



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

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

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

MONDAY, NOVEMBER 19, 2012

APPEARANCES

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

MR. K. SAXBERG, for 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 and **MR. J. BENSON**, for Intertribal Child and Family Services

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

MS. J. SAUNDERS, for Assembly of Manitoba Chiefs and Southern Chiefs Organization Inc.

MS. V. RACHLIS, for Witness SOR #2

MS. H. VAN IDERSTINE, for Dr. Gary Altman

INDEX

	Page
<u>WITNESSES:</u>	
PROCEEDINGS	1
GARY NEIL ALTMAN	
Direct Examination by Ms. Walsh	2
Cross-Examination by Mr. Saxberg	83
Cross-Examination by Mr. Ray	90
Cross-Examination by Mr. Gindin	105
Cross-Examination by Mr. McKinnon	118
Cross-Examination by Ms. Van Iderstine	121
Re-Examination by Ms. Walsh	126
PROCEEDINGS	126
SOR #2	
Direct Examination by Ms. Walsh	130
Cross-Examination by Mr. McKinnon	143
Cross-Examination by Mr. Gindin	152
Cross-Examination by Ms. Rachlis	155
Re-Examination by Ms. Walsh	159
KATHRYN JEAN PETERSON	
Direct Examination by Mr. Olson	162
<u>EXHIBITS:</u>	
17	Child and Family Services Caseload Summaries
	171

1 NOVEMBER 19, 2012

2 PROCEEDINGS CONTINUED FROM NOVEMBER 16, 2012

3

4 THE COMMISSIONER: All right. We're ready to
5 start another week?

6 MS. WALSH: We are. Our first witness will be
7 Dr. Altman.

8 THE COMMISSIONER: All right.

9 THE CLERK: Is it your choice, sir, to swear on
10 the Bible or affirm without the Bible?

11 THE WITNESS: Affirm, please.

12 THE CLERK: All right. If you could just stand
13 for a moment. State your full name to the court.

14 THE WITNESS: Gary Neil Altman.

15 THE CLERK: And spell me your first name.

16 THE WITNESS: G-A-R-Y.

17 THE CLERK: And your middle name, please.

18 THE WITNESS: N-E-I-L.

19 THE CLERK: And your last name?

20 THE WITNESS: A-L-T-M-A-N.

21 THE CLERK: Thank you.

22

23 **GARY NEIL ALTMAN,** affirmed,

24 testified as follows:

25

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

2

3 DIRECT EXAMINATION BY MS. WALSH:

4 Q Good morning, Dr. Altman.

5 A Good morning.

6 Q You are a psychiatrist.

7 A I am.

8 Q And you completed your residency in psychiatry at
9 the University of Manitoba in 1987?

10 A Correct.

11 Q And do you have an area of specialization?

12 A Child psychiatry.

13 Q Child psychiatry?

14 A Yes.

15 Q And where are you working right now?

16 A St. Boniface Hospital.

17 Q And I understand that you have worked as a
18 consultant or consulting psychiatrist to Winnipeg Child and
19 Family Services Agency?

20 A That's correct.

21 Q And when was that?

22 A Roughly between 1987 and early 2000s, maybe.

23 Q Okay. And during that period of time did you
24 consult --

25 MR. RAY: Maybe we should put the mic closer;

1 we're having trouble --

2 MS. WALSH: You can't hear him?

3 MR. RAY: No.

4

5 BY MS. WALSH:

6 Q Dr. Altman, I'm told that they cannot hear you.

7 If you can -- okay.

8 A Okay. We'll see if that's better.

9 Q Better?

10 A Is that better? Okay.

11 Q Okay.

12 UNIDENTIFIED PERSON: Ms. Walsh, could you have
13 him repeat the answer to the last question, if you could?

14 THE WITNESS: From about 1987 to the early 2000s,
15 I think.

16

17 BY MS. WALSH:

18 Q That's the period of time in which you were --

19 A Consulting.

20 Q -- consulting to Winnipeg Child and Family
21 Services agency.

22 A That's right.

23 Q During that time did you consult to any other
24 Child and Family Services agencies?

25 A Other than Winnipeg Child and Family Services?

1 Q Yes.

2 A No.

3 Q Right.

4 A No.

5 Q And have you since consulted to any other
6 agencies -- Child and Family Service agencies?

7 A No.

8 Q Okay. And who paid for the consulting work that
9 you did for Winnipeg Child and Family Services?

10 A The Child and Adolescent Mental Health Program of
11 the Winnipeg Regional Health Authority.

12 Q Sorry, what was the, the first part of that name?

13 A Child and Adolescent Mental Health Program.

14 Q Of the Winnipeg Regional Health Authority?

15 A Yes.

16 Q Okay.

17 A Probably the -- well, yes.

18 Q Okay. So I want to talk first generally about
19 the work that you did consulting to Winnipeg Child and
20 Family Services, as of 2000, for example.

21 A Okay.

22 Q Did, did your work during the period that you
23 said you worked for them, '87 to the early 2000s, did it
24 change, the nature of the consulting work that you did?

25 A No, it did not.

1 Q Okay. So what did -- your work as a consultant
2 to the Child and Family Services Agency, what did that
3 involve?

4 A Well, for the most part it was meeting with
5 social workers, you know, of the agency. Occasionally I
6 might be meeting with foster parents, occasionally I might
7 be meeting with clients, and the idea was to provide sort
8 of easy, fast access to psychiatry for -- principally for
9 direction. They wanted, often, to know should they be
10 doing something further, interpreting documents, maybe
11 other peoples' assessments, providing education to foster
12 parents or other staff they might have working in the
13 homes.

14 Q Did you meet with any of the actual clients of
15 the agency?

16 A Occasionally.

17 Q And where would those meetings take place.

18 A At Child and Family Service agency offices.

19 Q And how were those meetings set up? Were they
20 part of your regularly scheduled attendance at an agency?

21 A Yes. So I had certain kind of -- there was two-
22 or three-hour blocks -- I think they were three-hour
23 blocks, and a worker or a supervisor would call a secretary
24 and a secretary would slot them into that time frame.

25 Q Your secretary.

1 A No, Child and Family Service secretary.

2 Q I see. So did you have a regularly scheduled --

3 A Yes.

4 Q -- day that you would meet?

5 A That's right. Different offices, kind of on
6 different days or sort of once a week. And I went to a
7 variety of different offices.

8 Q Okay. And before you arrived at an agency
9 office, did you know who you would be seeing that day?

10 A No, I did not.

11 Q Before you arrived at an agency office, were you
12 provided with any information, either written or verbal,
13 about the clients you might be seeing that day?

14 A No, I was not.

15 Q And once you arrived at a Child and Family
16 Service agency office, would you typically receive any
17 written documents or background information -- written
18 background information about the client you would be seeing
19 that day?

20 A No, I did not.

21 Q So what would typically happen once you got to an
22 agency office?

23 A I would meet with the social worker and he or she
24 would sort of give me an outline of what the circumstances
25 are, what their concerns were, you know, what they wanted

1 of me that day.

2 Q And is that how you would find out which clients
3 you might be meeting with?

4 A Well, if I was meeting with clients, yes.

5 Q You didn't always.

6 A No.

7 Q Okay. If you were meeting with a client would
8 you be briefed by a worker first?

9 A Yes.

10 Q And would that be orally?

11 A Yes.

12 Q And where would that briefing meeting take place?

13 A In the agency office somewhere.

14 Q And then after that you would meet with a client?

15 A Whomever. Yeah, well, if it was --

16 Q If you were meeting with a client that day.

17 A Yeah. That's right.

18 Q And you said you didn't always --

19 A No.

20 Q -- meet with clients.

21 A No. No.

22 Q Typically, how much time would you spend at an
23 agency office?

24 A Maybe three hours. Two or three hours.

25 Q And during that time period could you see more

1 than one client?

2 A Sometimes two. I mean, often it was two.

3 Q And if you were asked to meet with a client, were
4 you expected to report back to anyone at the agency after
5 that meeting?

6 A Well, after the meeting I would have sort of a
7 debriefing or sort of a verbal discussion.

8 Q With the worker?

9 A With the worker.

10 Q Okay. And what type of information did the
11 worker expect you to give, or were you giving the worker?

12 A I don't really understand.

13 Q When you said you would have a debriefing after
14 meeting with a client, what would you be telling the, the
15 worker as part of that debriefing?

16 A Sort of what my opinion was or what I thought --
17 what direction they needed to go or, you know, if there was
18 something further. Answer their questions. It was really
19 an opportunity -- it was an opportunity to have a
20 discussion about kind of what, what I thought.

21 Q Did you ever provide any written reports to
22 Winnipeg Child and Family Services after one of your
23 meetings with a client at the agency?

24 A No, I did not.

25 Q Any reason why not?

1 A Well, I guess the reason was because I was
2 providing a verbal report to them. It was an opportunity
3 to have a discussion. That was just the nature of the
4 interaction.

5 Q The agency didn't expect you to provide anything
6 in writing?

7 A No.

8 Q And you didn't offer to?

9 A No.

10 Q Okay. So let's talk about your meeting with
11 Samantha Kematch.

12 A Sure.

13 Q And we'll come back to, to your notes and notes
14 that you took in a minute. When you attended at the agency
15 offices of Winnipeg Child and Family Services on September
16 13, 2000, I understand that the social worker asked you to
17 meet with Ms. Kematch. Is that your recollection?

18 A Yes.

19 Q And that day -- your attendance on September 13,
20 2000 at the agency office, was that one of your regularly
21 scheduled visits?

22 A Yes.

23 Q And the social worker we've heard who met with
24 you was Kerri-Lynn Greeley.

25 A Well, I know it was Kerri-Lynn. I didn't have

1 her first name -- last name written down, but Kerri-Lynn.

2 Q Okay. Had you worked with Ms. Greeley before
3 September 13, 2000?

4 A I, I don't recall.

5 Q Okay. Now, was this the first time that you had
6 met Samantha Kematch?

7 A Yes, it was.

8 Q And did you know before you attended the office
9 on September 13th that you would be seeing Ms. Kematch?

10 A No, I did not.

11 Q And I gather you had not received any information
12 either in writing or orally about Ms. Kematch before you
13 met -- before you arrived at the office on the 13th of
14 September.

15 A That's right.

16 Q And based on what you've just told us, that was
17 typical of how you performed your consulting services to
18 Winnipeg CFS?

19 A That's right.

20 Q Okay. Now, did you meet with Ms. Greeley prior
21 to meeting with Ms. Kematch?

22 A Yes.

23 Q What was the purpose of that meeting?

24 A To provide me with some background information
25 concerning Samantha and why they wanted me to meet with

1 her.

2 Q Okay. And what did Ms. Greeley ask you to do in
3 relation to Ms. Kematch? What did she tell you as to why
4 she wanted you to meet Ms. Kematch?

5 A Well, it was specifically to assess whether she
6 might be depressed.

7 Q Were you asked to assess Ms. Kematch's attachment
8 to her baby?

9 A No.

10 Q Were you asked to do a parental capacity
11 assessment with respect to Ms. Kematch?

12 A No.

13 Q What's your understanding of what a parental
14 capacity assessment is? Do you --

15 A Well, I guess that depends on maybe who's doing
16 it but, you know, it would include an interview with the
17 parents and observation of their interactional style. It
18 would be collecting collateral information from those
19 people who have observed them interacting with their child.
20 It would be reviewing whatever -- perhaps background
21 information, other assessments that might have been done on
22 the parents.

23 Q And that's not what you understood you were being
24 asked to do.

25 A That's right.

1 Q As of 2000, in your role as a consulting
2 psychiatrist with Winnipeg CFS, had you ever been asked to
3 do a parental capacity assessment?

4 A No.

5 Q Have you ever been asked to do one since then?

6 A No, I have not.

7 Q To your knowledge, do psychiatrists normally
8 conduct those assessments?

9 A Generally speaking, psychiatrists don't.

10 Q So you weren't asked to do a parental capacity
11 assessment. You were asked to do a mental health
12 assessment.

13 A Correct.

14 Q And am I right in understanding that it would be
15 standard practice in conducting a mental health assessment
16 as to whether Ms. Kematch was depressed, to consider
17 whether she posed a risk of harm to herself or to others,
18 in particular her, her new baby, Phoenix.

19 A Can you repeat that question, please?

20 Q Um-hum. I asked you whether I'm right in
21 understanding that it would be standard practice in
22 conducting a mental health assessment -- in this case
23 whether Ms. Kematch was depressed -- to consider whether
24 she posed a risk of harm to herself or to others, and in
25 particular her new baby, Phoenix.

1 A I suppose that that would in general what might
2 be a consideration in a assessment of someone who was
3 depressed. It wouldn't be the sort of foremost
4 consideration or foremost concern. There would probably
5 have to be, you know, some strong indication that they were
6 -- you know, had voiced suicidal thoughts, had some, you
7 know, significant reason why that would be sort of
8 particularly looked at.

9 Q Okay. So at the time did you consider whether
10 Ms. Kematch posed a risk of harm to herself or to her baby?

11 A I wouldn't say that specifically I did so. I
12 didn't really consider that to be a concern.

13 Q Okay. Because you were conducting an assessment
14 in a Child and Family Services agency office, right?

15 A Correct.

16 Q Of a woman about whom the agency had queried
17 postpartum depression?

18 A Yes.

19 Q Whose child had been apprehended at birth?

20 A Yes.

21 Q Just like her first child, who was still out of
22 her care?

23 A Yes.

24 Q So surely -- well, no, I won't say surely. Did
25 you then ask Ms. Kematch specifically whether she had any

1 thoughts about hurting herself or hurting her baby?

2 A I don't recall whether I asked her that question
3 or not.

4 Q Okay. Did you consider it, nonetheless?

5 A I imagine I did. It certainly would be part of
6 what a mental health assessment would be, but I can't
7 specifically recall did I ask the question.

8 Q Okay. As we'll see in a moment when we review
9 the notes that, that you made after or as a result of your
10 meeting with Ms. Kematch, there's nothing in the notes
11 about whether Ms. Kematch posed a risk of harm to herself
12 or to her baby. Is that something that you would have
13 noted if you had asked it?

14 A It probably would be something I would have noted
15 if I thought -- if I found that that was the case.

16 Q So the lack of that -- the fact that that
17 information is not in your notes doesn't necessarily mean
18 you didn't consider it?

19 A Correct.

20 Q And you say you think you did consider it but you
21 didn't --

22 A I can't specifically recall that. You know,
23 again, I can't specifically recall doing the interview or
24 the full range of questions that I specifically asked.
25 Obviously, I'm using my notes as a guide. But that would

1 have been a consideration or it would have been something
2 that would have been in the back of my mind while
3 conducting the interview. But if I didn't feel that there
4 was any strong need to be concerned about that, then I
5 probably wouldn't have made any particular reference in my
6 notes to it.

7 Q Okay. And if you had determined that there was a
8 risk of harm to Phoenix, would you have made a note of
9 that?

10 A I believe I would.

11 Q Okay. How -- we'll come to your notes in, in a
12 minute. You did make notes as the result of your meeting
13 with Ms. Kematch. How do you decide what to put in your
14 notes?

15 A Well, I guess what I do is write kind of what I
16 guess strikes me as being pertinent. I don't necessarily
17 make note of every comment. It isn't a verbatim record of
18 everything I said or she said, or every question or every
19 consideration. It's not meant to be a complete and all-
20 encompassing record of, of what I do. So I write down the
21 things that I, that I think are, are relevant and -- but as
22 I say, I might not necessarily make a note of everything.
23 It's those things that I think I want to recall or those
24 things I think that might be pertinent.

25 Q And did Ms. Greeley tell you why the agency

1 wanted your assessment as to whether Ms. Kematch was
2 depressed?

3 A Well, I think they were wondering, as my note
4 suggests, about, you know, why, why does she have this sort
5 of ambivalence, why does she have this kind of flat affect
6 when she presents to them.

7 Q Did you understand that the agency would use your
8 assessment to assist it in assessing Ms. Kematch's ability
9 to parent?

10 A I wouldn't say that. You know, I think the
11 question to me was, is she depressed. So I, I don't -- I
12 mean, they might have used it. You know, I can't speak for
13 them, what they were intending to use it for.

14 Q So you didn't have an understanding as to what
15 use the agency would make of your consultation?

16 A No, no.

17 Q You gave the consult in a CFS agency with a
18 situation where a mother is queried about depression and,
19 and her child has been apprehended.

20 A Right.

21 Q Did you not think that, that your assessment
22 would be required by the agency with respect to their
23 assessment of Ms. Kematch's ability to parent?

24 MS. VAN IDERSTINE: I'm just going to object for
25 a second there, sorry.

1 THE COMMISSIONER: Yes.

2 MS. VAN IDERSTINE: Ms. Walsh, the child was not
3 actually apprehended at the time that Dr. Altman had done
4 the assessment. The child was back actually living with
5 the family at the time that Dr. Altman had the -- did the
6 assessment.

7 MS. WALSH: Fair enough.

8 MS. VAN IDERSTINE: So just wanted to clarify
9 that.

10 MS. WALSH: Thank you.

11

12 BY MS. WALSH:

13 Q That's true. Phoenix had been returned the week
14 before.

15 A Right.

16 THE COMMISSIONER: You were aware of that, were
17 you?

18 THE WITNESS: I think it says somewhere ...

19

20 BY MS. WALSH:

21 Q Yes, I believe in your notes --

22 A I think somewhere --

23 Q -- you do have that.

24 A -- in my notes it says ... I'd have to look at
25 my notes.

1 Q At the beginning of your notes. We'll come to
2 that in a minute.

3 A Oh, right, the child was returned September 5th
4 and it was September 13th.

5 Q So did, did you --

6 A So did I know --

7 Q -- not think that --

8 A -- that they were --

9 Q -- the, that the agency would --

10 THE COMMISSIONER: All right, just let him
11 finish.

12 THE WITNESS: Well, you can repeat the question.
13 I'm just trying to -- I was going to rephrase the question
14 or --

15

16 BY MS. WALSH:

17 Q Go ahead.

18 A -- clarify what you were asking. Yeah.

19 Q Did, did you not think that the agency would be
20 using your assessment to assist it in determining Ms.
21 Kematch's parenting ability?

22 A I suppose so. I don't know that it was directly
23 -- as I say, I cannot recall if that was directly commented
24 on or directly explained to me. Certainly, if they were
25 bringing her to me because they were concerned about her

1 ambivalence about parenting, they were wondering, well, is,
2 is she depressed, is this a reason that might explain this?
3 So my role was to say, well, does she have a depression or
4 not, you know, is depression a reason that might explain
5 her flat affect and her ambivalence. So I guess that's
6 part of their fact gathering or, or their global assessment
7 as to how do we understand this person and understand why
8 they're behaving in the way they are.

9 Q And they're concerned about Ms. Kematch as a
10 parent, CFS is.

11 A Well, I mean, that's -- yeah, I guess, obviously
12 their primary concern is for the child.

13 Q Right. Were you asked to meet with or assess Mr.
14 Sinclair?

15 A I wasn't asked to assess Mr. Sinclair, no.

16 Q Was Mr. Sinclair present in the meeting that you
17 had with Ms. Kematch?

18 A I believe so.

19 THE COMMISSIONER: What was that question?

20 MS. WALSH: Was Mr. Sinclair present in the
21 meeting.

22

23 BY MS. WALSH:

24 Q You believe he was?

25 A Yes.

1 Q And did he participate in the interview that you
2 conducted?

3 A Yes.

4 Q What --

5 A At least to the extent that my notes tell me.

6 Q Was Phoenix present in the meeting?

7 A I don't recall

8 Q Ms. Greeley's evidence was she thought that
9 Phoenix was present.

10 A That, that might be the case.

11 Q Was Ms. Greeley present in the meeting?

12 A I don't believe so. It wasn't typically the case
13 that the social worker would stay in the room.
14 Occasionally they did, but typically not, so I, I'm
15 assuming not. I don't recall.

16 Q Let's talk a bit about the information that the
17 social worker gave you by way of background information
18 that the agency had about Ms. Kematch. Were you ever shown
19 any written documents about Ms. Kematch's history with
20 Child and Family Services or her interaction with the
21 agency?

22 A I don't believe so.

23 Q Were you ever shown any documents about Phoenix?

24 A I don't believe so.

25 Q What about, about Mr. Sinclair?

1 A I don't believe so.

2 Q But we know that before you met with Ms. Kematch,
3 Ms. Greeley did give you some background information about
4 Ms. Kematch.

5 A Correct.

6 Q And we'll see that from your notes in a minute.
7 How much time did you spend with Ms. Greeley talking about
8 Ms. Kematch before you actually met with Ms. Kematch?

9 A Well, I don't remember. So that -- I mean, the
10 straightforward answer is I don't remember. Typically, I
11 might spend somewhere between 15 minutes up to, at most, a
12 half an hour.

13 Q And you made notes of what Ms. Greeley told you?

14 A Yes.

15 Q Okay. And we talked already about how you
16 decided what information to put into your notes?

17 A Yes.

18 Q And you don't have any independent recollection
19 of your meeting with Ms. Kematch?

20 A I do not.

21 Q Okay. So let's look at your notes, please. If
22 we refer to commission disclosure 1801, pages 37995 and
23 37996 are a copy of your handwritten notes. Is that right?
24 These are your handwritten notes?

25 A Yes.

1 Q And when did you make them?

2 A On September 13th.

3 Q Did you make them as you were meeting with Ms.
4 Kematch?

5 A Yes.

6 Q You didn't go back to your office and write them
7 up afterwards?

8 A No.

9 Q Where did you keep these notes?

10 A In a file folder.

11 Q In your office?

12 A Yes.

13 Q You didn't hand these to the social worker at
14 the --

15 A No.

16 Q -- end of your meeting?

17 A No, I did not.

18 Q Or send them to her at some other time.

19 A No, I did not.

20 Q Okay. If we turn just for a minute to CD 2069,
21 pages 43559 and 43560, these are entitled Dr. Altman's
22 Notes. And I understand that you had the notes that we
23 just looked at -- the handwritten notes at disclosure 1801,
24 you had them typed up at my request, on the page that we're
25 looking at here, page 43559.

1 A I don't believe I had them typed up. I think you
2 had them typed up or someone else had them typed up.

3 Q Through your lawyer's office.

4 A Okay.

5 Q Okay. And if we scroll to the end of the second
6 page, 43560, just for anyone who's looking at them, my
7 understanding from your counsel is that that last word,
8 "parent" --

9 A Yes.

10 Q -- should actually be "parenting" --

11 A Yes.

12 Q -- when compared with your written notes.

13 A Yes.

14 Q Okay. Thank you. So since we have you here,
15 let's work with your written notes starting at page 37995.
16 And I'll just go through them and you can tell me what,
17 what you've recorded there. At the left-hand -- top left-
18 hand page it says, Kerri-Lynn?

19 A Yes.

20 Q Okay. That's the social worker.

21 A Yes.

22 Q And you've got the date on the right-hand side?

23 A I do.

24 Q Then it says, Samantha Kematch, 19 years old.

25 A Yes.

1 Q What's the NW?

2 A Northwest.

3 Q That's the agency --

4 A That refers to the agency.

5 Q -- office?

6 A Yeah.

7 Q Or unit, okay. And then it says, Phoenix -- is
8 that four months?

9 A Yes.

10 Q And Steve Sinclair, 20.

11 A Yes.

12 Q Okay. And then it says, Child returned September
13 5, 2000?

14 A Yes.

15 Q So that is, as we just confirmed, your having
16 been told that Phoenix was returned to her parents.

17 A Yes.

18 Q And is this information that we're looking at,
19 this is information that you received from Ms. Greeley?

20 A Yes.

21 Q Okay. So this is, this is your note of the
22 background information that you received from the social
23 worker.

24 A That's right.

25 THE COMMISSIONER: This whole document?

1 MS. WALSH: No. We'll, we'll come to where that
2 information stops.

3

4 BY MS. WALSH:

5 Q Is that fair to say?

6 A Sure.

7 Q That --

8 A Yeah.

9 Q That at some point the document --

10 A There's a line.

11 Q -- reflects your meeting with Ms. Kematch.

12 A Yes, there's a, there's a line.

13 MS. WALSH: Do you want to scroll down towards
14 the bottom, please?

15 THE WITNESS: Yeah. So there's a line and --

16

17 BY MS. WALSH:

18 Q That's --

19 A -- that represents --

20 Q Where that line is drawn, that's where the
21 information from Ms. Greeley stops and you start making
22 note of your meeting with Ms. Kematch.

23 A Well, pretty much, because the question about why
24 ambivalence, that's sort of the final question, kind of
25 thing. But I guess after that last line is when I started

1 to see Samantha. That's, that's part of the interview.

2 Q Okay.

3 A Where it says, "to see how I'm doing about
4 myself," that's her first response to what I imagine is, Do
5 you understand why you're meeting with me?

6 Q Okay. So if we go back up towards the top of the
7 page, then, this is information that you've recorded while
8 you're meeting with Ms. Greeley before you go in to see Ms.
9 Kematch and Mr. Sinclair.

10 A That's right.

11 Q Okay. So then it says, First child male, two
12 years old --

13 A Yes.

14 Q -- is apprehended and seeking permanent order,
15 Cree nation?

16 A Yes.

17 Q And then Sam, a permanent ward of other agency?

18 A And the other agency is the Cree Nation.

19 Q Okay. That's reflected by your little arrow.

20 A Yes.

21 Q Okay. A history of anger, aggression --

22 A Yes.

23 Q -- and then what does ETOH mean?

24 A There's a question mark about whether or not she
25 had a history of alcohol and drug use.

1 Q Okay. Hostility towards adults/authority?

2 A Right.

3 Q Was ambivalent at first about parenting child
4 number one?

5 A Yes.

6 Q Spent --

7 A Approximately.

8 Q -- approximately two months --

9 A Yes.

10 Q -- in supported parenting environment, and then
11 couldn't handle baby's needs, so apprehended, and has not
12 visited since?

13 A Yes.

14 Q So this is all information that Ms. Greeley
15 provided to you?

16 A Yes.

17 Q Second pregnancy also hidden from anyone?

18 A Yes.

19 Q No prenatal care.

20 A Right.

21 Q With second baby, parents said they were
22 ambivalent, had made no plans to parent, so apprehended?

23 A Correct.

24 Q Two days later, decided to parent?

25 A Yes.

1 Q Prior worker felt, question mark.

2 A Right.

3 Q Which means what? Why do you put a question
4 mark?

5 A The prior worker felt -- wondered if perhaps.

6 Q Okay. Postpartum depression or some mental
7 health issue?

8 A Right.

9 Q Okay. Cooperative with agency requirements to
10 date?

11 A Yes.

12 Q Has teaching support worker two times per week,
13 eight hours?

14 A Yeah.

15 Q Feels doing good. Steve stronger parent,
16 question mark, exclamation mark.

17 A Right. There was some -- right.

18 Q So is that the worker saying to you that she
19 thought or wondered --

20 A Yes.

21 Q -- whether Steve was the stronger parent?

22 A That's right.

23 Q Both thought --

24 A Yes.

25 Q -- or wondered?

1 A Yes.

2 Q Okay. And then you have a question mark, Why
3 ambivalent to parenting?

4 A Re.

5 Q Re parenting?

6 A Yes.

7 Q Depression.

8 A Query depression.

9 Q Query depression.

10 A Yeah.

11 Q Okay. And a line. So that last line just below
12 the, the line that you've drawn, Why ambivalence re
13 parenting depression, what does that signify?

