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

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

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Transcript of Proceedings
Public Inquiry Hearing
held at the Victoria/Albert Room, lower level,
Delta Winnipeg Hotel,
385 St. Mary Avenue, Winnipeg, Manitoba

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THURSDAY, MAY 2, 2013

APPEARANCES

MS. S. WALSH, Commission Counsel
MR. D. OLSON, Senior Associate Counsel
MR. R. MASCARENHAS, Associate Commission Counsel

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

MS. L. HARRIS, for General Child and Family Services Authority

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

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

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

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

MS. C. DUNN, for Ka Ni Kanichihk Inc.

MS. B. BOWLEY, for Witness, Ms. Diva Faria

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MAY 2, 2013

PROCEEDINGS CONTINUED FROM MAY 1, 2013

MR. OLSON: Good morning.

THE COMMISSIONER: Good morning, Mr. Olson.

Mr. Saxberg?

MR. SAXBERG: Thank you, Mr. Commissioner. The Northern Authority, the Southern Authority, ANCR, call our next witness, Sandra Stoker.

THE COMMISSIONER: Thank you.

MR. SAXBERG: She's the ED of ANCR. That's executive director.

THE COMMISSIONER: Thank you.

MR. SAXBERG: She's prepared to be sworn in.

THE CLERK: Can you just stand for a moment? Is it your choice to swear on the Bible or affirm without the Bible?

THE WITNESS: Swear on the Bible.

THE CLERK: All right. Just take the Bible in your right hand, then, and state your full name to the court.

THE WITNESS: Sandra Lee Stoker.

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

THE WITNESS: S-A-N-D-R-A.

THE CLERK: Your middle name.

THE WITNESS: L-E-E.

THE CLERK: And your last name, please.

THE WITNESS: S-T-O-K-E-R.

THE CLERK: Thank you.

SANDRA LEE STOKER, sworn,
testified as follows:

THE CLERK: Thank you. You may be seated.

MR. SAXBERG: Now, Mr. Commissioner, apropos your comments yesterday about trying to streamline the presentation of some of this evidence, we've prepared a binder of material.

THE COMMISSIONER: Yes.

MR. SAXBERG: Now, it's on your right side.

THE COMMISSIONER: Oh, oh, here?

MR. SAXBERG: Yes, it's a big --

THE COMMISSIONER: Yes.

MR. SAXBERG: -- black binder.

THE COMMISSIONER: All right.

MR. SAXBERG: And it's, it's titled ANCR Evidence, Summary of Sandy Stoker.

UNIDENTIFIED PERSON: (Inaudible).

MR. SAXBERG: Yes, yeah. And we're going to ask that we mark that as the next exhibit in the proceeding.

THE COMMISSIONER: All right.

THE CLERK: Exhibit 51.

THE COMMISSIONER: No, I have it here.

THE CLERK: Oh, you have it there? Okay.

THE COMMISSIONER: And I'll get you to take that one away.

THE CLERK: Yes.

THE COMMISSIONER: Thank you. Exhibit 51.

EXHIBIT 51: BINDER CONTAINING ANCR EVIDENCE

MR. SAXBERG: And just to familiarize you, Mr. Commissioner, and the rest of the, the room with the binder, the first document in it is a summary of pre-filed evidence that the witness will be referring to, and that will be available to everyone to assist with some of the more detailed components of her testimony. And referenced in that pre-filed evidence are tabs, and the tabs are alphabetical and they follow from tab A, which is Ms. Stoker's résumé, through to tab GG.

THE COMMISSIONER: Right.

DIRECT EXAMINATION BY MR. SAXBERG:

Q Good morning, Ms. Stoker.

A Good morning.
Q You are the executive director of ANCR.
A Yes, I am.
Q And just for everyone's edification, ANCR's an acronym. What does it stand for?
A All Nations Coordinated Response Network.
Q Now, in terms of Exhibit 51, that is a -- that is information that you compiled?
A Yes.
Q And you did that along with your staff?
A Yes, myself and my senior management team at ANCR.
Q And it embodies the evidence of ANCR in this proceeding?
A Yes, it does.
Q And you adopt it personally as your own?
A Yes, I do.
Q Do you have any corrections that you'd like to make to that information?
A There are a few minor corrections, but I would prefer to make those as we introduce my evidence.
Q Okay. Now, in terms of your background, education-wise, you have a Bachelor of Arts from the University of Western Ontario, and you got that in 1993?
A Yes.

