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

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

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

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WEDNESDAY, NOVEMBER 14, 2012

## **APPEARANCES**

**MS. S. WALSH**, Commission Counsel

**MR. D. OLSON**, Senior Associate Counsel

**MR. G. MCKINNON** and **MR. S. PAUL**, Department of Family Services and Labour

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

**MR. H. COCHRANE** and **MR. K. SAXBERG**, General Child and Family Services Authority,  
First Nations of Northern Manitoba Child and Family Services Authority First Nations of  
Southern Manitoba Child and Family Services Authority Child and Family All Nation  
Coordinated Response Network

**MR. H. KHAN**, Intertribal Child and Family Services

**MR. J. GINDIN** and **MR. D. IRELAND**, Mr. Nelson Draper, Mr. Steve Sinclair,  
Ms. Kimberly-Ann Edwards

**MR. J. FUNKE** and **MS. J. SAUNDERS**, Assembly of Manitoba Chiefs and Southern Chiefs  
Organization Inc.

**MS. H. VAN IDERSTINE**, for Dr. G. Altman

1 NOVEMBER 14, 2012

2 PROCEEDINGS CONTINUED FROM SEPTEMBER 7, 2012

3

4 THE COMMISSIONER: Good morning.

5 MS. WALSH: Morning.

6 THE COMMISSIONER: Nineteen months have passed  
7 since the Commission of Inquiry was established by Order in  
8 Council. It called for the delivery of my report seven  
9 months ago. The fact is, we have heard evidence for only  
10 two and three-quarter days. What has occupied the past 19  
11 months is a matter of record, traceable through the various  
12 occasions that the Commission has been in session.

13 There have been a number of unexpected turns in  
14 the road from what both the Attorney General and I  
15 contemplated on the one and only time we have been in  
16 communication, one with the other, on this matter, namely  
17 on March 25th, 2011. The absence of further communication  
18 between us is consistent with the preservation of this  
19 independence of this Commission of Inquiry.

20 The Attorney General was of the view, and I  
21 agreed, that a 12-month assignment appeared to be  
22 reasonable. It did not turn out to be so.

23 The most recent turn in the road was occasioned  
24 by an order made on the 7th of September by a justice of  
25 the highest court of this province, acting entirely within

1 the scope of his lawful authority, on a request made to the  
2 court by four of the parties with standing before this  
3 Commission who share a single grant of standing, directing  
4 that all hearings of the Commission be suspended until a  
5 sitting by the Court of Appeal could be convened and the  
6 contentious matter in issue addressed by a panel of  
7 justices of that court. That event occurred on the 9th day  
8 of October, last month, and on the 22nd day of October the  
9 court gave the green light to the Commission reconvening  
10 and proceeding to carry out its assignment.

11 On October 29th, Commission counsel and I met  
12 with counsel representing all parties and intervenors with  
13 standing before the Commission. Together we mapped out a  
14 new schedule that would bring us to a conclusion in the  
15 shortest possible time, bearing in mind the need to do a  
16 thorough review of what is required by the Order in Council  
17 and also respecting commitments of participants which  
18 required accommodation.

19 Provision has been made for the Commission to be  
20 in session for 90 days between now and May 31st, 2013,  
21 which is scheduled to be the final day of the hearings.  
22 Barring further turns in the road and with the cooperation  
23 of all participants, that target should be achievable.

24 We must be mindful of why we are here. A little  
25 five-year-old girl who suffered a tragic death received, or

1 whose family received, during her lifetime, child welfare  
2 services under the Child and Family Services Act of  
3 Manitoba. This Commission is to inquire into the  
4 circumstances surrounding her death and, having done so, is  
5 charged with making recommendations that will better  
6 protect Manitoba children. Let no one lose sight of the  
7 fact that that is why we are here.

8 The centre piece of our work, as a lasting  
9 memorial to the short life of little Phoenix Sinclair, is  
10 the protection of all children, particularly the most  
11 vulnerable of them, throughout this province.

12 The importance of proceeding forthwith, hopefully  
13 from here on down a straight road, should be obvious to all  
14 who have an interest and concern for the wellbeing of  
15 children throughout Manitoba.

16 This is not a criminal trial. Nobody stands  
17 charged with having committed an offence nor is this a  
18 civil trial with possible consequences by way of an award  
19 of damages. This is an inquiry and an inquiry we must, we  
20 must now proceed to do with all possible diligence.

21 When I spoke publicly about the anticipated work  
22 of the Commission on April the 15th, 2011, I indicated I  
23 was conscious of the need for carrying out the assignment  
24 as, quote, "economically as possible" consistent with it  
25 being, quote, "done properly" unquote.

1           It will be apparent to those paying attention to  
2 the work of the Commission that the course followed over  
3 the last year and a half has been an expensive one, the  
4 major burden of which falls on the government, which,  
5 besides financing the work of the Commission itself, has  
6 made it possible through the availability of a funding  
7 formula for someone standing before the Commission to fully  
8 participate, which otherwise may have been financially  
9 difficult if not impossible for them.

10           This will most likely turn out to be one of if  
11 not the most expensive public inquiry in the history of  
12 this province. The continuing cost of the work of the  
13 Commission is a further reason for the need of it  
14 proceeding forward forthwith hopefully from here on down  
15 the straight road I have referred to.

16           Following the arrival of May 31st, 2013 the  
17 preparation of my report will be the remaining task. When  
18 it was obvious that I could not meet the deadline of March  
19 30th, 2012, I asked for and received an extension until  
20 March 30th, 2013. I will today request a further extension  
21 for the delivery of my report until September 30th, 2013,  
22 which is four months after the anticipated date of the  
23 closure of the hearings. If the task can be completed at  
24 an earlier date, that will certainly be done, but at this  
25 point in time, the time table I had indicated appears to be

1 a reasonable objective that I will strive to achieve.

2 Now, Commission counsel are we ready to proceed  
3 with the return of the witness?

4 MS. WALSH: We are, Mr. Commissioner. Just two  
5 procedural matters I wanted to address. We have modified  
6 our hours of sitting somewhat. We will be in session from  
7 9:30 to 12:30 in the morning and then 2:00 to 4:30 in the  
8 afternoon, sometimes staying later with the indulgence of  
9 the clerk, if necessary, if a witness can be -- if their  
10 testimony can be completed.

11 The other procedural matter I wanted to address  
12 relates to the order of examination by counsel of  
13 witnesses. You may recall that on September 7th we had  
14 some discussion about changing the order of examination  
15 from the order that was set out in the rules, but I can  
16 advise that over the break, after some very helpful  
17 discussions among all counsel, we have determined that we  
18 will stick with the original order of examination as set  
19 out in Rule 35, and that is as follows:

20 First Commission counsel will examine the witness  
21 and except as other directed by you, may adduce evidence  
22 from a witness by way of both leading and non-leading  
23 questions.

24 Next, the parties who have been granted standing  
25 to do so will then have an opportunity to cross-examine the

1 witness to the extent of their interest.

2 Subject to paragraph 36, counsel for the witness  
3 will examine the witness last regardless of whether or not  
4 counsel is also representing another party.

5 And then, Commission counsel will have the right  
6 to re-examine the witness. And again, except as otherwise  
7 directed by you, may adduce evidence by way of both leading  
8 and non-leading questions.

9 So that is the order of examination that we will  
10 maintain.

11 THE COMMISSIONER: Right.

12 MS. WALSH: And yes, now if we can have Mr.  
13 Orobko back to the stand, please.

14 THE COMMISSIONER: Well, Mr. Orobko, I regret the  
15 abrupt departure of your presence on the last occasion but  
16 it was required, and pleased to have you back.

17 THE WITNESS: Thank you, Commissioner. Good  
18 morning, to you, sir. Good morning, Ms. Walsh.

19 MS. WALSH: Morning, Mr. Orobko.

20 THE CLERK: Is he still under oath, Mr.  
21 Commissioner, or shall I re-swear him?

22 THE COMMISSIONER: Yes. No, still under oath.  
23 You understand that, Witness?

24 THE WITNESS: I do, sir.

25



1                   **ANDREW WALLY OROBKO**, previously  
2                   sworn, testified as follows:

3  
4           DIRECT EXAMINATION BY MS. WALSH (CONTINUED):

5           Q     All right. Thank you for, for coming back and  
6           your perseverance, Mr. Orobko.

7                   Continuing from where we left off on September  
8           the 7th, you had previously indicated that your unit, the  
9           north intake unit, was involved with Phoenix's family on  
10          two occasions, two substantive involvements, you said. And  
11          I want to confirm that for the purposes of today's  
12          testimony we are only going to speak about your unit's  
13          first involvement in 2000 and we're going to have you come  
14          back next week to review the second time your unit was  
15          involved in 2003.

16                   Now, just before the break in September, I was  
17          going to ask you about your attendance in court with Mr.  
18          Sinclair and Ms. Kematch on May 3, 2000. And just by way  
19          of review, you had advised that the purpose of going to  
20          court was for the agency to obtain a three-month order,  
21          temporary order of guardianship, and this was pursuant to  
22          the case plan that you had developed. And I just want us  
23          to review that case plan. It's at page 37036 of CD1795,  
24          which is Mrs. Kematch's protection file.

25                   So looking at the case plan, it had seven points:

1           So one, this agency to assign a family services  
2 worker for ongoing service and intervention.

3           Two, a three-month temporary order of  
4 guardianship will be pursued.

5           Three, this agency will await further case  
6 history from Cree Nation CFS and incorporate same into the  
7 ongoing case plan.

8           Four, some form of psychiatric or psychological  
9 assessment will need to be undertaken with respect to  
10 Samantha. This is to be arranged by the agency or the  
11 couple with agency approval.

12           Five, both parents are to commence participation  
13 in an appropriate parenting program.

14           Six, both parents to attend all weekly visits  
15 with Phoenix. Visits to be transferred to the Jarvis  
16 office as soon as possible.

17           And seven, Steven's CIC, child in care, file may  
18 need to be reviewed should he agree to sign the appropriate  
19 consents for same.

20           And we reviewed those seven points the last time  
21 you testified, and then you went on to say:

22

23           The couple has been advised of  
24 their right to secure legal  
25 counsel and both will be in

1 attendance in court on May 3,  
2 2000. Steven is a member of Lake  
3 St. Martin while Samantha  
4 maintains her treaty status with  
5 Pine Creek. Anishinaabe CFS, Cree  
6 Nation CFS and West Region will be  
7 served by the legal clerk and the  
8 writer has enjoyed contact, phone  
9 contact with Charles Beardy of  
10 Anishinaabe, CFS and Jennifer  
11 Brunel of West Region and the case  
12 plan has been shared as per  
13 standard 421.

14

15 And you told us about what that all meant.

16 You also told us the last time that as a strategy  
17 for dealing with workload you assumed all responsibility  
18 for court work in your unit. Can you tell us what that  
19 court work involved?

20 THE COMMISSIONER: In this case?

21 MS. WALSH: Generally, and then we will get to  
22 the specifics by looking at the transcript of May 3rd.

23

24 BY MS. WALSH:

25 Q When you said that one of your strategies as

1 supervisor for dealing with the workload in your unit was  
2 to personally assume court work, what was that court work?  
3 What could it involve?

4 A Essentially, the court work encompassed the  
5 physical task of, of making myself available at docket  
6 court. While there we'd certainly meet with the family,  
7 review the case plan with them. I would -- if family was  
8 without counsel, I would direct them to the Legal Aid duty  
9 counsel that was always present and, again, remind the  
10 family of their rights to seek out legal counsel should  
11 they desire. So I would make a personal introduction to  
12 the Legal Aid duty counsel.

13 If, after all of that, the family was still  
14 willing to provide consent to the order that I was seeking,  
15 we would then patiently wait our turn and then, when  
16 called, we would attend into the courtroom and come in  
17 front of the Master who was presiding that day.

18 It was then, after some brief introduction by  
19 agency counsel I would then share the plan with the court;  
20 would not share, you know, circumstances of apprehension  
21 but it would simply be what was the agency's plan, what was  
22 -- why the rationale for seeking a three-month order. I  
23 would then make myself available for any questions that the  
24 master might have or our counsel might have. If there were  
25 aboriginal agencies represented that day in court who, who

1 have standing in the matter, I would certainly entertain or  
2 respond to any questions they might have had. I would  
3 introduce the family to the presiding master and then I  
4 would take my seat and then the family would step up and  
5 they would be then queried by the master.

6 Q Okay. So let's look at what transpired on May  
7 the 3rd, 2000. The transcript from the court proceedings  
8 on that day is CD1722, starting at page 35078.

9 So as you indicated, this proceedings was in  
10 front of a master of the Court of Queen's Bench, in this  
11 case the Honourable Master Lee. And if we look at the  
12 appearances, who was in attendance, we have Ms. Bowman for  
13 the petitioner. And the petitioner in this case is noted  
14 as West Region Child and Family Services. We have Ms.  
15 Kematch in person, Mr. Sinclair in person and Mr. Harvey,  
16 lawyer for Anishinaabe Child and Family Services, and we  
17 know that you were in attendance, as well.

18 So if we turn to the next page, page 35079, the  
19 lawyer for the agency, at line 22, Ms. Bowman says:

20

21 Okay. Perhaps we can ask Mr.  
22 Orobko to present the plan and we  
23 can determine the parents'  
24 positions.

25

1 And you say: Good morning. And then you go on to say:

2

3 We have Mr. Steven Sinclair, the

4 biological father of the child

5 Phoenix present, as is the mother,

6 Ms. Samantha Kematch. At this

7 point in time, Your Honour, the

8 agency would ask that a three-

9 month temporary order of

10 guardianship be granted with

11 respect to the child Phoenix.

12 During those three months, the

13 agency is asking that Ms. Kematch

14 attend and complete a

15 psychological assessment, the

16 assessor to be mutually agreed

17 upon between the agency and Ms.

18 Kematch. During that time we are

19 also asking that both parents

20 attend the parenting program and,

21 once again, that would be a

22 program mutually agreed upon

23 between the two parties. And

24 finally, during that three months

25 we are asking that the parents

1           ensure they attend all visits with  
2           the child Phoenix to ensure that  
3           some form of bonding can ensure.  
4           The agency is committed to working  
5           the child home as quickly as  
6           possible and with parental  
7           cooperation, and if they attend to  
8           those three things we can achieve  
9           that goal.

10

11   And then the court asks you:

12

13           Where is Phoenix placed during  
14           this time and what's the proposed  
15           placement?

16

17   And you indicate that:

18

19           Yes, the child is currently in an  
20           emergency shelter. Ideally [you  
21           say] we would like to have the  
22           child in an emergency foster home  
23           but at this point it is in  
24           shelter, and certainly at this  
25           point regular visitation has been

1                   set up. I believe it's two hours  
2                   on a weekly basis at this point,  
3                   and we would strive to increase  
4                   that visitation as we get closer  
5                   to a return date.

6

7                   Now, just can I ask you, when you were making  
8 these submissions to the master, were you under oath?

9           A       As I recall, no, I don't believe we were sworn  
10 in, no.

11          Q       The transcript doesn't reflect that you were.

12          A       No, no. No, we weren't.

13          Q       So you weren't testifying, per se, you were  
14 making submissions in front of the master?

15          A       That is correct.

16          Q       Right. And was that your usual practice?

17          A       That was, well, my usual practice. But that was  
18 the usual practice of the docket court.

19          Q       Yes.

20          A       There were dozens of workers waiting out in the  
21 hallway to have a similar opportunity in front of the  
22 master.

23          Q       But, but when you went to court and were asked to  
24 provide information to the court, it was in the way that  
25 we've just seen, ,not under oath?



1           A     That's correct.

2           Q     Okay.  And so that was your plan.  And then the  
3 court addressed Ms. Kematch and Mr. Sinclair, at page  
4 35080, starting at line 25.  And the court says:

5

6                     All right.  If the parents could  
7                     come forward to the microphone,  
8                     please.  Good morning.  If each of  
9                     you could state your full name so  
10                    we have it on the court record.

11

12           And they each say, Steve Sinclair, and, Samantha Kematch.

13           And the court confirms:

14

15                    You're the parents of Phoenix?

16                    Yes.

17                    And you understand at this time  
18                    the agency is seeking a three-  
19                    month temporary order of  
20                    guardianship and Mr. Orobko has  
21                    outlined to the court this morning  
22                    what the plan of the agency is if  
23                    they obtain that order?

24

25           Ms, Kematch says:  Yes.  The master says:

1

2

And you're aware of that. You're

3

aware of your right to seek legal

4

advice if you disagree with the

5

agency application?

6

7

And Ms. Kematch says: Yes. The court asks:

8

9

What is your position? Are you

10

wishing to agree with the agency

11

application?

12

13

And Ms. Kematch says:

14

15

Yeah, we agree to the three-month

16

temporary order and to go to

17

parenting classes and see a

18

psychiatrist or psychologist and

19

visitation.

20

21

And then ultimately, the transcript reflects that

22

counsel for the agency advised that the case would be

23

adjourned for a week to allow counsel to get instructions

24

and also because they were still waiting to receive a birth

25

certificate because of Phoenix's young age.

1           So that ended your involvement in court on May  
2 the 3rd, 2000. And if we go to the addendum that you wrote  
3 up then in Ms. Kematch's protection file, CD1795, page  
4 37034, opposite the entry May 3, 2000, you note:

5

6           The writer attended docket court  
7 this date. Further interviews  
8 with Samantha and Steven ensued.  
9 At this time the parents consented  
10 to a three-month temporary order  
11 of guardianship in front of Master  
12 Ring. Lawyer John Harvey was  
13 present on behalf of Anishinaabe  
14 and no opposition was forthcoming  
15 from that agency other than  
16 concern raised that the child was  
17 not currently in a culturally  
18 appropriate placement. Agency  
19 counsel Ms. Bowman advised that  
20 Mr. Gilson had contacted her on  
21 behalf of West Region CFS and  
22 while no opposition to the agency  
23 plan was being contemplated, a  
24 week adjournment was being  
25 requested to confirm same. An

1                   adjournment to May 10, 2000 was  
2                   inevitable, however, as the court  
3                   had not yet received Phoenix's  
4                   birth certificate. At this point  
5                   it will not be necessary for  
6                   either the parents or the assigned  
7                   worker to attend the May 10th  
8                   court date.

9

10                   And then if we scroll down to the bottom of your  
11 entry, the last paragraph, you indicate:

12

13                   In summary, then, Steven and  
14                   Samantha consented to the three-  
15                   month order and agency plan as  
16                   indicated previously. Nikki  
17                   Taylor is helping Samantha locate  
18                   a psychologist for the assessment  
19                   and Steven will be approaching the  
20                   Andrews Street Family Centre  
21                   around the parenting program.  
22                   Both parents have been advised of  
23                   the imminent case transfer to the  
24                   Jarvis office.

25

1           And so after that the file was transferred to  
2 ongoing family services, right?

3           A     That is correct.

4           Q     And the last time you testified you told us that  
5 if a family required long term intervention, your unit  
6 would forward the matter to one of the family service  
7 units?

8           A     That is correct.

9           Q     And you said that with this case, Phoenix's case,  
10 it was clear to you when you received the original after-  
11 hours report, which is page 37107, but we don't need to, to  
12 go to that, in April of 2000, just after Phoenix was born,  
13 that the case was going to require long-term assessment,  
14 and you told us that that was due to what you saw as the  
15 severity and intensity of the concerns regarding parental  
16 commitment and parental capacity, and so you attended to  
17 court and obtained the three-month temporary order of  
18 guardianship with a plan to transfer the file to ongoing  
19 family services, right?

20          A     That is all correct.

21          Q     And in fact, at the end of your unit's  
22 involvement, the file remained open and was transferred to  
23 ongoing family services?

24          A     Correct.

25          Q     Okay. I just want to spend a brief minute

1 talking about closing files. Last time you testified you  
2 told us that, as a supervisor, you reviewed and ultimately  
3 signed off on every single file closing that anyone in your  
4 unit did.

5 A Correct.

6 Q Okay. And how did you determine whether it was  
7 appropriate to close a file in your unit, that is, at the  
8 intake level?

9 A When reviewing a case that my staff had submitted  
10 for closure, my, my primary task was to read the entire  
11 recording submitted by my worker. So that would entail me  
12 going back to the original presenting problem that had been  
13 identified and then work my way through all of the  
14 interventions, actions that my staff took during the course  
15 of their involvement. Ultimately, my -- if I was satisfied  
16 that the presenting problems that had been identified by  
17 our informant at the onset if the actions or interventions  
18 that my staff had taken had, had satisfactorily addressed  
19 those concerns and if I was satisfied that there was no  
20 unacceptable level of risk being posed to a child, then I  
21 would sign file off for closure.

22 Q Okay. And if it were otherwise, what steps would  
23 you take?

24 A If -- and again, I testified previously I, I was  
25 hard-pressed to recall any, any occasion where I had to go

1 back to a staff person and say, you know, I, I don't agree  
2 with your findings here. But if I had, certainly if I  
3 thought that the presenting issues had not been  
4 satisfactorily addressed or if I felt that a child was, was  
5 still in a situation of unacceptable risk, then I would  
6 take the file back to my staff person, share my thoughts  
7 and concerns and ask them to remedy that and take any  
8 further steps or interventions that might be needed. But  
9 again, I can't recall that happening.

10 Q Okay. And were you aware, during the time that  
11 you were supervisor, of any provincial standards or  
12 policies within the agency that indicated when it was  
13 appropriate to close a file?

14 A I think the, the, the practice that I just, that  
15 I just illustrated would find itself within standards. Can  
16 I tell you I knew with exacting knowledge the -- what the  
17 standards called for in terms of closure? Like, I, I don't  
18 have them in front of me so I can't recall. But the spirit  
19 of the standards would have been presenting issues need to  
20 be addressed, presenting issues need to be remedied and an  
21 overall risk has to be assessed and be determined to not be  
22 unacceptably invasive to a child.

23 Q Okay. Thank you. And in this case, as we just  
24 saw, the file was not closed at your unit but was  
25 transferred to ongoing services?

1           A     That is correct.

2           Q     The last thing I wanted to ask you about is note-  
3 taking.     We saw, the last time you testified, in Ms.  
4 Kematch's protection file that you had had handwritten  
5 notes and those were at pages 37264 to 37269, and those  
6 notes related to the work that you did on the file while  
7 you were a supervisor but when you took over from Ms.  
8 Saunderson. Right?

9           A     That is correct.

10          Q     And we, we talked last time about how those notes  
11 were then typed up verbatim, and we reviewed the file  
12 recordings.

13                   Did you also keep notes of your work as a  
14 supervisor, the supervision work that you did?

15          A     When staff would come to me -- and I previously  
16 testified about some of the must-sees, you know, those,  
17 those, those critical points in, in any, the life of any  
18 case, the expectation was, when staff came to me and  
19 consulted on apprehensions, discharge, case transfers, you  
20 know, all those must-sees, then I, I had asked that to  
21 ensure that they incorporated that within the body of their  
22 notes, so that they had consulted with me and authorization  
23 was given for a discharge or an apprehension. So, so that  
24 decision-making would have been captured within the, the  
25 vial of the -- the body of the file.



1           Now, any, any of my own personal notes that I  
2 would have kept with regard to staff supervision issues, so  
3 performance, you know, performance issues, you know,  
4 professional development, any of those kinds of things,  
5 yes, I did have a body of notes that I maintained.

6           Q     Where did you keep them?

7           A     I maintained those in my office, you know. And  
8 again, they, they were not in a worker's file, they were --  
9 you know, they weren't an official body of -- it wasn't an  
10 official body of information like that, it was just  
11 something to refresh my memory. I maintained all of those  
12 notes for approximately a five-year period after I left  
13 Winnipeg Child and Family Services but then, after five  
14 years, I thought that it was, you know, an appropriate time  
15 to come and, and those notes have since been destroyed. It  
16 wasn't till, it wasn't until last year, 2011, that, that I  
17 actually, you know, found out about my involvement in this  
18 matter. And had I known that, I probably would have  
19 maintained those notes for a while longer. But as of 2010,  
20 five years had elapsed since I had been supervisor. I was  
21 not aware of any pending legal, civil, criminal matters  
22 that would require my attendance and so any of those notes  
23 that I might have maintained I since destroyed.

24           MS. WALSH:     Okay.     Now, your unit's next  
25 involvement was in 2003, and so that's what we'll discuss

1 the next time you testify. And at that time I will also  
2 ask you to comment on the findings which were made in  
3 several of the reports that reviewed the services that were  
4 delivered to Phoenix and her family, but those are my  
5 questions for you today. There will be others who follows.

6 THE WITNESS: If I could just ask, when you, when  
7 you had the, the court documentation, it indicated that  
8 West Region was the petitioner?

9 MS. WALSH: Yes.

10 THE WITNESS: And I don't quite understand that  
11 because it was Winnipeg Child and Family that had filed the  
12 apprehension and we were the ones seeking the order. I'm  
13 not sure why West Region was shown as petitioner.

14 MS. WALSH: I noted that, too. We are going to,  
15 later in the month, hear from counsel for Winnipeg CFS and  
16 I believe that she'll confirm that that was an error in, in  
17 the style of cause. So thank you for identifying that, but  
18 yes, Winnipeg Child and Family Services was seeking the  
19 order of guardianship. Thank you.

20 THE WITNESS: Thank you.

21 THE COMMISSIONER: All right. Who's first to the  
22 microphone?

23 MS. WALSH: Counsel are planning on working out  
24 the order of cross-examination on their own, Mr.  
25 Commissioner.

1 THE COMMISSIONER: Mr. McKinnon, does that put  
2 you first?

3 MR. MCKINNON: Looks like I'm going first as no  
4 one else is standing up, My Lord.

5 THE COMMISSIONER: Well, I would encourage you at  
6 times of break to try to agree on an order so everybody  
7 knows who's up next. I believe it will run smoother that  
8 way.

9

10 CROSS-EXAMINATION BY MR. MCKINNON:

11 Q Mr. Orobko, in your evidence in September, in  
12 answer to question from Ms. Walsh, you stated that on a  
13 weekly basis staff were getting anywhere between five and  
14 eight brand new intake assignments every week. Do you  
15 recall giving that evidence?

16 A I do, yes, sir.

17 Q And you stated that in the year 2003 your unit  
18 responded to over 1,000 calls. Do you recall giving that  
19 evidence?

20 A I, I believe I testified that I believed that in  
21 the year 2003 we had responded to a thousand requests for  
22 service.

23 Q Okay. And you also testified that you had six  
24 social workers and one administrative support worker in  
25 your unit between 2001 and 2004?

1           A     I believe it was in year 2004 when a seventh  
2 social worker was assigned to the unit, yes.

3           Q     So it was six prior to that, is my point?

4           A     That is correct, sir.

5           Q     So in the year 2003 you had six social workers in  
6 your unit?

7           A     That is correct.

8           Q     Plus yourself?

9           A     Plus myself.

10          Q     Now, there's a document that's been produced in  
11 these proceedings. It's Commission disclosure number 2150  
12 and the page number is 45219. Can you read that document,  
13 sir? Is that visible or legible to you?

14          A     What is visible to me certainly are the numbers,  
15 like the cumulative numbers in the right-hand column.

16          Q     Right.

17          A     Those are fairly clear. The -- some of the  
18 cumulative numbers along the bottom are clear. The body,  
19 which, you know, is fairly (inaudible) so those numbers are  
20 difficult to make out, but the cumulative totals, yes.

21          Q     Okay. And if we look at the, this is called CRU  
22 yearly statistics for 2003. Correct?

23          A     That is correct.

24          Q     And if we look at the, I'll call it the second  
25 table on that chart, that's the cases that were referred to

1 each of the intake units, correct?

2 A That is correct.

3 Q And your unit, if I'm correct, is the unit  
4 described as northwest intake?

5 A That is correct, sir.

6 Q And that shows that in the year 2003 you received  
7 829 referrals?

8 A That's what it shows.

9 Q That sound about right to you?

10 A Is that what the numbers indicate? Yes.

11 Q And do you have any reason to dispute these  
12 numbers?

13 A Well, the document that you've presented, I have,  
14 I have no specific recollection of it. It was obviously a  
15 document generated and drafting and, and compiling  
16 statistics so I have no specific recollection of it. But  
17 I, I'm going to assume that it was documents that had been  
18 provided by the old intake, by the ANCR people, so I'll  
19 certainly accept it's, it's representative of that.

20 Q So my point is, it's slightly less in that year,  
21 it's slightly less than 1,000 cases were referred to your  
22 unit?

23 A I'll say this, the -- if you, if you look at the  
24 bottom, under apprehension, it says, new case, and then you  
25 scroll along to the very end, there's, I think, that's a

1 hundred and sixty-nine, I believe.