14 A I imagine that that was the, the principal
15 question.

16 Q Okay. So that's all information that the agency
17 gave you that you noted.

18 A Right.

19 Q Okay. And what, if any --

20 THE COMMISSIONER: Just a minute. What did you
21 just say was the principal question?

22 THE WITNESS: Why does she have ambivalence about
23 parenting. You know, is it as a result of being depressed?

24 THE COMMISSIONER: Thank you.

25

1 BY MS. WALSH:

2 Q So does that tell you that you're -- the, the
3 assessment that, that the agency was asking you to do,
4 whether she was depressed, was related to their own
5 assessment of Ms. Kematch's parenting?

6 A Well, it certainly told me that they had concerns
7 about her parenting.

8 Q Now, the information that we just read out that
9 you noted --

10 A Yes.

11 Q -- in terms of the background information that
12 the social worker gave you about Ms. Kematch, what if any
13 of that information was significant to the assessment that
14 you were asked to do?

15 A Well, I guess the fact that the prior worker
16 wondered whether she had a postpartum depression or some
17 mental health issue was the relevance.

18 Q How?

19 A Because someone who knew her or who had
20 interacted with her sort of wondered if she was depressed,
21 so that would have been significant to my task of assessing
22 whether, in fact, it was a matter of depression that was
23 the cause for her ambivalence about parenting. I mean,
24 she's had a troubled past history so that certainly would
25 make her at increased risk of being depressed, so that also

1 would be relevant. The absence of prenatal care, perhaps,
2 could be an indication of being depressed as well.

3 Q How is that?

4 A Someone that's depressed might not go out, might
5 not have any energy or interest in, you know, doing what
6 they should be doing. They're sort of apathetic and
7 uninterested in their life, so to speak. That's probably
8 most of what's relevant.

9 Q Okay. So now just reading to the end of page
10 37995, now, the information that you've recorded after the
11 line, why ambivalence re parenting, question, depression,
12 this is information that you recorded as the result of now
13 meeting with Ms. Kematch; is that right?

14 A Correct.

15 Q And is the information that you recorded,
16 information you received just from Ms. Kematch or is some
17 of it also from Mr. Sinclair?

18 A It would have been both, probably.

19 Q And do you know which came -- which information
20 came from which individual, by looking at your notes?

21 A Well, I know that one line in particular which I
22 have Steve -- which is on the second page -- not sure at
23 the time, et cetera, et cetera, that that would have come
24 from Steve. And then there's another line further down the
25 page that specifically makes reference to Steve and then a

1 colon. And, and then later on there's another -- so in
2 other words, the things that I think came from Steve, I
3 think most of the ones that came from Steve I noted as
4 coming from Steve, but I can't honestly recall if any of
5 the other comments, you know, were just Steve or Samantha
6 as well. But certainly, the ones that say Steve were
7 Steve.

8 MS. WALSH: Okay. So if we can just go back to
9 page 37995 -- that's good, thank you.

10

11 BY MS. WALSH:

12 Q So you've written, To see how I'm doing about
13 myself.

14 A Yes.

15 Q Wasn't sure if ready to parent at birth -- or
16 with birth?

17 A With birth, yeah.

18 Q And then thought about it and began to feel --
19 you've got two lines, and then on the next page it says,
20 daughter and --

21 A I don't know what those two lines are, actually.

22 Q Okay.

23 A Feel --

24 Q So what, what are you writing about there? What,
25 what has Ms. Kematch told you?

1 A That she understood that it was an assessment of
2 how she was doing with -- about -- with herself. She
3 explained, you know, that she wasn't ready to parent at
4 first, but then she thought about it and began to feel that
5 Samantha was her daughter and that she loved her.

6 Q Okay. And then -- what's that, does that say
7 Steve?

8 A Steve, yes.

9 Q Steve. So this would be information that you
10 received from him?

11 A That's right.

12 Q Okay. Does that say, Not sure at time?

13 A Yes.

14 Q But after visits decided to take care of her?

15 A Yes.

16 Q Okay. And then it says, Afraid that doctor would
17 sexually touch me. Not sure what the --

18 A Secondary to.

19 Q Secondary to TV.

20 A Yes.

21 Q And aunty.

22 A Yes.

23 Q Therefore no prenatal care.

24 A That's right.

25 Q Now, is that information from Ms. Kematch?

1 A Yes.

2 Q And what does that mean? What was she telling
3 you?

4 A Well, I imagine from that I asked her, Well, why
5 didn't you have any prenatal care, and this was her
6 response.

7 Q And what, what did you understand her reason to
8 be?

9 A That she was afraid that her doctor would
10 sexually touch her or inappropriately touch her because
11 she'd seen such things on the TV, as well as her aunty had
12 I guess told her a story or told her something about that
13 possibility. So that's why she avoided prenatal care.

14 Q Okay. And did you make any assessment as to the,
15 the accuracy of that comment or the veracity of it, whether
16 she had, in fact --

17 A I didn't speak to her aunty.

18 Q Okay.

19 A If that's what you mean. Is that what you mean?

20 Q Or whether there was any other reason why she
21 wouldn't have had prenatal care or was concerned about a
22 doctor sexually touching her.

23 A I don't -- you know, I, I don't know. I didn't
24 write it down.

25 Q Okay. Then it says, We talk about the baby but

1 didn't come to decision?

2 A Yes.

3 Q Okay. And what, what was that reflecting?

4 A Again, you know, I'm making inferences in the
5 same way that you're asking questions about inferences,
6 right? So I imagine that it has to do about the fact that
7 I asked, you know, what about the baby and how did you
8 decide, or something about that. Which her response was
9 that she and Steve talked about the baby but didn't come to
10 any decision about whether or not they wanted to parent a
11 child.

12 Q Okay. And then it says, Mixed feelings about
13 pregnancy, not planned, mostly negative feelings, sad,
14 since didn't want to have child for a while?

15 A Yes.

16 Q Okay. And then it says, Wanted education or job?

17 A Right.

18 Q Started school September 5?

19 A Yes.

20 Q Grade ten?

21 A Yes.

22 Q Steve ...

23 A Grade ten.

24 Q Grade ten. Look for job after daycare
25 arranged --

1 A Yes.

2 Q -- and would like to make --

3 A My.

4 Q -- my own money -- my own or more money.

5 A Right.

6 Q And who is that saying that? Is that Steve --

7 A Steve.

8 Q -- or Samantha?

9 A I think that's Steve.

10 Q Okay. And then you have a small o.

11 A Right.

12 Q Mad, sad, depressed.

13 A A small o means the absence of. So it's --

14 Q And was that --

15 A Like --

16 Q -- with respect to Ms. Kematch?

17 A Yes.

18 Q Okay. And then it says, Steve: sex whenever

19 she's ready?

20 A Right.

21 Q And then, Sam: never much interested in sex?

22 A Yes.

23 Q And then, Sam: happy, would like to be off

24 welfare?

25 A Yes.

1 Q Steve: lottery?

2 A I guess he joked that he'd like to win the
3 lottery.

4 Q Sure. And then what --

5 A Steve -- so S and S would be both of them would
6 have been expressing the following comment.

7 Q CFS okay, not bugging us?

8 A Right.

9 Q Okay. And then there's a line drawn, and what
10 does that line signify?

11 A The end of my interaction with them.

12 Q Okay. Do you know how long the interview with
13 them took?

14 A I don't. Again, in general, an interview like
15 that might have been 45 minutes, or an hour at most,
16 perhaps.

17 Q Okay. And then after you met with them, did you
18 meet with Ms. Greeley?

19 A Yes.

20 Q Okay. Privately?

21 A You mean --

22 Q As in, not with Mr. Sinclair and Ms. Kematch?

23 A Correct.

24 Q Separately from them?

25 A Right. Right.

1 Q Okay. Was that immediately after you met with --

2 A Yes.

3 Q -- Ms. Kematch? And what did you tell Ms.
4 Greeley?

5 A Well, I'm not sure all of what I told Ms. Greeley
6 other than what my notes reflect, which was that I didn't
7 think that she was depressed, that I thought her mental
8 health was okay. You know, I had -- I thought that there
9 perhaps was some issues regarding their sexual
10 relationship, marriage, and, and their parenting future, I
11 guess.

12 Q And why did you mention those issues to the
13 social worker?

14 A Because I was providing my feedback, my
15 impression about what went on in the interview and sort of
16 what -- those were kind of, I guess, things that must have
17 been highlighted in my mind.

18 Q As being important in what way?

19 A Being important in terms of, you know, is she
20 depressed and kind of what's the state of their marriage
21 and I guess what my concerns would be about their sort of
22 parental unit.

23 Q So you told Ms. Greeley that Ms. Kematch was not
24 depressed?

25 A Right.

1 Q But that in your view, the parents had issues?

2 A Yes.

3 Q And those issues related to sex, marriage, and
4 parenting.

5 A Yes.

6 Q Do you recall whether Ms. Greeley asked you to do
7 any follow-up with Ms. Kematch?

8 A I don't recall, but I typically did not provide
9 any follow-up.

10 Q If you had been asked to, would you have had a
11 note recording that you been asked to do that?

12 A I suppose so. I mean, I can't remember a
13 circumstance where I actually did a follow-up assessment on
14 any client that I'd seen for Child and Family Services. So
15 I guess if she would have asked me to, then I probably
16 would have written a note because it would have been
17 unusual, maybe.

18 Q Okay. So you typically didn't follow-up with,
19 with the clients that you were asked to see.

20 A Correct.

21 Q Okay. And did you provide any advice to the
22 agency, to Ms. Greeley, as to what the agency should do
23 with respect to Ms. Kematch in her role as a parent?

24 A I don't recall.

25 Q And your notation about issues re sex, marriage,

1 parenting, you don't consider that advice that you gave to
2 the social worker?

3 A I guess it's my findings or my impression, as
4 opposed to advice.

5 Q So your findings were that the parents -- both
6 parents had issues about sex, marriage, and parenting?

7 A Well, that their, their marriage did. I don't
8 know about both, both parents. I guess I'm not really
9 following what you're asking me.

10 Q Well, what was the -- your reference to sex,
11 marriage, parenting, you said was a reference to three
12 issues you raised in speaking with the social worker after
13 your meeting.

14 A Right.

15 Q So what was the purpose of raising those issues?
16 What did you mean by "raising those issues"?

17 A Those must have been issues that I was -- had
18 some concern about or that I wanted to reflect on or report
19 about.

20 Q Okay. And were they issues that related -- I
21 appreciate that, that two people are required to make a
22 successful marriage, generally --

23 A Right.

24 Q -- but were those issues that you thought were
25 issues that related to each of the parents, Samantha

1 Kematch and Steve Sinclair?

2 A I think it was for both of them, as opposed to
3 each of them.

4 Q What's the distinction?

5 A I know it's a semantic -- well, I keep on saying
6 both and you want to make it be each, so maybe you could
7 explain what you mean.

8 Q Well, were you saying to the agency that you had
9 issues of concern about sex, marriage, and parenting with
10 respect to Ms. Kematch?

11 A I think -- I think, again, because I don't
12 honestly recall exactly what I said so it really is me
13 guessing about what I meant about this, but my guess would
14 be is that I had concern about them as a couple in that
15 respect, not -- I don't know that I would have identified
16 one or the other's in particular.

17 Q Okay.

18 A But that they as a couple had these issues.

19 Q Okay. So let's turn to Ms. Kematch's protection
20 file relating to Phoenix, CD 1795. We're at page 37032.
21 And I'll have you review. This is an excerpt from the
22 transfer summary that Ms. Greeley prepared. It's
23 ultimately dated October 2nd, 2000, and the portion on this
24 page, 37032, identifies the information that Ms. Greeley
25 wrote down after meeting with you.

1 A Okay.

2 MS. VAN IDERSTINE: Well, again, to -- sorry.
3 I'm sorry I'm being so -- to rise but Ms. Greeley's
4 evidence was that she wrote this down as a summary some
5 time around October 2nd or so, not immediately after the
6 meeting.

7 MS. WALSH: I didn't mean to suggest that it --

8 MS. VAN IDERSTINE: Okay.

9 MS. WALSH: -- was immediately after.

10

11 BY MS. WALSH:

12 Q But it was as the result of meeting with you, Ms.
13 Greeley made a note in the file; is that fair?

14 A I'll believe you.

15 Q Okay. When was the, the first time that, that
16 you saw this recording?

17 A I believe it was in your office.

18 Q So when, when I first met you in preparation for
19 these --

20 A Yes.

21 Q -- hearings last winter.

22 A Yes.

23 Q Okay. So this file recording was never sent to
24 you.

25 A No.

1 Q Okay. Or shown to you.

2 A No.

3 Q Okay. So it says:

4

5 "The first condition of the
6 agreement was that Samantha meet
7 with Dr. Altman and follow any
8 recommendations he made. Samantha
9 and Steve both met with Dr. Altman
10 on September 13, 2000. He advised
11 the following:

12 "Samantha does not present
13 with a diagnosis of depression, he
14 does see her a 'closed book', that
15 she presents as not wishing to
16 tell all of the information there
17 is to tell, he said this could be
18 due to her own style of
19 interacting and/or some of her own
20 life experience."

21

22 I'm going to read the whole thing, Dr. Altman,
23 and then I'm going to ask you whether there is any
24 information recorded that you feel is not an accurate
25 representation of information you provided to Ms. Greeley.

1 So --

2 A Okay.

3 Q -- with that in mind, the next bullet says:

4

5 "His impression is that both
6 parents are now committed to each
7 other and to parenting, Samantha
8 indicated that she had not wanted
9 to be pregnant and was some what
10 sad about it but since she has
11 decided that this is her child and
12 wants to parent her, she felt she
13 got connected with the child
14 during the visits.

15 "His impression is that the
16 relationship is okay, they both
17 openly shared their feelings for
18 each other and their relationship,
19 Sam feels Steve loves her and they
20 tell each other they love each
21 other.

22 "Dr. Altman does not see the
23 need for any further assessments
24 at this time, he talked to them
25 about commitment but he feels that

1 for now they are committed to one
2 another and to parenting.

3 "He believed the couple's
4 responses and their interactions
5 were genuine.

6 "He seen them sharing
7 parenting responsibilities.

8 "He suspects that there may
9 be some past sexual abuse in her
10 life however she is not ready to
11 address it, this was based on her
12 responses to why she did not see a
13 Dr. when she was pregnant, she
14 expressed concern about a Dr.
15 touching her inappropriately, she
16 [said] this was due to watching
17 similar issues on TV.

18 "His impression was that the
19 flat affect people experienced
20 with Samantha is likely due to her
21 method and style of communication,
22 not depression or feelings of
23 sadness, she reported that she no
24 longer had feelings of sadness as
25 she did when she was pregnant."

1

2 So is this an accurate representation of the
3 information that you provided to Ms. Greeley following your
4 meeting with Ms. Kematch, and if not, can you tell us what
5 is not?

6 A Well, most of it seems consistent. The line that
7 says, "Dr. Altman does not see the need for any further
8 assessments," I don't recall saying that. I don't really
9 have a note about that. The rest of it, you know, to me,
10 more or less jibes with what my notes are and with what I
11 imagine I would have said. Again, I don't recall, you
12 know, saying any of these things. But all the rest of it
13 seems consistent with what I think I might have said and
14 consistent with what I, I gleaned from my notes.

15 The part about not seeing any need for further
16 assessment, I suppose would -- might have been a reference
17 to her being depressed, that likely I would have said I
18 don't think that, you know, there needs to be a further
19 assessment regarding depression.

20 Q You said if, if you had said that it might have
21 been in your notes or you didn't see a reflection of that
22 in your notes, was what you told me.

23 A I, I just -- I don't remember saying that. The
24 rest of it, to me, sort of follows from the notes that I
25 made and kind of makes sense to me. I can't specifically

1 recall any of it, quite frankly, and so the, the specific
2 comment about need for any further assessment, I imagine
3 that if I had said that, it would have been in respect to
4 whether she was depressed or not.

5 Q And if you had said that or believed that, would
6 you have made a note of that in your file recordings, your
7 notes?

8 A Not necessarily. I, I don't recall -- I mean,
9 obviously, you know, much of what is said here is not
10 reflected in my notes, so I can't honestly say that I
11 necessarily would have put it in my note.

12 Q Okay. It's not something that you know for
13 certain as part of your practice you would have included in
14 your notes if you had indicated it?

15 A Not -- that's, that's hard to say. I mean, I
16 think it may or may not have been the case. I guess it
17 would have been dependent upon a number of factors. I
18 can't even guess what they might be, but I don't have an
19 answer.

20 Q So are you saying that the fact that there is
21 nothing in your notes that talks about your saying no
22 further assessment is necessary, that doesn't necessarily
23 mean you didn't say that.

24 A Right.

25 Q Okay. And, in fact, it was brought to our

1 attention, if we turn to page 37307 ...

2 A I have the wrong page number.

3 Q 37307. So this is a note that was handwritten by
4 Ms. Greeley after -- or as the result of her meeting with
5 you, and you'll see the second arrow says:

6

7 "Dr. A does not see need for
8 further assessments at this time.
9 He did talk with them about
10 commitment (sort of a lecture) but
11 he feels for now they are" --

12

13 And I'm not sure ...

14

15 "... committed."

16

17 While we have this note in front of you -- and I
18 appreciate that this is not a note that I've ever shown you
19 before but it was brought to our attention by Ms. Greeley's
20 counsel; we did have it.

21

22 "Wants to parent her - she
23 felt she got connected to child
24 when it was ... in visits."

25

1 And then it says:

2

3 "His (Dr. A) sense is that
4 the relationship is okay - they
5 both shared with him their feeling
6 about the relationship and each
7 other - they tell each other
8 [that] they love each other and
9 Sam feels he loves her."

10

11 And then we read the note about:

12

13 "Dr. A does not see need for
14 further assessments ..."

15

16 And then below that:

17

18 "He believes their responses
19 to him and how they interact
20 together were genuine.

21 "He [has] seen that they
22 likely share parenting
23 responsibilities, [something] was
24 attentive to baby while they
25 spoke.

1

2 Maybe it says, "Steve was attentive to baby while they
3 spoke"?

4 And this appears to be what's -- consistent with
5 what's in the typed file recording that I just showed you.

6 A Right.

7 Q Okay. When you compare --

8 MS. WALSH: If we can go back to, to that file
9 recording, please, which was page 37032.

10

11 BY MS. WALSH:

12 Q When you compare the social worker's record of
13 what the two of you discussed with the notes that you made,
14 you'd agree that your notes have more information about
15 what the social worker asked you to assess, what background
16 information she gave you, and different information about
17 what you reported to her?

18 A Right.

19 Q Okay. Why didn't you provide a written report of
20 your consultation with Ms. Kematch to the agency?

21 A Well, it was never my practice to provide. It
22 was never the intention. The intention in these -- in the,
23 in the arrangement with Child and Family Services was to
24 provide direction, education, opinion, fast access. The
25 intention was never to provide a formal written report.

1 Q So CFS never asked you for that.

2 A Correct.

3 Q Okay. Isn't it always good practice, as a
4 psychiatrist when you're asked to do a consultation, to put
5 your assessment in writing?

6 A Well, I took notes.

7 Q Yes, but did you provide those notes to the
8 agency?

9 A No.

10 Q Wouldn't that have been a good idea?

11 A I don't know. Why do you say that?

12 Q Well, in this case, for example, if you had
13 provided a written consult, then the agency would have had
14 a lasting record of your assessment and your observations
15 to include in their file for anyone who picked up the file
16 to see.

17 A Well, certainly, I can understand why they might
18 have wanted that as a service.

19 Q But they didn't ask for it.

20 A This was not the common practice or this was not
21 the nature of the services that had been arranged between
22 the mental health program and Child and Family Services.

23 Q Aside from that, just you, as a psychiatrist, is
24 it not good practice as a consulting psychiatrist to put
25 your report, in this case to an agency, in writing?

1 A Well, I guess my expectation and what generally
2 happened in, in these sort of discussions after the fact
3 was that the person that I met with took notes and, you
4 know, created their own record about this. And the idea
5 here was that there was going to be -- there should be a
6 discussion as opposed to a formal requirement or, or a
7 request for a formal report.

8 Q You don't generally, as a, as a consulting
9 psychiatrist, put your consultations in writing?

10 A Well, when, when, when I'm doing a consultation
11 that is sort of defined by a doctor-patient relationship,
12 if I'm being consulted by another physician, then, you
13 know, I would do that. The circumstances here is that I
14 was being asked to provide, again, direction and an opinion
15 for Child and Family Services. I wasn't creating a doctor-
16 patient relationship with any of the individuals that I
17 saw. It was for the purposes of Child and Family Services
18 to figure out do they require anything more formal or do
19 they need to, you know, sort of do anything different, are
20 they on the right track, those kind of things.

21 Q Is there any reason why you couldn't have
22 provided your comments, observations, advice about Ms.
23 Kematch in writing?

24 A I don't think that there was any particular
25 reason I could not. That wasn't the nature of the

1 relationship or the services that I was contracted to
2 provide.

3 Q And as we've seen, there are discrepancies in
4 what you recorded in your notes and what Ms. Greeley
5 recorded in her file recording.

6 A I don't know. Maybe you could point out the
7 discrepancies.

8 Q Well, for example, your note that you raised
9 issues about sex, marriage, parenting, that's information
10 that's recorded in your notes.

11 A Right.

12 Q I didn't see it anywhere recorded in Ms.
13 Greeley's file recording.

14 A You're right, not specifically, no.

15 Q And is that information that you would have
16 included in a written consult if you had provided a report
17 in writing, that you saw those issues?

18 A I imagine so.

19 Q And conversely, we see information in Ms.
20 Greeley's notes and recording that's not reflected in, in
21 your notes, her reference to "Dr. Altman does not see the
22 need for any further assessment at this time." Right?

23 A Right. So that's another discrepancy; is that
24 what you're trying to say?

25 Q Right.

1 A Yeah.

2 Q And you never saw Ms. Greeley's notes or file
3 recording?

4 A I did not.

5 Q So you didn't know what she had recorded of the
6 advice that you -- and information that you gave to her.

7 A That's correct.

8 Q Okay. So let's talk some more about the
9 information that the social worker shared with you from the
10 CFS files before you did, you did your assessment of Ms.
11 Kematch. You said Ms. Greeley didn't give you anything in
12 writing or show you anything from the files, right?

13 A I do not recall that, no.

14 Q Okay. And that would include -- she didn't show
15 you Ms. Kematch's child protection file, her own child-in-
16 care file; is that correct?

17 A I don't recall her showing me anything in
18 writing.

19 Q Okay. She briefed you orally about Ms. Kematch?

20 A Right.

21 Q About her history as an adolescent?

22 A As I made note of, is that what you mean?

23 Q Well, I'm trying to determine what, what
24 information Ms. Greeley gave you about Ms. Kematch. So
25 let's turn to --

1 A The information that I wrote down --

2 Q Yes.

3 A -- would be all I could tell you was provided to
4 me, so ...

5 Q So the information about history of anger,
6 aggression, question, alcohol, drugs, hostility towards
7 adults, authority, was that information that you understood
8 to be about Ms. Kematch as a teenager?

9 A Yes.

10 Q Okay. That was historical information or --

11 A Yes.

12 Q Not in the sense of many years back, but in the
13 sense of, of background information.

14 A I'm not sure what the difference is between many
15 years back and background information.

16 Q Well, did you know what time frame that
17 information related to in Ms. Kematch's life?

18 A I, I don't recall.

19 Q Okay. Let's look at page 37026. So this is part
20 of the information that Ms. Greeley included in her
21 transfer summary that we were looking at earlier. This is
22 part of the historical information that the agency had
23 about Ms. Kematch as a child in care and also her history
24 with the agency. You said you weren't shown this at the
25 time that you met with Ms. Kematch, but you have since had

1 an opportunity to review it?

2 A Have I?

3 Q Pardon me?

4 A Have I?

5 Q Well, I believe you have.

6 A Are you telling me or are you asking me?

7 Q I'm asking you. I believe that you've had an
8 opportunity to review it. If, if we scroll down the end of
9 this page, the psycho-social assessment information, have
10 you had a chance to review this?

11 A You know what, I, I don't remember.

12 Q Okay.

13 A If you tell me that this is one of the documents
14 that you provided to me, then I'll believe you, but I can't
15 say I remember.

16 Q Okay, no problem. Let's, let's look at this
17 information, then. Under the heading Psycho-Social
18 Assessment, if you'll read that, please.

19 A Sorry, what did you want me to read?

20 Q The paragraph under the heading --

21 A Oh.

22 Q -- Psycho-Social Assessment, starting with:

23

24 "On April 24, 2000 HSC social
25 worker" --

1

2 whose name is blacked out,

3

4

"... called the Agency to advise that Samantha gave birth to baby girl, Phoenix, after having no prenatal care. In discussions, it was discovered that Samantha had another child that was in the care of Cree Nation CFS. When asked why, Samantha thought that it was because they thought that she might hurt the baby, as her mother did her."

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Was this information that Ms. Greeley provided to you before you met with Ms. Kematch?

18

A No.

19

20

Q If she had, would it have been significant to you in making the assessment you were asked to make?

21

22

23

24

25

A Well, I guess I was asked to comment as to whether she was depressed. I wasn't specifically asked about is she a risk to her child, so ... I guess if, if part of the reason why they thought she might harm the baby was because of a postpartum depression or, you know, if

1 that was sort of part of the consideration, then, then that
2 would have been relevant.

3 Q Okay. And if you'd had that information -- I
4 assume you're referring to the reference that she might
5 hurt the baby -- would it have changed the assessment that
6 you -- your, your final determination?

7 A As to whether she was depressed or not?

8 Q Yes.

9 A I don't imagine so.

10 Q And you told me that as part of a standard mental
11 health assessment you would consider whether Ms. Kematch
12 was a risk of harm to herself or to her baby?

13 A Right.

14 Q So with that in mind, would this information that
15 she might hurt the baby, that you said you didn't have,
16 would that have affected the assessment that you carried
17 out of Ms. Kematch --

18 A I suppose I might --

19 Q -- if you had had it?

20 A I suppose I might have said that there was some
21 risk here.

22 Q Okay. Is it information that you would have
23 wanted to have in order to conduct a thorough assessment of
24 Ms. Kematch's mental health?

25 A Well, the question was very specific about, you

1 know, is she depressed. You know, the broader the
2 information, the broader the question, the broader the, the
3 nature of the -- this -- that the assessment can be. You
4 know, the, the point of these appointments with workers was
5 more focused and was less broad, less far ranging and far
6 reaching than I think that you're suggesting, perhaps.

7 So, you know, the specific question and the --
8 you know, the expectation was, you know, you have a certain
9 small amount of time, you know, to conduct an assessment
10 and, and so, of course, then the, the question needs to be
11 rather narrow as opposed to very broad. So when you say,
12 well, this would have been helpful, I guess you could argue
13 that all the documents that existed ever in relationship to
14 Samantha could be helpful, so I guess the answer would have
15 to be yes.