Q And what subject is that in?

A It was a honours degree in sociology.

Q And then you continued your education at the University of Manitoba and you received a master's of arts in 1998.

A Yes, in sociology as well.

Q In sociology as well. You came to work for CFS -- I'll just use that term generically -- and received training there as well, and that would include the core competencies that we've all heard about?

A Yes, I took the core competency training both for the case worker or frontline level, social worker level, as well as at the supervisor level.

Q And in terms of your work history, you started with CFS in 1996, in the summer of '96.

A That's correct.

Q And occupied a lot of positions. I'll fast-forward till 2001 when you were the program manager for Family Services and Housing, Northern Region, CFS, in Thompson.

A That's correct.

Q Correct? And you supervised a staff of 15 at that time. You were responsible for program operations, which included intake, foster care, child protection, adoption, the whole range of CFS functions; is that fair?

A Yes.

Q So just in terms of work experience, the gist of that is you've had some practical experience in every -- practically every area of CFS.

A Yes, either at a frontline level, and if not, then at a management level.

Q And in 2004, you moved from Thompson to Winnipeg.

A Yes.

Q And began working for the General Authority; is that correct?

A That's correct, yes.

Q What did you do at the General Authority?

A My title was the child protection specialist. I had a number of roles but primarily my role was to assist and support the agencies under the General Authority in regards to interpreting compliance with the legislation, the regulations, and the standards. I also would receive concerns from families that were receiving service or the community about services they had received, and would follow up those with the agency and report back to the complainant.

Q And the Commission heard -- has heard evidence that during that time period, 2004, there was some confusion about standards. Was that your experience as well?

A Yes, it was my experience. A number of agencies -- I had many conversations with a number of our agencies through the General Authority about clarification in regards to the applicable standards at the time. What I ended up doing to assist them was I compiled a package -- I think the Inquiry and the Commission have heard to it as a binder -- of relevant information and that binder would have included all the Child and Family Services legislation, including the Authorities Act because the authorities' structure was relatively new at that time; the applicable regulations, including child abuse regulations as well as the joint intake and designated agency regulation; and then the applicable standards, so the 1999 standards, the 2000 remnants package, as it's referred to, and the 2004 draft standards which became finalized in early 2005.

Q Okay, thank you for that. I'm now going to ask you to turn to tab B.

MR. SAXBERG: And I'll ask the clerk if she could call up tab B, which is an organization chart for ANCR.

And if there's a way that we could get it all on the screen at, at once, I think that would assist us.

Is there a way to make it a bit smaller?

And, Mr. Commissioner, you can see the entire --

THE COMMISSIONER: I can.

MR. SAXBERG: -- diagram in front of you?

BY MR. SAXBERG:

Q Now, ANCR was mandated when?

A February 2nd, 2007.

Q And what we're looking at here is --

THE COMMISSIONER: What do you mean by "mandated"?

THE WITNESS: That's the day that ANRC received its mandate under the Southern Authority to begin its operations as an independent agency.

THE COMMISSIONER: So that was day one.

THE WITNESS: That was day one.

BY MR. SAXBERG:

Q And at that time you were with ANCR and what was your position?

A I was the program manager for abuse and intake.

Q And in 1999 you became the acting -- sorry, 2009 you became the acting executive director?

A Yes, in December 2009.

Q And you're in that position permanently now.

A Yes, I have been since January 2011.

Q Now, the Aboriginal Justice Inquiry, Child Welfare Initiative, led to a major restructuring of child

welfare in Manitoba.

A Yes.

Q We've all heard about that. But one of the big changes is that aboriginal agencies received concurrent jurisdiction throughout the province so that there are numerous aboriginal agencies and Winnipeg CFS and others delivering child welfare services in Winnipeg, correct?

