



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 Fort Garry Hotel,
222 Broadway, Winnipeg, Manitoba

MONDAY, FEBRUARY 4, 2013

APPEARANCES

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

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MR. J. GINDIN, Mr. Nelson Draper Steve Sinclair,
Ms. Kimberly-Ann Edwards

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

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3

4 MR. PAUL: Mr. Commissioner, if I could speak to
5 one preliminary matter --

6 THE COMMISSIONER: Yes?

7 MR. PAUL: -- before we get to the witness?
8 Again, for the record, Sacha Paul for Winnipeg CFS and the
9 Department.

10 I'm here today seeking a withdrawal of Exhibit
11 number 22, which is the admission as to facts of the
12 Department of Family Services and Labour, volume 3. The
13 short form of the reason is that we've discovered that
14 we've made an error in how this document has been
15 presented, which, in our view, affects its reliability. In
16 discussions with Commission counsel, we believe that the
17 solution is to simply call a living person to speak to the
18 issue of CFSIS searches and the content of that particular
19 exhibit.

20 My understanding, and I'll let other counsel
21 correct me if I'm wrong, is that there's no objections to
22 this course of action.

23 I'm not sure if you'd want to look at this in any
24 particular detail, Mr. Commissioner, but that's the
25 preliminary matter that we're seeking to, to do this

1 morning, is to withdraw Exhibit 22.

2 THE COMMISSIONER: I'll hear Commission counsel
3 on the matter.

4 MS. WALSH: I have no objection to that, Mr.
5 Commissioner and I did ask Mr. Paul to canvas other
6 counsel, to see if they had any objection. I don't know
7 what the results of that canvas have been, but, but I think
8 that it makes sense.

9 THE COMMISSIONER: But there was some evidence
10 based upon the, the admissions that were in that document,
11 was there not?

12 MS. WALSH: There was and that'll have to be
13 looked at by counsel for those witnesses, to see if the
14 changes to the exhibit, or the information in that exhibit
15 affect their testimony.

16 THE COMMISSIONER: All right.

17 MS. WALSH: So --

18 THE COMMISSIONER: Does anyone else have any
19 objection to the withdrawal of Exhibit 22?

20 Apparently not.

21 MR. PAUL: And the -- sorry, Mr. Commissioner,
22 the only thing I'd add is, of course, we apologize for the
23 error, both to Commission counsel, for leading her down the
24 wrong path and to the witness, Shelly Wiebe, as well, to
25 all the parties and of course, to this commission, for the

1 error that we made and we thank you for allowing this to
2 raise this.

3 THE COMMISSIONER: Now, you will be calling the
4 witness then?

5 MR. PAUL: Yes.

6 THE COMMISSIONER: And who will that be?

7 MR. PAUL: The identity is yet to be determined,
8 but we have someone working up the information and as soon
9 as I know the, that person, we'll advise Commission
10 counsel.

11 THE COMMISSIONER: And you'll work that into the,
12 to the agenda in consultation with Commission counsel, I
13 assume?

14 MR. PAUL: Indeed.

15 THE COMMISSIONER: All right.

16 MR. PAUL: Thank you.

17 THE COMMISSIONER: Yeah, I'm just going to make a
18 note of that.

19 All right. We're back to Dr. Trigg, and
20 I think, Mr. Gindin, you were in your cross-
21 examination?

22 MR. GINDIN: That's correct, thank you.

23 Good morning.

24 THE WITNESS: Morning.

25

1 **LINDA JOYCE TRIGG**, previously
2 sworn, testified as follows:

3

4 CROSS-EXAMINATION CONTINUED BY MR. GINDIN:

5 Q Dr. Trigg, last time you were here, you had
6 mentioned, in the course of your testimony, that you have
7 experience with parental capacity assessments and that
8 you've done them in the past --

9 A Correct.

10 Q -- correct? In what -- did you prepare them for
11 family court, or for the, for CFS, or just privately?

12 A I do a considerable number of custody and access
13 assessments for court. The parenting assessments are
14 generally for Child and Family Services.

15 Q And you've done those types of assessments in the
16 past?

17 A Yes, Intertribal Child and Family Services,
18 Dakota Child and Family Services, yes.

19 Q Um-hum. And when did you begin doing that? What
20 year?

21 A 2004.

22 Q Um-hum. And do you still do that now?

23 A Occasionally, yes.

24 Q And when you do a parental capacity assessment,
25 how long does it take to do it properly? From the moment

1 you're asked to do it, until you've completed it?

2 A Oh, I'm thinking more in terms of number of
3 hours, it --

4 Q Okay.

5 A -- could be anywhere from -- depends who has to
6 be interviewed, first of all.

7 Q Um-hum.

8 A On parent, two parents, one parent and a partner,
9 or step-parent. I always interview the children --

10 Q Um-hum.

11 A -- to get their perspective too.

12 Q Um-hum.

13 A So the interview hours could run as many as 10 or
14 12.

15 Q Okay.

16 A And I also do home visits --

17 Q Yeah.

18 A -- and collect whatever, we call it collateral
19 information, information we can from daycares, schools and
20 so forth.

21 Q Okay.

22 A As well as the referral material sent from Child
23 and Family Services.

24 Q Um-hum. Now, if you were doing a parental
25 capacity assessment on, let's say, just the mother, in this

1 case, for example, Samantha Kematch, would you see her
2 once, or twice? What would be the usual process?

3 A Oh, I'd definitely see her more than once.

4 Q Um-hum.

5 A I mean, I, I can't tell you how many times, but
6 I'd probably start with, I would start with a two hour
7 interview and go from there.

8 Q Okay. And --

9 A I might also, but not always, administer a
10 psychological test.

11 Q Okay. And I take it you would want to speak to
12 the, the other parent, if they were involved, as well?

13 A Yes.

14 Q Okay.

15 A Of course. And I would, I would interview them
16 separately and I would interview them together.

17 Q And does it involve a psychological assessment as
18 well, in order to complete that parental capacity
19 assessment?

20 A Well, I'm a psychologist, so I do it from a
21 psychologist's perspective.

22 Q Okay. And in this case here, we've heard
23 evidence that --

24 A Which, by the way, I'm not so sure would be
25 so different from the way a social worker would approach

1 it --

2 Q Right.

3 A -- knowing colleagues and private practice, whom
4 I talk to, consult with.

5 Q So you would expect it to be similar to the type
6 of parental capacity assessment that social workers would
7 arrange to have done?

8 A There may be a difference in some of the clinical
9 understanding, but some of the social workers in private
10 practice are terribly sophisticated at doing them and do
11 quite a number for Winnipeg Child and Family Services. I
12 have the advantage, also, of being able to administer
13 psychological tests.

14 Q Okay. Now, were you familiar with the process,
15 while you were involved with CFS, of psychologists
16 performing assessments or being asked to do parental
17 capacity assessments?

18 A Yes, I was familiar there and I was also
19 familiar, when I was employed at New Directions for
20 Children, Youth and Families --

21 Q Um-hum.

22 A -- because we used to receive them, of course, as
23 part of referral material.

24 Q I see. Now, we've heard some evidence in this
25 case, some time ago, that Samantha Kematch was assessed by

1 a Dr. Altman, to see whether or not she was suffering from
2 depression. That was the purpose of that particular
3 assessment. The evidence was that the reason
4 for requesting it was because she seemed ambivalent towards
5 Phoenix after she was born. I suggested that perhaps a
6 parental capacity assessment would have been a good
7 idea, at the time the evidence came out and I wanted to
8 refer you to a particular report, to see what your opinion
9 would be.

10 So if we can have page 37025 up on the screen.

11 And this is the transfer summary of Kerri-Lynn
12 Greeley, who was involved with arranging Dr. Altman's
13 assessment of --

14 A By the way --

15 Q -- Samantha.

16 A -- you should know I only know about Dr. Altman's
17 assessment by what I read in the paper --

18 Q All right. Okay.

19 A -- the newspaper.

20 Q So if you look at that particular summary, you'll
21 see that it was completed October the 2nd, 2000 and it
22 relates to --

23 A No, I correct myself, I think Mr. McKinnon did
24 give me a copy.

25 Q Of Dr. Altman's --

1 A Yes.

2 Q -- evidence, or?

3 A Yes.

4 Q Okay.

5 A Report.

6 MR. MCKINNON: No, not the evidence, not the
7 transcript of his evidence, just his --

8 THE WITNESS: Oh, no, the report.

9 MR. MCKINNON: -- just the report.

10 MR. GINDIN: I think we're talking about the
11 handwritten notes that he prepared, because I don't believe
12 there was a report, actually.

13

14 BY MR. GINDIN:

15 Q Do you recall looking at some notes of his?

16 A Pardon me?

17 Q Do you recall looking at his notes?

18 A I don't recall, actually.

19 Q Okay. But do you -- you're, you're, you're
20 somewhat familiar with it?

21 A I'm familiar, I know what was reported in the
22 Free Press.

23 Q Okay. Now, if you look at this particular
24 document, you'll see that it's a transfer summary, as you
25 can see, completed October the 2nd of 2000, completed

1 shortly after Phoenix was, who was, she was apprehended by
2 CFS and now returned to the parents on September the 5th of
3 2000. And this report was completed shortly after that.
4 And I want to refer you to certain parts of that report.

5 If you look at page 37026, at the very bottom,
6 you'll see, the very last line says:

7

8 "Problems Identified"

9

10 A Yes.

11 Q And now, if we look at the next page, number 1:

12

13 "Samantha appeared to have hidden
14 her second pregnancy as she had
15 her first one, with [the other
16 child]."

17

18 All right. So is that --

19 A Yes.

20 Q -- is that something that might concern you and
21 might get you thinking that a parental capacity assessment
22 might be something to consider?

23 A I don't know that Winnipeg Child and Family
24 Services necessarily need to spend six, \$6,000 on a
25 parental capacity assessment. I think they had the staff

1 to consider -- the, the expertise, some of the staff and
2 supervisors, to consider this information and wonder about
3 her capacity to bond with --

4 Q Um-hum.

5 A -- Phoenix and why she's showing interest now,
6 but not at birth.

7 Q All right. But they did ask Dr. Altman to see
8 Samantha --

9 A Okay.

10 Q -- to decide only whether she was -- whether
11 depression was the reason for her ambivalence and he
12 determined it was not. Would it then concern you that the
13 ambivalence towards the child would be for other reasons,
14 such as her capacity to be a parent?

15 A That could certainly be another reason.

16 Q Yeah. If you look at number 2 on that list:

17

18 "Samantha's lack of motivation
19 and/or interest in caring for her
20 first child. It appeared she has
21 not played a role in his life
22 since he was a few months old,
23 over 18 months ago."

24

25 So another consideration, in terms of whether a

1 parental capacity assessment would be beneficial; correct?

2 A Yes.

3 Q Yeah, right.

4 A Unless it's clearly depression.

5 Q Yes, but we, we've been told it wasn't --

6 A Right.

7 Q -- so the question is, these other factors might
8 be even more relevant, since we were told it wasn't
9 depression; correct?

10 Yes?

11 A Yes.

12 Q Okay. Number 3:

13

14 "The couple's ambivalence
15 regarding the long term plans for
16 the child. They had not received
17 any prenatal care ... had not done
18 anything in preparation for the
19 birth of the baby. Also the
20 parents [sic] initial reaction was
21 they were unsure if they wanted to
22 parent the child, there was an
23 ambivalence regarding their
24 commitment to the baby."

25

1 Certainly that would --

2 A It would require an assessment, but I want to
3 emphasize, it would not necessarily need a 6,000 dollar
4 parental capacity assessment.

5 Q Okay. Well, aside from the cost --

6 A Okay.

7 Q -- let's say the cost wasn't an issue.

8 A It would need an assessment of some sort.

9 Q Right. Other than simply determining whether she
10 was depressed or not?

11 A Well, I think an assessment, that's one factor
12 you would look at.

13 Q Right. But having looked at it and decided that
14 wasn't the cause of her, her attitude and behaviour, would
15 you not want to look at, look further to see what might be?

16 A Yes.

17 Q Yeah, all right.

18 A Her family history --

19 Q Um-hum.

20 A -- and so forth.

21 Q Right. Number 4 says:

22

23 "Samantha's reported flat affect
24 and the reason for it ..."

25

1 And again, you'd want to know the reason for it?

2 A Yes.

3 Q If she wasn't capable of being a proper parent
4 and if that was the reason for it, that would be very
5 significant; would it not?

6 A Yes.

7 Q Um-hum. That sentence goes on to say:

8

9 "There was some concern that
10 she may have been suffering
11 from depression. Some form
12 of psychiatric/psychological
13 assessment with respect to
14 Samantha was suggested."

15

16 And of course, that was done and it was
17 determined that it wasn't depression. That was the
18 evidence. So that's also important, because we now know
19 what it isn't; right?

20 A Yes.

21 Q Correct? Number 5:

22

23 "Due to the couple's young age and
24 Samantha's history, it was
25 suspected they had limited

1 parenting experience and skills."

2

3 And that's, is that something that you look at,
4 when you're preparing a parental capacity assessment?

5 A Parenting experience and skills? Absolutely.

6 Q Yes. Okay.

7 A And her history.

8 Q Yeah. And of course, we know, from her history,
9 that she was a permanent ward herself; right?

10 And we know that she had a previous child
11 apprehended before Phoenix was apprehended?

12 A Yes, I do know that.

13 Q All of those things would lead you to think that
14 a parental capacity assessment might be very helpful; would
15 you agree?

16 A I, I --

17 Q As --

18 A -- want to -- okay, if we're not talking about
19 dollars, I want to emphasize that there were people --

20 Q Um-hum.

21 A -- at Winnipeg Child and Family Services who were
22 quite skilled in making these types of initial case plan
23 assessments.

24 Q Okay. In this case, it was determined that
25 Samantha should see Dr. Altman before the child was

1 returned to the parents. The evidence is that the child
2 was returned prior to seeing Dr. Altman.

3 A The, the child was returned prior to seeing
4 Dr. --

5 Q Prior to --

6 A -- Altman?

7 Q -- seeing Dr. Altman.

8 A Um-hum. Okay.

9 Q What's your opinion on that? Do you think that
10 should have waited, perhaps, until some sort of assessment,
11 at least, was done?

12 MR. MCKINNON: Just in fairness to the witness,
13 at the time the child was returned, there was a signed case
14 plan, or agreement of some sort that would require the
15 parent to see Dr. Altman promptly after the return. So I
16 don't want it --

17 MR. GINDIN: Yeah.

18 MR. MCKINNON: -- to, to be suggested to the
19 witness, who, who doesn't know the case file, who hasn't
20 read the case file, I don't want it to be suggested that
21 there was a, a, a gap here, or an oversight.

22 MR. GINDIN: Yes.

23 THE COMMISSIONER: I think that's correct --

24 MR. GINDIN: That's --

25 THE COMMISSIONER: -- Mr. Gindin.

1 MR. GINDIN: -- that's correct.

2

3 BY MR. GINDIN:

4 Q In fact, to be clear, on the record, September
5 the 5th, Phoenix was returned to her parents and the
6 assessment with Dr. Altman was September the 13th, just
7 over a week later.

8 A All right.

9 Q Even though it was suggested, of course, that
10 that be done before the child is returned.

11 A Yes.

12 Q And I'm suggesting to you and see if you agree
13 with me, that perhaps that should have been done prior to
14 the child being returned, since it seems to have --

15 A Ideally.

16 Q -- been an issue? Yes. And the evidence also
17 was that it was taking quite a long time to get this
18 arranged, even to see Dr. Altman. Months were going by.
19 Does that sound normal in --

20 A Was that because of his schedule --

21 Q Well, we're --

22 A -- do you mean?

23 Q -- we're not really sure, but should it take that
24 long simply to have a --

25 A It takes, it takes quite awhile --

1 Q To arrange an appointment, you mean?

2 A -- to arrange for a assessment to be done.

3 MR. GINDIN: Okay.

4 THE COMMISSIONER: It takes what?

5 THE WITNESS: It takes quite awhile.

6 THE COMMISSIONER: Quite awhile? Yes. All
7 right.

8 Mr. McKinnon, do you have something you want --

9 MR. MCKINNON: I -- again, just so that the
10 witness has the benefit of the evidence, it wasn't, I don't
11 think, Dr. Altman's schedule. There were some attempts to
12 see other psychologists first, and then Dr. Altman was used
13 because he had a reddical (phonetic) -- a, a, a, an
14 available clinic day at Winnipeg CFS.

15 THE COMMISSIONER: Yeah, I don't think it's a
16 reflection on Dr. Altman's --

17 MR. GINDIN: No.

18 THE COMMISSIONER: -- performance.

19 MR. MCKINNON: No, I just didn't want to leave
20 the record unclear.

21 MR. GINDIN: No, I wasn't suggesting that it was
22 his fault in some way, but it would obviously be more
23 helpful if these things could be done a little bit quicker,
24 clearly.

25 THE WITNESS: It would certainly be more helpful,

1 but I know, my colleagues, their waiting lists are some --

2 MR. GINDIN: Okay.

3 THE WITNESS: -- months.

4

5 BY MR. GINDIN:

6 Q Now, parental capacity assessment, how does that
7 differ from an interview simply to inquire as to whether
8 she's depressed? What, what are the main differences
9 between those types of assessments?

10 A To assess for depression --

11 Q Um-hum.

12 A -- you'd probably speak with somebody for a
13 couple of hours and ask about their daily life, what their
14 daily routine is like. Are they still active? Are they
15 still getting out of bed? So on and so forth. Those would
16 be questions of emphasis. Those would also be asked in a
17 parental capacity assessment.

18 Q Um-hum.

19 A There would be a little bit of history taking, to
20 see if there's some depression in the family.

21 Q Um-hum.

22 A But you wouldn't necessarily interview partners,
23 or children, or do a home visit.

24 Q Um-hum.

25 A Or do more extensive history and analysis of how

1 that person is functioning in other ways.

2 Q The parental capacity assessment clearly goes a
3 lot further in assessing whether the person is capable of
4 being a parent?

5 A I would think so.

6 Q And when you do one of these things, are you
7 being asked to determine whether, in your opinion, that
8 person should be taking care of a child or not? Is that,
9 is that the bottom line?

10 A The, the bottom line is to try to provide the
11 referral source with enough information for them to make a
12 decision.

13 Q And when you, when you're asked to do a parental
14 capacity assessment, is it generally because of the
15 attitude of the parents that the evidence might disclose?
16 Such as ambivalence, a flat affect, lack of emotion, things
17 of that nature? Are those the kinds of things --

18 A Not necessarily. It could be the behave (sic) of
19 the children, could be some concern about sexual assault.

20 Q And if there was some concern that the mother,
21 for example, had a history of being assaulted, or sexually
22 abused, would that be something that would lead you to
23 maybe want to look into their --

24 A I would --

25 Q -- capacity?

1 A -- want to know if that is -- or to what extent
2 it might be affecting her functioning today.

3 Q And if it appeared that the mother wasn't
4 emotionally ready to parent and basically indicated
5 as much, is that, again, something that might cause you
6 to want a parental capacity assessment, or to consider
7 one?

8 A I'd certainly want to know more about that --

9 Q Um-hum.

10 A -- and what the issues were.

11 Q And you indicated that psychologists obviously do
12 these types of assessments, but I think your evidence was
13 that there are social workers as well, who have the
14 experience to, to do them as well?

15 A Yes.

16 Q Is there any detriment to them not being a
17 psychologist and still preparing one of these reports?

18 A The very good ones, there's no detriment. And
19 the very good ones might want a psychological
20 test administered and they would ask a psychologist to do
21 it.

22 Q Um-hum. So your view is that there, there are
23 social workers who are quite capable of having done a
24 reasonable parental capacity --

25 A Some of the --

1 Q -- assessment?

2 A -- very experienced. I mean, I'm thinking of a
3 colleague of mine in private practice, who's worked 35
4 years and the first 20 were in child welfare.

5 Q And I want to refer you to other documents here
6 as well, 34656. And perhaps we'll go to 34653, just so you
7 can see the cover page. I think you were referred to this
8 document earlier in your testimony; right?

9 A Yes.

10 Q And this was something, a memo that you sent to
11 all staff, December the 10th, 2001; correct?

12 A Yes.

13 Q And the very next -- pardon me, three, 34655 is,
14 as well, a memo that was sent to staff. Now, was that
15 prepared by yourself, or is that something you're, you're
16 simply familiar with?

17 A Elaine Gellman (phonetic), the chief operating
18 officer --

19 Q Okay.

20 A -- wrote the memo.

21 Q Okay. And you were asked some questions about
22 this memo and I want to direct you particularly to the very
23 next page. Now, if you look at the second paragraph there,
24 I'm just going to read it out to you:

25

1 "The majority of supervisors have
2 now attended Competency Based
3 Training for supervisors, with the
4 last round finishing in the winter
5 of 2002. It is unfortunate that
6 the Province is unable to offer
7 this training more frequently, so
8 that new supervisors could access
9 the training in a more timely
10 manner, but the small number of
11 registrations does not permit the
12 program to be offered more often."

13

14 Now, is it correct to take it from that that
15 there wasn't enough turn out by the supervisors for this
16 type of program?

17 A There wasn't enough?

18 Q Turn out for registrations? That's what --

19 A No, no, no, a few supervisors come on every, or
20 are hired every few months --

21 Q Um-hum.

22 A -- as people depart and the province, I think,
23 wanted a certain number of people to organize the training.

24 Q Okay.

25 A So sometimes it fell that if you, you were

1 fortunate and the training was two days after you were
2 hired, you got it right away. You got it at some point --

3 Q Um-hum.

4 A -- but not necessarily right immediately upon
5 being hired.

6 Q So the last part of that paragraph:

7

8 "... the small number of
9 registrations does not permit the
10 program to be offered more often."

11

12 What is, what do we take it from that? What does
13 mean?

14 A It probably -- it means, I think, if I recall,
15 that they would not put on the program for one supervisor.

16 Q I see. So it, it, it relates to new supervisors
17 coming on and there not being a lot of them?

18 A I don't recall. I think anybody who hadn't been
19 to that training probably went at some point.

20 Q Um-hum. At page 34658 --

21 A And as I said, the supervisors undertook some of
22 their own training, organized some of their own training.

23 Q Some of them?

24 A Yes.

25 Q Okay. Page 34658, under the, number 4 there,

1 towards the bottom, if we can scroll that up a little bit,
2 in the second bullet there, it talks about:

3

4 "With regard to this theme,
5 supervisors recommend that
6 internal change that is within
7 Agency control (eg. forms,
8 procedures, etc.) be introduced
9 only when 'mission critical'."

10

11 What is, what do you mean by that? What does
12 that mean to you, "mission critical"?

13 A It means that, first of all, any day the transfer
14 of cases to the aboriginal organizations could start and
15 therefore, unless it was critical, say, to the safety of
16 children --

17 Q Um-hum.

18 A -- that we absolutely needed to put on such and
19 such a workshop, or develop a training team, for example,
20 we were not going to do -- make any significant changes
21 like that, in light of the fact that they may not stand the
22 test of time, once the cases started being transferred.

23 Q So unless it was absolutely an emergency --

24 A Yeah.

25 Q -- essentially?

1 A Yes, that's a good way -- unless it was an
2 emergency.

3 Q But that would take some time to arrange?

4 A A workshop?

5 Q Yeah.

6 A They do.

7 Q Yeah.

8 A To find the, and book the speaker and they're
9 usually, schedules are --

10 Q Um-hum.

11 A -- busy for a few months.

12 Q At page 34659, I think that's the very next page,
13 under the topic "Quality of Supervision", I'm just going to
14 read that first bullet out to you:

15

16 "Staff have identified the need to
17 ensure that they receive regular
18 supervision, supportive
19 supervision, and that supervisors
20 are held accountable for their
21 actions."

22

23 And I'll just stop there for a moment. Is this
24 a, a complaint that was received from the staff?

25 A This came from the Viewpoints focus group report.

1 Q Um-hum. And they --

2 A This is what reported, this is --

3 Q Right.

4 A -- what was said in the report. The report, if
5 you recall --

6 Q Um-hum.

7 A -- was to address the problem of retaining
8 workers at the front line.

9 Q Okay.

10 A And one of the conclusions of Viewpoints was that
11 staff wanted more regular supervision.

12 Q So obviously this came from the staff when they
13 were preparing --

14 A Through that report --

15 Q Yeah.

16 A -- through the focus groups.

17 Q So the staff wanted the supervisors to be held
18 accountable for their actions, obviously. That's what we
19 read there --

20 A Yes.

21 Q -- right?

22

23 "Further to this, staff expect
24 management to address issues
25 involving supervisors, ensuring

1 that workers are not penalized for
2 raising concerns about the nature
3 of supervision."