16 Q Well, and more specifically you were asked
17 whether Ms. -- to assess whether Ms. Kematch was depressed
18 or had mental health issues, is what your notes --

19 A Right.

20 Q -- refer to.

21 A Why does she seem ambivalent about parenting, is
22 she depressed.

23 Q So knowledge that the previous child was
24 apprehended because it was thought that she might hurt that
25 child, would that have been relevant to the assessment you

1 were asked to do?

2 A I think it would be relevant information, yeah.

3 Q Okay. If we go to the next page, 37027,
4 scrolling down to (d) Brief History of Cree Nation CFS
5 Involvement, that says:

6
7 "Samantha had been a
8 Permanent Ward of Cree Nation CFS
9 since 1993, when she was
10 apprehended from her mother due to
11 issues of alcoholism, neglect,
12 abandonment and abuse. Samantha's
13 years in the care of that Agency
14 were fraught with difficulties for
15 her, in that she was often AWOL
16 from placements, involved in
17 criminal activities, sexually
18 promiscuous, didn't attend school,
19 was hostile and aggressive and
20 generally had difficulties
21 following any rules. Cree Nation
22 CFS made attempts to place
23 Samantha in a Level IV setting due
24 to these behaviors, and she was
25 eventually placed in an

1 Independent Living program
2 supervised by MacDonald Youth
3 Services."

4

5 Now, was this information that you were told by
6 the social worker before you met with Ms. Kematch?

7 A I, I don't believe so.

8 Q And if you had been told this information, would
9 it have been relevant to the assessment you were asked to
10 perform?

11 A Well, it would be relevant to a mental health
12 assessment, yes.

13 Q And if we go to the next page, 37028, the third
14 paragraph from the top:

15

16 "On September 14. 1998
17 [Kematch's first child] was
18 removed from his foster home and
19 placed with Samantha at Oskki-
20 Ikwe. Just after eleven weeks at
21 the facility both Samantha and
22 were discharged because of safety
23 concerns for [the child.]
24 Apparently Samantha was not able
25 to feed him or meet his basic

1 needs."

2

3 Was this information that you were given by the
4 social worker before you met with Ms. Kematch?

5 A I don't believe so.

6 Q And would it have been relevant to the assessment
7 that you were asked to do?

8 A Broadly, yes.

9 Q If you had been given this information, aside
10 from whether it was relevant to the assessment -- specific
11 assessment you were asked to provide, would it have caused
12 you to raise any other issues of concern with the worker?

13 A Well, I imagine then it would have brought into
14 question her capacity to attach to her infant, whether or
15 not she had some -- you know, the -- I guess the, the level
16 of concern about her potential is what it would raise.

17 Q And would you have raised those issues with the
18 worker?

19 A I imagine so.

20 Q Okay. I want to turn you to what we are
21 referring to as a Section 10 report. It's at page 132.
22 It's called the Section 10 report because it was prepared
23 through the office of the Chief Medical Examiner's -- the
24 Chief Medical Examiner pursuant to Section 10 of the
25 Fatality Inquiries Act. And it was prepared specifically

1 by Ms. Jan Christiansen-Wood. Have you ever met Ms.
2 Christiansen-Wood?

3 A I don't know.

4 Q You don't know?

5 A I don't know.

6 Q You don't have a specific recollection of meeting
7 her, in other words.

8 A Correct.

9 Q Okay. You were never interviewed by her with
10 respect to the work you did with Ms. Kematch?

11 A I don't recall, so ...

12 Q Okay.

13 A Are you telling me I was?

14 Q No.

15 A Oh, okay.

16 Q I'm not aware of it. I just wanted --

17 A No, me, neither.

18 Q -- to confirm that that's --

19 A Okay.

20 Q -- that's the case. So the last paragraph on the
21 page -- I think that's the last paragraph:

22

23 "On September 13, 2000" --

24

25 So what I'm reading to you, then, is part of the

1 report that Ms. Christiansen-Wood prepared in reviewing the
2 services that were delivered to Phoenix and her family, and
3 this report was prepared in 2006.

4

5 "On September 13, 2000 Ms.
6 Kematch was assessed by a
7 psychologist who indicated that
8 she was not depressed but that her
9 flat affect might be a manner in
10 which to protect herself due to
11 her life experiences or might
12 simply be her style of
13 presentation. The psychologist"

14

--

15

16 I'll read you the, the, the entire entry and then
17 I'll ask you to comment.

18 A Sure.

19 Q Is that fair?

20 A Sure.

21 Q Or did you want to comment at this point?

22 A No, go ahead.

23 Q Okay.

24

25 "The psychologist stated that the

1 parents appeared committed to one
2 another and felt they were genuine
3 in their desire to parent Phoenix.
4 The psychologist also noted that
5 Ms. Kematch was a 'closed book' in
6 that she did not want to reveal
7 information. Despite this, he did
8 not feel that any further
9 assessment was required."

10

11 And then in italics, the report writer has
12 indicated:

13

14 "The notes reviewed do not
15 indicate whether Ms. Kematch's
16 history as a teenager, which
17 includes references to hostility,
18 aggression, criminal activities,
19 and sexually promiscuous
20 behaviours were shared with the
21 psychologist. There was no
22 indication that an assessment of
23 Mr. Sinclair was considered,
24 despite the concerns noted in 1998
25 about the potential for harm to

1 children placed in his care. The
2 quality of this assessment -- and
3 the lack of insight it provided
4 into Ms. Kematch's capacity to
5 parent adequately -- was not
6 challenged by the Agency."
7

8 So that, that's the sum of what is recorded about
9 your involvement.

10 A Okay.

11 Q So, first of all, you're noted as being a
12 psychologist and that's not correct.

13 A Correct.

14 Q Is there anything else that you want to
15 specifically comment on in these items in the report?

16 A Not specifically.

17 Q Okay. Where it says:

18
19 "The notes reviewed do not
20 indicate whether Ms. Kematch's
21 history as a teenager, which
22 includes references to hostility,
23 aggression, criminal activities,
24 and sexually promiscuous
25 behaviours were shared with the

1 psychologist",

2

3 you and I have just reviewed that you had some information
4 but not the extent of the information that was in --

5 A Right.

6 Q -- or available to the social worker about Ms.
7 Kematch's history as a teenager, right?

8 A Right.

9 Q Okay. And the reference to there being a lack of
10 insight that your assessment provided into the capacity of
11 Ms. Kematch to parent adequately --

12 A Yes.

13 Q -- did you have a comment on that?

14 A Well, I wasn't doing a parenting capacity
15 assessment.

16 Q So you weren't --

17 A So --

18 Q -- asked to comment on the adequacy of Ms. --

19 A Right.

20 Q -- Kematch's ability to parent?

21 A Correct.

22 Q You do make some comments about her parenting.

23 A You mean in my last references about ...

24 Q Yes.

25 A Yeah. Yes, that's true, but I wasn't asked to

1 provide a parenting assessment. I was asked to provide an
2 assessment of whether her -- you know, as we reviewed, that
3 this -- her lack of affect and her ambivalence was related
4 to depression. It wasn't whether she was an adequate
5 parent or what I thought about her parenting. That wasn't
6 the, the point of the interview, as far as my notes reveal.
7 So ...

8 Q Okay. Did you ever ask to see Ms. Kematch's
9 child-in-care file, the file of her time as a ward of Child
10 and Family Services?

11 A I, I don't believe I did.

12 Q Why not?

13 A Well, because the assessment that I was asked to
14 provide was about sort of the current state of her mental
15 health, you know, is she depressed at present, not her
16 parenting or, or not to comment about her mental health in
17 a very broad sense. It wasn't a personality assessment,
18 you know, wasn't a parenting assessment. It related to a
19 very, I think, specific question sort of in the here and
20 now, which is, is she depressed? Is that why she presents
21 with a flat affect and some ambivalence?

22 Q You did tell me, though, that some of the
23 information about her time as a teenager was information
24 that you would have taken into account.

25 A Well, certainly I would have taken it into

1 account, but -- yes, I guess.

2 Q Did you ask Ms. Greeley to give you any other
3 information, other than what she provided to you about Ms.
4 Kematch, either before or after you met with her?

5 A I don't believe I did.

6 Q Okay. Were you aware of any history or
7 background information about Mr. Sinclair?

8 A No, I don't believe I was.

9 Q Were you asked by anyone at the agency to do any
10 form of assessment with respect to Mr. Sinclair?

11 A I don't believe so.

12 Q Do you think you should have been asked to do an
13 assessment of Mr. Sinclair of some sort?

14 A Well, not if the issue was Samantha's state of
15 depression.

16 Q So would it have been helpful to you when you
17 were assessing Ms. Kematch, to have been provided with Mr.
18 Sinclair's child-in-care file?

19 A I don't know that it would have been particularly
20 relevant.

21 Q You didn't ask for it.

22 A No.

23 Q Okay. If we turn to page 37763, scroll to number
24 7, what I'm showing you is a portion of information that
25 was contained in Mr. Sinclair's child-in-care file that

1 says, at number 7:

2

3

4

5

6

7

8

9 Now, we expect that we will hear from his social
10 worker who will tell us that that is not, in fact -- was
11 not, in fact, an accurate assessment

12 MR. GINDIN: I --

13 THE COMMISSIONER: Just one moment.

14 MR. GINDIN: I'm just wondering about the
15 propriety of this question. This witness knows nothing
16 about what was in that particular document. We're not
17 hearing from the person who created it, I don't believe. I
18 fact, I know we're hearing from someone who disagrees with
19 it, so --

20 MS. WALSH: That's what I'm in the middle of
21 indicating. I'm, I'm quite fairly advising the witness
22 that that's the evidence we're going to hear.

23 MR. GINDIN: So I'm not sure of the relevance of
24 this witness's opinion of something that is in a report
25 that he never saw, that now we're hearing wasn't accurate.

1 There has to be some limit to the relevance of the
2 question. It's not going in for the accuracy of what's in
3 there, that's for sure.

4 MS. WALSH: Well, you haven't let me ask the
5 question.

6 MR. GINDIN: All right.

7 MS. WALSH: And the report that --

8 THE COMMISSIONER: Well, frame your question.

9 Stay there, Mr. Gindin.

10 Frame your question.

11 MS. WALSH: The report that we have asked the
12 witness to comment on refers to the work that he did and is
13 critical of it.

14 And if we want to put that page 133 on the
15 screen, please?

16 THE COMMISSIONER: Is this Jan Christiansen's
17 work?

18 MS. WALSH: Yes.

19 THE COMMISSIONER: Yes.

20 MS. WALSH: It says:

21

22 "There was no indication that an
23 assessment of Mr. Sinclair was
24 considered, despite the concerns
25 noted in 1998 about the potential

1 for harm to children placed in his
2 care. The quality of this
3 assessment -- and the lack of
4 insight it provided into Ms.
5 Kematch's capacity to parent
6 adequately -- was not challenged
7 by the Agency."

8
9 So my question to the witness is, if this
10 information had been provided to him, was this information
11 relevant to him? And what I was about to say was that we
12 expect that we will hear from the social worker who was
13 involved with Mr. Sinclair, who will say that this
14 information was not, in fact, accurate. Notwithstanding
15 that, that is the information that was contained in the
16 child-in-care file and is information that, had a social
17 worker or anyone else interested looked at Mr. Sinclair's
18 file, this is what they would have seen.

19 The report writer has been critical of Dr. Altman
20 or has said there was no indication --

21 THE COMMISSIONER: Well, wait, wait a minute.

22 MS. VAN IDERSTINE: I was going to say, I, I'm --

23 THE COMMISSIONER: Which, which report writer is
24 being critical of Dr. Altman?

25 MS. VAN IDERSTINE: Yeah, I'm, I'm not --

1 MS. WALSH: All right.

2 MS. VAN IDERSTINE: -- sure that there's a
3 criticism there.

4 MS. WALSH: It may not be of Dr. Altman. It's a
5 criticism generally because the report writer -- and this
6 is --

7 THE COMMISSIONER: Yeah, Christiansen-Wood?

8 MS. WALSH: Yes. Says:

9

10 "The quality of this assessment --
11 and the lack of insight it
12 provided into Ms." --

13

14 THE COMMISSIONER: Well, just a minute. Where --
15 all right, I see where -- all right.

16 I see that. What are you asking him?

17 MS. WALSH: So the report writer says:

18

19 "There was no indication that an
20 assessment of Mr. Sinclair was
21 considered, despite the concerns
22 noted in 1998 about the potential
23 for harm to children placed in his
24 care."

25

1 THE COMMISSIONER: Well, he agrees that, that he
2 didn't take that into consideration.

3 MS. WALSH: That's right. So that's, that's what
4 I'm confirming, is the specific -- I wanted to put to the
5 witness the specific information that we will hear the
6 report writer was referring to, and that is this document,
7 pages 37761 to 37764. That's what we will hear the report
8 writer say she was referring to in looking up information
9 in Mr. Sinclair's child-in-care file. And so my question
10 is whether this information, if Mr. -- if Dr. Altman had
11 been shown Mr. Sinclair's child-in-care file, would this
12 information have been relevant to him in carrying out his
13 assessment.

14 THE COMMISSIONER: That is, what was in
15 Sinclair's file.

16 MS. WALSH: This specific information, yes.

17 THE COMMISSIONER: Which --

18 MS. WALSH: Because this is the --

19 THE COMMISSIONER: Which, which specific
20 information?

21 MS. WALSH: So the report that we're looking at
22 by Jan Christiansen-Wood --

23 THE COMMISSIONER: Yes.

24 MS. WALSH: It's on the screen in front of us.

25 No, let's go back, please. Or let's, let's leave

1 -- oh, okay.

2 Says:

3

4 "There was no indication that an
5 assessment of Mr. Sinclair was
6 considered, despite the concerns
7 noted in 1998 about the potential
8 for harm to children placed in his
9 care."

10

11 Now, if we go to page 37763, that's the notation
12 that I expect we'll hear Ms. Christiansen-Wood is referring
13 to. Number 7:

14

15 "Steven remains to be a
16 highly disturbed individual who
17 should not be left in charge of
18 dependent children. He has
19 numerous unresolved abuse issues."

20

21 THE COMMISSIONER: Who -- what -- whose work is
22 this?

23 MS. WALSH: This is a document that was in Mr.
24 Sinclair's child-in-care file and this is the document that
25 we will hear Ms. Christiansen-Wood is referring to when she

1 says -- we go back to, to that assessment.

2 THE COMMISSIONER: But what -- are, are you
3 asking him anything beyond whether had he had knowledge of
4 the content of Sinclair's file --

5 MS. WALSH: Right.

6 THE COMMISSIONER: -- would it have been of
7 assistance to him in the retainer he was working on,
8 namely, whether this woman was depressed.

9 MS. WALSH: That's what I'm asking, Mr.
10 Commissioner, and the reason that I'm being specific is
11 because I'm taking the specific reference that the report
12 writer has referred to and putting that specific reference
13 to Dr. Altman, because the report writer has referred to
14 this specific portion of the child-in-care file. So I'm
15 asking Dr. Altman, if he had seen those comments in the
16 child-in-care file of Mr. Sinclair, whether that would have
17 been relevant to the assessment he conducted and was asked
18 to conduct of Ms. Kematch.

19 THE COMMISSIONER: Now, Mr. Gindin, what do you
20 say?

21 MR. GINDIN: Well, I am -- I'm objecting to that.
22 First of all, Dr. Altman was never asked to assess Steve
23 Sinclair, nor did he ever see his file, nor did he prepare
24 the report that Dr. Wood prepared. So it would be for her
25 to tell us about her report, what it was based on, and if

1 it was based on something that ends up being inaccurate,
2 well, that can be put to her. But it seems like a bit of a
3 stretch to ask this doctor, who wasn't preparing a report
4 on Steven, what he thought about an opinion expressed by
5 someone else which happens to be inaccurate according to
6 another witness. That's a bit of a stretch and I'm not
7 sure if it's relevant or appropriate.

8 MS. WALSH: Those are matters that you can put to
9 cross-examination on Dr. Altman, and we will be hearing
10 from Ms. Christiansen-Wood. I'm simply asking Dr. Altman
11 if, because the report writer in commenting on the
12 assessment that Mr. -- the work that Dr. Altman did with
13 the agency, because she says:

14

15 "There was no indication that an
16 assessment of Mr. Sinclair was
17 considered, despite the concerns
18 noted in 1998 about the potential
19 for harm to children placed in his
20 care",

21

22 and she says:

23

24 "The quality of this assessment --
25 and the lack of insight it

1 provided into Ms. Kematch's
2 capacity to parent adequately --
3 was not challenged by the Agency."
4

5 So I simply want to know whether, if Dr. Altman
6 had reviewed that information that Ms. Christiansen-Wood is
7 referring to, that is, the concerns noted in 1998 about Mr.
8 Sinclair, if he had seen that information, if he considered
9 that relevant to the assessment he was asked to do. If the
10 social worker had been asking him what information did the
11 social worker provide to him and not provide to him --

12 THE COMMISSIONER: Well, why, why would that be
13 relevant when he was looking at Samantha's state of mind?

14 MS. WALSH: Mr. Commissioner, that's the question
15 that I'm asking Dr. Altman. And the only reason I'm
16 raising it is because the report writer of the Section 10
17 report has raised it. We will hear from that report
18 writer, but not until after Dr. Altman has testified.

19 I think it's important for the report writer now,
20 who has never interviewed Dr. Altman, to know what Dr.
21 Altman's professional position is with respect to whether
22 that information was relevant because the report writer has
23 questioned the fact that there's no indication as to
24 whether that assessment was done of Mr. Sinclair. The
25 report writer says there's no indication that Mr.

1 Sinclair's past was considered.

2 THE COMMISSIONER: Well, we know that, don't we?

3 MS. WALSH: We do. And the report writer has
4 commented on that in, in her report with respect to the
5 adequacy and whether the -- of, of Dr. Altman's report and
6 whether that was challenged by the agency. So out of
7 fairness to all of the witnesses -- to Dr. Altman, to the
8 social worker who was dealing with Dr. Altman, and to the
9 report writer -- when the report writer says that:

10

11 "The quality of this assessment --
12 and the lack of insight it
13 provided into Ms. Kematch's
14 capacity to parent adequately --
15 was not challenged by the Agency",

16

17 I think it's fair to find out from Dr. Altman whether that
18 information about Mr. Sinclair was relevant to the
19 assessment he was asked to do.

20 MR. GINDIN: In spite of being inaccurate.

21 MS. WALSH: And I said that to him.

22 MR. GINDIN: Well --

23 MS. WALSH: As you were interrupting me, I said
24 we are going to hear evidence that that information in any
25 event was not accurate but it was evidence or information

1 that was in the file.

2 MR. GINDIN: Well, my position is that Ms. Wood
3 should be asked about her opinion.

4 MS. WALSH: She will.

5 MR. GINDIN: And --

6 MS. WALSH: But she's not testifying until Phase
7 Two.

8 THE COMMISSIONER: Well, maybe, maybe the way to
9 deal with it is to leave it aside today, and after Ms.
10 Wood's testified, maybe recall Dr. Altman, in light of the
11 objection Mr. Gindin takes.

12 MS. WALSH: Fair enough.

13 THE COMMISSIONER: I think we'll deal with it on
14 that basis.

15 MS. WALSH: Fair enough.

16

17 BY MS. WALSH:

18 Q In any event, regardless of -- you didn't know
19 what was in Mr. Sinclair's child-in-care file.

20 A Correct.

21 Q And you didn't ask to see it.

22 A Correct.

23 Q And is there a reason why you didn't ask to see
24 Mr. Sinclair's child-in-care file?

25 A Because I was asked to assess Samantha.

1 Q And so you didn't think that any information in
2 Mr. Sinclair's child-in-care file would be relevant to the
3 assessment you were asked to do?

4 A Correct.

5 Q Okay. This report says:

6
7 "The quality of this assessment --
8 and the lack of insight it
9 provided into Ms. Kematch's
10 capacity to parent adequately --
11 was not challenged by the Agency."
12

13 Were you ever asked by anyone at the agency to
14 assess Ms. Kematch's ability to parent adequately?

15 A No, I was not.

16 Q You did indicate there were some issues for the
17 agency to follow-up on with respect to her parenting.

18 A Yes.

19 Q Were, were you ever asked to see Ms. Kematch
20 again?

21 A No, I was not.

22 MS. WALSH: Thank you. Those are my questions,
23 Mr. Commissioner.

24 I note that it is just after eleven. Did you
25 want to take a break?

1 THE COMMISSIONER: Yes, this would probably be
2 the best time, and then we'll -- now, I, notice on the
3 screen that the next witness has patiently been sitting
4 there.

5 MS. WALSH: Yes.

6 THE COMMISSIONER: Will we -- do you think we'll
7 need her before lunch? I guess you don't really know.

8 MS. WALSH: I guess it depends on the other
9 counsel what -- in terms of cross-examination --

10 THE COMMISSIONER: Well, I guess --

11 MS. WALSH: -- and re-examination of the witness
12 by his own counsel.

13 THE COMMISSIONER: Well, we'll just have to see.
14 I -- yeah. We'll take a 15-minute break.

15 MS. WALSH: Thank you.

16

17 (BRIEF RECESS)

18

19 THE CLERK: Order, please rise.

20 MS. VAN IDERSTINE: Your Honour, if I, if I may,
21 just a reminder. Dr. Altman had advised Commission counsel
22 when this was being set up that he has a flight to catch
23 this afternoon, and so I'm hoping that if counsel who are
24 cross-examining can keep that in mind, he'd really like to
25 be out of here by around 1:30 so he can get home, get his

1 stuff, and get to the airport on time. Thank you.

2 THE COMMISSIONER: Well, if we have to extend the
3 morning session, we'll do that, if, if that'll get us
4 there.

5 MS. VAN IDERSTINE: Thank you so much.

6 THE COMMISSIONER: Mr. Saxberg?

7 MR. SAXBERG: Thank you, Mr. Commissioner.

8

9 CROSS-EXAMINATION BY MR. SAXBERG:

10 Q Good after -- good morning, Dr. Altman. My name
11 is Chris Saxberg and I act for ANCR, which is the -- an
12 intake agency in Winnipeg, and the Southern Authority, the
13 Northern Authority, and the General Authority who regulate
14 child welfare agencies in Manitoba, and I'll try to be, try
15 to be brief with you here.

16 You indicated that your task -- your sole task
17 was to answer the question, Why does Samantha Kematch
18 appear to be ambivalent about parenting, is it because of
19 depression. Is that fair?

20 A Right.

21 Q What -- so you're diagnosing -- the idea was that
22 you would be diagnosing as to whether or not Ms. Kematch
23 had depression.

24 A Correct.

25 Q What do you, as a psychiatrist, need to do to

1 make that diagnosis?

2 A I need to interview the person and kind of assess
3 what their affect is. Ask them if they're depressed. Get
4 a sense of how they're behaving, if there's any kind of
5 lack of pleasure or interest in their activities. That's
6 sort of a general assessment as to, you know, sort of their
7 state of mood.

8 Q And how much time do you need with someone to be
9 able to ask those questions and form an opinion on whether
10 they're depressed?

11 A Maybe half an hour.

12 Q Did you have enough time in this case with Ms.
13 Kematch?

14 A I believe so.

15 Q And you had the opportunity to ask all those
16 questions that you needed to ask to determine if she was
17 depressed?

18 A I believe so.

19 Q And you didn't need to know about Ms. Kematch's
20 history as a teenager in order to make that diagnosis, did
21 you?

22 A Correct.

23 Q And you didn't need to know about the history of
24 her spouse as a teenager in the care of CFS to make that
25 determination, did you?

1 A Correct.

2 Q And if you'd needed more information to make that
3 determination, you would have asked for it, right?

4 A I believe so.

5 Q And you knew that Winnipeg CFS, quite rightly,
6 was going to rely on your opinion here, correct?

7 A Well, I, I don't think that I can answer as to
8 what CFS was intending to do or not to do.

9 Q You were being asked to give an opinion on
10 whether or not Samantha Kematch was depressed --

11 A Yes.

12 Q -- and you knew that CFS was going to receive
13 that information and rely on your ability to make that
14 determination.

15 A You know, again, you're asking me to, to comment
16 about what Child and Family Services would or would not do
17 with my opinion, and I can't directly comment that I know
18 what they were going to do with that. I know they were
19 seeking my opinion.

20 Q Okay. Well, I'll try a different way, then. Do
21 you believe it was -- it's reasonable -- do you believe
22 it's reasonable for CFS to rely on your diagnosis?

23 A Yes.

24 Q Yes. And you stick with that diagnosis to this
25 day: She wasn't suffering from depression at the time.

1 Correct?

2 A Correct.

3 Q How often were you asked by CFS to perform a
4 similar function, to decide or make a diagnosis as to
5 whether one of their clients was depressed?

6 A Infrequently.

7 Q Infrequently. So this was a rare occurrence,
8 where CFS is asking you to look at one of their clients and
9 make a determination as to whether they're depressed,
10 correct?

11 A I don't know what the definition is between rare
12 and infrequent, but, yes.

13 Q And that's not something that you could do
14 without -- or CFS could do without the consent of that
15 client, correct?

16 A You want to ask that again? I'm not sure what --

17 Q Well, Ms. Kematch is an adult and you --

18 A Yes.

19 Q -- were doing an assessment of her.

20 A Yes.

21 Q That's not something that could have been forced
22 on her. She had to consent to it, correct?

23 A You know, I'm not quite sure what power CFS would
24 have to bring someone to be assessed, so I don't know that
25 I can answer that question.

1 Q You met on September 13, 2000, you've indicated,
2 with Samantha Kematch and with Steve Sinclair in the room,
3 correct?

4 A Correct.

5 Q And it's expected in this proceeding that Steve
6 Sinclair will testify that around the time that Phoenix was
7 returned, around that September 13th period of time, he and
8 Ms. Kematch were smoking marihuana and drinking. Did Mr.
9 Sinclair disclose that to you at the meeting?

10 A I don't believe so.

11 Q Would that have been something that would have
12 been relevant to your diagnosis of Ms. Kematch, if she was
13 drinking and smoking marihuana?

14 A It probably would have had some relevance as to,
15 you know, whether or not she was trying to, I guess, make
16 herself feel better as a result of depression. It may not
17 have been relevant because it could have just been a
18 practice that she engaged in that was not reflective of a
19 mood state or, you know, an attempt to self-medicate, in
20 quotes.

21 Q It's expected that Mr. Sinclair will testify that
22 Ms. Kematch did not show much emotion towards Phoenix and
23 would always yell at her. Would that have been something
24 that would have been relevant? First of all, were you told
25 that?

1 A I was not told that.

2 Q Would that have been something that was relevant
3 to your task?

4 A It, it might have informed whether or not her
5 mood was irritable in general or not.

6 Q It's expected that Mr. Sinclair is going to
7 testify that Mr. Kematch was not herself when Phoenix was
8 returned. Were you told that by Mr. Sinclair?

9 A No, I was not.

10 Q Would Samantha Kematch not being herself on the
11 return of her daughter have been something that was
12 relevant to your task?

13 A Yes.

14 Q And your conclusion went slightly beyond that
15 there was no signs of depression. I believe your note that
16 you were taken to earlier says, Mental health okay. Is
17 that fair?