A Yes. Yes, there are 20 aboriginal agencies or 20 agencies in addition -- without ANCR. Eighteen of those are aboriginal agencies, two are under the General Authority.

Q Okay. So we've got -- in Winnipeg, practising child welfare work, we've got ANCR and 20 other agencies.

A That's correct.

Q And ANCR works for those agencies, correct?

A Yes, ANCR was mandated to provide joint intake and emergency child welfare services on behalf of the four Child and Family Services authorities and their mandated agencies.

Q And so what's that specific function that ANCR plays in the child welfare system?

A We're, we're the first point of contact for the public and for many families with the child welfare system. We exist so that the public has one place to go to if they want to inquire about child and family services or if

they'd like to make a referral about the needs of a family or the needs of a child. It's our responsibility to look at that matter, determine if it meets the definition under the act and requires child and family services, and ensure that family gets those services.

THE COMMISSIONER: And does that family and/or child have to be a resident of Winnipeg to receive those services?

THE WITNESS: They have to be in Winnipeg.

THE COMMISSIONER: In, in --

THE WITNESS: Yes.

THE COMMISSIONER: In, in --

THE WITNESS: Right.

THE COMMISSIONER: Present in Winnipeg.

THE WITNESS: Yes. Our jurisdiction is actually Winnipeg, East St. Paul, West St. Paul, and Headingley. But if a family is in Winnipeg and they require child welfare services, they don't have to be a permanent resident of Winnipeg to receive those. We would have those --

THE COMMISSIONER: As long as they're here.

THE WITNESS: Yes.

MR. SAXBERG: Thank you, Mr. Commissioner.

BY MR. SAXBERG:

Q And just to further assist everyone in just understanding the big picture of how the system operates today, when those 20 agencies stop at the end their regular office hours for the day, at that point in time ANCR provides all of the child welfare services in Winnipeg after hours, correct?

A Yes. Our after hours program delivers child and family services in our jurisdiction every day from 4:30 to 8:30 during the week, and 24 hours a day on the weekend, and all statutory holidays.

Q Right.

A So we're the only child welfare agency open at that time.

Q So for non-office hours, you're the only child welfare agency in Winnipeg, Headingley, and --

A East and West St. Paul.

Q -- East and West St. Paul.

A Yes.

Q Thank you. Now, turning back to this organizational chart, it's, it's as of June 2012, correct?

A Yes.

Q And if we were to draw an imaginary line down the centre of this page along -- right underneath where it says 1.5 Administrative Floats, I'll say that's pretty much right in the centre of the, of the screen as we're looking

at it?

A Yes.

Q That would be a fair delineation of the administrative and office functions at the top of the organization, and below that, the, the direct service delivery functions; is that fair?

A Yes, that's fair.

Q And you would -- as the executive director, you'd be part of the administration and operations, of course. You'd be at the very top.

A Yes.

Q And the, the frontline social workers would be listed -- included under the, the five programs that we're going to hear about that ANCR delivers, right?

A Yes.

Q So in terms of the ratio between the amount of workers doing administrative and operational work versus the frontline people delivering social work, what's the ratio there?

A In June 2012, I would say 87 percent of our staff were dedicated towards frontline service and approximately 13 percent would have been considered above that line. Primarily, they're to support the operations of the organization and all operations support the delivery of service.

Q And you, you said June because that's the date of this chart we're looking at --

A Yes.

Q -- at tab B. And there have been some changes -- I understand that's one of the corrections you were going to talk about -- since June of 2002.

A Yes, there have been some minor changes as of April 2013. We've had to do a little bit of restructuring so we reduced our organization by a few positions, primarily administrative positions. So, for example, the senior administrative support position's been put on hold; the file clerk position has been discontinued and those duties have been built into other --

Q Okay, without getting into that, to that level of, of detail, I calculated the number of jobs on the administrative and office side of the line, back in 2012, as being 22.5; is that right?

A Yes.

Q And you've referenced some changes since then and my understanding is that the number now is there's 18 positions above that line, doing administrative and operational work.

A Yes.

Q And that would include the executive director, the CFO, et cetera.

A Right.