4

5 And again --

6 A Right.

7 Q -- that must have come from the staff reporting
8 these kinds of concerns; right?

9 A Must not be the staff?

10 Q Well, it --

11 A It looks it's saying that the staff --

12 Q Um-hum.

13 A -- were concerned about taking any risk speaking
14 about the fact that their supervisor might need some
15 additional training, or the working relationship wasn't
16 going well, or they didn't feel they were getting adequate
17 supervision.

18 Q All right.

19 A Which is common, I mean --

20 Q Um-hum.

21 A -- staff usually hesitate to criticize their
22 bosses.

23 Q But it appears as though they were here
24 concerned:

25

1 "... that supervisors [be] held
2 accountable for their actions ...
3 that workers ... not [be]
4 penalized [for raising concerns
5 about supervisors and] ... raising
6 concerns about the nature of
7 supervision."

8

9 Right? That's it?

10 A Right.

11 MR. GINDIN: Okay. Just have one moment please.

12 THE COMMISSIONER: Yes, certainly.

13

14 BY MR. GINDIN:

15 Q If I can refer you now to page 44829 and again, I
16 think you were asked some questions about this document,
17 which is a report on the focus group research. The heading
18 there is "Conclusions and Recommendations".

19 And were you involved in some fashion with this?
20 Or you became familiar with this report?

21 A Isn't this the same to which you were referring?

22 Q I don't believe it's the same document.

23 A Or is this the Viewpoints --

24 Q This --

25 A -- actual document?

1 Q -- this is the Viewpoints research, conclusions
2 and recommendations.

3 A Right.

4 MR. GINDIN: Right.

5 MR. MCKINNON: One, I believe, was the summary of
6 the other.

7 THE WITNESS: Summary other? Okay.

8

9 BY MR. GINDIN:

10 Q So if you look at that page, under conclusions,
11 the very last part of that first bullet, it says:

12

13 "Similarly most former child
14 protection workers cited poor
15 supervision as one of the
16 principal reasons why they left."

17

18 So, again, that would come from the staff, I
19 presume?

20 A The staff who participated in the focus
21 groups.

22 Q And under the second bullet, under conclusions:

23

24 "All participants defined a good
25 supervisor as a supportive

1 supervisor, most importantly
2 someone who builds or sustains
3 professional confidence. For new
4 child protection workers a
5 supportive supervisor is one who
6 helps orient them to the job,
7 answers their questions in a
8 patient, positive way, gives
9 advice and direction on complex
10 issues, builds a team within their
11 unit and ultimately backs their
12 staff when they make decisions."
13

14 So that last part seems to suggest that what the
15 workers like is someone who ultimately backs their
16 decisions?

17 A That's, I guess, what they were expressing.

18 Q Um-hum. And the, the role of the supervisor is
19 not necessarily to back their decisions, but to --

20 A It's to help them with their decisions.

21 Q And they may disagree with their decisions? In
22 other --

23 A They might --

24 Q -- they're not --

25 A -- yes.

1 Q -- they're not a rubber stamp?

2 A Right.

3 Q Yeah. So they have the independent authority to
4 approve or disapprove of recommendations or decisions that
5 workers --

6 A Yes.

7 Q -- come to; right?

8 A Yes. Assuming they've listened to the worker and
9 the worker's points and they've talked it through.

10 Q Now, page 34662 is the letter that you were
11 referred to earlier, to Drew Caldwell. And just refresh
12 my memory, did you -- you're familiar with this letter;
13 right?

14 A Yes.

15 Q The last paragraph, before the heading "Workload"
16 on that first page, says:

17

18 "[It's,] It is not about these
19 changes and the uncertainty that
20 they bring that we write to you
21 today but rather the decisions
22 recently taken by the Agency which
23 we believe are threatening the
24 safety and wellbeing of children
25 and families and jeopardizing our

1 safety and professionalism as
2 well."

3

4 Do you know what the recent decisions taken by
5 the agency refers to, in that letter?

6 A I don't, actually. I mean, it, further down in
7 the letter, refers to concerns that certainly had been --
8 certainly I was aware of --

9 Q With --

10 A -- but not able -- powerless, actually, some of
11 them, to do anything about.

12 Q You, you're talking mostly about workload --

13 A Workload --

14 Q -- issues at --

15 A -- um-hum.

16 Q And at page 3 of that letter, which is 34664, the
17 letter concludes, after talking about finances and workload
18 and those kinds of issues:

19

20 "It is for the above reasons that
21 we feel we must put this
22 government on notice that children
23 and families who require
24 protection services in Winnipeg
25 are at risk and we as workers feel

1 unable to ensure their safety."

2

3 Obviously a very important issue --

4 A Right.

5 Q -- that was raised there? And did you say that
6 there was a response that, that was received?

7 A A response that was received?

8 Q That you're --

9 A From?

10 Q From Mr. Caldwell? Or the --

11 A I don't recall receiving one, or seeing one.
12 That's not to say he didn't send one to somebody.

13 MR. MCKINNON: Mr. Commissioner, I believe the
14 evidence was that this witness responded, not the minister.
15 But I --

16 THE WITNESS: Oh, yes, I responded with my own
17 letter.

18

19 BY MR. GINDIN:

20 Q Okay. And I think you went through that before?

21 A Yes.

22 THE COMMISSIONER: But did you respond on behalf
23 of the minister?

24 THE WITNESS: No, I, I wrote a letter to the
25 assistant deputy minister, addressing some of the concerns

1 that the bargaining units --

2 THE COMMISSIONER: As a ralt (phonetic), result
3 of you getting a copy of the letter, I suppose?

4 THE WITNESS: Yes.

5 MR. GINDIN: And I'm told that's 39816 --

6 UNIDENTIFIED PERSON: That's correct.

7 MR. GINDIN: -- is that correct? Yeah.

8

9 BY MR. GINDIN:

10 Q Just so you can, in fairness to you, put it on
11 the screen. And that's the letter that you wrote, I
12 believe; correct?

13 A Yes.

14 Q And you've told us about that already.

15 Okay. If I can direct you to 39788, this is
16 another interoffice memo from yourself and you had been
17 asked about whether some of the issues listed in that first
18 page had been addressed and I think you mentioned some, but
19 you did not mention the first one on that list, structure
20 and function of WCFS. That wasn't one of the things you
21 mentioned as being something that you felt was addressed or
22 dealt with; am I correct?

23 A Well, this was an orientation memo, so I
24 (inaudible) that section because I think I was simply
25 outlining for them what was the structure, what were the

1 various programs and what, what was their function. And
2 then --

3 Q I see.

4 A -- at some point I talk about the impact of the
5 change from the area structure to the program structure.

6 Q All right.

7 A Who -- so a lot of this memo was intended to give
8 the management board information.

9 Q And just one final couple of pages, 39793, I
10 believe that's part of the same memo?

11 A Yes.

12 Q The second paragraph on that page, I just want to
13 be clear on what is being referred to there, I'll just read
14 that out:

15

16 "There is concurrence that cases
17 not being transferred through for
18 ongoing service are returning time
19 and again to Intake. A study is
20 currently underway to determine
21 the extent of re-openings at
22 Intake, [and] whether the rate of
23 re-opening is within accepted
24 limits, the reason for such
25 re-openings, the interventions at

1 Intake, and whether re-opening at
2 Intake drives re-admissions to
3 Agency care."

4

5 Are you, are you able to tell us the results of
6 the study that was underway?

7 A Quality assurance under study at intake. What
8 were the presenting problems? And what were the most
9 significant ones. And I think I talked, when I was here
10 before, about the team to work with parents who basically
11 were adequate parents, except when they were drinking. So
12 the agency would get the child into care, 24, 48 hours,
13 return the child home. And we had a team that talked with
14 parents about the fact that, look, we know you're going to
15 drink. We're not asking you to go up to AA and stop
16 drinking, but we want you to make sure your children are
17 safe while you're drinking. That we're not the babysitter,
18 if you will, while they're out drinking.

19 And the other one I talked about was the parent
20 teen initiative.

21 Q Okay. The, the first part of that paragraph, are
22 you referring there to cases from intake going to family
23 service workers and being returned? Or are we talking
24 about an issue that arose here, which is CRU sending cases
25 to intake and they return them? I'm not sure what you're

1 referring to in that paragraph. Maybe --

2 MR. MCKINNON: I think, in fairness to the
3 witness, she's not referring to either of the above. I
4 think she's referring to cases that are open to intake.
5 There's, perhaps, a drinking party. They're closed at
6 intake because the parents are sober and then a month
7 later, they're open again at intake, because the parents
8 are drinking. I, I don't think she's talking about the
9 thing we've heard, which is files being referred back. I
10 think it's files being closed and re-opened, because the
11 same problem persists. I think that's what this witness is
12 trying to tell us.

13 THE COMMISSIONER: Well, we'll --

14 THE WITNESS: Yes.

15

16 BY MR. GINDIN:

17 Q Is that correct?

18 A Yes.

19 Q Okay. Just wanted to be clear on that, thank
20 you.

21 THE COMMISSIONER: Thank you, Mr. McKinnon.

22 MR. GINDIN: Those are my questions, thank you.

23 THE COMMISSIONER: Thank you, Mr. Gindin.

24 Mr. McKinnon?

25 MR. MCKINNON: Thank you, Mr. Commissioner. For

1 the record, it's Gordon McKinnon and I'm the lawyer for the
2 Department and Winnipeg CFS.

3

4 CROSS-EXAMINATION BY MR. MCKINNON:

5 Q Dr. Trigg, I just have a couple of questions for
6 you for clarification. Mr. Gindin was asking you a number
7 of questions about parental capacity assessments and you
8 were talking about parental capacity assessments being done
9 by psychologists in private practice, like yourself, and
10 you also acknowledge that they're sometimes by, done by
11 social workers in private practice, who consult to CFS --

12 A Yes.

13 Q -- if I understood your evidence? We've heard
14 evidence, at this inquiry, that, in some cases, parental
15 capacity assessments are done by, not by formal assessment
16 with referral to someone like yourself, or someone in
17 private practice, but done by the social workers who are on
18 staff and are the assigned case workers and they're a
19 different kind of parental capacity assessment; are you
20 familiar with that type of parental capacity assessment as
21 well?

22 A Yes.

23 Q Okay.

24 A That would be the case plan assessment.

25 Q That's right. And in those cases, we've heard

1 evidence that they're typically done over a period of time,
2 often observing the parent with the child in formal and
3 informal observations; you're familiar with that type
4 of --

5 A Yes.

6 Q And when you talked about social workers doing
7 parental capacity assessments, you were, I think, talking
8 about formal retainers. You, you didn't address the
9 concept of what I'll call the regular, day-to-day
10 assessments being done by social workers at Winnipeg CFS?
11 That's a different --

12 A It is. I think I did, in the sense that I said
13 that they don't necessarily have to spend money on
14 an external assessment, when there are some people within
15 the agency who are very skilled at formulating a case
16 plan.

17 Q And I'll, if I can just explore that a little bit
18 more with you? The circumstances under which you would
19 expect Winnipeg CFS to do a formal, a parental capacity
20 assessment and refer it to a third party, someone outside
21 of the agency, what kinds of circumstances would those be?

22 A They might generally want a second opinion. They
23 might, within the agency, not necessarily be all on the
24 same page? I mean, the, the cases that they deal with are
25 immensely complex.

1 Q And in situations where the social workers who
2 are handling the case at Winnipeg CFS feel that they have
3 enough information to do an assessment, there's no, no
4 dispute within the agency, there's no court proceedings
5 pending, in your experience, would you expect to see a
6 formal, third party parental capacity assessment done?

7 A I'm not sure I understood that. Could you repeat
8 the question?

9 Q In, in, in, in what I'm going to call a
10 workaday --

11 A Okay.

12 Q -- case where the, the social workers and the
13 agency are in agreement as to the issues that are
14 presenting. They're in a -- there's no dispute, there's no
15 court case pending, would you expect to see Winnipeg CFS
16 retain someone like yourself, or a third party expert to do
17 a formal parental capacity assessment, in situations like
18 that?

19 A Generally speaking, no, but there are times, if
20 there is a court case coming up, that they want additional
21 information from somebody else, who can testify as an
22 expert witness.

23 Q Thank you. Just helpful to us to clarify what
24 we're talking about, because I think there's been some
25 confusion with the term "parental capacity assessment"

1 being used in different context.

2 I'm going to take you now back now to another
3 issue that arose on your first day, which I know, seems
4 like a long time ago, we're going back to January 24th and
5 you were asked about whether you were aware of situations
6 where children were put at risk, because of workload,
7 during the time when you were the CEO of Winnipeg. And
8 according to my notes, you said you were never aware of
9 this being a problem when you were the CEO, but you were
10 aware of that now because of your review of the reports on
11 the Phoenix Sinclair case. That's what I noted your
12 evidence to be. Do you recall --

13 A I do.

14 Q -- saying that?

15 A Yes, I do. Ms. Walsh asked me that right at the
16 end, I think, and I said certainly with reference to this
17 case. But I was always aware that there was some degree of
18 risk with many, many of the cases referred to Child and
19 Family Services and concerned about the capacity to address
20 all the needs.

21 Q And, and we've heard Patrick Harrison, I don't
22 believe you were here when he testified. He, the way he
23 put it is Winnipeg CFS is in the business of mitigating
24 risk.

25 A Yes, I --

1 Q There will always be risk.

2 A -- I read that in the newspaper and, and I
3 thought that was a good --

4 Q You thought that --

5 A -- way, good --

6 Q -- was a good --

7 A -- way to put it.

8 Q -- a good way to put it? Okay.

9 A Um-hum.

10 Q I just want to clarify that the, the statement
11 that you made about whether or not workload problems
12 contributed to Phoenix Sinclair's case and, and clarify the
13 information on which that's based. And, and let me just
14 make it clear, or ask you to confirm, you had no personal
15 involvement in the Phoenix Sinclair case?

16 A No, and some of that information I drew from the
17 three big reports that you gave me to read, the
18 (inaudible), OCA and Rhonda Warren's internal report.

19 Q And when you make reference to those reports,
20 those were reports that I gave to you relatively recently,
21 in order to permit you to prepare for this inquiry?

22 A Yes.

23 Q You wouldn't have been aware of those reports,
24 obviously. When you left Winnipeg CFS in 2004 they
25 hadn't been identified, this issue had not been

1 identified?

2 A No, I wasn't aware of them until you gave them to
3 me.

4 Q And you wouldn't have been, had access to them
5 after you left Winnipeg CFS because you were no longer
6 affiliated with the -- any mandated agency?

7 A Yes.

8 Q And you've never reviewed the Samantha Kematch
9 protection file?

10 A No.

11 Q And you're never reviewed Steven Sinclair's
12 protection file?

13 A No.

14 Q And you've never reviewed --

15 A The protection file, are you talking about their
16 child-in-care?

17 Q No, their actual protection --

18 A Their file --

19 Q -- file.

20 A -- (inaudible) file?

21 Q Yeah.

22 A No.

23 Q And since you bring it up, you've never reviewed
24 the Steven Sinclair child-in-care file?

25 A No.

1 Q And you've never reviewed the Samantha Kematch
2 child-in-care file?

3 A No.

4 Q And you've never reviewed Phoenix Sinclair's
5 child-in-care file?

6 A No.

7 Q So your information is from those --

8 A I should say yes.

9 Q -- reports? You're agreeing with me?

10 A Yes.

11 Q So the case specific information you have comes
12 primarily from those three reports, which I gave to
13 you?

14 A Yes.

15 Q And you may have gotten a bit of information out
16 of the newspapers?

17 A Yes.

18 MR. MCKINNON: Those are my questions in
19 re-examination, thank you very much, Ms. Trigg. Ms. Walsh
20 may have something as well.

21 THE COMMISSIONER: Thank you, Mr. McKinnon.

22 Ms. Walsh?

23

24 RE-EXAMINATION BY MS. WALSH:

25 Q So, Dr. Trigg, when you were CEO at Winnipeg

1 Child and Family Services, where there social workers in
2 house, on, in the staff, who had the expertise to do
3 parental capacity assessments of clients?

4 A I think the social workers I've worked with over
5 the years, who have worked 20, 25 years, were quite
6 competent at assessing parental capacity.

7 Q So that would include staff that was there, at
8 the agency, when you were --

9 A Yes --

10 Q -- CEO?

11 A -- I, I think one of the issues, as you know, 50
12 percent on the front line had less than two years'
13 experience. I don't think that gives you enough experience
14 to do that without close supervision.

15 Q Right. What is a parental capacity assessment?

16 A It's a determination of the skills and ability of
17 a parent to take care of a child safely.

18 Q What factors are taken into consideration in
19 doing such an assessment?

20 A Whether the parent can put the child's needs
21 ahead of his or her home (sic), had the emotional capacity
22 to do that. Stability. Her own, his or her
23 own relationships, family functioning or dysfunction,
24 family history; does that have a bearing on behaviour
25 today? And if so, what needs to be done about that? Or

1 can one conclude, one way or the other, that this person is
2 going to be able to parent or not, based on his or her
3 issues?

4 Q So, if, if a social worker, employed by the
5 agency, does a parental capacity assessment of a client,
6 would you expect to see the file recordings reflect the
7 information that you've just described as, as being factors
8 to take into consideration?

9 A I would expect so.

10 Q So that that parental capacity assessment would
11 essentially be recorded, or the result of it --

12 A Yes.

13 Q -- would be recorded in the file recording?

14 A In an in house, you would expect it to see it in
15 the file recorded over time as observations and new
16 observations are made.

17 Q So not in one single recording?

18 A The case plan at the beginning has to have an
19 assessment of the factors that I mentioned. But over time,
20 if a child comes back into care, for example, then there
21 needs to be another one, case plan assessment, to determine
22 if, if the child can realistically go back --

23 Q So is --

24 A -- (inaudible) family.

25 Q -- is assessing parental capacity something that

1 is part of the ongoing assessment, in working with a
2 family?

3 A Most definitely.

4 MS. WALSH: Thank you.

5 Those are all the questions that I have, Mr.
6 Commissioner.

7 THE COMMISSIONER: All right. Dr. Trigg, thank
8 you very much for your attendance here, you're
9 completed.

10 THE WITNESS: Thank you.

11 THE COMMISSIONER: You may take your leave.

12 THE WITNESS: Thank you.

13

14 (WITNESS EXCUSED)

15

16 THE COMMISSIONER: Now, do you want to break now,
17 or start your next witness?

18 MS. WALSH: We could break now and, and
19 then --

20 THE COMMISSIONER: And then we can go through to
21 noon with the next --

22 MS. WALSH: I think --

23 THE COMMISSIONER: -- witness?

24 MS. WALSH: -- that would be good.

25 THE COMMISSIONER: All right. We'll take a 15

1 minute break.

2 MS. WALSH: Thank you.

3

4 (BRIEF RECESS)

5

6 THE COMMISSIONER: All right. Ms. Walsh?

7 MS. WALSH: Our next witness is Mr. Jay Rodgers.

8 THE CLERK: If you could just stand for a
9 moment?

10 THE WITNESS: Me?

11 THE CLERK: Just stand for a moment, yes, please.
12 And is it your choice to swear on the Bible, or affirm
13 (inaudible).

14 THE WITNESS: Affirm.

15 THE CLERK: All right. State your full to the
16 court please?

17 THE WITNESS: John Charles Rodgers.

18 THE CLERK: And spell me your first name.

19 THE WITNESS: J-O-H-N.

20 THE CLERK: And your middle name please?

21 THE WITNESS: C-H-A-R-L-E-S.

22 THE CLERK: And your last name please?

23 THE WITNESS: R-O-D-G-E-R-S.

24 THE CLERK: Thank you.

25

1 **JOHN CHARLES RODGERS**, affirmed,
2 testified as follows:

3

4 THE CLERK: Thank you, you may be seated.

5

6 DIRECT EXAMINATION BY MS. WALSH:

7 Q Morning, Mr. Rodgers.

8 A Good morning.

9 Q You were the chief executive officer of Winnipeg
10 Child and Family Services from July 2004 to February
11 2006 --

12 A That's correct.

13 Q -- is that right? Then you became the executive
14 director of the Child Protection Branch from February '06
15 to January '07?

16 A That's correct.

17 Q And that's the position that we sometimes hear
18 referred to as the director of child welfare?

19 A That's correct. That's the position that would
20 have the statutory powers and legislation under the heading
21 of the director.

22 Q Since March of 2007, you have been the chief
23 executive officer of the General Authority?

24 A No, since May 2007.

25 Q Okay. Thank you. And you hold that position

1 currently?

2 A I do.

3 Q You were also chair of the interim management
4 board of Winnipeg Child and Family Services until it became
5 a branch of the government?

6 A I was.

7 Q That position was held by you from November of
8 2001 until March or April of '03?

9 A The end of March 2003.

10 Q So that's the board that took over from the
11 community board?

12 A That's correct.

13 Q Okay. In terms of your education, you have a
14 Bachelor of Arts degree, with a major in sociology?

15 A Yes.

16 Q You also have a Masters of Social Work from the
17 University of Manitoba?

18 A Yes.

19 Q I understand you've also done some work towards
20 your doctorate?

21 A Two courses. I also have a Bachelor of Social
22 Work degree.

23 Q You do? Thank you. Prior to your appointment of
24 CEO of Winnipeg Child and Family Services, or the agency,
25 as, as I'll call it today, you were employed as an

1 assistant professor at the Faculty of Social Work at the
2 University of Manitoba?

3 A Yes.

4 Q You took on that position, starting in August of
5 2000?

6 A Yes.

7 Q What was your area of expertise at the Faculty?

8 A I would have had three areas of expertise, in
9 terms of the courses that I taught, as well as the graduate
10 students that I supervised. The main area of expertise
11 would have been in social policy. So I would have taught,
12 at the undergraduate level, the introduction to social
13 policy course. There was a history of social policy
14 course, contemporary social policy course and comparative
15 social policy course. So I taught all of those a number of
16 times. At the graduate level, there were two or three
17 policy courses, or organizational theory courses that I
18 taught.

19 The second area would have been, of expertise,
20 would have been the research, research methods courses. I
21 taught both at the undergraduate level. At the graduate
22 level, I would have taught courses in advanced statistics,
23 program evaluation, clinical evaluation. I would have
24 taught those.

25 And then the third area would have been at the

1 graduate level. I also taught the courses at the graduate
2 level for students who were in the, what was called the
3 administration stream. And in the administration stream,
4 there were courses specific to management theory and
5 managing the human services. So I also taught those
6 courses at the graduate level. And I continue to teach
7 those courses on a sessional basis today.

8 Q Do you teach at the University of Manitoba
9 right --

10 A Yes.

11 Q Are you teaching anywhere else, as well?

12 A I also teach courses at Booth College, in their
13 social work program. Similar types of courses. I've
14 taught comparative social policy there. I've taught
15 research methods there. And also at Booth College and at
16 the University of Manitoba, I've taught courses on child
17 and family services.

18 Q Thank you. If we can pull up, please, page
19 29589. I want to review the organizational structure of
20 the agency.

21 You see that on the screen?

22 A Soon as I put my glasses on.

23 Q Good. Okay.

24 A Yes.

25 Q This is the Winnipeg Child and Family Services

1 senior management organizational chart for 2001/2002. So
2 this shows you as president of the board of directors; that
3 would be the interim management board?

4 A Yes.

5 Q Okay. And the reporting to you was Linda Trigg,
6 who, at that point, is identified as interim executive
7 officer. And then the chief operating officer and then a
8 number of different program managers. So that's, that's
9 how the organization looked in '01/02?

10 A Yes.

11 Q Now, if we go to the next page, 29590, this is
12 titled the Winnipeg Child and Family Services Realigned
13 Management and Program Structure for February 26, 2003. So
14 now the reporting looks different; is this a reflection of
15 what the reporting structure looked like once the agency
16 became a branch of government?

17 A Yes.

18 Q So at the top is our two assistant deputy
19 ministers, one for community service delivery and one for
20 Child and Family Services. Then reporting to the one for
21 Child and Family Services, Mr. Dubiensi, you're identified
22 as senior executive for change management and we'll come
23 back to what that is. And reporting to you is a director
24 of change management. And then a quality assurance team.
25 Linda Trigg is identified still as the chief executive

1 officer, reporting to the assistant deputy minister, Martin
2 Billinkoff. So you, you were still on the board at this
3 point?

4 A Yes, at this point, I'm still president of the
5 board and I'm assuming that this org chart is showing what
6 would be in place as of April 2003.

7 Q Right. Okay. Thank you. And then below are
8 program managers for intake and early intervention,
9 services to children and families and resources.