2 Q I see that number, yes.

3 A So that number has to be incorporated into those  
4 cumulative totals. That number reflects children who would  
5 have been brought into care after a case had been assigned  
6 to us. So, so that a hundred, so that a hundred and sixty-  
7 nine, I'm going to assume out of that hundred and sixty-  
8 nine I would probably conservatively estimate at least 60  
9 of those belonged to my unit. So that number -- so that  
10 would have been 60 new children apprehended over the course  
11 of the year after the case had come to us from the CRU. So  
12 I would certainly ask that that 60 be added into that  
13 cumulative 829. So that would get it up to whatever, eight  
14 -- just under, short of 900.

15 Q Okay. And, and I don't want to quibble over a  
16 few cases, I just want to get the big picture.

17 A Sure.

18 Q And the point is, that if we're talking about,  
19 let's say it's 900 cases in that year, for round figures,  
20 if we take that 900 cases and divide it by 52 weeks, and  
21 I'm going to do that math right now, that's about 17 cases  
22 per week that went to your unit, and if we divide that by  
23 six, that's less than three cases per worker per week, Mr.  
24 Orobko.

25 A Um-hum.

1 Q So rather than the five to eight cases you  
2 testified to, it's closer to three cases per worker per  
3 week. Would you agree with that, sir?

4 A No, I would not.

5 Q And, and where is my math wrong? What am I, what  
6 am I, what am I not understanding that would allow you to  
7 say that there were five to eight cases per week per  
8 worker?

9 A Two things I'll start off by saying. The first  
10 is that under my original testimony I had said that I  
11 believed in the calendar year 2003, that over a thousand  
12 cases had been referred to us from the CRU. I believe if  
13 you, you check these numbers you'll find that in the year  
14 2000 -- because this document was only made known to me  
15 yesterday and I have not had access to any of these  
16 documents for several years -- but I believe in the  
17 calendar year 2002 there were over a thousand cases that  
18 came to us. And, and again, I'd, I'd like to see the  
19 numbers. I'm happy that these documents have been provided  
20 because it's going to add some, some empiricism to what I,  
21 I said in my original testimony. So, so when I said under  
22 original -- in my original testimony I believed in the year  
23 2003 a thousand cases had come to us, well, it was the year  
24 2002, and I've love to see what 2004 had to say, I'd love  
25 to see what 2001 had to say. But that all being said, let

1 me answer your question.

2           The -- your, your math is fine. Your -- the  
3 rudimentary math that you are doing right now, it's fine.  
4 The, the flaw in your process is that if you simply say to  
5 me, Andy I divide these numbers and it comes out to three a  
6 week, you're, you're making a misassumption because to  
7 follow your line of reasoning, that means that for eight  
8 hours a day, five days a week, 52 weeks in a year, I have  
9 all six staff available to do nothing other than respond to  
10 cases, and that is absolutely the furthest thing from  
11 reality, absolutely.

12           Q     Okay. But let's -- even if we take the number  
13 from 2002 at a thousand and fifty and we divide that by 52  
14 and we divide that by six, we're still close to three.  
15 It's nowhere near five to eight per week, sir. And if we  
16 -- we can do the math forever. Let's divide by 48, say  
17 there's 48 working weeks in the year. You're still nowhere  
18 near the five to eight. My suggestion to you, sir, is that  
19 you were overstating the number of referrals that your unit  
20 received per week per worker. Do you agree with that?

21           A     No, not at all, sir. Not at all. I'll start  
22 this off, start this off with a metaphor and you've, you've  
23 opened the door here so you need to let me walk through it.  
24 An NHL 60 minutes in length, a player does not play all 60  
25 minutes. Player might have maybe 15 minutes of actual ice



1 time. While they are on the ice, certainly they, they're  
2 expected to score and check and do all the rest of it.  
3 When they're not available to a coach, when they're sitting  
4 on the bench, you can't score. All right. So there's my  
5 metaphor to start this off.

6 The, the -- I had -- I could only assign cases to  
7 staff who were available to me to take cases. And when I  
8 testified that, on average, I was assigned five to eight  
9 cases per week to my staff, I'm absolutely, I'm absolutely  
10 accurate. Again, your assumption is that I had all six  
11 staff available to me to do nothing other than accept cases  
12 for eight hours a day five days a week 52 weeks in the  
13 year. And again, if you let me do some of my math I'll,  
14 I'll walk you through where, where there's a, there's a  
15 flaw in your reasoning.

16 During -- you heard me mention early on about,  
17 about the Child Welfare League of America and about  
18 accepted case standards and, and all those sorts of things.  
19 In their, in their recommendations and in the formulas that  
20 they provide of what an acceptable workload is, they were  
21 clear -- and you can, you can pull the documentation  
22 yourself -- they were clear that when you were going to be  
23 assigning cases and you were going to be trying to measure  
24 workload that was going to a worker, you could only do it  
25 based on the time that they had available to actually do

1 their work, all right. So when you were assigning cases  
2 you had to factor in all of those events or all of those  
3 expectations or all those responsibilities that took away  
4 from their ability to do their work. The fallacy is  
5 assuming that for eight hours a day all we did was deal  
6 with our cases. And then again, that is, that is the  
7 furthest thing from the truth.

8 There were expectations and demands and  
9 responsibilities placed on us, many by our employer, many  
10 by our collective agreements, many by things like Workplace  
11 Health and Safety policies that --

12 Q If I could just, if I could just cut you off  
13 there. I hear what you're saying and, and would you agree  
14 with me now that you've changed the discussion from  
15 caseload to workload?

16 A No, I'm just dealing with cases right now and  
17 I'll, I'll --

18 Q Because I'm having trouble understanding -- I, I  
19 appreciate that, that workers may be busy, and I think  
20 that's what you're talking about --

21 A No, not, not --

22 Q -- they're busy.

23 A -- not at all. Not at all.

24 Q But if we're talking about caseloads --

25 THE COMMISSIONER: Just, just listen, witness,

1 and then --

2

3 BY MR. MCKINNON:

4 Q There are some empirical numbers here and the  
5 empirical numbers are the number of cases and the number of  
6 staff, and I, I don't know how talking about workload  
7 changes those numbers.

8 A I, I'm not talking about workload. I'm talking  
9 about -- time is the most precious commodity that any  
10 social worker has, so, and, and time available to do the  
11 work that they need to do. And if you, if you -- I'll walk  
12 you through something right away, that I can only assign  
13 cases to staff who are available to take cases, and was I  
14 assigning, you know, upwards of five cases and more to  
15 staff on a weekly basis, staff who were available to take  
16 cases? Absolutely I was.

17 Q So you're --

18 A Absolutely was.

19 Q -- you're correcting your evidence to say it's  
20 not every staff, it's staff that were available to take  
21 cases?

22 A Yeah. Staff who were available to do the work.

23 Q So if they were available they got five-day cases  
24 and if they weren't available they would get no cases; is  
25 that --

1 A Well --

2 Q -- what your evidence is?

3 A -- just, just like the NHL player who can't score  
4 when he's not on the ice, exactly. If I don't have --

5 THE COMMISSIONER: But the question, the question  
6 was, is that your evidence.

7 THE WITNESS: Yes. If I can --

8

9 BY MR. MCKINNON:

10 Q If there were --

11 A -- assign five to eight cases --

12 Q In some cases --

13 A -- to staff --

14 Q -- you would assign workers five to eight cases,  
15 but if they were busy you would assign them no cases; is  
16 that your evidence?

17 A No. If they were -- their busyness had nothing  
18 to do with work. It was other demands that were placed on  
19 us that took away from their ability to, to have time to do  
20 the work. And all -- there's, there's a whole, there's a  
21 whole list of, of demands that were placed on all of us  
22 having nothing to do -- not case-specific. It has, this  
23 has nothing to do with cases and this has nothing to do  
24 with being busy. There's a whole, there's a whole range of  
25 demands placed on us, whether by employer, whether by

1 collective agreement, that robbed us of time to, to do the  
2 actual work.

3 THE COMMISSIONER: Now, I see Commission --

4 THE WITNESS: And, and I can, and I can --

5 THE COMMISSIONER: Just a minute. I, I see  
6 Commission counsel on her feet.

7 MS. WALSH: Mr. Commissioner, I'm sorry to be  
8 standing up. I don't mean to be intrusive, but I also want  
9 to make sure that we have accurate information. It has  
10 just come to my attention by looking through our many, many  
11 thousands of pages of documents that there is another  
12 Commission disclosure that relates to CRU yearly stats, and  
13 the stats are different. So I wonder if, out of fairness  
14 to my friend and to the witness, we might take a break at  
15 this point and I can bring that disclosure number and those  
16 pages to my friend's attention just so that we don't  
17 proceed on, on information that's not accurate.

18 THE COMMISSIONER: All right.

19 MR. MCKINNON: Fair, thank you.

20 MS. WALSH: So my apologies. Thank you.

21 THE COMMISSIONER: For that reason we'll rise for  
22 10 minutes.

23 MS. WALSH: Thank you.

24 THE COMMISSIONER: And when I say "we rise" or  
25 "we adjourn" then you can leave your places as, as we

1 agreed to earlier so that I can gather my papers.

2 MS. WALSH: Thank you, Mr. Commissioner.

3

4 (BRIEF RECESS)

5

6 BY MS. WALSH:

7 Q Mr. Orobko, it's been brought to my attention  
8 that the figures I was using were incomplete and that there  
9 is a more complete copy or a more up-to-date set of  
10 statistics. It's Commission disclosure 2113, page 44740.  
11 I believe that's on the screen in front of you now. And  
12 we're looking at 2003 as a representative year. Might  
13 change a bit in 2002, it might change a bit in 2004, but  
14 you cited 2003 so we'll use that as a representative year.

15 A Well, it's representative of the year 2003.

16 Q Right. And I want to be fair to you because I  
17 did misstate the numbers before, because my numbers that I  
18 was looking at were incomplete. So the number that was,  
19 cases that were referred to the northwest intake I'm now  
20 seeing are 1019, very close to the number you suggested.

21 A And, but again, I'll draw your attention to the  
22 bottom, bottom column, apprehension, new case. If you, if  
23 you scroll all the way over to the right-hand column you'll  
24 see a total of 237 cases. That meant that 237 children  
25 were apprehended after a case had already been assigned to

1 us. So I would suggest out of that 237 I would probably  
2 say 90 is representative of the volume that we would have  
3 been responsible for. So I would just add -- ask that that  
4 90 be included and added to my cumulative total of 1019,  
5 which I think we just bumped (inaudible) 1100 cases.

6 Q Say approximately 1100 cases. And again, in  
7 order to be perfectly fair to you, if you look at line  
8 three, open and close file, there's a number there, 1561.  
9 Do you see that? Third line from the bottom, open and  
10 close file?

11 A Yes, I see that, sir.

12 Q Would some of those be from your unit as well or  
13 would the 1100 be representative of the files that went to  
14 your unit?

15 A Again, I, I wasn't the, the keeper of this  
16 document. I think the author needs to speak to that. I, I  
17 don't know what that number reflects.

18 Q If we, if we use the number 1100 for ease of  
19 calculation and we divide that number, 1100, by 52 weeks  
20 and divide that by six workers, we're still less than four.  
21 We're at three and a half using those numbers, and it might  
22 be slightly higher than that, depending upon what that  
23 line, open and close file, means. Is that a fair  
24 mathematical summary of the files that would have been  
25 referred to your unit in that year?

1           A     I'll, I'll trust your mathematics, yes, sir.

2           Q     Okay.  And in terms of the Child Welfare League  
3 of America, you made reference to them, to their standards,  
4 and as I understand it you stated that an intake worker  
5 should have 30 days to complete 12 new intakes.

6           A     The child welfare standards recommend and  
7 indicate that an intake worker should have 12 active  
8 investigations assigned to them in a 30-day period, so  
9 essentially in a, in a one-month period.  But to be clear,  
10 we're talking about 20 or 21 work days, all right.  So it's  
11 12 and 21.  An intake worker should have 12 cases that they  
12 have the opportunity to assess, intervene, write reports,  
13 all those things, and they have 20 work days to, to  
14 complete that work.  And again, this is, this is very  
15 important and I -- and certainly, Mr. McKinnon, I was, I  
16 was, I was sharp with you, and I apologize for that.

17                   To, to be clear, the Child Welfare League of  
18 America standard states that those 20 work days are, are  
19 clear days, they are days where the, the only  
20 responsibility on that intake worker is to bring, bring  
21 their efforts to those cases.  So, and as, as an intake  
22 worker, a former intake worker, an intake supervisor, that  
23 just makes inherently good sense to me.  If I have 12 cases  
24 that are -- I need to assess and respond to and I have 20  
25 work days to do that, so it gives me about a day and a half



1 to, to properly attend to a file, and that inherently  
2 makes, that makes sense. That makes common sense, and most  
3 intake workers would agree. But to be clear, we're not  
4 just talking about, like, 30, 30 days. The child welfare  
5 standards are, are specific. When a supervisor assigns  
6 case and when you're working out this formula, you have to  
7 factor out a whole host of time-consuming activities that  
8 intake workers have to engage in that are not even related  
9 to case work, and the, and the list is endless. Everything  
10 from vacation time all the way through to, you know, going  
11 to Workplace Health and Safety meetings.

12 Q But if we, if, if your evidence was that your  
13 unit was routinely receiving double or triple the child  
14 Welfare League of America standards but by my math if we  
15 assume 1100 cases per year to your unit, that is fifteen  
16 and a quarter per worker per month. So slightly higher  
17 than the Child Welfare League of America but hardly double  
18 or triple.

19 A With the greatest respect, Mr. McKinnon, you're  
20 misinterpreting what the Child Welfare League is  
21 recommending. If there was a representative of the Child  
22 Welfare League sitting here right now, and as an expert  
23 witness or any one of any number of professors from the  
24 University of Manitoba, they would look at the work that  
25 we're doing and they would probably say the north Winnipeg

1 intake unit could, could probably meet all program  
2 standards with a maximum, probably a maximum number of  
3 about 450 cases a year, and that would have been the  
4 recommended caseload for us to have met standards. And,  
5 and your very numbers here are just supporting my earlier  
6 testimony when I was saying, we are working at double and  
7 at times triple recommended caseloads. Your numbers,  
8 they're, they're clearly supporting that.

9 Q Now, your evidence, then, is that the, your unit  
10 of six social workers at intake could only handle 450 cases  
11 per year?

12 A I'm saying that when you look at the Child  
13 Welfare League standard, standards for, for, for caseload,  
14 that is what they would have suggested.

15 Q Well, if I take that number, sir, I just take 450  
16 divided by 12, I'm just doing math here, sir, and then I  
17 divide that by six, that's five cases per worker per month.  
18 That's not 12, sir. My suggestion to you is when you said  
19 double or triple, you were, you were inaccurate.

20 A I will suggest to you that I was extremely  
21 accurate and, and per chance you need to call a  
22 representative from the Child Welfare League who can --

23 Q Well, let's --

24 A -- who will properly interpret for you --

25 Q Let's talk about --

1 A -- what the recommendations say.

2 Q Let's talk about who that is. Child Welfare  
3 League of America is a, I'll call it a gold standard,  
4 correct? That a reasonable description of what they --  
5 that's a group of social workers, correct?

6 A It is, it is those who are, who are entering to  
7 or who are part of the child welfare system on a variety of  
8 levels.

9 Q Have you --

10 A Academics --

11 Q Have you --

12 A -- practitioners.

13 Q Have you ever spoken to anyone from the Child  
14 Welfare League of America?

15 A Yes, at a conference in, in Edmonton, in, I  
16 believe, 1997.

17 Q Okay. And have they ever told you how they  
18 interpret the 12 cases per month per worker?

19 A I, I've read their --

20 Q I have read --

21 A -- I have read their documents.

22 Q -- it, too, sir, and it doesn't tell me the same  
23 thing it says to you.

24 A Is that a question?

25 Q Let me -- no, it's not a question, sir.

1           A     Okay. That's an opinion.

2           Q     Let me ask you this: You've given evidence about  
3 how busy, and that's my word, busy your staff was, but it  
4 was also your evidence that notwithstanding your concerns  
5 about how busy your staff were that you are not aware of  
6 anything that your unit ever did where you were aware of  
7 children having been left at unacceptable risk; is that a  
8 correct summary of your evidence, sir?

9           A     It is, sir, yes.

10          Q     And you agree with me that you have an excellent  
11 staff?

12          A     It was a wonderful complement of professionals,  
13 yes, sir.

14          Q     And they were dedicated to their work?

15          A     They were.

16          Q     And they were successful in keeping children  
17 safe, in your opinion?

18          A     In my opinion, yes, sir.

19          Q     And they helped families achieve good outcomes?

20          A     They did, sir.

21          Q     And they did this all with the level of workload  
22 that you have described?

23          A     They did, sir.

24          Q     Would you agree with me that there were no  
25 criticisms or concerns raised in any of the reviews

1 respecting the work done by your staff in connection with  
2 this 2000 intake?

3 A Can you just clarify that for me --

4 Q You would agree with --

5 A -- in which ...

6 Q -- me, sir, that in the reviews that have been  
7 conducted into the Phoenix Sinclair case, there were no  
8 concerns or criticisms raised by any of the reviewers with  
9 respect to the work done by your staff. It was exemplary,  
10 correct?

11 A The reviews that you speak of, I, I have seen  
12 them. I believe I saw them in your office one day and I  
13 believe I also saw them in Ms. Walsh's office one day.

14 Q Okay.

15 A I believe I'll be coming back to testify  
16 specifically about those reports, so I haven't had recent  
17 occasion to review them so I'm a bit of a loss to respond  
18 to that.

19 Q That's a fair response, sir.

20 You would agree with me, however, that in this  
21 case, in the Phoenix Sinclair case, your staff was able to  
22 respond to this intake promptly?

23 A We were.

24 Q They did exemplary work?

25 A They did.

1 Q No caseload or workload issues interfered with  
2 the ability of your staff to do excellent work on the  
3 Phoenix Sinclair case?

4 A How this case was handled illustrates workload  
5 issues that we were dealing with. I, I stepped in to  
6 assume responsibility for this case when Ms. Saunderson had  
7 to recuse herself. There again, you know, and I mentioned  
8 how me becoming a working supervisor was one of the  
9 strategies we developed to deal with our workload so this  
10 probably illustrates that.

11 Q But you have no concerns about the promptness of  
12 the work done by Ms. Saunderson, she never had any  
13 impediments to her doing good casework on this related to  
14 her workload?

15 A In, in this case and, and certain, as you'll see  
16 with Ms. Borse (phonetic) involvement I was very satisfied  
17 with the work that my staff did, yes.

18 Q And the reason you assumed conduct of this file  
19 in this case was not because Ms. Saunderson was too busy,  
20 it was because Ms. Saunderson had a conflict of interest?

21 A Yes, but I -- that is correct, but I assumed  
22 charge of the file because we were a busy unit and  
23 assigning it to another worker at that point would only be  
24 adding burden to them, so that's why I kept the file.

25 Q And in fact, most of the casework had been done

1 by the time you assumed conduct. You essentially had to  
2 steer through a family meeting and steer through court, but  
3 the case plan was in place?

4 A Oh, a case plan was developed subsequent to, to  
5 me assuming responsibility for the file.

6 Q And in terms of all of this happening in 2000,  
7 that was happening before the CRU unit was created,  
8 correct? We talked about that -- and in fairness to you,  
9 we heard evidence about that, that the CRU unit came into  
10 existence in 2001. Do you recall that, sir?

11 A Well, again, I mean, I'm just going on  
12 recollection. I don't have any, you know, sort of  
13 documents here in front of me to suggest that, but that  
14 sounds, that sounds accurate.

15 Q And in 2001, there was the creation of the CRU  
16 unit and the addition of 12 new staff to the intake  
17 function. Do you recall that taking place, sir?

18 A When the CRU service was developed, staff --  
19 that, that program was staffed primarily through allocation  
20 of existing resources. I had seven social workers in 1999,  
21 when we came together, and in 2000 I had seven social  
22 workers. One of them was just simply a dedicated call  
23 screener. She never, she never dealt with cases, she  
24 never, you know, provided anything like that. So when the  
25 CRU unit was created in 2001 it was built primarily on re-

1 allocated resources so that worker of mine would have been  
2 doing this call screening function was permanently re-  
3 assigned to CRU.

4 Q But there were, there were in total 12 new bodies  
5 added to the, I'll call it, the front end of the child  
6 welfare system in 2001. There were two units created of  
7 CRU, some of them were -- one of them was seconded from  
8 yours but there was a total of 12 in those two units.  
9 There was a supervisor, there was administrative support.  
10 There was a major increase in 2001. Would you agree with  
11 me, sir?

12 A Again, you're asking me to recollect events of a  
13 decade ago. You're, you're, you're testifying for me if  
14 you have that information in front of you there. Then I --

15 Q Well, I'd --

16 A Again, I have no specific recollection as to how  
17 or where, you know, resources came from but I can say that  
18 I did lose a social worker in that process.

19 Q Well, my point is, you recall the loss of the  
20 social worker but you don't recall the addition of 12 other  
21 social workers?

22 A There was the creation of two units there.

23 Q Right.

24 A But again, primarily based on reallocating  
25 existing staff from all the units, not just me but all the



1 other intake units and the abuse units.

2 Q Well, we'll hear evidence from others about that,  
3 then.

4 A Very good.

5 Q And in addition, you received, in 2004 you  
6 received a seventh social worker to your unit because of  
7 the busy workload?

8 A Yes. And in recognition and understanding of the  
9 workload and the case counts, yes.

10 MR. MCKINNON: Those are my questions. Thank  
11 you.

12 THE WITNESS: Thank you, sir.

13 THE COMMISSIONER: All right. Mr. Saxberg, I see  
14 you on your feet. You're next.

15 MR. SAXBERG: Believe so.

16

17 CROSS-EXAMINATION BY MR. SAXBERG:

18 Q Good morning, Mr. Orobko. My name is Kris  
19 Saxberg. I'm acting for ANCR and the southern, northern  
20 authority and the general authority.

21 A Morning, Mr. Saxberg.

22 Q Just have a few questions for you by way of  
23 follow-up. Apropos of Mr. McKinnon's discussion with you  
24 about workload, would you agree that it was important for  
25 you as a supervisor, intake supervisor, to prioritize files

1 as a result of the workload that you were faced with?

2 A That is correct, sir, yes.

3 Q And that that, that's one of the most, one of  
4 your more important functions as supervisor?

5 A That is correct, sir.

6 Q You agree, your testimony was that some files  
7 have to wait to receive attention?

8 A That is correct. I testified earlier that during  
9 peak periods within our unit, after reviewing and  
10 prioritizing risk and need, there were occasions when I did  
11 have to withhold assigning files to my staff simply because  
12 they were just so inundated with higher risk matters.

13 Q Right. If you had your way, you'd want to get to  
14 those files quicker but because of workload it wasn't  
15 possible?

16 A Yes. Best practice would have, would have  
17 suggested an immediate assignment of the case.

18 Q How exactly did you decide which files could wait  
19 a little longer?

20 A Well, a whole, a whole combination of, a whole  
21 combination of factors would have had to have been  
22 considered: the nature of the presenting problem,  
23 primarily. The, the, the social history that was on file  
24 and, and the past history of agency involvement, that  
25 certainly would have had to have been considered. The --

1 you know, any new information, any, anything that was now  
2 known to us with the new referral that possibly had not  
3 been known previous, you know, add new family members, you  
4 know, new stressors. So it would have been a combination  
5 of all those things. Ultimately, the decision I would have  
6 had to have made is did I, did I believe that we were  
7 unacceptably putting or leaving a child in a situation of  
8 risk that was just not morally or professionally  
9 acceptable, using that whole combination of, of variables.

10 Q So to make that decision you had to review the  
11 file yourself?

12 A I did, sir, yes.

13 Q And is it fair to say you also would have had to  
14 have made a determination to override the recommendation  
15 from CRU in terms of the timeliness of, of an assessment?

16 A Yes. There were -- we got to a point in, in our,  
17 in our history up there where the CRU units were completing  
18 what was known as safety assessments, and they would make a  
19 recommendation about what the, the timeliness of the  
20 response should be, you know: immediate, within a day,  
21 five to eight days. I, I can't recall the exact  
22 categories. The, all the supervisors, we all did maintain  
23 the ability and the right to override that if, if we had  
24 to.

25 Q And that, that's the point that I was getting to.

1 There's a safety assessment that was routinely done during  
2 this period that, that indicated either a 24-hour response,  
3 a 48-hour response or a five-day response; is that your  
4 recollection?

5 A Correct. Those categories sound familiar, yes.

6 Q And so when you would take the file and look it  
7 over, you -- it was within your authority and within your  
8 function to do your own assessment as to the response time;  
9 is that fair?

10 A That's correct. Essentially, it -- again, we're  
11 not talking about an actuarial tool here. We're talking  
12 about, essentially, a subjective tool.

13 Q Right.

14 A So I would have looked at the exact same  
15 presenting information that the CRU worker would have  
16 looked at through, through the lens of my experience and my  
17 knowledge. If I came to a position where I, I reassessed  
18 the, the timeliness of the response, again, it was within  
19 our domain to do that.

20 Q Would you agree, then, and I don't want to over-  
21 simplify it, but would you agree that some referrals appear  
22 less serious than others?

23 A Yes. Well, we can't over-simplify anything here,  
24 can we. The -- certainly on, on past history, presenting  
25 information and perceived level of risk to a child, yes,

1 there can be a strata of, of intensity or acuity,  
2 certainly. And --

3 THE COMMISSIONER: So you, you agree with his  
4 question?

5 THE WITNESS: I do (inaudible).

6

7 BY MR. SAXBERG:

8 Q And, and the, the severity of the referral, then,  
9 is going to drive the response time; is that fair?

10 A The, the severity, the -- again, the severity,  
11 the intensity, the acuity of the, of the case would  
12 certainly drive response time. Response time is also  
13 affected by other factors, as well: availability of staff  
14 and availability of resources.

15 Q So in connection with that, terms of the, the  
16 referral itself and the quality of the referral, it's fair  
17 to say that if the referral is incomplete or unspecified,  
18 vague, that that would, that would lower the response time,  
19 from your perspective?

20 A We could only make decisions on response time  
21 based on what we knew, okay. The what-if scenario, if you  
22 tried to apply that to the, to the social work field you'll  
23 -- it'll leave you a quivering mess. So we, we have the  
24 information that was in front of us, decisions that we had,  
25 the decisions that had to be made could only be made on

1 what was known to us at the time.

2 Q Right. And so --

3 A So if -- sorry, sir. So if there was a vague,  
4 incomplete or perhaps maybe a presenting problem or  
5 presenting situation that was maybe light on detail, well  
6 again, we could only base our response based on what we  
7 knew to be true or what we had in front of us.

8 Q And you'll confirm that the system and its  
9 ability to protect children is really only as good as the  
10 information it receives?

11 A Factual information is, is the lifeline of what  
12 we do there, yes, sir.

13 Q It's the most important piece of the puzzle in  
14 terms of the system being able to protect children; you  
15 need the information from the outside, correct?

16 A That is correct. Good child welfare assessment  
17 can only come from good child welfare data, so information-  
18 gathering is critical for that.

19 Q So you count on the outside world, on sources of  
20 referrals, on neighbours, on community, to provide useful  
21 and accurate information so that you can do your job; is  
22 that fair?

23 A We would rely on a number of sources for  
24 information to help us do our work, sir, collaterals  
25 certainly are one of them.

1 Q Okay. Thank you. I just want to ask you a  
2 question about that, what has been referred to as the walk  
3 of shame. And you, you recall that?

4 A Maybe you could let the Commission know. I do  
5 not know what you mean, sir.

6 Q Okay. Have you ever heard --

7 A I've heard the phrase used in many applications,  
8 I'm not sure what application you're referring to.

9 Q Have you heard it -- are you familiar with the  
10 phrase being used in terms of the procedures at intake and  
11 CRU and abuse units, between 2000 and 2005?

12 A Again, sir, I'm -- let me in on the, let me in on  
13 it.

14 Q No, if you haven't heard it, I'm not going to ask  
15 any questions.

16 A No.

17 Q You don't know about it, you don't know about it.

18 A It's not a phrase I sort of have at the ready or  
19 one that I recall, you know, applying or referring to.

20 Q Now, I just referenced three units, the abuse  
21 program -- call it a unit, I'll call it program -- the  
22 abuse program, the intake program and the CRU program.  
23 Those were three programs that were in place in your,  
24 during your time between 2000/2005 at Winnipeg CFS,  
25 correct?