Q Now, below that line I had -- in terms of people doing direct work, frontline social work, there were -- in 2012, I calculated 154.3.

A Yes.

Q And that's right?

A Yes.

Q And when you're talking about there being some changes, they're fairly minor changes recently and there are now two less positions, I understand?

A That's correct. The differential response coordinator position was ended in September of 2012 because ANCR had -- has rolled out differential response and that position is no longer needed, and we've reduced our after hours program by one social work position.

Q Right. Which isn't -- now ANCR has, has quite a complement of individuals working on the prevention stream or --

A Yes.

Q -- the family enhancement stream of differential response model, which isn't to say you don't have workers working in differential response.

A Right. Our preventative program is entitled now early intervention program, so that's the preventative services we provide through that program.

Q Okay. So I --

A The differential response coordinator role was to assist ANCR in preparing and rolling out differential response.

Q Okay. And now it's rolled out, that function is not a --

A Yes, so it's no longer needed.

Q So in terms of frontline workers, you've got 152.3 -- I'm broadly calling them frontline direct service providers -- and then 18 administrative and operational. And what's that ratio?

A It's about 90-10. Ninety percent are dedicated towards service delivery and ten percent are dedicated towards operations.

Q And now ANCR has five major programs.

A Yes.

Q And we don't want to get into too much detail in, in terms of what they do because this Commission's heard a lot of evidence about those five programs because, in effect, all five of them were in existence for Winnipeg CFS at the time it was delivering intake services in Winnipeg?

A With the -- I would say with the exception of the early intervention program. Winnipeg CFS did have prevention services and had run a number of different initiatives over the years, and also had some community

programs running, so I would say early intervention in the way it's offered today is quite different.

Q And those five programs are the after hours program?

A Yes.

Q And if you could just, just at a very high level describe what the after hours program does?

A The after hours program, like I've already said -- I already explained when it operates. Its primary function is to respond to child welfare or Child and Family Services referrals during non-regular business hours. So they would provide -- they would conduct a screening function, whether or not this was a relevant matter for Child and Family Services. If not, if that family needed some services elsewhere, they would provide linkages or referrals to those families. If it was an appropriate Child and Family Services matter, they would screen it in, look at what the issues are, ensure the safety of children, and refer -- make sure children were safe, conduct a risk assessment if they had enough information at the time, and refer it to dayside if it needed further follow-up.

As part of that, what's a bit different now under our new mandate is that we receive what they call service requests from all 20 mandated agencies in Winnipeg. So if, for example, the Awasis agency had a matter that needed

some follow-up or an emergency situation that occurred late in the day, they could refer that to us to go out and ensure the safety of those children. We would do that and then refer that matter back the very next working day. They're -- usually we send those matters out at eight o'clock in the morning so it's there by 8:30 when, when their office opens.

We would also -- if we come across a matter that's already open to another agency, which happens very frequently, we refer that. We do what we need to do to ensure the safety of the family, stabilize any crisis that the family -- or safety of the child, stabilize the crisis the family may be in at the time, and refer it to their agency the next day so that agency has all the information and can begin to work with that family.

Q Now, have staffing levels at after hours changed since 2005?

A Yes, they have. We have added an additional two frontline social work positions, as well as two case aide positions which you could consider paraprofessionals who are there to assist the social workers with some non-mandated responsibilities so they can focus on mandated work.

Q And the next program I'd like you to briefly discuss is the crisis response program, used to be called

the crisis response unit --

A Yes.

Q -- when these services were provided by Winnipeg CFS.

A Yes. The crisis response program is what some would refer to as the first tier or first level of intake. They exist to -- similar to after hours, they exist to screen in all referrals. They determine if a matter is applicable to Child and Family Services. If not, and the -- we get a number of calls, actually, at the crisis response program that we would consider to be non-child welfare matters. Those social workers would link those families, refer those families to whatever services they think the family needs from those discussions. If it is a Child and Family Services matter, the first thing they would now do is determine whether or not it's already open to another agency. If it is, then they refer the matter to that open case managing agency so we're not duplicating service for the family.

THE COMMISSIONER: But if the phone rings, does it go to after hours or does it go to crisis response?