10 Then if we can go to page 29597.

11 Now, this shows the management and program
12 structure as of September 15, 2004. The reporting is still
13 to assistant deputy ministers, because the agency is now a
14 branch of government; right?

15 A Yes.

16 Q And you are now listed as the chief executive
17 officer, reporting to Martin Billinkoff?

18 A Yes.

19 Q Right. And then there are directors and a
20 financial officer who report to you and then below them
21 are, are program managers?

22 A Yes.

23 Q So that, I think, outlines the changes in the
24 management structure, between '01 and '04?

25 A Yes.

1 Q Okay. Thank you. Going back to your role as
2 chair of the interim management board, what did that
3 position involve?

4 A That was at a time when the government appointed
5 a new board. The board was comprised of the government
6 appointees, as well as the chairs of the area councils
7 remained on the board, as well as there were two staff
8 representatives, elected from staff, who remained on the
9 board. And then I was asked to come in and serve as chair.
10 I was teaching at the time in the Faculty of Social Work.
11 So this was a position I was asked to take. I knew, at the
12 time, it was going to be for, I think, 16 months, because
13 they also announced, at the same time, that the agency
14 would be becoming part of government in 2003. So the role
15 of the chair of the board, in my view, was primarily to
16 provide direct supervision to the chief executive officer,
17 on behalf of the board, as well as to be the primary
18 facilitator of the board process, because it was still a
19 board and this was still a collective decision making body.
20 So it was my job to make sure that the board had the
21 information it needed to make decisions, as well as to
22 ensure that at board meetings, or executive committee
23 meetings, there was a full discussions of the issues, so
24 all viewpoints were considered before the board, through
25 its collective decision making process, which was voting --

1 Q Right.

2 A -- made those decisions.

3 Q Are you able to briefly identify the focus of the
4 board's role?

5 A When the board was appointed, there was a clear
6 emphasis that one of the priorities the board should set
7 for itself was be, was to try and manage expenditures. The
8 agency had experienced a number of years of deficits. I
9 think the largest deficit, in its history, had been the
10 year before. So one of the priorities that was identified
11 for us, as a newborn, by the government, was to try and
12 control those expenditures. It was made clear to us that,
13 as we tried to control expenditures, that that wasn't to
14 compromise the core of our service delivery, which was to
15 protect kids. Also, it was going to be a focus of our
16 board to prepare the agency to become a branch of
17 government and I don't think we realized, at the outset,
18 just how much work that was going to be, in terms of doing
19 everything we needed to do, to make sure that the agency
20 could come into the civil service. So that was another one
21 of our priorities. And we only had a life expectancy,
22 again, of about 16 months, in order to try and accomplish
23 this.

24 Q Were the appointments to the board paid
25 positions?

1 A They were paid a per diem to attend meetings.

2 Q And your role as chair? Was, was that a paid
3 position?

4 A Yes, I was paid to attend meetings.

5 Q Let's pull up, please, page 39788. This is a
6 memo, addressed to the interim management board, from Linda
7 Trigg, dated November 19, 2001. And she identified it as
8 sort of an introductory opportunity and you see that it
9 covers a number of areas: Structure and function, service
10 trends, staffing and human resource issues, deficit
11 reduction, impact of the AJI-CWI, the future of the agency
12 and internal change.

13 She, Dr. Trigg testified that although she
14 expected to receive a response to this memo, she didn't get
15 one. Now, what's your recollection as to, first of all,
16 receiving this memo, and, and what, if anything, you and
17 the board did with it?

18 A I recall receiving this. The board went through
19 this in detail, if I recall correctly, at one of our first
20 meetings. We viewed this as an extremely helpful and
21 comprehensive orientation of the main issues that we were
22 going to face. At no time did I believe that Dr. Trigg was
23 expecting a formal, written response from the board. I can
24 tell you that many of the issues that she raised in this
25 memorandum were, in fact, addressed, by actions that were

1 taken by the interim board. So this, this served as a
2 guide for many of the decisions that we made. And again,
3 we viewed it as, as a very helpful overview of not just the
4 operational issues that we had to deal with, but the
5 culture of the organization at the time.

6 Q How often did you meet with Dr. Trigg? Do you
7 recall?

8 A I don't recall specifically. We were an interim
9 management board, so we were asked, by the department, to
10 be a little more active in managing the agency than would
11 be typical for a board of directors. I probably met with
12 Linda, if not weekly, bi-weekly. Sometimes for formal
13 supervision, sometimes just to address issues. We talked
14 lots on the phone, I recall.

15 Q One other document that I wanted to draw your
16 attention to, page 34655. This is the memo that was sent
17 to staff from the executive management, responding to the
18 results of the findings of the focus group report. You're
19 familiar with the focus group that met with family service
20 workers?

21 A Is this the Viewpoints --

22 Q Yes.

23 A -- research? Yes.

24 Q Yes. Did, did you have any response, at the
25 board level, to the findings of that report?

1 A It, it, it's important to understand the
2 activities that occurred in responding to this report. And
3 my --

4 Q Are you talking about the original -- sorry to
5 interrupt you -- the original Viewpoints report, you mean?

6 A Yes.

7 Q Okay.

8 A Although the -- if, if I recall correctly, there
9 was a group in place that was called the common table, at
10 the time. And the common table was a group that was
11 comprised of, of myself, Dr. Trigg, the two assistant
12 deputy ministers, as well as senior officials from the MGEU
13 and originally also senior officials from the Canadian
14 Union of Public Employees, but they withdrew shortly after
15 the table was created.

16 And that table created a working group that went
17 through the Viewpoints report and summarized it and made
18 recommendations back to management about what the response
19 might be. So there, there's a process that was in there
20 that was a collaborative process that had represent,
21 representatives from the board, being myself, senior
22 management, as well as representatives from the bargaining
23 unit that went through the report, identified the themes
24 and then gave a report back to management for them to
25 consider a response. So yes, I had -- was, on behalf of

1 the board, involved in that process.

2 Q Okay. When you came on as CEO of the agency, did
3 you have a particular focus?

4 A I came into that position, if I recall correctly,
5 either July or August of 2004.

6 Q Yes.

7 A I assumed that position shortly after there had
8 been a communication to all staff of the agency that the
9 go-live date for the Aboriginal Justice Inquiry Child
10 Welfare Initiative in Winnipeg was to be, I believe,
11 originally started January 25th, 2005, if I recall
12 correctly. So I was taking over this leadership role at a
13 very unique time in the history of this agency, a time that
14 I knew was going to be very challenging, in terms of trying
15 to lead this organization through this re-structuring. And
16 it's important to remember, I think, that while the agency
17 had been through lots of transitions, you know, from the
18 mid-eighties, when they were six agencies, through the
19 re-centralization in the early '90s, through to the program
20 in the late '90s, the AJI-CWI was fundamentally different.
21 This was about a complete restructuring, resulting in
22 considerable downsizing of the agency and a transfer of
23 power from the government to authorities. So this was
24 unprecedented in the agency's history.

25 We all agreed, fundamentally, with the primary

1 goal of, of the AJI-CWI, which was to return control of
2 services for aboriginal people to aboriginal people. But
3 we knew that this was going to be an extremely difficult
4 time. So clearly one of my main focuses, when I took the
5 job, was to lead this organization through this transition,
6 to do what we could to make it as smooth as possible and to
7 do what we could to support staff through this process,
8 because I knew that this was going to be a tremendously
9 turbulent time, with lots of anxiety and, you know, lots of
10 concern for the wellbeing of staff through the process. So
11 that is how I spent most of my time.

12 We still had a budget to manage and there was
13 still expectations on us to live within our budget, so that
14 was another focus that I had, as the leader of the
15 organization. And it was also a, a priority for me to be
16 able to clearly articulate to staff what our organization
17 was going to look like when devolution was completed. So,
18 in a parallel process, we were trying to work out an
19 organizational configuration, what it was going to look
20 like when we were downsized, how we were going to relate to
21 the Winnipeg Integrated Service Initiative. And fourthly,
22 of course, an ongoing responsibility I had, as leader of
23 the organization, was to ensure that we continued to
24 provide the best service possible during this time.

25 Q What's the Winnipeg Integrated Service

1 Initiative?

2 A There was a comparable initiative going on in the
3 Department of Family Services, in conjunction with the
4 Department of Health, to create integrated service sites.

5 Q I see.

6 A And so we knew that there would be an advantage
7 to us, us being Winnipeg Child and Family Services, after
8 devolution, being co-located in those sites, because that
9 would give our workers collaborative access to a whole
10 range of programs. So we were trying to work with this
11 other initiative, at the same time, to become part of a
12 co-location approach.

13 Q Intake became its own agency, became ANCR, the --

14 A In --

15 Q -- intake function?

16 A -- in February 2007.

17 Q Was that -- and before that, it was called the
18 Joint Intake Response Unit?

19 A Yes.

20 Q Was the fact that intake was going to become a, a
21 standalone agency, was that known at the same time that the
22 devolution process was commenced?

23 A Yes.

24 Q What did the process of devolution involve for
25 the staff at the agency?

1 A Can I just think about that one for a second?

2 Q Yes, of course. What did they have to do, is
3 what I mean.

4 A Okay. The staff had to prepare their cases for
5 transfer. And it's important to remember that it wasn't
6 just those cases that were identified as being transferred
7 to the newly created aboriginal agencies. Because of the
8 way that the process was to be implemented, in terms of the
9 secondment process, because it's important to remember that
10 as part of the devolution process, when the case is
11 transferred, Winnipeg Child and Family Services would be
12 seconding employees for a period of time to provide service
13 for the newly created aboriginal agencies, until such time
14 as those aboriginal agencies could, over time, recruit an
15 aboriginal workforce. So, because of the way that the
16 secondment process was going to work, it meant that even
17 with the staff that were left behind at Winnipeg Child and
18 Family Services, they would likely be changing jobs as
19 well. So the case transfer process and documentation that
20 had to be done and the reviews of all those cases, weren't
21 just for cases that were transferred to aboriginal
22 agencies. We were doing it for virtually all of the cases
23 that were open at the time of devolution.

24 The other thing that, that workers had to go
25 through was the secondment process, where there was an

1 opportunity for workers, firstly, to volunteer to be
2 seconded to aboriginal agencies and secondly, there was an
3 agreement between the bargaining unit and the employer
4 about how individuals would be identified who were called
5 involuntary secondments. And that was to be done through
6 the basis of seniority. So there was a lot of work and a
7 lot of processes going on to implement devolution that had
8 a direct impact on staff.

9 Q Which staff did it have a direct impact on?
10 Family Services staff?

11 A Everybody.

12 Q Okay.

13 A Management all the way down.

14 Q How would it have an impact, for instance, on the
15 staff at intake, or CRU?

16 A Well, staff at intake and CRU were also part of
17 the secondment process. So there were going to be many of
18 them changing positions. So the impact, as was the impact
19 across the agency, was they didn't have to prepare case
20 transfer summaries, because that wasn't their caseload.
21 But the impact across the agency of uncertainty and
22 anxiousness would have been felt at intake as well.

23 Q Okay. So the, the workers who were preparing
24 actual transfers were the family service workers?

25 A Yes.

1 Q Okay. The period of time that this was taking
2 place was from when to when, exactly?

3 A I would say -- when you're talking about "taking
4 place", are you talking about the preparation of the case
5 transfer summaries in particular?

6 Q Yes.

7 A That would have begun in earnest in January 2005.

8 Q Okay. You said that --

9 THE COMMISSIONER: January '01?

10 THE WITNESS: No, January 2005.

11 THE COMMISSIONER: January what?

12 THE WITNESS: 2005.

13 THE COMMISSIONER: Right.

14

15 BY MS. WALSH:

16 Q You said that workers at the agency needed
17 support through this period of time; what kind of support
18 did the agency provide?

19 A We provided lots of support. We did the best
20 that we could, in terms of trying to reduce workload,
21 offset workload and provide meaningful emotional supports
22 for staff. In order to answer this question completely, I
23 need to provide a bit of context; is, is that okay?

24 Q Yes.

25 THE COMMISSIONER: Sure.

1 THE WITNESS: One of the things that we did --
2 and I, I may get the date wrong, but we created, I think it
3 was in 2003, as part of the change management strategy, was
4 we created what we called the transition support team. And
5 the transition support team was a 12 member team that was
6 made up of supervisors and front line staff that
7 represented all of the different program areas across the
8 agency, including intake. And it was the purpose of that
9 team to represent the opinions of front line staff, to be
10 the primary vehicle through which communication went back
11 to their units and their programs about the change managed
12 strategies that were being put in place. So the transition
13 support team worked very closely with what we saw as the
14 change management unit on those organizational charts that
15 you showed me a few minutes ago.

16 And we, as, as part of the change management
17 team, we relied very heavily on the recommendations and
18 advice of that transition support team because of our
19 interest in having this be as inclusive a process as
20 possible.

21

22 BY MS. WALSH:

23 Q And sorry, you said that this was struck in 2003,
24 while you were still chair of the board?

25 A No, I'm recalling it was later than that. It was

1 when I was in the -- that part time position in change
2 management.

3 Q Okay.

4 A I'm recalling May or June 2003, when this team
5 was put into place.

6 Q Okay.

7 A I have the terms of reference somewhere I
8 could --

9 Q That's --

10 A -- I could look them up.

11 Q -- that's fine. But, but this is done then
12 before the case transfer process starts taking place?

13 A Right. So, so we start planning, to develop a
14 change management strategy, on the advice of that team, as
15 to how we can provide the best supports for staff. And so,
16 when you ask me what supports we put in place, it's
17 important to understand that the supports that we put in
18 place, the recommendations we made to management about the
19 supports and in the supports that I have put in place when
20 I'm CEO were largely based on the advice of this transition
21 support team. So these ideas were coming from staff.

22 Q And so what were those initiatives, in terms of
23 support?

24 A So let me talk about the time from January to
25 May.

1 Q Of '05?

2 A Of '05.

3 Q Okay.

4 A When we were looking at this extra work being
5 added to staff, in terms of the case transfer summaries.
6 So one of the things we put into place and again, this was
7 a recommendation from that team, was that we put in place a
8 process where family service units, from January 2005 to
9 May 2005, would not receive any new referrals in intake.
10 We had the, we, we had teams in the agency that were called
11 preservation/reunification teams, who carried small
12 caseloads, who were primarily responsible for preserving
13 families, or working intensively with families, to reunite
14 kids with families and they were able to, over time, wind
15 up their caseload and then be available to take new
16 referrals from intake. And over time, we built new
17 caseloads with those staff, so that we could divert the new
18 referrals from intake to these other staff, so that the
19 family service units could be devoted to doing the work
20 necessary to prepare their cases for transfer.

21 We capped those caseloads at 25 and like I said,
22 the staff in those teams came over gradually as caseloads
23 were built. So we saw this as being extremely important to
24 be able to offset some of that workload.

25 We were also able to secure some extra resources.

1 We were able to get some resources to convince some staff,
2 who were on part time, to increase their hours, to assist
3 in the preparation of case transfer summaries and other
4 work related to devolution. We were able to hire -- and I
5 can't remember if it was on contract or term -- we were
6 able to hire social work students who had been placed with
7 the agency and were able to get them to assist family
8 service workers to prepare the paperwork and the case
9 transfer summaries. We were able to convince two or three
10 retired social workers to come back and do a contract with
11 us, for some of the same functions. We had staff from the
12 community program volunteer to come and assist staff in
13 preparing for the case transfers. And we had staff from
14 the after hours unit -- and, and again, this was ideas that
15 came from that transition support team -- we had staff in
16 the after hours unit who volunteered -- because the, the
17 work at after hours can be extremely busy, or on occasions,
18 it may not be so busy, it, it ebbs and flows, they said on
19 nights when it wasn't so busy, they would be prepared to
20 photocopy documents that needed to be photocopied, to
21 prepare the transfer packages.

22 So what you saw was a lot of colleagues stepping
23 forward to help their other colleagues, through doing
24 whatever they could to offset the work.

25 We also were able to do some practical things.

1 We heard from the transition support team and others, that
2 because of the volume of work that needed to be done, it
3 would be helpful to have additional photocopiers in
4 offices. We were able to do, secure that for at least two
5 or three offices, that I can recall. A number of staff
6 said it would be helpful to prepare their case transfer
7 summaries if we had, if they had Dictaphones. We were able
8 to purchase some, some Dictaphones. So we put in a lot of
9 what we thought were helpful supports during this time
10 period.

11 At the same time, we recognized that there would
12 be other potential impacts for staff, in terms of the
13 transfer. So, in the fall of 2004, we offered a series of
14 workshops and I believe these workshops were also suggested
15 by the transition support team. And these workshops were
16 about strategies for coping with change and stress and we
17 had, I think, over 200 of our staff attend those workshops.

18 In January 2005, the management team hosted, I
19 believe it was two days of all staff meetings, where we
20 made a, an attempt to ensure that every staff person heard,
21 in person, what our support plans were. I delivered the
22 presentation for the meetings, on behalf of management and
23 making sure that I gave credit to the ideas that came
24 forward from the transition support team.

25 During the period of January to May, we also

1 recognized that there may be some staff, particularly staff
2 who had been hired on term, who could be displaced at the,
3 at devolution, was implemented, have their terms expired.
4 So we offered a number of workshops for those staff on
5 résumé preparation, preparing for job interviews, those
6 kinds of things, to provide assistance to any staff who
7 might be displaced, as a result of devolution.

8 Q Now, when you say "displaced", were any workers
9 at the agency laid off, as the result of devolution?

10 A No.

11 Q What do you mean by displaced?

12 A Again, because we had so many workers on term --
13 I'm, I'm sure that it's probably come up in testimony
14 previously about the employment guarantee in the letter
15 from the minister in 2000. That was for permanent
16 employees. So temporary employees did not have the
17 employment guarantee. So depending on how many positions
18 the new aboriginal agencies were going to have filled when
19 they took cases, we thought we might have to expire some of
20 the term employees. I don't believe we did, at the end of
21 the day. So by displaced, I mean, their terms were going
22 to expire.

23 Q Not every employee who was in place at the
24 agency, at the time of devolution, remained in the child
25 welfare system though; is that right?

1 A I'm sorry, I'm not sure I understand the
2 question.

3 Q Well, we heard evidence, for instance, from one
4 supervisor, who said that while he was still given a job in
5 government, it wasn't in the child welfare system. He's
6 now in a branch of, I think, Justice.

7 A Are you talking about people leaving the agency
8 for other jobs?

9 Q He was not able to be -- there was no job for him
10 within the child welfare system.

11 A I see. He, he -- that person was given a,
12 another position in government, yes.

13 Q Exactly.

14 A Yes.

15 THE COMMISSIONER: That, that occurred in some
16 cases, I take it?

17 THE WITNESS: Yes.

18

19 BY MS. WALSH:

20 Q So no one lost their, lost employment, but they
21 may not have stayed in the child welfare field?

22 A I, I think that's correct, yes.

23 Q These strategies that you're outlining for us,
24 what was the effect of, effectiveness of them?

25 A My view is that they, they were very effective,

1 in terms of offsetting the workload. I don't know if I
2 could speak firsthand as to whether we were able to provide
3 staff with supports for -- how they, how they perceived the
4 emotional impact, whether they found those workshops
5 helpful. I think that the best people to speak to that
6 would be the front line staff who attended those.

7 We, we knew it was going to be a challenging five
8 months and again, we tried to put everything in place that
9 we thought would be helpful to staff, again, acting on the
10 advice of that team, which represented the viewpoints of
11 staff.

12 Q What about after those five months were over, in
13 May of 2005, when devolution went live for the agency?
14 Were there any supports available to staff who were now
15 experiencing changes in their work circumstances?

16 A Well, those staff still would have had available
17 to them their EAP programs.

18 Q EAP standing for?

19 A Employment, employee assistance programs.

20 Q Right.

21 A They would have retained their civil service
22 status if they went on secondment. And so if there were
23 difficulties with that change in circumstance, they still
24 had those supports available to them.

25 We had also put in place -- reactivated, I guess,

1 would be the best word, and I'm thinking, again, it was in
2 2003, as part of our change management strategy, we had
3 reactivated what was known as the critical incident stress
4 management peer support team.

5 This was a team of essentially front line staff
6 and supervisors who were trained to provide supports to
7 their colleagues, if their colleagues experienced a
8 critical incident in the workplace. So that team was
9 available to staff after devolution, continues to be
10 available today and in fact, we've taken the positive
11 experience that we had with that team at Winnipeg and we've
12 established peer support teams in every one of our
13 agencies.

14 Q During your time as CEO, how many staff did the
15 agency have?

16 A The --

17 Q Perhaps --

18 A -- the number I recall is 555.5.

19 Q Do you recall what proportion of those staff were
20 front line workers?

21 A I do not.

22 Q The structure of the agency would be that on the
23 very front line would be a worker, who then reported to a
24 supervisor and then the supervisor would report to an
25 assistant program manager, who reported to a program

1 manager and program managers reported to you?

2 A Yes.

3 Q During your time as CEO, what was the mandate of
4 the child welfare system?

5 A The mandate of the child welfare system, as per
6 the Child and Family Services Act, is to ensure that
7 children and youth are safe. In the legislation, safety is
8 paramount. So their very first consideration before
9 anything else is that children and youth are safe. So our
10 fundamental mandate is to establish that safety.

11 I would go further to say that we always viewed
12 our mandate as, whenever possible, ensuring that children
13 are safe but able to live with their parents, or natural
14 caregivers. And I believe, certainly with recent data that
15 I've got that, in our system, we're quite effective at
16 keeping kids safe with their parents.

17 Q Okay. Has the mandate changed since the time
18 that you were CEO of the agency?

19 A No.

20 Q And who, in the system, I'm not talking the
21 agency, I'm talking in the system, had the responsibility
22 for ensuring the safety of children, during your tenure as
23 CEO?

24 A Who, in the system?

25 Q Yes.

1 A I would, I would say that we all did.

2 Q Okay.

3 A This is a collective responsibility. We're
4 working in a mandated system, under a legislation. So
5 within the context of Child and Family Services, right from
6 the time, right from the time there was a board, right down
7 to the front line, everyone had a shared and collective
8 responsibility to ensure the safety of kids. Day-to-day,
9 that responsibility falled (phonetic) on our front line --
10 fell on our front line workers, for sure. But it was a
11 collective responsibility for all of us working in the
12 system. It was my responsibility as CEO.

13 Q Now, the mandate of the agency, Winnipeg Child
14 and Family Services, during the period 2000 to 2005, period
15 when Phoenix received services, what was the mandate of the
16 agency?

17 A The agency had the full mandate under the
18 provisions of the Child and Family Services Act. So the
19 agency was able to provide the full range of services, as
20 outlined in the Act, Part 3 services, child protection,
21 Part 2 services, voluntary family services, Part 4 services
22 for children in care. So it was the full range of services
23 under the legislation.

24 Q And under Part 3, you said protection; what is,
25 what does that refer to?

1 A That's the statutory provisions where safety is
2 paramount and that's where there is the mandatory responses
3 an agency must take, if they believe a child is in need of
4 protection.

5 Q Has that mandate for agencies changed since 2005?

6 A No.

7 Q Who, within the agency then, was responsible for
8 carrying out that mandate, either from 2000 to 2005, or
9 currently?

10 A Again, I would answer that we -- I would have
11 viewed it as a collective responsibility of everyone in the
12 agency. We would have had different responsibilities for
13 ensuring the mandate was carried out. And again, day-to-
14 day, the responsibility would have been with workers and
15 supervisors.

16 Q Then how was compliance with the mandate ensured
17 within the agency?

18 A During which time period are you talking about?

19 Q 2000, 2005.

20 A Okay. I know that from 2000 to 2005, the -- for
21 a number of those years, the agency had a quality assurance
22 unit and the quality assurance unit undertook a number of
23 program reviews. They didn't do, as I recall, a lot of
24 what might be seen as compliance audits. This was a,
25 think, a broader approach to quality assurance, in that the

1 quality assurance unit was looking more at the entirety of
2 programs and how programs were functioning and how programs
3 were fulfilling their expectations, and whether programs
4 were meeting their objectives. So I recall, and I'm going
5 from memory here, because I wasn't the CEO at the time, I
6 was in a different role, I'm recalling reports on the
7 peri-natal program, for example, the permanent ward program
8 was another example.

9 There was a fairly extensive study done by the
10 quality assurance unit, that looked at breakdowns in foster
11 homes, to try and develop some strategies for how foster
12 home breakdowns might be prevented in the future.