18 A Yes.

19 Q So is it fair to say you didn't see any signs
20 from the time you spent with Samantha Kematch that she had
21 any mental health issues. Correct?

22 A Well, I don't think that that's fair, no. I, I
23 don't know exactly what, what exactly perhaps I meant by
24 that. I think it probably related more to kind of her
25 state of depression and, you know, whether she presented as

1 psychotic, whether there's any sort of gross presence of a
2 mental health disorder.

3 Q Okay. She didn't present to you as having any
4 serious mental health issue. Is that fair, to say it that
5 way?

6 A Serious as I didn't believe that she was
7 psychotic, that she was not depressed.

8 Q Is that right?

9 A Yes.

10 Q Well, you said that her mental health was okay
11 and she wasn't suffering from depression. That's what you
12 said, correct?

13 A Yes.

14 Q And how, how much time did you spend with her
15 approximately? Sorry, can't recall your evidence.

16 A I, I think it was 45 -- well, I'm guessing that
17 it was 45 minutes to an hour.

18 Q And so it's fair, then, that you didn't observe
19 anything in that period of time in meeting with Samantha
20 Kematch, that would indicate that she was capable of doing
21 what she eventually did in this case, murdering her child.

22 A No.

23 MR. SAXBERG: Those are my questions.

24 THE COMMISSIONER: Thank you, Mr. Saxberg.

25 Mr. Ray?

1 MR. RAY: Good morning, Mr. Commissioner.

2

3 CROSS-EXAMINATION BY MR. RAY:

4 Q Good morning, Mr. Altman. My name is Trevor Ray.
5 I represent Ms. Kerri-Lynn Greeley, who you met within the
6 interview, as well as some of the other social workers.

7 I just have a few questions for you. You
8 indicated that you started assessing with CFS in
9 approximately 1987; is that correct?

10 A Correct.

11 Q And you did that until approximately 2000?

12 A You know, I, I -- somewhere in the early 2000s, I
13 think.

14 Q Early 2000s, okay. So roughly, roughly --
15 certainly a minimum 13 years, perhaps longer?

16 A Right.

17 Q Thirteen years by the time you had assessed Ms.
18 Kematch in this case.

19 A Correct.

20 Q And I assume after approximately 13 years that
21 you would know that the primary function or one of the main
22 functions of Child and Family Services is to protect
23 children.

24 A Yes, it is one of the primary goals, yeah.

25 Q Okay. And you're assisting a family services

1 worker in a child protection unit when you go to visit
2 them. You're, you're assisting them with many things, but
3 that's generally what -- who you're consulting with.

4 A No, I don't believe I was always consulting to
5 child protection.

6 Q Okay.

7 A The -- my time was available to the agency in
8 general, so anyone with any, any unit -- and I wasn't
9 informed specifically what unit the social worker was from.

10 Q I understand. You would, you would know, though,
11 for certain that some of the social workers you assisted
12 were engaged in child protection.

13 A Yes.

14 Q And you'd agree with me that in attempting to
15 protection children that one of the things a Child and
16 Family Services worker would do is to ensure that children
17 -- or excuse me, parents are capable of parenting.

18 A Yes.

19 Q And one of the ways of determining that would be
20 to determine whether they're suffering some -- from mental
21 health issues or some psychosis or such things as
22 depression.

23 A Yes.

24 Q Okay. And those conditions, you'd agree, could
25 potentially impact an ability of a parent to, to parent.

1 A Yes.

2 Q And that, and that's why they're relevant for
3 consideration.

4 A Yes.

5 Q Now, you did an assessment of Ms. Kematch for
6 psychological conditions.

7 MR. RAY: If we could bring up your notes, Dr.
8 Altman's handwritten notes, page 37995.

9 THE COMMISSIONER: What page?

10 MR. RAY: 37995.

11 And if you could just scroll down a little bit?
12 That's fine.

13

14 BY MR. RAY:

15 Q Just above the line, Dr. Altman, one of the
16 things you, you indicate in your question at the bottom --

17 MR. RAY: Actually, you may scroll up a little
18 bit higher, please? That's fine.

19

20 BY MR. RAY:

21 Q -- why ambivalent to parenting, question mark,
22 depression. And you indicated that that was one of the
23 things you were, the things you were primarily interested
24 in assessing.

25 A Yes.

1 Q Okay. And then just above the line, three lines
2 above, you see, Depression or some mental health issue.

3 A Oh, that the prior worker -- yes.

4 Q Yes. And you were asked to assess those
5 conditions to determine whether Ms. Kematch --

6 MS. VAN IDERSTINE: Sorry, I'm going to clarify.
7 It's postpartum or some other mental health issue, not just
8 depression.

9 MR. RAY: Thank you. Sorry about that.

10

11 BY MR. RAY:

12 Q It is -- I think it says depression at the bottom
13 and then postpartum depression in the middle.

14 A Yes.

15 Q Now, your conclusions were that you didn't note
16 depression or any other condition that would impact her
17 ambivalence; is that correct?

18 A No, that's not correct.

19 Q Your --

20 A I, I noted that she was not depressed.

21 Q Um-hum.

22 A I don't think I, I made any note of what other
23 considerations there might be as to why she was ambivalent.

24 Q Okay. We'll come back to that in a minute. Just
25 going back with respect to the process of the interview

1 occurring, now, you met with Ms. Greeley first, correct?

2 A Correct.

3 Q And she's describing to you what she wants you to
4 do, correct?

5 A Correct.

6 Q And you're taking notes as she's describing that
7 to you, correct?

8 A Correct.

9 Q And then you met with the parents and, and you're
10 asking them questions --

11 A Correct.

12 Q -- I assume. And, and your, your notes -- your
13 personal notes don't really reflect the questions you posed
14 to the parents, but rather their answers they gave you.

15 A Correct.

16 Q So they're speaking to you and you are recording
17 their answers as they're speaking.

18 A Some of their answers.

19 Q Okay. And then you met thereafter with Ms.
20 Greeley and you explained your report to her.

21 A Yes.

22 Q And you're talking and as she's talk -- you're
23 talking, she's writing --

24 A Correct.

25 Q -- correct? And you'd agree that Ms. Greeley's

1 notes seem to indicate -- I think you indicated to the
2 Commission counsel before that Ms. Greeley's notes seem to
3 accurately depict what you believed you would have told
4 her.

5 A I think so.

6 Q To, to your recollection, and there --

7 A Yes.

8 Q -- there are some things you can't recall.

9 A Well, I don't really have a recollection, but,
10 yes.

11 Q And your answer was, Not depressed, mental health
12 okay.

13 A Yes.

14 Q Correct?

15 MR. RAY: Now, if we could just go to CD 1795,
16 page 37302?

17

18 BY MR. RAY:

19 Q And what I'm showing you, Dr. Altman, are Ms.
20 Greeley's notes. Have -- were you shown these notes at the
21 time you met with Commission counsel in relation to this
22 interview? To your previous interview?

23 A Say that again?

24 Q Were you shown a copy of Ms. Greeley's notes at
25 the time you met with Commission counsel originally when

1 you were interviewed?

2 A You'd have to ask Commission counsel.

3 Q Okay. You don't recall?

4 A I don't recall.

5 Q Okay. Have you had an opportunity to review them
6 with your counsel in preparation for this hearing?

7 A I think I did.

8 MS. VAN IDERSTINE: A portion of them, not the
9 entire disclosure.

10

11 BY MR. RAY:

12 Q So, Ms. Greeley --

13 MR. RAY: If you'd just scroll up slightly
14 higher? That's good. Whoa, sorry, back down a bit. Thank
15 you.

16

17 BY MR. RAY:

18 Q His -- just in the middle of the page you say --
19 you see:

20

21 "His report is that Samantha
22 does not present with a diagnosis
23 of depression ... she presents as
24 not wishing to tell all of the
25 info ... may be her ... style of

1 interacting ..."

2

3 And then the next hyphen:

4

5 "His impression is that they
6 are both committed to each other
7 and to parenting."

8

9 And then if you go to the next page, Ms. Kematch
10 wants to parent, she, she got connected to the child in
11 visits, essentially, paraphrasing her, her notes.

12 You indicated in your notes -- no need to go back
13 to them at this point -- I'll just read it to you. And Ms.
14 Walsh asked you some questions about your conclusion and it
15 said, Not depressed, mental health okay, and then you had
16 question mark, issues re sex/marriage/parenting.

17 Now, you didn't note anything negative about Ms.
18 Kematch or Mr. Sinclair's ability to parent, did you?

19 THE COMMISSIONER: Well, wait a minute. Were you
20 there assessing Sinclair's ability?

21 THE WITNESS: No, I was not.

22

23 BY MR. RAY:

24 Q Restrict it to -- restrict the question to Ms.
25 Kematch. You didn't, you didn't note anything negative

1 about Ms. Kematch's ability to parent, anything
2 particularly negative about their marriage, did you, in
3 your notes.

4 A I wasn't paying attention to her parenting. That
5 wasn't the focus of my interview with her. And sorry, what
6 was the second part of that?

7 Q The question is, you didn't note anything
8 negative about her -- any perceptions that you had about
9 her ability, her ability to parent.

10 A I don't, I don't recall.

11 Q And there's nothing in your notes about that.

12 A There's nothing in my note --

13 Q Okay.

14 A -- about that specifically.

15 Q My, my point is you made a note about parenting,
16 Dr. Altman, but you didn't indicate, together with that
17 note, that you had negative concerns about her ability to
18 parent, did you? You just said, issues about parenting.

19 A Right.

20 Q Okay.

21 A But -- yes.

22 Q Okay. So -- and if you read through Ms., Ms.
23 Greeley's notes, in fact, what you appear to be telling her
24 is that they are committed to each other and to parenting
25 -- and that was the note on page -- on 37302. And then

1 37307, she wants to parent, she got connected to child in
2 visits. So this is what you're telling Ms. Greeley in
3 terms of your observations about Ms. Kematch's parenting,
4 whether it's the motivation or what she's telling you,
5 correct?

6 A What she's telling me, yes.

7 Q And, and what she's telling you appears to be
8 things that are positive about wanting to parent and being
9 prepared to parent, correct?

10 A Yes.

11 Q And then just continuing with page 37307, this --
12 your sense is that the relationship is okay.

13

14 "They ... shared with him their
15 feeling about the relationship and
16 each other - they tell each other
17 that they love each other and Sam
18 feels he loves her."

19

20 And then the note:

21

22 "Dr. [Altman] does not see
23 need for further assessments at
24 this time - he [talked to] them
25 about commitment (sort of a

1 lecture) ... he feels for now they
2 are ... committed."

3

4 So those are not negative comments that would
5 reflect an inability to parent as a couple or some concerns
6 about their marriage, are they?

7 A Well, I think that, though, what they reflect is
8 some concern on my part that the strength of their
9 relationship was an integral part of their being parents.

10 Q And you certainly didn't note anything negative
11 about the strength of their relationship.

12 A Well, I think that if -- you know, again, if I'm
13 giving them sort of a lecture, I'm talking to them about
14 it, I guess I must have had some, some concern or that I
15 wanted to -- maybe not concern, but certainly I wanted to
16 make the point that, that their relationship and taking
17 care of their relationship was an important aspect.

18 Q Okay. Page 37303. And here we see your comments
19 that:

20

21 "He had a sense they have a
22 decent relationship and ... the
23 flat affect ... is likely due to
24 her method and style of
25 communication - not depression or

1 feelings of sadness.

2 "... no longer sad about
3 having a child - as she [was] when
4 she was pregnant."

5

6 Now, you'd agree with me that Ms. Greeley's notes
7 about your conclusions are basically the same as your note,
8 which is, Not depressed, mental health okay, not mad, sad,
9 depressed.

10 A Correct.

11 Q And as Ms. Walsh indicated, you have no notes of
12 your own report to Ms. Greeley. That was simply a verbal
13 report which Ms. Greeley recorded in her notes.

14 A Correct.

15 Q Ms. Walsh asked you some questions about the, the
16 psycho-social assessment that was contained in Ms.
17 Kematch's -- excuse me, that was contained in Ms. Greeley's
18 transfer summary, and Ms., Ms. Walsh was pointing out to
19 you some negative things that we knew about Ms. Kematch
20 from her past history.

21 Based on your notes, page 37995 -- 9-9-5 -- you
22 appear to have recorded the things that Ms. Greeley told
23 you. And you'd agree that Ms. Greeley told you some things
24 that are negative about Ms. Kematch, which starts as
25 relating the fact that she's 19 years old; she had a

1 previous child which had been apprehended; she had been a
2 permanent ward; she had a history of anger, aggression,
3 alcohol, drugs, hostility towards adults, authorities;
4 ambivalent at first about parenting child number one;
5 second pregnancy hidden; and concerns that -- whether they
6 were ambivalent and whether they had plans to, to parent.

7 Now -- so you knew those -- certainly knew those
8 negative things about Ms. Kematch, correct?

9 A Correct.

10 Q And you, in your conclusions, never raised those
11 as, as presenting concerns about Ms. Kematch's ability to
12 parent, did you?

13 A Well, again, the question being placed to me was
14 about whether she was depressed.

15 Q Um-hum.

16 A Not about her capacity to parent.

17 Q Okay.

18 THE COMMISSIONER: I think that's the essence of
19 what this witness has been trying to get across, so -- he's
20 been asked that many times and I think he's made it clear
21 that that's what his retainment was.

22 MR. RAY: I think the -- I'll move on, Mr.
23 Commissioner. That's fine. Thanks.

24

25 BY MR. RAY:

1 Q You indicated previously that you would expect
2 that you thought that Ms. Greeley would meet with you for
3 approximately 15 to 20 minutes in advance of your meeting
4 with Ms. Kematch?

5 A I think I said 15 minutes up to half an hour.

6 Q Fifteen minutes up to half an hour. Would you
7 agree with me, sir, that your notes that you've made
8 starting with your meeting with Ms. Greeley down to the
9 line indicating where you started your interview with Ms.
10 Kematch are, are fairly brief?

11 A Yes.

12 Q Is it possible, sir, that that would take less
13 than 15 minutes for you to record and was it possible the
14 meeting would have lasted actually only five minutes?

15 A I don't think so.

16 Q You don't recall?

17 A I don't recall. I just -- it doesn't seem
18 reasonable to me that it would take five minutes.

19 Q There's not a lot of -- certainly wouldn't take
20 half an hour to record that information. It's possible
21 that information could be provided to you in five to ten
22 minutes, that you've recorded?

23 A I suppose so. I mean, now we're talking -- you
24 know, I think five minutes is a bit --

25 Q Okay.

1 A You know, certainly it could be 10, 15 minutes,
2 20 minutes. I don't imagine it was a half an hour, but I'm
3 just trying to sort of guesstimate the, the range.

4 Q Now, Ms. Greeley's notes indicate that you told
5 her that no follow-up was necessary, and you, you don't
6 have a specific recollection of that. I assume, sir, that
7 if you did feel, based on your observations, that follow-up
8 was necessary, that you would have indicated that to Ms.
9 Greeley.

10 A I don't recall her saying anything about follow-
11 up so I'm not sure where you're -- what you're referring
12 to.

13 Q I think my point is, Ms. Greeley's notes reflect
14 that you said no assessment was necessary and you've agreed
15 you don't recall that. My question is, if you did feel
16 that an assessment was necessary based on your observations
17 of Ms. Kematch, or even Mr. Sinclair if something came up,
18 I assume, sir, that you would tell Ms. Greeley in your job
19 role as a psychiatrist that, look, we'd better get her in
20 for another assessment --

21 A Yes.

22 Q -- if something was concerning to you.

23 A Yes.

24 Q Notwithstanding that Ms. Greeley asked you to
25 conduct an assessment for depression and, and why

1 ambivalent, I appreciate that that's what your, your narrow
2 focus was on, your narrow focus was on, and Mr. Saxberg
3 indicated to you ...

4 MR. RAY: Actually, I'm sorry, I'll, I'll
5 withdraw that question. Those are my questions. Thank
6 you.

7 THE COMMISSIONER: Thank you, Mr. Ray.

8 Mr. Gindin.

9

10 CROSS-EXAMINATION BY MR. GINDIN:

11 Q Dr. Altman, I presume your opinion that you gave
12 was limited to the precise question you were asked.

13 A Yes.

14 Q Right? Also by the information that you were
15 given?

16 A Yes.

17 Q In other words, you've heard about other
18 information you might have been given.

19 A Yes.

20 Q Fact is, you weren't. So your opinion was
21 limited to the information that you got from Ms. Greeley.

22 A Yes.

23 Q The, the specific question you were asked.

24 A Yes.

25 Q Correct? As well as the time that you had

1 available to you.

2 A Yes.

3 Q Right? You were asked by Mr. Saxberg if you saw
4 anything at all that would cause you to conclude that Ms.
5 Kematch could be capable of, of doing the things that she
6 ended up doing. You met her for half an hour or so?

7 A I think we've established that it's somewhere
8 perhaps around 45 minutes to an hour.

9 Q And we know from -- according to Ms. Greeley's
10 notes, which I can refer you to, she indicates that Steve
11 was present?

12 A Yes.

13 Q Steve Sinclair.

14 A Yes.

15 Q She also indicates that the baby Phoenix was
16 present as well.

17 A Yes.

18 Q So you didn't have a private meeting with
19 Samantha.

20 A No, I did not.

21 Q You saw her in the presence of her boyfriend or
22 husband and a five- or six-month-old child.

23 A Yes.

24 Q And it was just the one meeting.

25 A Yes.

1 Q When you went to that meeting, I take it you had
2 no information ahead of time.

3 A Correct.

4 Q Would that have been preferable, to have some of
5 this background before you actually got there so you could
6 think it over, decide if you had a few questions of Ms.
7 Greeley, perhaps?

8 A Preferable in what ...

9 Q Just having a little more time to consider what
10 it was you were asked to do, decide whether you had some
11 questions you might want to ask.

12 A I guess it's hard to argue that, you know, more
13 time and more information is not helpful.

14 Q Right.

15 A But having said that, the nature of, of often the
16 work that I do is that a person presents with no prior
17 information or very little or scanty information. That's
18 common practice in, in being a psychiatrist.

19 Q It may be common practice, but it's hard to say
20 that it wouldn't be helpful to have more information and
21 more time to consider it.

22 A Like I said, it would be hard to argue that --

23 Q Yeah.

24 A -- the, you know ...

25 Q You were asked about reports. You never supplied

1 a written report and that's partly because you weren't
2 asked to?

3 A Correct.

4 Q And also because that wasn't the practice in the
5 past.

6 A Sorry, I missed that last part.

7 Q That was also because it wasn't the practice in
8 the past.

9 A Correct.

10 Q Which doesn't mean that it wouldn't have been a
11 good idea, it's just the way things were and you weren't
12 asked about it. You weren't asked to provide it.

13 A I was not asked to provide it.

14 Q If you had seen Ms. Greeley's notes shortly after
15 the meeting and she had seen your notes, some of these
16 discrepancies might have been discussed?

17 A Correct.

18 Q Right. But you didn't have that opportunity.

19 A No, I did not.

20 Q The question I think you told us you were asked
21 to consider was why was she ambivalent towards Phoenix and
22 was it because of depression.

23 A Well, I think it was, is, is the fact -- is it
24 the -- is being depressed the reason why she seems to have
25 this ambivalence and flat affect.

1 Q Okay. You concluded that she wasn't depressed.

2 A Correct.

3 Q So therefore, I presume, there is some other
4 reason why she's ambivalent towards the child.

5 A Yes.

6 Q Right? And that certainly might affect her
7 ability to parent, the fact that it's not due to a
8 depression that you might be able to deal with, but
9 something else.

10 A Yes.

11 Q And certainly, being ambivalent towards your own
12 child has something to do with your ability and motivation
13 to be a good parent.

14 A Yes.

15 Q The focus of your interview was Samantha. You've
16 made that clear.

17 A Yes, yes.

18 Q No one had asked you to do an assessment of Steve
19 Sinclair.

20 A Correct.

21 Q Obviously, he was present and took part in the
22 discussion?

23 A Yes.

24 Q And you asked him things and he told you things.

25 A Yes.

1 Q The notes that you've been referred to, that you
2 made, at the very end express that you had concerns
3 regarding their marriage and parenting.

4 A Yes.

5 Q Right?

6 A Yes.

7 Q Did you make a note specifically of what your
8 concerns were?

9 A No.

10 Q But obviously they were significant enough to
11 mark in your notes.

12 A Yes.

13 Q In fact, you didn't make a note of every single
14 thing that was said during your interview.

15 A Correct.

16 Q Nor did you make a note of everything you told
17 Greeley.

18 A Correct.

19 Q Or everything she told you.

20 A Right.

21 Q You had to be somewhat picky in terms of deciding
22 what to make a note of.

23 A Yes.

24 Q Things that you thought were particularly
25 relevant, you marked down.

1 A Um-hum. Yes.

2 Q And that comment about having an issue regarding
3 parenting was something you marked down.

4 A Well, I -- you know, yes, it was, and I, I -- it
5 was the -- that -- the -- that their relationship was
6 important and what I think would impact upon the parenting
7 of this child. It wasn't that it was specifically about
8 parenting, but it's about that their relationship would be
9 important and the maintenance and the health of that
10 relationship would be important in their parenting.

11 Q Right. That's a pretty obvious fact, logically,
12 correct? But you actually noted that you had concerns
13 about that.

14 A I wanted to make note of it and, yes, I, I
15 wondered about it.

16 Q And your opinion in the end about the
17 relationship and that kind of thing would be based entirely
18 -- or for the most part, at least -- on what they had to
19 say about it.

20 A Yes. What they said, yeah.

21 Q Because you didn't have a lot of other
22 information and history --

23 A No, I did not.

24 Q -- at your disposal, right?

25 A Correct.

1 Q And as, as a psychiatrist, the history of the
2 patient is pretty important.

3 A Yes.

4 Q For example, if you're assessing depression, if
5 you had known, for example, that Samantha had some history
6 of that in the past, that would have been relevant?

7 A Yes.

8 Q So when you're assessing depression, is there a
9 particular thing you're looking for, to determine whether
10 someone suffers from it?

11 A I guess there's, there's a range of things that
12 I'd be looking for.

13 Q In this case, what would be some of the things
14 that you would be watching out for?

15 A Well, I'd be looking for whether they're crying,
16 whether they appear sad, whether they express sadness,
17 tearfulness, whether they talk about things in very
18 negative terms. Those are probably the principal ones.

19 Q And that relates to the way they're communicating
20 with you.

21 A Yes.

22 Q At that present time.

23 A Yes.

24 Q During that 45 minutes.

25 A Right.

1 Q Right? I think earlier when you were asked about
2 the, the note about parenting, I think your response was
3 you really weren't -- that wasn't your main focus.

4 A Correct.

5 Q But it was still something you made a note of.

6 A Yes.

7 Q Even though it wasn't your main focus.

8 A Correct.

9 Q I'm going to refer you to disclosure number 1798,
10 page 37699, which is Samantha's child-in-care file. And I
11 appreciate that this is not something that you had to look
12 at, correct, at the time?

13 A Correct.

14 Q Now, this report here talks about Samantha's
15 youth, as a child herself.

16 A Yes.

17 Q And as you can see there, it talks about an
18 eating disorder, right? Hoarding food, that kind of thing?
19 Does that in some way or could it relate to depression or
20 be a sign of depression?

21 A Yes, it could.

22 MR. GINDIN: If we can look at the next page,
23 37700. And just lift it up a little bit.

24

25 BY MR. GINDIN:

1 Q Under point 3, under Health, you see that over
2 there? It says, Mental health issues, and there's a
3 checkmark, and in brackets the word "depression" is
4 underlined. See that there?

5 A Yes.

6 Q Again, that would be certainly something that
7 might have been significant to you if you were aware of it.

8 A Yes.

9 Q We can go to 37704. Some of the things mentioned
10 in there, that she withdraws, inappropriate socializing,
11 things of that nature. Are those things that might have
12 been significant to you, if you're aware of them, to some
13 degree?

14 A To some degree.

15 Q On the very next page, 37705, it talks about her
16 not participating in activities and things of that nature.
17 Can that also be a sign of depression?

18 A Yes.

19 Q Wanting to be by yourself, perhaps, not with
20 others?

21 A Perhaps.

22 Q And obviously if someone's depressed and -- that
23 affects their ability to take care of themselves to some
24 degree.

25 A Yes, it can.

1 Q And, of course, obviously, the ability to take
2 care of somebody else under their care, as well.

3 A It can.

4 Q We heard evidence that it seemed to take a long
5 time to arrange this interview with yourself or any
6 interview for an assessment, that this was something that
7 was going on for a number of months where it was suggested
8 to Samantha that she -- that this type of assessment is
9 required. And I think it took quite a number of months
10 before this interview, in fact, took place. Do you have
11 any comment on, on, on how long it normally takes or why it
12 would take many months to set up this type of thing?

13 A When you say "this type of thing," you mean an
14 appointment with me?

15 Q Well, an appointment for a psychological --
16 psychiatric assessment on this issue of depression. We've
17 heard evidence that that was suggested many months prior to
18 the interview, and for some reason it wasn't happening.
19 What's your information about how --

20 A Oh, accessing mental health services and
21 accessing the services of a psychiatrist often involves a
22 wait and certainly at that time it would have involved a
23 wait. I don't, I don't think there was any ready or easy
24 access to psychiatry at that point in time. That was part
25 of the rationale, in fact, for providing my services and

1 other psychiatrists that provided similar services to CFS,
2 to try and provide more ready access and -- you know, to
3 psychiatry.

4 Q Were there a number of psychiatrists like
5 yourself who were doing these type of assessments that you
6 were asked to do?

7 A I believe so. I don't know how many. I think at
8 least there was one or two others.

9 Q And I think you said you attended every week to
10 this particular agency or others for --

11 A Right. It, it wasn't just this agency.

12 Q Do you recall whether you were asked, in July or
13 August, prior to the meeting of September the 13th, whether
14 you could come down and make your assessment?

15 A I was never asked specifically to see anyone.
16 There was sort of a timetable of sorts. You know, I made
17 available, you know, these are the dates that I'm going to
18 be at your agency, and then the agency decided who used
19 those appointment times.

20 Q And around that time if someone contacted you and
21 said, Can you come down to make this type of assessment,
22 can you give us an idea of how soon you could do that?

23 A That was never done. That was not the manner in
24 which it was arranged. I was attending an office on a
25 certain date.

1 Q Um-hum.

2 A No one contacted me about that.

3 Q I see. So you weren't contacted in the months
4 preceding this interview, to see whether you could come
5 down for a particular purpose?

6 A No, I was not.

7 Q And, and had you been, is that something you
8 would be able to do fairly quickly or would it still take
9 months? If someone had called you and said, We need you to
10 do an assessment, can you come down for a few hours, would
11 you have been able to do it fairly soon thereafter?

12 A Well, I don't, I don't know exactly at the time.
13 I guess I'd have to look at my schedule. It probably would
14 be several weeks, at least.

15 MR. GINDIN: Okay. Those are my questions, thank
16 you.

17 THE COMMISSIONER: Mr. Gindin, I wanted to ask
18 your -- the witness a question; you may want to just stay
19 there.

20 Do you recall what part of the discussion
21 Sinclair participated in? Do you, do you -- was he vocal
22 throughout or was most of your interfacing with Samantha,
23 or do you know?