1           A     That's correct.     The after-hours program needs  
2 included in that, so I think if you just put it -- they  
3 sort of work seamlessly with the CRU so, but after-hours  
4 needs to be considered as part of that as well.

5           Q     And they all have their specific functions.     CRU  
6 is a triage and emergency response unit, correct?

7           A     That's, that's a good description, yes.

8           Q     They're the very first point of contact.     When  
9 they get the file, they have to make a decision on whether  
10 they provide immediate services and whether the file  
11 escalates up to the intake program, which was your program,  
12 correct?

13          A     Right.

14          Q     And also, there's another program, abuse program,  
15 when, when the referrals deal with allegations of abuse as  
16 opposed to maltreatment, then a file is moved to that  
17 program, correct?

18          A     Yes.     CRU had the, the option or the  
19 responsibility of, of streaming it, streaming a case to the  
20 right program, whether it was abuse, whether it was general  
21 intake, so they made that determination as to which unit  
22 would receive charge of the file.

23          Q     And you'll agree that it wasn't always black and  
24 white in terms of which unit should be dealing with a  
25 particular family on a particular referral, correct?



1 A That's a fair statement.

2 Q Sometimes there might be disagreement between the  
3 supervisors in each of those units as to whether the file  
4 and the family is properly located at intake or better held  
5 or investigated at abuse, correct, as an example?

6 A Okay. So as an example, you're asking were there  
7 times where there might have been some debate or some  
8 discussion whether a family should have been served in a  
9 general intake unit versus an abuse unit?

10 Q Yes.

11 A Is the essence?

12 Q Yeah, that was the example.

13 A Yes. There were occasions when there was debate  
14 about where a family would best be served.

15 Q And there might also be some debate, this debate  
16 is between the supervisors of these programs, as to whether  
17 a file should be escalated to the intake unit or, or work  
18 should be -- further work should be done at CRU; is that  
19 fair?

20 A Yes. Yeah, again, same, the same rationale  
21 applies. There could be a debate about whether a matter  
22 could be better served and better tended to downstairs with  
23 CRU or whether it should rest upstairs with intake, yes.

24 Q Yeah. Would you confirm that as a supervisor,  
25 that you would discuss with, for instance, supervisors at

1 CRU a case and whether it was, should be dealt with at  
2 intake or whether it should be dealt with at CRU. You  
3 would do that informally?

4 A It would be done informally, yeah.

5 Q Right. So before a file's formally transferred  
6 on the CFSIS system and otherwise, you might have a  
7 discussion with a supervisor at CRU as to whether or not  
8 the file should come up to intake or more work should be  
9 done at CRU; is that fair?

10 A That's fair. And I think in my original  
11 testimony I, I think there was some line of questioning  
12 that spoke to just that, were there times where I might  
13 have thought that a matter could have best be served back  
14 in the CRU unit. I think whether it was or was not open on  
15 CFSIS, that was a moot point. I think it was more of a  
16 functional, functional debate about, you know, where can  
17 this matter best be served. So yes, there were occasions  
18 when I would, you know, go have those conversations with  
19 the CRU supervisors.

20 Q Right. And in this case, as we'll see later,  
21 there, there are documents where there are recommendations  
22 at CRU that a file be moved to intake but subsequent to  
23 those recommendations more work is done at CRU. Was that  
24 something that you found occurred from time to time?

25 A So you're asking were there occasions where there

1 was a request made that further work be done at CRU prior  
2 to a file coming up to intake?

3 Q Sorry. The situation is, is where there is a  
4 document of, a case report that recommends the file be  
5 moved from CRU to intake but subsequently more work is done  
6 at CRU?

7 A At the behest of somebody?

8 Q I'm just saying did, did you -- was it part of  
9 this informal consultation between supervisors wherein CRU  
10 might initially recommend that a file go up to intake but  
11 that it then gets sent back down to CRU to do some further  
12 work?

13 A Okay. Well, well okay, certainly, yes. So a  
14 file could conceivably come to me, stated recommendation  
15 that this matter be pursued further by intake. There were  
16 occasions where I would, I wouldn't send it, I would walk  
17 it back down, go sit down with the supervisor and say, I  
18 see where you recommended that this file come upstairs, can  
19 we have a conversation about perhaps some further things  
20 happening down here, CRU, that might not require the file  
21 to come upstairs, or at least some further information that  
22 could make our jobs a little bit easier. So yes, there  
23 were occasions when I would do that.

24 Q Okay. Thank you for that. Your recommendation  
25 here in the involvement that you have just recently

1 testified about was to seek a three-month temporary order  
2 of the court, three-month temporary guardianship order,  
3 correct?

4 A That's correct.

5 Q And would you confirm that what that really means  
6 is that CFS is saying, we're going to be the parents, we're  
7 going to be the guardians of this child for a three-month  
8 period but then we expect to return that child to her  
9 parents?

10 A That, that's simplifying it but I'll, but I'll --  
11 but you're fundamentally, you're fundamentally close. The,  
12 the expectation -- in this case, the expectation I, I would  
13 have laid in front of the family would have been, we're  
14 going to apply for a three-month order of guardianship,  
15 it's the shortest possible order that I can obtain, and,  
16 and you now have expectations in front of you. And if  
17 you're able to do those things and work hard and meet the  
18 expectations, then the likelihood would be that the child  
19 is returned to you. To say that the child's going to be  
20 returned at the end of that three months, that I would  
21 never go, I would never be that succinct. But as a  
22 process, I would say, if you follow through and do the  
23 things that are being asked of you, then the agency will be  
24 in a position to return to you. The likelihood of -- in  
25 this particular case, the likelihood of all of those things

1 that we -- in our, in our plan, the likelihood of all of  
2 those things occurring in three months, I think my original  
3 testimony was, I think that was very ambitious, very  
4 ambitious. But, but a lot of, a lot of those things could  
5 have gotten at least started during that three months. So,  
6 an over, an over-simplification to say that, yes, at the  
7 end of three months child's coming home; more functionally,  
8 if you do the things that are being asked of you, then yes,  
9 the child will come back to you.

10 Q Right. And you thought those things were doable.  
11 You're, you're just saying they might not be doable within  
12 three months. But you thought all of those measures, in  
13 order for the family to complete, in order for Phoenix to  
14 be returned to them, you, you thought they were all very  
15 doable?

16 A Yes. And I believe all of those recommendations  
17 gave that family the best likelihood of resuming care of  
18 Phoenix and, you know, resuming their custody of her.

19 Q Right. So you, you definitely weren't looking  
20 at, at this point in time in April/May 2000, you weren't  
21 looking at or anticipating long term CFS involvement with  
22 this family; it was quite the contrary. You were looking  
23 at short term involvement where you'd take some steps with  
24 the family so that they would be able to parent their  
25 daughter?

1           A     Well, you know, gees, I -- you're, you're asking  
2 me to recall, you know, assumptions of, of 12 years ago.  
3 I, I could say this: It was my belief that within that  
4 three-month period we were going to very clearly have, have  
5 an indication, we were going to have some behavioural  
6 indicators from the parents that would either, you know,  
7 support our faith and our hope that this family could be  
8 reunited or we were going to see behaviour or, or action on  
9 the parents' part that were going to lead us to another  
10 conclusion. I thought, were things all going to get  
11 resolved in three months? No. But there were going to be  
12 strong behavioural indicators whether we were on the right  
13 path or not and whether there was a capacity and whether  
14 there was motivation there to successfully parent that  
15 child.

16           Q     Well, the only assessment that you were looking  
17 at was a psychological assessment to ensure that Ms.  
18 Kematch wasn't suffering from, from depression?

19           A     Yeah. That plan -- and again, in my original  
20 testimony I talked a lot about parental motivation and  
21 parental capacity, and that plan gave, gave the agency the  
22 best opportunity to weigh and assess both of those things:  
23 motivation to parent and capacity to parent. So certainly,  
24 the psychological assessment, that would have been critical  
25 in terms of demonstrating what was Ms. Kematch's capacity

1 to parent. But motivation to parent would have been  
2 weighed and measured in a variety of other ways, you know,  
3 whether they were coming regularly to their visits, whether  
4 they were following through attending their parenting  
5 programs, whether they were following through meeting the  
6 assigned worker when requested. So that, that three months  
7 would have given some good early indications to the agency  
8 whether parental capacity and parental motivation were  
9 there.

10 Q Okay. Well, maybe we could agree, though, that  
11 the hope and expectation of Winnipeg CFS, by seeking a  
12 three-month temporary order, was that their intervention  
13 with this family was going to be of a short duration?

14 A Well, you're -- that, that plan was my construct,  
15 was my design, so I'm not going to -- I can't speak for the  
16 other workers, the other supervisors and everybody who came  
17 after me. You're asking me, you know, Andrew Orobko, in  
18 the year 2000, my best professional opinion was that that  
19 plan gave, gave this family best, the best likelihood of  
20 having some good outcomes and gave the agency the best  
21 opportunity to assess the capacity and motivation. That's  
22 all I think that plan represented at that time.

23 Q Okay. But you sought a three-month temporary  
24 order as opposed to, say, a six-month temporary order or  
25 seeking permanent guardianship, which is a signal that you

1 thought that you could work with this family and that it  
2 would be a shorter term intervention?

3 A The, the rationale for seeking a short order, and  
4 again, I -- in my earlier testimony I stated this brings an  
5 urgency to the, to the situation, if you say to a family  
6 six months, if you say to a family a year, some of that  
7 urgency is lost. I think, I think loss of hope and some  
8 despair can set it. So a three-month order brings a sense  
9 of urgency to, to, to a situation and it gives you, gives  
10 the workers a very, a very clear and a very confined period  
11 of time for them to see, seek out whether there was  
12 capacity or motivation on the path for these parents. It's  
13 the least intrusive order that I can get, the best order  
14 that would bring urgency to a situation and hopefully, you  
15 know, you know, help the, you know, help, the urgency is  
16 going to help fuel the parents in their motivation to start  
17 working hard.

18 Q Okay. You're -- and just to be fair, you're,  
19 you're reconstructing what your logic would have been at  
20 the time because you have indicated you have absolutely no  
21 independent recollection of your involvement in this file,  
22 correct?

23 A That's correct.

24 Q So you're --

25 A That's correct.



1 Q -- just reconstructing your thought process and  
2 your regular practice; is that correct?

3 A That's correct, sir, yes.

4 Q And would you agree that one of the reasons, or  
5 maybe the reason, why you don't have any specific  
6 recollection of this matter was that there was nothing  
7 really remarkable about this family and this file in terms  
8 of the usual type of work that you were doing?

9 A Yes. And, and please, I don't want to minimize  
10 or trivialize the tragedy that has happened here, but for  
11 us in the north intake unit, the, the complexity of the  
12 families that we work with, the needs, the risks, the child  
13 welfare risk variables. in this particular case, you know,  
14 this was a case, you know. Like every, every case that we  
15 moved on to the family service units, they all came with  
16 ample doses of, of addictions of one form or another,  
17 compromised parental capacity, domestic violence, you know,  
18 you know, interlaced with issues around poverty and all  
19 those things. So the case, the case was unremarkable in  
20 the sense that that was the work that we did, you know, and  
21 that this family, I think, typifies just, you know, the  
22 work. You know, and look at the complexity of these  
23 parents and their, and their histories, like that was our  
24 work --

25 Q Really, the --

1           A     -- day in, day out.

2           Q     -- these were, essentially, this was a case of  
3 very, very young parents that, who didn't appear ready to  
4 parent; is that fair?

5           A     That's fair.           Young parents, dramatic  
6 upbringings, you know, possible presence on mom's part of  
7 some mental disability, mental disorder, you know, the list  
8 of issues here that were working against this couple was,  
9 it's a huge list.

10          Q     And you saw a lot of those kind of cases, is the  
11 point; you saw --

12          A     We --

13          Q     -- a lot of these cases.

14          A     We did.

15          Q     Young parents --

16          A     We did.

17          Q     -- not ready to parent.

18          A     We did, sir.

19          Q     This case wasn't sticking out like a sore thumb,  
20 was it?

21          A     It wasn't. No, sir.

22                MR. SAXBERG: Okay. Those are my questions.

23                THE COMMISSIONER: Thank you, Mr. Saxberg.

24                Who's next?

25                THE WITNESS: Excuse me. Can I get some more

1 water, please.

2 THE COMMISSIONER: Mr. Gindin.

3

4 CROSS-EXAMINATION BY MR. GINDIN:

5 Q Mr. Orobko, my name is Jeff Gindin. I appear for  
6 Kim Edwards and Steve Sinclair.

7 A Morning, Mr. Gindin.

8 Q Earlier you had mentioned that the notes that you  
9 kept in your role as supervisor, that you had basically  
10 destroyed them in 2010?

11 A That's correct, sir.

12 Q And your normal practice was about five years  
13 later those notes would be destroyed?

14 A Well, there was no normal. Is the first time I'd  
15 sort of been out of the supervisory job in CFS for about,  
16 you know, 16 years. But it just seemed to me after five  
17 years had elapsed and there were -- again, I was, I was not  
18 aware of any pending legal, civil, criminal matters that  
19 would require my participation in, those notes were  
20 destroyed. But again, to be clear, those were notes that  
21 were just in regards to my supervision with my staff. You  
22 know, again, performance issues, personnel matters,  
23 professional development matters.

24 Q Those are all important things?

25 A They are important things, yes.

1           Q     In 2010, when you decided to destroy your notes,  
2 by that point we all heard of the death of Phoenix  
3 Sinclair.

4           A     Correct.

5           Q     Which was made public in 2006, correct?

6           A     Correct, sir.

7           Q     And I think in 2008 there had been a murder  
8 trial, and that was also made very public. And at some  
9 point there were discussions about whether there should be  
10 an inquiry, that the government was discussing in the news,  
11 and all of that was taking place prior to 2010 when you  
12 decided to get rid of your notes, right?

13          A     Correct, sir.

14          Q     Okay. It would be better if you have those  
15 notes?

16          A     Well, I'm -- to, to -- again, the notes were just  
17 reflective of, of person, personnel matters or performance  
18 matters with staff. Were there anything in those notes  
19 that pertained in any way, shape or form to these  
20 proceedings? Not at all. Wasn't, it wasn't a secret cache  
21 of notes about what we did or didn't do at the, with the  
22 Phoenix matter. Those were just supervisory notes that we  
23 kept for ourselves when we're dealing with staff on  
24 personnel matters.

25          Q     But if you had --

1           A     And again, none of those -- sorry, sir, sorry.  
2     And none of those things are, are relevant to these  
3     proceedings anyways.

4           Q     In your opinion.

5           A     In my opinion they're not.

6           Q     But if you had those notes you wouldn't have to  
7     rely completely on your recollections. It would be easier  
8     for all of us?

9           A     Well, again, I -- there's nothing that I've been  
10    asked at this inquiry that I would have had to have gone  
11    back to those notes for. Like determining when one of my  
12    staff was going to be taking her mat leave, finding out who  
13    was taking -- or notes around when somebody was taking, you  
14    know, a parenting leave, upcoming surgeries that they were  
15    going to be away for a few days on. Again, those, those  
16    were -- that's, that's the essence of what I'm talking  
17    about here.

18          Q     But you would agree with me that generally the  
19    taking of notes is very, very crucial in everything that  
20    you would do as a supervisor and everything that a social  
21    worker would do in their daily work?

22          A     Oh, certainly. And case-specific notes, very,  
23    very critical.

24          Q     And of course, when you look at a file you're  
25    relying on the notes that were made by people, right?

1 A Correct, sir.

2 Q And in the line of work that you do, obviously  
3 you must realize that you could easily end up in court on a  
4 number of -- for a number of different reasons, correct?

5 A Correct, sir.

6 Q There could be an inquest, there could be an  
7 inquiry, there could be family court proceedings, correct?

8 A Correct, sir.

9 Q There might be, there might be a criminal trial,  
10 an abuse, child abuse hearing. All of these things are  
11 things that could easily be foreseeable in the line of work  
12 that you do, right, and your staff?

13 A But, but, but again, none of them were  
14 foreseeable to me. After a five-year period there was no  
15 expression or indication or no subpoenas or nothing from  
16 any party --

17 Q I, I wasn't talking about those particular notes  
18 anymore. I was talking about notes generally.

19 A Okay. So case-specific notes?

20 Q Yes.

21 A Yes, sir.

22 Q That --

23 A Absolutely.

24 Q -- various workers do?

25 A Absolutely. Absolutely.

1 Q It's a pretty obvious thing that those notes are  
2 really important?

3 A I, I recall testifying in a matter some 10 years  
4 after my work as an intake worker, a custody hearing, and  
5 my notes that were -- my case-specific notes on the file  
6 were critical to, to my testimony.

7 Q And one of the things that you're concerned about  
8 as a supervisor is that when you get a file to review you  
9 want to have all the best information possible, correct?

10 A Correct, sir.

11 Q You want the people that have worked on that file  
12 to make excellent notes and record all of the important  
13 things because that's very important to you when you're  
14 reviewing the file?

15 A Correct, sir.

16 Q And it may be very important to us here in trying  
17 to find out what happened?

18 A Correct, sir.

19 Q So if the notes aren't great and there's things  
20 missing or lost, that's very important?

21 A Well, you're, you're, you're, you're making the  
22 statement, but again, yes, the quality of those notes, the  
23 presence of those notes, very critical for a proceeding  
24 such as this.

25 Q Okay. Now, when you testified last time, you

1 talked about sequestering files. You remember that phrase  
2 that you used?

3 A That's correct.

4 Q And I think that referred to you keeping them to  
5 yourself essentially, right? And I think you said that on  
6 three occasions you recall doing that. Now, is that your  
7 recollection or is that something that's in your notes  
8 somewhere?

9 A No, that is my recollection, sir.

10 Q So you have no notes about whether there was only  
11 three or more?

12 A No, sir.

13 Q Okay.

14 A No, it's my recollection.

15 Q And that was done, I think you said, because of  
16 the workload; sometimes you have to do that, correct?

17 A Correct.

18 Q And it would have been better if you didn't have  
19 to do that but you, but you had to, right?

20 A I, I felt I had no other choices and, yes, I had  
21 to.

22 Q You used other phrases last time, like "parking  
23 matters" or "standing matters down". And I presume that  
24 refers to trying to put things aside and prioritize things  
25 and hopefully things will just be fine if, if you do it



1 that way, essentially; is that correct?

2 A Well, the phrase standing something down or  
3 parking something, again, it can be used contextually in a  
4 number of ways but if you're asking me in, in this context  
5 about, perhaps, you know, like not pursuing a matter or  
6 holding onto a case and standing it down until capacity  
7 developed, then that's a fair, a fair use of the phrase.

8 Q And again, it would have been nice if you didn't  
9 have to do it that way?

10 A Very much, sir. It was, it was, it wasn't, it  
11 was not a comforting feeling having to, to, to, to have  
12 those matters await in my office, know, till capacity or  
13 availability of staff were, were, were made to me. That  
14 was far from comforting.

15 Q You talked about performance correction of your  
16 staff was one of your duties, correct?

17 A Correct, sir.

18 Q Is that the kind of thing that could lead to some  
19 sort of a disciplinary action? Did you have the authority  
20 to do that?

21 A I had no authority to discipline staff, no.  
22 Progressive discipline, that would, that would -- a matter  
23 that would have been handled by senior management or our  
24 human resources capacity. My role as a supervisor was, was  
25 performance review, performance correction. But taking

1 disciplinary action against staff, I didn't have that, that  
2 unilateral power, no. I could take corrective action to  
3 deal with a performance issue. But again, a disciplinary  
4 matter in terms of, you know, letters of, you know, letters  
5 of direction, you know, those kinds of, I think,  
6 disciplinary things, no, I had no ability to do that.

7 Q So if you felt, based on your performance review,  
8 that somebody wasn't doing their job properly, you would  
9 try to correct it, of course?

10 A Correct.

11 Q But you didn't have the authority to advise  
12 somebody higher up that so and so is not doing their job  
13 properly or anything like that? Did that ever happen?

14 A If, if --

15 Q Did --

16 A -- if I, if I was not able to, to, to remedy a  
17 performance matter with a staff person and I felt I had no  
18 other recourse but to approach my superiors and enlist  
19 their aid and commence maybe something of a more formal  
20 disciplinary nature, and I -- then that's the route I would  
21 go. For this, for the purpose of these proceedings and the  
22 period of time we're talking about and the staff people who  
23 I supervised, I, I never any -- never made any such  
24 request, was never forced to take any kind of disciplinary  
25 action against any of my staff.

1 Q Did you ever receive a complaint from the public,  
2 for example, about a certain worker or anything of that  
3 nature in your capacity as supervisor?

4 A Yeah, certainly. On occasion over, over the  
5 years, you know, calls, concerns would come in from the  
6 community raising concerns, asking questions. That was  
7 part of the business we were in.

8 Q Do you have notes of those concerns being raised?

9 A No, sir. At this point, no.

10 Q Would, would the taking of inadequate notes or  
11 vague notes or not enough notes be, in your opinion, a  
12 performance issue?

13 A Okay, are we talking about like case specific  
14 notes?

15 Q Yes. Notes being made by a social worker who's  
16 working on the case.

17 A Okay. So the, the notes that are taken get  
18 transcribed onto a chronological essay style summary,  
19 whether it's closing summary or whether it's a transfer  
20 summary. If, if, if there was any staff person who, as I  
21 read those summaries, I, I thought there was a consistent  
22 lack of maybe certain material or certain information, then  
23 that would certainly be, you know, a performance issue; you  
24 would go and you would talk to the staff about it.

25 Q Because a lot of people would be relying on those

1 files and the notes that were made and they're very  
2 crucial, right?

3 A Again, the notes that lead to the recording that  
4 leads to the content within a file, yes, it's all connected  
5 and it's all very important, yes, sir.

6 Q And if you felt that that was inadequate on a  
7 particular file, in other words, you thought there should  
8 be more information on there, that would be significant and  
9 you'd want to correct that, right?

10 A Certainly, sir, yes.

11 Q I think you testified that, not sure if you said  
12 you recommended, but it was recommended that there be a  
13 psychological evaluation of Samantha?

14 A I made that recommendation, yes.

15 Q You made that recommendation. And you were  
16 concerned with parental capacity, parental commitment,  
17 parental motivation; those are the things that concerned  
18 you?

19 A That's correct, sir.

20 Q And that's why you wanted a psychological  
21 evaluation, right? Did you ever speak to Dr. Altman about  
22 the evaluation that he was to perform or did perform at any  
23 time?

24 A No, sir, I did not.

25 Q And that type of evaluation, I take it, was

1 obviously necessary because you were trying to decide and  
2 figure out whether Samantha Kematch had the parental  
3 capacity to take care of a child?

4 A Yes, capacity and, again, the question of  
5 motivation, because again, this was, this was already a  
6 woman who -- this was her second child; ambivalence about  
7 parenting both children had surfaced as issues. So, so the  
8 purpose of the assessment, certainly primarily to seek out  
9 capacity, you know, what is, what is her level of cognitive  
10 functioning and does she have basic cognitive, basic  
11 cognitive faculties to, to engage in the role of parenting.  
12 But my other hope would be that if there were some other  
13 unknown unresolved emotional issues, psychological issues  
14 that were, was questioning -- or was compromising her  
15 motivation, then my hope is that those would have been  
16 uncovered as well. An example would be, you know, maybe  
17 some undiagnosed post-traumatic stress disorder that could  
18 have maybe been compromising her motivation. So that was  
19 my hope, that the assessment would shed some light on those  
20 things.

21 Q You're concerned about her ambivalence towards  
22 parenting?

23 A Yes. Huge, a huge worry, yes, sir.

24 Q And whether she really even wanted to be a  
25 parent?

1 A Correct, sir.

2 Q And also her mental state, whether she was  
3 depressed or not; all of these things all contribute to the  
4 issue of parental capacity. Would you agree?

5 A Those things all contribute, yes, sir.

6 Q Now, I think you said, as well, that, that you  
7 had spoken to Steve Sinclair as well as Samantha, right?  
8 You found him to be quiet somewhat, right?

9 A I think the -- if you can -- if the Commission  
10 can bring my, my notes, my notes up of that meeting I can  
11 be little more specific. I think "articulate" was the word  
12 that I used, but again --

13 Q Okay.

14 A -- if I could have my notes in front of me I  
15 could speak to this.

16 Q I think you said that he had a certain  
17 resistance, because of his own experiences, towards CFS.  
18 You remember that?

19 A Okay.

20 Q I don't have your notes right in front of me but  
21 that's the way I recalled your evidence.

22 A I believe my --

23 Q That sound reason --

24 A I -- yes, I believe my evidence at the time was  
25 he, he seemed to be presenting with reservation and, and

1 caution and concern over his own time in agency history or  
2 in agency care and that he was certainly presenting with  
3 some element of that, yes.

4 Q Yes. Was there, at that time, any sort of policy  
5 that dealt with clients who had that sort of resistance  
6 based on their own experiences and how you would deal with  
7 those types of individuals who might still need your help?  
8 Was there sort of a policy in place at any time?

9 A Well, I, I'm going to -- I'll tell you what the  
10 practice was. So again, we -- in my earlier testimony I'd  
11 stated that having access to his previous child welfare  
12 history and his social history, his, his life story, was  
13 critical for us, was very necessary for us. But again,  
14 resistance or hesitation was being displayed on his part to  
15 share that. So, so best practice would be, we -- let's try  
16 to build a relationship with this individual, try to take  
17 some time and build a bit of trust and see if we can get  
18 him to volunteer himself to a point where he will allow  
19 that to happen, give him some control over that. So, so my  
20 practice was, you know, I talked to him about it, I, I  
21 tried to explain the importance of why that information  
22 would be critical and, you know, would you please allow us.  
23 And again, the, the key word there is giving him some  
24 control, saying, would you allow us to access your closed  
25 child-in-care file. So in terms of a good social work

1 practice, that's what I was trying to employ there. Was  
2 there policy that allowed us or gave us opportunities to go  
3 into closed files? Well, of course. There's statutory,  
4 statutory opportunities that allowed for that to happen,  
5 but in terms of good social work practice, you know what,  
6 let's see if we can bring him onboard and get him to  
7 voluntarily share some of this with us. That's going to -  
8 - that will contribute to better outcomes down the road.

9 Q But as far as a psychological evaluation goes,  
10 your concern was with respect to Samantha, in that area?

11 A That's correct.

12 Q Right? Now, do I have your evidence correct that  
13 you testified that you were working in a very difficult  
14 neighbourhood, right, with very complex cases, overworked,  
15 understaffed, having to resort to a number of different  
16 tactics for prioritizing, yet in your view not one person  
17 ever made a mistake of any kind? Is that what you're  
18 telling us?

19 A That's broad terminology. I think my testimony  
20 was even in the face of all of those challenges, workload  
21 and the community that we were entrusted with, I was, I was  
22 blessed with a staff who were seasoned, who were well-  
23 trained, who were committed, were mature, and, and it was  
24 only through that good fortune that I had an aggregate  
25 staff there that were such good professionals, that we



1 delivered the good outcomes that we did. And again, my  
2 testimony was I, I am not aware of us ever having left a  
3 child in any unacceptable situation where, where risk was  
4 professionally or morally unacceptable for that child.  
5 That was my testimony.

6 Q So doing the very --

7 A Mistakes, Mr. Gindin, like that's -- you know.

8 Q We're all humans and some were probably made,  
9 right? Correct?

10 A Well, again, you -- I, I never used that word  
11 "mistakes", that's your word, but I'm saying my  
12 recollection is that we never left a child in any  
13 unacceptable situation where risk was unacceptable or that  
14 there was, a child was in harm's way.

15 Q So you're saying that nothing at all could have  
16 been done better?

17 A Oh, of course things could have been done better.  
18 I, I testified earlier this morning that, that with a, with  
19 a caseload that more approximated what the Child Welfare  
20 League of America was suggesting to us, we could have met,  
21 cleanly and clearly we would have met program standards and  
22 we would have been able to provide an even more intensive  
23 robust service to the community, absolutely. But that all  
24 being said, we did the best practice that we could with  
25 what we had at the time.

1 Q You're saying that there wasn't any situation  
2 where a child perhaps should have been seen more or more  
3 could have been done? Clearly, that would be the case?

4 A Again, I'm, I just keep coming back to my, my  
5 original testimony that I'm not aware of us ever  
6 unprofessionally or unethically leaving a child in a  
7 situation that was not tenable.

8 Q At least not on purpose?

9 A Knowingly, sir. Knowingly.

10 Q As far as your supervision responsibilities, was  
11 there a regular meeting that you would have with your  
12 staff? Was it every week, was it every month, was it ad  
13 hoc? How would that go?