13 And there was an extensive study done in 2003
14 that produced a series of reports that was an initiative
15 that began with the board, as I was chair, on looking at,
16 what were the primary reasons for families coming to the
17 attention of intake. We called it, we were looking at the
18 drivers of referrals.

19 Q I think we heard Dr. Trigg testify about that and
20 about how those studies looked at addressing workload from
21 a front line, front end perspective and a prevention
22 perspective?

23 A Yes, so coming out of those studies were three
24 initiatives, actually, that we thought would provide
25 workload relief, by diverting cases at the front end. As

1 well as would be more successful in keeping families, kids
2 from coming into care.

3 Q Okay. Thank you. In terms though of ensuring
4 compliance with, with carrying out the mandate of keeping
5 kids safe, quality of services, whose responsibility was it
6 to ensure that kind of compliance at the agency, between
7 2000 and 2005?

8 A Day-to-day that, I would say that that is the
9 responsibility of the worker in, in consultation with their
10 supervisor. But again, I would say that we all shared a
11 collective responsibility for ensuring we were delivering,
12 as a agency, the highest quality service we could. Again,
13 I don't recall, during this time period, a lot of strict
14 compliance reviews. Partly because of some of the
15 confusion that existed around the standards that was
16 reported in the external reviews. Our -- and again, I was,
17 I was in a different role.

18 Dr. Trigg's, I think, emphasis, during her time
19 as CEO, was on these program reviews, to look at how
20 services might be improved.

21 Q For the period 2000 to 2005, who, within the
22 agency, was supposed to be accountable to the children and
23 families who received services?

24 A Again, I would view that as something that we all
25 shared a responsibility for and day-to-day would be workers

1 who were having the majority of contact with families. But
2 it was certainly, during my time as CEO, I viewed it as my
3 responsibility to ensure that we were accountable in
4 delivering service, the best service we could, to those
5 families.

6 Q Okay. Now, in terms of the reporting structure,
7 we looked at who you reported to; what did your reporting
8 consist of when you were CEO in '04 and '05?

9 A I would have had regular meetings with the
10 assistant deputy minister of community service delivery. I
11 also would have had fairly regular meetings with the
12 assistant deputy minister of Child and Family Services
13 division. But operationally, I was accountable to the --
14 Mr. Billinkoff, who was the assistant deputy minister for
15 community service delivery at the time.

16 Q What types of issues would you cover with him?

17 A Well, he and I would spend a lot of time talking
18 about the plans for devolution, the implementation of
19 devolution. I certainly kept him informed on all of our
20 plans to put supports in place. I brought concerns to his
21 attention, if they were raised with me, from, for example,
22 the union raised a couple of concerns that I brought to Mr.
23 Billinkoff, to try and problem solve. So a lot of our
24 conversations were about devolution and also whether we
25 were managing our expenditures within our allocation.

1 Q In terms of the staff who reported to you, what
2 did that look like?

3 A We had weekly management meetings and I had
4 individual supervision with each of those staff probably as
5 often as every two weeks, but certainly as often as every
6 month. It varied, depending on the needs of those program
7 managers.

8 Q So you were meeting with program managers?

9 A I met with program managers. I met with my chief
10 financial officer, I met with my director of human
11 resources.

12 Q Did you ever meet with assistant program managers
13 or supervisors?

14 A Assistant program managers would have been
15 included in the weekly management team meetings.

16 With regard to supervisors, I would go out and
17 meet with units periodically. We also had a series of
18 events, for lack of a better word, that we used to call
19 fireside chats, where I would go and literally have an open
20 invitation to staff, come and have an hour conversation
21 with me. I did that quite regularly at different
22 buildings. So I tried to be as accessible as possible to
23 supervisors and front line staff.

24 Q In terms of ensuring quality of services,
25 ultimately, the CEO was responsible for ensuring quality of

1 service?

2 A Yes.

3 Q I gather you would have relied on your program
4 managers and assistant program managers in assuring quality
5 of service to families?

6 A Yes.

7 Q And they would have relied on the supervisors who
8 reported to them?

9 A Yes. I, I had what I viewed as, as very
10 experienced, seasoned program managers who had come up
11 through the system. I had not come up through the system.
12 I relied very heavily on their expertise and experience for
13 ensuring quality of service.

14 Q Let's talk a little bit about supervision while
15 you were CEO.

16 If we can pull up page 29040 please?

17 This supervision policy has come up on many
18 occasions with other witnesses. It says implementation
19 March 1, 2004. Is this a policy you were familiar with
20 during your time as CEO?

21 A Yes.

22 Q To whom did this policy apply?

23 A My recollection is that this policy applied to
24 program managers, assistant program managers and
25 supervisors in the family services units, foster care

1 units. I don't recall explicitly if we had made it clear
2 whether this applied to intake or not.

3 Q So that was my next question, is whether this
4 policy applied to intake and if not, whether there was some
5 other policy that applied to supervisors at intake and CRU
6 and AHU?

7 A I'm not aware of another policy that would have
8 applied specifically to intake.

9 Q Okay. But you're not sure if the policy we're
10 looking at, which is CD1634, if that was intended to apply
11 to intake supervisors or CRU supervisors?

12 A I don't recall.

13 Q Okay. Were you, as CEO, aware of what training
14 supervisors received?

15 A When I was CEO, it was my understanding that
16 supervisors and staff were expected to take competency
17 based training. I do recall asking for reports on how many
18 supervisors and staff had attended all of the modules for
19 both the case management competency based training, as well
20 as supervisor competency based training. I don't
21 specifically recall results, but I do recall asking to get
22 some sense as to the training people had received.

23 Q Were performance issues relating to workers ever
24 brought to your attention?

25 A Not that I can recall.

1 Q What about relating to supervisors?

2 A Not that I can recall.

3 Q Would you have expected that if there were
4 performance concerns about workers or supervisors, that
5 would have come to your attention as CEO?

6 A I would have expected that those would have been
7 handled predominantly by assistant program managers, or
8 program managers.

9 Q Right.

10 A As CEO, I believe I was formally part of the
11 grievance procedure should there have been, you know,
12 something that was done from a disciplinary point of view.
13 So I would have expected those to come to my attention.

14 Q So what was the process, if a worker or a
15 supervisor was found to have performance issues, for
16 instance, that they were not complying with their
17 obligation to deliver services in accordance with the, the
18 mandate of the agency? What, what was the process for
19 dealing with that?

20 A I -- that would depend on the nature of the
21 concern. If it was, as you described, I think the process
22 would have been for the supervisor to meet with the worker,
23 to have a discussion about the concerns, to strategize with
24 the supervisor around what might be done to assist the
25 front line staff person to address those concerns. And if

1 those concerns were not addressed over time, I would expect
2 that the supervisor would probably seek advice from his or
3 her assistant program manager, to talk about whether there
4 might be something more formal that would need to be done.

5 Q In terms of options for something that might be
6 done, was training an option?

7 A Absolutely.

8 Q Were you ever made aware of complaints by
9 clients? Would those come to your attention?

10 A Occasionally.

11 Q At what point, if any, when you were CEO, would
12 you become aware of what was happening with a particular
13 family?

14 A I didn't happen very often, again, because I
15 relied on my program managers and assistant program
16 managers and we had an expectation that if families had
17 complaints about our service, that they would, you know,
18 report those to a supervisor and if not satisfied, go to an
19 assistant program manager and up the hierarchy.

20 There, there have -- were occasions where there
21 may have been complaints to the director of child welfare,
22 for example, or to the minister. In those circumstances,
23 those complaints would have been referred to me and I would
24 have then met with the relevant program manager and asked
25 that program manager to deal with the complaint.

1 The other way that, that I became familiar with
2 individual cases would have been through the Section 10
3 reports, which were reports prepared by the chief medical
4 examiner, whenever there was the death of a child-in-care,
5 or the death of a child who had been involved with the
6 child welfare system, either at the time of death, or one
7 year previous. And legislatively, they were responsible
8 for paring, preparing reports on services provided and I
9 would read every one of those reports. So I would be
10 familiar with those individual cases as well.

11 Q Okay. Let's talk about standards. You had
12 referred to the state of, of standards during your tenure.
13 I want to talk about that.

14 In 2004 and 2005, what were workers and
15 supervisors supposed to rely on to know how to do their
16 jobs properly?

17 A In 2004 and 2005?

18 Q Yes.

19 A I know that Winnipeg Child and Family Services
20 had a very detailed policy and procedure manual. I recall
21 from some of Dr. Trigg's testimony that I was able to hear
22 about, that she talked about that and talked about it being
23 out at individual units. I believe that was the case. I
24 know that within that there was a fairly detailed policy
25 and procedure manual from, I think it'd been developed in

1 2001, for intake and CRU. I believe workers would have
2 relied on the policy and procedure manuals for direction
3 and guidance in their day-to-day work. They also would
4 have relied on the legislation. And they would relied on
5 what they learned in competency based training for practice
6 strategies.

7 As of January 2005, because that's part of the
8 time period that you asked about, there, the, the new case
9 management standards were introduced in January 2005. So
10 at that point, I think there would have been a greater
11 expectation that staff become familiar with those standards
12 and rely on those standards for guidance in their work as
13 well.

14 Q Is it fair to say that child welfare work in
15 '04/05 and, and currently, involves an exercise of clinical
16 judgment?

17 A Yes.

18 Q And what is that judgment supposed to be based
19 on?

20 A I believe that we have, as, as a leader in the
21 system, I believe that I have the responsibility for
22 ensuring that our staff have the best tools available to
23 them to collect information, information that is collected
24 objectively, information that is known to be relevant to
25 each of the key decisions in the case management process.

1 And I also believe it's our responsibility to ensure that
2 staff are trained in knowing what information to get in
3 those assessments and how to interpret it to inform their
4 clinical judgment.

5 So I know I'm speaking more of our service system
6 today than I am, in terms of 2004/2005, but I believe that
7 we have a responsibility, as leaders, to ensure that our
8 staff are given the best tools possible to collect
9 information to inform their clinical judgment, so that we
10 have the greatest consistency in clinical judgment
11 possible, so families are treated equally and fairly, no
12 matter where they receive service from our system.

13 Q We've heard evidence that there was some
14 confusion regarding which standards applied during the
15 period 2000 to 2005 and you've identified that you were
16 aware of that --

17 A Yes.

18 Q -- is that right? And that would relate to
19 various draft revisions of the standards between that
20 period, from 1999 to, to 2005 --

21 A Yes.

22 Q -- standards? Okay. Did that confusion, in your
23 view, affect delivery of services?

24 A I'm, I'm not sure that I have any direct
25 knowledge about that. Again, it's my belief that our staff

1 would have been relying on the policy and procedures that
2 were available to them, as well as their knowledge of the
3 legislation, as well as the practice skills they would have
4 gained through competency based training.

5 There was, as documented in Mr. Koster's report,
6 a series of correspondence from our agency, trying to get
7 clarification around the standards, so that we could
8 provide some guidance to our staff about how best to use
9 them. I don't think that there was clarity around that
10 until 2005. So I don't think our staff relied heavily on
11 the standards before that. I, but I don't think that
12 affected their work.

13 Q Okay. So in carrying out their work, the staff
14 were relying on other sources of information to determine
15 what was best practice in child welfare delivery?

16 A Yes. Is it possible to get some more water?

17 THE COMMISSIONER: Yes, absolutely.

18 And Diane, while you're up, will you pull that
19 curtain after you get the water?

20 THE WITNESS: I've got a bit of a cold I picked
21 up over the weekend, so my throat is dry.

22 THE COMMISSIONER: Absolutely, and if you need a
23 break, you tell us. Though we'll, we'll be stopping in
24 about 25 minutes for lunch hour.

25 THE WITNESS: I'm, I'm --

1 THE COMMISSIONER: But if, if --

2 THE WITNESS: -- actually surprised I haven't had
3 any coughing outbursts just yet. Might be coming.

4 THE COMMISSIONER: There, you got two, so you'll
5 be --

6 THE WITNESS: Thank you.

7 THE COMMISSIONER: -- in good shape. But if you
8 need to stop, you let me know.

9 THE WITNESS: Okay.

10 THE COMMISSIONER: Thank, thanks for that, the
11 glare was pretty tough to, to look, face. Thanks.

12 Carry on.

13 MS. WALSH: Thank you.

14

15 BY MS. WALSH:

16 Q So, in 2004/2005, aside from the discrepancies in
17 the wordings of various draft revisions of the standards,
18 was it your view that staff at the agency had an
19 understanding of the basic tenets and practices of child
20 welfare delivery?

21 A Yes.

22 Q And you said new standards were introduced in
23 January of 2005?

24 A Yes.

25 Q Did the agency provide training to staff on those

1 new standards?

2 A Not while I was there.

3 Q Any reason why not?

4 A I guess a couple of reasons. First of all, when
5 the standards were introduced in 2005, we still had a
6 number of questions about the standards, how the standards
7 were to be interpreted and we asked a number of questions
8 about that, in terms of being able to give clear direction
9 about the intent and meaning of those standards. It was
10 also our view that we were not resourced, nor was any
11 agency resourced to provide comprehensive standing,
12 training in standards. It was our view that that was the
13 responsibility of the General Authority, at that time, in
14 conjunction with the Department of Family Services. And
15 we, I remember writing and having a number of conversations
16 with my predecessor at the General Authority, Mr.
17 Schellenberg, lobbying him to take the lead role in
18 providing training in the standards, once we had
19 clarification on our questions. So I don't believe there
20 was formal training offered in those standards as it is
21 today.

22 Q In '05?

23 A In '05.

24 Q Okay. What about in '06?

25 A I don't recall any training in standards in 2006.

1 Q I think we heard evidence that staff received
2 training, recalled receiving training in 2009; does that
3 sound right to you?

4 A I recall, in 2008 and 2009 and today, every one
5 of my agencies provides training in standards at least
6 twice a year.

7 Q We heard evidence, from Shelly Willox, that she
8 never received training on how to use CFSIS. Now, she --
9 her time at the agency began before you were CEO, but were
10 you aware of the training status of staff? I asked you
11 about supervisors, but what about staff?

12 A Other, other than --

13 Q Or workers?

14 A -- which staff --

15 Q Workers.

16 A -- had taken competency based training --

17 Q Um-hum.

18 A -- I know that CFSIS training, if I'm recalling
19 correctly, was delivered through the Department of Family
20 Services and staff would go for CFSIS training and they
21 would also learn how to use CFSIS on the job.

22 Q Who, within the agency, had the responsibility
23 then to ensure that staff were properly trained on using
24 CFSIS?

25 A Supervisors.

1 Q We've also heard evidence, from a variety of
2 witnesses, that they had difficulty obtaining information
3 from collaterals; was that something that you were aware
4 of, during your time as CEO?

5 A I can't recall that being raised as a specific
6 issue with me.

7 Q We heard evidence that throughout the course of
8 Phoenix's life, workload was an issue for Child and Family
9 Services staff; was this brought to your attention during
10 your tenure as CEO?

11 A Yes.

12 Q How was it brought to your attention?

13 A Workload was a pervasive, challenging issue in
14 child welfare. During my time as an assistant professor at
15 the University, I did a fair bit of research about workload
16 and, and clearly it was a challenge in very many child
17 welfare jurisdictions. The Canadian Association of Social
18 Workers had done an extensive national study that I was
19 aware of, so I was aware of workload being a challenge. It
20 was raised in discussions at our agency. It was identified
21 in Viewpoint's research as an issue. It was identified in
22 feedback from staff in the fall of 2004 when we provided
23 all of our staff in the agency the opportunity to provide
24 their comments on the then draft standards. And a dominant
25 theme that came from that consultation was workload and how

1 difficult it would be to achieve the standards under
2 current work demands. So I would say I was quite familiar
3 with this as a challenge in child, child welfare generally,
4 as well as at my agency.

5 Q So, in terms of the challenge of, that workload
6 poses to child welfare generally, you said it was a
7 pervasive, challenging issue, I gather an issue that posed
8 challenges prior to 1999?

9 A Yes.

10 Q And you said across, across the country, across
11 jurisdictions?

12 A Well documented, yes.

13 Q There is something inherent in the type of work
14 that child welfare agencies do that involves workload
15 challenges?

16 A Yes.

17 Q Specifically with respect to the agency, in
18 2004/2005, what was your understanding of the workload
19 challenges the agency was facing?

20 A I'm not sure I fully understand the question?

21 Q So you said that workload is -- and, and let me
22 back up one. What's your understanding as to why workload
23 is a pervasive issue for the delivery of child welfare
24 services generally?

25 A It's partly related to volume for sure. It's

1 also partly related to the complexity of the cases and the
2 needs of families and how -- and I'm familiar somewhat with
3 the Prairie Research report in the '90s that documented how
4 the needs of families were becoming more complex when they
5 came to the attention of the child welfare system.
6 Workload is also affected by the characteristics of
7 individual cases. For example, what we learned in 2008,
8 when we did a workload study, at Winnipeg Child and Family
9 Services, was that if you had a higher proportion of child-
10 in-care, that means more workload, because of the court
11 requirements, paperwork requirements, et cetera. If you
12 have a higher proportion of cases that are new cases, that
13 requires more intensive involvement for your initial
14 assessment, so it has an effect on workload.

15 So all of those would have been challenges for
16 us. We learned a lot in our 2008 study about the factors
17 that increased workload and we tried a number --

18 Q Can you give us some examples?

19 A Pardon?

20 Q What were some examples?

21 A Would have been the examples I just gave about --

22 Q Okay.

23 A -- the composition of caseloads.

24 Q Right.

25 A Volume, complexity of families. And, and I've

1 never been a big believer that caseload is a real good
2 indicator of workload --

3 Q Right.

4 A -- because of what you have to look at, in terms
5 of the complexity of those cases, to get a sense of the
6 work demands on front line staff.

7 We did a number of things, during my time there,
8 I think both as president and CEO, to try and provide some
9 workload offsets --

10 Q So --

11 A -- because we recognized this as a challenge.

12 Q -- so even when you were chair of the interim
13 management board, you were aware of workload issues at the
14 agency?

15 A Yes.

16 Q And then when you became CEO, you continued to be
17 aware of workload issues?

18 A Yes.

19 Q So that was my next question, is in '04 and '05,
20 were there any specific reasons for the workload
21 challenges, beyond what you've just described?

22 A Beyond what I've just described?

23 Q Um-hum.

24 A Well, in 2005, there would have been the
25 additional workload challenges associated with devolution.

1 Q Okay.

2 A And I explained some of the actions we tried to
3 take to offset those extra workload demands.

4 Q Now, you told us that -- and part, part of your
5 background is in statistics?

6 A Yes.

7 Q Okay. So in terms of responding to workload
8 concerns, is it fair to say that if you're going to
9 respond, it can't simply be based on impressionistic
10 evidence, you need some data?

11 A Sure, yes.

12 Q What steps, if any, when you were CEO, did the
13 agency take to study workload?

14 A The -- I, I, I, I guess I have two answers.
15 During my time as CEO, I would have kept track of case
16 counts. I -- we didn't get into a detailed workload
17 analysis at that time. Prior to me coming on as CEO, you
18 may recall I mentioned that common table body that had been
19 created? One of the things that that common table did was
20 initiate a workload study and that workload study was to be
21 done by a graduate student in the Faculty of Social Work.
22 And the primary purpose of that study was to do a
23 literature review and come up with the best evidence of how
24 workload can be measured in a child welfare environment.
25 That graduate student had not completed his work when I was

1 CEO. That report came sometime later. I, and I don't have
2 the specific date. So we initiated that study before I
3 became CEO.

4 During my time as CEO, we paid attention to the
5 workload specific to devolution, as well as trying to keep
6 track of case counts.

7 Q Because counting cases, as you said, is not
8 sufficient to really address workload; right?

9 A I don't believe so.

10 Q You have to study the nature of the cases?

11 A Yes.

12 Q Would there be other factors? Would you look for
13 instance, at the training and education of the workers who
14 were delivering services?

15 A Yes, we learned, in 2008, that another important
16 factor is balancing workload is to pay attention to the
17 degree of -- the proportion of cases, by degree of risk,
18 assigned to newer, versus more experienced workers.

19 Q Because presumably a more experienced worker
20 could do something in a shorter period of time, or in a
21 more efficient way; is that right?

22 A More experienced workers would have a more
23 experienced unit, with your more complex, high risk cases.

24 Q Right. Did you add staff to the agency to
25 address workload issues when you were CEO?

1 A Only those staff that I described as the extra
2 resources in support of devolution.

3 Q In that period, when you were CEO, what was your
4 understanding as to whether workload issues affected the
5 delivery of services to children and families, in terms of
6 the quality of service?

7 A Workload would have been a consideration, in
8 terms of our staff having to prioritize their work. I
9 don't, I don't recall ever being told that workload had
10 been a factor in an individual case decision. That, that
11 never came to my attention. Workload clearly would have an
12 affect on day-to-day decisions on what would be given
13 priority by our workers. I have confidence in that our
14 front line workers, if there was an immediate child
15 protection concern, would respond to that immediately.

16 Q So were you ever made aware that steps that ought
17 to have been taken were not taken because of workload
18 demands?

19 A On individual cases?

20 Q Yes.

21 A No.

22 Q If that had occurred, would you have expected
23 that to be documented somewhere?

24 A Yes.

25 Q In, in the file itself?

1 A Or in supervisory notes, if it was discussed
2 there.

3 Q I gather then, because you said you weren't aware
4 of, of the effect on any specific case, that you're not
5 aware of any specific impact that workload may have had on
6 the services delivered to Phoenix and her family?

7 A Only, I'm only aware of the conclusions in the
8 three case specific reports about that.

9 Q Right. But when you were CEO, no one brought to
10 your attention a specific example of how services to
11 Phoenix and her family were affected?

12 A That's correct.

13 Q And in terms of your understanding, from the
14 reports that you've read, is it your understanding that
15 there is a finding that specific services were affected by
16 workload?

17 A Certainly, Mr. Koster's report and I'm not sure
18 if I'm going to mix up his findings with his conclusions --

19 Q Um-hum.

20 A -- certainly, Mr. Koster's report, as I recall,
21 indicated that there had been errors made in this case and
22 I believe his next finding or conclusion was that those
23 errors were related to workload demands.

24 Q Was that something you were aware of when you
25 were CEO?

1 A No.

2 Q How, how would that have come to your attention?

3 A On an individual case?

4 Q Yes.

5 A The only way that would have come to my attention
6 is if it was raised up through supervisor, to assistant
7 program manager, to program manager, to myself. That
8 didn't happen while I was there.

9 Q What about systemically?

10 A Systemically, we had, at the management table,
11 lots of discussions about workload challenges and the
12 things we might do to address those.

13 Q But were you ever made aware that systemically,
14 services were not being delivered, according to best
15 practice, for instance, because of workload demands?

16 A The term "best practice" has thrown me off a
17 little bit but --

18 Q Okay. What's a --

19 A -- I --

20 Q -- better, what's a better term?

21 A -- I would, I would say no, that, that was never
22 specifically said to me, that we couldn't meet best
23 practice expectations, assuming we knew what those were.
24 Best practices is a bit of a term that, that throws me off
25 a bit.

1 Q What's a term that you would prefer to use to
2 describe appropriate delivery of services, in accordance
3 with fulfilling the mandate of the system?

4 A Today I would use the language of service
5 delivery that's consistent with the expectations set out in
6 the standards --

7 Q Okay.

8 A -- would be our minimum expectations.

9 Q What about in '04 and '05?

10 A It would have been service delivery consistent
11 with the legislation, policy and procedures of the agency.
12 And in 2005, when the standards were introduced, that would
13 have become our expectation as the minimum requirements.

14 Q Can we use fulfillment of the mandate of the
15 agency as a shorthand?

16 Yes?

17 A Yes.

18 Q Thank you. During your tenure as CEO, or, or
19 chair of the interim management board, were children ever
20 at risk, due to unmanageable workloads at the agency?

21 A It's a bit of a difficult question to answer.
22 Child welfare, for the most part, is a threshold system.
23 So entry into our system is based on the assessment that
24 there was some degree of risk, either present or possible
25 in the future. So there is always risk. And again, the

1 way our legislation is worded, it's, it's either present,
2 or the possibility of a child being in need of protection
3 at some point in the future. So whenever there is workload
4 that is requiring workers to prioritize, it means that some
5 cases, where there are kids at risk, aren't going to get
6 immediate attention, because you prioritize those where
7 there's the highest risk.

8 This, for me, emphasizes the critical importance,
9 again, of equipping our staff with the best tools available
10 to make clear and objective decisions about immediate
11 safety, as well as clear and objective and reliable
12 decisions about the potential for future harm to kids.
13 That helps workers prioritize which cases they have to get
14 to first.

