... E&I Assistance to determine
23 where, in fact Phoenix actually
24 resides, because, last November,
25 the child was with her father,

1 Steve Sinclair."

2

3 Says:

4

5 "A call to E&I Assistance
6 determined that Samantha Kematchs'
7 file was closed to them in
8 March/03 as she had no children
9 with her. ... Samantha's mother
10 is on assistance on her own budget
11 ... her birthdate is Sept. 3/56.
12 At this time, Steve Sinclair is on
13 E&I Assistance with Phoenix on his
14 budget and they live at the
15 address shown above."

16

17 This is information you, you received directly
18 from?

19 A From EIA, yes.

20 Q EIA. And what made you, what prompted you to
21 call Employment and Income Assistance?

22 A As indicated, CRU was asked to check to see
23 where, in fact, Phoenix resided. Since the source of
24 referral originally, when they spoke to after-hours, said
25 that the child was with the mother and the file recording

1 or history showed that the child was with dad, I think we
2 were being asked to find out, do we know for sure where
3 this child should be; should she be with Mom, should she be
4 with Dad.

5 Q So you're trying to find out where she was
6 supposed to be at the time?

7 A Um-hum.

8 Q But who was it who suggested you call EI?

9 A I would assume, based on this, that it could have
10 been, it could have been my supervisor. Again, because
11 this is a second report. The first report I wrote was
12 under Samantha Kematch's name, and then opened under
13 Sinclair's name. And if you look at the other report --
14 and I'm doing this certainly not because I remember the
15 time, but I remember looking at these, these cases since
16 this all started -- after Jacki Davidson wrote her after-
17 hours report there was another sentence that says, case
18 assigned to central child -- central intake.

19 Q Right.

20 A And then it comes to me.

21 Q Because there was a determination made that it
22 wasn't actually central?

23 A No.

24 Q Okay.

25 A Because it was being sent to central and I can't

1 answer whether or not it went upstairs and then was asked
2 to come back to CRU to have more work done on it.

3 Q When you say "went upstairs", what do you mean by
4 that?

5 A Supervisors read after-hours reports first thing
6 in the morning.

7 Q I just want to put that other, the other file in
8 front of you.

9 A Okay.

10 Q It's at page three, 36969. This is the other
11 intake form that you prepared?

12 A You need to move it up so I can ...

13 UNIDENTIFIED PERSON: Yeah.

14

15 BY MR. OLSON:

16 Q Oh, sorry.

17 A That's the after-hours.

18 Q Sorry, this is the form, this is a form that
19 after-hours prepared?

20 A Right.

21 Q And if you, we go on to the next page, it says:

22

23 "Case opened to Central Area

24 Intake for further assessment."

25

1 A Right.

2 Q That's what you were referring to?

3 A Right. Okay.

4 Q This --

5 A After-hours --

6 Q Just before you get into that, the information
7 recorded after that, though, is, is what you did on the
8 case, right?

9 A Then it would -- yes.

10 Q So you added to --

11 A I added to Samantha Kematch's file, then I opened
12 under Steven so that the information would be the same in
13 both files.

14 Q Okay. So, sorry, you were going to explain.

15 A The case -- indicating case is open to central
16 area intake for further assessment, that took place before
17 it came to me. So what I'm saying is, supervisors read
18 after-hours reports first thing in the morning. They
19 determine whether or not the case is going to go directly
20 upstairs or it's going to be assigned to a CRU worker. In
21 this case, I can't determine, with that sentence as, as
22 shown here, case opened in central area intake. It would
23 have gone to our admin who typed that in, because that's
24 what was done at that time.

25 Whether or not the supervisor on second thought

1 just determined, you know what, let's not send this up to
2 intake, let's, let's check this a little further first, and
3 then we'll send it up, so assigned it to me, or it went up
4 to central intake who looked at it and said, gee, we're not
5 sure if this should be ours or where, where should Phoenix
6 really be, is she with Mom or with Dad? Can CRU check into
7 that and then let's see where it goes. And they may have
8 brought it back down. One way or another, it got to me.

9 Q Right.

10 A It was assigned to me.

11 Q Right.

12 THE COMMISSIONER: After it had been upstairs?

13 THE WITNESS: I don't know if it was upstairs or
14 was -- originally it looked like it would have been on its
15 way upstairs. Whether or not it got there and was sent
16 back down ...

17 THE COMMISSIONER: But it got to you after the
18 supervisor had read the file that morning?

19 THE WITNESS: Yes. Yeah.

20

21 BY MR. OLSON:

22 Q Which supervisor would have read the file that
23 morning?

24 A I'm assuming it was Diva.

25 Q So Diva Faria would have read -- AHU would have

1 left the report --

2 A After-hours -- yeah. The supervisors read the,
3 read the after-hours reports in the morning, CRU
4 supervisors, to look at where this case is going.

5 Q Right.

6 A From after-hours: is it going directly upstairs,
7 is it going to be assigned to one of the CRU workers, which
8 would be, at this point, a backup worker, because the other
9 half of the team is on phones. So would this case be going
10 to a backup worker for further follow-up or for a field or
11 whatever. So, then that would be assigned. Given that I
12 don't do fields, I would assume Diva did not see this as a
13 emergency because if she did she wouldn't have given it to
14 me. I wasn't doing fields.

15 Q Right.

16 A So I'm assuming that she and I, in discussion, or
17 when she got this or, or whether or not it was because
18 Central sent it back to her or whether or not she decided
19 that, let's do some more work, because that's how we often
20 worked together. She then might say, she might come to me
21 on a case like this, where some more work was needed, and
22 say, Barbara, do you think you could check this out, see if
23 you can get some more information, and then let's send it
24 upstairs.

25 Q When you --

1 A So I'd say, fine, and go ahead about ...

2 Q When you look at the page that's in front of you,
3 where your involvement starts --

4 A Um-hum.

5 Q It says:

6

7 "Prior to the case being assigned
8 to a Central Intake worker, a
9 request was made for CRU to check
10 with E&I ..."

11

12 A Right.

13 Q So you're saying that it looks like before it
14 even went upstairs, Ms. Faria asked you to do some more
15 checking?

16 A That either before it went upstairs or whatever,
17 because, because my recording is saying, prior to the case
18 being assigned to a central intake worker, because that's
19 where it was going to be assigned originally, based on that
20 sentence, central area intake, a request was made for CIA
21 -- CRU to check with EIA and to, to determine where, in
22 fact, Phoenix actually resides. So then I start doing my
23 calls.

24 Q So at the point you got the file, you didn't know
25 where Phoenix was?

1 A Right.

2 Q Next, going back to page 37358, at the bottom of
3 the page, says:

4

5 "A call was ... made to SOR to
6 obtain further information."

7

8 A Yes.

9 Q

10 "From our conversation, it was
11 found that she ... was living with
12 Samantha on Balmoral ... from
13 sometime in Aug/03 until they both
14 moved in with [someone else] at
15 her Furby ... address at the end
16 of October. At some point in mid
17 November, Samantha got a telephone
18 call from Steve's ... sister, Jen
19 ... saying that Steve had gone out
20 and left Phoenix alone in the
21 apartment. Samantha then went to
22 Steve's place, picked up Phoenix
23 and kept her with the other adults
24 at the Furby St. Address. As we
25 continued to talk ... I asked

1 questions, SOR told me that she
2 discovered that some people came
3 to pick up Phoenix around Jan.
4 2/04 and took her to their place
5 in Selkirk?"

6

7 And then there's a question mark:

8

9 "SOR further said that there has
10 been much arguing going on among
11 all the adults, but
12 couldn't/wouldn't elaborate on
13 exactly who was doing the arguing
14 and what it was they were actually
15 arguing about. In reading the
16 closing dictation in the Sinclair
17 file which is the most recent, it
18 was found that Phoenix was in a
19 [place of safety] with a family
20 named Stephensen who lived on
21 Selkirk Ave. It is believed that
22 this may be the family who picked
23 up Phoenix as in the last file
24 recording closing summary in the
25 Sinclair file it is recommended

1 that Phoenix be placed with the
2 Stephensens' should she return to
3 'care'. An attempt to speak with
4 the Stephensen family was
5 unsuccessful as both the home
6 telephone number along with Mr.
7 Stephensen's work phone number are
8 'out of service' at this time."

9

10 Up to that point, you -- this, this is -- is this
11 your only recording of the contact with the source of
12 referral?

13 A Yes.

14 Q So you didn't have any other notes?

15 A No.

16 Q And were you making this recording at the time
17 you're having the conversation or after?

18 A After.

19 Q The information that you received from the source
20 of referral, was that concerning to you at that point?

21 A I'm sorry?

22 Q Was the information you received from the source
23 of referral concerning to you at that point?

24 A As to what she was saying with regards to what
25 was going on in the home, you mean?

1 Q Right.

2 A Sure.

3 Q Okay. This, this conversation with this source
4 of referral didn't give you any further insight into where
5 Phoenix actually was at the time, did it?

6 A It was only, again, as I indicate, I surmised,
7 because she thought that the, the people that picked up
8 Phoenix in Selkirk and with the former foster parents
9 living on Selkirk Avenue and having taken care of Phoenix
10 off and on, I made an assumption that this may be where the
11 child -- this may be the people, or these may be the people
12 who picked the child up on January 2nd as the source of
13 referral is saying.

14 Q But by this time you had the previous record
15 about Phoenix being at the home where crack was being
16 smoked and Samantha was leaving her to go out drinking,
17 right?

18 A In November/December, yes.

19 Q Right. And then you have her with Steve Sinclair
20 who, according to the referral, at least, had left her,
21 Phoenix alone --

22 A In the apartment, which is why the mother went
23 and picked her up.

24 Q Okay. So then the mother picks her up and then
25 there's a concern about that.

1 A Um-hum.

2 Q And now you're looking at the file and you, you
3 find out that there might be this place of safety family
4 that could have her as well. With those, with those
5 factors here, what was the level of concern you had?