24 THE WITNESS: Well, he was present throughout.
25 My guess is that she would have been the principal speaker

1 throughout and I sort of made some notes about when he made
2 comments. But probably, mostly, it would have been her
3 speaking.

4 THE COMMISSIONER: Did he -- was his involvement,
5 as you remember it, if you do remember it, just in
6 answering your questions or did he volunteer information?

7 THE WITNESS: You know, I can't, I can't recall.
8 Certainly, that would have been acceptable to me. I
9 wouldn't have hushed him or, you know, suggested that he
10 couldn't add whatever he wanted to at the time. I would
11 have invited it.

12 THE COMMISSIONER: Thank you. Anything else you
13 want to ask out of that?

14 MR. GINDIN: Nothing further, thank you.

15 THE COMMISSIONER: Thank you, Mr. Gindin. All
16 right. Mr. McKinnon, I guess, is next?

17

18 CROSS-EXAMINATION BY MR. MCKINNON:

19 Q Dr. Altman, my name is Gordon McKinnon and I act
20 for Winnipeg CFS.

21 Just wanted to ask you one question for
22 clarification arising out of a question that Mr. Gindin put
23 to you. And he asked you to look at some documents that
24 you acknowledged you had never seen before, and there were
25 three or four particular documents. All had this same

1 character.

2 If we look at 37704 as an example, that's where,
3 for example, he was asking you to comment on there was
4 reference to her being withdrawn, if my memory serves me
5 correctly. And you were asked to comment whether that
6 might be relevant to your assessment and you said it might
7 be. There was another one where there was a reference to
8 depression.

9 A Can I, can I just stop you for a minute? Because
10 I don't know that I actually read it completely, because it
11 says:

12

13 "If child rejects attempts to
14 nurture, what does foster parent
15 do?"

16

17 So the withdraw is, is not actually in reference
18 to the child.

19 Q Okay, well, let me give you a better -- and
20 that's a good point. Let me give you a better example. He
21 put to you 37700, where there's a reference to mental
22 health and then there is -- the word "depression" is
23 underlined and he asked you, I think, to comment on that
24 point as well.

25 A Yes.

1 Q You'll recall he did that --

2 A Yes.

3 Q -- a moment ago. And he did not point out to you
4 when this document was created. My understanding, sir, if
5 you look two pages back, you'll see this document was
6 created in May of 1994.

7 MR. MCKINNON: Scroll down to the bottom of the
8 page.

9

10 BY MR. MCKINNON:

11 Q And this was an assessment done when Ms. Kematch
12 was 14 years old. And the question I have for you is this:
13 Would you agree with me that as the -- this kind of
14 information becomes more remote in time from the time of
15 your assessment, it becomes less relevant?

16 A Yes, in general, I'd agree.

17 MR. MCKINNON: Thank you. Those are my
18 questions, Mr. Commissioner.

19 THE COURT: Thank you, Mr. McKinnon.

20 Now, we -- Ms. Van Iderstine?

21 MS. VAN IDERSTINE: I just have a couple of
22 questions that I hope that might clarify for Your Honour
23 just a bit of what Dr. Altman's arrangement was with CFS
24 and where he went.

25 THE COMMISSIONER: Yes, I -- that might well be

1 helpful.

2 MS. VAN IDERSTINE: He ...

3

4 CROSS-EXAMINATION BY MS. VAN IDERSTINE:

5 Q So first of all, can you explain what agencies
6 and how many agencies you were consulting to?

7 A You know what, I think that I consulted to
8 Northwest and South, but I'm not positive. I might have
9 also consulted to East if there was a -- or Northeast.
10 Maybe those three.

11 Q And you would devote to them, as I understand,
12 three hours per week in total to the agencies.

13 A Yes.

14 Q And that was under a contract made -- an
15 arrangement through, as I understood it, from the Manitoba
16 Child and Adolescent Treatment Centre, the WHRA, with the
17 -- with Child and Family Services.

18 A Right.

19 Q And so if you couldn't go for some reason, there
20 might be another psychiatrist that would go on that
21 particular afternoon to fill that spot.

22 A I don't believe so.

23 Q Would the other agencies have had a similar
24 arrangement within the CFS system?

25 A Well, I don't know, so there might have been. I

1 believe there was another psychiatrist or maybe two other
2 psychiatrists that had similar contracts with Child and
3 Adolescent Mental Health Program, and they would have gone,
4 I think, to other agencies. I don't think they went to the
5 same agencies that I did.

6 Q So you would go directly to the agency office,
7 though, to do these -- for these appointments.

8 A Yes.

9 Q And if I understood you again, the, the
10 arrangement was that the CFS office itself would determine
11 who you would see on any given day.

12 A Correct.

13 Q And this assessment of Samantha Kematch was not
14 one, obviously, that had been previously arranged, but when
15 you got there, Ms. -- you were advised that Ms. Greeley
16 wants to meet with you.

17 A Yes.

18 Q And she tells you what needs to be done.

19 A Yes.

20 Q Or what she's asking of you.

21 A Right.

22 Q Now, there's been some questions about the --
23 whether or not a written report would be provided or you
24 should see Ms. Greeley's notes. Can you tell us a little
25 bit about how the interaction would go typically between

1 you and a social worker on any of the visits and, and when
2 you were being asked to assessment somebody or asked for
3 advice?

4 A Well, it, it was a discussion. They might very
5 well have -- well, they provided me with information, you
6 know, before we met, and, and if I was meeting with a
7 client then I would meet with a client and then afterwards
8 speak with the social worker about what my findings were.
9 It was an opportunity for them to ask questions of me and,
10 you know, some -- get some idea of the direction in which
11 maybe they should go further.

12 Q So that's what I was getting at. That last
13 portion, after you've met with the client in this
14 particular case, the interaction you're having with the
15 social worker, as I understand it, was an opportunity to
16 give the social worker a chance to ask you questions.

17 A Yes.

18 Q And to get feedback directly from you in a timely
19 way.

20 A Correct.

21 THE COMMISSIONER: Would be a debriefing,
22 wouldn't it?

23 MS. VAN IDERSTINE: Yes.

24 THE WITNESS: Yeah.

25 MS. VAN IDERSTINE: That would be a very good way

1 of putting it.

2 THE WITNESS: Yes.

3

4 BY MS. VAN IDERSTINE:

5 Q And then after that, then you'd go on to doing
6 whatever else they'd asked you to do that afternoon, with
7 no expectation you'd be involved with that client again.

8 A Correct.

9 Q One of the questions --

10 MS. VAN IDERSTINE: I hope that helps, Mr.
11 Commissioner, if that ...

12

13 BY MS. VAN IDERSTINE:

14 Q One of the questions that Ms. Walsh had asked at
15 the outset was about the mental health assessment you were
16 doing. And one of the questions she'd asked was phrased
17 as, was this a situation -- or as part of your assessment,
18 were you assessing whether or not there was harm to the
19 child or the -- was the person at risk of harming
20 themselves or others. Do you remember that?

21 A Yes.

22 Q That term, risk of harming themselves or others,
23 where does that term typically come up in, in terms of
24 mental health assessments that are done within the mental
25 health system?

1 A Well, often it would be in the -- you know, an
2 emergency department often is, is where these types of
3 considerations are most prominent. They're prominent in
4 individuals that are significantly depressed, that might
5 voice some thoughts of suicide, something ... You know, a
6 danger to others is probably perhaps more likely to be the
7 case on a forensic assessment where you're assessing
8 someone, you know, that might have involvement with the
9 criminal justice system that might have, in fact, been
10 acting on delusions or hallucinations that might lead them,
11 you know, to harm somebody else.

12 Q And it's the criteria, as I understand it, if you
13 were going to involuntarily admit someone.

14 A Yes. I mean, that, that would usually lead to an
15 involuntary admission.

16 Q And was there anything about your assessment of
17 Samantha Kematch when you saw her on September 13th, 2000,
18 that would suggest that she needed to be involuntarily
19 assessed or that there was a general concern about
20 immediate suicidal ideation or anything like that?

21 A No.

22 Thank you. Those are my questions.

23 THE COURT: Thank you, counsel.

24 MS. WALSH: I'm mindful of your time, Dr. Altman.

25 I have just one quick question

1

2 RE-EXAMINATION BY MS. WALSH:

3 Q Did I understand you to say that you did not have
4 a doctor-patient relationship with Ms. Kematch?

5 A Right.

6 Q Okay. And so in conducting the assessment that
7 you did of her, were you primarily conducting that
8 assessment for the benefit of Child and Family Services, as
9 opposed to Ms. Kematch's therapeutic benefit?

10 A Correct.

11 MS. WALSH: Thank you.

12 Those are my questions, Mr. Commissioner.

13 THE COMMISSIONER: All right.

14 Witness, I thank you for being here. You --
15 there was one issue that came up that I deferred to deal
16 with later. It may be necessary to recall you -- I'm not
17 sure I will -- but we'll endeavour to accommodate your
18 schedule if that becomes --

19 THE WITNESS: Thank you.

20 THE COMMISSIONER: -- necessary, and it won't be
21 immediate.

22 THE WITNESS: Yes.

23 THE COMMISSIONER: So with that, I thank you and
24 we -- it's -- no point in starting another witness now, is
25 there or --

1 MS. WALSH: No.

2 THE COMMISSIONER: Unless it's very short.

3 MS. WALSH: The witness will --

4 THE COMMISSIONER: You, you can leave the stand,
5 doctor, and --

6 THE WITNESS: Thank you.

7 THE COMMISSIONER: Thank you.

8 MS. WALSH: Thank you.

9

10 (WITNESS EXCUSED)

11

12 MS. WALSH: The witness won't be lengthy but I
13 don't think that we can start it -- that we should start it
14 now.

15 THE COMMISSIONER: All right.

16 MS. WALSH: Perhaps can we take ten fewer minutes
17 over the lunch break, then, so we can start maybe at, at
18 ten to two?

19 THE COMMISSIONER: Well, let's shoot for 1:50 and
20 see if we make it.

21 MS. WALSH: Okay.

22 THE COMMISSIONER: All right?

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

24 THE COMMISSIONER: Adjourn to that time.

25

1 (LUNCHEON RECESS)

2

3 THE COMMISSIONER: Now, as I understand it we're
4 ready to swear in SOR #2?

5 MS. WALSH: Yes, Mr. Commissioner, and I would
6 just remind everyone, including the media, of our protocol
7 regarding sources of referral. We will be asking everyone
8 to leave the room while the witness is sworn in, and then
9 return. And then in terms of identifying or reporting on
10 this witness's evidence, we would ask the media to be
11 careful not to disclose any information that might identify
12 the witness. To date they have been very respectful and
13 careful with that, and I thank them for that and expect
14 that they will continue to do that.

15 So we will have to start by asking all counsel
16 and, and members of the public and the media to leave the
17 room while we have the witness sworn in, please.

18 THE COMMISSIONER: And during the questioning,
19 the, the witness will not be referred to by name.

20 MS. WALSH: That's correct.

21 THE COMMISSIONER: Yes.

22 MS. WALSH: Thank you.

23 THE COMMISSIONER: All right. Everyone but
24 Commission counsel and counsel for the witness will just
25 very briefly leave the room while she's sworn in, and then

1 you come back in and we'll be underway --

2 MS. WALSH: Thank you.

3 THE COMMISSIONER: -- under those conditions.

4

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

7

8 THE COMMISSIONER: All right, I think the doors
9 are closed.

10 MS. WALSH: Now, Mr. Commissioner, the other
11 thing that I would ask is that we turn the recording off
12 while the witness is being sworn in, because I am advised
13 that it's impossible to take the witness's name off the
14 recording that is then put on a drop box for all counsel to
15 listen to the transcripts. So what I would ask is that we
16 turn the recording off and then when we come back on with
17 the recording I will put on the record that the witness has
18 been duly sworn in your presence, if that's all right with
19 you.

20 THE COMMISSIONER: Yes. The technical problem
21 has been explained to me by Commission staff, and under
22 those circumstances, I think that's the best we can do. We
23 will -- I will be here to observe the swearing in and -- as
24 you will be, and then when everyone comes back in the room,
25 you can announce that that has occurred.

1 MS. WALSH: Thank you. So --

2

3 **SOR #2**, sworn/affirmed, testified
4 as follows:

5

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

8

9 MS. WALSH: So we are back on the record and I
10 will just put on the record that the witness has been sworn
11 or has affirmed in the presence of the Commissioner.

12 Now, I've just been advised, Witness, that you
13 may not be able to see the screen with the documents that
14 we're pulling up. Do you have access to the documents that
15 we are going to ask you to review?

16 THE WITNESS: Yes, I have paper copies with me.

17 MS. WALSH: Okay. Good. Thank you. All right.
18 We will begin, then. And I confirm that you can hear me.

19 THE WITNESS: Yes.

20 MS. WALSH: Okay. And the only person in the
21 room who can see you is the Commissioner.

22 THE WITNESS: Yes.

23

24 DIRECT EXAMINATION BY MS. WALSH:

25 Q Okay. You are a social worker?

1 A Yes.

2 Q And you earned your Bachelor of Social Work in
3 2000?

4 A That's correct.

5 Q And you're currently employed by Winnipeg Child
6 and Family Services as an adoption social worker?

7 A That's correct.

8 Q How long have you held that position?

9 A Just over six years.

10 Q And are you a registered social worker?

11 A Not at the present time.

12 Q Have you ever been?

13 A I was in the past a registered social worker,
14 yes.

15 Q And is there a reason why you are no longer
16 registered?

17 A It's not a requirement for my job at this time.

18 Q But it has been previously?

19 A Yes, it was.

20 Q In 2001, you were employed as a social worker at
21 the Women's Hospital at the Health Sciences Centre in
22 Winnipeg?

23 A That's correct.

24 Q And was it a requirement of your employment with
25 that hospital to be registered?

1 A Yes, it was.

2 Q What period of time did you work at the hospital?

3 A I worked there from 2000 until 2003.

4 Q And you worked there as a social worker?

5 A Yes.

6 Q And what, what did you do? What was your job
7 description as a hospital social worker?

8 A I worked in various departments at the Women's
9 Hospital, in both the in-patient and outpatient
10 departments.

11 Q Doing what? Can you give us an example of the
12 kinds of things that would come to your attention?

13 A Sure. I would do assessments on women who had
14 recently had a baby and were on the postpartum ward. I
15 also worked occasionally with women facing unplanned
16 pregnancies, as well as women with gynaecological cancer.

17 Q And how would a patient come to your attention?
18 How would they be referred to you?

19 A The majority of the time it was through a written
20 referral by the nursing staff.

21 Q And in terms of the kinds of matters that would
22 be referred to you, you've given us some examples?

23 A Often it would be issues around women with
24 substance abuse issues, mental health issues, domestic
25 violence, child welfare involvement, things like that.

1 Q Okay. And you said the referral was made to you
2 in writing.

3 A Yes.

4 Q And when the referral was made, did you receive
5 any other information about the patient?

6 A Yes, I would. When I received a referral, I
7 would have access to the patient's chart from their current
8 admission that I could review, and I could also review
9 charts from previous admissions.

10 Q And did you typically, when you received a
11 referral, review the patient's chart?

12 A Yes, I would always review the chart.

13 Q And why was that?

14 A I believed that it was important to have a full
15 picture of the current situation that the patient was in,
16 as well as any history that would be relevant to my
17 assessment.

18 Q And what was the purpose in making a referral to
19 you? What were you expected to do with that referral?

20 A Well, because it would usually only be a one- or
21 two-time involvement with the patient, it was to do a brief
22 assessment of things like their support systems, whether
23 they were adequately prepared, for example, to go home with
24 their child, their new baby, whether any additional
25 community resources or supports were needed, things like

1 that.

2 Q How would you go about doing that assessment?

3 A I would meet with the patient, I would review
4 their, their file, their chart. I would talk to the
5 patient about how they were managing, how they were coping,
6 and then, if needed, consult with other parties.

7 Q If you were dealing with a patient who had had
8 previous involvement with Child and Family Services, would
9 the fact of that involvement be known to you?

10 A Sometimes. If it was documented on the chart,
11 then certainly I would know that. Or other times the
12 patient might tell me that they had history of involvement
13 with Child and Family Services.

14 Q Would the fact of that involvement be relevant to
15 the assessment that you would be making of a patient?

16 A Absolutely, yes.

17 Q I'm going to refer you to page 36779. This is
18 from our disclosure 1790.

19 A Okay.

20 Q This is the Health Sciences Centre chart for Ms.
21 Kematch.

22 A Yes.

23 Q You have that in front of you?

24 A Yes, I do.

25 Q And this page is an entry from the chart and it

1 relates to a social work referral made on April 30th, 2001
2 at the Health Sciences Centre. If we scroll to the bottom,
3 you look at the bottom of the page, we have redacted the
4 signature, but is your signature at the bottom of this
5 page?

6 A Yes, it is.

7 Q Okay. And which portion of this document did you
8 fill out?

9 A The portion that I filled out begins about a
10 third of the way down the page where it begins with
11 Assessment Summary.

12 Q And what is this form used for?

13 A This is the referral form that hospital staff,
14 usually the nursing staff, would complete. They would
15 complete the top portion of the page, and then my response
16 -- my written response to the assessment was recorded on
17 the bottom part of the page.

18 Q So was this referral made to you by a nurse?

19 A It appears to me that -- it's hard to read the
20 signature from the nurse but it looks like it, it came from
21 a nurse, yes.

22 Q Okay. And is that the nurse's handwriting at the
23 top of the page on the left-hand side?

24 A Yes.

25 Q Did you review the handwritten note that's

1 indicated there, when you received the referral?

2 A The note from the nurse?

3 Q Yes.

4 A Yes, I would have read that note from the nurse.

5 Q Are you able to read that for us into the record?

6 A Sure. Her note says:

7

8 19-year-old G3P3, Day 1, SVD --

9

10 Q So --

11 A

12 ... first child in care, second
13 child with the patient. Please
14 see and assess re supports.

15 Thanks.

16

17 Q So G3P3, what does that mean?

18 A That means that the patient had had three
19 pregnancies and three deliveries.

20 Q Okay. And Day 1 SVD?

21 A That means it's the first day after a spontaneous
22 vaginal delivery.

23 Q So what was your understanding as to why this
24 referral was being made to you?

25 A That it was the first -- the patient's first

1 child is in care, which would mean in the care of Child and
2 Family Services, and that nursing staff wanted me to assess
3 the patient's need for supports.

4 Q What did you understand that to mean, needs for
5 -- need for supports?

6 A I, I have no independent recollection of, of this
7 consultation so I can't speak to what I felt or what I
8 thought at the time, but asking for an assessment with
9 regards to supports was fairly standard wording in, in a
10 referral from a nurse.

11 Q So what type of supports are being referred to,
12 typically?

13 A Things like family supports, community supports,
14 involvement from community agencies, things like that.

15 Q And I just want to confirm that this referral
16 relates to the birth of a baby who was born in April 2001.

17 A Correct.

18 Q And that's one year after the birth of, of
19 Phoenix.

20 A Yes.

21 Q What did you do once you received this referral?

22 A I, I don't recall specifically what I did, the
23 order I did things, but I did meet with the patient and
24 reviewed the current file from current admission, as well
25 as the file from her -- or the chart from previous

1 admission to hospital.

2 Q Okay. And so you met with Ms. Kematch in the
3 hospital?

4 A Yes, I did.

5 Q And I think you said you don't have any
6 independent recollection of this meeting beyond what's
7 documented in your note under the heading Assessment
8 Summary?

9 A That's true.

10 Q Okay. So let's take a look at what these notes
11 say.

12 A Okay.

13 Q Do you want to read them to us, please?

14 A Sure. It says:

15

16 Thanks for this consult. Writer
17 met with Samantha, her common-law
18 and the putative father, Steve,
19 and the new baby. The couple
20 indicated that a friend is looking
21 after one-year-old daughter,
22 Phoenix. They have all the needed
23 supplies. Chart was reviewed.
24 Social work staff saw the couple
25 last year when Phoenix was born,

1 and a referral was made to
2 Winnipeg Child and Family Services
3 as the couple had no baby supplies
4 and had vague plans regarding the
5 baby.

6

7 And there I reference the consultation by
8 hospital social work staff from April of 2000.

9

10 Samantha's worker is Delores
11 Chief-Abigosis, who was unaware of
12 Samantha's pregnancy. Writer
13 informed Delores that Samantha and
14 baby are ready for discharge today
15 and that supply -- baby supplies
16 are in place, that Delores will
17 follow-up in the community. There
18 are no concerns prohibiting
19 discharge at this time and no
20 further hospital social work is
21 indicated.

22

23 Q Okay. So how did you know that Delores Chief-
24 Abigosis was Ms. Kematch's worker?

25 A I don't recall specifically how I, how I learned

1 that. However, my routine practice in these situations
2 would be to call Child and Family Services and they would
3 confirm for me who the worker was, if there was a worker
4 assigned.

5 Q And so in this case do your notes reflect that
6 you had a conversation with Delores Chief-Abigosis?

7 A Yes, that I contacted her to inform her of the
8 arrival of this new baby, and as my notes indicate, that
9 Delores would follow-up with Samantha and the family in the
10 community.

11 Q And was it typical for a social worker to
12 indicate they would follow-up in the community rather than
13 coming to visit the patient in the hospital first?

14 A Yes. Sometimes social workers would come and
15 visit the patient at the hospital and sometimes they would
16 follow up in the community.

17 Q And the reason that you contacted Child and
18 Family Services in the first place?

19 A Because I learned through my interview with the,
20 the patient and specifically with -- also with my reviewing
21 of the hospital chart, that Ms. Kematch had had significant
22 Child and Family Services involvement in the past,
23 including having her first child as a permanent ward of the
24 agency and her second child was brought into agency care a
25 year prior. So I felt that that mandated another referral

1 to Child and Family Services.

2 Q Did you have a specific concern that prompted you
3 to call CFS or was it just because of, of Ms. Kematch's
4 history?

5 A From what my notes indicate, it was primarily
6 because of the, the history. There are -- I don't make
7 note of any other specific concerns that arose out of my
8 assessment.

9 Q And was that your standard practice when you were
10 aware of CFS involvement, to contact CFS when a new baby
11 was born?

12 A Yes.

13 Q If we turn to page 36780.

14 A Okay.

15 Q This is still from Ms. Kematch's chart. What is
16 this document?

17 A This document -- I believe it's called a
18 database. It's a social work document and what it is, is
19 more the demographic information on the patient. So it's
20 got her address, her -- some details about the, the baby,
21 the date of birth and the weight and things like that; some
22 information about living arrangements, who she lives with,
23 who's in her home; their financial situation; as well as
24 any community resource involvement such as Child and Family
25 Services or other involvement.

1 Q And what's the purpose of noting this information
2 for the chart?

3 A It was, again, just to have a bit more
4 information about the, the patient's situation, and it
5 spells out specific information about who she lives with as
6 well as any -- the names and phone numbers of any
7 collaterals involved with the patient.

8 Q And this document stays in the chart at the
9 hospital?

10 A Yes.

11 Q Okay.

12 A Yes, it does.

13 Q Did you ever meet Phoenix?

14 A I have absolutely no recollection of that. My,
15 my notes don't reflect that so I, I'm not sure.

16 Q Okay. After April 30th, 2001 when you contacted
17 the social worker, Ms. Chief-Abigosis, did you have any
18 further involvement with Ms. Kematch or her family?

19 A No, my notes indicate that I -- my meeting with
20 her was a one-time occurrence.

21 MS. WALSH: Thank you. Those are my questions.
22 There may be some questions from other lawyers.

23 THE WITNESS: Thank you.

24 THE COMMISSIONER: All right. Any questions?
25 Mr. McKinnon?

1 One of the lawyers is just coming; he'll be at
2 the stand momentarily.

3 THE WITNESS: Okay.

4

5 CROSS-EXAMINATION BY MR. MCKINNON:

6 Q Thank you, Witness. I'm looking at the witness
7 chair, but obviously you're not there. My name is Gordon
8 McKinnon, and I'm a lawyer for Winnipeg CFS and I just
9 wanted to ask you a couple of questions.

10 A Okay.

11 Q Now, your mandate, per se, is not child
12 protection.

13 A As a hospital social worker? No.

14 Q Correct. So that's why you would phone Winnipeg
15 CFS if you had a concern of this nature, correct?

16 A Correct. Correct.

17 Q And you gave evidence that you did speak to a
18 social worker at Winnipeg CFS and her name is Delores
19 Chief-Abigosis. Do you recall speaking with her?

20 A I don't have any recollection of speaking with
21 her beyond what's written in my notes.

22 Q And we have -- and I don't know if this can be
23 made available to you, Witness, but we have a copy of
24 Delores Chief-Abigosis's notes of this same telephone
25 conversation.

1 MR. MCKINNON: It's commission disclosure 1795,
2 page 37010. Now, am I to understand, Ms. Walsh, that the
3 witness cannot see that document?

4 THE COMMISSIONER: Well, not, not unless she has
5 it with her, so I think she's just checking to see if she's
6 got that, that page.

7 THE WITNESS: I don't think I have that page, no.

8

9 BY MR. MCKINNON:

10 Q And the point that I wanted to draw to your
11 attention, Witness, is that Ms. Chief-Abigosis's recordings
12 of that conversation may be a bit more detailed than yours.
13 And I'm certainly not suggesting your notes were
14 inappropriate because your mandate is not child protection,
15 but there are some things in Ms. Chief-Abigosis's notes
16 that weren't reflected in your notes, that I may just read
17 to you or put to you and ask you to comment a little bit
18 upon.

19 For example, it starts out that Ms. Chief-
20 Abigosis received a telephone call from you to inform her
21 that Samantha Kematch had given birth to a baby girl on
22 April 29th, and it gives her name, and it says the baby and
23 the mother are doing fine.

24 That sound consistent with your recollection of
25 what you would have recorded? And when I say your

1 recollection, as, as, as per your notes?

2 A Yes. I, I have no recollection of the, of the
3 conversation, but that seems consistent with what I
4 recorded.

5 Q And there's a note here --

6 THE COMMISSIONER: Well, Mr. McKinnon, let me ask
7 you, what is it that's preceding where you're referring to
8 on that document?

9 MR. MCKINNON: This entire document that I'm
10 looking at is, I believe, a closing summary that was
11 prepared by this witness some time later.

12 THE COMMISSIONER: Oh, oh, I see.

13 MR. MCKINNON: So there would be a great deal of
14 other information in this document, Mr. Commissioner, that
15 wouldn't be relevant to this witness.

16 THE COMMISSIONER: And it just gets to this
17 incident at that stage on the page, then.

18 MR. MCKINNON: Yes. It has a lot of the history
19 of the file and then carries on with some of the work that
20 continued on the file.

21 THE COMMISSIONER: All right. I was trying to
22 find it at the top, but I see it now, yes. Go ahead.

23

24 BY MR. MCKINNON:

25 Q So I'm, I'm, I'm looking at a typed document,

1 Witness, that was prepared some time later, but the level
2 of detail suggests to me that someone had made notes of
3 your conversation, which is why I'm putting it to you in
4 this fashion.