15 Q But in terms of '04 and '05 then you say that it,
16 it's a system that always involves children who are at
17 risk; did workload put children at an increased level of
18 risk that you were aware of?

19 A I can't say that I was aware of that.

20 Q We've heard a, a great deal of evidence about the
21 effect on the staff at the agency, during the period that
22 services were delivered to Phoenix and her family, 2000 to
23 2005. The effect of the various transitions that the
24 agency, and the system as a whole, went through, between
25 1999 and 2005. So changes in the organizational structure

1 of the agency, becoming a branch of government, devolution
2 and that those changes caused stress, anxiety, extra
3 workload pressures and that staff did feel that their work
4 was affected by those pressures. Now that those changes
5 are behind the agency, are you able to say whether staff at
6 the agency are better able to perform their job, or at
7 least able to perform their job without the stress of those
8 factors relating to those changes?

9 A Could you just ask me that one more time?

10 Q So let me put it more succinctly. The changes
11 that staff have testified about that caused them stress,
12 anxiety, pressure, that affected their work, the
13 organizational changes in the program structure, the change
14 to coming into government, the devolution, those, those
15 changes are behind the agency now; right?

16 A Yes.

17 Q So can we expect that, to the extent that workers
18 testified that their work was affected by those changes,
19 that we can see workers who are no longer affected in the,
20 carrying out their services by those changes and the
21 anxiety and pressures those changes carried?

22 A Yes. Keeping in mind that no matter what, child
23 welfare is difficult work --

24 Q Absolutely.

25 A -- very difficult work for front line staff. I,

1 I would, I believe that the service system that we have
2 today has seen enormous enhancements in the last five
3 years, not just in terms of the resources that have been
4 made available to our service system, but the tools that
5 are available to our front line staff. We have been able
6 to put considerable new resources into front line positions
7 and we have been able to, within the General Authority,
8 move to what I believe is the leading practice, in terms of
9 a child welfare model and I'm looking forward to being able
10 to talk about that in much more detail in phase 2 of the
11 inquiry, because of how important I believe it is that we
12 made these changes.

13 We've also really worked hard with our agencies,
14 over the last four years, to create a different
15 organizational climate, to be much more inclusive and
16 respectful of the opinions of our staff. We've put in
17 place things like a staff engagement standard, where we
18 expect every one of our agencies in the General Authority
19 to have in place processes where staff have the opportunity
20 -- and by staff, I mean front line staff, have the
21 opportunity to influence the decisions that affect them
22 most. We have, in many of our agencies, staff engagement
23 committees. We have, have tried to have annual meetings of
24 all of our staff in our system to collectively plan.

25 There is a growing body of evidence that suggests

1 that the quality of the organizational environment,
2 particularly in child welfare, is directly related to
3 better outcomes for kids and families. So we have worked
4 very hard in creating a different organizational climate.
5 The single most important indicator of a healthy
6 organizational climate, well established, is the extent to
7 which staff feel engaged with our organizations. That's
8 why we --

9 Q (Inaudible).

10 A -- pay so much attention to staff engagement and
11 finding ways to be much more inclusive in how we work with
12 staff.

13 Q So just before we break for lunch then, and
14 perhaps this question will be better posed to the, the
15 current CEO of the agency, but during the time that
16 services were delivered to Phoenix and her family, the
17 agency was in a state of change; is that fair?

18 A Absolutely.

19 Q And has it now stabilized?

20 A Yes.

21 MS. WALSH: Okay. Thank you.

22 Mr. Commissioner, I'm going to get into a
23 different area now, so if you want to take the, the lunch
24 break, that would work.

25 THE COMMISSIONER: Yes, we'll rise now until two

1 o'clock and --

2 MS. WALSH: Thank you.

3 THE COMMISSIONER: -- we'll expect you back,
4 witness.

5 THE WITNESS: I'll be back.

6 THE COMMISSIONER: Thank you.

7

8 (LUNCHEON RECESS)

9

10 THE COMMISSIONER: All right, Ms. Walsh, please?

11

12 BY MS. WALSH:

13 Q Mr. Rodgers, what I'd like to do now is have you
14 walk us through some aspects of basic service delivery.
15 For the period 2000 to 2005 -- now, if you're more
16 comfortable just commenting on 2004/2005, I'm, my comments,
17 or my questions are going to be very general, so I don't
18 know that there's a distinction, but, so, if, if we can
19 start with the premise of between 2000 and 2005 and you can
20 tell me if there's a distinction.

21 So for that period, can you walk us through what
22 was supposed to happen once the agency received a referral
23 alleging a potential concern of a child protection nature
24 about a child?

25 A The first decision that needs to be made is

1 whether there is enough information to believe that a child
2 is or may be in need of protection. Or alternatively, if
3 it's not a protection issue, if there's enough information
4 to believe that a family could benefit from some of the
5 support services that the agency can offer. That's the
6 screening decision. It's the very first decision that
7 needs to be made, determining if there's reason for the
8 agency to become involved.

9 Q All right. And then?

10 A Then if, if there is reason for the agency to
11 become involved, the nature of the referral will sort of
12 dictate what the next steps will be. If there are
13 protection concerns, there will need to be a, a judgment
14 made as to what the response time should be, whether it
15 should be an immediate response, if there's concern about
16 harm or imminent danger, or a 48 hour response, or a five
17 day response. And I know that the intake, the manual for
18 the intake service that was in place in 2004/2005 provided
19 some guidance for staff in the factors that they should
20 consider when assigning that response time.

21 Once a response time is determined, then there
22 would be a field. And the purpose of the field would be to
23 do an immediate safety assessment. With safety being
24 paramount in our legislation, that's the very first
25 assessment that would need to be done. And the workers

1 would determine whether a child is safe, whether a child
2 can be made safe in the home with supports, or certain
3 actions. Or whether the child unsafe and can't be made
4 safe and needs to be taken into substitute care.

5 From that point, the next decision in a case is
6 what is the likelihood -- the next assessment that needs to
7 be done is assessing the likelihood of a child being harmed
8 if they're returned to the family. So that would be what
9 we refer to currently as the risk assessment or the
10 probability, probability of future harm assessment in
11 today's world. But it was the same back then. That would
12 be the next judgment a worker has to make.

13 And if there's, if there's a decision made to
14 keep the child-in-care, or there's a decision to return the
15 child with supports, the next decision in the case
16 management process would be to work with the family and the
17 child to identify the family's strengths, the family's
18 weaknesses and to develop a comprehensive case plan and
19 then to put the case plan into, into place and then to
20 monitor the case plan until such time as there's, there's a
21 decision either to seek permanent guardianship, or there's
22 a decision made that the child can be returned and
23 monitored and eventually the case closed.

24 So, at a very high level, those are the steps
25 that might be typical in a child welfare case.

1 Q Okay. Thank you, that's helpful. In carrying
2 out that process, what information was a worker expected to
3 document, with respect to their involvement with a family?

4 A Well, they would have been expected to document
5 certainly through the assessments that they did, they would
6 need to document the reasons for making certain decisions.
7 They would have, should have documented conversations they
8 had with families. They should have taken case notes. At
9 the point of initial referral, there would have been
10 probably some jot notes from someone who took information
11 on the phone. So they needed to document the progress in
12 the case. They need to document the progress towards
13 achieving the case plan goals. And in 2004/05, we would
14 have expected that documentation to be done in accordance
15 with what was the, I may get the name wrong, file recording
16 policy, set out for staff, what information was to be put
17 in which files and how it was to be categorized in
18 different sections of files. And I have a particular
19 recollection of that policy, because I signed it off, I
20 think it was November of 2004.

21 Q What were workers expected to review upon
22 receiving an assigned file?

23 A I think the worker would have been expected to
24 review any prior history of involvement with the child
25 welfare system, would be the, I think the main information

1 they would be looking for, and if there was prior
2 involvement, to get as much information on that prior
3 involvement as possible. Now, the extent to which workers
4 can do that, upon the initial referral is going to depend
5 on the immediacy of that referral. If the circumstances
6 are such that they believe a child is, has been harmed, or
7 in imminent danger, they would respond immediately, take
8 whatever action was necessary and then take the time to
9 review the history later on.

10 Q Tell us a little bit about the significance of
11 the history in a file?

12 A Well, we know from, we know, from the research,
13 that one of the strongest indicators of future harm for
14 children is past harm and actions or omissions that have
15 resulted in harm to the child. So it's very important to
16 know whether, in the child's current situation, whether
17 there are caregivers who have caused the child to be harmed
18 or need protection previously. It's also important to know
19 the circumstances in any previous involvement, in terms of
20 what has been tried and has worked or hasn't worked with
21 the family. So those are important indicators for getting
22 re-involved with the family, if there had been prior
23 involvement.

24 Q And you're familiar with the report that was
25 prepared by Jan Christianson-Wood, the Section 10 report?

1 A I am.

2 Q And you've read it?

3 If we can --

4 A I have.

5 Q -- pull up page 157 please.

6 Ms. Wood is a, is as colleague of yours?

7 A Yes, she's a, an employee of the General
8 Authority at the present time.

9 MS. WALSH: The page that we've pulled up from
10 her Section 10 report is page 157 of the Section 10 report,
11 Mr. Commissioner.

12 THE COMMISSIONER: Yes.

13

14 BY MS. WALSH:

15 Q She quotes from an academic, Richard, I'm not
16 sure if it's Gelles, Gelles:

17

18 "... a well-known academic, writer
19 and researcher of family violence,
20 in writing about the circumstances
21 leading to the death of a child
22 left in a dysfunctional home
23 despite earlier indications of
24 concern, noted that workers often
25 make an 'olfactory risk

1 assessment' judging clean homes as
2 low risk and dirty homes as high
3 risk." He goes on to state that
4 'the best possible predictor of
5 future behaviour is past
6 behaviour. The best indicator of
7 risk is how parents have treated
8 their child in the past."

9

10 So that's something that you would agree with?

11 A Yes.

12 Q And not just -- you, you said whether parents
13 have harmed their child, but not just in terms of harm, but
14 generally their, their actions towards parenting?

15 A Yes, the, the way we describe it today is whether
16 the parents have been able to demonstrate acts of
17 protection over time.

18 Q Okay. Certain actions requires supervisors'
19 authorization?

20 A Yes.

21 Q Which ones?

22 A I'm not sure I can give you a complete list. I
23 know that --

24 Q Sure.

25 A -- certainly if a child is to be apprehended

1 requires supervisory approval. I believe supervisors
2 approved case plans and I believe supervisors need to sign
3 off on any case closures.

4 Q When the supervisor signs off on a matter, that's
5 based on an independent exercise of judgment on their part?
6 They don't just rubber stamp what a worker shows them?

7 A Yes.

8 Q Right. And what were the criteria for
9 transferring a file from CRU to intake, intake to family
10 services?

11 A I'm just trying to recall if there had been any
12 criteria set out in the intake manual. I don't recall a
13 specific list of criteria. My guess -- my best answer is
14 the criteria for referring to intake is a judgment that
15 longer term involvement is required, further investigation
16 is required to determine what actions need to be taken to
17 support the family. And it would be a similar answer to
18 referring it on for family services, that a longer term
19 involvement of the agency is required to, to develop and
20 implement the case plan for the family.

21 Q And for a file to transfer from CRU to intake,
22 that would require, that would be the case when further
23 investigation is required to determine whether there are
24 child protection concerns?

25 A CRU's mandate would be to ensure that there are

1 no immediate concerns, safety concerns. If there was, they
2 would go out and investigate. So it would be to determine
3 whether there would be -- after immediate safety has been
4 ensured, or there's no concerns about immediate safety, it
5 would be to, yes, do a further, more thorough investigation
6 about whether there are child protection concerns and to
7 make recommendations for whether the case should continue
8 to be open and if so, should it be referred to family
9 services for longer term supports?

10 Q What were the criteria for closing a file?

11 A I lost my clock. Can I --

12 Q Lost --

13 A -- just move that over?

14 Q -- what have you lost?

15 A My clock.

16 MS. WALSH: Ah.

17 THE COMMISSIONER: Oh, you're, you're not worried
18 about speaking too long, are you?

19 THE WITNESS: I am, I am, I don't want to go on
20 and on.

21 THE COMMISSIONER: I think you're doing just
22 fine.

23 MS. WALSH: There, there's no limit.

24 THE WITNESS: Sorry, you had a question about
25 closure?

1 MS. WALSH: Yes.

2 THE WITNESS: At a, at a, a high level, my
3 response would be if there are no longer concerns that the
4 child will be harmed either currently, or in the future.

5

6 BY MS. WALSH:

7 Q Now, is it fair to say that when the agency
8 conducts a child protection investigation, its goal is
9 to determine whether there are any child protection
10 concerns regarding the child who is the subject of the
11 referral?

12 A Yes, as -- and I would suggest, as well as any
13 other children in the family.

14 Q Okay. And as part of carrying out a child
15 protection investigation, the agency needs to assess the
16 child, in terms of her safety and wellbeing?

17 A Yes.

18 Q And would you agree that such an assessment
19 generally involves more than just laying eyes on the
20 child?

21 A Yes.

22 Q It would involve some interaction with the child?

23 A Yes.

24 Q Some observation, to gain a sense of, for
25 instance, the child's developmental status?

1 A Yes, as well as observations of the parent-child
2 interactions.

3 Q Now, at this point in the inquiry, we've come to
4 the end of the services that were delivered to Phoenix and
5 her family. Because of your, your background and your
6 experience, I'm going to ask you some questions about
7 certain aspects of the service delivery that I think the
8 Commissioner would benefit in hearing from you about, in
9 terms of, of your understanding of those aspects of service
10 delivery.

11 The first area is information about Phoenix in
12 the child protection files. In this case, we heard
13 evidence that Phoenix received services for a period which
14 started with her birth and covered most of her life. The
15 agency had a file open in every year of her life.
16 Protection files relating to her parents were opened seven
17 times during her life and those openings were prompted by
18 referrals from hospital, social workers, EIA workers and
19 community members.

20 When we look at the file recordings for those
21 seven openings, there is almost no information about
22 Phoenix herself. The information that we have about
23 Phoenix is contained in her child-in-care file that was
24 opened in 2003 for three months and there is one comment
25 from a 2004 closing summary, based on one visit, that

1 Phoenix appeared healthy and well cared for. But virtually
2 no other information about Phoenix in the protection files
3 from those seven openings. So here's my question, can you
4 explain how the agency was able to make any determination
5 as to Phoenix's safety and wellbeing, in the absence of
6 information about Phoenix herself?

7 A It would be difficult for me to offer an
8 explanation. I've, I've never read the case files. I have
9 not done any sort of detailed interviews with the staff who
10 worked on the file. The knowledge that I have of the case
11 comes from my review of the three case specific reports.
12 And my opinions about the work that was done are based on
13 those reports.

14 Ms. Christianson-Wood's report, in particular, is
15 critical of the services the agency provided, for the
16 reasons that you just cited. She writes, at length, in her
17 report, about the absence of file information on Phoenix.
18 She writes, at length, on the absence of information
19 related to formal assessments, as does Mr. Koster, as did
20 Ms. Warren observe in her report. And Ms. Christianson-
21 Wood also goes on to write, at length, about the absence of
22 information in any of the files related to the parent-child
23 interactions, both with Ms. Kematch and Mr. Sinclair. And
24 Ms. Christianson-Wood uses strong language to describe what
25 she feels is an absence of such information and she goes to

1 the point where she describes Phoenix as invisible in this
2 file.

3 The other reports don't go on as much in these
4 areas as did the one report, but the other reports were
5 also critical of the agency's lack of recording for certain
6 time periods. I do note that the three reports were
7 complimentary, in terms of the services provided, I think,
8 on the first two openings and closing of the file, in terms
9 of also saying that the documentation was exemplary. So
10 it's for certain periods of time.

11 I have no reason to question the findings in
12 those reports. So I would agree with your comments, based
13 on my knowledge of the reports, that the recording was
14 deficient in these files, about Phoenix and about the
15 parent-child interactions.

16 Q And beyond the recording, not necessarily just
17 the recording, but also the lack of assessment itself,
18 because you would expect, if an assessment were done, it
19 would be documented?

20 A Yes, the reports are quite critical, for certain
21 periods, about what they describe as lack of formalized
22 assessments.

23 Q So then the next area that I want to touch on is
24 continuity of service and consistency of service delivery.
25 In reviewing the evidence, it appears that, within the

1 agency, there as no one individual who had, who was
2 responsible for oversight, for the manner in which services
3 were delivered to Phoenix and her family; would you agree
4 with that?

5 A I'm not sure what you mean by that.

6 Q There is no single staff person who was charged
7 with overseeing the services that Phoenix and her family
8 received?

9 A When the file was at family services, which it
10 was, I believe, a couple of times, there would have been an
11 assigned case manager and a supervisor, who would have had
12 that responsibility. Maybe not so much when it was at
13 intake --

14 Q Right.

15 A -- but I believe, when it was at family services,
16 there would have been an assigned case manager. And I know
17 that the case manager changed a couple of times in the
18 April 2000 to March 2002 time period, but at any given
19 time, there would have been a single social worker assigned
20 who had responsibility for the case.

21 Q But in terms of the, the period of time in which
22 Phoenix received services, from the time she was born,
23 until 2005, there was no one individual who was responsible
24 for overseeing what happened with Phoenix and her family?

25 A For that entire time period?

1 Q Yes.

2 A That's correct.

3 Q We saw that many different workers touched the
4 file; you'll, you'll agree with that?

5 A Yes.

6 Q And for the most part, each worker, we've heard,
7 was involved with the family for a discrete period of time
8 only?

9 A Yes.

10 Q They did not speak to staff who worked with the
11 family before or after their involvement?

12 A I don't know that.

13 Q Fine. That is the evidence that we've heard;
14 does that seem typical to you?

15 A That's a judgment call. I, I think that good,
16 good practice would be that if there was a prior worker
17 involved with the family, if the current worker has time,
18 in addition to reading the historical records, it would be
19 helpful to have a conversation with any previous worker who
20 may have worked with the family. Conversations can give
21 you much more information than what you can just get from
22 reading the documents.

23 Q There was one -- just to be clear, there as one
24 piece of evidence where one worker spoke to a previous
25 supervisor, but that, so far as I can recall, is the only

1 time that we heard workers speaking with other workers in
2 that way.

3 Whose responsibility is it, or was it, at any
4 given point in the service delivery, from 2000 to 2005, to
5 Phoenix, to know, or to be aware of and take into
6 consideration the number of times that the file had been
7 opened?

8 A I think --

9 THE COMMISSIONER: Just a, just a moment, I'm
10 just not sure what that question was. Just repeat it?

11 MS. WALSH: At any given time, during the period
12 in which services were delivered to Phoenix and her
13 family --

14 THE COMMISSIONER: Yes?

15

16 BY MS. WALSH:

17 Q -- whose responsibility was it to know, take into
18 consideration and be aware of and consider the fact that
19 the file had been opened on multiple occasions?

20 A I would expect that each time the case was
21 opened, it would have been assigned to a particular worker
22 and at that point in time, it would be that worker's
23 responsibility to look into the history of the file, to
24 ascertain how many times it had been opened in the past.
25 If the, while the case stays open, again, if it gets passed

1 from, you know, intake to say, family services, it would be
2 the family services worker, when he or she receives, who
3 would then have the responsibility for becoming familiar
4 with the previous openings and closings. So at any given
5 time, whoever has the primary responsibility for the case,
6 I would say, carries that responsibility for getting
7 familiar with the history.

8 Q Okay. And so, would your answer be the same with
9 respect to whose responsibility, at any given time, it was
10 to look to see whether problems identified regarding, for
11 instance, Samantha Kematch were resolved?

12 A Yes.

13 Q Okay.

14 A If, if I could just elaborate a little bit?

15 THE COMMISSIONER: Feel free to just express
16 yourself as you wish, witness.

17 THE WITNESS: Okay. This tells me the importance
18 of learning from these reports I talked about, about the
19 critical nature of consistency in recording the histories
20 on files. And so the more that we can have what I was
21 referring to in some of the testimony this morning, the
22 more consistently we can record information when
23 assessments are done, at critical points in a file, the
24 easier it is for any new worker to come in and know where
25 to look for that information. And the more that that

1 information is collected consistently in those assessments,
2 each time a new worker comes on, the easier it is for them
3 to get the story to that date and that is something that we
4 have introduced in the last few years, in terms of bringing
5 great consistency into how recording is done for those very
6 reasons.

7

8 BY MS. WALSH:

9 Q And then, in addition to consistency in
10 recording, it's important that workers take those
11 recordings into consideration?

12 A Yes, and it's important that all workers be
13 trained in how to do various assessments that will be on
14 the file, so they know how to interpret that information
15 when they see it.

16 Q We've heard evidence that the essence of child
17 welfare work lies in relationship building; would you agree
18 with that?

19 A I absolutely would agree with that.

20 Q So how does the manner of service that I've
21 described, the, the fact that Phoenix and her family, over
22 the course of five years, received services from a number
23 of different workers, each doing their discrete service
24 involvement, how does that service delivery promote the
25 building of a relationship, or the establishment of trust?

1 A It makes it difficult. I believe that the
2 success of a child welfare intervention, at the foundation
3 of it is the worker's ability to build that relationship.
4 And the more skills that we help our workers get, in terms
5 of relationship building, the better. Turnover of staff is
6 inevitable, so it will happen that families will have
7 different workers, but again, if they're bringing
8 consistent skills into the relationship building process, I
9 think that relationships can be built in very short periods
10 of time if workers are skilled at engaging with families.
11 But having multiple workers makes that difficult.

12 Q Next topic I want to cover is information
13 gathering. You'll agree that information gathering is a
14 significant part of assessing risk and safety?

15 A Well, I would, I would state it stronger than
16 that. It's absolutely critical.

17 Q Okay. Thank you. In terms of the information
18 that an agency needs to know, when conducting a child
19 protection investigation, let's say during the time that
20 the agency provided services to Phoenix and her family, we
21 heard evidence from workers and supervisors who were
22 involved, for example, in the intake in December of '04
23 acknowledging the significance of getting information about
24 adults who were living in the home with the child. Do you
25 agree that obtaining that information was a, a basic aspect

1 of conducting a child protection investigation in '04 and
2 '05?

3 A I'm sorry, just to make sure I've heard you
4 correctly, you said getting information from adults who are
5 living with the child?

6 Q About the adults who are living --

7 A About the --

8 Q -- with the child --

9 A -- adults living with the child --

10 Q -- yes.

11 A -- yes. Yes.

12 Q Okay. And again, the importance of gathering
13 information about new partners, for example, was discussed
14 at some length by Ms. Christianson-Wood in her report?

15 A Yes, Mr. Koster as well --

16 Q Yeah.

17 A -- in his report.

18 Q And in this case, you'll agree that the, the
19 existence of the new partner, Mr. McKay, was a risk factor
20 to Phoenix which the agency should have taken into
21 consideration?

22 A If, if the agency believed, or had information
23 that Mr. McKay was a partner or a significant caregiver,
24 absolutely.

25 Q And the importance of gathering information about

1 a partner, a new partner living in the house, that was an
2 aspect of child welfare work that the agency would have
3 been very familiar with in 2004/2005?

4 A I believe so.

5 Q In this case, the agency knew, in July of '04,
6 that there was someone named Wes in Ms. Kematch's
7 household, that her main support was her boyfriend who
8 stayed with her when he was in town. And in December of
9 '04, the agency was aware that Ms. Kematch had a baby with
10 someone named Wes McKay?

11 The evidence is that the agency knew that there
12 was a new partner in the Kematch household where Phoenix
13 was living; you, you don't dispute that?

14 A Certainly as of December '04.

15 Q Yes. Would you agree that the agency's failure
16 to gather information about Samantha Kematch's partner was
17 a failure, on the part of the agency, to comply with its
18 requirements to fulfill its mandate?

19 A Mr. Koster referred to the December '04 contact
20 as a major error and I have no evidence to contradict that
21 opinion.

22 Q Okay. And at the time the file was closed, on
23 March 9, 2005, the agency had significant information about
24 Mr. McKay in its own file recordings, both electronic and
25 paper? You're aware of that now?

1 A I believe that yes, there was, there was one file
2 in particular.

3 Q Okay.

4 A Yes.

5 Q When the agency closed the protection file on
6 March 9, 2005, it was aware that Phoenix was not yet five;
7 you agree with that?

8 A Yes.

9 Q And that she was not out in the community
10 attending school or daycare and was therefore, according to
11 the testimony that we've heard to date, in terms of
12 assessing safety, a child who was vulnerable?