6 A I felt that it needed to be looked into in order
7 for us -- and in order for someone to find out where this
8 child actually is. So it needed, it needed to be followed
9 up.

10 Q Okay. You, you continue on in your work, that --
11 this is page 37359:

12

13 "Given that the guardianship of
14 Phoenix is with Mr. Sinclair and
15 she is on his budget with [EIA],
16 it is felt that the Kematch file
17 be closed at this time and that
18 the Sinclair file be re-opened."

19

20 A Right.

21 Q And then:

22

23 "Calls were made to Stan Williams
24 (Mr. Steven's former FSW worker;
25 ..."

1 Family service worker.

2 A Family service.

3 Q And I, I assume you meant Mr. Sinclair's?

4 A Yes. Steven's -- yes, Steven Sinclair's former.

5 Q And then the, and then you say:

6

7 "... as well ... to Mario Rojas
8 (the Stephenson's former [place of
9 safety] worker; ..."

10

11 A Um-hum.

12 Q

13 "... in an attempt to find a more
14 current phone number for the
15 Stephenson family in order that
16 they may be contacted.
17 Unfortunately, neither was
18 available and a message was left
19 for both."

20

21 Did you ever make contact with either of them?

22 A I don't remember.

23 Q If you had, would you have made a note of it
24 somewhere?

25 A If I had received a call from them, I would have

1 forwarded whatever information they gave me to the assigned
2 worker because my role was to move this case up to an
3 intake unit. What's different now from then is we use the
4 intake module, so a case note is added. At this time, we
5 did a lot, either an e-mail would be sent to the assigned
6 worker or just a phone call: by the way, Sally, I got a
7 call from, as I indicated in my report, I told them that
8 you'd call them back, whatever, and it would just be a
9 telephone call and we'd leave it at that.

10 Q Okay.

11 A I didn't open another case up.

12 Q And there might not be any notes of any --

13 A Exactly. The --

14 Q -- any further contact.

15 A -- worker who got the -- who I phoned with the
16 information might put that in his or her recording, I don't
17 know.

18 Q You go on to say:

19

20 "Given that there is a possibility
21 of risk to young Phoenix and with
22 the uncertainty of where the child
23 actually is at this time, it is
24 recommended this file be opened to
25 Northwest Intake for investigation

1 and assessment. Because this
2 situation has been an on-going
3 concern as it would appear from
4 discussion with [source of
5 referral], coupled with the
6 history in both parents' files, a
7 5 day response time is indicated."

8
9 That five-day response time, is that something
10 that you would have come up with on your own?

11 A No. The word "three" is missing there. It was
12 generally -- response times (inaudible) 24 to 48 hours,
13 those are usually handled at CRU unless it's abuse, then it
14 goes directly to abuse. Anything past that is a three to
15 five-day response time and it's a within three to five
16 days. It's not written in stone. It's not three days or
17 five days. It's within that timeframe.

18 Q Okay.

19 A So dependent on the worker it's assigned to and
20 what they have on their caseload at that time and in
21 conversation with their supervisor, they may make it a
22 four-day response time or they may say, go out, go out on
23 this this afternoon.

24 Q So the workload in some way impacts the response
25 time?

1 A Well, the workload as well as the concern
2 that's being presented. That needs to be taken in
3 consideration.

4 Q What's the primary thing you look at? What's,
5 what's the main thing you're concerned about?

6 A My concern would be where Phoenix is, is she
7 being cared for by an appropriate caregiver because neither
8 mother or father, according to this file, are appropriate
9 caregivers at this time. Are the Stephensons the people
10 who are looking after her? If, if they are, they are
11 appropriate, it was a former place of safety, but someone
12 needs to go and check that out.

13 Q Because she could be with Samantha --

14 A She could be Aunt Sally or someone else because
15 family is known to have placed her with inappropriate
16 caregivers. So we need to determine who is the caregiver.

17 Q But in terms of, of risk to Phoenix, what factors
18 go into that determination?

19 A I think we're also looking at the fact that
20 whoever came to pick Phoenix up picked her up on January
21 the 2nd. This is now January 16th.

22 Q So 16 days had gone by without --

23 A Fourteen days have gone by. We need to check
24 this out, but given, obviously -- again, I'm going to make
25 an assumption -- the workload at CRU or whatever was

1 happening that day that I got this, it wasn't seen as an
2 emergency for us to go out on it that day.

3 Q So if that many days hadn't passed by, would that
4 increase the ...

5 A So that would -- it might increase the concern
6 but it still wasn't felt by the supervisor that it needs to
7 be dealt with today.

8 Q So the passage of time lowered the risk to the
9 child?

10 A I don't know that it lowers the risk. It may
11 lower the risk. I mean, it needs to be, it needs to be
12 addressed, but does it need to be addressed today I guess
13 is the question.

14 Q We've seen a risk assessment form, and maybe
15 we'll pull it up on the screen. It's at 37464. It's
16 called Safety Assessment.

17 MR. OLSON: And I, I don't believe, Mr.
18 Commissioner, that you have this in, in the package in
19 front of you.

20 THE COMMISSIONER: All right.

21

22 BY MR. OLSON:

23 Q This was a safety assessment completed by a
24 worker by the name of Roberta Dick.

25 A Um-hum.

1 Q And this is just being used to show you what I'm
2 talking about here.

3 A Okay.

4 Q Is this a form you had seen before?

5 A Yes. Yes.

6 Q And when would you be -- when would it be
7 required to fill this form out?

8 A You know what, I don't recall whether or not we
9 were filling them out -- well, I know we weren't filling
10 them out regularly or on each case, so I can't, I can't
11 answer that.

12 Q It doesn't appear that you filled the form out?

13 A No. No.

14 Q Was your --

15 A I don't recall filling the form out.

16 Q Was it your understanding it wasn't a required
17 form?

18 A That it wasn't a required form? No. I'm
19 assuming it wasn't a required form because I don't remember
20 having done it.

21 THE COMMISSIONER: You're assuming it was not?

22 THE WITNESS: Not.

23

24 BY MR. OLSON:

25 Q This has a number of possible response times. It

1 has 24-hour response. You'll see it has a 48-hour response
2 or five-day response.

3 A Um-hum.

4 Q Are those the response times you were aware of at
5 the time?

6 A I would think so.

7 Q But you didn't go, you didn't go through this
8 form or anything like it when you were determining the five
9 days?

10 A I don't recall doing that, no.

11 Q Turn to Commission disclosure 992, first at page
12 19625. 19625. This is a document entitled, at the top, it
13 says Winnipeg Child and Family Services Intake Program
14 Description and Procedures.

15 A Um-hum.

16 Q And then within this document at page 19637 -- or
17 is this a document that you would have been familiar
18 with?

19 A This is the intake program, not the CRU program.

20 Q Okay.

21 A But I may have seen it, yes.

22 Q Okay. Do you have a recollection of seeing it?

23 A You know what, I can't be a hundred percent
24 certain but I think I did.

25 Q Okay. If you look at page 19637 under

1 Vulnerability, this is going through, I guess, a screening
2 process in terms of assessing risk. It says:

3

4 "High priority (immediate response
5 or within 24 hours) (life
6 threatening/dangerous)"

7

8 And then one of the items there, the first
9 bullet, is:

10

11 "Young Child Or Development Age"

12

13 A Um-hum.

14 Q Would that apply in this case with, with Phoenix
15 Sinclair?

16 A One can look at it that way, of course, the child
17 was three and three-quarters years old so she's very
18 vulnerable, she can't look after herself. However, I think
19 we're also looking at, or I'm looking at, in retrospect
20 when I see these reports, after-hours took the initial
21 call, did not see it as an emergency, did not go out on it
22 on January the 15th. It was assigned to me on the 16th. I
23 didn't do intake so I didn't respond to emergencies. It
24 was obviously not seen as an emergency. I'm looking at the
25 information, I'm seeing that, yeah, this is a vulnerable

1 child, this is a child that we have concerns about, it
2 needs to be addressed, it needs to be looked into. Given
3 the fact that as I'm reviewing the information and speaking
4 to the source of referral and then reviewing the history
5 and the possibility that the child had been picked up two
6 weeks ago by her former, her former place of safety parents
7 and people have looked after her in the past, hopefully
8 this is where this child is, but we need to find out for
9 certain where she is and it needs to be addressed. The
10 plan was originally send up to intake. I'm, again,
11 assuming that I would have been discussing this while I'm
12 doing this with my supervisor so we're going to send it up
13 now only to a different intake area for it to be further
14 investigated and assessed.

15 THE COMMISSIONER: Different --

16 THE WITNESS: And that's what I did.

17 THE COMMISSIONER: Different intake area in what
18 sense?

19 THE WITNESS: Different intake because it was
20 originally going to go to central area intake.

21 THE COMMISSIONER: Oh, yes.

22 THE WITNESS: And I was now saying it should go
23 to northwest area intake.

24 THE COMMISSIONER: But it hadn't gone up to
25 central intake?

1 THE WITNESS: As far as I know, it hadn't.

2

3 BY MR. OLSON:

4 Q When you say AHU didn't determine it was a high
5 risk file, was that just based on your assumption that
6 because they sent it down to you it wasn't high risk?

7 A Because no one else had seen it as high risk as
8 yet. And again, as I said, because that much time had
9 elapsed, that while, yes, it's a concern but can we give
10 this a high risk today when two weeks have passed, or can
11 we send it up to intake and wait that day or two more until
12 a worker can go out and determine where this child is at
13 this time.