14 A Yeah. Our standing practice was a, was a weekly  
15 team meeting. I recall we did it Friday mornings. And it  
16 was, it was standing. It was, was not ad hoc, it was not  
17 as needed, it was a standing meeting every Friday morning.

18 Q Okay. We have no notes of those meetings?

19 A I believe we were required to keep minutes and  
20 minutes were, were submitted to the system program  
21 managers, because they certainly wanted to have sense as to  
22 what were discussions going on within the units. Do I have  
23 copies of those? No, sir.

24 Q So no notes about how often you met or what was  
25 discussed, just don't have them? Right?

1           A     No, sir.

2           Q     You were talking about closing files earlier, and  
3 we heard, I think, from Ms. Saunderson before you that  
4 there were times when files perhaps should have been closed  
5 and weren't for some time. You recall her testifying about  
6 that?

7           A     I think what Ms. Saunderson was referring to is  
8 a, is a practice where a worker would complete their file  
9 recording and submit a file to their supervisor for  
10 closure, but the file was still technically showing as  
11 active on the CFSIS system and the file would not become  
12 officially closed on CFSIS until supervisor had read it and  
13 signed off. I think that's what she was referring to. In  
14 my testimony, what, what I had stated was the practice  
15 within my unit, and again, this was because of the, of the  
16 trust and the respect I had in the judgment of my staff,  
17 but I told my staff that when they had brought a file to an  
18 acceptable point of conclusion, they do the recording,  
19 submit it to our unit secretary who would close the file  
20 off on CFSIS but then the files came to me for final  
21 reading and for my final signature. That was the way we  
22 did it. What she was talking about I think is something  
23 that's maybe happened in recent years there.

24          Q     I thought you had said that to close a file  
25 supervisor's approval wasn't necessary.

1           A     Oh, well the, the final -- you know, there's  
2 thousands of files that were closed off by our unit that  
3 you'll see my, my signature to.

4           THE COMMISSIONER:   Were you the final close-off  
5 person?

6           THE WITNESS:   Yes, Your Honour.   Yeah.   Every,  
7 every -- or, Commissioner.   Everything that my staff did or  
8 did not do in all my years there was, ultimately was my  
9 final responsibility and I take full, full responsibility  
10 for it.

11

12 BY MR. GINDIN:

13           Q     What would be the reason for a file not being  
14 closed when it should be?   Is it just a matter of  
15 administration?   What's the reason that a file is kept open  
16 when it should be closed?

17           A     Okay.   Are you asking about a file just being  
18 sort of shown to be closed on a computer system?   Like ...

19           Q     What would be the step before that, where someone  
20 decides to close it, right?

21           A     Okay.   So just in, just real time practical, you  
22 know, terminology here, my staff, they, they finished their  
23 involvement with the case, they finished their recording,  
24 they put their signature to it, they give it to our unit  
25 secretary and she closes it.   So it's closed off on the

1 system and my workers, they have made the decision that  
2 this file was now closed and no further intervention is  
3 needed.

4 Q All right. The, there was a final step in that,  
5 which was I read the files. But again, the volume of  
6 workload and responsibility, I couldn't read those on a  
7 timely basis, and so I tried to get to them when I could.  
8 I had, you know, I had, I had credenzas full of closed  
9 files that I had to read, and I read every one and every  
10 single word that my staff ever typed, but I -- it wasn't  
11 fair for me to penalize my staff to say this file is going  
12 to still technically show on the system open to you.  
13 That's going to artificially inflate your case numbers to  
14 like 40, 50 or whatever, it's not fair to you when you've  
15 done the work and I trust that you've done it well. So  
16 we'll close it off on the computer system, all right, I'm  
17 going to give it a final read and I'll affix my, my  
18 signature to it. If I have any concerns, I'll bring it  
19 back to you. And again, as I testified, that was a rarity  
20 because that was such a good staff that I had.

21 THE COMMISSIONER: But it wasn't officially  
22 closed until you'd signed off?

23 THE WITNESS: Well, I, I guess officially on the  
24 computer system, yeah, it was closed off. But again, but  
25 again, I, I, I would support my workers. If, if a file had

1 been closed off by my workers, our secretary had closed it  
2 off and if I still had not read it or if I still had not  
3 signed off on it, I still had the trust and faith in my  
4 workers that that file was closed and I would --

5

6 BY MS. WALSH:

7 Q But there were -- there --

8 A -- and I would support that.

9 Q There were many files that were between that  
10 state of someone deciding it should be closed and actually  
11 being closed, correct?

12 A Well, the, the physical act of changing a status  
13 on a computer system and the physical act of me reading  
14 something and signing it, you know, was there a time gap?  
15 Sure there was.

16 Q I think you said that when something that should  
17 be closed is still open, it artificially raises the number  
18 of files that are in the system; it would appear as though  
19 someone was still working on them when really they weren't?

20 A Yeah, correct. And also just a psychological  
21 comfort to a staff person as well, you know, knowing that  
22 they, you know, maybe had only 20 files on the go, you  
23 know, is one thing, but if that number is artificially  
24 inflated to 40 and 50 beyond because the supervisor just  
25 hasn't read and signed off on closings, again, that was,

1 that was distressing to staff as well.

2 Q So aside from the fact that the numbers of files  
3 pending are artificially raised, is there any other  
4 disadvantage really if there's a file that someone says  
5 should be closed but it really isn't for a while? Is there  
6 something wrong with that process of not closing them  
7 instantly or leaving them open for a little longer? What's  
8 the down side of that?

9 A Well, I'm just looking at the up side of, the up  
10 side of the way we did it. It provided relief and comfort  
11 to staff, it got, just physically got files and work, you  
12 know, completed, it got it into my office, it got it out of  
13 their line of vision --

14 Q So it got it out of their --

15 A -- it was all, was all -- it was a --

16 Q -- hair, right?

17 A It was all comfort level for staff.

18 Q It got it out of their hair?

19 A Well, none of us would ever use that phrase.  
20 None of this was in our hair. This was the work that we  
21 chose to do and the work that we enjoyed doing. But again,  
22 I -- again, I'll just again repeat, I had a staff there  
23 that was, they were, they were impeccable professionals.  
24 It was a perfect storm, a perfect convergence of experience  
25 and training and, and commitment and belief, and I was, I

1 was a very fortunate man those many years.

2 Q Earlier you described this case, this Phoenix  
3 Sinclair case, as, given what type of work you did, was, I  
4 guess you could put it, sadly and unfortunately routine?

5 A It was, it was very typical of the work that we  
6 did on a daily basis in north Winnipeg. Nothing is  
7 routine. These are lives.

8 Q You're not saying this was just --

9 A No. No, I would never, I would never use that  
10 phrase. But it was just typical the work that we did on a  
11 daily basis.

12 Q When Ms. Saunderson testified, I think you were  
13 in the courtroom listening to her testimony, and she,  
14 talking about Steve Sinclair, had said that she was  
15 particularly impressed with his emotional reaction to not  
16 being able to see Phoenix as much as he would like to and  
17 that told her that there was certain motivation and concern  
18 as opposed to ambivalence. Would you agree with her  
19 evidence on that?

20 A I, I'd like to see her recording to reflect that.  
21 But if that was her observations and if your, if your  
22 depiction is accurate then certainly I would support that.

23 Q Okay.

24 THE COMMISSIONER: But you've no recollection of  
25 it yourself?



1 THE WITNESS: All I have in terms of Ms.  
2 Saunderson's testimony or Ms. Saunderson's involvement, I  
3 -- all I have, Your Honour, is, is the file recording that  
4 she, she completed.

5

6 BY MR. GINDIN:

7 Q And that came --

8 A So if it's in her file recording, then like all  
9 of us, I would, I could reference that.

10 Q Yeah. You wouldn't have any reason to doubt what  
11 she said about the subject?

12 A No. No, Ma'am. No, she, she's a wonderful  
13 practitioner.

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

15 THE COMMISSIONER: Thank you, Mr. Gindin.

16 All right. Mr. Khan, are you coming?

17 MR. KHAN: No, no questions.

18 THE COMMISSIONER: All right. So, yes.

19 MS. VAN IDERSTINE: Commissioner, my, my name is  
20 Van Iderstine. I'm counsel for Dr. Gary Altman, who is  
21 going to be giving evidence on Monday. To date we have not  
22 asked for standing because I think his involvement is such  
23 a limited role, but because he did see Samantha Kematch on  
24 the assessment you've just heard this witness talking  
25 about, I would like to request very limited standing to ask

1 a few questions of this witness and perhaps the next  
2 witness that you have scheduled to give evidence and, of  
3 course, to represent Dr. Altman. And thereafter, I do not  
4 anticipate that my role in this inquiry would be, would be  
5 needed whatsoever. So I am requesting standing on that  
6 limited basis at this time.

7 THE COMMISSIONER: Would our rules provide for a  
8 situation such as this, Ms. Walsh?

9 MS. WALSH: Mr. Commissioner, the rules simply  
10 say that counsel for a witness has standing to ask  
11 questions of their own witness. They don't say that they  
12 can, that they have standing to cross-examine. But the  
13 process that we have discussed is that if counsel for a  
14 witness want to seek standing to cross-examine another  
15 witness, they should advise my office, ideally in advance,  
16 but, but I don't think that's, in this case it's a problem,  
17 and that they could then make that request of you. So --

18 THE COMMISSIONER: The rules, particularly --

19 MS. WALSH: The rules are silent on that. So  
20 that's a process that we have developed and advised counsel  
21 for witnesses and, and all other counsel. And that's  
22 something that I have sent out to counsel, that they should  
23 ideally let us know the week of the requested standing and,  
24 and then have an opportunity to ask you for that standing.

25 THE COMMISSIONER: Were you advised of this

1 request?

2 MS. WALSH: Not this specific one, but it doesn't  
3 come as a surprise. So I'm not sure about the timing in  
4 this particular case but it doesn't come as a surprise and  
5 it seems to me to be expected, given the nature of the  
6 evidence.

7 THE COMMISSIONER: All right. Your name is?

8 MS. VAN IDERSTINE: Van Iderstine. Capital V-A-  
9 N, capital I-D-E-R-S-T-I-N-E.

10 THE COMMISSIONER: First name?

11 MS. VAN IDERSTINE: Helga.

12 THE COMMISSIONER: Right. All right, on the  
13 limited basis that you seek, I will allow that.

14 MS. VAN IDERSTINE: Thank you, Your Honour.

15

16 EXAMINATION BY MS. VAN IDERSTINE:

17 Q Mr. Orobko, I heard you give evidence a moment  
18 ago that you had not, in fact, spoken at all to Dr. Altman  
19 on this case?

20 A That's correct, Ma'am.

21 Q And did I understand your earlier evidence to be  
22 to the effect that you don't actually recall any  
23 interactions with the family around the time of these  
24 events, May, June, July, August 2000?

25 A Oh, well certainly the -- my only recollection is

1 the events in May of 2000 that are, as shown in my file  
2 recording. Events subsequent to that, throughout the  
3 summer months, I have no, no, I had no involvement in nor  
4 any memory of. But that being said, this, this file did  
5 come back to us subsequently in 2000 and 2003, I believe,  
6 so I believe that Dr. Altman's assessment would have been  
7 on the file at that point. I may have had occasion to  
8 review it in 2003, but again, I, I've never seen, I've  
9 never seen the file so -- since that time so ...

10 Q Yeah. So what I was asking was, in response to  
11 the questions you -- of my friend Mr. Gindin about what the  
12 expectation was about a parenting assessment that you were  
13 talking about, you don't have any recollection of that  
14 because that occurred in or around August 2000?

15 A Yeah. Again, I, I did not -- I never made a  
16 recommendation for a parenting assessment. It was more of  
17 a straight up psychological or possibly just a psychiatric  
18 assessment just trying to assess cognitive functioning,  
19 looking the presence of possible mental health disorder. A  
20 parental capacity assessment, that's quite a different  
21 beast and that I never recommended. Of course, the family  
22 service worker down the road could have made that, that  
23 determination.

24 Q Absolutely. And I just wanted to clarify again,  
25 the parental assessment, as you've said, is quite different

1 than what you were asking of Dr. Altman, because --

2 A That's correct.

3 Q -- parental assessment is a one or two-day long  
4 assessment by a psychologist that looks into a lot of, many  
5 different aspects of --

6 A Certainly, yes. Children are usually involved in  
7 that, as well, their interaction with the parent, and  
8 that's observed. Yes, that's quite a different, quite a  
9 different process.

10 Q And just to be clear again, Dr. Altman's role at  
11 CFS at that time was to come once a week for a half day or  
12 a couple of hours to provide general advice to the workers  
13 about the care they were providing to their charges?

14 A I, I firstly, I think I first crossed paths with  
15 Dr. Altman when I was employed by Northwest Child and  
16 Family Services and I believe he had that weekly clinic but  
17 for the old Northwest agency, and I believe I even went and  
18 consulted with him on some matter over the years. In the  
19 year 2000 I, I think I'd lost track of him so I don't know  
20 what he was doing for the agency but ...

21 MS. VAN IDERSTINE: Thank you. Those are my  
22 questions.

23 THE COMMISSIONER: Thank you. So who's next?  
24 Mr. Ray?

25 MR. RAY: Nothing from me, Mr. Commissioner.

1 THE COMMISSIONER: All right. Anything else,  
2 Commission counsel?

3 MS. WALSH: I do have a few questions, Mr.  
4 Commissioner, but again, a document has come to my  
5 attention that, out of fairness, I think I'd like to have  
6 five, ten minutes so that the witness can see it in advance  
7 and the other counsel.

8 THE COMMISSIONER: All right.

9 MS. WALSH: It is in our disclosure.

10 THE COMMISSIONER: All right. And then other,  
11 other counsel are all completed, then. It's just your  
12 wind-up?

13 MS. WALSH: Re-examination, yes.

14 THE COMMISSIONER: All right. And did you expect  
15 to start another witness this morning or is the other  
16 witness this afternoon?

17 MS. WALSH: I think we won't start the other  
18 witness till the afternoon but I will be finished by the  
19 noon break, by 12:30.

20 THE COMMISSIONER: All right. Well, then what do  
21 you want, 10 minutes now?

22 MS. WALSH: Sure. Thank you.

23 THE COMMISSIONER: All right. We'll rise for 10  
24 minutes.

25

1 (BRIEF RECESS)

2

3 RE-EXAMINATION BY MS. WALSH:

4 Q Mr. Orobko, we had talked about supervision and  
5 the notes that you made of supervision, and we have been  
6 provided, in our Commission disclosure number 1634, with a  
7 document entitled -- we'll go to page 29040. This document  
8 is entitled Winnipeg Child and Family Services Supervision  
9 Policy, and it's got an implementation date of March 1,  
10 2004 on it. Is this a document that you were aware of as  
11 of 2004 or 2005 when you left?

12 A I think the best response I can give is I have no  
13 -- I, I certainly have no direct or no specific  
14 recollection of this, of this eight-year-old document, so  
15 that will be my starting point, or the contents within it.

16 I can recall that towards the end of my time with  
17 Winnipeg Child and Family Services, which was in early  
18 2005, that there was a push being made by the senior  
19 leadership to develop supervision policies. So was I aware  
20 of that? Certainly. The actual document and the policies?  
21 There again, no specific recollection of. The best I can  
22 say is I was aware that there was move, a movement afoot to  
23 standardize supervision practices across the agency.

24 Q So did you ever have a meeting with your superior  
25 to discuss this policy or a similar policy?

1           A     Again, no, no direct recollection of that, but  
2     that being said, if this was an agency-wide policy that was  
3     coming into, into effect, I have every reason to believe  
4     that our, our management at the time would have raised it  
5     with us at our supervisors, at supervisor meetings. So  
6     that --

7           Q     You have a specific recollection of that?

8           A     Again, no specific recollection, but again, you  
9     know, Mr. Berg, who was my immediate supervisor at this  
10    time, (inaudible) is a very thorough, very diligent man so  
11    I, I'd have every confidence that this policy was probably  
12    raised with us at that time. But again, I'm -- that's just  
13    an assumption I'll make.

14          Q     And if you turn to page 29044, at the top of the  
15    page it says, supervisor notes. So it says:

16

17                   The role of the staff is to  
18                   provide case management services.

19                   The focus of case management is on  
20                   capacity building with respect to

21                   families, parents, communities and  
22                   children.     The role of the

23                   supervisor is on capacity-building  
24                   with respect to the supervisee,

25                   the parent, family, child and



1 community, provide the context or  
2 the vehicle for this work.  
3 Although the focus of each  
4 differs, both are responsible and  
5 accountable for the work they do.  
6 This responsibility and  
7 accountability is reflected both  
8 in actions and recordkeeping.

9

10 It says:

11

12 Provincial standards outline very  
13 specifically the recordkeeping  
14 responsibilities of the social  
15 worker or case manager and it is  
16 recommended that supervisors  
17 record the following: case  
18 material discussed in supervision,  
19 supervision activity and  
20 information that belongs in a  
21 personnel file.

22

23 So I believe that you had earlier indicated that  
24 you did not have specific notes of your own about case  
25 material, that that was recorded in or reflected in the

1 worker's documentation?

2 A That's correct.

3 Q Is that right?

4 A Yes.

5 Q Okay. What about notes of supervision activity?

6 Did you maintain such notes?

7 A Again, I think my testimony this morning was over  
8 my six years there as a supervisor, I would have maintained  
9 some notes regarding my supervision with staff. And again,  
10 as around, you know, performance issues, professional  
11 development, personnel matters, right? And again, when I  
12 left, left the agency in 2005, took those notes with me.  
13 And as I mentioned, 2010 subsequently destroyed them.

14 Q Do you recall whether you ever transferred  
15 information to a worker's personnel file?

16 A In, in, in that time, again, when I was with that  
17 unit there was never any, any disciplinary action, never  
18 any formal action taken against any of my staff that would  
19 have necessitated information going into their personnel  
20 file, with the exception of things like, you know, when  
21 you're taking your maternity leave, or those kinds of  
22 things. But regarding performance issues, no, I never had  
23 occasion to.

24 Q And so information about workers' maternity  
25 leave, is that information that you would have recorded in

1 their personnel file or sent to their personnel file?

2 A Well, certainly, because that was a human  
3 resource issue so something like that would find its way  
4 into a personnel file.

5 Q Okay.

6 A And again, to be clear, the personnel files,  
7 there was much debate about files and what were personnel  
8 files. There was one personnel file. That was ensconced  
9 in the agency head office on, on Wesley. I remember much  
10 debate at the time about secondary files. And frankly, as  
11 I'm sitting here and I'm recalling, I seem to recall that  
12 we were told there's no such thing as a secondary personnel  
13 file. There's one personnel file and what's in it is an  
14 official accounting of that employee. You can't maintain a  
15 secret file or a secondary file. I seen -- this is kind of  
16 coming back to me now as I'm, I'm looking at this. But  
17 anyway, to answer your question, no, there was -- I never  
18 took any action against any staff other than those kind of,  
19 you know, again, when somebody's taking vacation leave,  
20 when they're going on a mat leave. Maybe somebody had to  
21 apply for extended sick leave for some reason. So those  
22 kinds of things certainly found their well in -- way into  
23 the official personnel file.

24 Q Okay. And then if we scroll down the document,  
25 under the heading, record of the supervision session, it

1 says:

2

3

This is related to the development  
of the social worker and is used  
to record such items as frequency  
and focus of supervision, key  
information shared, decisions,  
advice and actions on case and/or  
personnel-related matters ...

10

11 et cetera. It says:

12

13

These notes are available to the  
supervisor and the supervisee.

14

15

These notes should be used to  
inform annual performance reviews.

16

17

These notes can also be accessed  
in the event of a grievance,  
discipline, inquiry or complaint.

18

19

20

They should not/cannot be

21

destroyed. Upon completion of

22

performance reviews as noted

23

above, the supervisor notes should

24

be placed in a sealed envelope and

25

filed in his or her office. When

1           a supervisor leaves the branch,  
2           her or his notes should be  
3           summarized into a performance  
4           appraisal and then archived as per  
5           our branch's archiving process.

6

7           Is this a process that you followed with respect  
8 to notes of performance appraisal?

9           A     Well, certainly, you know, my --

10          Q     Or records of the supervision session?

11          A     Well, no, certainly my testimony here this  
12 morning would suggest that I was not in compliance with  
13 that. That being said, if I -- I would never knowingly not  
14 comply with an agency policy. I, I wouldn't. So either it  
15 was my lack of familiarity with this policy, you know,  
16 maybe I, I wasn't just, you know, keenly aware of all of  
17 the fine print within it. If I had been aware, fully aware  
18 that that was an expectation of me, that my supervisory  
19 notes have to be left in the office, then I certainly would  
20 have complied with it.

21          Q     When you left the agency in 2005, did you meet  
22 with your supervisor?

23          A     Yes, in 2005, again, Mr., Mr. Berg was my, was my  
24 immediate supervisor at the time so he did, you know, sort  
25 of wrap up in termination meetings and as I was, I was

1 getting set to leave the agency. Certainly, there was  
2 never a request made by Mr. Berg to, to produce those notes  
3 or to put them in his charge or to leave them in the  
4 office, nor was there ever any request from my successor to  
5 say, hey, you know, hey, Andy, where are the supervision  
6 notes. So when I left that agency and I left there with  
7 my, you know, with my notes on my person, certainly never a  
8 request from the agency to produce those.

9 Q Okay. Thank you. With respect to file closing,  
10 I want to clarify, when I asked you about your signing off  
11 on a file closing, I meant closing in the sense of no more  
12 work being done. Is that how you understood me to be  
13 speaking when I used the term "file closing"? That is,  
14 that there would be no more work done on the file?

15 A I, I think that's the common interpretation of  
16 that phrase, yes.

17 Q And so what happened then after you signed off on  
18 that decision with respect to the computer system was  
19 beyond your decision?

20 A It was -- well, that was a moot point of it, you  
21 know, we debated different definitions of when was a file  
22 closed, when, when CFSIS said it was closed, when a worker  
23 suggested it was closed, whether my initials were on it.  
24 The practice that we were using at the time was that when  
25 my workers believed that a case had been, been fully, you

1 know, sort of fully dealt with and that no further action  
2 was needed, that, in real time, was when a file was closed.

3 Q And that's what you signed off on?

4 A Subsequently, yes.

5 Q Okay. Now, with respect to response time, we  
6 heard Ms. Saunderson indicate that she would be guided by  
7 the factors set out in our CD992 at page 19636 and three  
8 six -- and 637, for example. So just as an example, on the  
9 screen, page 19636 is the 24-hour response. Under the  
10 heading, severity, it lists a number of items. And then on  
11 the next page, 19637, under the heading, vulnerability,  
12 high priority, immediate response or within 24 hours, life  
13 threatening, dangerous. The first factor is young child or  
14 developmental age. And Ms. Saunderson indicated that that  
15 was one of the factors guiding response time. That's a  
16 factor that you were familiar with?

17 A Certainly. And one, one of many factors that  
18 would, would gauge a response time.

19 Q So the age of a child would, a young child or  
20 developmental age of the child would be significant in  
21 terms of response time, including whether it was, as in  
22 this case, 24-hour response time?

23 A I'm not, I'm not familiar with this document.  
24 You're just showing me a snippet of it, so I, I'm not sure  
25 what this document is. But as just a matter of social work

1 practice, yes, age and developmental presentation and  
2 developmental age are, are child welfare risk factors,  
3 certainly.

4 Q And we're talking about response time to a call.  
5 And with respect to response time, what did you take into  
6 account?

7 A Well, I think, I think in earlier testimony I  
8 sort of give a bit of a cross section. I, again, would  
9 review the presenting problem, would look at the family's  
10 history, look at the past history of agency involvement and  
11 then look at things like acuity, intensity and severity of  
12 the, of the matter that was in front of me, so certainly  
13 age of the child, again, one of those factors that you  
14 would need to assess. But again, was, it was a, it was a,  
15 it was a wide range of things, you know, wasn't just one or  
16 two things that you looked at and you, you sort of made an  
17 actuarial decision, oh, this is a high, high response time.  
18 Again, there's a whole aggregate of things you look at,  
19 looked at the whole file, and then based on that you came  
20 to your best subjective professional opinion about what  
21 should my response time be here.

22 Q So social history and past history, as recorded  
23 in the file, were taken into account in addition to  
24 information from the referral?

25 A Oh, exactly. So just -- to illustrate, if I, if



1 a file came up to me were indicating the child was scared  
2 to go home because there -- the child was going to be  
3 spanked or strapped or something and the, you know, was a  
4 young child, and I looked within the file and I saw that  
5 there had been past documented incidents of inappropriate  
6 physical discipline, looked at the age of the child, looked  
7 at what our past intervention was, so all those things  
8 would lead me to believe, okay, I think a timely response  
9 is needed here. There seems to be validity and veracity to  
10 what's being presented here.

11 Q Now, you talked about the Child Welfare League of  
12 America standards, and so to be fair and so that we have a  
13 complete picture, we do have a Commission disclosure, it is  
14 1786 at page 36718. Is -- are these the standards that you  
15 were referring to?

16 A Yes, I believe those are the --

17 Q Just so we know whether we're all on the same  
18 page literally?

19 A Yeah, those are the standards from 1999. Yeah,  
20 so that's what I was referencing.

21 Q And so in the, in the box on the page where it  
22 says, service, caseload type, under that you've got the,  
23 the reference, initial assessment investigation, and then,  
24 under the heading CWLA recommended caseload workload, 12  
25 active cases per month per one social worker.

1 A Correct.

2 Q That's the number that you were referring to?

3 A I've referenced that number many times, yes.

4 Q Okay. And then on the next page of this  
5 document, which in our disclosure is just two pages, 36719,  
6 so I don't imagine that we have been provided with all of  
7 the document in its entirety, this appears to be a press  
8 release, under the heading, caseload workload ratios it  
9 says:

10

11 A U.S. children's bureau document  
12 workload standards for children  
13 and family social services  
14 differentiates caseload and  
15 workload measures as follows:

16 Caseloads are defined as the  
17 amount of time workers devote to  
18 direct contacts with clients and  
19 workloads are defined as the  
20 amount of time required to perform  
21 a specific task.

22

23 Is that, is that consistent with the definitions  
24 that you were using when you talked to us about caseload  
25 and workload?

1 A There -- one needs to go to the actual document.

2 Q Fair enough.

3 A This, this is a website synopsis.

4 Q Um-hum.

5 A And Mr. McKinnon, we probably didn't do this,  
6 this inquiry any favours this morning, you know, kind of  
7 going back at one another this morning and arguing about  
8 interpretation. There is other -- if one goes into the  
9 body of that document and it will tell you how do you  
10 interpret those 12 cases, and if you're going to use those  
11 12 cases, how do you assign them, and, and it -- and there,  
12 there's much more to it than that. And we -- and again,  
13 Mr. McKinnon's rudimentary math was right, he says, well,  
14 Andy, you're saying 12 and my math says you guys were, you  
15 know, pretty close to that, but you, you need to read the  
16 balance of this document to understand that it's, it's not  
17 just, you know, 12 cases over 30 days, it's 12 cases and  
18 you have a, you have 20 uninterrupted work days to attend  
19 to those cases and a supervisor needs to factor in  
20 everything from sick leave, vacation time, extended,  
21 extended, you know, health leave. There's, there's a  
22 myriad of issues that have to be considered. So -- and  
23 then again, I'm try to make the argument, you know, the,  
24 the supposition was that all we do for eight hours a day  
25 five days a week, 52 days a week (sic) is deal, deal with

1 cases, which we don't. Supervisors in this province,  
2 there, there is a huge host of expectations and  
3 responsibilities placed on them that takes away from their  
4 time to do the heart and soul of what we're there for, and,  
5 and takes up time, which is our most precious commodity.  
6 So if -- so those 12 cases, and, and again, if I, if I  
7 don't have staff available to assign a case to because  
8 they're on sick leave or they're at Workplace Health and  
9 Safety meeting, or whatever, the list is endless, those  
10 cases got to go somewhere, and, and again, my testimony  
11 this morning is fundamentally accurate. You know, at any  
12 one time the workers I had available were taking five to  
13 eight cases a week.

14           So I'm just going to say that the other, the  
15 whole document I think needs to be looked at, the context  
16 and interpretation of that needs to be looked at, and but  
17 don't take my word for it, you know. There's Gwen Gossicks  
18 (phonetic), there's all kinds of experts in this province  
19 who can come in and talk about these kinds of things, you  
20 know.

21           Q     Fair enough. Thank you.

22           A     Fair enough.

23           Q     The reference to direct contacts with clients  
24 under the definition of caseload, do you have an  
25 understanding as to what that means?