THE WITNESS: During the day if the phone rings from 8:30 to 4:30, it goes through to our reception staff. Our reception staff then perform a very minimal screening function. They'll look at the Child and Family Services

information system, see if it's open to another agency. If it is, they will refer it directly.

THE COMMISSIONER: Yes.

THE WITNESS: If it's not, they will put it through to our crisis response program.

THE COMMISSIONER: What I'm interested in after -- your after hours work. Is, is crisis response open full-time? Is it 24 hours a day?

THE WITNESS: No, they're open from 8:30 to 4:30. At 4:30, the phones automatically go to our after hours program.

THE COMMISSIONER: Oh, oh, I, I see.

THE WITNESS: So if you phone during the day, you'll get a receptionist first.

THE COMMISSIONER: What --

THE WITNESS: If you phone at 4:30, you'll get a social worker.

THE COMMISSIONER: This is a five day a week program.

THE WITNESS: CR -- yes, crisis response is a five day a week program.

BY MR. SAXBERG:

Q Right. Crisis response program operates during business hours.

A Yes.

Q And as do all your other programs. After hours is for all social welfare services or social work --

A Child --

Q -- services, child --

A Child and Family Services.

Q Child and family -- sorry -- services throughout Winnipeg. Correct?

A Yes.

Q For all agencies.

A Yes.

Q So in terms of --

THE COMMISSIONER: Well, then does crisis response do more than refer it out to the appropriate agency?

THE WITNESS: Yes, they do. They would screen in all new referrals, determine what the issues are. If it's an immediate safety issue of a child, it's their responsibility to attend to that safety issue, conduct a safety assessment, and ensure the child is safe. If it's a non-immediate issue, they would then talk to the source of -- we call it the source of referral, the caller, the person who's walked in sometimes -- gather all the information that they need to gather to determine what the appropriate response is, and then they would refer it

further into the ANCR system, so it would go to intake or abuse or one of -- or the early intervention program.

THE COMMISSIONER: And after 4:30 to five that work is passed to after hours.

THE WITNESS: Correct.

THE COMMISSIONER: By virtue of switching the phones over.

THE WITNESS: That's exactly what reception does. At 4:30 before they leave, they flip a switch -- I'm assuming it's a switch; it could be a button on a computer nowadays. But -- and the calls go directly to after hours program.

BY MR. SAXBERG:

Q And the Commission's heard evidence about the crisis response unit and how it operated in 2005. Have there been any staffing level changes in that program now that ANCR is, is running it?

A Yes, we've, we've added two additional social work phone screeners whose primary sole responsibility is to respond to the phone. And that was in response to the service model review that was conducted by the Southern Authority.

Q Those workers won't do fields to do child protection investigations?

A No. They are specifically dedicated towards ensuring that the public is able to access us.

Q And --

A The program functions similar to how it used to. There are another six workers every day who are also on the phone, and then six social workers who are available to attend to urgent child welfare matters.

Q And just to contextualize, there are still two teams of workers at, at child -- at crisis response?

A Yes.

Q And one team's on phones, the other team does fields for child protection investigations?

A Yes.

Q I, I understand another major change -- or a major change in the crisis response function is that no files at crisis response can be closed unless all the children are seen, correct?

A That's -- every allegation of abuse or neglect or child maltreatment, they cannot close the file without seeing the children. ANCR instituted a client contact policy, which is in my evidence and I think we'll refer to a bit later as well. But basically what the client contact policy states is that when there's an allegation of abuse or neglect, every child must be seen, minimally, and interviewed if they're of the age and developmental

capacity to be interviewed.

THE COMMISSIONER: When did that come into effect?

THE WITNESS: It came in, in phases. When I was there under JIRU in 2006, I implemented a similar policy at tier two intake and abuse, and then I, I would say in about 2010 we implemented it agency wide. And then like any policy, you build on best practice -- that's the foundation of it -- and it continues to be updated. It was most recently finalized, I believe, in September of 2012.

BY MR. SAXBERG:

Q Okay.