14 Q (Inaudible) you would have anticipated that
15 intake would get to it within a day or two?

16 A I would have, yeah.

17 Q The, the determination that it was not high risk,
18 that was, that was something that you were to do using your
19 own judgment, though; is that, is that fair? Rather than
20 based on what you thought AHU was signalling?

21 A No. I think that it was, it was based on what I
22 thought that I would -- I'm assuming now, probably in
23 conversation with the supervisor who gave it to me because
24 I would think, based on my work, my way of doing cases that
25 I've always done, and the conversations I would have with

1 my supervisor when she was assigning me cases, we would
2 almost make that kind of determination before I started
3 looking at the case and beginning the work I was going to
4 do.

5 Q That it's a determine --

6 A Where she would be saying, you know what, this
7 needs to be addressed, Barb, can you check this out
8 further, we want to find this out and this out, and then
9 we'll move it on. And that's what I did.

10 Q So even before you start doing your
11 investigation, you have a discussion with Ms. Faria about
12 the level of risk and the response time on the file?

13 A Not the level of risk or response time. We're
14 just having a conversation, we're not, we're not
15 specifically saying, what do you think the risk is. I
16 mean, it would be like if I'm, if I'm working on a case and
17 I get some information that is different than what we have
18 at the present time, and after-hours comes to me and it's
19 being assigned to me by Ms. Faria and we're talking about,
20 and I go to my desk, I begin calling EIA, wherever I'm
21 calling to get more information, and I get information
22 that, to me, makes this a little more frightening. I may
23 go back to Ms. Faria and say, you know what, what we knew
24 half an hour ago is way different than what we know right
25 now, I think we need to move this to a backup unit. So

1 there was no hard and fast decision that was being made by
2 Ms. Faria or myself prior to -- or just by looking at the
3 after-hours report. So we didn't do a risk assessment
4 or ...

5 Q And after you recommended that this file be
6 opened to intake for investigation and assessment, did you
7 have any further contact with the family or anyone involved
8 in the file with respect to this case?

9 A No.

10 Q No?

11 A No.

12 MR. OLSON: Mr. Commissioner, I'm about to move
13 on to a new area.

14 THE COMMISSIONER: Where -- what document is that
15 recommendation in -- oh, yes, I see it on three seven five
16 three five nine.

17 Did you want to break now?

18 MR. OLSON: Well, I think I can probably finish
19 the witness in about 10 or 15 minutes.

20 THE COMMISSIONER: Oh, go ahead and do it.

21 MR. OLSON: Okay.

22

23 BY MR. OLSON:

24 Q You had mentioned you contacted EI.

25 A Um-hum.

1 Q I wanted to ask you some questions about
2 information sharing generally. How often would you contact
3 someone like EI or Manitoba Health?

4 A Every day.

5 Q Every day. So that was a regular part of your
6 job?

7 A On almost every case.

8 Q And in terms of the information they would
9 provide, how important would it generally be to the work
10 that you were doing?

11 A I found it very important.

12 Q Back in 2004, how, how difficult or easy was it
13 to get information from those types of collaterals?

14 A It was not difficult at all. It's now non-
15 existent.

16 Q Okay. So when you say --

17 A Unfortunately.

18 Q -- non-existent now, what do you mean by that?

19 A Because of PHIA AND FIPPA, prior to my leaving we
20 were no longer calling EIA unless it was an emergency
21 because they were not providing us with the information,
22 nor was Manitoba Health, which is something that we had
23 developed a relationship with both those, with the workers
24 in both those offices so that we could get information,
25 because we felt it was really important for us at CRU in

1 preparing reports that were going to go up to intake.
2 Having done intake in the past myself as well as family
3 services, I know what kind of cases I'd like to see, or
4 reports that I'd like to see come up to me as an intake
5 worker so that it would make my job a little easier, that I
6 can access things more quickly if I had a lot of
7 information at hand that CRU provided for me. And that was
8 something that, at CRU, we always attempted to do, is
9 provide as comprehensive a report as possible. And getting
10 information, demographic, significant others, who's living
11 in the home, who has been living or who was living in the
12 home before, which could also impact what we plan to do
13 with this case. And not having that information makes it,
14 makes it a lot more difficult, I think.

15 Q So that's, that would be significant information
16 in terms of how you handled the file?

17 A I think so.

18 THE COMMISSIONER: And E&I Assistance is a
19 provincial government entity, is it?

20 THE WITNESS: Yes. Yes.

21

22 BY MR. OLSON:

23 Q And is that something you experienced for all
24 collaterals, for example, schools?

25 A Absolutely. Schools, police.

1 Q So is right across the board?

2 A Yeah.

3 Q And when you retired --

4 A Um-hum.

5 Q -- before you retired, was that the same
6 situation, that you weren't able to access that information
7 as readily?

8 A That's right.

9 Q So things, had things improved by the time you
10 retired?

11 A No.

12 Q Did workload have any impact on the services you
13 provided back in 2004?

14 A See, because we didn't carry cases, CRU doesn't
15 carry cases, so it really depended on the number of calls
16 that were coming in at any given time and the kinds
17 of calls. There could be days where the calls were
18 very mild, if you will, in terms of what needed to happen
19 with them, to days that almost every call you took was
20 regarding abuse, whether it be physical or sexual, so you
21 really need to gather information quickly and get on it and
22 write up a report. Some days were just much busier than
23 others.

24 Q When days were busier than others, was there an
25 ability to get extra workers in or someone in to alleviate

1 that caseload or workload?

2 A In the last three years maybe, no, not that long,
3 CRU, up until about three years ago, was not able to hire
4 casual workers so if two people called in sick on your
5 team, you were short two people, period. You got -- the
6 other team would help. We helped each other out as much as
7 we could. But then we were able to utilize casual workers.
8 So if we knew that someone was going on holidays or someone
9 was going to be on extended sick leave on, at a workshop,
10 we could bring in casual people. Was difficult to bring in
11 casuals for, for sickness because by the time you got a
12 hold of them and if, you know, would they be available, so
13 that was difficult, but for those other things, that was
14 very, very helpful at CRU; we could maintain almost full
15 staffing where possible so that phones could be answered,
16 work could be done.

17 Q Have you seen changes in the workload since 2004?

18 A Not so much in the workload as probably in the
19 kinds of cases. I see the workload as still high, and
20 that's not going to change any time soon. I would say,
21 though, that the complexity of cases, the, the rise in drug
22 and alcohol abuse, the rise in mental health concerns of
23 very young children, I think that's a lot worse than it
24 was.

25 Q It's a lot worse than it was?

1 A Um-hum.

2 Q Does that impact the workload?

3 A Absolutely. You're trying to, you know, trying
4 to see are there resources for, for this kind of thing. In
5 trying to get a report done, I would be saying, let's talk
6 to schools, like doing things that we can't do because you
7 don't get information, but trying to get as much
8 information as possible about what has been done with that
9 family and by whom so that we know how best to serve them
10 and, and get at them more quickly.

11 Q Are there, are there calls that go unanswered or
12 that don't get to in CRU?

13 A They don't go unanswered. They, they go
14 unanswered from the queue.

15 Q Okay.

16 A Or they were going unanswered from the queue.
17 Because you might have -- of your six people who are on
18 phones, or seven who are on phones, three of them could be
19 writing up a report that they have just gotten off the
20 phone and they're now writing up a report so you only have
21 four people left to take calls, and there are six calls in
22 the cue. So two are sitting there. A message is taken.
23 By the end of the day all the messages are responded to but
24 they haven't all come through the cue.

25 Q I see. I wanted to ask you a few questions about

1 the structured decision-making tool. Is that something
2 that you, you had a chance to use while you were
3 supervisor?

4 A Yes. It came out just not that long before I
5 left, yeah.

6 Q So you would have had a chance to use it for a
7 few months?

8 A Um-hum.

9 Q And did you have an ability to assess how that
10 impacted your cases?

11 A I don't know that there was that much of a
12 difference in how it impacted the workload or the cases at
13 CRU. They still moved in a timely fashion, whether it be
14 to the family enhancement unit or an intake unit. The
15 tool, it's as with any other tool, if you, if you answer it
16 correctly, it will work. But I think there are still --
17 it's probably more helpful in terms of assessing the
18 situation at the time you're opening a file or opening an
19 I.M., determining what needs to happen by looking at that.
20 I don't know what other purpose in, in the long term it's
21 going to be able to serve and how helpful it's going to be.
22 I'm, I'm sure that it will be but I wasn't -- I didn't use
23 it long enough to really be able to see that.

24 Q Okay. Just one last area. You were interviewed,
25 apparently interviewed by Andrew Koster?

1 A Yes.

2 Q Do you have a recollection of that?

3 A I remember meeting with him but I don't remember
4 our discussion. But I do --

5 Q Okay.

6 A --- remember meeting with him.

7 Q The notes he's recorded from the interview are at
8 page 36872. Can pull them up on the screen. You've,
9 you've had a chance to review these prior to today?

10 A Um-hum.

11 Q Just want to go over them with you quickly just
12 to see if what he's recorded is, is accurate or if you have
13 any comments on it.

14 So it says:

15

16 "Been in agency since 1981

17 No training given on Standards.

18 Barb has the standard to protect

19 children and to leave families

20 intact where possible but does not

21 necessarily follow ... provincial

22 standards. No set supervision

23 time, never had, attempts are made

24 by supervisors but virtually

25 impossible due to supervisors

1 meetings."

2

3 A Okay, don't understand that.

4 Q Okay.

5

6 "No just open door. Ongoing
7 crisis of people not being
8 replaced immediately. One team
9 has been down couple of people for
10 over a year."

11

12 Do you want to comment on anything recorded
13 there?

14 A Okay. As I said, I don't understand:

15

16 "... virtually impossible due to
17 supervisors meetings."