1           A     Could you say that again, please, Ms. Walsh?

2           Q     Caseload is defined as the amount of time workers  
3 devote to direct contacts with clients. So the reference  
4 to direct contacts with clients, is there something else  
5 that workers do other than have direct clients -- contacts  
6 with clients?

7           A     Oh, the list is inexhaustible. Would you like me  
8 to ...

9           Q     Just give one or two examples, if you would.

10          A     I made a list of it, if you'd like to hear it  
11 all. Okay. So, all right. In the -- and, thank you.

12                   In the course of a calendar year there are 260  
13 days available that are not -- like Monday through Friday,  
14 right. Okay. Now, you, you slowly start chipping away at  
15 those days. There's 11 statutory holidays that come off of  
16 that two sixty. And again, if that two sixty is kind of  
17 the time that workers have, there's 11 statutory holidays.  
18 Vacation leave. My unit --

19          Q     Mr. Orobko, I simply wanted to know if there are  
20 other tasks other than direct contact with clients that  
21 workers do, and if you -- if so, if you could give us one  
22 or two examples.

23          A     Okay. All right. Mandatory training, all right,  
24 that has been directed by the agency. Other professional  
25 development that staff are wishing to engage in, all right.

1 Covering for staff vacancies. If a unit has like, extended  
2 vacancies, staff need to cover for other workers who are no  
3 longer there. Mandatory organizational meetings, unit  
4 meetings come to mind. Workers were being asked to sit on  
5 things like Workplace Health and Safety committees or  
6 workers were being asked to sit on work groups. Within  
7 intake there was a number of work groups established trying  
8 to deal with, with, you know, workload issues. Although we  
9 were a bit of the exception because I did court for my work  
10 -- I did court for my staff, at times if I was on vacation,  
11 my staff had to go to court, all right. There's, there's  
12 a few there. Something like paper days. If a staff person  
13 was going away on vacation, you know, they would need one  
14 to two weeks to get all their paper done when, when they're  
15 not available to cover their cases. So there's, there's  
16 more than a couple. And all those things that I talked  
17 about are, are things that took away from the staff's time  
18 to do the heart and soul of what we did, but these are  
19 still expectations.

20 Q Okay. Thank you.

21 A And -- sorry, and add it all in, staff need to go  
22 on vacation, staff get sick, staff go on extended health  
23 absences, staff need to take overtime days. And again,  
24 that all has to get deducted from the amount of time a  
25 worker has to do the heart and soul responsibilities.

1 Q Thank you. I've just one final question. I  
2 realize that the last time you testified I asked you, you  
3 talked about parental motivation and parental capacity and  
4 that both of those were issues that you identified in this  
5 specific file, and I asked you for an example of what would  
6 be a demonstration of parental motivation and you said it  
7 could be from the simplest form of I want to do this, a  
8 client saying, I want to do this, to beyond looking at, at  
9 behavioural examples, people attending, parents attending  
10 programs for parenting, whether in this case the parents  
11 were attending regular visits with Phoenix, so those were  
12 things that you said you would expect a worker would look  
13 for as examples of motivation. I didn't ask you for an  
14 example of what you would expect a worker would look for as  
15 an indication of parental capacity on Ms. Kematch's part.

16 A Okay.

17 Q What would that look like?

18 A Sure, sure. All right. So, motivation: I want  
19 to parent; parental capacity: they can parent. All right.  
20 The best way to describe parental capacity is it's an  
21 individual's ability to internalize, comprehend and express  
22 the knowledge, information and skills necessary to be a  
23 successful parent. So we're talking about a cognitive  
24 process here. Does somebody have the cognitive wherewithal  
25 to gather information, internalize it, organize it,

1 comprehend it and then find its way out in expression in  
2 good parenting, all right. You know, put --

3 Q So what would be a concrete example that a worker  
4 would look for, the ongoing family worker, for instance,  
5 once they were working with this family?

6 A Not, not to sound absolutely stupid, but you know  
7 what, you don't give a child sour milk. The, the struggle  
8 that we had here is that we had no baseline to measure her  
9 capacity. She had never parented. The majority of files  
10 that would come to us where there was, there was a history  
11 of their parenting. So you, you could determine and get a  
12 pretty good feel for somebody's capacity to parent based on  
13 historical information in front of you. We never had that  
14 with, with Ms. Kematch because she never parented. But,  
15 but for me, though, when I met her and -- and again, I was  
16 concerned, I was querying cognitive disorders, I was  
17 querying her fetal alcohol. I -- there's a whole bunch of  
18 things that were kind of jumping out at me. All of those  
19 I, I know certainly compromise one's cognitive capacity to  
20 parent. So if you think -- again, capacity is a cognitive  
21 process being able to do those, all those executive  
22 functioning steps in terms of gathering, internalizing,  
23 organizing and then expressing information. We didn't have  
24 a parenting baseline to draw from but there was enough  
25 concern that I was observing in her cognitive presentation



1 that really suggested to me her capacity to parent was  
2 compromised and (inaudible) needed to be, be assessed.

3 MS. WALSH: I have no further questions.

4 THE COMMISSIONER: All right.

5 MS. WALSH: Thank you, Mr. Orobko.

6 THE COMMISSIONER: This completes this witness,  
7 then, does it?

8 MS. WALSH: It does until next week.

9 THE COMMISSIONER: All right.

10 MS. WALSH: When we're into 2003.

11 THE COMMISSIONER: All right. Thank you,  
12 Witness, for being here.

13 THE WITNESS: Thank you, Commissioner.

14 THE COMMISSIONER: We'll see you again,  
15 apparently.

16

17 (WITNESS ASIDE)

18

19 THE COMMISSIONER: So we'll adjourn now until two  
20 o'clock.

21 MS. WALSH: Yes, Mr. Commissioner.

22 THE COMMISSIONER: All right.

23

24 (LUNCHEON RECESS)

25

1 MR. OLSON: Good afternoon, Mr. Commissioner.

2 THE COMMISSIONER: Mr. Olson.

3 MR. OLSON: We're ready for the next witness.

4 THE COMMISSIONER: Right.

5 MR. OLSON: Ms., Ms. Greeley.

6 THE CLERK: If you could just stand for a moment.

7 Is it your choice to swear on the Bible or affirm without  
8 the Bible?

9 THE WITNESS: I'll swear on the Bible.

10 THE CLERK: Okay. Can you reach it?

11 THE WITNESS: Yes.

12 THE CLERK: State your full name to the court.

13 THE WITNESS: Kerri-Lynn Greeley.

14 THE CLERK: And spell me your first name?

15 THE WITNESS: K-E-R-R-I hyphen L-Y-N-N.

16 THE CLERK: Small L or capital L?

17 THE WITNESS: Capital L.

18 THE CLERK: L-Y-N-N?

19 THE WITNESS: Yes.

20 THE CLERK: Your last name, please?

21 THE WITNESS: Greeley, G-R-E-E-L-E-Y.

22 THE CLERK: Thank you.

23

24 **KERRI-LYNN GREELEY,** sworn,

25 testified as follows:

1

2 THE CLERK: Thank you. That's fresh water for  
3 you.

4 THE WITNESS: Thank you.

5

6 DIRECT EXAMINATION BY MR. OLSON:

7 Q So I'm just going to start by going through your  
8 background briefly. I understand in 1993 you obtained a  
9 Bachelor of Science with a major in psychology; is that  
10 right?

11 A Yes, that's correct.

12 Q And then in '95 you obtained your bachelor of  
13 social work, and that was from the University of Manitoba?

14 A Yes.

15 Q And also in '95 you started working in the child  
16 welfare system and that was at Kenora Patricia CFS in Red  
17 Lake, Ontario?

18 A Yes.

19 Q That was from 1995 to 1998 --

20 A Yes.

21 Q -- is that right?

22 A Yes. In Red Lake for one year, in Kenora for the  
23 remaining two, yes.

24 Q Okay. I see. So it was at two separate  
25 agencies, then?

1           A     Same agency, two different locations.

2           Q     Okay.  And what, what took you to Ontario rather  
3 than Manitoba?

4           A     I was applying for work, got offered a job in  
5 Ontario, went there.

6           Q     Okay.  And then from 1998 to October 2000 you  
7 worked at Winnipeg Child and Family Services as a family  
8 service worker?

9           A     Yes.

10           THE COMMISSIONER:  From when?

11           MR. OLSON:  1998 to October 2000.

12

13   BY MR. OLSON:

14           Q     And it was during that period of time that you  
15 were, that you provided services to Phoenix Sinclair, and I  
16 don't mean -- I mean not that specific time but in that  
17 timeframe; is that right?

18           A     Yes, that's correct.

19           Q     Yeah.  And then from October 2000 till 2007 you  
20 worked at the south abuse intake unit at Winnipeg Child and  
21 Family Services?

22           A     Yes.

23           Q     And was that -- so would that have been a  
24 promotion, then, from being a family service worker?

25           A     No.

1 Q Okay. What sort of work was, the south abuse  
2 intake?

3 A That was an intake unit where the work was  
4 conducting child abuse investigations.

5 Q Okay. Would you still be considered a front line  
6 worker --

7 A Yes.

8 Q -- in that position? Yes?

9 A Yeah.

10 Q And so how is it different from being a front  
11 line family services worker?

12 A It was an intake position, so family service  
13 worker, you carried a caseload and those were cases that  
14 required ongoing service work. Intake were cases that were  
15 initially open to the agency and then you did a brief  
16 whatever the work may, may have been, and then, if  
17 necessary, transferred it to a family service worker or  
18 close the file. And so for me, I was an abuse intake  
19 worker so my caseload at intake, abuse intake, consisted of  
20 abuse investigations only.

21 Q Okay. So you weren't, you weren't then carrying  
22 cases of your own?

23 A Only for short periods of time.

24 Q Okay. In 2007 you worked at the office of the  
25 chief medical examiner for a year --

1 A Yes.

2 Q -- doing Section 10 reviews?

3 A Yes.

4 Q And what is a Section 10 review?

5 A It's, it was Section 10 of the Fatalities Act.

6 Q Okay. And that's now changed, right?

7 A Yes.

8 Q Okay.

9 A And so it was a review of services provided to  
10 children that had received -- it was a review of the  
11 services provided to children that had died, services  
12 provided to them by child welfare agencies.

13 Q Okay. And what did you do as, at that office?

14 A I reviewed files and wrote the Section 10  
15 reports.

16 Q So the work you were reviewing, then, would that  
17 be work of CFS workers from agencies like Winnipeg or ...

18 A Yes.

19 Q Okay. From 2008 to the present you've been a  
20 provincial investigation specialist at the Child Protection  
21 Branch?

22 A Yes.

23 Q And what, what exactly did you, what did you do  
24 there, or what do you do there?

25 A I carry out investigations into allegations of

1 abuse against children receiving services from other child  
2 welfare agencies and the allegation of abuse has to involve  
3 somebody who's been employ or providing services to that  
4 child employed by a child welfare agency.

5 Q So would example of that be being a foster  
6 parent?

7 A We, we do do foster parents but they are  
8 typically delegated to child welfare agencies. An example  
9 would be doing an investigation into an allegation that a  
10 child living in a child care facility was harmed by one of  
11 the staff people working there.

12 Q Okay. And that's what you're currently doing  
13 now?

14 A Yes.

15 Q Okay. Just in terms of training, when you're at  
16 the University of Manitoba doing your bachelor of social  
17 work --

18 A Yes.

19 Q -- did you attend any courses specifically  
20 focusing on the child welfare system or child welfare work?

21 A I did not.

22 Q Okay. Was that any sort of -- was that a pre-  
23 requirement to take any, any courses like that before  
24 actually working in a child welfare agency in Manitoba that  
25 you're aware of?

1           A     Not that I'm aware of.

2           Q     Do you believe that your education provided you  
3 with the practical skills needed to be a good child welfare  
4 worker?

5           A     Yes.

6           Q     And in what way?

7           A     Partly from the education piece and partly from  
8 the practicums that I did when I was doing my bachelor of  
9 social work degree.

10          Q     Where did you do your practicum?

11          A     At the Health Science Centre.  So although they  
12 weren't in a child welfare agency I learned a lot about  
13 family systems, family theory, those kinds of matters  
14 through the work I did in my practicum at the Health  
15 Science Centre in the Psychhealth department there.

16          Q     Okay.  And how long would that be, the practicum?

17          A     It was a year.

18          Q     Year practicum?

19          A     From September to June.

20          Q     Okay.  When you first started working in a family  
21 -- or, sorry, the child welfare area in Ontario, did you  
22 receive any training from the agency out there?

23          A     I did do, over my three years with that agency, I  
24 can't tell you exactly when I would have completed the  
25 training but I did do some training with them.



1 Q Do you recall what that training involved?

2 A I did two courses with how to carry out child  
3 abuse investigations. It was a joint project with the  
4 Children's Aid Society of Ontario and the Ontario  
5 Provincial Police.

6 Q Okay. Was there anything else?

7 A Not that I can remember.

8 Q So was -- were you doing child abuse  
9 investigations at that agency --

10 A Yes.

11 Q -- primarily?

12 A Not primarily, no, but when I worked for Kenora  
13 Patricia Child and Family Services as a family service  
14 worker, we didn't have specialized child abuse units so you  
15 were expected to -- if a child abuse allegation came up on  
16 your caseload you were expected to conduct the  
17 investigation as the worker.

18 Q Okay. When you started at Winnipeg Child and  
19 Family Services did you receive any training?

20 A Initially, when I started, not that I recall. I  
21 did, over the time that I was a family service worker,  
22 complete the competency-based training. I believe there  
23 was four levels.

24 Q Do you recall when that was?

25 A I don't specifically recall the dates of that

1 training, no.

2 Q Was it more than a year into your working for  
3 Child and Family Services?

4 A I can't remember.

5 Q Okay. Were you given a caseload initially when  
6 you started?

7 A Yes.

8 Q And did you have anyone to assist you with that  
9 caseload?

10 A I had my supervisor was there that I could  
11 consult with and my team members. If I had questions I  
12 could go to either one of them.

13 Q Okay. And the core competency training, did that  
14 provide you with the practical information and skills you  
15 needed to work as a child -- family support worker?

16 A Family service worker?

17 Q Family -- sorry, family service worker?

18 A I don't remember all that was involved in the  
19 core competency training. I can't tell you what all the  
20 levels were. I don't remember.

21 Q Aside from the core competency training, did you  
22 receive any other training or education from Winnipeg Child  
23 and Family Services during that period?

24 A I don't remember.

25 Q Okay. You had three years of experience working

1 in child welfare prior to coming to Winnipeg CFS. Do you  
2 know whether that, whether your training and experience at  
3 Winnipeg Child and Family Services was, was different  
4 because of your prior experience?

5 A I don't understand the question.

6 Q Were, were you -- was your training any different  
7 when you came to Winnipeg Child and Family Services because  
8 you were already, you know, a seasoned worker, you had  
9 worked for another agency for three years?

10 A You mean formal training?

11 Q Right.

12 A I, I, I completed the core competency-based  
13 training the same as everybody else did.

14 Q Okay. Do you recall whether you received any  
15 training on standards at Winnipeg Child and Family  
16 Services?

17 A I don't remember.

18 Q Do you recall if you referred to standards while  
19 you were doing practice at Winnipeg Child and Family  
20 Services?

21 A I don't remember.

22 Q Were you aware of which standards were applicable  
23 at the time you were providing services?

24 A I, I don't remember them specifically.

25 Q Do you remember standards at all?

1           A     I remember talk of standards. I don't remember  
2 what they were, I don't remember -- I don't specifically  
3 remember.

4           Q     When you first started at Winnipeg Child and  
5 Family Services, did you feel that you were equipped to do  
6 the work you were expected to do at the agency?

7           A     I do.

8           Q     I just want to ask you some general questions  
9 about supervision during the period of May 2000 to October  
10 2000. During that period you had --

11           THE COMMISSIONER: Just a minute.

12           MR. OLSON: Sorry.

13           THE COMMISSIONER: During that period, what  
14 position were you holding from May to October 2000?

15           THE WITNESS: I was a family service worker.

16           THE COMMISSIONER: With the family -- with the  
17 Winnipeg ...

18           THE WITNESS: With Winnipeg Child and Family  
19 Services.

20           THE COMMISSIONER: Okay, carry on.

21

22 BY MR. OLSON:

23           Q     Okay. And just, just briefly to understand that  
24 position, you would be, you would receive a file from an  
25 intake unit for ongoing family service; is that right?

1 A Yes, that's correct.

2 Q Okay. And you would be the primary social worker  
3 for that particular family?

4 A Yes.

5 Q Okay. And so while you were doing that, that  
6 work, you had two different supervisors at different  
7 periods; is that right?

8 A Between May and October of 2000, yes, I did.

9 Q Okay. Do you recall, who were those supervisors?

10 A Initially it was Lorna Hanson.

11 Q Okay.

12 A And then she left the -- she went on a maternity  
13 leave and then it was Angie Balan.

14 Q Okay. Just from looking at the various --

15 THE COMMISSIONER: Angie who?

16 THE WITNESS: Balan.

17 THE COMMISSIONER: B-A-L-O-N?

18 THE WITNESS: B-A-L-A-N, I believe.

19

20 BY MR. OLSON:

21 Q Just from looking at the various records, it  
22 would appear that Ms. Hanson was your supervisor until June  
23 or July 2000; does that sound right?

24 A Yes, that sounds about right.

25 Q And then Ms. Balan was your supervisor after that

1 until you left the family service unit; is that right?

2 A Yes.

3 Q Apparently there's some difficulty hearing you.  
4 That should be better.

5 A Is that better?

6 Q Maybe you can move it a little closer.

7 So just in terms of the supervision, what sort of  
8 things would this, the supervisor do with you? What sort  
9 of supervision was provided?

10 A Initially, when a case was assigned, the  
11 supervisor would sit down with you, tell you what they had  
12 read that was in the file. We would have a discussion  
13 about the case plan and where the case was going to go.  
14 And then periodically, depending on the supervisor, and  
15 then you would have a regular supervision time. So it  
16 might be once a week, might be once every two weeks,  
17 usually the same day. And during that period of time is  
18 when you would discuss all of your cases, in particular the  
19 ones that may have been needing some extra service or there  
20 was something happening. It would just depend on what was  
21 going on in your caseload.

22 Q So these -- this, this supervision, then, was  
23 really to discuss case-specific issues?

24 A Yes.

25 Q Okay. So for example, with Phoenix Sinclair's

1 case, if that was a case you had at the time, would you  
2 discuss that particular case with either Ms. Hanson or Ms.  
3 Balan?

4 A Typically, yes, during a supervision. I don't  
5 remember talking about all of your cases during one  
6 particular -- all of my cases during one particular  
7 supervision time. It depended on how much time was  
8 allotted for supervision and how many cases were discussed  
9 at that time, which ones maybe weren't discussed at the  
10 last supervision that needed to be discussed at this time,  
11 or if there was something that was really important  
12 happening in a case or there was a change in a case status  
13 or something had changed, those would be the cases that  
14 would get attention first and then you would discuss other  
15 cases.

16 Q Do you recall how long a typical supervision  
17 session would last?

18 A An hour to an hour and a half.

19 Q Okay. And you said they were approximately, was  
20 it monthly, sorry?

21 A I can't remember what they were back then and it,  
22 it varied. Typically, it was once every two weeks.

23 Q Okay. Were performance issues discussed at these  
24 meetings?

25 A I, I don't remember specifically. I would think

1 so because at times there would also be the opportunity for  
2 the supervisor to check in to see, you know, how I was  
3 doing or if -- yeah. So I, I don't remember specifically  
4 discussing any work performance issues but I would guess  
5 that that's where they would have been discussed.

6 Q Okay. So your, your recollection, then, is  
7 primarily the supervision sessions were to deal with issues  
8 arising on files that you had in your caseload?

9 A Yes.

10 Q Okay. And how much information would the  
11 supervisor have, have about each case when you met to  
12 discuss them?

13 A I don't, I don't know that specifically.

14 Q Okay. Would the supervisor have access to the  
15 same file you had?

16 A Yes.

17 Q Okay. And, and is it the supervisor who assigns  
18 cases to you?

19 A Yes.

20 Q And when they do that, would they have conducted  
21 some review of the case already before giving it to you as  
22 a worker?

23 A I don't know for sure if they did --

24 Q Okay.

25 A -- or not, but typically when they gave me a case



1 they would be able to give me a little synopsis of what the  
2 case was about, so I assume they would have read the file  
3 in order to get that information.

4 Q Okay. Did you -- do you recall whether or not  
5 you had any formal performance reviews during your period  
6 of time as a family service worker?

7 A I did.

8 Q Okay. And how often did you have those?

9 A I don't, I don't remember for sure. I think I  
10 may have had two in the two years I was there.

11 Q Two -- sorry, two in the two years you were  
12 there?

13 A Yes.

14 Q And what sort of issues would you discuss?

15 A I don't, I don't remember.

16 Q Okay.

17 A I know that it was a written document that the  
18 supervisor completed and then discussed with me. There  
19 would have been goals there. Strengths were identified,  
20 areas that needed work or that I was interested in working  
21 on, and then we both signed the document. So it was an  
22 actual document, but I don't remember the details of what  
23 was in it.

24 Q Okay. Do you recall whether or not note-taking  
25 or the importance of taking accurate and complete notes was

1 something that was discussed?

2 A I don't remember.

3 Q Okay. As a social worker is that something you  
4 were aware of?

5 A Like taking notes on cases, you mean?

6 Q Right.

7 A Yes.

8 Q Okay. And, and what was, what was the importance  
9 of taking notes on cases?

10 A So that you had a record of what was happening  
11 with the case, a record of meetings that you had with the  
12 clients or collaterals. It was recordkeeping.

13 Q Okay. And so that would be, if you picked up the  
14 file later you would be able to recall what you did?

15 A Yes.

16 Q Okay.

17 A And you'd be able to know what was happening in  
18 the case.

19 Q Okay. And is it unusual for family service cases  
20 to go to more -- to have more than one worker involved in a  
21 particular case?

22 A To be transferred, you mean?

23 Q Right.

24 A That's not unusual, no.

25 Q Okay. And so is part of the note-keeping so that

1 a subsequent worker will have an idea of what you did with  
2 the case?

3 A Yes.

4 Q Okay. And also, I think we heard this morning  
5 from Mr. Orobko that these, these cases sometimes go,  
6 there's issues before court, so --

7 A Yes.

8 Q -- notes become important; is that right?

9 A Yes.

10 Q Okay. Or sometimes there might be adoption  
11 proceedings, inquests. Those are all reasons why you'd  
12 keep accurate and complete notes?

13 A Um-hum.

14 Q Okay. In terms of what it is you note on the  
15 file, is there certain information you note or is it every,  
16 everything you do on the file? Or how do you determine  
17 what, what's important?

18 A I think that varies on the social worker.  
19 Typically, you know, you would document -- for me  
20 personally, I typically documented the date, where it was,  
21 what the meeting was about, what the phone call was -- if  
22 it was a phone call, if it was a meeting, what it was  
23 about, what issues were discussed. Sometimes what the plan  
24 would be from there. So if there was a decision made or an  
25 agreement that something needed to happen, I might document

1 that in my notes.

2 Q Was it your practice to document every important  
3 step or event?

4 A As best as I could.

5 Q Best as you could. Okay. And when you picked up  
6 a file that another social worker had worked on --

7 A Um-hum.

8 Q -- what did you expect in terms of their note-  
9 taking?

10 A I expected to see at least a summary of, like a  
11 written summary, a transfer summary that would include the  
12 basic information about what had happened in the case while  
13 they had it, and typically would expect to see some case  
14 notes. Every worker is different. Some keep lots of case  
15 notes, some don't keep as many case notes. Depends how  
16 long the file was with that worker, et cetera.

17 Q Are the case, case notes that a worker takes,  
18 including, you know, transfer summaries and those sorts of  
19 things, is that the primary source of information on a file  
20 you pick up, generally?

21 A I would think so. I mean, there's other  
22 information in a file as well. There's court information  
23 typically in the file, what we call green sheets, if it was  
24 a child-in-care file, which was a way that the agency  
25 tracked where kids were and changes to the children's

1 status or placements, et cetera. You'd expect to see some  
2 of those things on the file. Any medical information that  
3 was gathered by the previous worker, if there was any,  
4 you'd expect to see on the file.

5 Q When you pick up a file that another worker has  
6 worked on, what, what would be the first thing you would  
7 look at?

8 A I would typically look for the transfer summary.  
9 When a file is transferred from one worker to another,  
10 typically there's a summary of what that worker's  
11 involvement was, and it was -- it used to be called, I  
12 don't know what they call it now, a transfer summary.  
13 Usually a little ticky box on the top saying what it was,  
14 and --

15 Q Okay.

16 A -- I would look for that document.

17 Q And what, what is it about that document that --

18 A It would provide the demographic information  
19 about the family, so who was in the family, what their  
20 dates of birth were, their addresses, if they were  
21 aboriginal, if they were treaty, what band they were  
22 registered with, any collaterals that were important to the  
23 family, so whether it was extended family or community  
24 resources. It would also then give a brief history of the  
25 family's involvement with child welfare typically, and then

1 it would identify or be a summary of what that previous  
2 worker's involvement with the family had been and usually  
3 included a plan or goals, again depending on who was  
4 writing it and what terminology they used.

5 Q So would -- this would be basically a summary of  
6 what had happened on the file under that worker's --

7 A Under that worker, right.

8 Q Okay. And would you rely on that information to  
9 be accurate, then?

10 A Yes.

11 Q If it's not accurate, does that cause you any  
12 difficulty? Is -- could it cause you problems in the way  
13 you handle the file?

14 A Well, if it wasn't accurate, then I'd have to go  
15 and try to find out the information that was accurate.  
16 Typically, when the file came, you -- I assumed that that  
17 information was accurate.

18 Q And also if it was incomplete would there then be  
19 information obviously that you're not aware of?

20 A Right.

21 Q Okay. Sorry, I'm jumping around a bit but just  
22 want to get back to the topic of supervision. When you,  
23 when you were going to close a file or transfer a file, was  
24 a supervisor required to review the file with you?

25 A I don't know that -- not formally during a

1 supervision. During a supervision meeting you would talk  
2 about the case, and if there was a decision to close the  
3 file or to transfer it, that would be discussed during that  
4 supervision meeting.

5 Q So how did, how did the closing of files occur,  
6 then? Just take me through that.

7 A It would be usually during a supervision. So you  
8 would talk to the supervisor about what was, what had been  
9 happening in the case, what the progress the parents had  
10 done, if they had met the expectations of the agency.  
11 Discuss all of that information and then together come up  
12 with a decision as to a plan. So sometimes that plan meant  
13 continuing service, sometimes it meant closing the file.

14 Q Okay.

15 A And so you would agree, the supervisor and the  
16 worker, in my experience, would agree that that was the  
17 best plan, was to close the file, if that was what the plan  
18 was, is to close the file.

19 Q Okay. And is it the supervisor, then, relying on  
20 what you're telling he or she about the file, what has  
21 happened?

22 A Typically. And in any other times that you had  
23 spoke to the supervisor about the file. So if you had a  
24 file for two years and you had supervision every two weeks,  
25 you may have talked about that case many, many times. And

1 so the supervisor, some of my supervisors kept notes of our  
2 supervision meetings so they may have reviewed those. I  
3 can't remember specifically.

4 Q Okay. Did you keep notes of the supervision  
5 meetings?

6 A That was my practice to, as best as I could.

7 Q And would you keep the notes in the file, then?

8 A Yes.

9 Q Okay. Did you notice any differences in terms of  
10 supervision styles between Ms. Hanson and Ms. Balan?

11 A I don't remember specifically any differences.  
12 Both of them talked to me about my cases.

13 Q Did they have -- was there sufficient time  
14 available to meet with them when you needed to?

15 A Yes.

16 Q Okay. And in terms of the supervision that you  
17 did receive, did you find it was helpful in your, in your  
18 practice as a social worker?

19 A As much as I can remember.

20 Q Okay. So just generally with respect to your  
21 work as a family service worker, Ms. Brownlee gave evidence  
22 on the first day and she provided a description of what  
23 family services workers did, and essentially you would  
24 receive files that had been transferred to you by intake,  
25 and these were files that intake had determined required



1 some further ongoing services; is that ...

2 A Yes.

3 Q Okay. And what sort of services would, would the  
4 typical file need?

5 A It depended on the file and whether there were  
6 children in care or not children in care. It depended on  
7 the case and what the issues were in the case. Typically,  
8 a family service worker's job was to assist with, assist  
9 the family with addressing the issues that were identified  
10 from intake.

11 Q Okay. Was part of the job also monitoring the  
12 family just to ensure that the children remained safe in  
13 that family?