5 A Okay.

6 Q The next statement, it says:

7

8 "According to [you] the parents
9 are quite attentive to the child
10 and stated that they have all the
11 necessary items for the child."

12

13 Just on that point again, there's a reference to
14 the parents being attentive to the child. You have no
15 record of that in your notes. You would have no reason to
16 disagree with that description of the telephone call?

17 A You know, I have no -- I'm sorry, I have no
18 recollection of the telephone call so I can neither
19 disagree or agree with you.

20 Q Fair enough.

21 A I can't speak to that now.

22 Q Fair enough. But you have no reason to challenge
23 that.

24 A No, I --

25 Q It's --

1 A -- have no reason to challenge or change it or
2 dispute it because I, I have no recollection of the phone
3 call. I can't speak to why it's slightly different there
4 from my notes.

5 Q Fair enough. And it may be different because the
6 mandate of Winnipeg CFS is child protection. That's not
7 your mandate.

8 A That's correct.

9 Q And the next statement, it says:

10

11 "Their daughter Phoenix is about 1
12 year old and they have kept all
13 her baby stuff."

14

15 That seems to be consistent with what you
16 recorded as well?

17 A I recorded that Phoenix is a year old and that
18 they had all their needed baby supplies, yes.

19 Q It says:

20

21 "A friend of theirs is keeping
22 Phoenix until she is released from
23 the hospital."

24

25 That's consistent with what you told --

1 A Yeah.

2 Q -- Ms. Chief-Abigosis in your notes.

3 A Yes, that's correct.

4 Q And then it says:

5

6 "[You have] no concerns and stated
7 that the father - Steve Sinclair
8 has been actively visiting and
9 participating in the care of the
10 baby."

11

12 Now, that you don't have in your notes but,
13 again, I'm going to suggest to you, no reason to dispute
14 Ms. Chief-Abigosis's recording of that?

15 A Yeah, I, I -- seeing as I don't recall the
16 conversation with her, I really can't speak to why that's
17 in her notes and not in mine.

18 Q Okay. And the next statement:

19

20 "The parents returned home with
21 the child and appeared to [be]
22 quite active in the care of the
23 child - parents have been observed
24 as responsible for caring for the
25 child and access the appropriate

1 caregivers to care for Phoenix in
2 their absence."

3

4 So again, that's a level of detail that's not in
5 your notes. And I'm not criticizing that, I'm just
6 suggesting that the agency mandated for child protection
7 would have an interest in recording those kinds of
8 comments.

9 A Well, my understanding is that that statement
10 that you just read, it speaks to the parents returned home
11 with the child, and my involvement would have ended at the
12 time of their discharge so I didn't have any follow-up with
13 them once they returned home. So that wouldn't have been a
14 statement, I don't believe, from me.

15 Q Okay. So that may have been a statement that
16 this witness who will come after you to give evidence, we
17 can ask her about.

18 A I believe so, yes.

19 Q Okay. The point I'm trying to get at with this
20 is that when you were meeting with Steven Sinclair and
21 Samantha Kematch, you were anticipating that you would be
22 reporting to Winnipeg CFS your concerns -- or, or these
23 developments, is a better way to put it. You were
24 anticipating you would be reporting developments.

25 A Yes, because of their previous involvement with

1 child welfare, that I would -- I was anticipating notifying
2 CFS about this new baby's arrival.

3 Q That's fair enough. And, and in terms of the
4 extent to which you would have met with this couple and
5 interviewed this couple, would you have been asking them
6 questions about their ability to parent and whether they
7 were having any difficulty parenting or any problems
8 parenting?

9 A I -- really, I can't recall the conversation that
10 I had with Ms. Kematch and Mr. Sinclair, so I can't speak
11 to what other kinds of questions I might have asked them
12 other than what I've recorded in my, in my notes.

13 Q And in terms of your usual practice in a case
14 like this -- and, and I believe your evidence earlier was
15 that this was the kind of case where they would be referred
16 to social workers in the hospital, that is, where there was
17 previous CFS involvement. In terms of your usual practice,
18 would you talk to the parents about whether they were
19 having any difficulty parenting?

20 A Generally not, because my role as a hospital
21 social worker was not to perform child welfare assessments
22 or child protection assessments. That was not my mandate.
23 That's the mandate of the child welfare system.

24 Q Fair enough. Let -- if, if they had volunteered
25 information to you about difficulty parenting, would you

1 have recorded that?

2 A Are you speaking about --

3 Q Hypothetically, now.

4 A Are you speaking about Ms. Kematch or Mr.
5 Sinclair?

6 Q Yes, in, in a, in a case like this, if Mr.
7 Sinclair or Ms. Kematch told you they were having problems
8 parenting, would you have recorded that?

9 A You know, I, I really don't want to speculate on
10 what I would have done if they had done something like
11 that. Certainly, if they had made reference to concerns
12 that needed to be recorded --

13 Q Well, we're --

14 A -- I would have recorded that.

15 Q Let me be more specific, then. We're -- we
16 anticipate at this hearing, in some time in the future,
17 we're going to hear evidence from Mr. Sinclair that
18 Samantha Kematch would always yell at Phoenix. If, if that
19 had been reported to you, would you record it?

20 A I really, I really don't know how to answer that
21 question because it's, it's a very vague hypothetical
22 question that I, I really don't have any answers for other
23 than what I've recorded here.

24 Q Yeah. And I'm just -- I realize you have no
25 actual recollection, so I'm trying to get at what your

1 practice would be as a social worker. Let me make it --
2 put another suggestion to you. We, we anticipate we're
3 going to hear evidence that Samantha Kematch hit Phoenix
4 because she would not stop crying, and this incident took
5 place between the birth of Phoenix and the birth of the
6 child we were just -- you, you were assessing her for. If
7 it was reported to you that Samantha Kematch had hit
8 Phoenix Sinclair, would you have recorded that?

9 A The Child and Family Services Act requires the
10 disclosure and reporting of any act of child abuse, so I
11 would have reported that and recorded that in my notes, I
12 believe, yes.

13 Q So the absence of any record of that -- to that
14 effect in your notes, we can conclude from that that it was
15 not reported to you that Samantha Kematch hit Phoenix
16 because she would not stop crying. Is that fair?

17 A I think that's fair.

18 MR. MCKINNON: Thank you. Those are my
19 questions.

20

21 CROSS-EXAMINATION BY MR. GINDIN:

22 Q Good afternoon. My name is Jeff Gindin. I
23 represent Kim Edwards and Steve Sinclair. Can you hear me
24 okay?

25 A Yes, I can.

1 Q I just have a few questions. You had a
2 conversation, according to your notes, with Samantha and
3 Steve at the hospital, correct?

4 A Correct.

5 Q And I take it you didn't record verbatim the
6 entire conversation.

7 A Right.

8 Q You did indicate in your notes that you were told
9 that a friend was looking after Phoenix, correct?

10 A Correct.

11 Q I don't see anything in your notes about you
12 asking who that was or for how long or anything of that
13 nature; is that right?

14 A Yes, I don't make note of, of any of those
15 details in my notes.

16 Q Do you recall whether you asked more specific
17 questions about who the friend was or how long the friend
18 might have been taking care of the child?

19 A No, I don't recall if I asked that.

20 Q You were also asked about how you found out who
21 the social worker was. Do you recall whether that was in
22 any of the material that you looked at, or the chart?

23 A Do you -- you mean in the hospital chart?

24 Q Yes.

25 A Or the document in front of me now?

1 Q Any document that you might have seen at the time
2 that you were at the hospital that day. Could you have
3 learned that information from some of the documents you
4 were looking at? Is that possible?

5 A I'm not sure. I don't recall what was all in the
6 documents that I looked at that day.

7 Q So I, I --

8 A So I just don't recall if that information was in
9 the file -- or the chart or not.

10 Q I see. Either that, or you made a phone call and
11 found out. Is that what you're telling us?

12 A Right.

13 Q Okay. Is it possible you asked Samantha and
14 Steve who their social worker was?

15 A You know, I, I don't recall if I asked them or
16 not.

17 Q Okay. You were just asked a few questions about
18 what you might do if Steve Sinclair had told you some
19 things about the way Phoenix was behaving with -- the way
20 Samantha was behaving with, with Phoenix, and whether or
21 not you were told any of the things that were suggested to
22 you. I take it you never met with Steve Sinclair by
23 himself.

24 A My notes indicate that I met with the couple
25 together.

1 Q That's right. So there's nothing to indicate
2 that you would have had a private discussion with Steve at
3 that time.

4 A Nothing in my notes would in that, no.

5 Q In fact, your notes would indicate that you spoke
6 to both of them right in front of each other in their -- in
7 each other's presence, right?

8 A That's what my notes indicate, yes.

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

10 THE COMMISSIONER: Thank you, Mr. Gindin.

11 Anybody else?

12 All right. Does counsel for the witness ...

13 MS. RACHLIS: Good afternoon. My name is Vivian
14 Rachlis.

15 THE COMMISSIONER: Yes.

16 MS. RACHLIS: I'm counsel for the witness.

17 THE COMMISSIONER: Pleased to have you back.

18 MS. RACHLIS: Thank you, Mr. Commissioner. I
19 just have a couple of things for the witness.

20

21 CROSS-EXAMINATION BY MS. RACHLIS:

22 Q And, Witness, you can, you can hear me fine?

23 A Yes, I can.

24 Q All right. You were just asked a moment ago by
25 Mr. Gindin how you -- and you were asked by previous -- by

1 counsel representing one of the previous parties, how you
2 went about connecting with Delores Chief-Abigosis of
3 Winnipeg CFS. And I, I just -- Mr. Gindin asked you
4 whether it was possible that Ms. Kematch or Mr. Sinclair
5 advised you who the social worker was. I just wanted to --
6 if you can turn to commission disclosure number 1790, page
7 36780.

8 A Yes, I have it here.

9 Q This is the document that when Commission counsel
10 was questioning you, you referred to as the database
11 document.

12 A Yes.

13 Q Right. And at the very bottom of that page
14 there's a box that says Community Resource Involvement,
15 Agency, Services Provided, Contact Person, and a phone
16 number. Witness, does this -- first of all, my
17 understanding is that this information is recorded in your
18 handwriting?

19 A Yes.

20 Q So you recorded this information at the bottom of
21 this page. Does looking at that information in the box
22 assist you in answering the question as to how you went
23 about connecting with the, the agency social worker?

24 A Yes, it does. It indicates -- the box indicates
25 that Winnipeg Child and Family Services was contacted and

1 was involved with the family. Initially I wrote that I
2 contacted the intake department at the -- and the intake
3 phone number is, is there, is listed. I then crossed that
4 off and put in that the services provided are support and
5 the contact person is Delores Chief-Abigosis, and there's a
6 new phone number there which was suggested was Delores
7 Chief-Abigosis's phone number.

8 So my understanding of what that process would
9 have looked like, then, was that I would have initially
10 contacted intake at the phone number, the original
11 photograph number listed, and then been redirected in some
12 fashion to Delores Chief-Abigosis at that phone number.

13 Q Thank you. Mr. McKinnon, the, the department's
14 counsel, referred you to a document that it was explained
15 to you was the recording of events by that agency social
16 worker, Ms. Chief-Abigosis. And I, I know you're at a bit,
17 bit of a disadvantage because you don't have that document
18 in front of you; I, I had understood that you would have
19 access to that document in your testimony. But Mr.
20 McKinnon kindly read two paragraphs to you from that
21 document and I just wanted to give you an opportunity to
22 comment further if, indeed, you do have further comments.

23 First of all, Mr. Kinnon (sic) read to you
24 certain information recorded by Ms. Chief-Abigosis
25 regarding information received from you. And I'm not going

1 to ask those questions again, but you recall giving that
2 evidence a few moments ago.

3 A Yes.

4 Q And then you were advised -- and again, you're --
5 you are at a bit of a disadvantage because you don't have
6 the document in front of you. You were advised that this
7 document, commission disclosure number -- or page number
8 37003, that there is a subsequent paragraph referring to
9 the parents returning home with the child and appearing
10 quite attentive in the care of the child. I wanted to give
11 you further opportunity, should you desire it, Witness, to
12 explain what, if any, involvement you might have had after
13 you met with the parents in the hospital.

14 A Well, I didn't have any involvement with them.
15 The nature of the role of the social worker in the hospital
16 was just to work with the families in -- while they were in
17 the hospital. So there was absolutely no community follow-
18 up done on my part with this case or in, in any other
19 cases.

20 Q All right. So it, it's fair to say, Witness, I
21 take it, that a recording of the degree of attentiveness to
22 the child upon the return home with the child would have
23 been based on no input from you, correct?

24 A That's correct.

25 MS. RACHLIS: All right. Those are my questions.

1 Thank you, Mr. Commissioner.

2 THE COMMISSIONER: Thank you, Ms. Rachlis.

3 Ms. Walsh?

4 MS. WALSH: Just brief follow-up.

5

6 RE-EXAMINATION BY MS. WALSH:

7 Q Witness, you told us that the reason why you were
8 asked to do an assessment was to see whether Ms. Kematch
9 had supports.

10 A Yes, that's correct.

11 Q And what was your conclusion? Did she have
12 supports?

13 A The supports that I have noted here include an
14 open file with Winnipeg Child and Family Services.

15 Q So if we turn to page 36780.

16 A Yes.

17 Q At the bottom, under the heading Community
18 Resource Involvement, you have Agency, Winnipeg CFS;
19 Services Provided, Support; and the name of the social
20 worker and her phone number. So that was the support that
21 you understood the, the mother had.

22 A Yes.

23 Q And so I think you said to me you understood,
24 then, that Ms. Kematch had an open CFS file at this time.

25 A Yes.

1 MS. WALSH: Okay. Thank you.

2 THE COMMISSIONER: All right. We're finished?

3 MS. WALSH: We are, Mr. Commissioner, unless you
4 have questions of the witness.

5 THE COMMISSIONER: No.

6 Witness, thank you very much. I know you've been
7 here all day and we appreciate your participation, but
8 you're now free to take your leave, wherever you are.

9 MS. WALSH: Thank you.

10 THE WITNESS: Thank you, Mr. Commissioner.

11 MS. WALSH: Thank you.

12

13 (WITNESS EXCUSED)

14

15 THE COMMISSIONER: All right. Move on to the
16 next witness.

17 THE CLERK: Is it your choice to swear on the
18 Bible or affirm without the Bible?

19 THE WITNESS: I can affirm on the Bible.

20 THE CLERK: Sorry?

21 THE WITNESS: I will affirm on the Bible.

22 THE CLERK: No, your choice is to affirm without
23 the Bible or swear with the Bible.

24 THE COMMISSIONER: She'll swear on the Bible,

25 I --

1 THE WITNESS: I'll swear with the Bible.

2 THE CLERK: Swear on the Bible? Okay. Just
3 stand for a moment, there. Could you stand up, please?

4 THE WITNESS: Oh, sure.

5 THE CLERK: And take the --

6 THE WITNESS: Sorry, I'm a little hard of
7 hearing, so --

8 THE CLERK: Okay. State -- take the -- state
9 your full name to the court.

10 THE WITNESS: Kathryn Jean Peterson.

11 THE CLERK: And just spell me your first name.

12 THE WITNESS: K-A-T-H-R-Y-N.

13 THE CLERK: And your middle name, please.

14 THE WITNESS: Jean, J-E-A-N.

15 THE CLERK: And your last name.

16 THE WITNESS: Peterson, P-E-T-E-R-S-O-N.

17 THE CLERK: Thank you.

18

19 **KATHRYN JEAN PETERSON,** sworn,

20 testified as follows:

21

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

23 THE COMMISSIONER: Now, Witness, if there's
24 anything you can't hear, you just tell us and we'll do
25 something about it.

1 THE WITNESS: Thank you very much.

2 MR. OLSON: And if, if I go too fast, let me know
3 as well.

4 THE WITNESS: Okay.

5

6 DIRECT EXAMINATION BY MR. OLSON:

7 Q So just some of your background. You graduated
8 from the University of Manitoba with a Bachelor of Social
9 Work in 1984?

10 A That's correct.

11 Q And when you were going through your Bachelor,
12 did you take any courses specific to child welfare work?

13 A I took child welfare policy while in social work,
14 yes.

15 Q Okay. And what sort of course was that?

16 A Child welfare policy is, is -- mostly has to do
17 with the economics of child welfare, how it started, the
18 more modern child welfare system.

19 Q Apparently, there's some trouble hearing you. If
20 you could just adjust the microphone a little closer?

21 A How's that?

22 Q That's much better.

23 So that was more of an economic policy type
24 course?

25 A I would say, for the most part, yes.

1 Q Okay. And did you do any fields in child
2 welfare?

3 A Not directly, no.

4 Q Okay. And then --

5 THE COMMISSIONER: Do you, do you want to pull
6 your chair in further, Witness, and maybe you'll be more
7 comfortable.

8 THE WITNESS: Okay.

9 THE COMMISSIONER: You sit back and ...

10 THE WITNESS: Thanks.

11 THE COMMISSIONER: They, they do move eventually.

12

13 BY MR. OLSON:

14 Q Just -- I'm just going to keep going through your
15 background. In 1984 to 1990, you worked at the Seven Oaks
16 Youth Centre as a juvenile counsellor?

17 A Part-time, I did, yes.

18 Q Okay. That was -- were you working anywhere else
19 at that time as well, or just, just there?

20 A I worked at Klinik, with a K, as a crisis
21 counsellor.

22 Q Okay. And were either of those child welfare
23 positions?

24 A No, they were not.

25 Q Okay. And then in 1990, you began working at

1 Northwest Child and Family Services. Is that --

2 A Yes.

3 Q Okay. And what did you do there?

4 A I was hired by Northwest Child and Family
5 Services at that time as a high-risk abuse worker, and my
6 job was to provide social work service to families that
7 were -- where the children were involved possibly being
8 abused, to assess that, and high-risk families.

9 Q Okay. So those were specifically high-risk and
10 abuse families?

11 A That's right.

12 Q Okay. And that -- was that ongoing social work
13 you were providing to the families?

14 A I beg your pardon?

15 Q Was that an ongoing type of position, it was
16 where you actually kept files for --

17 A Yes.

18 Q -- a length of time?

19 A Yes.

20 Q And was it after that that you began as a family
21 service worker with Winnipeg Child and Family Services?

22 A Yeah, I think when we became Winnipeg Child and
23 Family Service workers we all -- or Winnipeg Child and
24 Family, we all became family service workers. So they kind
25 of did away with the high-risk abuse because, basically,

1 all our cases were high-risk abuse.

2 Q Okay. So that position was no longer -- that was
3 phased out, in other words.

4 A Right.

5 Q Okay. And then after it was phased out, you --
6 did you become a --

7 A Family service worker.

8 Q -- a family service worker?

9 A Yes.

10 Q Do you remember if that was -- what year that was
11 in?

12 A I beg your pardon?

13 Q Do you recall the year?

14 A Oh, gosh, probably around '92.

15 Q '92 is when you became a family --

16 A '92 or '90 -- yeah, '92 or '93. Yeah.

17 Q Is when you became a family service worker?

18 A Yeah.

19 Q With Winnipeg Child and Family Services?

20 A Think so.

21 Q Okay. Did that work differ than what you were
22 doing previously?

23 A No.

24 Q So then just based on that, you were only with
25 Northwest CFS for two years, then, 1990 to about '92.

1 A Sorry?

2 Q Were you with, with -- were your -- was your
3 previous position about approximately two-year position,
4 the high-risk abuse position that you had.

5 A It was basically the same thing. That's why they
6 did away with it. There were four positions and, and
7 that's why they kind of phased them out, and we all became
8 family service workers when we -- when Winnipeg Child and
9 Family Services took over Northwest Child and Family.

10 Q Okay. And that was in 1992.

11 A I think so.

12 Q Okay. And for how long did you hold that
13 position?

14 A Until, I think, March 2001.

15 Q Okay. And, and where were you working out of as
16 a family service worker?

17 A Initially I was working out of Salter, and then
18 we changed offices and I was working out of Jarvis.

19 Q Okay. And it was during the time that you were a
20 family service worker that you had involvement with Phoenix
21 Sinclair's file; is that right?

22 A That's correct. From the day I was hired. His
23 mother's file, actually.

24 Q Yeah, and when I said -- when I say Phoenix
25 Sinclair's file, I mean any file that was involving --

1 A Yes.

2 Q -- Phoenix Sinclair. So it could have been Steve
3 Sinclair's file or Samantha Kematch's file. And then after
4 -- so you left -- you, you were no longer a family service
5 worker you said, I think, in March of 2001?

6 A I think it was 2001.

7 Q Okay. And where did you go after that?

8 A I got a position as an intake worker, and that's
9 where I am presently.

10 Q Okay. And would that have been with JIRU?

11 A That's correct.

12 Q And now it's ANCR.

13 A That's correct.

14 Q Okay. And you're, you're -- so you're presently
15 an intake worker. And how does that, how does that differ
16 from what you did as a family service worker?

17 A Family service worker provides more ongoing and
18 in-depth service to a family. The intake worker -- intake
19 workers are, are crisis responders. So when the agency
20 gets an initial call or concern regarding a child in need
21 of protection or perhaps in need of protection, then a
22 crisis response worker will go out and investigate. If
23 they feel that it's a situation that needs to be
24 investigated and assessed further, it will be sent to
25 general intake -- which is what I am, a general intake

1 worker -- and general intake workers will go out and assess
2 it at more in-depth in terms of whether more ongoing
3 service is needed for the family or we'll be able to
4 provide some service to the family and close, close the
5 file.

6 Q Okay. So as an intake worker, you, you assess
7 whether further services are needed for the family?

8 A I beg your pardon?

9 Q So as an intake worker, you said you assess
10 whether further services are needed for the family?

11 A That's correct, yes.

12 Q And if they are, do you provide those services?

13 A No, we transfer the files to family service
14 workers in whatever agency the parents have chosen.

15 Q Okay. And it's a family service worker that
16 provides the ongoing --

17 A That's correct.

18 Q -- support to the family. And so in -- when you
19 were a family service worker, do you recall what sort of
20 training you received?

21 A Pardon me?

22 Q When, when you first started as a family service
23 worker --

24 A Um-hum.

25 Q -- do you recall the, the training you received,

1 if any?

2 A I didn't receive any training before I started as
3 a family service worker.

4 Q Okay. And while you worked as a family service
5 worker, did you receive any training?

6 A I had -- I have attended a number of professional
7 development workshops.

8 Q When you, when you first started, were you given
9 a caseload immediately?

10 A Yes, I was.

11 Q Okay. And, and then were you expected to go out
12 and work on those cases?

13 A Yes, I was.

14 Q And do you recall approximately what your initial
15 caseload would have been?

16 A I believe at the time that I started it was
17 around 30.

18 Q Okay.

19 A It had -- it could get as high as 65.

20 Q Sixty-five cases at, at a time?

21 A Yes.

22 Q Okay.

23 A Yeah, there was, there was a time when I was
24 working at Salter where the caseload was -- mine and my
25 partner each, we each had about 65 cases.

1 Q And that was with Winnipeg Child and Family
2 Services.

3 A That's right.

4 Q Okay. And in terms of your workload while you
5 were a family service worker with Winnipeg Child and Family
6 Services, was it -- was that -- was there sort of an
7 average caseload that you had, when you look back?

8 A That was an average caseload in, in that area,
9 for sure.

10 Q So somewhere between --

11 A So everyone had somewhere between that, yeah.
12 Around 30 some-odd cases, usually, 30 to 40.

13 MR. OLSON: Okay. Just in, in terms of caseload,
14 there's a document that the department recently provided
15 with some caseload numbers. It's not in commission -- in
16 electronic disclosure and I'd like to have it marked as an
17 exhibit now.

18 THE COMMISSIONER: All right. That'll become
19 number what?

20 THE CLERK: Seventeen.

21 MR. OLSON: Seventeen.

22 THE COMMISSIONER: And how do you describe it,
23 Mr. Olson?

24 MR. OLSON: This would be case -- I guess
25 caseload data provided by the department.

1 THE COMMISSIONER: Is there a date on it?

2 MR. OLSON: The dates vary.

3 THE COMMISSIONER: No, no, the date it was
4 prepared.

5 MR. OLSON: No, there's no date on the document
6 itself.

7 UNIDENTIFIED PERSON: What was the exhibit,
8 sorry?

9 UNIDENTIFIED PERSON: It was 17.

10 UNIDENTIFIED PERSON: Seventeen, one seven.

11 THE CLERK: One-seven.

12 UNIDENTIFIED PERSON: Thank you.

13 THE CLERK: Exhibit 17.

14 THE COMMISSIONER: Exhibit 17.

15

16 **EXHIBIT 17: CHILD AND FAMILY**
17 **SERVICES CASELOAD SUMMARIES**

18

19 MR. OLSON: So if we could just bring Exhibit 17
20 up onto the screen?

21

22 BY MR. OLSON:

23 Q So under your name, which is the second page -- I
24 understand these are, these are the caseload -- this is a
25 caseload data provided by the department by using a CFSIS

1 search. So if you look, for example, August 31st, 2001,
2 would appear that you had 15 protection cases, 15 child-in-
3 care cases, for a total of 30 cases?

4 A That sounds about right, yeah.

5 Q Okay. And then when it says Family Unit, there
6 -- it indicates there were 18 family units. So your total
7 -- I guess the number of families you were involved with
8 would be 18; is that -- that sound right?

9 A That's right. It would be the number of
10 families, that's correct.

11 Q Okay. And just, just in terms of when -- your
12 length of employment as a family service worker, if you
13 look at the last entry, March 31, 2002, on this chart, it
14 looks like --

15 A Oh, yeah.

16 Q -- you're, you're reflected to have just one, one
17 case. And in prior month, February 28, 2002, there's just
18 one case. Does that help you determine when you --

19 A Oh, yeah, that -- actually, that is when I
20 started as an intake worker. I beg your pardon, it wasn't
21 '01, it was '02, February of -- I think it was February of
22 '02.

23 Q Okay.

24 A So that's why there's only one case there. I was
25 finishing the paperwork on this caseload when I started the

1 new job as an intake worker.

2 Q Okay. So you were just wrapping things up before
3 you moved to --

4 A That's correct.

5 Q -- your other position. And so the, the
6 caseloads reflected in this document, Exhibit 17, it looks
7 like they're in 30, 30, 28, 33, 33, 34, over that, that
8 time period, August 31, 2001 to January 31, 2002. Is that
9 fairly consistent with what you recall in terms of --

10 A At that time, yes.

11 Q And with that, with that sort of caseload, were
12 you able to manage your, your cases appropriately?

13 A I think it was very challenging with that amount
14 of cases to manage, because the types of cases that were
15 referred generally to us as family services worker in that
16 particular community were usually quite high risk and, and
17 had a lot of work involved in them.

18 Q Which community was that? That was -- was that
19 Northwest Winnipeg?

20 A That's correct.

21 Q Okay.

22 A North End, yes.

23 Q And when you say the type of cases, what do you
24 mean by that?

25 A They usually involved very complex situations and

1 high-risk situations for, for children, and parents that
2 were generally quite challenged in terms of their parenting
3 abilities.

4 Q Okay. And that's as opposed to cases from other
5 regions of the city, or are you -- is there, is there a
6 comparison?