18

19 I can't see myself ever saying that.

20 Q Okay.

21 A I can -- no set supervision time, yeah. And no
22 just open door. I think what I said was, no supervision
23 but just, it's just an open door, that it's not negative.

24 Q Like, like what you told us today?

25 A Yes.

1 Q You could --

2 A Yes.

3 Q -- go in and approach Ms. --

4 A Exactly.

5 Q -- Faria at any time?

6 A

7 "Ongoing crisis of people not
8 being replaced immediately."

9

10 Absolutely. You know --

11 Q So that was a problem?

12 A Yes. When people were leaving, we didn't have
13 them replaced very quickly and because we didn't have
14 access to casual staff at that time. So when you're down
15 in numbers you're down in numbers and you just make do.

16 Q Okay. The next paragraph says:

17

18 "Wants to see standards enforced
19 and followed in all agencies in
20 Manitoba. Sometimes can't get
21 information from other agencies.

22 'Are we forgetting what our aim
23 is?' If we do not attempt to do
24 what we should be doing and we
25 need more resources. By simply

1 closing cases and not giving what
2 children and families need we are
3 hurting. If it is not high risk
4 then case can be closed.
5 Conversely families who need
6 to be open are sometimes
7 closed...example when a family
8 denies the referral issue and the
9 case is then closed."

10

11 A I get wordy. Yeah. I'm sure I said that many
12 times to many people. What I, what I'm saying there is,
13 for instance, when a family denies referral issue if case
14 is closed, a lot of times all that can be done by child
15 welfare is to warn and caution and close a family. If the
16 concern that is brought to the attention of the agency is
17 one of neglect or children are -- or alcohol or substance
18 abuse, children being left alone but the call is coming in
19 after the fact and workers go out, and no person in their
20 right mind is going to say, of course I leave my children
21 alone, when we ask them. They tell them they don't do --
22 they well us we don't do a thing like that. So all we can
23 do is warn and caution them because we don't have any proof
24 that they are leaving their children alone because when
25 we're there everything appears to look like it's going

1 well, the children appear to be cared for, the house is
2 tidy, there's no alcohol or drugs present in the home,
3 there's food in the home, the children are young, they're
4 not verbal, so we're not going to know what's going on.
5 What we do with a lot of, a lot of sources of referral,
6 when we're talking to them, when they're calling,
7 especially about those kinds of things, is we try to
8 educate them and try to get them to understand how
9 important it is for them to call us when that's actually
10 happening so that we can send somebody out, that we are
11 open 24 hours a day seven days a week. Let us go out and
12 see that so that we can then deal with it. And a lot of
13 sources of referral, because it may be family members or
14 neighbours, they don't want the repercussions of being
15 found out so that's why they don't make the calls. We,
16 again, try to speak to them about it. So those kinds of
17 cases are closed. We might get those calls three or four
18 times, they're opened or closed, for the same things, but
19 again we have no way of determining that this is, in fact,
20 happening. So to me that's -- we're often leaving those
21 kinds of families at risk or children at risk because
22 there's nothing else that we can do. That bothers me; it
23 always has bothered me.

24 Q What about the reference to not getting
25 information from other agencies?

1 A The other agencies, at one time, and I mean, I
2 can go back years, we don't get information -- (inaudible)
3 -- we're not getting information from other agencies
4 because they don't have things on file. There's nothing on
5 the system. When we look on CFSIS we look in the system to
6 get information because we're going to be opening a case.
7 We see that it was open to Jewish Child and Family, Métis
8 Child and Family, whomever, and it was closed in 2009. You
9 look up -- you open up the file, because at ANCR, because
10 we're a designated intake agency, we would have access to
11 those files. Other agencies don't have the same kind of
12 access. We try to open up that case so that we can see
13 what was done by that agency; there's no recording. You
14 look up the year before, there's still no recording.
15 That's awkward, it's difficult. Unfortunately, some of the
16 agencies, particularly our northern agencies, don't even
17 have computers in their offices so there's nothing on file.

18 Q Has that situation been addressed by the time you
19 retired? Is it still an issue?

20 A It's still an issue. I'm sure it's been
21 addressed many times. Whether or not it's been rectified I
22 don't know because it would be a matter of getting
23 computers, getting the, getting the staff trained, et
24 cetera. So it's been an ongoing issue.

25 Q If you look at the, the paragraph:

1 "Go over to the Wagner street
2 address of Steven is the only
3 thing she might do something
4 different."

5

6 A And I'm assuming he means Magnus.

7 Q Okay.

8

9 "Five day response was given but
10 now they do not recommend time
11 since they are too backlogged.
12 This is a problem."

13

14 A Now --

15 THE COMMISSIONER: Just a minute. Where are you
16 reading from?

17 MR. OLSON: The -- it's the second last
18 paragraph.

19 THE WITNESS: Where it says:, go over to the
20 Wagner. Okay, would be go to, go over to Magnus, I'm
21 assuming, street address is the only thing she might do
22 different. And I think I may have said that to him, that
23 if I was to do anything different in hindsight, especially
24 with what we were, what we heard at that point in time and
25 what happened to this child, yeah, maybe we could have gone

1 over to Magnus to see is the child back with dad, or, or
2 start there. I don't know. I don't -- I'm not sure what
3 this is.

4

5 "Five day response time was given
6 but now they do not recommend time
7 since they are too backlogged."

8

9 I'm, I'm not sure what that means. We stopped -- it had
10 been recommended that we put -- and this keeps -- or would
11 keep changing, that we put down a response time
12 recommending a response time. And as I said earlier, I
13 missed it saying three to five, it just says five, but the
14 sentence generally was, this warrants a three-to-five-day
15 response time, and that means within three to five days,
16 not wait five days and then go out.

17

18 BY MR. OLSON:

19 Q Okay.

20 A Since they're too backlogged. We, we, we were
21 asked not to recommend a timeframe, that that would be for
22 the intake unit to determine for themselves, so we stopped
23 putting down anything.

24 Q Anything at all?

25 A Anything at all. And that, again, is different

1 with the I.M. Once the I.M. started, that prompts a
2 response time based on the concerns that are being
3 identified.

4 Q And was that a result of the workload at intake,
5 that you wouldn't put a response time?

6 A No, I -- well, I don't think so. I don't think
7 we were ever given a specific reason for not doing it. I
8 think it was simply that intake would take that
9 responsibility, in terms of determining when they were
10 going to go out on their cases. Because, I mean, we could
11 say this case needs to be dealt with within a three to five
12 day response time, but if they weren't able to get to it
13 till the sixth, sixth day, so just don't write anything.

14 Q Do you have anything else you want to comment on?

15 A I'm just looking at this.

16

17 "Sometimes cases are sent over for
18 opening at intake ... are not
19 proceeded with. This is also
20 problematic."

21

22 Yeah, where it might be the cases -- and this is going
23 back, there was a period of time when it was very, very
24 busy and cases were, were closed -- weren't dealt with that
25 were being sent up by CRU and they were being closed at

1 intake, and I felt that that was not appropriate, that if
2 we were sending the case up with the determination that
3 this case needs further follow-up, how can you close it,
4 but probably, and my understanding is, at that point they
5 were so backlogged and so busy that sometimes if nothing
6 more was coming in, like no further calls were coming in,
7 the might close that kind of case.

8 Q So even though it's something you assess as
9 needing ongoing services, it might be closed at intake?

10 A (Inaudible). But again, I don't, I don't believe
11 that that's happening or has happened in a long time, but
12 there was a period of time that I do know it was happening.

13 Q Okay.

14 A No, I guess that's it.

15 MR. OLSON: Those are my questions.

16 THE COMMISSIONER: All right. We'll take our
17 mid-afternoon break now for 15 minutes. Then we'll have
18 you back on the stand, Witness.

19 THE WITNESS: Yes.

20 THE COMMISSIONER: Thank you. Stand adjourned.

21

22 (BRIEF RECESS)

23

24 THE COMMISSIONER: Mr. Paul.

25 MR. PAUL: Good afternoon, Ms. Klos, my name is

1 Sacha Paul. I'm one of the lawyers for Winnipeg Child and
2 Family Services, and for the department.

3 I just have one question to raise.

4

5 CROSS-EXAMINATION BY MR. PAUL:

6 Q As I understand your evidence I believe it was
7 something along the lines of in recent times collateral
8 agencies like the police or schools, or EIA have been much
9 more reluctant to share information with you; is that, is
10 that a correct statement of your evidence?

11 A Yes.

12 Q And if I were to suggest to you the reason why
13 these agencies are becoming much more reluctant to share
14 information -- if I were to suggest that the reason is
15 privacy law, or privacy concerns, would that be a fair
16 thing to say?

17 A Absolutely, but at one time if we just cited that
18 The Child and Family Services Act would or should supersede
19 PHIA and FIPPA that was acceptable. We would get
20 information. We developed -- I mean I can speak for
21 myself, but I'm sure for a lot of my colleagues as part of
22 my being a supervisor, we spent a lot of time developing
23 relationships with EIA, our collaterals, with guidance
24 counselors at schools, with the police, Manitoba Health and
25 we would get information in order for us to do a much

1 better job at creating accurate, demographic, good reports.
2 We're all working for the same client that we're calling
3 about so I would think that we should be able to share
4 information. That changed and the first thing we hear is
5 PHIA and FIPPA.

6 Q PHIA being -- sorry, The --

7 A The, The --

8 Q -- Personal Health Information --

9 A Information Act, yeah, and, and --

10 Q FIPPA being The Freedom of Information and
11 Protection of Privacy Act?

12 A Right. So we're just not being given the same
13 kind of information, or no information.

14 Q So then as I understand your evidence over time
15 people have become much more privacy sensitive?

16 A Yes.

17 Q And as a result they've become much more hesitant
18 to share information with, with child protection agencies?

19 A Yes, yes.

20 Q And if I were to suggest that notwithstanding
21 this increased sensitivity to privacy law that if you were
22 to state to one of these collateral agencies that, I have
23 -- I'm investigating a child protection concern, could you
24 please share with me certain information, if I were to
25 suggest to you that they would respond, is that correct,

1 that they would then provide you with that information?