14 A Yes, that's part of your work.

15 Q Okay. And is that done by keeping regular  
16 contact with the family?

17 A Typically.

18 Q Okay. And also, in terms of ongoing services is  
19 there, is that connecting the family with resources that  
20 might help them?

21 A Yes.

22 Q And you said before that the supervisor would  
23 assign a file to you, and in this case the supervisor would  
24 have assigned Phoenix Sinclair's file to you?

25 A Yes.

1 Q When you --

2 THE COMMISSIONER: That would be Hanson?

3 THE WITNESS: Yes, at the time, yeah.

4

5 BY MR. OLSON:

6 Q Hanson or was that Balan?

7 A Hanson, yes.

8 Q Was Hanson.

9 A She was my supervisor until June or July of that  
10 year.

11 Q When you receive, received a file, do you recall  
12 what you physically received?

13 A I don't recall what I physically received other  
14 than the file.

15 Q And when you say "the file", you're talking about  
16 the paper --

17 A Yes.

18 Q -- the paper file?

19 A Paper file.

20 Q Okay. At that time were you, were you mostly  
21 using the paper file still rather than CFSIS?

22 A Yes.

23 Q And when you were given the case, would, would it  
24 be the file that came to you or would you actually have to  
25 request the file?

1           A     No, typically the file was given, the paper file  
2 was given to, given to the worker and you kept it with all  
3 your other files at your desk.

4           Q     Okay. And then once you -- when you got the  
5 file, you said one of the first things you would look at  
6 would be, I guess, the transfer summary?

7           A     Right.

8           Q     And what else would you look at in the file?

9           A     Typically, I would try to review whatever was in  
10 the file, whatever was in the actual paper file, so any  
11 other information that might be in there that I thought was  
12 important to read.

13          Q     Would you review the file cover to cover?

14          A     Yes, as soon as I possibly could.

15          Q     Okay. And some of these files, I take it, were  
16 quite voluminous?

17          A     Yes.

18          Q     And for even those files, you would review those  
19 cover to cover?

20          A     Eventually.

21          Q     Okay. And was that your practice or was that the  
22 general practice of social workers?

23          A     I can't -- it was my practice. I don't know what  
24 other social workers did.

25          Q     Okay. When you, when you would pick up a file,

1 would you make any contact with the social workers who had  
2 done other work on the file in the past?

3 A Sometimes. It depended on what information was  
4 in the file and if I had questions for the previous social  
5 worker. Not all the time did I do that initially, no.

6 Q Okay. Would, would that be a good source of  
7 information if you, if you needed information about the  
8 file, what work had been done?

9 A Yes.

10 Q Just want to turn to your transfer summary and I  
11 want to go through that. It's at page 37025, Commission  
12 disclosure 1795. So just generally, this, this is a  
13 transfer summary prepared by you; is that right?

14 A Yes.

15 Q And you would have prepared this when you were  
16 transferring the file on to another worker?

17 A Yes. This is Samantha Kematch's transfer file.

18 Q Okay. And so the date, October 2nd, 2000, is  
19 that the date that you would have actually transferred the  
20 file?

21 A That's the date that the document was completed  
22 and expected to be transferred.

23 Q Okay.

24 THE COMMISSIONER: Just a minute. What date's  
25 that?

1           MR. OLSON: October 2nd, 2000.

2

3   BY MR. OLSON:

4           Q     And, sorry, what is the, what's the purpose of  
5 the transfer summary?

6           A     It's a summary of all the involvement that I had  
7 on the case and it's for the purpose of passing on to the  
8 next worker so that they can see what work that had been  
9 done with the family, where the family was at and what  
10 further work may be needed.

11          Q     Okay.     And I've been calling it a transfer  
12 summary.     Actually, at the top it says case summary.     And  
13 then there --

14          A     Right.

15          Q     -- appears to be there's three different options.  
16 There's review, transfer or closing.     Are those the three  
17 different times you would use this document?

18          A     This particular document, yes.

19          Q     Okay.     And the first being review, what is that?

20          A     That would be a review of a case.     So if you are  
21 a family service worker and you had a family service file  
22 for a year --

23          Q     Um-hum.

24          A     -- you were expected to do a review of the family  
25 and the service that had been provided.

1 Q Okay. So --

2 A So that would be a review.

3 Q So for every file that you had for a year, you  
4 had to do a review and fill out one of these documents?

5 A I can't remember what the timeline was. That's  
6 an example. So if you had the case for over a year, you  
7 would be expected to do a review at some point in that  
8 period of time. If you knew that the case wasn't going to  
9 be closing, for example.

10 Q Okay. And just, would this be if you as the  
11 worker had that case for a year or would be just if the  
12 case had been opened for a year?

13 A If you -- if it was your case.

14 Q Okay.

15 A Because if the case had been open and was moved  
16 from worker to worker, the expectation was that you would  
17 do a transfer summary every time it was moved from worker  
18 to worker.

19 Q Okay. I see. And then the last box, the closing  
20 box, when would you use -- tick that one off?

21 A When you were prepared to close the file.

22 Q Okay.

23 A Close the family file.

24 Q So, and you close a file when the issues have  
25 been addressed; is that ...

1 A When the issues have been addressed, yeah.

2 Q Okay. And so the fact that you are, that you  
3 selected transfer in this document --

4 A Um-hum.

5 Q -- that, that means that you had determined that  
6 further services were required to this family?

7 A Yes.

8 Q Okay. So the file was not ready to be closed at  
9 that time?

10 A No.

11 Q Okay. And just when we look back at your work  
12 history, I think you were transferring over to south  
13 abuse --

14 A Intake.

15 Q -- intake in October?

16 A In October of 2000, yes.

17 Q And is that why you were transferring this file?

18 A Yes. Yeah.

19 THE COMMISSIONER: Where were you going?

20 THE WITNESS: I was going to the south abuse  
21 intake unit at Winnipeg Child and Family Services in  
22 October of 2000.

23

24 BY MR. OLSON:

25 Q So would you have done a closing -- sorry, a

1 transfer summary like this for each of the files you were  
2 handing at the time?

3 A Each of the files that were being transferred,  
4 yes.

5 Q Okay. And then I take it your expectation was  
6 that another family service worker would assume conduct of  
7 the file?

8 A Yes.

9 Q And what did you expect the, the new worker to do  
10 with the file? What would you expect, if anything?

11 A In general?

12 Q In general.

13 A To help the family to continue addressing  
14 whatever issues had not been completely addressed when I  
15 had the file. To follow any case plan that was prepared or  
16 agreed upon.

17 Q Okay. So they would read your, your file, your  
18 transfer summary, and see what hasn't been addressed and  
19 try to address those?

20 A Right.

21 Q Okay. And how was that, how would that be  
22 communicated to the next worker?

23 A I'm not sure, other than reading my transfer  
24 summary and through the supervisor.

25 Q Okay.



1           A     Because once I transferred a file, then it -- the  
2 supervisor would assign that file to another family service  
3 worker, so I would assume in assigning, as in they assign  
4 -- as the way all super -- my supervisors assign cases is  
5 whether they came from intake or they were transferred from  
6 another worker was typically the same way.

7           Q     Look on page 37026, please. Point number three.

8           A     Um-hum.

9           Q     It says -- actually, if you just go, if we just  
10 scroll up on the page for a moment. The information, the  
11 information here, for example, there's a name, Marie  
12 Belanger, agency teaching support worker, Heather McCheyne,  
13 et cetera, what are, what are those names?

14          A     Those would be the collaterals or the community  
15 supports that the family were involved with.

16          Q     Okay. And then point number three, it says,  
17 children in care.

18          A     Um-hum.

19          Q     If applicable, see child in care review.

20          A     Right.

21          Q     And why does it say that, do you know?

22          A     Because when you transfer a family service file,  
23 if there were children in care attached to that file, so if  
24 it was a family and they, their children were in care, some  
25 of the children were in care, you were expected to also do

1 a child in care transfer summary.

2 Q Okay.

3 A So that was put in there so that if the new  
4 worker wanted to see information about the child that was  
5 in care, they could look at the child in care summary,  
6 whichever it might be.

7 Q And in this case would it, would it signal to the  
8 new worker that they should look at Phoenix, Phoenix's  
9 child-in-care file?

10 A In this case, Phoenix's child-in-care file was  
11 closed.

12 Q Okay.

13 A So they could review the, the child in care  
14 closing summary.

15 Q Okay. And would you expect the next worker to do  
16 that?

17 A Typically, yes. The files -- I'm not sure, in  
18 this case, and I can't remember specifically, where the  
19 child-in-care files went when they were closed. Typically,  
20 when you're transferring a file with children in care and  
21 they have open child-in-care files, all the hard files, the  
22 paper files, are transferred together so the worker gets,  
23 you know, the family service file and then however many  
24 children in care files.

25 Q So that comes in one package, then?

1           A     Right.  When a child-in-care file is closed, I  
2     can't remember specifically what happens to that file.

3           Q     Okay.

4           THE COMMISSIONER:  Well, you had Phoenix's file  
5     prior to it being closed?

6           THE WITNESS:  Yes.

7           THE COMMISSIONER:  When was it closed?

8           THE WITNESS:  I closed it when she was returned  
9     to her parents in October - September, pardon me.

10          THE COMMISSIONER:  And this summary form that's  
11     on the screen now relates to Samantha's file?

12          THE WITNESS:  Right.  Relates to the, what we  
13     would have called the family file.  So ...

14          THE COMMISSIONER:  I follow.  Yes, okay.

15

16     BY MR. OLSON:

17           Q     Just continuing on with ...  Just, just so  
18     everyone's clear, can you just explain what a child-of-care  
19     file is, when it's opened and when it's closed?

20           A     Okay.  Sorry.  A child-in-care file, when a child  
21     is brought into agency care, when a child is apprehended,  
22     the agency creates what's called a child-in-care file.  So  
23     it's a paper file that relates specifically to that child  
24     that's brought into care.  It remains open as long as that  
25     child is in care because the child is receiving services

1 from the agency. When the child is discharged from care,  
2 the file is closed because the child, him or herself, is no  
3 longer receiving services. However, the family may still  
4 be receiving services.

5 Q Okay. So while the child is in care, the child  
6 is -- the agency is the guardian of that child?

7 A Yes.

8 Q Okay. Does that mean, when the file's closed,  
9 the child stops receiving services from the agency?

10 A As a child in care, they stop receiving services.  
11 But their family, and as a part of that family, the child  
12 may continue to receive services.

13 Q Okay. And is there information that's in a  
14 child-in-care file that is not in a family file?

15 A Sometimes, yes.

16 Q Okay. And for that reason would it be important  
17 for a worker working on a file like Ms. Kematch's file to  
18 familiarize themselves with the child-in-care file?

19 A Yes, if they have access to that child-in-care  
20 file.

21 Q And in what cases would they not have access?

22 A Once the child in care's, once a child-in-care  
23 file is closed it becomes a sealed file.

24 Q Okay.

25 THE COMMISSIONER: Becomes what?

1 THE WITNESS: A sealed file.

2 THE COMMISSIONER: Oh, sealed.

3

4 BY MR. OLSON:

5 Q So the fact that Phoenix's child-in-care file was  
6 closed at this, the time you wrote the transfer summary,  
7 would it then be sealed?

8 A Yes, typically. That's my understanding.

9 Q Okay. Do you know why that, why that is?

10 A I don't know a hundred percent. My --

11 Q Well, what's, what's your understanding of the  
12 reason for that?

13 A My understanding is that it's, it's because that  
14 child is no longer receiving services as a child in care  
15 and so it's a way to keep that information confidential.

16 Q And that includes keeping it confidential from  
17 the worker that's providing services to that particular  
18 family?

19 A I guess so.

20 Q Now, the information under the heading,  
21 psychosocial assessment, point two there, date of source of  
22 and reason for referral. Do you recall where you obtained  
23 that information from?

24 A That would have been from the physical file, when  
25 it was transferred to me.

1 Q Okay. And if we look back at the intake transfer  
2 summary prepared by Ms. Saunderson, which is page 37038,  
3 Commission disclosure 1795. So this is Ms. Saunderson's  
4 intake transfer summary.

5 A I believe so.

6 Q Okay. Is that a document that you would have  
7 reviewed?

8 A If it was in the file, yes, and I believe I did.

9 Q Okay. And when you look at presenting problem on  
10 page 37038 --

11 A Um-hum.

12 Q -- it appears that that is the same information  
13 that appears on your document?

14 A Um-hum.

15 Q So is that -- would you have just sort of cut and  
16 paste that information into your transfer summary?

17 A Possibly.

18 Q Okay.

19 A Or would have retyped it, but would have included  
20 that information because that was the presenting problem  
21 when the file was opened.

22 Q Okay. Okay. And so under that heading,  
23 presenting problem, when you do a transfer summary, is that  
24 the problem that initially brought the family into contact  
25 with CFS?

1 A Yes.

2 Q Okay. So it's not why you had the file as a  
3 family service worker, it's the initial contact?

4 A Right.

5 Q If we could turn, please, to page 37034. This is  
6 still Commission disclosure 1795. This is an addendum to  
7 Ms. Saunderson's intake transfer summary that we just  
8 looked at. Do you recall whether or not you reviewed this  
9 document?

10 A I don't recall specifically, but if it was in the  
11 file I assume I did.

12 Q Okay. And would it have been your practice to  
13 review this --

14 A Yes.

15 Q -- type of document?

16 A Um-hum.

17 Q Okay. When we reviewed this document with Mr.  
18 Orobko, he confirmed that it represented the notes of the  
19 work that he did on the file before it was transferred to  
20 you.

21 A Um-hum.

22 Q Okay. And would that be your understanding as  
23 well?

24 A Yes.

25 Q Okay. And if you look at the document, if you

1 look under, further assessment.

2 A Um-hum.

3 Q You'll see he says:

4

5 "At this point in time the  
6 previously stated case plan, when  
7 reviewed against the just received  
8 information from Cree Nation,  
9 would still appear to be the most  
10 prudent course of action. The  
11 major concern expressed throughout  
12 the Cree Nation data revolves  
13 around Samantha's seeming  
14 disinterest in parenting [her  
15 first child]."

16

17 A Um-hum.

18 Q

19 "... and there appearing to be no  
20 concerted effort by Samantha to  
21 work towards reunification.

22 Interestingly enough (and to  
23 Samantha's surprise), [her first  
24 child] is not yet a Permanent Ward  
25 of Cree Nation and the next court



1 date in this matter is May 17,  
2 2000. Samantha was strongly  
3 advised to contact Cree Nation ...  
4 and consult with legal counsel  
5 should she wish to 'fight for [her  
6 first child]'. Her intentions  
7 remain unknown at this point.

8 In summary then, Steven and  
9 Samantha consented to the 3 month  
10 Order and Agency plan (as  
11 indicated previously). Nikki  
12 Taylor is helping Samantha locate  
13 a psychologist for the assessment  
14 and Steven will be approaching the  
15 Andrews St. Family Centre around  
16 the parenting program. Both  
17 parents have been advised of the  
18 imminent case transfer to the  
19 Jarvis Office."

20

21 From that summary, what, what information was  
22 most important or significant to you as the family service  
23 worker assuming conduct of the file?

24 A At the time, you mean?

25 Q At the time you would have read that.

1           A     I, I don't remember specifically but all of the  
2 information is important that's included in a file.

3           Q     Okay. Is there anything specifically important  
4 or just it's all equally important?

5           A     I think it's all equally important. It's  
6 information that I would need in order to assist the  
7 family, carrying out the agency plan.

8           Q     Okay. If you go back to your transfer summary,  
9 page 37026. Still under problems identified. And go to  
10 the next page, please. The problems listed here are the  
11 following:

12

13                   "1) Samantha appeared to have  
14 hidden her second pregnancy as she  
15 had [done] her first one, ...

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

22                   3) The couple's ambivalence  
23 regarding the long term plans for  
24 the child. They had not received  
25 any prenatal care and had not done

1 anything in preparation for the  
2 birth of the baby. Also the  
3 parents initial reaction was they  
4 were unsure if they wanted to  
5 parent the child, there was an  
6 ambivalence regarding their  
7 commitment to the baby.

8 4) Samantha's reported flat  
9 affect and the reason for  
10 it. There was some concern  
11 that she may have been suffering  
12 from depression. Some form  
13 of psychiatric/psychological  
14 assessment with respect to  
15 Samantha was suggested.

16 5) Due to the couple's young age  
17 and Samantha's history, it was  
18 suspected they had limited  
19 parenting experience and skills."  
20

21 So this list of problems here, are these the  
22 problems that you identified, as the worker?

23 A These are the problems that were identified when  
24 the, when the file was transferred to me and the problems  
25 identified as part of why it needed to have ongoing family

1 service.

2 Q Okay.

3 THE COMMISSIONER: That is, someone ahead of you  
4 had identified those as the problems?

5 THE WITNESS: Yes.

6

7 BY MR. OLSON:

8 Q And you would have reviewed those when you first  
9 picked up the file --

10 A Yes.

11 Q -- is that right?

12 And as a family service worker, were these the  
13 problems that you intended on addressing?

14 A Yes.

15 Q Okay. And I take it if there were new issues  
16 that came up during your service to the family, you would  
17 address those as well?

18 A Yes.

19 Q Okay. The issues listed here, those are issues  
20 that came to you from your file review rather than meeting  
21 with the family directly?

22 A I think so, yes.

23 Q Okay.

24 A I can't remember for sure.

25 Q In other words, it's not your own assessment from

1 actually having contact with the family?

2 A No. This would have been -- as, as the summary  
3 is laid out, it starts at the beginning and works your way  
4 through. So this would have been the issues that were  
5 initially identified that needed to be addressed with the  
6 family.

7 Q Okay.

8 A So yes, I would have got it likely from the  
9 review of the file.

10 Q And so to a large extent, your review -- you're  
11 relying on what the previous worker or workers did with the  
12 file to determine how you're going to react to the file or  
13 deal with the file?

14 A Initially, yes.

15 Q Okay. You continue on, under brief history of  
16 agency involvement. The first paragraph says:

17

18 "The Agency appears to have one  
19 history of involvement with  
20 Samantha Kematch, dating back to  
21 July 1998, when her son, ... was  
22 born. At that time, the family  
23 was referred to our Agency from  
24 Cree Nation CFS, with whom  
25 Samantha was a Permanent Ward.

1           They had serious concerns about  
2           Samantha's ability to parent, as,  
3           she had kept her pregnancy a  
4           secret, had received no prenatal  
5           care and had been resistant to any  
6           kind of assistance.  Winnipeg CFS  
7           apprehended [her first child] on  
8           their behalf and he was eventually  
9           transferred to Cree Nation CFS."

10

11           This, this history here, it appears that this was  
12           also taken from Ms. Saunderson's summary.  And if you look  
13           at page 37038, under history of involvement, if you read  
14           that paragraph it's nearly verbatim --

15           A     Um-hum.

16           Q     -- to what you're written.

17           A     Yes.

18           Q     Okay.  So again, I take it that information was  
19           taken directly from Ms. Saunderson's summary --

20           A     Yes.

21           Q     -- is that right?  Okay.

22                     If we go back to page 37027.  Under brief  
23           history.  Sorry, under Brief History of Agency Involvement,  
24           the second paragraph says:

25

1                    "It is important to note that  
2                    Steve Sinclair permanently came  
3                    into Winnipeg Child & Family  
4                    Services care when he was 13 and  
5                    he remained in the care of this  
6                    Agency until attaining the age of  
7                    majority. At this point Steve's  
8                    biological mother's file ...  
9                    remains closed and his CIC file is  
10                   sealed. He has been resistant to  
11                   allowing the workers to review his  
12                   file. However, his previous  
13                   worker is Cathy Epps, at the  
14                   Jarvis office, and she may be able  
15                   to share any information she can  
16                   recall. He did advise that his  
17                   experiences in Agency care have  
18                   prompted him to parent his child  
19                   so that Phoenix might escape  
20                   similar experiences."

21

22                    And do you recall, did you, did you obtain that  
23 information, as well, from --

24                    A     I --

25                    Q     -- Ms. Saunderson's transfer summary?

1           A     I don't remember.     Again, it would have been  
2 information that likely I would have gotten from the file.

3           Q     Okay.

4           A     So may have been her transfer summary, I assume.  
5 I don't remember specifically.

6           Q     Do you, do you recall if you did review Steven  
7 Sinclair -- sorry, Steve Sinclair's child-in-care file?

8           A     I did not see his child-in-care file.

9           Q     Okay.   And why didn't you?

10          A     Because his child-in-care file was sealed.

11          Q     Okay.

12          A     And to correct something that I said earlier,  
13 their -- children's child-in-care files are sealed when  
14 they turn 18.

15          Q     Okay.   That was my understanding.

16          A     That's -- and I -- that was a mistake I made  
17 earlier.   Once their file is closed, it's closed, but it's  
18 not sealed until they reach the age of majority.

19          Q     Okay.   So just to clarify for the record, when I  
20 asked you before if a worker could access Phoenix  
21 Sinclair's child-in-care file --

22          A     I assumed that they --

23          Q     -- at this time --

24          A     I assumed that they could have.

25          Q     They, they could.   Okay.   And, sorry, so you said



1 Mr. Sinclair's file would be sealed?

2 A Yes.

3 Q And that would prevent you from accessing it?

4 A Yes.

5 Q And if he consented to your access would you be  
6 able to access it?

7 A Yes.

8 Q Okay. And do you recall whether or not you asked  
9 Mr. Sinclair?

10 A I don't recall specifically, but I thought I read  
11 somewhere in my notes that he was considering it but I  
12 can't remember specifically if I asked him.

13 Q Okay. If you did ask him, it is something that  
14 you would have noted?

15 A Likely.

16 Q Okay. Do you recall speaking with Kathy Epps  
17 to --

18 A I don't recall.

19 Q You don't recall. Is that something you would  
20 have noted?

21 A Likely.

22 Q Okay. Would Ms. Epps be a good source of  
23 information in terms of Steve's background and history?

24 A It appears so, based on what I wrote there. It  
25 says she was his previous worker.

1 Q Okay. And was Mr. Sinclair's background and  
2 history, particularly since you knew he had been in care of  
3 the agency and had apparently had bad experiences with the  
4 agency, would that have been important to you in  
5 determining whether or not Phoenix Sinclair would be safe  
6 in his care and Samantha Kematch's care?

7 A Not necessarily needing to know what was in his  
8 child-in-care file, no. We don't always look at child-in-  
9 care files for children that are now adults that had been  
10 in care of the agency.

11 Q Okay. But what --

12 A It's --

13 Q Sorry.

14 A Go ahead.

15 Q I -- what about in this case, where you know that  
16 Mr. Sinclair had only recently aged out of care, as did Ms.  
17 Kematch?

18 A I think he was in, I think he was 20 so he had  
19 been out of care -- I can't remember specifically. It's  
20 not something that we typically necessarily did or deemed  
21 necessary to do for every child, every person that became a  
22 parent that had been a child in care. It's not something  
23 we typically do is to look at their child-in-care file.

24 Q Okay. But given the facts of this particular  
25 case, facts that you knew at the time, that is, the couple

1 were ambivalent about parenting --

2 A Um-hum.

3 Q -- Ms. Kematch had been in care, her first child  
4 is in care and it was apparently born only two years ago,  
5 two --

6 A Um-hum.

7 Q -- years prior to this.

8 A Um-hum.

9 Q Mr. Sinclair had been in care, he had  
10 difficulties with the agency. I mean, aren't these all  
11 things that would make you want to have a thorough  
12 understanding of the background, parents?

13 A I don't know that he said he had difficulties  
14 with the agency. What I remember and what it says there is  
15 that he had difficult experiences in care. Lots of  
16 children in care have difficult experiences in care.  
17 Again, it's not something that I would have necessarily  
18 deemed that I needed to see his child-in-care file, based  
19 on the information that was presented to me at the time I  
20 had the file.

21 Q Did you decide, in this case, that it was not  
22 necessary to see Mr. Sinclair's --

23 A I --

24 Q -- child-in-care file?

25 A I don't recall deciding that.

1 Q Okay. But --

2 A And based on what I wrote there, it appears that  
3 I may have wanted to see it or I thought it might be  
4 important at the time for somebody or the next worker to  
5 maybe talk to Kathy, so ...

6 Q But you were the worker at this particular time?

7 A At this time, yeah.

8 THE COMMISSIONER: And you did not see it?

9 THE WITNESS: I did not see his child-in-care  
10 file, no.

11

12 BY MR. OLSON:

13 Q And you'll correct me if I'm wrong, but I believe  
14 you said you did not talk with Ms. Epps either?

15 A Not that I remember.

16 Q Okay. And that, that -- you could have spoken  
17 with her to see what she knew about Mr. Sinclair?

18 A I don't know. I don't remember. I know -- I  
19 remember that at the time that I worked in the unit where,  
20 where Ms. Epps was, there was a period of time that she was  
21 away ill. I don't know if that was that period of time or  
22 not.

23 Q Okay. Was there anything preventing you from  
24 attempting to contact her?

25 A I don't remember. As I said, she may have been

1 away. I, I don't remember.

2 THE COMMISSIONER: Well, if you'd contacted her,  
3 would -- you'd have a note of it, would you?

4 THE WITNESS: Likely I would have.

5 THE COMMISSIONER: And you don't have a note of  
6 it?

7 THE WITNESS: Not that I found in my notes that  
8 were presented to me.

9

10 BY MR. OLSON:

11 Q Okay. And the notes that we have, those are all  
12 of the notes that you took with respect to this file?

13 A I can't say that for sure because I don't  
14 remember all of the notes that I took, but I've only seen  
15 the notes that was presented to me.

16 THE COMMISSIONER: Oh, do you -- are they not  
17 complete?

18 THE WITNESS: I, I'm not sure. I'm not sure of  
19 that because I can't remember all of the notes that I took  
20 at the time, so I can't say for sure that they're all  
21 there.

22

23 BY MR. OLSON:

24 Q Where else would you have kept notes with respect  
25 to this file?

1 A Nowhere. They would have been in the file.

2 Q Okay. So if they're not complete, then they have  
3 been removed somehow?

4 A Possibly. I'm just, I'm not saying that they're  
5 not complete. I'm saying --

6 Q That was my next question. Are you suggesting  
7 that they're incomplete?

8 A I'm not suggesting that. I'm just saying I can't  
9 say for sure that they're, that they're all there. I don't  
10 remember everything that I wrote on this case.

11 Q If you were to contact Ms. Epps or any former  
12 worker, would they be free to share information with you  
13 about Mr. Sinclair if they, if they knew -- if they had  
14 some information, some recall?

15 A I, I would think so.

16 Q Okay. In other words, the information itself  
17 would not be sealed, it would not -- you wouldn't be  
18 prevented from receiving that information. It's just you  
19 can't see the file without --

20 A Right.

21 Q -- going through certain hoops, right?

22 A Right.

23 Q And if you did want to see the file, if you  
24 decided it was quite important to you in this case, there  
25 are things you could do to see it besides getting Mr.

1 Sinclair's consent; are you aware of that?

2 A I'm, I can't remember specifically what it is.  
3 What I do remember is that it was not easy in order to  
4 access a file. There was a number of steps that you had to  
5 take to get a sealed file unsealed.

6 Q Right. There were some --

7 A Without the client's permission.

8 Q Right. You would have to fill out some paperwork  
9 and seek approval from a superior; is that ...

10 A I believe -- I know that there was a level of  
11 approval that you need to, to get much, much beyond myself  
12 and my supervisor.

13 Q Okay.

14 A What it exactly was, I don't remember.

15 Q But if you decided it was important, you, you  
16 could have taken that next step?

17 A I guess so, yes.

18 Q Okay. If you look, just turn up the appendix "A"  
19 to the admission of facts, which is page 37663. Mr.  
20 Commissioner, this is from Exhibit 14 and it's appendix  
21 "A". These are the, the admission as to facts from the  
22 department.

23 Just one step, one step down. Go, go down,  
24 please.

25 So at point, at point seven of appendix "A". And

1 so this is Ms. -- this is an assessment that is attributed,  
2 I believe, to Ms. Epps, and point seven, and we'll hear  
3 evidence from her in due course about what this is, but it  
4 says:

5

6 "Worker's Assessment of Child  
7 (include child's level of  
8 functioning, special needs,  
9 strengths, area of concern, etc.):

10 [said]

11 Steven remains to be a highly  
12 disturbed individual who should  
13 not be left in charge of dependent  
14 children. He has numerous  
15 unresolved abuse issues."

16

17 If you could just please go up to the top of the  
18 document.

19 THE COMMISSIONER: No, wait a minute. When that  
20 says, worker's assessment of child, who is the child? I'm  
21 asking you that, witness. You see that?