7 A Well, I think it's -- there are different
8 situations or different problems in different areas of the,
9 of the city, that make -- still make a caseload of 30
10 quite, quite challenging. But certainly when we're dealing
11 with intergenerational abuse in a family, it, it makes for
12 a challenging caseload.

13 Q Did, did a caseload of 30 -- if you think back to
14 that time period, would -- did that caseload impact on your
15 ability to meet standards as a social worker?

16 A I think it would impact in terms of the amount of
17 time you could spend on each of the cases, that's right.
18 And, and I think what came out of that, quite frankly, was
19 that we had to prioritize the more high-risk --

20 Q And --

21 A -- cases --

22 Q And so --

23 A -- on the caseload.

24 Q And so what did that mean for cases that maybe
25 weren't as high a priority in terms of what you viewed as

1 risk?

2 A Well, it would mean that they're probably not
3 going to get as much attention as they deserve or they
4 ought to, and it, it also would mean that we'd be looking
5 at, you know, hopefully being able to close some of those
6 cases in order to attend to the more serious high-risk
7 cases that we had.

8 Q And when you talk about the level of risk, was it
9 the case that some of the files you were assigned were not
10 serious or not important to get to?

11 A I beg your pardon?

12 Q In terms of what your -- you said you had
13 prioritized files --

14 A Right.

15 Q -- at work. Were there cases that you were able
16 to -- that you didn't get to -- were those cases not, not
17 important or not significant?

18 A Oh, yes, they were still important, yes.

19 Q Okay. It's just that you -- are you saying you
20 just didn't have the time to --

21 A The time just wasn't there to, to -- yeah, there
22 wasn't the time that they ought to have.

23 Q So was the impact, then, that those cases would
24 be neglected?

25 A At, at times, they might be.

1 Q Do you know if that was an issue for this
2 particular case?

3 A I'm sorry, an issue for?

4 Q Was, was this, was this case -- did you consider
5 this case -- Phoenix Sinclair's case -- did you consider
6 that to be a high priority at the time you were involved?

7 A At the time that I was involved, Steven
8 Sinclair's case was considered low risk.

9 Q And do you know, by having considered it low risk
10 at that time, did it affect the services you were able to
11 provide in, in this particular case?

12 A The assessment of low risk had to do with whether
13 the parent had, had met agency recommendations, whether the
14 child was stable in the home, whether there were no
15 presenting child protection concerns to the social worker
16 from the family or the community. That would be considered
17 a more low risk and that was -- at, at the time that I got
18 Steven's file, that's what it was.

19 Q And so, so what I'm asking is you, you determined
20 that, in your view, this was a low risk case at the time --

21 A That's correct.

22 Q -- you received it, right?

23 A Yes.

24 Q Based on that assessment, would you have
25 prioritized this case to sort of the bottom of the pile?

1 In other words, you would give it less attention?

2 A It wouldn't get priority, but it would still get
3 attention because it was on my caseload. But it would not
4 be the priority.

5 Q So for this particular case, did -- are you able
6 to say whether your workload at the time impacted on your
7 ability to deliver and meet standards with respect to Mr.
8 Sinclair's file?

9 A I don't, I don't believe so. I don't really
10 believe so, just given, given the difference in the
11 situation in terms of when I did get this case and, and
12 what type of case it was. I don't believe that, that that
13 was happening, no, because it was, it was more of a
14 situation at this point where there had been discussion
15 even before I transferred to the unit and received Steven
16 Sinclair's case that the case was actually ready to be
17 closed.

18 Q Okay. So then --

19 THE COMMISSIONER: What, what date did -- what
20 date did you get the Steven Sinclair case, as you refer to
21 it?

22 THE WITNESS: Sorry, sorry?

23 THE COMMISSIONER: What date did, did you get the
24 case?

25 THE WITNESS: August 2001.

1

2 BY MR. OLSON:

3 Q So when you -- are you saying when you got the
4 case in, in August, you determined it was pretty much ready
5 to be closed?

6 A I had the discussion with my supervisor, Lorna
7 Hanson. And I had just transferred over to Lorna Hanson's
8 unit and we had, and we had a discussion at that time in
9 particular around Steven Sinclair's case. And at the -- at
10 that time there was discussion about whether we should --
11 it was ready to be closed because there were no longer any
12 concerns and he was not wanting any service, or whether the
13 agency should try and reach out and, and provide Steven
14 some kind of service in hopes that he'll respond. And I
15 got the case simply because I, I knew the family and I had
16 been Steven's worker when he was a ward. So if any -- if
17 he was going to respond to anybody in the agency, then
18 perhaps he would respond to me.

19 Q Okay. And we'll cover in some detail your, your
20 involvement in the case at that point. Before we get
21 there, I just wanted to ask you a few questions about
22 standards. When you were a family service worker -- so
23 over that stretch of time you were a family service worker
24 -- were you familiar with any standards -- Child, Child and
25 Family Services standards?

1 A Well, there were -- there was a set of standards
2 in every supervisor's office, and I was certainly shown
3 some of the standards the day I started, when I started,
4 and we could access the standards when we needed to, in the
5 supervisor's office. Each supervisor had a set of the
6 standards.

7 Q And did you -- were -- did you receive any
8 training on standards?

9 A No, I did not.

10 Q Okay. And in your practice as a social worker,
11 did you refer to standards?

12 A I did. When I started at the agency the
13 supervisor that I had presented me with what she felt was
14 relevant that I ought to pay attention to within the
15 standards and in terms of guidance and how I provide
16 service to, to our families.

17 Q So then in -- are you saying that in terms of
18 your compliance and knowledge of standards, that really
19 came through the supervision you received with, with your
20 supervisor?

21 A I would say so, yes.

22 Q Okay. And so it wasn't really a matter of
23 pulling out the standards book or a list of standards and
24 looking at them. It was -- you would have meetings with
25 your supervisor and talk about how the case was proceeding?

1 A That's correct.

2 Q Okay. At the time you were involved in the
3 provision of services to Phoenix Sinclair, do you know how
4 often a worker was expected to make face to face contact
5 with a child in an open protection file?

6 A An open protection file?

7 Q Right.

8 A Face to face contact?

9 Q Um-hum.

10 A I think it would depend on whether the child --
11 risk to the child, but I, I believe that it was face to
12 face contact at least every two weeks and insurance that
13 somebody had some contact with the family. But I think
14 that's more high risk.

15 Q Okay. So are you saying it would depend on --

16 A Face to face contact once a month for low risk.

17 Q Okay. So just thinking back to when you were
18 involved in this case -- so that would have been in 2001 --
19 your, your recollection is that standard was once, once a
20 month --

21 A Once a month.

22 Q -- for low risk?

23 A And if there's -- considered no risk or case is
24 closed, then there's no face to face contact.

25 Q If there's no risk in the -- then there's no face

1 to face contact.

2 A Right.

3 Q And was that based -- was that actually based on
4 a standard, or how, how were you aware of that? Or can you
5 recall?

6 A I believe that was part of the standard.

7 Q You're, you're presently with ANCR as an intake
8 worker. Do you know if there's a face to face standard
9 today?

10 A No, I've been on medical leave for two years so
11 I ...

12 Q Okay.

13 A I do believe that, that ANCR was formulating a
14 set of standards and setting up some kind of quality
15 assurance at the time that I left in 2010.

16 Q Okay.

17 A But I haven't been back since then, so I don't --
18 I'm not aware of any. But I think there is ...

19 Q So as, as of 2010, though, you weren't aware of
20 any standard?

21 A We had some standards training in 2008, so there
22 were some standards there, yes.

23 Q Do you recall what the standard was for face to
24 face contact?

25 A For?

1 Q For seeing children on an open protection file.

2 A And again, I think --

3 MR. RAY: Just, just at what period of time, Mr.
4 Olson?

5

6 BY MR. OLSON:

7 Q During your time with ANCR.

8 A ANCR?

9 Q Right.

10 A Well, within -- and again, I think it depends on,
11 on whether there's the risk to the child. So it's going to
12 be once a week if it's high risk.

13 Q In terms of file recording -- and I want to think
14 back to when you were a family services worker -- do you
15 recall whether or not you received any, any formal training
16 on, on file recording or how to take notes on file?

17 A No, I didn't receive any formal training on that.

18 Q Were you aware of the significance of proper note
19 taking?

20 A I was.

21 Q And, and what was your understanding of what the
22 significance was? Why, why was it important to take notes
23 -- proper notes?

24 A Well, my understanding was -- is that the notes
25 are, are the basis of, of providing the worker with the

1 ability to do ongoing assessments with regard to the family
2 and to provide service. And, and also that they are
3 considered part of the file and essentially a legal
4 document. So it was important that -- when you were
5 working on a file that you take case notes of any
6 involvement that you had with the family or collaterals on
7 the file.

8 Q Did that -- did -- do you recall your supervisor
9 or anyone saying, you know, make sure you record
10 everything, it's important, or words to that effect?

11 A I think a supervisor said that, and it was
12 understood, yes.

13 Q And what was, what was your practice?

14 A My practice generally was, at that time, that we
15 used black books and we kept our recordings in that. There
16 were times when I also used a memo pad and I would write
17 things down in that. We were just -- at that time, just
18 putting things into the computer and having that as part of
19 the record rather than our notes. So we had to transfer
20 any, any notes that we had in the black book or on the memo
21 pads or anything like that into the recording on the
22 computer.

23 Q Okay. And so in, in and around 2001 you were
24 doing that, putting, putting notes into the computer
25 system, CFSIS?

1 A That's right.

2 Q Okay. But were you also taking handwritten notes
3 that would go in the file as well?

4 A That's right. Generally the, the handwritten
5 case notes would go in the back of the file.

6 Q And so was it your practice, then, to document
7 everything you did on a file?

8 A Yes.

9 Q And so if you went -- for example, you went to
10 visit a family, would you make a note of the date and time,
11 that sort of thing?

12 A If I went to visit a family and I had contact
13 with the family, then I would have written notes with me.
14 If I went to do a cold stop at a, at a home -- in other
15 words, not being expected to be there -- and family wasn't
16 there, then I might write it in my appointment book and
17 then transfer it to the -- to CFSIS.

18 Q Okay. So at some point all those notes, though,
19 would find their way into a file, whether it's CFSIS or the
20 paper file.

21 A That's correct, yeah.

22 Q Okay. And so everything you did on a file, then,
23 are you saying would eventually there'd be a record of it
24 in the file?

25 A There should be, yes.

1 Q Okay. And was that your practice then?

2 A That was my practice.

3 Q Okay. And I guess with, with your caseload being
4 what it was, the only way you could keep track of what was
5 happening is by making, making notes of it. Is that --

6 A Sorry?

7 Q With your caseload being what it was, you said
8 about 30 cases or so --

9 A Right.

10 Q -- I take it the only way you could keep track of
11 what was happening on each, on each file would be by taking
12 notes of what was going on, what you were doing?

13 A Well, definitely. That's extremely important.

14 Q Now, just with respect to your particular
15 involvement in this file, do you, do you --

16 THE COMMISSIONER: Well, now, before you start
17 that, is this a good time for the mid-afternoon break?

18 MR. OLSON: Yes, it is.

19 THE COMMISSIONER: Okay. We'll adjourn for 15
20 minutes, maximum. You're going to have a break now.

21 THE WITNESS: Okay.

22 THE COMMISSIONER: Fifteen minutes.

23

24 (BRIEF RECESS)

25

1 THE COMMISSIONER: All right, Mr. Olson.

2

3 BY MR. OLSON:

4 Q Just before the break we were talking about the
5 face to face standard and I just wanted to clarify
6 something. Back when you were a family services worker --
7 so remember, that's back, back prior to 2002 -- did you say
8 that there was a standard in place or there wasn't?

9 A There, there were standards.

10 Q With respect to face to face contact?

11 A I believe in those standards there was pages
12 relevant to face to face contact.

13 Q Are you certain of that?

14 A No, I'm not actually certain of it.

15 Q My understanding is that there was no written,
16 written standard with respect to face to face contact in
17 that time period. Does that, does that sound right to you?

18 A I'm sorry?

19 Q My understanding is that there was no written
20 standard with respect to face to face contact in 2001.

21 A That could be possible. I, I may not be able to
22 remember that far back.

23 Q Okay. Do you recall who your supervisor was
24 while you were -- I think you said before it was Lorna
25 Hanson while you were involved in Phoenix Sinclair's file?

1 A That -- yes, that would be Lorna Hanson.

2 Q And so what was, what was her role in terms of
3 involvement in the file? What did she -- what would she
4 do?

5 A As a supervisor, she receives all the files that
6 are, that are going to be assigned to family service
7 workers, and she reviews them and then assigns them to each
8 individual family service worker. She also oversees -- I
9 think at that time we were six workers. So she would
10 oversee the caseloads and the needs of the workers in
11 providing services on these caseloads.

12 Q Do you recall when you, when you received Steve
13 Sinclair's case?

14 A I had just transferred over to the unit in
15 August, and I received the case at the same time.

16 THE COMMISSIONER: Was that August of '01?

17 THE WITNESS: That's correct.

18

19 BY MR. OLSON:

20 Q So August 2001, you transfer over to this unit.

21 A I did.

22 Q And you -- and this is one of the cases you, you
23 -- that, that was first assigned to you; is that right?

24 A That's correct.

25 Q Do you know who the case -- who was, who was

1 working on the case immediately before you?

2 A It was -- yes, it was Delores Chief-Abigosis.

3 Q Okay. My --

4 THE COMMISSIONER: Delores who? Oh, Chief --

5 MR. OLSON: Chief-Abigosis.

6 THE COMMISSIONER: Yes.

7 THE WITNESS: Yeah.

8 MR. OLSON: We're going to be hearing from Ms.
9 Chief-Abigosis I think next week, which is somewhat out of
10 order but necessary due to some of the breaks that the
11 inquiry's had.

12

13 BY MR. OLSON:

14 Q My understanding is that Chief-Abigosis left the
15 agency in mid-July 2001. Is that something you, you were
16 aware of?

17 A That's correct.

18 Q Okay. And so from the period from July, mid-July
19 to when you assumed conduct of the file, do you know who,
20 who was -- had conduct of it, who was in charge?

21 A It would be the supervisor that would oversee any
22 need for service.

23 Q Okay. And so when you were -- were you given
24 this file then directly by Ms. Hanson?

25 A I was.

1 Q Okay. And so did you have any contact with
2 Chief-Abigosis prior to receiving it?

3 A No, I did not.

4 Q And did you have any contact with her after
5 receiving it?

6 A No.

7 Q Okay. Do you remember -- do you have any
8 independent recollection of your involvement in this file?

9 A Yes. I had involvement in, in the periphery of
10 the file before, actually, I got it, when Delores still had
11 it.

12 Q Okay.

13 A And, and that was in July, the beginning of July
14 of 2001.

15 Q Okay.

16 A And I had a meeting with the Sinclairs.

17 Q Okay.

18 A And left a memo for Delores after I had that
19 meeting.

20 Q So that was before you were assigned the file.

21 A That's correct.

22 Q And --

23 A And then I took the file over in the middle to
24 late August of 2001.

25 THE COMMISSIONER: And how did you get involved

1 when it wasn't your file?

2 THE WITNESS: When I got involved with the
3 file --

4 THE COMMISSIONER: At, at the beginning of July.

5 THE WITNESS: I got a phone call from Steven's
6 older sister. They knew me as, as a previous worker and
7 it's not unusual for me to hear from past permanent wards,
8 or past clients would call me and say, Can you meet with me
9 or can you give me some information. So it was that type
10 of phone call I got from Ms. Sinclair, who had called me to
11 say, Could you come and meet with me and Steven.

12 THE COMMISSIONER: Okay, I may be getting ahead
13 of you. She's answered my question. I don't know whether
14 -- where you're going with this, but I just wanted to know,
15 since she didn't get the file until --

16 MR. OLSON: Right.

17 THE COMMISSIONER: -- August, what she -- how she
18 got involved in July. She's told me, and I'll let you take
19 it from there.

20 MR. OLSON: Okay, and that's where we're going to
21 go next.

22

23 BY MR. OLSON:

24 Q I understand that you were Steve Sinclair's
25 worker when he was a child in care. Is that right?

1 A That's right.

2 Q And so do you recall when you became his worker,
3 like, what year it was?

4 A I became his worker the day that I started in
5 1990.

6 Q Okay. And my understanding, that was in May
7 1990. Does that sound right?

8 A May 1990, that's correct.

9 Q Okay. And at the time Mr. Sinclair would have
10 been around nine or ten years old?

11 A He was, yes.

12 Q Okay. And do you recall how long you remained
13 his worker for?

14 A I was his worker up until '97. And at that time
15 -- around November of '97, and I left on medical leave at
16 that time.

17 Q Okay.

18 A And Steven then aged out while I was still on
19 medical leave.

20 Q Okay. And then my understanding is he would have
21 aged out in May of '98. Does that sound right?

22 A I'm sorry, what?

23 Q My understanding is that Mr. Sinclair would have
24 aged out of care in about May of 1998.

25 A That's correct.

1 Q That's right, okay. So that period of time,
2 then, when you were on leave in November '97 until May '98,
3 do you recall who the social worker was handling the file?

4 A I do not -- I did not know who took it over at,
5 at the time. I know now.

6 Q Okay.

7 A But I didn't know who had, who had received the
8 file to provide service to Steven as he was aging out of
9 the system.

10 Q And, and when you say he, he aged out of the
11 system, just so everyone understands, what does that mean?

12 A What it means is when the agency has permanent
13 wards, when they turn 17 there's the realization --
14 seventeen, seventeen and a half -- that they're going to be
15 aging out and turning 18. The agency is essentially --
16 well, is their guardian and essentially their parent, and
17 responsible for providing these adolescents with some life
18 skills and, and independent living skills prior to reaching
19 the age of majority, age of 18, at which time then their
20 files -- child-in-care files are closed and sealed, and
21 they're on their own.

22 Q So at the age of 18, then, does, does CFS
23 continue to have any role in the life of the, I guess, now
24 adult who aged out of care?

25 A No.

1 Q Okay.

2 A I did not.

3 Q Okay.

4 A I still was the worker for his younger sister,
5 Angie (phonetic), so --

6 Q Okay.

7 A -- I was still involved with the family.

8 Q So there was -- he had other siblings. There was
9 Angie. Were you involved with any other siblings?

10 A His older sister, Sheila, but she aged out before
11 him.

12 Q Okay. And did you remain her worker on an
13 ongoing basis?

14 A I did.

15 Q Okay. And for how long did you remain her
16 worker?

17 A Until she aged out of the system.

18 Q Oh, no, sorry, you said you, you remained --
19 Sheila --

20 A Oh, are you talking about Angie?

21 Q No, sorry, Sheila.

22 A Sheila's older than Steven.

23 Q Right. You said she aged out earlier than
24 Steven, obviously.

25 A That's correct, yes.

1 Q And then I asked if you remained her worker after
2 that.

3 A No, I did not.

4 Q You didn't, okay.

5 A No.

6 Q And then there was Angie?

7 A Angie, that's correct.

8 Q And, and she was -- in relation to Steve, she was
9 younger?

10 A Yes.

11 Q And you were her worker as well.

12 A Yes, I was, up until ... We had moved to Jarvis
13 by then and they had formed a unit specifically addressing
14 the needs -- workers that specifically addressed the needs
15 of just permanent wards, and she was then transferred to
16 what's now referred to as a permanent ward worker. So that
17 probably would have been 2000, 2001, maybe around the time
18 that I got Steven's file.

19 Q Okay.

20 A I think.

21 Q And so, so Mr. Sinclair and his siblings were all
22 permanent wards when you were dealing with their files.

23 A Yes.

24 Q And you were the worker for all of them.

25 A I was.

1 Q Okay. And so with respect to Steve in
2 particular, how much time would you -- like, how often
3 would you see him as his social worker? I suspect it would
4 vary from time to time.

5 A It would vary from time to time and it would
6 depend on what's happening in his life and how he was
7 doing. For the Sinclairs, I generally saw them -- all the
8 kids together on a monthly basis because they had family
9 visits with Genny. That's their older sister. And Genny
10 would come to the agency and visit with, with the sibs and
11 I would be, and I would be there. So there would be a
12 meeting with all the sibs and, and the sister, Genny, once
13 a month.

14 In terms of each individual child, it would
15 depend on what's happening in their life or what's, or
16 what's going on. Usually -- sometimes it would be once
17 every two months and sometimes once a month. As they
18 started getting older, contact was much more frequent, and
19 sometimes on the telephone with Sheila was almost daily.
20 So it would just depend what was happening in their life.
21 Steven was less likely to call me so I, I didn't have that
22 many phone calls with, with Steven.

23 Q How, how would -- can you describe how Steve was
24 as a child, your impression?

25 A Steven, Steven was always a really quiet and shy

1 boy, and pretty sensitive. And as an adolescent, he still
2 presented quite like that. Although, as an adolescent, too
3 -- an adolescent boy, he, he could also lose his temper at
4 times, get a little cranky, I mean, but it kind of goes
5 with the territory of an adolescent boy. But in general,
6 he, he's just -- he was a very quiet individual.

7 Q And so did you have a good relationship with him
8 then, or how would you describe ...

9 A I would say that Steven and I had a fairly good
10 relationship. It was -- he was more difficult to get close
11 to than the sisters but I think that over the years we had
12 a fairly good relationship.

13 Q In terms of his, his placements, do you remember,
14 was he moved around a lot as a child or did he stay in one
15 place for a long time?

16 A Initially when they came into care, they moved a
17 couple of times. I moved them a couple of times. And when
18 Steven ended up in the foster home that he aged out of, he
19 settled into that. And I think he, he would have been
20 around -- I don't know -- 12 or 13 when he was placed in
21 that home, so he had a few years.

22 Q And you said he aged out of care in that home.

23 A In that particular, that particular foster home.

24 Q Okay. Do you recall the sorts of issues that Mr.
25 Sinclair was dealing with while you were his worker?

1 A Well, he came from a background where his parents
2 were extreme alcoholics, and as a child, he and Sheila were
3 often neglected, they often went hungry. There was also
4 some concerns in relation to sexual abuse in this family,
5 allegations with respect to his mother's partner and his
6 younger sister.

7 Q And so as his social worker, did you -- how did
8 you address those concerns?

9 A For Steven, he was referred to -- I believe it
10 was Ron -- Dr. Ron Kane, who's a psychologist and his -- he
11 specializes in dealing with, with boys. So he was referred
12 to Ron Kane and he saw Ron Kane for a few years.

13 Q So by the time that Mr. Sinclair aged out of
14 care, in your opinion, had, had the problems and issues
15 that he had, had he resolved those?

16 A Had he resolved them? I don't think completely,
17 no. I think he was certainly fairly stable for a while in
18 that, in that home and he did address some of these
19 therapeutic issues that, that he had, but I believe that,
20 that his childhood -- the issues that he came -- that he
21 had to deal with in his childhood still impacted on him
22 somewhat. And also, the, the time he was 17, I think the,
23 the strain and the stress of knowing that he was going to
24 eventually have to be on his own was taking a toll on him
25 so he was acting a little differently.

1 Q And how, how -- what do you mean by that?

2 A Steven -- like I said, Steven was always a
3 really, you know, quiet, sensitive individual and really
4 not quick to, to, to anger. And I -- you know, I think
5 towards the end, you know, I think that he might have
6 gotten a little angry with me a couple of times but he --
7 it was, again, well within the expectations of dealing with
8 a 17-year-old adolescent boy. So it wasn't anything
9 terrific, but there were some times. But it wasn't
10 frequent.

11 Q And, and you said you -- for medical reasons, you
12 were no longer his worker after November 2007, right? Or
13 sorry, 1997.

14 A That's right.

15 MR. OLSON: Okay. And if we could just put on
16 the, the monitor the summary from Mr. Sinclair's closing --
17 child-in-care closing summary, it's at page 37761.

18

19 BY MR. OLSON:

20 Q Now, have you -- do you recognize this document?

21 A Well, I have seen it now, yes.

22 Q So at the time -- are -- do you know who authored
23 it?

24 A Carol Jackson --

25 Q Okay.

1 A -- closed this file.

2 Q And who is Carol Jackson?

3 A Carol Jackson had been -- oh, sorry, Carol
4 Jackson had been my partner on one of the family service
5 units for about five years.

6 Q So she had, she had -- was she your partner at
7 this time?

8 A No, she wasn't. I was in a new unit and I
9 believe she was in some kind of a float position at the
10 time.

11 Q Okay. So she took the, she, she took the file
12 over from you, then?

13 A I would assume that the supervisor -- yes.

14 Q Okay. And if you take a look at page 37763 ...
15 Point 7 --

16 MR. OLSON: Scroll down.

17

18 BY MR. OLSON:

19 Q See that, Workers Assessment of Child says:

20

21 "Steven remains to be a highly
22 disturbed individual who should
23 not be left in charge of dependent
24 children. He has numerous
25 unresolved abuse issues."

1

2 Is -- first of all, I take it you didn't -- did
3 you have any input into that?

4 A I did not.

5 Q Okay. And based on your time as Mr.
6 Sinclair's --

7 THE COMMISSIONER: Have we established who
8 prepared this document?

9 MR. OLSON: Yes, it was --

10

11 BY MR. OLSON:

12 Q I think you said it was Ms. Jackson, Carol
13 Jackson?

14 A Carol Jackson wrote this, yes.

15 MR. RAY: Just, just for confirmation, I don't
16 believe the witness had seen this document until it was
17 showed to her as part of the inquiry process, that she
18 didn't see it in advance of that, but ...

19 MR. OLSON: Yes, that's right.

20

21 BY MR. OLSON:

22 Q You, you, you first saw this document with
23 respect to your involvement in the inquiry; is that right?

24 A That's correct.

25 Q Okay. So you weren't -- you were never given a

1 copy of this, then, as Mr. Sinclair's worker?

2 A No. All child-in-care files are sealed -- closed
3 and sealed when the children turn 18.

4 Q And, and nobody ran this by you. Ms. Jackson
5 never consulted with you when she completed this document?

6 A I'm sorry, what?

7 Q Did Ms. Jackson consult with you at all verbally
8 when -- before she completed or when she completed this
9 document?

10 A No.

11 Q Okay.

12 A No, she did not.

13 Q Okay. And so the, the point number 7 here,
14 Worker's Assessment of Child, is that a standard paragraph
15 on a child-in-care closing summary? And I just mean the,
16 the heading. So is, is the heading -- for point number 7,
17 see that, Worker's Assessment of Child.

18 A I see that, yes.

19 Q Is that a heading that is in all of the -- was in
20 all of the child-in-care files --

21 A Oh, yes. Yes, the -- if you see these headings,
22 that would be -- this is a standard closing summary for a
23 child in care. And then the, the worker is needing to, to
24 put in the information underneath.

25 Q Okay. And so the worker -- the information

1 underneath, based on your, on your being Steven's social --
2 Steve's social worker for a number of years, do you agree
3 with that assessment?

4 A I don't agree with that assessment, no.

5 Q Okay. And in your, your opinion, what's
6 inaccurate about it or what don't you agree with?

7 A Well, she states that he's a highly disturbed
8 individual, and I, I'm wondering, you know, what she's
9 basing that on. I do know that from -- I did read the
10 whole, the whole closing summary, and I do know that from
11 the time that I left until he aged out that, that Steven
12 was acting out. At this point he had been placed on what
13 we call independent living and he wasn't handling it very
14 well.