2 A Still not. Not, not all of them, no.

3 Q Not all of them, but some of them would?

4 A They give you some information, but not to the
5 same extent --

6 Q Okay.

7 A -- because they, they are saying that they're not
8 reluctant to, but they have been directed not to.

9 MR. PAUL: Okay. Those are my questions.

10 THE COMMISSIONER: Thank you, Mr. Paul. Anybody
11 else?

12 I guess, Mr. Ray, anything from you?

13 MR. RAY: Just one question, Mr. Commissioner.

14

15 CROSS-EXAMINATION BY MR. RAY:

16 Q You mentioned in your evidence that workload
17 impacts response time, I think that's -- was a comment you
18 made. Do you mean that impact -- excuse me, workload
19 impacts the response time that you give to a matter, or
20 that it impacts the response time that intake may take to
21 respond to the matter once they've receive it from you?

22 A Okay. You're going to have to run that by me
23 again.

24 Q Sorry.

25 A I don't think that I had made a statement --

1 THE COMMISSIONER: Maybe we should ask him
2 what --

3 THE WITNESS: -- that, that workload impacts a
4 response time. I think I may have talked about workload --
5 that the -- if, if the case is seen as an emergency it
6 doesn't matter what your workload is, you respond.

7 If it isn't an emergency and you know that it
8 needs to be followed up on your response time may differ
9 from -- because workers are every day -- all day, every
10 day, prioritizing and re-prioritizing. I'm going out to
11 see my client Johnny this morning, who got into trouble at
12 school, and I'm going out to see he and his teacher, and
13 all of a sudden a call comes in, and on my caseload, one of
14 my children has been hurt, I'm going out there, Johnny is
15 going to have to wait, I'm changing the appointment, I'm
16 not going out to see Johnny and his teacher.

17 That doesn't mean I don't think it's important to
18 see Johnny and his teacher, but right now I've got a child
19 who's hurt that I need to go out on and see first. So the
20 response time and how we get to things is what I'm saying
21 ends up getting changed frequently. I would hope and
22 expect that everyone is attending to emergencies
23 immediately when they need to be, but that it's those other
24 ones, the softer -- for want of a better word the softer
25 type of case that doesn't require the immediate response.

1 It may take me two days to get there as opposed to the day
2 that I planned to get there. I may take two, two further
3 days before I get there.

4

5 BY MR. RAY:

6 Q That was part of, that was part of my question.
7 The other part of my question was you gave evidence that
8 you assigned a three to five day response time in this
9 case?

10 A Yes, that was the -- because the way the response
11 times were determined at that time --

12 Q Yeah.

13 A -- 24 hour, 48 hour, three to five day.

14 Q Right. And, and my question is if you felt that
15 a 24 hour response time was necessary in this case would
16 you ever give it a longer response time of three to five
17 days because of the perceived workloads at Intake that you
18 may have had?

19 A No.

20 Q Okay. That's what I just wanted to clarify.

21 A No.

22 MR. RAY: Thank you.

23 THE COMMISSIONER: Thank you, Mr. Ray. Mr.
24 Olson?

25 MR. OLSON: I have no additional questions.

1 THE COMMISSIONER: Thank you. You're all
2 completed, witness.

3 THE WITNESS: Thank you.

4 THE COMMISSIONER: Thank, thank you very much.

5

6 (WITNESS EXCUSED)

7

8 THE COMMISSIONER: All right. We'll take our
9 next witness.

10 MS. WALSH: Lisa Conlin.

11 THE COMMISSIONER: Pardon?

12 MS. WALSH: Lisa Conlin.

13 THE COMMISSIONER: Right.

14 THE CLERK: Is it your choice -- oh, just stand
15 for a moment. Sorry, could you stand up for a minute.

16 Is it your choice to swear on the Bible, or
17 affirm without the Bible?

18 THE WITNESS: Affirm without the Bible, please.

19 THE CLERK: State your full name to the court.

20 THE WITNESS: Lisa Dawn Conlin.

21 THE CLERK: Spell me your first name.

22 THE WITNESS: L-I-S-A.

23 THE CLERK: And your middle name.

24 THE WITNESS: D-A-W-N.

25 THE CLERK: And your last name.

1 THE WITNESS: C-O-N-L-I-N.

2 THE CLERK: Thank you.

3

4 **LISA DAWN CONLIN**, affirmed,

5 testified as follows:

6

7 THE CLERK: Thank you. You may be seated.

8 MS. WALSH: You have a glass of water --

9 THE CLERK: I'm getting it.

10 MS. WALSH: Okay, good.

11

12 DIRECT EXAMINATION BY MS. WALSH:

13 Q So your name is now Conlin?

14 A Yes.

15 Q But at the time that you provided services to
16 Phoenix and her family your last name was Maroshnik?

17 A Yes.

18 Q So that's the name that we see in the file
19 recordings?

20 A Correct.

21 Q And you are a social worker?

22 A Yes, I am.

23 Q You're no longer working in the child welfare
24 system though?

25 A No, I'm not.

1 Q Are you a registered social worker?

2 A No, I'm not.

3 Q Have you ever been registered?

4 A No, I haven't.

5 Q Where are you currently working?

6 A I currently at the Community Living Disability
7 Services, which is still part of Family Services and
8 Labour, with the Manitoba government.

9 Q But it's not child welfare?

10 A It's not child welfare, it's adult services.

11 Q When did you stop working in the child welfare
12 system?

13 A I believe it was 2006, December.

14 Q In terms of your education you have a bachelor of
15 arts and a bachelor of social work?

16 A Yes.

17 Q And you obtained your bachelor of social work in
18 1994 from the University of Manitoba?

19 A Yes.

20 Q Once you graduated from social worker in 1994
21 where did you start working?

22 A I started working at Child and Family Services in
23 western Manitoba, in Brandon.

24 Q What was your position?

25 A Good question. I believe I was a family service

1 worker.

2 Q Okay. How long did you stay in west region?

3 I'm told -- I'm sorry, Ms. Conlin. I'm told that
4 they can't hear you, so perhaps you could pull your
5 microphone closer to you.

6 A Okay.

7 Q Just watch the water. Is that --

8 A Is that better?

9 Q Thanks. So how long did you stay in west region?

10 A For one year.

11 Q And then you started working for Winnipeg Child
12 and Family Services?

13 A Yes.

14 Q What was your position there?

15 A I was a Family Services worker.

16 Q And how long did you stay in that position?

17 A Approximately four years.

18 Q And then you became an intake worker?

19 A No, I worked in the CRU unit for about a year and
20 a half, which was a newly created unit, so I did that for a
21 year and a half.

22 Q Okay. We've heard evidence that CRU was created
23 in 2001, so is that when you began work in that unit?

24 A Yes, I believe I worked right when it was
25 started.

1 Q And then at some point you said you transferred
2 into being an intake worker?

3 A Yes, at Northeast Intake.

4 Q Northeast?

5 A Yeah.

6 Q And is that where you were working in 2004?

7 A Yes.

8 Q How many workers were in your unit?

9 A Six.

10 Q Who was your supervisor in 2004?

11 A Doug Ingram.

12 THE COMMISSIONER: What's the name?

13 THE WITNESS: Doug.

14 THE COMMISSIONER: Doug?

15 THE WITNESS: His name was Doug Ingram, yeah.

16 THE COMMISSIONER: Doug Ingram?

17 THE WITNESS: Yeah.

18

19 BY MS. WALSH:

20 Q When you were an Intake worker I understand that
21 you would receive referrals from either the Crisis Response
22 Unit or the After Hours Unit?

23 A Yes.

24 Q What was your role once you received those
25 referrals?

1 A To follow up on the reported concerns.

2 Q What could that look like?

3 A Oh, that could look like going out into the
4 community, checking on the safety of children. It could be
5 meeting with parents who are requesting services for their
6 families. It could be attending to homes, apprehending
7 children, all sorts of different things.

8 Q Was there an expectation as to how long a file
9 was supposed to stay at Intake?

10 A Yes, Intake it was 30 days.

11 Q And was that usually practiced, was that usually
12 followed?

13 A Well, no -- I mean I can think of situations
14 where people had files longer than that, but it was what we
15 strived for, yeah.

16 Q So generally the intention with Intake was to
17 provide short term intervention services to families?

18 A Right.

19 Q And if a family needed more attention from an
20 agency then they would be referred to Family Services?

21 A Yes, the file would be transferred from Intake to
22 Family Services.

23 Q As an intake worker once you had done all the
24 work that you felt you needed to do, or could do, what were
25 your options?

1 A The options were either to transfer the file to
2 Family Services or close the file to Intake.

3 Q You've worked as both a Family Services worker
4 and as an Intake worker. Can you just briefly describe for
5 us the differences in the nature of the work that those two
6 types of workers do with families.

7 A Well because at Intake it's more brief you
8 wouldn't develop necessarily a long term relationship with
9 the family. That would be done by the Family Services
10 worker to have ongoing meetings with the family, get to
11 know them better, get to know their needs. On Intake it's
12 more like you're doing an assessment of what they need, so
13 it's -- it could be just a one time meeting.

14 Q So at Intake -- generally as an Intake worker you
15 didn't have an opportunity to build a relationship with the
16 family?

17 A No.

18 Q Let's go back a little bit and talk some more
19 about your training and education. When you studied social
20 work at the University of Manitoba did you take any courses
21 that were specifically directed at substance abuse or
22 addictions?