13 A Yes, that, that was a particular observation in
14 Ms. Christianson-Wood's report as well, that -- and I, I
15 believe she cites academics, as well, for this, that
16 children who are not in daycare, or nursery school, or in
17 school, don't have other eyes being laid on them, in terms
18 of being able to judge their wellbeing and are at increased
19 vulnerability.

20 Q At the time the agency closed the file on March
21 9, '05, Samantha Kematch's history with the agency and her
22 history with Cree Nation's agency, relating to the child
23 who was born before Phoenix, that was well known to the
24 agency?

25 A The agency had that information, yes.

1 Q And would you agree that closing the file, on
2 March 9, '05, without seeing Phoenix, without going in to
3 see and assess the home, was also a failure on the part of
4 the agency to comply with its requirements in fulfilling
5 its mandate?

6 A Again, I'll contextualize my answer by restating
7 that my information about this case comes from those
8 reports. Again, I, I didn't talk to workers. I wasn't
9 there when they visited the apartment. I don't know what
10 they saw or didn't see, what conversations they did or
11 didn't have, either then, or when they went back to the
12 office. I do know that the reports, all three of them, are
13 of the opinion that the file should not have been closed
14 without the child being seen.

15 Q And your colleague, Mr. Harrison, when he was
16 here, said that closing the file without seeing Phoenix was
17 an error?

18 A The reports suggest that.

19 THE COMMISSIONER: Do you, do you agree?

20 THE WITNESS: Yes, in hindsight. The reports are
21 in hindsight. If, if I could just --

22

23 BY MS. WALSH:

24 Q Do you mean that the decisions --

25 THE COMMISSIONER: Yes, just, just --

1 MS. WALSH: -- taken at the time --

2 THE COMMISSIONER: -- let, let, let him speak.

3 THE WITNESS: I, I'd just like to take a moment,
4 Mr. Commissioner, I, I'm also aware of testimony about
5 whether there were standards, procedures, that required
6 children to be seen all the time in circumstances like
7 this. I just want to comment a little bit about, you know,
8 what, what we've been able to learn from this, in terms of
9 the, the reports and what may be perceived as weaknesses in
10 standards.

11 It was clear that we needed to, as a result of
12 what we learned from this situation, to clarify our
13 standards, to make it crystal clear our expectations around
14 when a child, children should be seen and when they had to
15 be seen. And it made it, it was clear to me that we needed
16 to make sure that we had thorough training in those
17 standards, so that all of our workers were aware of those
18 expectations. So this was a major lesson that we learned
19 and I believe that we have made great progress in that
20 regard, in terms of clarifying for staff when children have
21 to be seen and providing training in practice techniques
22 around the best way to do face-to-face business with
23 kids.

24 THE COMMISSIONER: Thank you.

25

1 BY MS. WALSH:

2 Q Thank you. Was there every any doubt, during the
3 time that services were delivered to Phoenix and her
4 family, that the child who was the subject of a child
5 protection investigation needed to be seen in determining
6 her safety?

7 A No.

8 Q So now here's my question, and I know you were
9 not made aware of the specific services that were delivered
10 to Phoenix and her family during the time that you were
11 CEO; that's right? Am I right in that?

12 A That's correct.

13 Q Yes.

14 A That's correct.

15 Q Yeah. But you have read all the reports, or the,
16 the case specific reports --

17 A I --

18 Q -- by Mr. Koster, Ms. Christianson-Wood, Ms.
19 Warren?

20 A -- I've read all of the reports that are listed
21 in the order of council for this commission.

22 Q Okay. And you have acknowledged that during the
23 time that services were delivered to Phoenix and her
24 family, the agency, on more than one occasion, did not
25 comply with its obligations to fulfill its mandate?

1 A The language used in the reports was that service
2 for certain time periods on these, this file was
3 substandard. Ms. Warren said that there were periods where
4 it was well below standards. So the language was
5 consistent, yes.

6 Q And you agree with those findings?

7 A I agree with those findings.

8 Q So here's --

9 A And --

10 Q -- my question: How could that happen?

11 A I think that there were -- I suppose I would --
12 I'm speculating, what it tells me is that we really needed
13 to strengthen our expectations for supervision because if,
14 during these periods of time where it's well documented in
15 those reports that there was very little contact with the
16 family, very little recording and the reports are quite
17 critical for certain periods of time on this case around
18 absence of assessments and absence of case planning. So
19 this tells me that we needed to set out clear expectations
20 for supervision, in terms of supervisors asking the right
21 questions about files. So I guess one of the ways that
22 this happened is that this case, I guess, wasn't talked
23 about, in detail, during supervision.

24 We also learned that we needed to provide
25 assistance to our supervisors and our managers, and our

1 agencies, so that they are better able to more efficiently
2 keep track of what assessments and what documentation is
3 expected to be on files at certain points in time. And
4 we've done that because clearly, in this case, it didn't
5 appear that anyone was aware that the documentation was
6 absent and that complete assessments hadn't been done.

7 I can't say to what extent workload was a factor
8 because I wasn't on the front lines at the time, with these
9 workers, but I know that, again, Mr. Koster clearly links
10 workload with what he described as errors and deficiencies
11 in this case.

12 We've learned a lot from those reports about how
13 this may have happened and things we can do to make sure it
14 doesn't happen again. Those are some of the reasons that I
15 expect something like this could happen.

16 Again, I would also just like to highlight -- and
17 Mr. Koster actually makes this point in his report, that
18 the, the reviewers relied very heavily on documentation and
19 Mr. Koster at, in at least one point in his report, writes
20 that the absence of documentation makes it difficult to
21 know what contact had occurred with the family. But he
22 goes on to say, it doesn't mean that contact didn't occur.

23 So one of the limitations of these types of
24 reports is that they rely very heavily on documentation.
25 And if workers are challenged by workload, they rightly

1 should be prioritizing their time to visit the families and
2 sometimes their documentation will get behind. I'm not
3 saying this happened in this case. I'm just saying that
4 Mr. Koster seemed to think it was important to make that
5 point in this report.

6 Can I get some more water?

7 THE COMMISSIONER: Yes, by all means.

8 MS. WALSH: It is dry in here.

9 THE WITNESS: Thank you. It is dry in here.

10 MS. WALSH: It is.

11 THE WITNESS: I'm not just wearing a tie either.

12 THE COMMISSIONER: You're doing fine.

13

14 BY MS. WALSH:

15 Q Well, your, I think your, your answer is, is
16 helpful in understanding --

17 A Thank you. I --

18 Q -- how what happened, happened. I mean, my
19 question was, were there safeguards in place to ensure
20 compliance, to ensure that the mandate of the agency was
21 carried out? And this morning, you talked about how
22 compliance was carried out through supervision at the, sort
23 of the, the front end. So your answer relating to focusing
24 on supervision makes sense, I think.

25 A Yeah, the, the evidence in the reports would

1 suggest that we were not very good at ensuring compliance
2 in this case.

3 Q Now, how did you learn of Phoenix's death?

4 A I believe I first learned of Phoenix's death on a
5 weekend when I was at home and received a phone call. I
6 was in the position of the director of child welfare at the
7 time. Can't remember exactly who the phone call was from,
8 but I believe it was a Sunday when I was, received a phone
9 call to tell me about this tragedy.

10 Q Now, as we've discussed, a number of reports or
11 reviews were commissioned upon the discovery of her death.
12 Did you have any involvement in commissioning those
13 reviews?

14 A Yes, the Section 4 -- what's commonly referred to
15 as the Section 4 report --

16 Q Yes.

17 A -- being Mr. Koster's report, which was actually
18 commissioned through the Office of the Children's Advocate,
19 as director of child welfare, it was actually me who
20 commissioned that report. So I certainly had direct
21 involvement in that one. I had direct involvement in
22 setting the terms of reference for that review.

23 The Section 10 report was a legislative
24 requirement, so I, I had no direct influence --

25 THE COMMISSIONER: What did you say --

1 THE WITNESS: -- on that.

2 THE COMMISSIONER: -- statutory requirement?

3 THE WITNESS: Yes, the, the Section, the, the
4 Section 10 report by Ms. Christianson-Wood was a statutory
5 requirement.

6 THE COMMISSIONER: Yes, yes.

7

8 BY MS. WALSH:

9 Q Under the Fatality Inquiries Act?

10 A Yes, under Section 10 of the Fatalities Inquiries
11 Act.

12 The report that was commissioned by Ms., by --
13 the report done by Ms. Warren was, I believe, requested by
14 the General Authority, in conjunction with the CEO of the
15 agency at the time, who was Ms. MacDonald.

16 The other reports, the Strengthen the Commitment
17 report and the Honouring Their Spirits report were
18 commissioned by government.

19 Q Why did you have the Office of the Children's
20 Advocate carry out the Section 4 report?

21 A It was my view that we wanted to ensure complete
22 independence in this review and we wanted to make sure that
23 we had recognized experts in the field of child welfare
24 doing the review. So through the Office, which is, under
25 legislation, an independent office, and with the contract

1 with Mr. Koster, who was a recognized expert in the
2 child welfare field, I think we met both of those
3 expectations.

4 Q Now, did you, or anyone at the agency, or in the
5 government, give any thought to preserving the relevant
6 documents relating to the protection files and services
7 delivered to Phoenix and her family at the time that her
8 death was discovered?

9 A Could you just help me understand what you mean
10 by preserving?

11 Q Well, go make sure that, that the records are all
12 in order, that all relevant documentation that ought to
13 exist did exist and was maintained and, and retained
14 somewhere for future reference?

15 A I can't say that any particular attention was
16 given to that. I didn't believe that that would arise as
17 an issue. When these reviews are commissioned, we
18 commission the files, as they exist, and they're sent
19 over as they exist. And it would be our expectation that
20 they go back, are returned to the agency in the same
21 condition. I, I don't recall having any particular
22 concerns or discussions about whether we needed to do
23 something to ensure the preservation, as you put it, of
24 those files.

25 Q Either before or after the reports were written,

1 did you consider discussing the matter with the workers
2 and supervisors who were involved in service
3 delivery?

4 A I didn't, in my role as director of child
5 welfare. When the reports are sent to the agencies, the
6 Section 4 report and Section 10 report, there is generally
7 a request that the reports not be copied, that the
8 reports themselves not be shared. But there's nothing
9 preventing an agency, if they feel it would be helpful, to
10 discuss particular contents with particular workers.
11 I didn't do it, in my position as director of child
12 welfare.

13 Q Okay. So let's pull up, now that you're talking
14 about the correspondence, let's pull up page 12090.

15 And if we go to the second page, you can see that
16 you are copied on this letter.

17 Keep going down please.

18 Here you are.

19 Let's go back to the first page of the letter,
20 please.

21 The letter is from Linda Burnside, director of
22 authority relations, from the Department of Family serving,
23 Services and Housing. And it's addressed to Dennis
24 Schellenberg, who was the chief executive officer of the
25 General Authority, regarding Phoenix Sinclair. It

1 says:

2

3

"We have received a report from

4

the Chief Medical Examiner ...

5

with respect to the death of the

6

above-named. We are including a

7

copy of this confidential report

8

for your information. Given the

9

sensitive nature of the report, we

10

ask that you not make copies of

11

the report nor share its contents

12

without the written permission of

13

the Executive Director of the

14

Child Protection Branch. However,

15

a copy of the CME's report may be

16

shared with staff of the Winnipeg,

17

Rural and Northern Child and

18

Family Services (Winnipeg regional

19

office) [Winnipeg Child and Family

20

Services] who are directly

21

involved with the matter for

22

purposes of reviewing the

23

recommendations in the CME's

24

report."

25

1 So this is the letter that you were talking
2 about?

3 A Yes.

4 Q So if the -- whose responsibility then, would it
5 have been to share either the report, or the information
6 in, in this report with staff who are involved at Winnipeg
7 Child and Family Services?

8 A That would have been a decision that would have
9 been made through a discussion between Mr. Schellenberg and
10 the CEO of the agency at the time.

11 Q Okay. Is that Darlene MacDonald?

12 A Yes.

13 Q And then the letter goes on to discuss some of
14 the recommendations. And on the next page, it asks:

15

16 "Please provide a written report
17 of the Agency's response and
18 follow-up activities that is
19 related to the above
20 recommendations to Ms. ... Smith,
21 Authority Relations ..."

22

23 And we'll hear from, from Ms. MacDonald tomorrow.

24 A Do we finish with me today? We hope.

25 Q Hopefully. What did you do when you received the

1 Section 4 report?

2 A The Section 4 report? I believe, in terms of
3 the -- who I distributed it to?

4 Q Yes.

5 A I believe I would have followed a similar process
6 to this. There's probably a similar letter like this
7 addressed to the agency and the authority.

8 Q Let's pull that letter up then. That's page
9 12361. If we could pull -- scroll down so we can see more
10 of the letter please.

11 This is the letter that you're talking about?

12 This is addressed to Mr. Schellenberg --

13 A Yes.

14 Q -- signed by you, dated October 17, 2006:

15

16 "Further to the letter to you on
17 October 12, 2006 regarding the
18 Section 10 report with respect to
19 the death of Phoenix Sinclair, we
20 have also received a report on the
21 Section 4 review that was
22 undertaken by the Office of the
23 Children's Advocate."

24

25 A Yes.

1 Q

2 "As you are aware, the
3 recommendations ... were released
4 on October 13, 2006. We are
5 including a copy of this
6 confidential report for your
7 information. Given the sensitive
8 nature of the report, we ask that
9 you not make copies of the report
10 nor share its contents without the
11 written permission of the
12 Executive Director of the Child
13 Protection Branch.

14 Both reports contain
15 recommendations for [Winnipeg
16 Child and Family Services]. As
17 recently discussed, I would like
18 to meet with you and the CEO of
19 [Winnipeg] to review these
20 recommendations and jointly
21 discuss plans for developing a
22 response."

23

24 Now, were you ever asked for permission to share
25 the contents of the Section 4 report with the staff who

1 were involved in providing services to Phoenix and her
2 family?

3 A Not that I can recall.

4 Q Again, would you have expected that, if not the
5 report itself, then the information contained in that
6 report, would have been shared with the workers who were
7 involved in service delivery?

8 A I, I think I have a couple of different opinions
9 about that. I'm not sure I would support entire reports
10 being shared with all of the staff who worked on a case. I
11 think that the reports are written for a particular purpose
12 and that purpose, I don't believe, is to judge the
13 competence of individual workers. It's to review the file,
14 to make recommendations to the organization or the system
15 about what might be done to help avoid similar tragedies in
16 the future.

17 As was, as was the situation in this case, many
18 different workers were involved and, and their work
19 was written about. So I'm not sure I would agree that
20 entire report should be shared with all of the workers
21 involved.

22 It would be interesting to ask the report writers
23 whether they would approach their reports differently, if
24 they knew they were going to be shared with all of the
25 workers. I don't know the answer to that, but I think it

1 would be an interesting question for the report writers who
2 have had years of experience doing this, this type of
3 thing.

4 If, if there is an opportunity, from what's in
5 the reports, to create a learning opportunity with an
6 individual staff person, then I think the manager or the
7 supervisor should take that opportunity to have that
8 discussion with their individual staff person. I don't
9 believe these reports should -- I don't think they, they
10 provide the basis for, for discipline. If, if this report
11 is being used for the basis of discipline, then we're not
12 doing our day-to-day supervision very well. That is, if
13 there are performance issues, supervisors should know them
14 long before these types of reports come out. But if
15 there's a learning opportunity there, or something that is
16 of concern to manager or supervisor about the work of an
17 individual, I believe that they could use that content to
18 have a discussion with their staff person about that.

19 Q Do you know, were any workers disciplined, or
20 censured in any way, as a result of the work they did on
21 this matter?

22 A Not that I'm aware of.

23 Q Were any staff required to take any form of
24 remedial training, or training, as a result of the work
25 they did on these files relating to Phoenix?

1 A Not that I'm aware of. When, when the reports
2 came out, I wasn't at the agency, so I don't know if that
3 was done at the agency or not.

4 Q Certainly wasn't done during the time that you
5 were CEO of the agency?

6 A No.

7 Q And when I say discipline, not as a result of the
8 findings in the reports, but simply as a result of the work
9 done? You're not aware of any, of any workers being
10 required to have any form of censure, or training, as a
11 result of work that they did on these files?

12 A I don't recall an issue of that nature coming to
13 my attention, as CEO.

14 Q Right.

15 A I'm, I'm not going to say it didn't happen,
16 because it would have been dealt with at lower levels.

17 Q And do you agree that the agency had and has a
18 responsibility for the performance and accountability of
19 its staff?

20 A Yes.

21 Q And you talked about the learning opportunity
22 that the findings, in these reports, like the Section 10
23 and the Section 4 report, can, can have. And you said that
24 if a manager became aware of something in a report, then
25 they could bring that to a worker, or a supervisor's

1 attention. Do you know whether the reports that were
2 specific to the service delivery, either in their entirety,
3 or the information in those reports, was brought to the
4 attention of the managers at the agency?

5 A I have no direct knowledge of that. I believe
6 the reports were shared with senior management, but I'm not
7 the best person to answer that. I have no direct knowledge
8 of that. Ms. MacDonald would be in a better position
9 tomorrow to answer that question.

10 Q The evidence that we heard from the staff
11 involved in service delivery in this matter was that none
12 of them were shown the findings, or made aware of the
13 findings that related to their involvement prior to their
14 participating in this inquiry. So my question is, is this,
15 by not discussing with the staff who were involved in
16 service delivery to Phoenix, their involvement with
17 the family, where their involvement fit in overall service
18 delivery to the family, how did the agency expect that
19 the staff would improve or make changes to their
20 performance?

21 A Again, that's probably a question best answered
22 by Ms. MacDonald. I think that, on a going forward basis,
23 I would really like to explore this issue with my agency
24 directors. Again, I, I, I don't believe entire reports
25 should be shared with large numbers of staff, but again, we

1 should take full advantage of every learning opportunity
2 there is. So on a going forward basis, I, I would, I'm
3 going to raise this with my directors, to see if we can't
4 agree on a process for ensuring those learning
5 opportunities are taken advantage of when we have them.

6 Q Would you agree that those learning opportunities
7 are also opportunities to, to have a sense of
8 accountability for the work they do?

9 A Yes. They're also opportunities, as you
10 mentioned earlier, for identifying what might be training
11 needs of staff.

12 Q If we can pull up page 71 please.

13 And you'll be happy to know this is my final
14 question for you. This is from the Section 4 report, Mr.
15 Koster's report.

16 Page 71, Mr. Commissioner.

17 THE COMMISSIONER: Yes.

18

19 BY MS. WALSH:

20 Q Conclusion number 7 is:

21

22 "Based on the Review Findings,
23 Winnipeg Child and Family Services
24 presently lacks the staffing and
25 resources to adequately protect

1 children under its care."

2

3 Now, this was written in the fall of 2006. But
4 would you agree, are you in a position to comment on
5 whether that was the case, as of the time this report was
6 written?

7 A This is a very broad statement. I would agree,
8 certainly, that workload and resources are a constant
9 challenge. The -- again, this is a, it's a, it's a very
10 strong statement. I don't believe Mr. Koster provided any
11 detailed, objective analysis to, to substantiate this as a
12 broad statement like this.

13 Q Right.

14 A He, he didn't do a detailed analysis of caseloads
15 of the agency, or the complexities of those caseloads, or
16 some of the things we talked about this morning. So
17 without that, it's difficult me to agree with this as such
18 a broad statement.

19 MS. WALSH: Thank you, those are my questions.
20 There will likely be questions from other counsel, but
21 thank you, Mr. Rodgers.

22 THE WITNESS: You're welcome.

23 THE COMMISSIONER: All right. I think we'll
24 carry on until, for another 20 minutes or so before we take
25 our afternoon break. So who's, who's first up?

1 MR. GINDIN: I think the consensus is that we'd
2 like a few minutes now to determine the order and --

3 THE COMMISSIONER: All right.

4 MR. GINDIN: -- exactly what we're going to be
5 doing.

6 THE COMMISSIONER: Fair enough. We'll take our
7 mid-afternoon break, notwithstanding what I said, now, for
8 15 minutes.

9

10 (BRIEF RECESS)

11

12 THE COMMISSIONER: Mr. Gindin, please?

13 MR. GINDIN: Thank you.

14

15 CROSS-EXAMINATION BY MR. GINDIN:

16 Q Mr. Rodgers, my name is Jeff Gindin, I represent
17 Kim Edwards and Steve Sinclair. I have some questions for
18 you.

19 You were talking about the period between January
20 and May 2005, in particular, as being a very difficult time
21 for the agency, for lots of reasons that you told us about;
22 recall that?

23 A Yes.

24 Q And that happened to be, for Phoenix Sinclair, it
25 would appear, a very critical time, as well, in terms of

1 the involvement with CFS, particularly between December '04
2 and March '05; right?

3 A Yes.

4 Q And that was the period of time that there were
5 lots of changes going on, lots of additional pressures?

6 A Yes.

7 Q Right. And you talked about some of the things
8 that you were trying to do about that, to do about those
9 things. For example, you mentioned extra students were,
10 were hired to assist; would that be on the front line?

11 A No, that would have been predominantly to, under
12 the guidance of a front line worker, to prepare case
13 transfer summaries, for the most part.

14 Q Okay. And of course, these students would be
15 even less experienced than the front line workers
16 were?

17 A Yes, these will all have been students who had
18 been in a field placement with the agency --

19 Q Um-hum.

20 A -- so they would have been familiar with agency
21 procedures and the work of the agency --

22 Q But they --

23 A -- at the time.

24 Q -- they were still students though?

25 A Yes, absolutely. They would have been in their

1 last year of their B.S.W. program.

2 Q And you mentioned that, on occasion, workers that
3 had retired already were coming back to assist?

4 A Yes.

5 Q And in some case, I imagine, they were, had been
6 retired for some time?

7 A I don't recall exactly. I believe the two or
8 three retired social workers we brought back were recent
9 retirees.

10 Q There was just two or three of them?

11 A Yes.

12 Q Oh, I see, okay. Now, we've heard evidence that
13 there were issues with caseload and the pressures of
14 day-to-day work, particularly at CRU for example. I take
15 it these additional pressures, with respect to devolution
16 coming and all of these things, just added to that routine
17 pressure somewhat?

18 A Yes.

19 Q And I think you indicated that when there are
20 these pressures, it affects services to children, in the
21 sense that people have to prioritize (phonetic) (sic)
22 what they're doing?

23 A Yes, I'm not, I'm not sure I specifically
24 referred to that during this time period --

25 Q Um-hum.

1 A -- but as, given the workload challenges being so
2 pervasive, that's when that result is that workers have to
3 be able to prioritize and prioritize on the basis of clear
4 assessments of which families are at greater risk.

5 Q So choices have to be made, at times like that;
6 correct?

7 A Yes.

8 Q Which means that not everyone will get the
9 service that you'd like to be able to give them, because
10 you're having to make these tough choices?

11 A That's a fair comment.

12 Q We've also heard evidence that there were times
13 when morale was low at the agency; is that something you
14 noticed as well?

15 A Yes.

16 Q And would it be fair to say that that was around
17 this period, from December '04 to March, at least, of '05?

18 A Yes, and certainly from the Viewpoints research,
19 which had been done a few years earlier, two or three years
20 earlier, certainly morale was an issue. That was
21 identified in that survey.

22 Q And I guess the devolution process and preparing
23 for it didn't help?

24 A The uncertainty and the anxiety would have
25 enhanced the feelings of low morale.

1 Q Um-hum. You were discussing the mandate of, of
2 the child welfare system, being to ensure children are safe
3 and establish their safety. And I think you said, and
4 hopefully be able to do that while living with their
5 natural parents?

6 A Ideally.

7 Q Ideally. But there are times when apprehension
8 is the right thing?

9 A Yes.

10 Q You were asked about the new supervision policy
11 in March of '04, in particular, as it relates to
12 recordkeeping and taking notes; you recall that earlier?

13 A Yes.

14 Q And I think you said that it certainly would
15 apply to family service workers --

16 A Yes.

17 Q -- but you weren't sure that it would apply to
18 intake?

19 A That's correct.

20 Q You're, you're not suggesting that it's not
21 important for intake to keep proper records of what they do
22 though?

23 A No, wasn't suggesting that at all. I believe I
24 have a recollection of reading a document, I can't tell you
25 the exact document, that, but it was referring to the

1 supervision policy being constructed more for family
2 service supervisors, given the nature of their supervision
3 of ongoing cases. But I can't say for certain that this
4 policy was expected, or not expected, to apply to intake.
5 I just don't recall.

6 Q But commonsense would dictate that you keep notes
7 of what you're doing, keep proper records, so that future
8 workers, as you say, have the best possible information
9 when they look at a file or a report; correct?