15 I think -- I believe that Carol and I have a
16 different approach in terms of our clients and, and the
17 kids that we had on our caseload, and she may have
18 experienced Steven in a different light than, than, than I
19 did. But I did read that, that he was rude to her and
20 swearing at her and generally not wanting to listen to her.

21 Q Okay.

22 A And she's making the statement based on the time
23 that this boy was being literally pushed out on his own to
24 face the world, which is difficult for any of these kids in
25 the system. So it's not unusual -- like, Steven's -- that

1 kind of behaviour, Steven's behaviour is not unusual to see
2 in these children that are aging out and realizing that
3 they're not going to have anybody looking after them
4 anymore, so a little bit of acting out is not, you know,
5 uncommon. For that to be interpreted to a highly disturbed
6 individual, I have a -- I had a problem with that, yes.

7 Q Okay. And so --

8 THE COMMISSIONER: Are we going to, are we going
9 to hear from her, Jackson?

10 MR. OLSON: I, I don't think so.

11 THE COMMISSIONER: Okay.

12

13 BY MR. OLSON:

14 Q There's a reference to addiction issues in this
15 closing summary. During your time as Mr. Sinclair's social
16 worker, were there addition -- addiction issues that he was
17 dealing with, that you're aware of?

18 A Steven?

19 Q Yes.

20 A I think towards the time that I left, his foster
21 dad had, had called me because Steven -- think Steven was
22 being a bit of a bully in the, in the foster home and not
23 listening well, and I think was challenging his foster dad
24 and reacting not appropriately. So at the time that I
25 left, that's what the problems were.

1 Q Okay. So addiction -- the addiction problems
2 weren't a concern at that time?

3 A I'm sorry, I can't hear.

4 Q Were addiction concerns a problem at that time?

5 A Were?

6 Q Were, were addiction -- for example, alcohol or
7 drugs, was, was that a problem at that time?

8 A No, not to my knowledge.

9 Q And so after Steve aged out of care, I think you
10 said you didn't have any further contact with him, at least
11 until your involvement in, in his file with respect to
12 Phoenix. Is that, is that right?

13 A That's right.

14 Q Okay. And did you, you -- did you keep in touch
15 with him through his siblings at all?

16 A No, not really, because at that point Angie was
17 -- had another worker, and the only sibling then that I
18 would hear from, from time to time, would be Sheila.

19 Q Okay. Do you -- I just want to ask you some
20 questions about Phoenix Sinclair. Do you recall when you
21 first learned that, that Steve had, had a daughter?

22 A When Delores -- it's possible that Delores --
23 when Delores had the file, that she might have asked about
24 Stevie, because Lorna would know for sure that I had been
25 Steven's worker because Lorna was a family service worker

1 at the same time that I was Steven's --

2 Q Okay.

3 A -- worker. So she probably would have told
4 Delores to go and talk to me. We all worked in the same
5 building, although I was on a different unit.

6 Q What -- do you --

7 A I can't recall it, but she may have come and
8 talked to me.

9 Q Okay. So you don't have a specific recollection,
10 then, of this.

11 A No, my specific recollection would be when I went
12 to meet with Genny, Sheila, and Steven.

13 Q Okay. And you said Ms. Chief-Abigosis was -- was
14 she in a different unit than you? We're talking 2001.

15 A I'm sorry, what?

16 Q Was Chief, Chief-Abigosis in a different unit
17 than you?

18 A Any different?

19 Q Was she in a different unit?

20 A Yes, she was in Lorna Hanson's unit and I was in
21 a different unit.

22 Q Okay.

23 A And I transferred after Delores left, from that
24 unit to Lorna's unit.

25 Q Okay. So Delores left mid-July 2001 --

1 A Right.

2 Q -- and then you said you transferred in in --

3 A August.

4 Q -- August 2001.

5 A That's correct.

6 Q Okay. And so Chief -- Ms. Chief-Abigosis, you
7 didn't actually -- did you actually ever meet with her
8 personally?

9 A No. I don't think I did meet with her.

10 Q Now, when you first --

11 MR. OLSON: If we could turn to commission
12 disclosure 1797, page 37589.

13

14 BY MR. OLSON:

15 Q Now, this is a child-in, child-in-care review
16 done by Kerri-Lynn Greeley after Phoenix was born. Would
17 you have reviewed this when you, when you received this
18 file?

19 A Trying to remember. You know, I can't say that I
20 can recall whether we attached child-in-care closing
21 summaries to parents' files. So I can't tell you for sure
22 that I saw -- are you saying that this is Phoenix's --

23 Q This is Phoenix Sinclair's child-in-care file.

24 A Her child-in-care file. It may not have been
25 attached to the -- to Steven's file.

1 Q Okay. If it was closed at the time, would it
2 have been --

3 A It was closed. That's why I'm saying it was
4 closed --

5 Q Okay.

6 A -- so it may not have been attached to his file.

7 Q I see. So you can't recall whether or not you,
8 you would have --

9 A I'm sorry, I cannot.

10 Q Okay. If you look at the paragraph under Brief
11 History of Agency Involvement, the second paragraph, it
12 says:

13

14 "It is important to note that
15 Steve Sinclair became a Permanent
16 Ward with ... Child & Family
17 Services" --

18

19 You see that?

20

21 "... when he was 13 and he
22 remained in the care of this
23 Agency until attaining the age of
24 majority. At this point Steve's
25 biological mother's file ... was

1 closed and [the child-in-care]
2 file was sealed. He has been
3 resistant to allowing the workers
4 to review his file. However his
5 previous worker is Kathy Epps, at
6 the Jarvis office, and she may be
7 able to share any information she
8 can recall. He did advise that
9 his experiences in Agency care
10 have prompted him to parent his
11 child so that Phoenix might escape
12 similar experiences."

13

14 Do you recall whether anyone contacted you around
15 that time, around the time, to ask you about Steve Sinclair
16 as a child in care?

17 A Delores?

18 Q Any, any worker, Kerri-Lynn Greeley or Delores
19 Chief-Abigosis.

20 A I'm sorry, I can't, I can't recall. It's
21 possible.

22 Q And would it have been possible to contact you at
23 this time?

24 A I beg your pardon?

25 Q Would it have been possible to reach you at this

1 time to talk about Steve Sinclair's file?

2 A For Delores, yeah, we were in the same office.
3 If it were another worker -- for instance Kerri-Lynn, who
4 had the file originally -- then it would be by telephone.

5 Q Okay. She could call you, though, and, and ask
6 you questions about Steve?

7 A Right.

8 Q Do you recall, throughout your involvement in the
9 file, whether or not you ever saw Steve Sinclair or Phoenix
10 Sinclair?

11 A Whether I ever saw?

12 Q Either Steve Sinclair or Phoenix Sinclair?

13 A My involvement with the file?

14 Q Yeah, when you were assigned the file --

15 A No, I did not.

16 Q You did not, okay. So you didn't have any direct
17 contact with Mr. Sinclair or Phoenix Sinclair.

18 A No, I did not.

19 THE COMMISSIONER: And what date were you -- I
20 know you told us once, but we've gone so many other
21 directions since then, what date did you receive this file?

22 THE WITNESS: I received it in August 2001.

23

24 BY MR. OLSON:

25 Q So just for the time frame, you, you received the

1 file in August 2001, and do you recall when you closed the
2 file?

3 A Well, I closed the file, actually, after I'd
4 already transferred as an intake worker. But the file had
5 been sitting, waiting closure -- which means it's waiting
6 for paperwork to be done on it -- since October of 2001.
7 So I had the file, per se, open to me from August to
8 October.

9 THE COMMISSIONER: Since -- it had been sitting
10 waiting for closure since October --

11 THE WITNESS: 2001. Meaning that it was sitting
12 waiting for the, the closing summary to be --

13 THE COMMISSIONER: But you, you got the file in,
14 in August 2001.

15 THE WITNESS: That's right. And in, in October
16 it was decided that we were going to close the file, and so
17 it was waiting the paperwork, in other words, my closing
18 summary. And because I had other -- such other high-risk
19 cases, often the paperwork stuff got put to the bottom of
20 the pile.

21 THE COMMISSIONER: Yes.

22 THE WITNESS: And unfortunately Steven's was one
23 of those files and so it was sitting waiting for the
24 paperwork from October of 2001 to the time I closed it in
25 March.

1

2 BY MR. OLSON:

3 Q Is that -- would that be March 2002?

4 A That's correct.

5 Q Okay. So that's where the confusion is. It's,
6 it's 2002, rather than 2001.

7 A That's right.

8 Q Okay.

9 THE COMMISSIONER: Just a minute now. So did you
10 say a few minutes ago that once you assumed the file in, in
11 2001, August --

12 THE WITNESS: Right.

13 THE COMMISSIONER: -- until it was closed, you
14 never saw Phoenix?

15 THE WITNESS: No, I didn't.

16 THE COMMISSIONER: And did you see Steve over
17 that period of time?

18 THE WITNESS: No. I talked to his sister; I
19 didn't see Steven, no.

20 THE COMMISSIONER: So even though you had the
21 file, you never saw Phoenix.

22 THE WITNESS: No.

23 THE COMMISSIONER: Thank you.

24

25 BY MR. OLSON:

1 Q Let's, let's take a look, then, at -- and this
2 may be helpful -- the closing summary dated August 16th,
3 2001. It's at page 37004 and this is from commission
4 disclosure 1795.

5 A Yeah.

6 Q Now, this --

7 THE COMMISSIONER: Just a minute. What document
8 is this?

9 MR. OLSON: So this is Samantha Kematch's closing
10 summary.

11 THE COMMISSIONER: Prepared by whom?

12

13 BY MR. OLSON:

14 Q And this -- do you recall whether you prepared
15 this document or not?

16 A This is Samantha's?

17 Q Right.

18 A No, I would have had nothing to do with
19 Samantha's file. Samantha's file was closed by the time I
20 got -- and Steven's was open.

21 Q So that would have been -- would it have been ...

22 MR. OLSON: If we could just scroll down to the
23 bottom, please? Keep going.

24

25 BY MR. OLSON:

1 Q If you look at the bottom here, it has -- under
2 the Reasons for Summary, says that this file be closed.

3

4 Ms. Kematch no longer has any of
5 the children in her care. A new
6 file under the name of Steve
7 Sinclair has been opened effective
8 July 6, 2001.

9

10 And then Ms. Chief-Abigosis -- there's a
11 signature above her name. Do you know whose signature that
12 is? Is that Ms. Hanson's?

13 A Well, that's Delores's.

14 Q Okay. Beside it, do you see Lorna Hanson as the
15 unit supervisor?

16 A That's correct.

17 Q Okay. And your understanding is that Ms. Chief-
18 Abigosis, this was her closing summary?

19 A This was her closing summary on Samantha, is it?

20 Q On Samantha.

21 A Yes.

22 Q Yeah. Now, if we could go -- in the same
23 document if we can go up back to page 37004. On the
24 second-last paragraph, it says -- this is under the July --
25 do you see that July 3, 2001?

1 A Yes.

2 Q Says:

3

4 "Received information from Kathy
5 Epps (Steve's Child and Family
6 Services worker as a child), that
7 Genny Sinclair and her brother
8 contacted her informing her that
9 Samantha and Steve are separated
10 and that Samantha was drinking.
11 That Samantha had charged Steve
12 with assault and that the children
13 were in care of Steve with
14 assistance from Genny."

15

16 Now, you, you previously referred to a meeting
17 you had prior to your involvement in this file, official
18 involvement.

19 A And that would be the meeting that I had.

20 Q Okay. This is the reference to that meeting.

21 A Yes, it is.

22 Q And so what do you call -- recall about that
23 particular meeting?

24 A What I recall from the meeting is that when I
25 went to meet with Genny, Sheila, and Steven, they were at

1 Ma Mawi and -- which is where Genny was working part-time
2 and I think Steven attended there fairly often. And I met
3 with -- at lunch -- at my lunch time with Genny, Steven,
4 and Sheila. On the phone she hadn't indicated what it was.
5 She just said, We need some information or some guidance
6 from you, can you come and meet with us? So I met at, at
7 her place of work at Ma Mawi.

8 And what was told to me by Steven was that he had
9 separated from Samantha and that he had the girls, he had
10 two girls, and he was caring for the girls, and that
11 Samantha was trying to get the baby back. And that --

12 THE COMMISSIONER: Who, who had the girls? He
13 did or she did?

14 THE WITNESS: He did.

15 THE COMMISSIONER: He did, all right.

16 THE WITNESS: And I think she had succeeded at
17 one point in getting the baby back and generally Steven --
18 Steven's presentation around that was generally that it had
19 to do with family allowance money and that kind of thing,
20 and he stated that Samantha had -- was abusing alcohol and
21 going out and drinking, and that, that they had separated.

22 He also told me that Samantha had called Winnipeg
23 Police Services and charged him with assault. He stated
24 that -- at that time that his sister was present at that --
25 at the time that it happened, and it was more of him not

1 putting hands on her but basically getting back at Steven
2 because Steven was not going to be giving the kids back and
3 she wasn't going to be getting the money, plus, apparently,
4 Sheila -- according to Steven, Sheila and, and Samantha had
5 an altercation just prior to that, a physical altercation
6 prior to that, and he felt that this was her way of getting
7 back at him. So he told me that there were now assault
8 charges against him.

9 He also stated that he was -- she'd been uttering
10 threats and he was going to be getting a non-molestation
11 order with respect to her.

12 What the siblings asked me was what -- basically,
13 what were his legal rights to his children. And when I
14 asked whether he's ever gone to court and he stated no,
15 then I stated that then each of you has equal rights to the
16 children under the law at this point and if you want legal
17 custody of your children, you're going to have to get a
18 lawyer and go to court and get legal custody of the
19 children. So that was part of the information that they
20 were looking for.

21

22 BY MR. OLSON:

23 Q So at this, this point when you say the children,
24 there was, there was Phoenix Sinclair, and Steven and
25 Samantha had recently had another child; is that right?

1 A That's right.

2 Q Okay. And were you aware of that prior to this
3 meeting?

4 A I was not.

5 Q Okay.

6 A I was surprised --

7 Q Okay.

8 A -- to hear that.

9 Q And do you recall when the other child was born
10 or do you know when the other child was born?

11 A I believe, I believe in April --

12 Q Okay.

13 A -- of that year.

14 Q So the child would have only been a few months
15 old?

16 A That's correct.

17 Q Okay. And your understanding was the child at
18 this time would have been with Steve Sinclair?

19 A That was my understanding, yes.

20 Q And --

21 THE COMMISSIONER: Both children?

22

23 BY MR. OLSON:

24 Q Both, both children?

25 A Yeah, that was my understanding that both

1 children, but Samantha was trying to get the baby back.

2 Q And were you -- you weren't Mr. Sinclair's social
3 worker at the time. Were you a social worker for either of
4 the siblings?

5 A I wasn't a social worker for any, any of this
6 family.

7 Q Did they have their own social workers? Do you
8 know?

9 A Well, I, I actually -- when I was having the
10 conversation with the Sinclairs, I actually wasn't quite
11 sure or couldn't recall whether -- I, I was almost positive
12 that Steven still had a worker so -- and I indicated that
13 to him, that I thought that he did, and he, he sounded
14 somewhat surprised. But that doesn't surprise me in that
15 when couples separate and there's files open under the
16 mother, and then that file is closed under the mom's name,
17 that the dad will assume that he doesn't have a file, so it
18 was not an uncommon mistake for Steven to make. So I told
19 him that I would let his worker -- that he needs to contact
20 his social worker -- I, I'm pretty sure that he had one --
21 and that I would leave a message for her that I had seen
22 him.

23 Q Okay. So you, you weren't aware, at the time of
24 attending this meeting, that Mr. Sinclair had a social
25 worker.

1 A Not for sure, no. I went back and looked it up
2 on CFSIS.

3 Q Okay. I was going to ask, why, why did you --
4 did you try to look it up on CFSIS prior to going to the
5 meeting?

6 A No, I did not.

7 Q And why was that?

8 A I didn't because when Genny called me she just
9 called and said, Could you come and meet with us, we would
10 like some information. And as I stated, it's not uncommon
11 for me to hear from past clients or children that are aged
12 out and are now adults, to, to call and say, you know, can
13 I run something by you, can I get some information from
14 you? And it was that kind of meeting so it was more -- my
15 expectation, it was more personal and social meeting, and I
16 wasn't expecting that there was going to be such severe
17 issues being presented to me in terms of what's happening
18 with Steven, so I didn't look it up before I went.

19 Q So you, you had really, then, no real indication
20 as to what the meeting was about, other than --

21 A No. Not, not until I got there, no.

22 Q Okay. And so -- during the meeting, do you
23 recall any concerns being raised about Ms. Kematch's
24 parenting?

25 A Steven stated -- told me that she could not

1 parent, that she -- he felt that she was abusive to
2 Phoenix, that she didn't discipline Phoenix appropriately,
3 that he felt that she was -- didn't pay the kind of
4 attention that she ought to be paying to, to Phoenix and
5 that her lifestyle now was greatly interfering in any way
6 she could parent.

7 Q So did that, did that information -- was that
8 concerning to you?

9 A Yes, that was concerning to me.

10 Q Okay. And was it like Steve, in your experience,
11 to volunteer that sort of information or information like
12 that?

13 A Well, not easily, so it was, it was important.
14 It was important to Steven, yes.

15 Q So -- and was it your impression, then, that it
16 was -- this, this information he was telling you about Ms.
17 Kematch, this was, this was quite significant to him.

18 A I would say so, yes.

19 Q And as a social worker, I take it it was
20 significant to you as well?

21 A Yes, it was.

22 Q Did, did he give you any specific examples of --

23 A No, he did not.

24 Q Okay. Just general --

25 A Just -- it was that one sentence: This is what's

1 going on, this is what happened, this is how Samantha is
2 now, what should I do?

3 Q And so what did you do with that information?

4 A When I, when I finished the, the conversation
5 with Genny, Steven, and Sheila, I returned to the office in
6 the afternoon and I looked up in CFSIS just to affirm that
7 Steven did, indeed, have a social worker. Turned out to be
8 Delores. So I left a memo for Delores, giving her the
9 basics of this meeting that I'd had and the things that
10 Genny, Steven, and Steven (sic) were telling me.

11 Q Okay. Did -- and did you take any notes of the
12 meeting you had with Mr. --

13 A No, and I, and I wouldn't make notes of meetings
14 that I have because -- like that, because they're not ...
15 It wasn't -- I wasn't expecting it to be a meeting. I was
16 expecting a can you come and give me some advice.

17 Q Okay.

18 A There are times, as my role as a social worker,
19 that I still hear from my permanent wards even though
20 they're 30, and they're asking for advice. I don't make
21 case notes about what they're asking.

22 Q Right.

23 A And this was kind of the same kind of meeting --

24 Q So going --

25 A -- in my head, yes.

1 Q So going into the meeting, you, you felt like
2 this was more of an informational meeting, but --

3 A Well, yeah.

4 THE COMMISSIONER: But, but you, you said you did
5 make a note for Delores when you got back.

6 THE WITNESS: I did when I got back.

7 THE COMMISSIONER: All right.

8 THE WITNESS: But I wasn't --

9 THE COMMISSIONER: What did you tell her?

10 MR. OLSON: Well, we can -- there's a -- if we go
11 to commission disclosure 37066, there is a memo dated July
12 3, 2001.

13

14 BY MR. OLSON:

15 Q Is this, is this the memo you wrote?

16 A This is the memo I wrote.

17 Q Okay. And so this says -- aside from this memo
18 you didn't, you didn't take any other notes, did you?

19 A No, I did not.

20 Q Okay. And it says:

21

22 "I was contacted today by
23 [names are redacted]. Steven was
24 a ward of the Agency for a number
25 of years and I was his worker.

1 This was the situation as
2 presented to me:

3 "Steven has been caring for
4 the children since [July] 14th.
5 On the 15th he had welfare changed
6 to his name."

7

8 Sorry, June 14th.

9

10 "Steven indicated that Samantha
11 was drinking and out of control
12 and not caring for the children.
13 He has assumed responsibility for
14 the children and he would like to
15 continue to do so.

16 "Samantha reportedly has
17 taken the Child Tax Credit and was
18 drinking with it. Steven
19 indicated that on Friday at
20 approximately 2 AM an altercation
21 broke out between himself,
22 Samantha and Shelia (Steve's
23 sister). Steve admits he had been
24 drinking with Shelia but that this
25 sister Genny was caring for his

1 children at the time.

2 "Steven reports that Sheila
3 attacked Samantha and Steve pulled
4 her off of Sam.

5 "On Monday July 2nd WPS
6 showed up at B-740 Magnus where
7 Steven resides and where he was
8 caring for his daughter. Phoenix
9 was not at home last night."

10

11 So I take it the daughter -- the reference there
12 was to the newborn baby. Is that right?

13 A I'm sorry?

14 Q The reference here where it says:

15

16 "On Monday July 2nd [Winnipeg
17 Police Service] showed up at B-740
18 Magnus" --

19

20 A Right.

21 Q

22 "... where Steven resides and
23 where he was caring for his
24 daughter."

25

1 A Right.

2 Q That was not Phoenix. That was the, the baby.

3 Is that right?

4 A Yeah.

5 Q Okay.

6 A Phoenix was not at the home.

7 Q Okay.

8

9 "The officers stated that Steven
10 was being charged with assaulting
11 Samantha during the altercation
12 that took place on the 29th. He
13 has been accused of shaking
14 Samantha. The officers took [the
15 baby] and gave her into the care
16 of her mother who is staying with
17 [someone].

18 "Steven is very concerned
19 about his infant daughter and
20 would like her returned to his
21 care as he is convinced that Sam
22 is unable to care for the child."

23

24 And then:

25

1 "[It was] stated that Sam's first
2 child is a [Permanent] Ward of
3 Cree Nation."

4

5 Then you, you say:

6

7 "I spoke with Steve who
8 stated that he did not know he had
9 a worker. He will call you and
10 may come here after 2 PM."

11

12 So this -- is this, is this a memo you
13 constructed from, from memory, then, following the meeting?

14 A That's the memo that I wrote after I had the
15 meeting with, with Genny and Steven and Sheila.

16 Q Okay. And did you -- you said you looked on
17 CFSIS to see who Steve's worker was?

18 A I did.

19 Q And you found out it was Ms. Chief-Abigosis.

20 A Right.

21 Q And then did you try to call her on the phone or
22 meet with her in person?

23 A We worked in the same office building so I knew
24 she wasn't there. She wasn't at her desk at the time that
25 I went in, so I left the memo on her desk.

1 Q Okay.

2 A Left the memo on her desk, and I think I told
3 Lorna that I'd left Delores a memo. That's how I got the
4 information to her, yeah.

5 Q Okay. Did you ever follow up with her to make
6 sure she got the memo?

7 A No, I did not.

8 Q Did you ever have any further contact with
9 respect -- with her with respect to this issue?

10 A No, I did not.

11 Q And why did you write this memo to Ms. Chief-
12 Abigosis?

13 A I felt that she needed, she needed to be aware of
14 what, what's happening in the situation. She needed to be
15 aware that, that Steven has the children, and, and that,
16 that Winnipeg Police had, had attended, and that the
17 situation was they, they were separated and, and it was
18 Steven that was parenting the kids, and that there, there
19 was concern with regard to Samantha and the baby.

20 Q And were you -- did you have any concerns with
21 respect to the safety of the children in this situation?

22 A I'm sorry, I can't hear you.

23 Q Did you have any concerns with respect to the
24 safety of the children?

25 A Well, Phoenix, Phoenix -- my understanding was

1 that Phoenix was with Kim Edwards and that -- and so my
2 concern would be for [REDACTED], the baby.

3 Q When you say the, the -- that Phoenix was with
4 Kim Edwards, did you know who Kim, Kim Edwards was at that
5 time?

6 A No, I did not.

7 Q And did you know anything about her?

8 A No, only what Steven and Genny told me.

9 Q Okay. And so do you know the, the home that she
10 was in?

11 A Well, I, I asked about not necessarily Kim, but
12 what I had asked about her, what I stated to Steven, that
13 if he is a -- now a single parent, he is solely responsible
14 for the care and the protection of his children and, and
15 that also means that he has to find appropriate caregivers.
16 And I asked him if he felt that Kim Edwards was an
17 appropriate caregiver, and by that I meant -- and I said to
18 Steven: Is, is this, in your opinion, a stable home? Are
19 there addiction issues in this family that you know of? Do
20 you feel that your child will be safe with these, with
21 these people? These are the questions that you have to ask
22 yourself as a parent when you're looking for a caregiver.

23 So I remember having that talk, but I had that
24 talk with every new single parent. So that wasn't unusual
25 for me to say, This is what you have to do when you're

1 choosing caregivers.

2 So in, in reference to that, Steven had indicated
3 that he felt that Kim Edwards was all of those things and
4 that his child was safe there.

5 Q When you, when you, when you take a look at the
6 memo you wrote Ms. Chief-Abigosis, it says Steve ...

7

8 "Steve admits he had been drinking
9 with Sheila but that this sister
10 Genny was caring for his children
11 at the time."

12

13 I don't see a reference in there to Ms. Edwards.
14 Was it, was it Steve's sister that was caring for the
15 children at the time?

16 A Genny was caring for the children when he was
17 drinking. I asked where Phoenix was that day, and he said
18 with Kim Edwards.

19 Q Okay.

20 A The day that I went and saw him.

21 Q The -- what did you expect Ms. Chief-Abigosis to
22 do with this information?

23 A My expectation would be that she would go out and
24 do a home, home visit and reassess the situation with
25 regards to the safety of the two girls.

1 MR. OLSON: Mr. Commissioner, this might be a
2 good time to break for the day. I have quite a bit left to
3 go through.

4 THE COMMISSIONER: Okay. Well, that ... We had
5 other witnesses scheduled tomorrow, but they'll just have
6 to wait, I guess, eh?

7 MR. OLSON: Yeah, I, I think, I think it'll take
8 a bit of time to get through this witness.

9 THE COMMISSIONER: All right.

10 I just want to ask this witness this question:
11 You, you took over the file from Delores.

12 THE WITNESS: Yes.

13 THE COMMISSIONER: And was this memo in the file
14 that you had sent her for the file?

15 THE WITNESS: It was, yes.

16 THE COMMISSIONER: It was there.

17 THE WITNESS: It was there, yes.

18 THE COMMISSIONER: And once you took over the
19 file, did you see Phoenix?

20 THE WITNESS: I'm sorry, pardon me?

21 THE COMMISSIONER: Once you took over the file --

22 THE WITNESS: Yes.

23 THE COMMISSIONER: -- did you see Phoenix?

24 THE WITNESS: No, I did not.

25 THE COMMISSIONER: Okay.

1 All right. We'll stand adjourned until 9:30
2 tomorrow morning, and then you'll continue.

3 MR. OLSON: Thank you.

4 THE COMMISSIONER: All right.

5 You have to come back, Witness.

6

7 (PROCEEDINGS ADJOURNED TO NOVEMBER 20, 2012)