23 A Yes.

24 Q What about courses directed at child welfare?

25 A I believe there was only one that I can recall.

1 I'm not sure what it was called, but I, I believe there was
2 one.

3 Q Okay. When you first started working for west
4 region in Brandon did you receive any training on the job,
5 or from the agency?

6 A Yes, it was on the job training.

7 Q What did that involve?

8 A It involved weekly meetings with my supervisor.
9 It involved shadowing other workers and going out with
10 them, and just kind of watching what they do, like
11 partnering up with a more experienced worker, and also
12 reading manuals, and, you know, like standards manuals or
13 intake processes so there would be like paperwork that
14 you'd have to read.

15 Q Was that information that was given to you by
16 your supervisor?

17 A Yes, in Brandon.

18 Q In Brandon?

19 A Yeah.

20 Q And did you feel equipped to do your job when you
21 were working in Brandon?

22 A Yes, I did. Yeah, I had lots of support.

23 Q Were you given a full caseload right away?

24 A That I don't recall. I, I don't think I was.

25 Q So you were eased into the position?

1 A Yeah, from what I recall I was eased into it,
2 yes.

3 Q When you moved to Winnipeg Child and Family
4 Services did you receive any training from the agency?

5 A Yes, I, I went to the core competency training,
6 but I can't remember exactly what year that was, competency
7 based training.

8 Q What was that?

9 A It was like several days at a time when you'd go
10 and, and learn a specific module on how to do child
11 welfare.

12 Q On different topics?

13 A On different topics. Yeah, I just can't recall
14 specifically what they were.

15 Q Over what period of time?

16 A Well I seem to recall that it was quite a few
17 days, I'm not sure.

18 Q Was that given to you as soon as you started
19 working at Winnipeg Child and Family?

20 A No, I think it was just put on at certain times,
21 so then they would send the workers that hadn't been, so it
22 wouldn't start necessarily just because you were hired.

23 Q Did you feel equipped to do your job when you
24 started at Winnipeg Child and Family Services?

25 A Yes.

1 Q Did you ever receive training with respect to
2 standards?

3 A I believe I was given a standards manual to read.

4 Q Was that in Brandon or in Winnipeg?

5 A In Winnipeg.

6 Q By your supervisor?

7 A Yes.

8 Q And did you read the manual?

9 A Well, when I had time, yeah, I would refer to it,
10 yes.

11 Q From cover to cover?

12 A No. No, it was more something that you referred
13 to when you had a specific situation. It's not something
14 that you would necessarily read cover to cover before you
15 started working.

16 Q Okay.

17 A It was more like on the job as it went.

18 Q When you became an intake worker did you receive
19 any training specific to intake work?

20 A Well, it, it was on the job training so it would
21 just be in consultation with my supervisor.

22 Q Did you ever receive training on risk assessment?

23 A Yes, I did.

24 Q When was that?

25 A I don't specifically recall when that was, to be

1 honest. I remember learning about it in university, the
2 Manitoba Risk Estimation System.

3 Q Sorry?

4 A The Manitoba Risk Estimation System was -- we
5 learned about that in social work.

6 Q When you went to university?

7 A In university, yeah.

8 Q Okay.

9 A I don't recall specifically at Winnipeg Child and
10 Family.

11 Q Was that part of the core competency training?

12 A I don't recall. I'm assuming it would have been,
13 yes.

14 Q Was the nature of risk assessment that you did as
15 a Family Services' worker different than the assessments
16 you did as an intake worker?

17 A Well, no, it would be the same criteria.

18 Q Do you know the difference between a risk
19 assessment and a safety assessment?

20 A I believe it's the same.

21 Q So in terms of risk assessment tools you referred
22 to a risk estimation tool?

23 A Yeah.

24 Q And is that something you used throughout your
25 time as an employee of Winnipeg Child and Family Services?

1 A Well, I wouldn't formally fill out the paperwork,
2 but it was definitely knowledge that I had.

3 Q So was that a --

4 A It wasn't a requirement to fill out the
5 paperwork.

6 Q But it was a tool that had paperwork?

7 A Yes.

8 Q But you didn't have to fill it out?

9 A Right.

10 Q So it was just something that informed how you
11 performed risk assessment?

12 A Right.

13 Q Who was your supervisor when you were an intake
14 worker; that was Doug Ingram?

15 A Yes.

16 Q Was that true in 2004?

17 A Yes.

18 Q What did supervision with Mr. Ingram consist of?

19 A Well, he assigned all our files to us, so you
20 would go and talk to him about how to follow up on a case,
21 and it was just kind of as needed, like it wasn't something
22 that was scheduled, it was more of an open door policy.
23 You would just go and talk to him when you needed to ask
24 him about any of your files.

25 Q You didn't have regularly scheduled meetings?

1 A No, not on a specific schedule.

2 Q How often would you meet with him?

3 A Well at least weekly, but it wouldn't be about
4 all the files together. It would just be asking him about
5 each individual case as needed.

6 Q And if you were having difficulty meeting an
7 expectation with respect to work, that you were doing with
8 the family, would you tell Mr. Ingram that?

9 A I believe I would, yeah.

10 Q What guided you in terms of how you performed
11 your services; did you refer to standards, best practice?

12 A Standards and best practice, yeah, and also just
13 instructions from him.

14 Q From your supervisor?

15 A Right.

16 Q And you said if you had something that caused you
17 difficulty in meeting a standard you would tell your
18 supervisor about that?

19 A Yeah.

20 Q Can you give us some examples of the kinds of
21 things that might have interfered with your ability to
22 follow best practice.

23 A Can you be more specific?

24 Q Well, what kinds of things would cause you to, to
25 have difficulty in, in the work you were doing with the

1 family, what's an example of something that you would take
2 to your supervisor?

3 A Just not being able to make contact with a
4 family, not being able to validate what the concern was.

5 Q Was there anything which impeded or interfered
6 with your ability to deliver services when you were working
7 with Phoenix and her family?

8 A Yeah, I believe that just something simple like
9 not having a phone would impede my ability to work with
10 them, just not being able to connect easily with, with the
11 clients.

12 Q And who is it that you said did not have a phone?

13 A To my recollection Steve Sinclair didn't have a
14 phone and Rohan and Kim Stephenson didn't have a phone,
15 yeah.

16 Q Okay. Was there anything else that you can
17 recall that was an impediment or something that interfered
18 with your ability to work with this family?

19 A No.

20 Q So you became involved with Phoenix and her
21 family in January of 2004?

22 A Right.

23 Q Do you have an independent recollection of your
24 involvement with the family, other --

25 A No, I didn't have any recollection until the

1 inquiry when I was shown all the documents.

2 Q Let's -- the first document that you would have
3 received would have been the Crisis Response Unit intake
4 form?

5 A Yes, I believe so.

6 Q So we'll pull that up, please. That's page
7 37356.

8 How were files assigned to you in 2004?

9 A Files were assigned by the supervisor, and it was
10 on a rotation basis, so it was basically if it was your
11 turn to get a file you would get a file.

12 Q Would the supervisor physically deliver the CRU
13 form or AHU form to you?

14 A No, the, the administrative support person would
15 usually just leave it on my desk.

16 Q How would you know then that, that you had
17 received a new referral?

18 A It would just be sitting on my desk.

19 Q Would it be accompanied by a paper file?

20 A No, not usually.

21 Q That was something that you would have to
22 request?

23 A Yes.

24 Q So typically when you received a file it wasn't
25 as the result of your supervisor coming and handing you

1 the, the file, and, and the form?

2 A No, not in person.

3 Q So you typically didn't have a discussion at the
4 outset of working with a new referral with your supervisor?

5 A Well, if I initiated it then I would, yes.

6 Q If you initiated it?

7 A Right. Because I think the expectation was that
8 sometimes as a worker you can, you can read a file and sort
9 of figure out what you might want to do, and then go and
10 talk to your supervisor about that.

11 Q Okay. So do you recall when you received this
12 intake form?

13 A When I received it?

14 Q Yes, do you recall the date that you received it?

15 A No, I would have to be reminded of that.

16 Q Do you want, do you want to be shown your intake
17 summary? If you turn to --

18 A I believe it was a few days after January 16th.

19 Q So if you turn to page 37352, this is from your
20 closing summary, the first page of your closing summary is
21 37350, and if you turn to page 37352, the middle of the
22 page under the heading Data you see it says:

23

24 "File received by Northeast Intake
25 worker January 20/04."

1

2 A Yes.

3 Q So that, that refers to the date that you got the
4 file?

5 A Right. Correct.

6 Q When you received the form, the intake form, did
7 you speak with the CRU worker who had filled it out,
8 Barbara Klos?

9 A I don't believe I did.

10 Q That wasn't your practice?

11 A No.

12 Q So what was the first thing that you did once you
13 got the form?

14 A Just read it.

15 Q Okay. When you looked at the form, the CRU form,
16 you saw that the file had recently been closed two months
17 earlier in November of 2003?

18 A Yeah.

19 Q So did that prompt you to ask to see the file
20 that had recently been closed, Steve Sinclair's file?

21 A Well that I don't recall. I don't recall looking
22 at Steve Sinclair's file.

23 Q You don't recall ever seeing his paper file?

24 A No.

25 Q That wasn't something you typically requested?

1 A I honestly don't recall if I requested that or
2 not.

3 Q What about Samantha Kematch's protection file,
4 did you ask to see that?

5 A No, I wouldn't have because this intake wasn't
6 opened under her name.

7 Q Okay. You saw from the CRU form though that the,
8 the source of referral indicated that Phoenix had most
9 recently been in her mother's care.