10 A Yes, I, I, I would say it's more than
11 commonsense. We had a file recording policy we expected
12 staff to adhere to.

13 Q Yeah. But you don't really even need a policy
14 for something like that, it just makes sense; doesn't it?

15 A It just made sense. But it's important for us to
16 be able to provide some guidance --

17 Q Yeah.

18 A -- to workers, as to what information they should
19 collect, how they should collect and in what format, so
20 it's easily accessible to future workers who may be
21 involved with the family.

22 Q Because history is particularly important in this
23 type of work --

24 A Yes.

25 Q -- right? And in fact, I think you told us that

1 one of the first things that a worker will look at is the
2 past previous concerns, et cetera?

3 A Yes.

4 Q So it's important that everything is recorded
5 properly, accurately, and that we have as much information
6 on a file that, that we can have?

7 A Yes, and it's important that workers, again,
8 record that information consistently, so that future
9 workers know where to look in the file to find it.

10 Q Now, you were asked earlier about what, if
11 anything, you did, after you heard about Phoenix Sinclair's
12 death, particularly with respect to having a look at the
13 notes, seeing if they were in order, things of that nature.
14 And I believe you said that, at that time, you didn't
15 believe notes would be an issue?

16 A I don't, I'm not sure if I understand your
17 comment. I'm not sure I said that.

18 Q Well, you correct me if I'm wrong.

19 A I believe the question was did we have any
20 concerns about the preservation of the file --

21 Q You're right.

22 A -- in its entirety. And I believe my answer was
23 that we did not have concerns --

24 Q Um-hum.

25 A -- about the preservation of the file. It was

1 our expectation that when the file was commissioned to hand
2 over to the reviewers, it would come over as is, complete
3 and it would be returned in the same way.

4 Q So you weren't concerned because you assumed that
5 the files would be complete?

6 A Yes.

7 Q You assumed that whatever notes were made would
8 be available?

9 A Yes.

10 Q You didn't perceive that notes might be shredded
11 or destroyed, for example?

12 A No --

13 Q Um-hum.

14 A -- never thought that that was a possibility.

15 Q You were also discussing, during your evidence,
16 relationship building --

17 A Yes.

18 Q -- and were you talking about the relationship
19 between workers, or were you talking about the relationship
20 between workers and families that they were servicing?

21 A I was talking about the relationship between
22 workers and families.

23 Q And one of the things we've heard about in this,
24 in the course of this inquiry, is that a key element to
25 building that relationship is trust; right?

1 A Yes.

2 Q And we've heard some people offer an opinion that
3 the image of the system or social workers, could be better
4 and if it was, that might help families relate to them
5 better and not be so backoffish (phonetic); would you agree
6 with that?

7 A I would totally agree with that, yes.

8 Q Has there been some thought given to how to do
9 that, how to improve that image, so that there would be
10 more trust towards the system or social workers?

11 Sounds like a big topic.

12 A I, I -- let, let me talk about that from a, maybe
13 a couple of different perspectives. The importance of
14 workers building a relationship with families, for this
15 kind of work, cannot be underestimated. The literature
16 talks about the dual mandate of child protection services
17 where, because of working in a threshold system, your
18 initial involvement with a family is about child protection
19 concerns and you're investigating. But once you're able
20 to, as a worker, ensure that children are safe and
21 hopefully can be kept safe at home, then you're in a role
22 of collaborating and building trust with families. So
23 that's what's known as the, the dual mandate. It's a very
24 difficult job for workers to do if they're expected to do
25 both of those.

1 I believe that there are models and practice
2 techniques that workers can be trained in that will help
3 them engage with families even in that initial adversarial
4 period. And we've developed a, an entire curriculum around
5 those skills. And I look forward, Mr. Commissioner, to
6 talking about that in, in phase 2.

7 That's a critical piece. It doesn't -- even it's
8 in that, even if it has an adversarial beginning, workers
9 can collaborate with families by dealing with them in
10 certain ways and using different, certain skills. And
11 that's what we're trying to accomplish.

12 So we've given considerable thought and when we
13 use the term "best practice", which I know has been used a
14 fair amount here, my preference is to call it leading
15 practice and by leading practice, we have a particular
16 meaning for that and that means that practice that is based
17 on the evidence that has shown to produce the most positive
18 outcomes. And as I said earlier, our, our new child
19 welfare practice model and the training that goes with it
20 has embraced those leading practice approaches.

21 As for the public image of child welfare, that's
22 one that is more out of our control. I would like to see
23 more, if I could use the language, balanced reporting, in
24 that if our system is not doing its job, we should be held
25 accountable. But there is lots of good work that goes on

1 and that doesn't often come to the attention of the public.

2 Within our system, we're trying to educate the
3 public by producing newsletters and distributing
4 newsletters on our work, through our annual report, through
5 our website and I spend a considerable amount of time just
6 talking with groups about how we do our work, so that
7 there's a better understanding of it.

8 So there's been considerable thought given to how
9 we might first of all engage more effectively with families
10 who are, who are sometimes naturally resistant to us,
11 because of what they've heard about what our system does.
12 And secondly, to get some more balanced information out
13 there about the good work that a lot of our staff do.

14 Q Okay. We'll likely revisit that in phase 2,
15 so --

16 A I look forward to it.

17 Q -- so we'll look for that later.

18 You said that you felt that your agency should be
19 held accountable; what, what did you mean by that? In what
20 way?

21 A If, if the, if we are making mistakes, if we're
22 not practicing in a way that is consistent with standards,
23 then we should be holding our staff accountable for
24 that.

25 Q Now, you've admitted already that, without going

1 into specifics, that certain errors were made here, along
2 the way; correct?

3 A Based on what's in those reports, yes.

4 Q Yeah. Which you've agreed to and accepted --

5 A Yes.

6 Q -- right? Now, were there any workers held
7 accountable for, for those errors? Was anyone disciplined?
8 Anyone let go?

9 A Not that I'm aware of.

10 Q You recall you were being asked some questions
11 about Wes McKay and I think you agreed that in December of
12 '04, certainly the agency was aware he was the putative
13 father of the, the newborn at that time. The evidence we
14 heard was that in May of '04, some seven months earlier, he
15 was listed at, with EIA, with Phoenix on his budget, in
16 their system, some seven months earlier. Do you agree that
17 somehow that should have been known or shared with CFS back
18 then?

19 MR. MCKINNON: I'm going to rise on that one --

20 THE COMMISSIONER: Yes?

21 MR. MCKINNON: -- Mr. Commissioner. I, I --
22 again, this witness hasn't been here for the testimony and
23 it's a very broad question about -- is he asking a very
24 broad question about whether all information that is in the
25 databank of EIA should be always shared with, with Child

1 and Family Services? Or is he saying, in this particular
2 case, in the context of a conversation that took place,
3 which we've heard evidence about, should have been shared?
4 I just think we want to be careful not to put this witness
5 at a disadvantage, not having heard this evidence.

6 MR. GINDIN: I, I'm content to leave the evidence
7 as it was and we've heard it in some detail, so I won't ask
8 this witness about it specifically.

9

10 BY MR. GINDIN:

11 Q You did, however, agree that once Wes McKay comes
12 into the picture, as someone involved with this particular
13 family, he should be checked out?

14 A Yes.

15 Q Okay. And of course, you really can't tell us
16 when that would have been, in this particular case?

17 A My knowledge would be that certainly, in December
18 2004, Mr. McKay would have been identified as a caregiver
19 of Phoenix and should have been checked out at that
20 point.

21 Q And whether or not it should have been checked
22 out earlier is something that you wouldn't have any
23 particular knowledge of?

24 A I wouldn't have any particular knowledge of it,
25 although the external reviews were not consistent in their

1 findings on that.

2 Q Okay. Just one final area. We were talking
3 about the notion, of course, that we want not only workers,
4 supervisors, everyone, to, to learn from their mistakes and
5 you were being asked particularly about the fact that
6 workers weren't able to see these, some of these reports.
7 One of the workers testified that -- Mr. Leskiw, in fact,
8 that he expressed the desire that he would have wished that
9 he could have seen some of these things earlier, so that he
10 could incorporate them into his practice and, and be a
11 better social worker. And that's something you can
12 certainly understand and accept that opinion?

13 A Yes.

14 Q Yeah. Yeah. One other thing, sorry. We were
15 talking about standards earlier and we've heard a lot of
16 evidence that there, there was a lot of confusion about
17 standards and which ones applied and, and which ones didn't
18 and there were drafts and manuals and policies and that
19 kind of thing. Would you agree that confusion as to
20 standards might have an effect on the services that are
21 being provided?

22 A During this time period?

23 Q During the time period when there's confusion,
24 which appears to be for a number of years.

25 A I don't have any evidence that would lead me to

1 conclude that.

2 Q Um-hum.

3 A Again, it as 2005 when it was clear which set of
4 standards applied.

5 Q Um-hum.

6 A I don't know what other witnesses have said, in
7 terms of the attention they paid to the draft standards or
8 not. So I'm not sure I'm able to answer that.

9 Q We, we have heard evidence that there was a,
10 quite a bit of confusion about what applied and what
11 didn't. But I think you'd agree with me that clarity is
12 better than confusion?

13 A Yes, I would. And if I could just talk a little
14 bit about how we've addressed that, very quickly?

15 THE COMMISSIONER: Yes.

16 THE WITNESS: The, the standards that were put
17 into place in 2005 did not come, at that time, with any
18 training. The standards themselves were described, in one
19 of the external reviews, as not readily accessible to front
20 line staff, because of the way they're written and they're
21 difficult to follow. So we have made a lot of effort, in
22 the last few years, to repackage those standards so that
23 they are clear and the expectations are set out in specific
24 detail and that staff have access to material that also
25 describes for them how they can, in day-to-day practice, do

1 that in a way that allows them to practice in a way that's
2 consistent with those standards. And we have developed a
3 comprehensive training program in standards that is
4 delivered as part of orientation for new workers. And it's
5 delivered twice a year, at minimum, by every one of my
6 agencies and service regions, to ensure that all of our
7 staff are familiar with the standards and how they can use
8 those standards to inform their practice every day.

9

10 BY MR. GINDIN:

11 Q And, and all of these things you're talking about
12 have occurred since '05?

13 A Yes, this would be from the time of about 2008 to
14 the present.

15 Q Okay. So it's clear that this is an area that
16 needed work and improvement --

17 A There, there's no --

18 Q -- and --

19 A -- there's no question, from the findings in
20 those external reviews, that we had to really pay attention
21 to clarity about standards. But it's one thing to make
22 standards available. We can't hold our staff accountable
23 until we've had the opportunity to train them in exactly
24 what those expectations mean and what our expectations are,
25 in day-to-day practice to meet them.

1 Q Is that happening now?

2 A Yes.

3 Q And when would you say that it started, the extra
4 training?

5 A 2009.

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

7 THE WITNESS: Thank you.

8 THE COMMISSIONER: All right. We'll see who's
9 next. Anybody else before -- yes, anybody else before Mr.
10 McKinnon?

11 Mr. Ray?

12 MR. RAY: Just one moment, Mr. Commissioner, just
13 have a few notes to organize here, if you'd give me one
14 moment?

15 THE COMMISSIONER: Just take your time.

16

17 CROSS-EXAMINATION BY MR. RAY:

18 Q Good afternoon, Mr. Rodgers, my name is Trevor
19 Ray. I'm counsel for the MGEU and a number of social
20 workers that were involved in providing services to Phoenix
21 and her family.

22 I just want to re-characterize your evidence, if
23 I can, or, or characterize your evidence slightly. Ms.
24 Walsh had asked you a number of questions that were
25 directed at, I guess, the case specifics of this particular

1 file. In particular, case specifics that dealt with the
2 openings that occurred in December of 2004 and then
3 subsequent in, in 2005. And if I understand your evidence,
4 you are only familiar with that, those openings and
5 closings, as a result of your having reviewed the reports
6 that were written by various report writers; is that
7 correct?

8 A Yes.

9 Q And you're aware, of course, that those report
10 writers, and I'll introduce a caveat in a moment, did not
11 interview the social workers involved in this file, other
12 than Mr. Koster, who interviewed only a few social workers?

13 A I -- yes, I don't know if I would characterize it
14 as a few social workers, because I, I don't know how many
15 he actually interviewed.

16 Q Sure. But you're aware that Ms. Jan
17 Christianson-Wood did not interview any social workers? It
18 was a file review?

19 A Yes.

20 Q And are you aware that Ms. Warren did not
21 interview anybody?

22 A Yes, she makes that quite clear at the beginning
23 of her report, where she writes that her report is based
24 solely on the review of file information.

25 Q So your evidence that you gave today, when you

1 were asked about certain aspects of the file, is based on
2 not having heard any of the evidence from any of the social
3 workers that testified?

4 A I have heard some of the evidence. I have been
5 here periodically, but certainly not enough for me to form
6 an opinion, other than the detailed knowledge that I have
7 from those reports, that's correct.

8 Q So would, would you agree with me, sir, that your
9 opinion as to how certain social workers behaved, or did
10 not behave on, in providing services, would change,
11 perhaps, depending on whether or not you heard that
12 evidence?

13 THE COMMISSIONER: Would change drastically if
14 what?

15

16 BY MR. RAY:

17 Q If you heard -- could, could be subject to
18 change, if you had heard the evidence of the social
19 workers, explaining why they did certain things, or why
20 they did not do certain things?

21 A Well, without knowing what the evidence is, it's
22 difficult to answer that question. But is it a possibility
23 that my opinion could, could have changed? It's, it's very
24 difficult to say, without knowing the evidence.

25 Q In fact, it's difficult -- I, I think your point

1 is that it's difficult to offer your opinion without
2 knowing what the evidence is?

3 A My opinion is based on the findings in those
4 reports.

5 Q Right. Are you aware, Mr. Rodgers, that as it
6 relates to the, the December 2004 involvement, that the
7 evidence was that Ms. Wiebe attempted to obtain demographic
8 information from Mr. McKay from EIA, that she was told,
9 from EIA, that there was not expected to be any common-law
10 residing with Ms. Wiebe (sic) and that, in fact, at the
11 time, Ms. Kematch had her own EIA file opened to her, which
12 would suggest, of course, that she was not living with
13 anybody? Are you aware of that information?

14 A I am aware of that information. That was in at
15 least one of the reports.

16 Q But that would, that would suggest, in that case,
17 assuming that Ms. Wiebe now has information that supports
18 that Mr. McKay is not living with Ms. Kematch, that would
19 support a decision not to do further prior contact checks?
20 If she had that information?

21 A Yes. Just, just to clarify, if I could, the
22 question I was asked about that was should the workers have
23 investigated Mr. McKay and the answer was yes. You're
24 describing the efforts that the workers made to do so.

25 Q Yes. Would you agree with me that the errors --

1 we've heard people's opinions, given in this case, that
2 errors were made, errors in judgment by social workers and
3 by supervisors, that if you've heard the -- that the
4 gravity of those errors is magnified, given what we know in
5 hindsight. Mr. Harrison offered that description.

6 A Could you ask me that again?

7 Q Mr. Harrison gave evidence that -- and, and he
8 agreed with questions put to him that we know that certain
9 errors were made on this case by social workers. And he
10 give, gave evidence that, in hindsight, the gravity of
11 those errors is magnified, given that we know today the,
12 the unfortunate circumstances that resulted, being that
13 Phoenix was murdered. Do you -- would you agree with me
14 that, that that, in, that hindsight and knowing what
15 happened, at the end of the day, magnifies those errors
16 greatly?

17 A I need to think about that one for just a second.

18 THE COMMISSIONER: Yes, you take your time.

19 MR. RAY: While you're thinking, I'm just going
20 to get some water.

21 THE WITNESS: In my view, your, your use of the
22 word "gravity" is causing me to, to think a little bit
23 here. The errors that were made in this case, as described
24 in those reports, created risk for this little girl and any
25 time errors that are made like that, we need to take them

1 very seriously because they're creating risk, according to
2 these reports. Is one more grave than the other? I'm not
3 sure I can say that. We should take all of the
4 opportunities for learning, based on what are described as
5 errors in judgment, very seriously, so that risk isn't
6 created again in the future.

7 Certainly the eventual outcome in this case and
8 the attention it's given has magnified those. But gravity,
9 I'm not so sure I would necessarily agree with that.

10

11 BY MR. RAY:

12 Q Okay.

13 A And, and just one other comment. Yes, I, as I
14 mentioned earlier, these were hindsight reports, as you
15 mentioned.

16 Q You're aware, of course, that, of the standard at
17 the time of the, the 2004 involvement with Ms. Wiebe, that
18 she was permitted, according to the standards, to rely on
19 information provided by reliable collaterals, in terms of
20 assessing risk to a child?

21 A I have trouble hearing you.

22 Q I'm sorry. Are you familiar with the standards
23 that existed in 2004 that permitted a social worker, such
24 as Ms. Wiebe, to rely on information from collaterals as a
25 reliable source to assess risk?

1 A Which standards are you referring to?

2 Q Well, I believe the, the standards that were in
3 place were not -- the standards that were in place then
4 were the 2099 (sic) to 2001 standards and they vary, but
5 the standard that was in place at that time allowed a, a
6 social worker to rely on the, some person, such as public
7 health nurse to assess risk; correct?

8 THE COMMISSIONER: Do you, do you want to see the
9 standards, witness?

10 THE WITNESS: Yes, I think so.

11 THE COMMISSIONER: I notice Mr. McKinnon --

12 MS. WALSH: It's page --

13 THE COMMISSIONER: -- thumbing through them.

14 MS. WALSH: -- 19189.

15 THE COMMISSIONER: Do you have them?

16 MS. WALSH: Page 19189.

17 THE COMMISSIONER: Of?

18 MS. WALSH: It's, it, it --

19 THE COMMISSIONER: Oh, 1989?

20 MS. WALSH: -- you'd have to pull it up on the
21 screen.

22 THE COMMISSIONER: Okay. Can that be --

23 MR. RAY: It's paragraph 3.

24 THE COMMISSIONER: Now, are those the standards
25 you're referring to, Mr. Ray?

1 MR. RAY: This is the '99 standard. We're just
2 confirming whether it was '99 or (inaudible).

3 THE COMMISSIONER: Mr., Mr. McKinnon?

4 MR. MCKINNON: I, I believe these are
5 consistently referred to as the '99 draft standards, if
6 that's helpful to the witness.

7 THE COMMISSIONER: Are you familiar with these
8 standards, witness?

9 THE WITNESS: It has been awhile since I've read
10 these particular standards. I'll take your word for it
11 that this is from the '99 draft standards.

12

13 BY MR. RAY:

14 Q So, based on the standards, sir, are you aware
15 that -- or you would agree with me that, in certain
16 circumstances, a social worker would be able to, through a
17 collateral, such as a public health nurse, in asking that
18 public health nurse whether she has any child protection
19 concerns and having information from the public health
20 nurse that there were no child protection concerns, that
21 that, based on the standard in existence, that the social
22 worker would be meeting the standard?

23 A I would agree with you, given that the
24 implication of the standard is, as you put it, in certain
25 circumstances.

1 Q And in the -- with respect to the March 2005
2 involvement, are you aware that the standard, at that time,
3 was that not every child was required to be seen in every
4 single circumstances and that the standard, of course, has
5 now changed to require children in those circumstances to
6 be seen?

7 A Yes. The, the policy and procedures manual at
8 intake, I believe, has been referred to previously. I --

9 Q That's correct.

10 A -- I don't think it explicitly required every
11 child to be seen every time, the way we do now.

12 THE COMMISSIONER: But in --

13

14 BY MR. RAY:

15 Q And that, and that's been --

16 THE COMMISSIONER: -- in answering that question,
17 are you referencing the exact circumstances, as they
18 existed in March of 2005, when the visit was made to the
19 home?

20 THE WITNESS: Yes, yes.

21 THE COMMISSIONER: Thank you.

22

23 BY MR. RAY:

24 Q And you'd agree with me, sir, of course, and, and
25 I think all social workers have agreed, that best practice

1 would be to see a child in those circumstances, but that
2 best practice was not always achievable in every
3 circumstance? Are you -- first of all, you'd agree with me
4 that best practice would, would, we would want to see a
5 child in every circumstances, if that was possible;
6 correct?

7 A Any time there is concerns about child
8 protection, the answer is yes.

9 Q And would you agree with me, sir, that best
10 practice, at times, was not achievable, due to things such
11 as workload pressures?

12 Let me, let me back up. We've heard evidence
13 from social workers, supervisors, assistant program
14 managers, two of them, a, a program manager and Ms. Trigg,
15 who I believe was your predecessor; correct?

16 A Yes.

17 Q All of which gave evidence that best practice is
18 impeded by excessive workload and excessive caseload; would
19 you agree with that?

20 A Yeah, I, I'm only hesitant because of, again, the
21 use of the word "best practices". I'm not sure how
22 everyone understands that term when they use it. The way I
23 understand it, in terms of standards being the minimum
24 expectation and, and leading practice, or best practice
25 being something beyond that, I would say yes.

1 Q And best practice would be something like making
2 sure that notes are taken on -- detailed recordings are
3 taken on every occasion. That could be impacted by high
4 workloads; agreed?

5 A Sorry, I had trouble hearing you again.

6 Q Sorry. I'm trying to adjust the mic here and --
7 I'm saying, you would agree with me that one of
8 the functions of a social worker is to take detailed
9 notes?

10 A Yes.

11 Q And from time to time, that that would be one of
12 the duties that could be negatively impacted by high
13 workload and high caseloads?

14 A Yes.

15 Q And you'd agree with me that high workloads and
16 high caseloads require social workers to prioritize files,
17 based on urgency?

18 A Yes.

19 Q And that required probably more attention being
20 given to a severe case, or a case that had a particular
21 urgency to it?

22 A I'm not sure I understand a severe case versus a
23 case that had a particular degree of urgency.

24 Q I was categorizing them the same. If a case
25 was particularly urgent, it would get higher priority

1 service than a case that did not appear to be particularly
2 urgent?

3 A Yes.

4 Q And you'd agree with me that some of the things
5 that were impeded would be seeing a child in every
6 circumstance?

7 A I'm sorry, can you ask me again?

8 Q Would you agree with me that seeing a child
9 in every circumstance was, was impeded, as a result
10 of pressures, such as -- on -- from caseloads and
11 workloads?

12 THE COMMISSIONER: Just, I'm not sure I
13 understand that question.

14 MR. RAY: Let me rephrase it.

15

16 BY MR. RAY:

17 Q Did -- to your knowledge -- okay, sorry. Would,
18 would high workload and high caseload impede the ability to
19 see a child in every circumstance? Taking it from
20 a -- children were supposed to be seen in every
21 circumstances from best practice perspective; right?
22 You've already ...

23 A I think the answer, given the way that you've
24 phrased the question, would that impede someone's ability
25 to see kids every time? The answer, I guess, would be yes,

1 they would have to prioritize which kids they were to see,
2 in which order.

3 Q And would you agree with me that caseloads and
4 workloads could impact the ability of a social worker to do
5 a thorough review of CFSIS, in advance of going out in the
6 field, for example?

7 A Yes. Certainly the urgency of the presenting
8 situation could have an impact on that as well.

9 Q And you'd agree that many of the CFSIS histories
10 and, in fact, the paper file histories, can be very large
11 for some of the files that social workers deal with?

12 A Yes.

13 Q And that a -- and a social worker's ability to
14 review, in a thorough manner, the history, could be
15 impacted by high caseloads and high workloads?

16 A Yes, and I would, I would emphasize, again, the
17 importance of consistency in recording, efficiencies in
18 recording good case summaries on files, so that information
19 can be reviewed and a good picture can be, a good story can
20 be told about the history of the case in a very efficient
21 manner.

22 Q By an experienced social worker?

23 A Yes.

24 Q Or by any social worker?

25 A By any social worker. We should -- social

1 workers should be trained in recording. We should have
2 consistent recording formats, again, so it's easy for
3 future social workers to be able to gain a history on a
4 file.

5 THE COMMISSIONER: How far back should the
6 history go that's available to the worker when he or she
7 goes to the file?

8 THE WITNESS: Ideally, or hopefully, all previous
9 involvement would be available. Again, what impacts
10 workload is, as Mr. Ray was saying, if they have to search
11 those files for the information they're looking for.
12 So if they knew what assessments should be there and there
13 at certain points in time and there's certain case
14 plans and summaries at certain points in time, it's much
15 easier for workers to get a quick understanding of the
16 history of the file and that's more what we're trying to do
17 today.

18

19 BY MR. RAY:

20 Q So I'm sorry, are you saying that today, that you
21 try to have a, a, one document that summarizes all the
22 involvement?