22 THE WITNESS: Um-hum.

23 THE COMMISSIONER: In number seven. Worker's  
24 assessment of child. Who is the child?

25 THE WITNESS: According to the bottom of this



1 page, it says Steven Sinclair's child-in-care file.

2 THE COMMISSIONER: Right.

3 THE WITNESS: So I assume the child they're  
4 talking about is Steven Sinclair.

5

6 BY MR. OLSON:

7 Q And if we could just go to the first page of the  
8 document. At the top you'll see this is identified ... At  
9 the top you'll see that this is a child in care review  
10 form. You have closing is checked off. The name of the  
11 child is Steven Sinclair, permanent ward. And the date the  
12 child came to care, et cetera. And the date of the  
13 document is April 15th, 1998. So this would have been from  
14 Mr. Sinclair's child-in-care file; is that ...

15 A That's what it looks like, yeah.

16 Q Okay. So if you had, if you had reviewed his  
17 child-in-care file and, and read this remark -- and this,  
18 would this be a document you would have reviewed, the  
19 closing summary?

20 A In his -- if I had access to his --

21 Q Right.

22 A -- child-in-care file, yes.

23 Q Okay. And that, that point number seven --

24 A Um-hum.

25 Q -- indicating that he is a highly disturbed

1 individual who should not be left in the care of children  
2 -- sorry, left to care for children, would that have caused  
3 you any concern or changed the way you dealt with this  
4 family?

5 A I don't know that it would change the way I dealt  
6 with the family. It would have been information that I  
7 would have included in my assessment of the family  
8 situation.

9 Q And would it be important to you in terms of  
10 informing your assessment?

11 A Yes.

12 Q Okay. And, and how so?

13 A Well, any information that you can gather about a  
14 parent is important information to include in your  
15 assessment.

16 Q If you had this particular information, would it  
17 cause you to do any further investigation in terms of  
18 ensuring the safety of children in Mr. Sinclair's care at  
19 the time?

20 A Yes.

21 Q And just, could you give me some examples of what  
22 sorts of things you would have done or -- looking at it  
23 now?

24 A Well, I, first off, I would have wanted to know  
25 more information about where that assessment came from.

1 That's a very brief assessment. It's two lines or three  
2 lines. I don't remember. It doesn't say a lot of  
3 information there. I'd like to know what the background of  
4 that was, where that information came from, that kind of,  
5 that kind of stuff.

6 Q All right.

7 THE COMMISSIONER: Mr. Olson, this document came,  
8 did it then, from the file that this witness has referred  
9 to as having been sealed?

10 THE WITNESS: Yes.

11 MR. OLSON: Yes. If you look at --

12 THE COMMISSIONER: That's so?

13 MR. OLSON: -- point --

14 THE COMMISSIONER: She's answered the question  
15 for me.

16 THE WITNESS: Yes.

17 THE COMMISSIONER: Thank you.

18

19 BY MR. OLSON:

20 Q And just the recent date of the document relative  
21 to when you're providing services, so your services are  
22 provided in 2000, right?

23 A Um-hum.

24 Q And the date of this document is April '98?

25 A Um-hum.

1 Q Would that cause you any more or less concern had  
2 you read it?

3 A Not necessarily. I'm not sure.

4 Q I mean, if the, if it was ten years ago as  
5 opposed to only being, you know, made two years ago, would  
6 that be significant?

7 A Possibly. A lot can happen in two years and not  
8 very much can happen in ten.

9 Q Okay.

10 A And vice versa.

11 Q And how is it you would determine what had  
12 happened in that two years since this was written? Would  
13 you want to see what had been done?

14 A Yes. Based on what was written in the worker's  
15 assessment.

16 Q Okay. And how would you, how would you  
17 investigate that aspect?

18 A I would talk to people that knew him, talk to  
19 Steven about what that was. I'm not sure.

20 Q And I would imagine one of the first people you'd  
21 want to talk to would be Ms. Epps to find out what, what  
22 this meant?

23 A Which is -- I believe I said that already, yes.

24 Q Okay.

25 A Or to the worker that wrote it or to a worker

1 that may have had other information.

2 Q Okay. When you, when you do, when you do pick up  
3 a file --

4 A Um-hum.

5 Q -- for the first time, you review the history; is  
6 that right?

7 A Yes.

8 Q Is that one of the key things that you review as  
9 a social worker?

10 A You review what's in the file.

11 Q Okay. But --

12 A And so ...

13 Q -- history in particular, is that ...

14 A Yes.

15 Q And why is it so important -- why -- is it  
16 important, first of all, to review the history?

17 A Typically, yes. In order to have an  
18 understanding of what's happened for that family.

19 Q Okay. In terms of predicting what will happen in  
20 the future, what services are needed, does history inform  
21 that as well?

22 A Yes, sometimes.

23 Q Okay. And so this, the history on the family in  
24 this case, would that have helped inform the way you dealt  
25 with this file in the future, as the family service worker?

1           A     Yes.  It's -- you also have to take into account  
2 what it is that you're presented with and whether or not  
3 there's concerns that would warrant you seeking or looking  
4 further back into history or not.

5           Q     And, and I understand what you've said about  
6 sealed files and --

7           A     Um-hum.

8           Q     -- I appreciate that.  Just looking at it now,  
9 is, is this information that you would have liked to have  
10 had when you had conduct of this particular file?

11          A     Well --

12               MR. RAY:  I think that that's been asked and  
13 answered a number of times in terms of what she would like  
14 to have seen on the file and what she didn't see on the  
15 file.  Fact remains is, she didn't see the file.  And much  
16 of what you're asking the witness is, could becoming  
17 speculation about what she would or wouldn't have done  
18 (inaudible) she (inaudible).

19               THE COMMISSIONER:  Well, the question is, would  
20 this have been of assistance to her had she seen it.

21               MR. RAY:  And I think she's asked -- been --

22               THE COMMISSIONER:  Well, let her just answer that  
23 and then we'll leave that point.

24               THE WITNESS:  Yes.  Any information that you can  
25 see about a family is important.

1 THE COMMISSIONER: Okay. I think that covers it.

2 MR. OLSON: Yes. Thank you.

3

4 BY MR. OLSON:

5 Q Just with respect to Samantha Kematch, were you  
6 aware of whether or not she had a child-in-care file?

7 A Yes. That was information, I believe, that was  
8 in her file.

9 Q Okay. And do you recall whether or not you saw  
10 her child-in-care file?

11 A I saw information from it as part of what was in  
12 the file that was presented to me.

13 Q Okay.

14 A I didn't see her actual child-in-care file, no.

15 Q And do you know -- did you request to see her  
16 actual child-in-care file?

17 A Not that I recall.

18 Q Given the limited information you had with  
19 respect to Samantha Kematch, did that cause you any concern  
20 in terms of the services you needed to provide as a family  
21 service worker for the family?

22 A I had -- there was, there was quite a bit of  
23 information in Samantha's family file that was transferred  
24 to me that I believe same from her child-in-care file. So  
25 there was -- I had reviewed whatever was in the file and

1 there was quite a bit of information in there, including a  
2 social history from when she had been a child in care. So  
3 I'd reviewed that information that was available.

4 Q Okay. Let's take a look at some of that  
5 information. If we go to your --

6 THE COMMISSIONER: Just a minute now. Are we --  
7 I guess we're going to take a mid-afternoon break, are we?

8 MR. OLSON: Certainly. Did you want to break  
9 now, Mr. Commissioner?

10 THE COMMISSIONER: Well, I guess if we're going  
11 to break we'd better do it now because time's moving on.

12 MR. OLSON: Okay.

13 THE COMMISSIONER: So let's see if we can take  
14 just 10 minutes today. All right. As of now.

15

16 (BRIEF RECESS)

17

18 BY MR. OLSON:

19 Q Ms. Epps (sic), just before we want to proceed, I  
20 want to clarify something we covered earlier with respect  
21 to the statement in the agreed admission as to facts from  
22 the department and the summary prepared by Ms., attributed  
23 to Ms. Epps. We expect to be hearing from Ms. Epps with  
24 respect to that notation. She didn't, in fact, prepare the  
25 summary and doesn't necessarily agree with the comment that



1 Mr. Sinclair is a highly disturbed individual. It was  
2 another worker who apparently prepared that summary. So  
3 that's, that's just something I think should be clarified  
4 at this point.

5 THE COMMISSIONER: I see, too, your colleague's  
6 on her feet.

7 MR. GINDIN: I wanted to make sure that was  
8 clarified because I know the media is here during that last  
9 comment, and we are going to be hearing the evidence  
10 clearly from Ms Epps who will say that she knew Steven  
11 better than anyone, as his social worker, and didn't agree  
12 with those remarks. I think it's important that be made  
13 clear now.

14 Another point that I may --

15 THE COMMISSIONER: Will we find out at some point  
16 where they came from?

17 MR. OLSON: Yes. I think, I believe so.

18 THE COMMISSIONER: All right.

19 MR. GINDIN: I just wanted that on the record  
20 now.

21 THE COMMISSIONER: Yes.

22 MR. GINDIN: The other point I think I made to  
23 Mr. Olson, which I know he was about to correct, I think he  
24 put the question to the witness that given this couple's  
25 ambivalence to parenting. The evidence we've heard so far

1 was Samantha's ambivalence to parenting. There was nothing  
2 about Steve's ambivalence towards parenting, so I just  
3 wanted to -- and I think Mr. Olson agreed with me on that.

4 MR. OLSON: Yeah. I'm not certain on, on the  
5 wording of the -- I think the couple was unprepared to  
6 parent.

7 MR. GINDIN: Unprepared, perhaps, but the  
8 evidence was that Samantha was ambivalent toward parenting  
9 and showed a flat affect and that's why a psychological  
10 assessment was ordered. No evidence that such a thing was  
11 ordered for Steve.

12 THE COMMISSIONER: Well --

13 MR. GINDIN: Just wanted to clarify that.

14 THE COMMISSIONER: Yes, but you'll certainly get  
15 your chance --

16 MR. GINDIN: Yes.

17 THE COMMISSIONER: -- to question this witness.

18 MR. GINDIN: Yeah. Okay.

19

20 BY MR. OLSON:

21 Q So just before the break we were looking at page  
22 37027, Commission disclosure 1795.

23 THE COMMISSIONER: Just let me make a note of  
24 that before you do that.

25 MR. OLSON: Certainly.

1 THE COMMISSIONER: Okay. Now, what page are we  
2 going to?

3 MR. OLSON: So this is page 37027.

4 THE COMMISSIONER: What is it?

5 MR. OLSON: This is the transfer summary prepared  
6 by the witness.

7 THE COMMISSIONER: Okay.

8 MR. OLSON: And we're continuing under paragraph  
9 (d), brief history of Cree Nation CFS involvement.

10 THE COMMISSIONER: Yes.

11

12 BY MR. OLSON:

13 Q The paragraph, first paragraph under that heading  
14 says:

15

16 Samantha had been a permanent ward  
17 of Cree Nation CFS since 1993 when  
18 she was apprehended from her  
19 mother due to issues of  
20 alcoholism, neglect, abandonment  
21 and abuse. Samantha's years in  
22 the care of that agency were  
23 fraught with difficulties for her  
24 in that she was often AWOL from  
25 placement.

1

2 I understand that's absent without leave, AWOL?

3 A Yes.

4 Q

5 Involved in criminal activities,  
6 sexually promiscuous, didn't  
7 attend school, was hostile and  
8 aggressive and generally had  
9 difficulties following any rules.  
10 Cree Nation CFS made attempts to  
11 place Samantha in a level four  
12 setting due to these behaviours  
13 and she was eventually placed in  
14 an independent living program  
15 supervised by Macdonald Youth  
16 Services.

17

18 So that's all information you had when you, I  
19 take it, assumed conduct of the file. That had already  
20 been in the file --

21 A Right.

22 Q -- is that right?

23 A Yes.

24 Q And the fact that Samantha Kematch was a  
25 permanent ward, was that of significance to you in terms of

1 assessing her ability to parent Phoenix Sinclair?

2 A It, it was information that I considered in my  
3 assessment, yes. All of the information that was available  
4 to me I considered.

5 Q Okay. And what about the fact that Samantha was  
6 apprehended from her mother due to issues of alcoholism,  
7 neglect, abandonment and abuse. Were those, were those  
8 factors that impacted your assessment?

9 A All of the information that was available I would  
10 have taken into consideration.

11 Q Okay. And those factors in particular, how, how  
12 would they impact your, your -- or how did they impact your  
13 assessment?

14 A Which, that she was apprehended and the reasons  
15 for apprehension?

16 Q Right. Right.

17 A I don't remember specifically. Typically, it's  
18 information that you use in order to assess, you know,  
19 where the person is at now compared to where they came  
20 from.

21 Q So as a social worker do these sort of background  
22 factors tell you anything in terms of what needs the, the  
23 parent might have in order to be a successful parent?

24 A It, it can. It can also tell you that that's,  
25 you know, maybe that's how -- so those were the reasons why

1 she was brought into care, what happened after she came  
2 into care, how was she parented then. There was -- she had  
3 her own issues. Clearly, that's written there. So you  
4 would consider those in addition to how the parent or the  
5 client is presenting now when you have the case. This is  
6 history. History is important.

7 Q Um-hum.

8 A But so is how they're presenting at the time and  
9 what kind of work the client does with you over the time  
10 that you have the case.

11 Q Okay.

12 A All of that information is, is what makes up your  
13 assessment of how the family is doing and what the plans  
14 are and what's necessary to assist the family.

15 Q So this is really background information that may  
16 inform your approach to dealing with the, with the client  
17 but you're going to do your own assessment based on your  
18 interaction with --

19 A Right

20 Q -- your client, is that right?

21 A And including some of this information, if it's  
22 necessary to include it. Possibly some of the issues have  
23 been addressed. You -- yeah. Your assessment is based on  
24 background, it's based on how, as I said, just said, how  
25 they're, the, the client is presenting, how they're working

1 with the agency. All of that information is what makes up  
2 your assessment of the family situation and how to proceed.

3 Q Okay. If you look at the next paragraph on that  
4 page where it starts:

5

6 In July 1998 Samantha had her  
7 first child.

8

9 So he was born on July 23rd, '98. So that's pretty close  
10 to two years before Phoenix Sinclair.

11 A Um-hum.

12 Q

13 He was born in Winnipeg at St.  
14 Boniface Hospital. Prior to  
15 giving birth, Samantha had  
16 concealed her pregnancy and didn't  
17 receive any prenatal care. St.  
18 Boniface Hospital made a referral  
19 to Cree Nation CFS when Samantha  
20 gave birth as she appeared very  
21 distant with hospital staff and  
22 from her newborn son. She  
23 appeared emotionally flat when  
24 discussing future plans for her  
25 child. She had also informed the

1 nursing staff that she did not  
2 know she was pregnant with the  
3 child until she took a pregnancy  
4 test when she was approximately  
5 eight months pregnant. The baby  
6 was apprehended at birth by this  
7 agency on behalf of Cree Nation.  
8 He was moved from the hospital to  
9 a foster home. Cree Nation had  
10 developed a plan with Samantha.  
11 She was to be given an opportunity  
12 to parent her son with supports.  
13 He remained in the foster home and  
14 Samantha remained in the  
15 independent living program with  
16 MYS.

17

18 That Manitoba youth services?

19 A Macdonald Youth Services.

20 Q Macdonald -- sorry, Macdonald Youth Services:

21

22 Biweekly access visits were  
23 arranged while Samantha waited for  
24 an opening at the Oski Ikwi  
25 [phonetic] ...



1

2 That's the best I can do:

3

4 ... facility for young mothers at  
5 Waywayseecappo First Nation. They  
6 were expected to remain there for  
7 six months. On September 14, 1998  
8 the baby was removed from his  
9 foster home and placed with  
10 Samantha at the Oski. Just after  
11 11 weeks at the facility, both the  
12 baby and Samantha were discharged  
13 because of safety concerns for the  
14 baby. Apparently Samantha was not  
15 able to feed him or meet his basic  
16 needs. Samantha returned to the  
17 independent living program and the  
18 baby returned to his initial  
19 foster placement. The baby has  
20 remained in the care of Cree  
21 Nation CFS and they plan to seek a  
22 permanent order. They advised  
23 that Samantha has taken no  
24 interest in the baby and has no  
25 contact or communication with him

1                   or his guardian agency.       THE  
2                   COMMISSIONER day was scheduled for  
3                   May 17, 2000.       However, this  
4                   agency is not aware of the  
5                   outcome.    It seems Samantha did  
6                   not become involved in that  
7                   process.

8  
9                   Just to stop there for a minute, so, so the first  
10                  child -- while you're the worker, the first child is  
11                  actually in the process of becoming a permanent ward?

12                A     Um-hum.

13                Q     And --

14                A     That's what it says, yeah.

15                Q     -- it sounds like Ms. Kematch had no attachment  
16                  or bond with her first child.  Is that what you --

17                A     She had no involvement with him.

18                Q     Okay.  But she did live with, with him for a  
19                  time?

20                A     A brief period of time, yes.

21                Q     And during that time, the fact that it appears  
22                  she didn't have a bond with him or develop a bond with him,  
23                  did that tell you anything as a social work?

24                A     Well, what it says is that she wasn't able to  
25                  care for him.  I don't know that anybody talked about a

1 bond or no bond.

2 Q Okay.

3 A The information I had is that she wasn't able to  
4 meet his needs. To answer your question, yes, that is  
5 information that you would consider as a social worker when  
6 you're talking about planning for a family.

7 Q Okay. And when you look at what's happening here  
8 with the first child, would that not inform you as to how  
9 Ms. Kematch might be able to deal with -- raise or care for  
10 Phoenix Sinclair?

11 A It would be information that you'd want to  
12 consider, yes.

13 Q Okay. And is it information you did consider in  
14 your assessment?

15 A Yes.

16 Q Okay. There's also the indication that Ms.  
17 Kematch had concealed the pregnancy of her first child.

18 A Yes.

19 Q And that parallels what happened with Phoenix  
20 Sinclair?

21 A Yes.

22 Q Did that impact your assessment in any way?

23 A It, it all contributed to the overall assessment.

24 Q Okay.

25 MR. RAY: I don't want to belabour this, but I

1 think she's been asked line by line over and over again  
2 whether this impacts her assessment and she's said a number  
3 of times now it all impacts my assessment, it is a factor I  
4 consider together with other things, including my own  
5 assessment of the family at the time that I'm having the  
6 case. I don't know where we get by going line through line  
7 of a history that she acknowledges having and has said she  
8 would consider.

9 THE COMMISSIONER: Well, maybe Mr. Olson could  
10 package up what he has left and get, get the answer in one  
11 --

12 MR. OLSON: That's what I intend to do, Mr.  
13 Commissioner, is just go through these factors and then  
14 look at the assessment from there.

15 THE COMMISSIONER: What Mr. Ray is saying, that  
16 her answer is always going to be that, that it -- the same  
17 and, and so why don't, perhaps you can package up the  
18 points you want her to acknowledge the impact of them and -  
19 -

20 MR. OLSON: Certainly.

21 THE COMMISSIONER: -- and, and put one question  
22 to her and ask her if it applies to them all.

23 MR. OLSON: Okay.

24 THE COMMISSIONER: Within reason. I mean, if you  
25 have to go in two or three steps I'm not going to get

1 concerned about that.

2 MR. OLSON: Thank you.

3

4 BY MR. OLSON:

5 Q Just, just in terms of, of bonding, I think you  
6 said that you didn't take from this that there was any lack  
7 of a bond or attachment?

8 A No. What I said is I didn't recall reading that.

9 Q Okay.

10 A They did talk about her not being able to meet  
11 his basic needs, that he was discharged from the program  
12 after being there for only 11 weeks. I don't specifically  
13 remember anybody talking about a lack of a bond.

14 Q Okay. From reading, from reading the summary  
15 that you've, you prepared --

16 A Um-hum.

17 Q -- did you understand that there was a lack of a  
18 bond between Ms. Kematch and her first child?

19 A I don't remember. What I do recall is based on  
20 what's written there, there were concerns, and I would have  
21 had concerns about the care or -- that she gave to her  
22 first child and would have included that information when I  
23 was doing my overall assessment.

24 Q But what's written there and that you've read,  
25 what does that tell you about her ability to bond with that

1 child or not?

2 A It tells me that she was having trouble  
3 difficulty parenting that first child and wasn't able to  
4 meet his basic needs?

5 THE COMMISSIONER: Does that have anything to do  
6 with bonding?

7 THE WITNESS: Well, I would think so.

8 THE COMMISSIONER: So --

9 THE WITNESS: But I'm, I'm, I'm not -- I don't  
10 know that I can comment that she didn't have a bond with  
11 her first child because I don't recall reading about that  
12 specifically.

13 THE COMMISSIONER: Well, not the use of that  
14 word, but does what you've got in front of you on the  
15 screen tell you that she was able or was not able to bond  
16 with the child?

17 THE WITNESS: It doesn't talk about bonding, it  
18 talks about her ability to parent so ...

19 THE COMMISSIONER: So what's there is not what  
20 you would expect to go into a, a definition of bonding,  
21 then, I take it?

22 MR. RAY: Well, Mr. Commissioner, perhaps if I  
23 can just interject. Perhaps we're getting caught up a  
24 little bit in the semantics in the --

25 THE COMMISSIONER: We may be.

1           MR. RAY:  -- in the, in the phrase of bonding and  
2 I don't know that the word "bonding" necessarily has any  
3 relevance in terms of how Ms. Greeley or any other social  
4 worker would assess the file.  Ms. Greeley has  
5 characterized it as ability to parent, and that is what  
6 she's, recalls and that is what she was looking at.  
7 Bonding can be interpreted --

8           THE COMMISSIONER:  Yes, but bonding --

9           MR. RAY:  -- any number of ways.

10          THE COMMISSIONER:  -- with a child is a, is a  
11 common term I think understood by most people as to what it  
12 means.

13          MR. RAY:  Well, I guess to, to just make a point,  
14 you could be an excellent parent and not have a bond with  
15 their child or vice versa.  I just don't know how it's  
16 relevant.

17          THE COMMISSIONER:  Well, I, I don't think the  
18 question is out of line.  Carry on, Mr. Olson.

19

20 BY MR. OLSON:

21          Q     Just to clarify, and I could be completely wrong  
22 on this, but as a social worker, isn't bonding and  
23 attachment something you look for when assessing parenting?

24          A     Yes.

25          Q     That's a key thing, isn't it?

1           A     It's one of the things, yes.

2           Q     Okay.   And if you don't observe a bond or an  
3 attachment --

4           A     Um-hum.

5           Q     -- and I think they're, they could be used  
6 interchangeably, and you'll tell me if I'm wrong on that,  
7 does that tell you something about parental capacity?

8           A     Yeah, it tell -- yes, it tells us that you would  
9 be concerned about their ability to parent a child, yes.

10          Q     So it --

11          A     Which is what I said, based on the information  
12 right here, this information would have concerned me about  
13 her ability to parent and I would have considered it in my  
14 assessment.

15          Q     Right.   And because even though it doesn't say  
16 Samantha Kematch is not bonded or attached to her first  
17 child it appears from the information that she doesn't  
18 really have that much interest in the first child.

19          A     It, it says clearly that she didn't have interest  
20 in having contact with him and didn't seek to take care of  
21 him after he was removed from her again, yes.

22          Q     Okay.   And as a, as a social worker, if you're  
23 looking at this information and then you see that Ms.  
24 Kematch has a second child, is your concern that she may  
25 not bond or form an attachment with Phoenix Sinclair in



1 this case? Is that something that's in your mind?

2 A Yes.

3 Q Okay. And the failure to have an attachment or a  
4 bond, why is that something that impacts parental capacity?  
5 And I'm not sure that you can answer that, but if you can,  
6 if that's something that you know as a social worker.

7 A Well, it, it impacts someone's ability to parent  
8 because the concern would be if they don't have a bond with  
9 their child, how are they going to, to be attentive to  
10 them? That's the best I can answer that.

11 Q Right. And so when -- I don't mean to belabour  
12 the point, but when you look at the evidence that Samantha  
13 couldn't feed or meet his basic needs, that, that the  
14 working -- the living arrangement didn't work out because  
15 they were fearful for the child's safety --

16 A Um-hum.

17 Q -- those sorts of things indicate that bonding  
18 and attachment is a real concern with Ms. Kematch, at least  
19 for this child?

20 A Yes, I would think so.

21 Q Thank you. Just in terms of the information that  
22 you have recorded here in your transfer summary, my  
23 understanding from looking at the file is that Cree Nation  
24 actually sent you a number of documents from Ms. Kematch's  
25 file?

1           A     They were in the file when I got the file, I  
2 believe.

3           Q     They were in the file already. Okay. If you'd  
4 turn, we turn, please, to page 37082, Commission disclosure  
5 1795. This appears to be a fax sent to one of your  
6 predecessors, Marnie Saunderson.

7           A     Um-hum.

8           Q     Dated April 27, 2000. But if you look at the,  
9 the receiving line, which is at the very top of the page,  
10 it indicates it was actually received on October -- sorry,  
11 April 28, 2000. And we've heard some evidence already from  
12 Ms. Saunderson with respect to this document. Do you  
13 recall whether or not you reviewed this document when you  
14 put together your transfer summary?

15          A     I don't specifically recall, no.

16          Q     If you look at the document -- and it may be if  
17 we could just go through the facts, it appears that there  
18 are 13 pages, and the pages that follow this pages are  
19 pages I believe were attached. You could just, if you look  
20 at that, these documents, are these sorts of documents the  
21 type of documents you'd want to look at when you're doing  
22 your assessment?

23          A     Yes.

24          Q     Okay. And so according -- would it be your  
25 practice to look at these types of documents?

1           A     If they were in the file, yes.

2           Q     And so I think earlier you said they were already  
3 in the file when you had it?

4           A     I believe that they were.

5           Q     Okay. And so can we take it from that that you  
6 would have reviewed these particular documents?

7           A     Yes.

8           Q     Okay. If you look, please, there are some  
9 additional documents faxed from Cree Nation which are at  
10 page 37095. Okay. And these are sent to your predecessor,  
11 Ms. Saunderson. And this fax contains, if you'll see under  
12 the comments, it says, social history and closing summary.

13          A     Um-hum.

14          Q     And I believe this is of Samantha Kematch's  
15 child-in-care file.

16          A     I believe so, yeah.

17          Q     Okay. Do you have a recollection of reviewing  
18 these documents?

19          A     I don't specifically recall. But as with the  
20 other document, if they were in the file I would have  
21 likely reviewed them.

22          Q     Okay. If -- if you'd stop at that page, please.  
23 Please go up to the previous page, page 37097. It's, it  
24 has a history of involvement with agency. And if you look  
25 at the history on this, recorded on this page, it appears

1 to be a more fulsome history than what you have in your  
2 transfer summary but a lot of the same information is  
3 there?

4 A Right. Yes.

5 Q And does it -- would that suggest to you that  
6 that's probably where you took the information from, then?

7 A That and in combination with whatever was in the  
8 previous intake summary.

9 Q Okay. There are some handwritten notes that  
10 appear at page 37275. Again, this is from Ms. Kematch's  
11 file, Commission disclosure 1795. Can you tell me if these  
12 are your handwritten notes?

13 A These are my handwritten notes, yes.

14 Q Okay. And can you just read for us, please, just  
15 starting at the top of the page?

16 A You want me to read the whole, everything on the  
17 page?

18 Q Yes, please.

19 A Okay. It says, file review, Kematch, May 16,  
20 '00, 2000. Transferred to worker May 8th, 2000. Think  
21 that word is --

22 THE COMMISSIONER: What's it -- transferred to  
23 what?

24 THE WITNESS: To this worker.

25 THE COMMISSIONER: Oh, worker. Okay.

1

2 BY MR. OLSON:

3 Q And just, probably the best way is if I just  
4 interrupt you to ask you --

5 A As I'm reading.

6 Q -- to explain what that is.

7 A Okay.

8 Q So, transfer to worker, is that referring to  
9 yourself?

10 A Yes.

11 Q Okay. So that means on May 8th, 2000 you got the  
12 file?

13 A Yes.

14 Q Okay.

15 A It says:

16

17 open July 23rd, '98. Cree Nation  
18 called because Sam had baby and  
19 was permanent ward of Cree Nation.  
20 She hid pregnancy and no plans of  
21 how to care for child.

22

23 Q Okay. Just before you go on. When it says, open  
24 July 23, '98, that's the previous file with Winnipeg Child  
25 and Family Services?

1 A I'm not sure.

2 Q Okay.

3 A Possibly.

4 Q Okay. It's --

5 A I'm not a hundred percent sure.

6 Q It's not referring to the current --

7 A No.

8 Q -- file?

9 A It's, it's a -- this is clearly a file review, so  
10 I've reviewed something that's in the file and I'm making  
11 notes about it.