10 A Um-hum.

11 Q That didn't prompt you to want to see Ms.
12 Kematch's protection file?

13 A Not at that time, no.

14 Q Okay. Did you ever see her file?

15 A No, I did not.

16 Q Did you look up either of the parents'
17 information on CFSIS?

18 A Well I believe I for sure would have looked
19 at his, yes, because that's the file that was spoken to
20 me.

21 Q At Steve Sinclair's?

22 A At Steve Sinclair's. That would be my typical
23 practice, yeah.

24 Q Okay. And what would you have looked at, what
25 information would you have looked at?

1 A The last closing summary.

2 Q So in this case that's the one from November,
3 2003, which starts at page 37360. What about the closing
4 summary immediately before that, still in Mr. Sinclair's
5 file, from March of 2002, would you have looked at that one
6 as well?

7 A I, I don't specifically recall looking at that
8 one.

9 Q You don't recall looking at that one?

10 A No.

11 Q So was it your practice typically just to look at
12 the most recent file closing?

13 A Typically because what happens is the, the latest
14 worker would have summarized already the previous closing
15 summary, so you get a more recent summary in the most
16 recent closing. Just like the -- when the intake initially
17 comes to me from the CRU unit there's a summary copied and
18 pasted in there so.

19 Q So if we look at the summary from the file that
20 you would have reviewed let's go to page 37360, and this is
21 the Family Services Family Closing Summary from 2003,
22 November 2003. You see at the top the date completed is
23 November 13, and if you turn to page 37361 under the
24 heading Unresolved Problems, towards the end of the page,
25 are you able to see that, it's small on the screen?

1 A Yeah, I can see it, yeah.

2 Q It says:

3

4 "Mr. Sinclair requested his child
5 stay in care until he felt strong
6 enough to care for her once again.
7 He has had his time out and will
8 parent Phoenix starting October 2,
9 2003. He has done no programming
10 and as such is prone to returning
11 to an unhealthy way of managing
12 stresses in his life. He is aware
13 of the need to arrange for
14 appropriate alternative caregivers
15 when he feels the need for a break
16 or time out for respite."

17

18 And on the next page under recommendations for
19 future:

20

21 "In the event Mr. Sinclair returns
22 to unhealthy ways of managing his
23 life and caring for his daughter,
24 it is recommended Phoenix be
25 placed with Place of Safety Foster

1 Parents, Rohan and Kimberly
2 Stephenson. It is also
3 recommended he attend to
4 programming for lifestyle
5 difficulties prior to him
6 considering parenting his daughter
7 Phoenix. It is anticipated a
8 Temporary Order of six months to a
9 year would be required. "

10

11 So that's information that you would have
12 reviewed upon receiving the CRU intake form?

13 A As I said I don't recall exactly when I would
14 have looked at this. It's just something that in typical
15 practice I would have done.

16 Q Before you did anything else on the file?

17 A Right.

18 Q Okay. Now, if we go to the CRU form, page 37359,
19 at the end of the form on the last page you'll see that a
20 five day response time is indicated?

21 A Yes. Yeah.

22 Q When the file was assigned to you what was your
23 understanding of what needed to take place within five
24 days?

25 A That I needed to determine the whereabouts of

1 Phoenix.

2 Q Now, you received the file on January 20th, so
3 that was --

4 A Um-hum.

5 Q -- already four days after the CRU worker had
6 assessed a five day response.

7 A Right.

8 Q Was that typical?

9 A Yes.

10 Q And that only left you one day in which to comply
11 with the recommended response time?

12 A Right.

13 Q And you're saying that was typical?

14 A That was typical, yes.

15 Q Was that a problem for you?

16 A Well it became a problem if you couldn't meet the
17 five day recommended time, yes.

18 Q In this case you did start or you received the
19 file within five days?

20 A Right.

21 MS. WALSH: So let's look at the work you did,
22 let's go to your closing summary. It's from Mr. Sinclair's
23 file CD1796. It starts at page 37350, and goes to 37355.

24 Mr. Commissioner, this is the one dated February
25 of 2004.

1 You'll have a number of intake summaries on your
2 desk, Mr. Commissioner. There should be one from November,
3 '03, and there should be one that has a post-it on it, that
4 says February of '04. Probably would be near the top.

5 THE COMMISSIONER: Well starts at what page?

6 MS. WALSH: 37350.

7 THE COMMISSIONER: I've got 360 and 356.

8 MS. WALSH: Okay. So 360 is the November --

9 THE COMMISSIONER: Wait a minute, this must be --
10 here it is.

11 MS. WALSH: Good.

12 THE COMMISSIONER: Yeah, yeah.

13

14 BY MS. WALSH:

15 Q So if we go to the last page, 37355, you'll see
16 that there's a date at the bottom. It says "Closed on
17 intake, February 13, 2004."

18 A Um-hum.

19 Q So that's the last date that you did any work on
20 the file?

21 A Correct.

22 Q And the initials there are Mr. Ingram's initials?

23 A Yes, they look like his, yeah.

24 Q That was a requirement that your supervisor had
25 to sign off on any closing?

1 A Yes.

2 Q Okay. What was your practice when it came to
3 documenting your activities, what did you determine needed
4 to be recorded?

5 A Any contacts with, with any collaterals or people
6 in the file, so any phone calls, or in person contact
7 generally I would make a case note about that.

8 Q The closing summary that we're looking at here,
9 that starts at 37350, this represents all of the
10 documentation that you did with respect to the work with
11 Phoenix's family?

12 A Yes.

13 Q Okay. Did you make handwritten notes when you
14 were working with the family, and then have them typed up,
15 or how were your documents prepared?

16 A It was a combination of both. I would make my
17 own handwritten notes just to jog my memory for when I'm,
18 when I'm then typing my notes, or sometimes I would just
19 type my notes based from just memory.

20 Q And when would you make your notes?

21 A Just whenever I had time. I don't know. Like as
22 it came up, I guess.

23 Q With respect to the --

24 A Tried to do it daily.

25 Q -- work that you carried out --

1 A Yeah.

2 Q -- how quickly did you record that work?

3 A Well usually within a day or two.

4 Q So if we go to the first page, 37350, and you
5 scroll down to the next page, to the heading "History" this
6 information appears to have been cut and pasted from the
7 January 16, 2004 CRU form that Ms. Klos filled out?

8 A Yes.

9 Q Okay. And then from "History" scrolling to the
10 next page to the heading "Data" again that's information
11 that you cut and pasted from Ms. Klos' intake report?

12 A I believe so, yes.

13 Q And then when it says "Data" that's where your
14 work begins to be recorded --

15 A Correct.

16 Q -- that you actually did?

17 A Correct.

18 Q So you received the file on January 20, 2004, and
19 I'm on page 37352, so starting on January 21, 2004 this is
20 what you record:

21

22 "Workers Lisa and Monica Marx
23 attended to 1331 Selkirk Ave.
24 Rohan and Kim are Phoenix's
25 godparents and were a Place of

1 Safety for her in 2003. Phoenix
2 was present in the home. Rohan
3 stated that they have been looking
4 after her since beginning of
5 January. I asked him where Steve
6 was or what he was up to? He said
7 he didn't know and that there's
8 lots of rumors and everyone is
9 saying different things. He would
10 not elaborate. He said they are
11 willing to take Phoenix as long as
12 necessary. They do not care about
13 the money from CFS in terms of
14 being a POS again. They are happy
15 to look after her. Rohan states
16 he doesn't actually live here but
17 stays here sometimes. He works in
18 the country. Kim has other
19 children and is on Social
20 Assistance. I advised him I would
21 be looking for Steve to talk to
22 him and would get back to Rohan.
23 They don't have a phone anymore.
24 Workers fielded to Steve's home on
25 Magnus. He was not home. Looking

1 inside, workers could see no signs
2 that anyone had been there
3 recently. The home was clean and
4 furnished but there were holes in
5 the walls, and the lighting
6 fixtures were pulled off the
7 ceiling. It didn't look like
8 anyone was staying there."

9

10 So I'll just stop there.

11 A Okay.

12 Q What was the purpose of this visit?

13 A Of fielding to Steve's home?

14 Q Well, the first visit, the field to 1331 Selkirk
15 Avenue.

16 A Oh, right.

17 Q Let's start with that.

18 A Yeah. The purpose of going to their home was to
19 determine if that's in fact where Phoenix was because there
20 was some indication or some belief that that's where she
21 was, just based on the information from the CRU, so just
22 confirming that, yes, she was there.

23 Q Okay. And who is Monica Marx?

24 A Monica Marx was another intake worker on my
25 northeast team, and she was my partner because we had

1 partners that we went out with on our teams. We worked in
2 partners.

3 Q And what was the purpose of that?

4 A Just for the workers' safety.

5 Q Was she expected to have any information about
6 the file?

7 A Who, Monica?

8 Q Yes.

9 A No, she wasn't. She was just accompanying me as
10 a, as a second person.

11 Q Okay. So when you went to the house on Selkirk
12 Avenue who was there?

13 A Ron was there or Rohan and Phoenix.

14 Q Was Mrs. Stephenson or Kim Edwards is who we know
15 -- you --

16 A Kim Edwards, right.

17 Q -- you know that Kim Edwards and Kim Stephenson
18 are one in the same person?

19 A Yes. Yeah.

20 Q Was she in the home?

21 A No, she was not.

22 Q Do you recall asking where she was?

23 A I believe that he told me that she wasn't home.

24 Q But you didn't ask where she was?

25 A I don't recall.

1 Q You didn't ask to meet with her?

2 A No.

3 Q If you had you would have recorded that?

4 A Yeah, likely.

5 Q Mr. Stephenson indicated that he did not actually
6 live at the home, was that significant to you?

7 A No, it was my belief that he lived there, just
8 based on previous information, and that he worked in the
9 country so he just was back and forth.