23 A What we're doing today, more so than in prior
24 years, is we've tried to bring consistency and
25 standardization to the information that's on files. And

1 then training our social workers so they know what
2 information they're supposed to put in file, how to
3 interpret it when they see it and at what intervals, in the
4 life of a case, they should see certain documents.

5 Q And you're saying that's the practice today?

6 A That's the practice we're trying to put in place
7 today.

8 Q Trying to put in place today? So then, if that's
9 the practice you're trying to put in place today, then I, I
10 think your evidence, in addition, was that in approximately
11 2004, you attempted to standardize note taking and
12 recordings?

13 A Yes.

14 Q And prior to that, then, is it, is it correct to
15 say that the social workers had a lack of training in those
16 areas?

17 A A lack of training in those areas?

18 Q Yes.

19 A Yes.

20 Q You were asked about the fact that nobody was
21 disciplined, to your knowledge, as a result of involvement
22 in this file. Would you agree with me that it would
23 be generally unfair to discipline a social worker if
24 caseloads or workloads impacted their ability to meet best
25 practice?

1 Let me, let me generally state it that if a
2 social worker couldn't meet the expectations of the agency,
3 and they couldn't meet the expectations of the agency due
4 to factors beyond their control, you'd agree with me that
5 it would be unfair to discipline them in those
6 circumstances?

7 A I would agree with you, depending on what the
8 nature of the performance concern was, and secondly,
9 assuming there's some way to fully understand the impact of
10 those factors beyond a worker's control. Those are
11 difficult things to be able to fully understand.

12 Q I appreciate that. And of course, we know that
13 no one was disciplined, as a result of their involvement in
14 this file, to your knowledge?

15 A To, not to my knowledge.

16 Q As a result of the 2006 recommendations that
17 were, that came out of the Changes for Children, and those
18 types of reports, we know that millions of dollars have
19 been allocated to improve the system. We know that a large
20 amount of money has gone toward addressing workload
21 concerns that were raised by union, dating back to
22 approximately 2001. And do you happen to know, because I
23 don't think we've actually heard, across the system, how
24 many new social workers were hired as a result of those
25 recommendations?

1 A I cannot give you the number for across the
2 system. I can give you some figures for the General
3 Authority systems.

4 Q Let's start with that.

5 A I believe, and I, I think I'm going to get this
6 number right, it was in one of our documents that we
7 disclosed, that from 2007 to 2012, there has been about a
8 33 percent increase in front line resources, if I'm
9 recalling, from our document, in general, in the General
10 Authority. That came through three separate
11 initiatives. First was the workload relief allocation that
12 you referred to and I was part of, of the discussions where
13 the decision was made to make those recommendations the
14 highest priority to implement, because of concerns around
15 workload.

16 Q And I'm sorry to interrupt you there --

17 THE COMMISSIONER: Yeah, I don't think he's
18 finished.

19 THE WITNESS: Secondly was the -- acting on
20 another set of recommendations, was the opportunity to
21 implement differential response. That put some increased
22 resources on the front line.

23 And then acting on another set of
24 recommendations, was the new funding model that was
25 introduced, if I recall correctly, in 2010. So it's the

1 combination of those three initiatives that has allowed us
2 to substantially increase the resources that we've been
3 able to put on the front line.

4

5 BY MR. RAY:

6 Q When you say, use the term "resources", are you
7 talking about bodies?

8 A Yes.

9 Q Actual social workers?

10 A Yes.

11 MR. RAY: Yeah.

12 THE COMMISSIONER: So it's -- the 33 percent is,
13 is it increase in human resources, or --

14 THE WITNESS: Yes.

15 THE COMMISSIONER: -- yes --

16 THE WITNESS: Yes.

17 THE COMMISSIONER: -- not financial resources?

18 THE WITNESS: No, that would be --

19

20 BY MR. RAY:

21 Q The number of workers?

22 A Number of workers, yes.

23 MR. MCKINNON: I just want to stand, Mr.
24 Commissioner, I think the witness may have misspoke
25 himself. He was asked about social worker -- or actual

1 bodies and then he was asked social workers and there might
2 be a difference between the bodies and the social workers,
3 in terms of the resources. Some of those resources would
4 have been non-social work positions as well.

5 THE COMMISSIONER: Well, we'll, we'll see what
6 the witness says about that.

7 THE WITNESS: I can go back and check my figures,
8 but I, I think the increase in front line social workers
9 has been in excess of 30 percent.

10

11 BY MR. RAY:

12 Q I'm advised that the, that the bodies, the actual
13 number of social workers, would have increased from roughly
14 550, which I think was close to what your evidence
15 was, from your recollection, I, I think you said 555.5,
16 or --

17 A Yes.

18 Q -- (inaudible). And that's increased by
19 approximately a hundred and eighty-five to 200 social
20 workers; would that, would that number seem approximately
21 correct to you?

22 MR. MCKINNON: Mr. Commissioner, again, I rise.
23 I think his number, 555, was the total bodies in Winnipeg
24 CFS --

25 THE WITNESS: Yes.

1 MR. MCKINNON: -- not the total in all of
2 Manitoba. Is the -- but the 200 couldn't be in Winnipeg
3 CFS.

4 MR. RAY: No, no, system, system wide.

5 MR. MCKINNON: Okay. So you're -- just, it's
6 comparing apples and oranges. We were talking about
7 Winnipeg CFS had 555 bodies and you're saying there were --

8 MR. RAY: My -- I'm, I'm advised --

9 THE COMMISSIONER: Wait, Mr. Ray, you make it
10 clear what you're asking.

11

12 BY MR. RAY:

13 Q Yeah. I'm, I, I, the 555 I was putting to the
14 witness was the number at, at CFS, as my friend has pointed
15 out.

16 A Winnipeg.

17 Q Winnipeg CFS and what I'm told is that across the
18 system, not, not Winnipeg CFS, across the system, there has
19 been approximately a hundred and eighty-five to 200 bodies
20 added, social workers; are you in a position to confirm or
21 deny that?

22 A You're talking about across all four
23 authorities --

24 Q Yes --

25 A -- and their agencies?

1 Q -- that's correct, yeah.

2 A I, I'm not in a position to confirm that.

3 Q Thank you. I, I wasn't sure if you knew or did
4 not.

5 A I can give you the comparable numbers for the
6 555, in Winnipeg, if you like?

7 Q We can start with that, sure.

8 A So at -- prior to devolution, Winnipeg Child and
9 Family Services would have had the 555.5, I think, total
10 number of staff. After devolution, they would have had
11 about a hundred and sixty-seven total positions. With the
12 three initiative I, initiatives I talked about, Winnipeg
13 Child and Family is currently funded for 212. So that
14 would give you some sense of the increase in funded
15 positions. I can't say they're all social workers, because
16 they're not, but that will give you the apples to apples
17 comparison.

18 Q And you'd agree with me that those resources were
19 added primarily as a result of many of the recommendations
20 that were made, including the recommendations and findings
21 of Mr. Koster, who found workload to be problematic?

22 A Yes, absolutely.

23 Q Now, I appreciate, Mr. Rodgers, you haven't been
24 here for much of the evidence, but social workers have
25 given evidence that notwithstanding the efforts of, by

1 adding a number of social workers, that in their view,
2 workload is still excessive. Are you familiar with
3 concerns raised today about excessive workload?

4 A I think that the information I have would suggest
5 that the percentage increase in resources that have been
6 allocated to my agencies and service regions has exceeded
7 the increase in caseloads, or a comparable time period.
8 Having said that, I believe that that should have had a
9 positive impact on workload, compared to 2005, say, or
10 2006. I believe that we need to be very diligent about
11 workload. I believe it is still excessive and we need to
12 find ways to continue to ensure that the resources match
13 the demand for our services. I believe we've made some
14 headway in that regard.

15 Q And I just wanted to, out of fairness to you, to
16 put the, that evidence to you, because it has been stated
17 by social workers, notwithstanding many good efforts by, by
18 the agency to improve the, the situation. And I think your
19 evidence was consistent with what we heard from social
20 workers.

21 You had given evidence, as it related to workload
22 relief efforts around the time of devolution. And you
23 indicated that specific steps had been taken to attempt to
24 address workload by adding various people to the mix, to
25 assist their colleagues. That, that, as I understand, was

1 specific to address the, the, the workload difficulties
2 experienced at devolution; correct? That was not to offset
3 other workload concerns that existed either before or after
4 that?

5 A That's correct.

6 Q Are you familiar with the precise numbers, by any
7 chance, of, in terms of the number of workers, for example,
8 the number of casual workers, or the number of students
9 that --

10 A That were added?

11 Q -- that, that were added, or the number of
12 positions that equated to?

13 A I'm going from memory. I do have a document on
14 this. My recollection is it was the equivalent of
15 approximately 18 positions.

16 Q And that's fair enough, I think I did --

17 A I, I just --

18 Q -- I think I did see 18, or 18 and a half, at
19 some point in time, in the documentation. Are you aware,
20 sir, that at the time that you were adding those bodies,
21 that many bodies were also away as a required, as a
22 requirement to use up their vacation allotment, prior to
23 moving into civil service?

24 A Yes. I'm also aware that there was a decision
25 made, I believe it was in February 2005, to allow for

1 vacation carryover at that point in time.

2 Q And that carryover was limited to five days per
3 social worker; correct?

4 A That's my recollection.

5 Q So is it fair to say that at the time you were
6 adding bodies and while those efforts were admirable and it
7 was responsible to take those steps, that at the same time,
8 you were also missing bodies, as a result of the
9 requirement to use vacation?

10 A Yes, it's certainly fair to say those efforts
11 were admirable. I would agree with you.

12 Q But you would agree with me that there --

13 A Yes.

14 Q -- were people missing as well?

15 A Yes.

16 Q Okay. Do you happen to know the, how that
17 balanced out, in terms of the overall number of bodies that
18 you inserted into the system and then took away from the
19 system?

20 A I do not know.

21 Q You gave evidence that you were not ever
22 specifically made aware of inabilities of social workers to
23 meet standards, I think, was your evidence?

24 A Just, just to, just to clarify --

25 Q Please.

1 A -- I believe that what I said was that there had
2 been no specific case brought to my attention where workers
3 said they couldn't meet standards. Clearly, when we asked
4 staff for their opinion on the draft standards in 2004, a
5 strong opinion we got back is that those standards would
6 not be achievable with current workload.

7 Q And that's what I wanted to clarify. You, you
8 would certainly have been aware, at the time, that high
9 case loads impacted the -- in the view of social workers,
10 the ability to meet best practice?

11 A Yes.

12 Q You, your point was simply that no social worker
13 or supervisor came to you and said, I could not meet best
14 practice on Joe Smith's file; is that what I understand
15 your evidence to be?

16 A That was the question I was asked.

17 Q Okay.

18 A So --

19 Q Yeah, I just wanted to clarify that. But that
20 fact that no social worker did that, or the fact that no
21 supervisor did that does not mean that it was not happening
22 beyond your level of awareness?

23 A It only means that I had no k knowledge of it.

24 Q And fair to say, fair to describe your duties as
25 CEO were fairly high level at that time and you would not

1 normally be involved in the case-to-case, day-to-day
2 operation of files?

3 A That's correct.

4 Q And if a supervisor or an assistant program
5 manager testified that they had the opinion or knew of
6 certain circumstances where caseloads did impact best
7 practice, you would not have anything to say one way or the
8 other on that?

9 A Unless they raised those examples at management
10 meetings, which we had weekly, I would have no knowledge
11 of, of that.

12 Q Is it fair to say, because we, we did hear
13 evidence from Mr. Berg and Mr. Wilson, that caseloads and
14 workloads were raised frequently at those higher level
15 management meetings and Ms. Trigg characterized part of the
16 problem as being related to funding and simply that she was
17 told by government that there just simply was not any
18 additional funds for additional bodies of social workers,
19 would that be your experience?

20 A Yes. I think that, again, going back to my time
21 as chair of the board, and, and to my time as CEO, and I
22 spoke a little bit about this, this morning, we, we made a
23 number of efforts to try and achieve some workload
24 efficiencies, to offset the high workloads. We didn't have
25 available to us additional staff years, to put into the

1 agency.

2 Q We heard, we heard evidence from social workers
3 and supervisors that training was often delayed, as a
4 resulted -- excuse me, training was often delayed beyond
5 their entrance into the system. So a social worker would
6 be hired and would not be provided with core competency
7 training until some period of time after their hiring;
8 would you agree with me that that would impact best
9 practice and, from a social work perspective?

10 A Yes.

11 Q And we also heard evidence from supervisors that
12 they were often placed in a position, as a supervisor,
13 without receiving supervisor training; would you agree with
14 me that that would impact the ability of a supervisor to
15 achieve best practice?

16 A Yes, and again, Mr. Commissioner, if I could just
17 talk a little bit about some of the ways we've tried to
18 address that?

19 THE COMMISSIONER: Yes, certainly.

20 THE WITNESS: We recognize training as a
21 significant issue for our system. With the new resources
22 that were allocated as part of the Changes for Children
23 agenda, there was new money available for training. Within
24 our system, we have chosen to build the capacity of our
25 agencies by having dedicated trainers and mentors available

1 at every agency, through specific staff positions, so that
2 the training can be delivered in a timely way, regularly.
3 We have agreed with all of our agencies and service regions
4 on what we describe as mandatory minimum training for new
5 workers. So every new worker now, joining our system,
6 knows that in the first 18 to 24 months, they're going to
7 get an established curriculum of training, that they know
8 in advance when they join us. And every agency tries to
9 have a period, when a new worker joins our agency, where
10 they are brought into the caseload on a gradual basis.
11 Those are all expectations now of our agencies. So I
12 believe we've made great strides in making training
13 available onsite in every one of our agencies and service
14 regions, for those reasons that you've just described. As
15 well as having those highly experienced, highly respected
16 trainers and coaches available to work with supervisors
17 every day.

18 MR. RAY: Just give me a moment, Mr.
19 Commissioner.

20 THE COMMISSIONER: Yes, certainly.

21 MR. RAY: I'm noticing it's 4:30 now. I have
22 some other areas that I'd like to explore with the witness.
23 I don't know that I'm going to be all that long, but I
24 expect Commission counsel will have some questions and Mr.
25 McKinnon may have some questions as well. And this --

1 THE COMMISSIONER: Is there anybody, besides Mr.
2 Ray, going to question before Mr. McKinnon?

3 I take it not.

4 Mr. McKinnon, about how long would you be, do you
5 expect?

6 MR. MCKINNON: Less than five minutes, Mr.
7 Commissioner.

8 THE COMMISSIONER: Well, Mr. Ray, I think we'll
9 carry on and see if --

10 MR. RAY: That's fine.

11 THE COMMISSIONER: -- we can finish him then.

12 MR. RAY: That's fine.

13

14 BY MR. RAY:

15 Q You gave evidence, as it related to confusion
16 about standards. And one of the things you said, if I
17 understand your evidence, was that notwithstanding the
18 confusion about standards, there was a policy manual
19 available. Is that the policy manual, a, a manual that is
20 roughly 1600 pages long and would contain all sorts of
21 information, but not, not information that guided the
22 practice of social workers, from a, from a, from a
23 standards perspective?

24 A That's the manual I was referring to, yes.

25 Q And did staff receive any training on that

1 manual, to your knowledge?

2 A No formalized training that I'm aware of.

3 Q And you've also indicated now that at least for
4 those entities under your authority, under the General
5 Authority, that you have given standards training in 2008
6 and 2009; is that correct?

7 A And in every year since.

8 Q And in, in every year since, and I think you said
9 at, at least twice per year?

10 A That's our, the expectation of our agencies, yes.

11 Q And is that because the -- well, does that
12 underscore the importance of making those standards known
13 to social workers, so that they can adequately perform
14 their duties?

15 A Absolutely.

16 Q You mentioned the transition support team?

17 A Yes.

18 Q And you mentioned, at the time, that there were,
19 I believe you said, 12 people --

20 A Yes.

21 Q -- on that transition support team?

22 A Yes.

23 Q Were those 12 people -- perhaps you could tell
24 us, if you recall, who those 12 people were and, and what,
25 where they came from, in terms of whether they were

1 management or front line social workers, or --

2 A I, I do have a list. I can't give you, I can't
3 recall the names of the people. I can tell you that the
4 best of my recollection is they were not management. They
5 were supervisors and front line staff, as well as at least
6 one admin person. And the intent was that they would be
7 representative of the various programs that we had at the
8 agency. So someone from foster care, someone from
9 adoptions, someone from family services, someone from CRU,
10 someone from admin, et cetera.

11 Q And how were those individuals selected?

12 A I don't recall.

13 Q Were you, were you involved in the selection
14 process?

15 A I don't believe so.

16 Q To your recollection, was the union involved in
17 advancing people for inclusion on the transition team?

18 A I don't recall.

19 MR. RAY: Mr. Commissioner, I think I'm, I'm
20 nearly completed. If I could just have a moment to,
21 about --

22 THE COMMISSIONER: Yes.

23 MR. RAY: -- if we have a five minute break, I
24 could review some of my notes and --

25 THE COMMISSIONER: Did you say a five minute

1 break?

2 MR. RAY: Yes, if we --

3 THE COMMISSIONER: All right.

4 MR. RAY: -- wouldn't mind, I could speak with my
5 client and then ...

6 THE COMMISSIONER: I think we can finish this
7 witness.

8 Are you, are you available to five o'clock,
9 witness?

10 THE WITNESS: I am available to five o'clock, but
11 not much longer, as I do need to get to class.

12 THE COMMISSIONER: I think we'll be through by,
13 before 5:00, so we'll just take a --

14 MR. RAY: I suspect so.

15 THE COMMISSIONER: -- a five minute adjournment
16 and it'll only be five minutes.

17 MR. RAY: Thank you. I'm not going to leave the
18 room.

19

20 (BRIEF RECESS)

21

22 MR. RAY: ... Mr. Commissioner, I have no further
23 questions for Mr. Rodgers.

24 THE COMMISSIONER: Thank you.

25 MR. RAY: Thank you, Mr. Rodgers.

1 THE COMMISSIONER: Mr. McKinnon?

2 MR. MCKINNON: Thank you, Mr. Commissioner. For
3 the record, it's Gordon McKinnon, counsel for the
4 Department of Winnipeg CFS.

5

6 CROSS-EXAMINATION BY MR. MCKINNON:

7 Q Just wanted to clarify a couple of points, Mr.
8 Rodgers and the first one is, early in your evidence, Ms.
9 Walsh was asking you about the period, in early 2005, when
10 the preparations were being done for the transfer files and
11 the devolution to the aboriginal agencies and there was a
12 discussion about the impact on the family service units and
13 a discussion about the impact on intake, which we --
14 including CRU. And I just wanted to get you to elaborate a
15 little bit about that and I'm going to put a couple of
16 questions to you about that.

17 And I believe you described that the family
18 service units, the, the main increase in work was the
19 creation of, of transfer summaries on all files? That
20 would be the main factor that would have increased the work of
21 the family service units and that's what you were doing
22 when you were creating some procedures and some processes
23 to assist with workload? That was the increased workload
24 that you were trying to assist with?

25 A Yes, although I would go, go on to say that it

1 wasn't just about the preparation of transfer summaries.
2 Ultimately, we had to put together transfer packages. That
3 required a whole other set of work. Workers were expected
4 to go meet with their families. So the process of getting
5 ready for devolution was a, a whole set of additional
6 responsibilities, I think, that were put on workers that
7 culminated in those transfer packages, but it wasn't just
8 the writing of summaries.

9 Q Okay.

10 A I don't want to misrepresent that.

11 Q And that's helpful. The point is that was work
12 though that was required at the family service units?

13 A That's correct.

14 Q And when Ms. Walsh asked you about what was
15 happening at intake and CRU, it's fair to say that that
16 wasn't happening at intake and CRU?

17 A Intake and CRU were not required to do that work
18 as part of devolution, as far as the transfer summaries and
19 the transfer packages go.

20 Q Thanks, thank you, I think that's helpful. And,
21 and then, again, just because the Commissioner may not have
22 heard this before, when the actual devolution took place,
23 in May of 2005, and this, there was a significant reduction
24 in the workload and the staff at Winnipeg CF, CFS, went
25 from 500 odd staff to less than 200 staff, so there, there

1 was, files were being transferred to other agencies and
2 files were being transferred internally at Winnipeg CFS,
3 that was in the family service units?

4 A Yes.

5 Q And in terms of the intake, which would include
6 CRU, would there have been any file transfers? Outside of
7 the ordinary --

8 A No.

9 Q -- everyday referrals?

10 A No.

11 Q Would there have been -- did the workers, did
12 they change job location?

13 A Which workers are you referring to?

14 Q CRU and tier 2 intake. They would have been in
15 the same building?

16 A Those assigned to those units would have been in
17 the same building, yes.

18 Q Doing the same job?

19 A If that's where they were assigned, yes.

20 Q But -- and I, and I guess the point I'm trying to
21 get at is that this was a fairly major change for the
22 family service workers. They would be changing employers,
23 some of them. If they weren't changing employers, they may
24 have been changing positions within Winnipeg and getting
25 new case files?

1 A Yes.

2 Q That wasn't true of CRU and tier 2 intake?

3 A I believe that -- I'm going to need -- my
4 recollection is that CRU and intake was affected by the
5 secondment process. So some of those staff would have been
6 taking on new jobs and new staff would have been coming
7 into those roles.

8 Q Okay.

9 A That wasn't the case for after hours. The after
10 hours staff stayed where they were.

11 Q And, and I, again, I could be wrong, but I'm
12 trying to make sure the Commissioner gets a, a, a full
13 picture. The, the changes at CRU and intake were not as
14 substantial as the changes in the family service units?

15 A I believe that's true.

16 Q The only other issue I wish to touch upon briefly
17 comes out of the questions that were being asked of you by
18 Mr. Ray and he spoke, asked you about whether all children,
19 whether there were situations -- first of all, let me back
20 up. In terms of the -- he asked you about the standards
21 and whether the standards in 2005 were as clear as the
22 standards today, that all children need to be seen and
23 your answer was, no, they weren't as, they weren't as
24 explicit?

25 A That's correct.

1 Q In terms of the particular intake in 2005, I
2 believe your evidence was you had no reason to disagree
3 with the conclusions of Andy Koster and the report writers
4 that that was in error?

5 A Yes.

6 Q And when Mr. Ray asked you questions about not
7 all children being seen all the time, you weren't talking
8 specifically about that intake?

9 A I was not.

10 MR. MCKINNON: Thank you.

11 Those are my questions, Mr. Commissioner.

12 THE COMMISSIONER: Thank you, Mr. McKinnon.

13 Ms. Walsh?

14

15 RE-EXAMINATION BY MS. WALSH:

16 Q Two areas to clarify, Mr. Rodgers. The standard
17 that's on the screen in front of you, that you were
18 referred to earlier, item number 3:

19

20 "If the rating for response time
21 is in the high or medium range ...
22 the worker ensures the safety of
23 the child either through direct
24 contact or through confirmation of
25 the child's safety by a reliable

1 source."

2

3 I just want to make sure that, that we understand
4 what that standard means. Is what makes confirmation of
5 the child's safety by a reliable source an appropriate
6 source an appropriate substitute for the worker's direct
7 contact the fact that the reliable source has had contact
8 with the child?

9 A I would think that's implied by the standard. I
10 would also think that this is referring to the immediate
11 safety, not whether there may be ongoing safety concerns
12 that require further investigation.

13 Q Thank you. The second area that I wanted to
14 confirm, you talked about with, in response to Mr. Ray's
15 questions. You said that workload could have an impact on
16 prioritizing?

17 A Yes.

18 Q I'd want to confirm that prioritizing wouldn't
19 mean that you would close the file without ensuring a
20 child's safety?

21 A That's correct.

22 Q And so, if, for example, the issue were that a
23 child needed to be seen before their safety was confirmed,
24 prioritizing might simply mean that they wouldn't be seen
25 as quickly?

1 A Yes.

2 MS. WALSH: Thank you, those are my questions.

3 THE COMMISSIONER: All right, witness, thank you
4 very much. You're completed your tour. I gather we're
5 going to have you back at some --

6 THE WITNESS: Looking forward to being back.

7 THE COMMISSIONER: Well, we'll still be here.

8

9 (WITNESS EXCUSED)

10

11 THE COMMISSIONER: All right. Does that complete
12 us for today?

13 MS. WALSH: It does, Mr. Commissioner.

14 THE COMMISSIONER: All right. We'll rise until
15 9:30 tomorrow morning.

16 MS. WALSH: Thank you.

17

18 (PROCEEDINGS ADJOURNED TO FEBRUARY 5, 2013)