12 Q Okay. So this would --

13 A So.

14 Q -- be the important staff that you picked up from  
15 reviewing the file?

16 A This would be information that I, that I, after  
17 reading it, wrote down.

18 Q Okay. Sorry, please go on.

19 A Sam, and I don't know what that next word is:

20

21 To help baby apprehended and

22 transferred to Cree ...

23

24 Looks like there's a letter missing there, at the end of  
25 the page, possibly:

1

2

She was not prepared for baby and

3

had difficulty managing her own

4

life. Apprehension withdraw and

5

Cree Nation proceeding with their

6

app of baby boy.

7

8

I'm not sure, maybe that's apprehension of baby boy.

9

Q Um-hum.

10

A Closed August 17th, '98.

11

Q Okay. And --

12

A So that must be the Winnipeg Child and Family

13

Services file that you said earlier, yes.

14

Q Okay.

15

A That's probably what that is.

16

Q And --

17

A Meaning that Winnipeg Child and Family Services

18

opened a file, apprehended the baby, Cree Nation proceeded

19

with their own apprehension and then Winnipeg Child and

20

Family Services closed the file.

21

Q Okay. And then the next, it looks like it says

22

recent?

23

A Recent:

24

25

Recent April 24th, 2000 social

1 worker at the hospital HSC called  
2 to advise Sam gave birth and had  
3 no prenatal care.

4

5 Q And if you could turn to the next page, please.

6 A

7 Sam's history with Cree Nation in  
8 care 1993, alcohol, neglect,  
9 abuse.

10

11 Don't know, I don't know what that is. Her -- can't read  
12 that:

13

14 ... criminal activity, AWOL, not  
15 attend school, hostile and  
16 aggressive. No interest in ...

17

18 And the name's blanked out. I assume that means her first  
19 child:

20

21 Lacked ability to parent.

22

23 Q Is that not feed him?

24 A Yeah. But there's something, lacked ability to  
25 parent. I don't know that word:



1

2

Given opportunity not feed him.

3

Still ambivalent around motivation

4

to parent. On April 28th said

5

wanted to parent. Samantha was

6

flat and stoic, hid this

7

pregnancy.

8

9

Q That last -- sorry, those last few comments, are

10

those referring to the current pregnancy, then, the current

11

situation?

12

A I believe so, yes.

13

Q So that's Phoenix Sinclair?

14

A Relevant to Phoenix, yes.

15

Q Okay. I see.

16

A The still ambivalent, from there down, that part.

17

Q Okay. And so when you say, still ambivalent, is

18

that referring to she was ambivalent with the first child

19

and she appears to still be ambivalent with the second

20

child?

21

A I'm not sure. Possibly.

22

Q Okay. If we go --

23

A Or, you know, given it's from the file review,

24

that's likely what I meant.

25

Q And if you could go to the next page, please.

1 Start reading at the top of that page.

2 A The name's blocked out. I assume it means the  
3 baby, her first child:

4

5 Was in Samantha September '98 for  
6 11 weeks at a centre for young  
7 mothers. Removed from her care  
8 due to concerns regarding his  
9 safety. In same placement since  
10 then.

11

12 Q What is -- do you know what that refers to, in  
13 same placement since then?

14 A That refers to the, her first-born child would  
15 have been -- what I mean there is he would have been  
16 removed from her care at the centre for young mothers and  
17 returned to the original placement where he had been.

18 Q Okay.

19 A Or it could mean that he's, was removed and is  
20 still in the same placement now, so currently, in 2000.

21 Q Okay. And the reference just to insane, I'm not  
22 sure I understand what that is.

23 A Pardon me?

24 Q It says -- oh, sorry, insane, I thought you said  
25 insane. Sorry.

1 A Not insane. In same --

2 Q Okay.

3 A -- placement.

4 Q Sorry. That makes more --

5 A -- since then.

6 Q That makes much more sense.

7 A Sorry. That's what it says.

8 Q Okay. Then the next, under question.

9 A

10 Questioned to get counselling for  
11 the past issues related to her  
12 childhood, dealt with anger  
13 issues, psychological assessment  
14 re ...

15

16 I don't know what that word is:

17

18 ... involvement with peers.

19

20 Q So are these, are these questions that you have  
21 from reviewing, doing your file review?

22 A That's what it looks like.

23 Q And so are they, these questions that you would  
24 want to answer while you're working with Ms. Kematch?

25 A Yeah, that's what it looks like.

1 Q Do you know if you ever were able to answer any  
2 of these questions?

3 A This, the -- I don't, I don't remember  
4 specifically. I know that in my assessment we did deal  
5 with some of these issues.

6 Q Okay. For example, do you know if Ms. Kematch  
7 ever got any counselling for her past abuse related to her  
8 childhood?

9 A I can't remember specifically but I don't think  
10 she did.

11 Q Okay. What about dealing with anger issues? Do  
12 you know if she did anything to deal with anger issues?

13 A I don't remember.

14 Q And then psychological assessment re ...

15 A I don't know what that word is, sorry.

16 Q So do you know -- I mean, you've reviewed your,  
17 your file and your notes --

18 A Right.

19 Q -- before coming here today?

20 A Right.

21 Q Right. Do you recall whether or not these, these  
22 issues were addressed?

23 A I know that she had the psych -- she met with Dr.  
24 Altman when I had the file.

25 Q Okay. Anything else?

1           A     That's what I, that's what I said earlier. I  
2     can't remember specifically. I don't believe she had  
3     counselling for her past issues related to her childhood.  
4     And the anger issue, I can't remember specifically.

5           Q     So aside from the passage of time --

6           A     Um-hum.

7           Q     -- was, was there any evidence that Ms. Kematch  
8     had addressed the problems that she had that might impact  
9     her ability to parent Phoenix Sinclair?

10          A     At the time that I initially got the case when I  
11     was doing this file review, I couldn't find any information  
12     about those. But over the time that I had the file, there  
13     -- she had done some of the expectations that the agency  
14     had placed on her.

15          Q     Okay. We turn now to page 37028. Again, this is  
16     your transfer summary, under the heading, recent agency  
17     intervention.

18          A     Um-hum.

19          Q     So this, this section here, will this be  
20     summarizing the work you did on a file?

21          A     Yes.

22          Q     Okay. And so it says:

23

24                            On April 24, 2000 HSC social  
25                            worker called the agency to advise

1                   that Samantha had given birth to  
2                   baby girl Phoenix.

3

4           A     Excuse me for a minute.  It will, it will -- it  
5 looks like it reflects what would be the current.  So from  
6 the time that the file was open until it was being  
7 transferred for me.  So it may have included information  
8 that intake, work at intake had done, as well.

9           Q     Right.  Because you weren't involved in the --

10          A     Right.

11          Q     -- April 24 --

12          A     Right, but --

13          Q     -- 2000 ...

14          A     Typically, in a transfer summary, recent agency  
15 intervention means anything from the time the case was open  
16 most recently.  So in this case, it would have been when it  
17 was opened at intake up until it was transferred from me.  
18 Do you understand?

19          Q     I see.  Yeah, I understand.

20          A     Okay.

21          Q     So it says:

22

23                   In discussions it was discovered  
24                   that Samantha had another child  
25                   that was in the care of Cree

1 Nation CFS. When asked why,  
2 Samantha thought that it was  
3 because they thought she might  
4 hurt the baby as her mother did  
5 her. In further questioning the  
6 couple, it was discovered that  
7 they had not made any purchases  
8 for their baby whatsoever and  
9 Samantha indicated not being  
10 emotionally ready to parent.  
11 Night duty workers attended the  
12 hospital on this date to meet with  
13 the parents and both indicated  
14 that they were not prepared to  
15 care for this baby, either  
16 financially or emotionally. Some  
17 of the options were discussed with  
18 the couple around adoption.

19

20 that VSG stands for?

21 A Voluntary surrender of guardianship.

22 Q Okay.

23

24 Both parents indicated that they  
25 required some time to think about

1           their options and required the  
2           baby to be placed in agency care  
3           in order to do so. The workers  
4           noted that Samantha presented as  
5           quite immature in her  
6           presentation, did not seem to  
7           understand the seriousness of the  
8           matter at hand. In the end,  
9           Phoenix Sinclair was placed under  
10          apprehension with the agency on  
11          April 24, 2000.

12

13           That's all information we, we've already  
14          discussed and, and that's information you had when you  
15          picked up the file?

16          A     Right. That was what was carried out by the  
17          intake/after-hours.

18          Q     Okay. And then it goes on:

19

20           On April 25, 2000 the intake  
21           worker met with Samantha and Steve  
22           at the hospital. Both were in the  
23           room with Phoenix and appeared  
24           attentive and excited by her.  
25           Samantha indicated to the worker



1           that she had changed her mind and  
2           no longer wanted the worker to  
3           leave with her baby.        She  
4           indicated that her mother and her  
5           aunt were on their way to Winnipeg  
6           from their home reserve.    She did  
7           not know which reserve her mother  
8           lives on.    And, would be here at  
9           6:00 p.m. to pick Phoenix up.   The  
10          worker indicated that Phoenix is  
11          currently under apprehension with  
12          the agency, therefore no one can  
13          simply come and pick the baby up.  
14          Samantha was advised to give her  
15          mother the worker's phone number,  
16          discuss her interest in caring for  
17          Phoenix.    It was at this point  
18          that Samantha reiterated that her  
19          mother used to abuse her when she  
20          was younger and this is why she  
21          was in agency care.    The worker  
22          then indicated that her mother  
23          would likely not make an  
24          appropriate care alternative for  
25          Phoenix under these circumstances.

1 Samantha then thought that she had  
2 an aunt that may want to care for  
3 Phoenix. She was again directed  
4 to get anyone who is interested to  
5 make contact with the worker to  
6 further discuss the matter. The  
7 worker invited the parents to help  
8 her dress Phoenix and only Steve  
9 did so. Samantha seemed only  
10 vaguely interested in the process  
11 and when they were walking  
12 downstairs she seemed more  
13 interested in chatting and dealing  
14 with a friend. The girl that the  
15 couple met up with appeared  
16 extremely shocked that they had a  
17 baby. She made it sound as though  
18 the couple had just, had kept this  
19 a secret on purpose.

20

21 So again, that's all background information that  
22 you had?

23 A Yes. Um-hum.

24 Q Right. And I take it that that's information  
25 that informed how you dealt with this particular file?

1           A       Yes.  Yes.

2           Q

3                       Phoenix was moved from hospital to  
4                       an agency shelter by the worker  
5                       without incident.  Beginning on  
6                       April 28, 2000 Samantha and Steve  
7                       visited with Phoenix at the intake  
8                       office every Friday from 11:00  
9                       a.m. to 1:15 p.m.  after the visit  
10                      on April 28, 2000, the intake  
11                      supervisor and previous case  
12                      manager conducted interviews with  
13                      Samantha and Steve.  At the  
14                      couple's request Nikki Taylor,  
15                      parents advocate from the Boys and  
16                      Girls Club, was excused for part  
17                      of the meeting.  She rejoined the  
18                      meeting in its later stages.  
19                      During this meeting the parents  
20                      indicated a desire to continue  
21                      their common-law relationship with  
22                      Phoenix being in the family fold.  
23                      Advise that they came to this  
24                      position after much deliberation  
25                      and discussion.  The supervisor

1                   aggressively challenged the couple  
2                   on their ambivalence towards  
3                   parenting this child and the lack  
4                   of prenatal care, the hiding of  
5                   the pregnancy and Samantha's  
6                   seeming disinterest with respect  
7                   to her first child were raised as  
8                   well. Throughout the meeting  
9                   Samantha remained flat and stoic.  
10                  She responded to questions in a  
11                  simple and cautious manner often  
12                  pondering her response for a  
13                  moment or two before uttering  
14                  same. Complex questions often  
15                  received simplistic responses  
16                  which failed to shed any  
17                  meaningful light on issues,  
18                  specially around why she hid this  
19                  pregnancy and why she had failed  
20                  to maintain any contact with her  
21                  first child. Her responses  
22                  heavily consisted of shrugs and 'I  
23                  don't know'. Her presentation was  
24                  suggestive of some form of  
25                  development or psychological

1                   difficulties; however, same will  
2                   need to be determined.

3

4                   Just based on that, as, as the worker picking up  
5 this file and having that information, what would be the  
6 issues you would identify, you identified from Ms.  
7 Kematch's, you know, ambivalency towards parenting, not,  
8 not changing Phoenix's clothes, those sorts of thing?

9           A       I'm sorry, what was the question? What --

10          Q       What were, what were the issues that you would  
11 have identified as the new worker coming on to the file?

12          A       I would be concerned about all of those issues as  
13 part of assessing whether or not she would be able to  
14 parent Phoenix.

15          Q       Okay. If you go -- if we go on, it says:

16

17                   Samantha also had great difficulty  
18                   expressing why the baby was in the  
19                   care of Cree Nation nor could she  
20                   account for why she expressed no  
21                   desire to maintain any contact  
22                   with the child. Steve presented  
23                   as relatively articulate and  
24                   thoughtful young man. He did  
25                   share that he himself had been a

1 child [inaudible] in Winnipeg  
2 Child and Family Services. He was  
3 not prepared to consent to review  
4 of his sealed file. The couple  
5 denied any domestic violence or  
6 substance abuse. [Says]  
7 On May 5, 2000 the couple  
8 consented to a three-month  
9 temporary order for Phoenix. The  
10 following plan was agreed to.

11

12 Now, this, this was still before your involvement  
13 in the file?

14 A Yes.

15 Q Okay. And so this, this plan, when you took over  
16 the file, was already in place?

17 A Right.

18 Q Okay. And the plan was for a three-month  
19 temporary order of guardianship:

20

21 Then this agency will await  
22 further case history from Cree  
23 Nation CFS and incorporate same  
24 into the ongoing case plan.

25

1           That, that part of the plan suggests that once  
2 that information came from Cree Nation, further  
3 modifications to the plan might be required. Is that how  
4 you would --

5           A     Possible.

6           Q     Okay.

7           A     When they write that it usually means that the  
8 next worker, they're suggesting that the next worker then  
9 review that information and consider it as whether or not  
10 it would change the plan or wouldn't change the plan.  
11 Maybe there's new information in there that wasn't  
12 available, et cetera.

13          Q     Okay. And so that you, you being the next worker  
14 on the file, you took that as a signal to --

15          A     That I should review the information that was  
16 available from Cree Nation.

17          Q     Okay. And then it says:

18

19                   Some form of psychiatric/  
20                   psychological assessment will need  
21                   to be undertaken with respect to  
22                   Samantha. This is to be arranged  
23                   by the agency or the couple with  
24                   agency approval.

25

1           What did you understand that to be?

2           A     That, that Samantha would be required to undergo  
3 either a psychiatric or psychological assessment. Based on  
4 what I had read, it would have likely been because of her  
5 presentation to the workers, reference to her flat affect  
6 and being stoic. This to be arranged by the agency or the  
7 couple with agency approval. Either/or typically. So if  
8 the couple found a psychologist or Samantha found a  
9 psychologist that she really wanted to see and the agency  
10 approved, that would be okay. Or if she couldn't find one,  
11 then the agency could seek one out. It was just so that it  
12 wasn't determined who had to do it as long as someone did.

13          Q     Okay. When you say you suspect it was to do with  
14 a flat affect or being stoic, what about the issues of  
15 parental capacity and parental motivation. Would, would  
16 those not be something that would lend themselves to a  
17 psychological assessment?

18          A     My understanding, when I got the file, was that  
19 the concern and the desire for her to have a psychological  
20 assessment was around how she was presenting, and with  
21 regards to hiding the pregnancy, being with the flat affect  
22 and stoic. They weren't -- we weren't looking for a  
23 parenting capacity assessment, just --

24          Q     Okay.

25          A     -- an assessment of Samantha and how she was



1 functioning.

2 Q So sort of a mental capacity of Samantha; is  
3 that, is that right, a ...

4 A Yeah. Talking about her emotional wellbeing, I  
5 guess.

6 Q Okay. And it just -- how would that be relevant  
7 to her ability to parent Phoenix in a safe manner?

8 A Because as a social worker you would want to  
9 incorporate if someone had any issues with their emotional  
10 wellbeing and how that would possibly impact their ability  
11 to parent. So it may or may not impact their ability to  
12 parent but it would be information you'd want to have and  
13 consider.

14 Q Did you consider having a -- and I know you  
15 didn't come up with this plan, but when you took over the  
16 file --

17 A Um-hum.

18 Q -- did you consider obtaining a parental capacity  
19 evaluation?

20 A Not that I recall at the time.

21 Q So that wasn't even a consideration in your mind?

22 A I don't remember specifically. I don't remember  
23 reading anything about that specifically.

24 Q Is that something that would have been open to  
25 you?

1           MR. RAY: Just, just for the record, perhaps when  
2 you -- confirm for the witness, when you say "parental  
3 capacity assessment", you're talking a parental capacity  
4 assessment conducted by a psychologist and not necessarily  
5 a capacity assessment conducted by a social worker?

6           A     I was going to ask what that, what that meant  
7 because it's, it's a term --

8           MR. THATCHER: Okay, just --

9           MR. OLSON: -- I just think the witness can  
10 define.

11          THE WITNESS: Okay. For me, when a file talks  
12 about a parenting capacity assessment, that's a specific  
13 assessment that's done, usually by a psychologist. It's  
14 done over a number of days, sometimes weeks. It involves  
15 meetings, the psychologist or psychiatrist, meeting with  
16 the parents, observing visits between the parents and the  
17 children, sometimes meeting with the children, making their  
18 own observations. And then that particular professional  
19 will create a parenting capacity assessment, which is a  
20 written document, and share it with the agency.

21

22 BY MR. OLSON:

23          Q     Okay. And what, what -- typically, what's the  
24 purpose of those, those documents, the reason for having  
25 them conducted?

1           A     In my experience, typically they were when  
2 children were in care and had been in care for a long time  
3 and there was serious concerns about the parent's ability  
4 or capacity to parent.

5           Q     Um-hum.

6           A     And they were decided on case by case.

7           Q     Okay.

8           A     There wasn't any, any one particular type of case  
9 or anything like that. It was a case by case decision made  
10 as to whether or not a parenting capacity was necessary.

11          Q     It seems to me, as a lay person, just given the  
12 facts of this particular case, that that would be the sort  
13 of thing you'd want to have done in this case, is --

14          A     Not necessarily, no.

15          Q     Okay. And why, why not? Why not have a parental  
16 capacity assessment done?

17          A     Because I can't remember specifically why we  
18 didn't go, didn't choose that or decide to do that at the  
19 time. In this particular case, we had parents who were  
20 wanting to parent their child. They were showing us, over  
21 the time that I had the case, motivation to parent. They  
22 were working cooperatively with the agency. They were  
23 meeting all the expectations that were laid out in the plan  
24 and the, the agency was getting positive reports from the  
25 community. So we were proceeding with the plan as it was.

1 I can't remember specifically why we didn't consider a  
2 parenting capacity assessment.

3 Q Okay. But just, just to be certain, that was an  
4 option that was open to you as a worker?

5 A Those were done. However they were done, I can't  
6 remember. And as I said earlier, it was case by case, and  
7 how those decisions were made I don't specifically  
8 remember.

9 Q Would they require a great deal or a lot more  
10 time from the social worker in terms of demands, demands on  
11 the social worker's time to have an assessment carried out?

12 A Not necessarily.

13 Q Okay. And when you say "not necessarily", I'm  
14 not sure --

15 A Well --

16 Q -- what you mean.

17 A The social worker was not the professional doing  
18 those parenting --

19 Q Right.

20 A -- capacity assessments, it was another  
21 professional, a psychologist usually.

22 Q Okay.

23 A So the only -- so it would depend on how  
24 cooperative the parents were with the parenting capacity  
25 assessor. So if you had parents that were very cooperative

1 and were, you know, willing to meet with the assessor and  
2 making their own way there, then no, it might not take very  
3 much extra time from the search warrant. But if you had  
4 parents that were ambivalent or not wanting to, the social  
5 worker may need to get more involved in helping understand  
6 why they weren't transporting them, those kinds of things.  
7 So it really would depend on the family and the assessment  
8 itself and what was required.

9 Q But in any event, it wasn't, wasn't a  
10 consideration in this case?

11 A Not that I recall.

12 Q Guess a natural question is, if, if you had  
13 considered it, it's something you would have made a note  
14 of?

15 A I assume so, yes.

16 Q The next part of the plan was that:

17

18 Both parents are to commence  
19 participation in an appropriate  
20 parenting program.

21

22 Can you explain what that, what that means? Is  
23 that -- I mean, is that a common condition in these types  
24 of agreements?

25 A Very common, yes.

1 Q Okay. Is it almost a matter of routine?

2 A I don't know if I'd call it routine but it's very  
3 common and it's often a requirement in a plan when a child  
4 is in care.

5 Q And what sort of parenting program would be -- is  
6 -- would be appropriate at that time?

7 A Typically, a program where the parents would  
8 attend on a regular basis where they could learn  
9 information about parenting, anything from, you know, how  
10 to change a diaper to child development issues, et cetera.  
11 There's different types of parenting programs out there, so  
12 ...

13 Q Were there certain programs that were approved by  
14 Winnipeg Child and Family Services?

15 A I don't know that I would say approved, but there  
16 were certain programs that were run in different areas of  
17 the city that Child and Family Services typically suggested  
18 parents attend or directed them in that direction.

19 Q So there weren't -- there wasn't a specific  
20 program that was required to be attended by the parents; it  
21 was up to them?

22 A As long as it was something that was appropriate,  
23 as I just said.

24 Q And in this case, do you know whether the parents  
25 attended an appropriate parenting program?

1 A Yes.

2 Q And you have:

3

4 Both parents to attend all  
5 biweekly visits with Phoenix.

6

7 A Right.

8 Q That's the next, next condition.

9 A Right. All weekly visits.

10 Q Sorry, all weekly visits.

11 A Yes.

12 Q And at that time, was Phoenix still in care?

13 A Yes. This was at the time -- this was in May,  
14 when the conditions were created as part of the three-month  
15 temporary order.

16 Q And then it says:

17

18 The case plan also suggested that  
19 Steve's child-in-care file might  
20 need to be reviewed should he  
21 agree to sign the appropriate  
22 consents for same.

23

24 We've discussed that already.

25 A Um-hum.

1 Q

2 Nikki Taylor planned to help  
3 Samantha locate a psychologist for  
4 assessment and Steve was to  
5 approach Andrews Street Centre  
6 regarding a parenting program.

7

8 So the -- first of all, the parenting program at  
9 Andrews Street Centre, was that, was that something that  
10 would be, meet with your approval?

11 A I believe so. That's the one that they attended  
12 and ...

13 Q Okay. And that was sufficient?

14 A As far as I can remember.

15 Q Do you recall how you confirmed that they, in  
16 fact, attended that program?

17 A I don't remember.

18 Q You, you reviewed your notes. Is that something  
19 you were looking for, to see if there was any confirmation  
20 that they, in fact, attended the program?

21 A I don't know that it was in my notes but I  
22 believe it was in my case summary that they completed the  
23 program.

24 Q Did you have a regular practice in terms of  
25 following up to ensure that?



1 A Yes.

2 Q Okay. And what was that practice?

3 A Was to talk to the parents for them to tell me  
4 which program they attended, and to contact the centre or  
5 to, or, in this case, it may have been Nikki Taylor to help  
6 me confirm that they had completed the program.

7 Q So you would have had someone other than the  
8 parents confirm?

9 A I believe so, yes.

10 Q Okay.

11 A That's my typical practice, yes.

12 Q Okay. And then the plan to have Samantha locate  
13 a psychologist with the help of Nikki Taylor, was it  
14 typical that the client would actually look for the  
15 psychologist to do the assessment?

16 A Not necessarily. As I said earlier, it would  
17 depend on -- every case is different. That's why the  
18 condition was written as it was written. Sometimes parents  
19 like to seek out their own psychologist, someone that they  
20 can find themselves that they're comfortable with. Other  
21 times parents are okay with the agency just finding  
22 somebody. In this case, Samantha and Steve both had Nikki  
23 Taylor as a strong advocate and support for them and they  
24 often used her to help them find help with whatever the  
25 issue was that they were -- whatever condition they were

1 trying to address.

2 Q And were you involved in actually attempting to  
3 set Samantha up with a psychologist?

4 A According to my notes, Samantha and Nikki were  
5 having some difficulty locating a psychologist, and I had a  
6 conversation with a Dr. Choptiany who is a psychiatrist,  
7 and I also spoke to and finally, in the end, arranged for  
8 Samantha to see Dr. Gary Altman, who is a psychologist.

9 Q Okay. I'm just curious as to how -- it just  
10 seems odd to me that it would be left to Ms. Kematch, with  
11 the help of Ms. Taylor, to find a professional to conduct  
12 the type of plan that you wanted as a social worker. How  
13 were -- did you give specific instructions to Ms. Kematch  
14 or Ms. Taylor, or how did that work?

15 A I don't remember specifically. But typically  
16 what happens, as is said, if a parent wants to take it upon  
17 themselves to try to find a psychologist, that's typically  
18 allowed by the agency. And then once the psychologist is  
19 located, the understanding is that the social worker would  
20 have to have a conversation with the psychologist or  
21 psychiatrist so that all the information that was necessary  
22 for them to consider would be shared.

23 Q Did you give Ms. Kematch a list of psychologists  
24 or psychiatrists that might be contacted?

25 A I don't recall.

1 Q Did you, did you give her any advice as to how  
2 she might locate a psychiatrist or psychologist?

3 A I did. I believe I did, according to my notes.  
4 Because she was having some difficulty on there own there  
5 were some suggestions around different clinics that she  
6 could try, and I'd have to review my notes to say  
7 specifically which advise I gave her.

8 Q Okay. We can, we can come back to that later.

9 Just in terms of the, ultimately who the expert  
10 would be, the psychologist or psychiatrist, is that someone  
11 that you would actually have to approve?

12 A Pardon me, can you say that again/

13 Q Would you eventually have to approve of the  
14 psychologist or psychiatrist that did the assessment?

15 A Yes, because it says so in the conditions, yeah.

16 Q So it's not just that Ms. Kematch could go out  
17 and find anybody, it's --

18 A No.

19 Q -- whoever she ended up finding --

20 A Um-hum.

21 Q -- you'd have to approve?

22 A She would have to -- typically, what happens is  
23 the client would have to give the social worker the name of  
24 the psychologist. We would approve and then have a confirm  
25 with the psychologist.

1 Q And you said that you would give particular  
2 instructions to the psychologist; is that right?

3 A I said I would give them information about what  
4 the agency's concerns were.

5 Q Okay. And what information did -- well,  
6 eventually you said you connected with Dr. --

7 A Altman.

8 Q -- Altman?

9 A Right. Yes.

10 Q Who I believe is a psychiatrist?

11 A Is he? Okay.

12 Q And did you provide -- had you worked with Dr.  
13 Altman before?

14 A I can't specifically recall.

15 Q And did he meet -- do you recall if he met with  
16 your approval?

17 A I assume he did given that that's who I  
18 eventually --

19 Q You located him.

20 A -- connected him with -- or connected her with,  
21 yes.

22 Q But it was you who arranged the, the meeting with  
23 Dr. Altman?

24 A Yes, according to my notes.

25 Q And do you recall what information you gave him?

1           A     I don't specifically recall that, but it's all in  
2 my notes.

3           MR. OLSON:   Mr. Commissioner, I think I'll still  
4 be quite a while with this, with this witness. I wonder if  
5 it's a good time to break for the day. It's 4:30.

6           THE COMMISSIONER:   Doesn't Mr. Ray want to speak  
7 to you?

8           MR. RAY:     If Mr. Olson was going to continue  
9 questioning, I just wanted to point something out to him,  
10 that's all.

11          THE COMMISSIONER:   So there's --

12          MR. RAY:     If we're stopping, I don't --

13          THE COMMISSIONER:   Nothing you want to raise now?

14          MR. RAY:     There's nothing I have, no.

15          THE COMMISSIONER:   All right. All right. It is  
16 4:30 so this witness is scheduled to be here for the full  
17 day tomorrow.

18          MR. OLSON:   That's right.

19          THE COMMISSIONER:   All right. We'll rise now  
20 until 9:30 tomorrow morning.

21          MR. OLSON:   Thank you.

22          THE COMMISSIONER:   You be back here.

23          THE WITNESS:   Yes.

24          THE COMMISSIONER:   Thank you. We're adjourned.

25

1

(PROCEEDINGS ADJOURNED TO NOVEMBER 15, 2012)