10 Q Your recording says:

11

12 "Rohan states he doesn't actually
13 live here but stays here
14 sometimes."

15

16 A Um-hum.

17 Q So that information was not of concern to you?

18 A No.

19 Q Did you have any interaction with Phoenix?

20 A I just saw her.

21 Q There's no note which describes anything about
22 her in your recording; am I right?

23 A Correct.

24 Q Why are there no recordings about your
25 observations with respect to her well being?

1 A I guess because there was nothing that concerned
2 me about her appearance.

3 Q So you were going -- you assessed her well being
4 based on her appearance?

5 A Right.

6 Q Did you spend any time talking with her?

7 A No.

8 Q Or playing with her?

9 A No.

10 Q She had recently been in care; right?

11 A Right.

12 Q You knew that?

13 A Yes.

14 Q Did you read her child in care file that would
15 have just been closed two months earlier?

16 A No.

17 Q So you didn't have any baseline information about
18 her?

19 A No. That wouldn't typically come to me.

20 Q You said that you needed to go out to see whether
21 she was safe; was it important for you to assess her well
22 being?

23 A Yes.

24 Q And you did that based on simply looking at her?

25 A Right, and just determining that that's in fact

1 where she was because I knew that they were a safe place
2 for her to be, so there had never been reported concerns
3 about her well being when she was with Kim or, or Rohan.

4 Q Okay. Now you record that Mr. Stephenson said he
5 and Kim were willing to take care of Phoenix for as long as
6 necessary, and they didn't care about money from CFS in
7 terms of being a place of safety?

8 A Correct.

9 Q A place of safety is a child specific foster care
10 arrangement?

11 A Right.

12 Q And it's different from the arrangement under
13 which Phoenix was currently living with Rohan and Kim;
14 right?

15 A Right.

16 Q A place of safety is established in the context
17 of a child coming into care; is that right?

18 A That's right.

19 Q And in that case the agency has legal
20 guardianship while the child is in care for the child?

21 A That's right.

22 Q And under the living arrangement that Phoenix was
23 in when you went to meet with Mr. Stephenson guardianship
24 at that point remained with both of her parents?

25 A Correct.

1 Q So that meant that at any point when Phoenix was
2 living with the Stephensons either parent could come and
3 pick Phoenix up; right?

4 A Well technically --

5 Q Legally?

6 A Legally right.

7 Q And in that case neither Ron or Kim would have
8 any legal authority to prevent them from doing that?

9 A No, they wouldn't.

10 Q So being a place of safety has more significance
11 than just financial significance?

12 A Oh absolutely, yes.

13 Q Did you explain that to Mr. Stephenson?

14 A At the time?

15 Q Yes.

16 A No.

17 Q We expect to hear evidence from Mr. Stephenson
18 when he testifies that he has no recollection of you
19 suggesting to him that he formalize the living arrangements
20 that he had regarding Phoenix into a place of safety; is
21 that right?

22 A No, I wouldn't have suggested that. I think what
23 I was getting at was that I was asking him whether it's a
24 financial burden to keep her, so I wasn't discussing a
25 formal place of safety with them, or suggesting it. I was

1 just trying to find out whether they could afford to keep
2 her.

3 Q Okay. When you spoke with Mr. Stephenson Mrs.
4 Stephenson or Ms. Edwards was not in the home?

5 A No.

6 Q Did you understand that he was speaking on behalf
7 of both of them?

8 A Yes, I did.

9 Q You never spoke to Mrs. Stephenson directly?

10 A No, I did not.

11 Q Any reason why not?

12 A I guess because I had taken his word as
13 representing both of them because I knew that they had been
14 opened as a place of safety together previously.

15 Q If we go back to 37352, and we've got that still
16 in front of us, the next visit that you did, the next thing
17 you did on January 21st was to go to Steve's home on
18 Magnus?

19 A Yes.

20 Q What was the reason for that?

21 A So that I could talk to him about why Phoenix
22 wasn't with him.

23 Q And you never tried to make contact with Samantha
24 Kematch?

25 A No, I did not.

1 Q So she was not privy to any arrangements that you
2 made with the Stephensons so far as you knew?

3 A No.

4 Q And then on page 37353, on the next day, January
5 22, 2004, it says:

6
7 "Consult with Doug Ingram. Call
8 previous supervisor (get in touch
9 with Steve). Leave child with
10 Rohan for now."

11

12 Why were you consulting with Mr. Ingram?

13 A That was typically what I was expected to do, so
14 it wasn't unusual for me to consult with him just to find
15 out sort of the next steps in the case, to let him know
16 that I went out, this is what I found out, and, you know,
17 make a plan for what to do next.

18 Q And his advice to you was what?

19 A His advise was kind of summarized in this
20 sentence where I just said, "Called previous supervisor",
21 that meant that he told me to call her, or call the
22 previous supervisor and he would have told me to get in
23 touch with Steve, and to leave Phoenix with the
24 Stephensons, so those are just things that I'm summarizing
25 that he told me.

1 Q Okay. So then you did call the previous
2 supervisor, that was Heather Edinborough?

3 A Yes, I did.

4 Q It appears that you must have left her a message,
5 she called you back, your file recording says "Phone call
6 from Heather Edinborough"?

7 A Yes.

8 Q Okay. And you document that she says:

9

10 "She recommends leaving Phoenix
11 with the Stephensons. Transfer the
12 file to Family Service and they
13 can determine whether this should
14 be the long term plan."

15

16 A Correct.

17 Q Now, you understood that Ms. Edinborough had been
18 the Family Services worker supervisor?

19 A Yes.

20 Q Okay. So you knew that she was familiar with the
21 file which had just -- the Family Services file which had
22 just closed two months earlier?

23 A Yeah.

24 Q And she was familiar with the family?

25 A Yes.

1 Q And she recommended leaving Phoenix with the
2 Stephensons, and transferring the file to Family Services
3 to determine a long term plan?

4 A Right.

5 Q You didn't follow her advice?

6 A Not the transferring part, no.

7 Q Pardon me?

8 A Not the transferring the file part, no.

9 Q Not transferring the file to Family Services?

10 A No.

11 Q Okay. So then your next actions are documented
12 on the form. On January 23, 2004 it says:

13

14 "Field to Steve's home again. No
15 one home. Left my card."

16

17 Why were you going back to Steve's home?

18 A Because I didn't connect with him the first time
19 and didn't hear from him yet, so it was expected that I
20 would make two or three attempts typically to find
21 somebody.

22 Q Why did you need to speak with him?

23 A Because he was -- as the previous -- you know,
24 the file history had indicated he was the parent that was
25 supposed to have care and control of Phoenix so I think it

1 would be important to find out, you know, what his plans
2 were for her because she wasn't with him anymore.

3 Q Then on January 28th it says:

4

5 "Pc msg from Steven with no number
6 to call him back at. He said he
7 would call back."

8

9 A Yes. Yeah.

10 Q And then February 5, 2004 is your next recording:

11

12 "Pc from Steven. I advised him
13 that I needed to talk to him about
14 Phoenix. He said he heard she was
15 at Kim and Rohan's. He heard that
16 Samantha is out of town. I told
17 him that Phoenix has been at Kim's
18 for the last month. He seemed
19 surprised by this. He said he
20 doesn't talk to Samantha and has
21 nothing to do with her. I advised
22 him of the concerns that Samantha
23 is drinking and doing drugs. He
24 says he knows nothing about her
25 situation. He added that when he

1 drinks he gets an appropriate
2 sitter or takes her to Rohan and
3 Kim's. I asked him why Phoenix is
4 not with him. He said he had to
5 move out of his place on Magnus
6 and is staying with a friend. He
7 said he is looking for a place to
8 live and is on Social Assistance.
9 He would not say why he had to
10 move. He says Phoenix is safe and
11 fine to stay with Kim and he will
12 agree to leave her there under a
13 private arrangement. I advised
14 him at this point Phoenix is not
15 under apprehension and the agency
16 is recommending she stay with
17 Rohan and Kim. He said he agrees
18 with this and can visit Phoenix
19 any time he wants."

20

21 And then you record:

22

23 "PC to Steven's EIA worker Sandra
24 Oja. She also talked with Steve
25 today. He advised her he moved

1 out of Magnus and did not say why.
2 He claims to be staying with a
3 friend on Redwood. He has not
4 received assistance for February,
5 and seemed unconcerned about it.
6 Sandra is suspecting he has income
7 from somewhere as he wasn't eager
8 to meet with her to get his money.
9 She is meeting with him on Monday.
10 She also doesn't know why Phoenix
11 isn't with him. She told him if
12 he's not parenting he will have to
13 look for work and will not be
14 sponsored to go to school. He was
15 ok with that."

16

17 So then after your conversation with Ms.
18 Edinborough, where she recommended opening the file to
19 Family Services, you didn't do that; right?

20 A Right.

21 Q You phoned Steve and spoke with him ultimately?

22 A Right.

23 Q And you spoke with his EIA worker?

24 A Yes.

25 Q Did you ever speak with the Stephensons again,

1 either of them?

2 A No, I didn't.

3 MS. WALSH: Mr. Commissioner, I see it's four-
4 thirty. There is no particularly logical time to stop, so
5 if you want to stop now that's fine with me.

6 THE COMMISSIONER: Well, that's the arrangement.
7 If, if you're not coming to an appropriate place why -- we
8 might just as soon stop now as that's the agreed hour, so
9 we'll adjourn and, witness, you'll have to come back at
10 nine-thirty tomorrow morning.

11 THE WITNESS: Okay.

12 THE COMMISSIONER: Thank you. All right. We
13 stand adjourned until nine-thirty tomorrow morning. You
14 can leave your places.

15

16 (PROCEEDINGS ADJOURNED TO DECEMBER 4, 2012)