A But we've also with that, at ANCR, implemented the structured decision making tools. So on every allegation of abuse or neglect we have to do a safety assessment, and the safety assessment requires that every child be seen.

Q Right.

A So they are not --

Q And --

A The crisis response program or the after hours program, or any program at ANCR, if there is an allegation of abuse or neglect, you cannot close it without seeing the children --

Q Right.
A -- doing a safety assessment, and further do -- to that, doing a risk assessment.
Q Right. And we'll go through those exact procedures later on. But when the crisis response program -- if it's -- crisis response program can close files --
A Absolutely.
Q -- that it deals with, after doing an investigation, correct?
A Yes.
Q If they don't close a file, they're going to send it to one of three places, simplifying slightly. They can send it to the intake program, correct?
A Yes.
Q They could send it to the abuse program?
A Correct.
Q Or they could send it to the early intervention program --
A That's correct.
Q -- which is the prevention --
A Yeah.
Q -- stream. Now, in terms of those three, we're now going to talk about those three individually and their functions, and begin with intake.
A I would just, if I could, just add one more thing

about the after hours program, as we've made a minor change there. Prior to the last two years, everything -- any work that needed to be continued from after hours went through the crisis response program. We've now done some training with our after hours program so they have the capacity and the ability to directly refer to any dayside program. It doesn't need to be further screened by the crisis response program.

So if after hours is able to do a safety assessment and a risk assessment or what it needs to do to determine if that family needs further service, it can go directly there, and that reduces some of the workload as well as reduces some of the duplication in services that families may receive and the number of workers they may contact.

Q Okay. So now, if a matter's advancing in the system from the crisis response program up further for a more detailed investigation, it can go to those three locations. And could you describe when files go to intake and what intake does?

A Intake is -- I'll try and use differential response terms -- is what you would consider the protection screen or could be part of the protection screen. Any family that is screened in as needing further services under the Child and Family Services Act, Part II or Part

III, which is family services and child protection, goes forward to intake and intake would -- if a safety assessment and risk assessment hadn't already been done they would do that, and then they do a thorough intake assessment to determine what the family's strengths are, what the family's needs are, and what the services -- what services that family requires. It could be community services, in which they would link the family to those services, or they may need mandated child welfare services, in which case they would complete the authority determination protocol that Ms. Flette spoke about yesterday.

THE COMMISSIONER: What are they -- just a minute. Are those -- these three the other five programs, or are they programs all under crisis response?

THE WITNESS: No, they're --

MR. SAXBERG: Yeah, these are the other three of the five programs.

THE COMMISSIONER: These are the other three --

THE WITNESS: Yes.

THE COMMISSIONER: -- of the five.

MR. SAXBERG: Right, right. And you'll see them in front of you here, Mr. Commissioner, on the organization chart.

THE COMMISSIONER: Yes. But I wasn't aware that

there were the other three. I was waiting for them. So now we know.

MR. SAXBERG: Right. And just, just to reference -- for everybody's reference, on the org chart, you -- we do have -- instead of breaking out the crisis response and the after hours, they're together in the same box. That, that -- and then -- and you'll see that then the crisis response after hours box, then you have the intake, intake box, the abuse, early intervention.

BY MR. SAXBERG:

Q So now you're talking about intake?

A Yes, intake would conduct a thorough intake assessment, determine -- with the family, determine what the strengths were of the family, what the needs were of that family, complete the authority determination process, and then transfer that family for services under the authority of their choice.

Q Now, have the staffing levels changed at intake --

THE COMMISSIONER: Then transfer where?

THE WITNESS: To one of our partner agencies, one of the 20 mandated agencies. They can also transfer it to, as well, to our early intervention program if they have streamed it to the prevention stream.

BY MR. SAXBERG:

Q Right. And that's, that's a very good point the Commissioner's making, that if a matter is advancing from intake, it leaves ANCR as an agency and goes to another agency.

A Unless it goes to our early intervention program.

Q Right. And so in terms of leaving the ANCR agency and going to another agency, we heard evidence yesterday that the authority determination protocol such that the, the client family gets to make a choice about which authority they want to receive services from.

A That's correct.

Q And then ANCR does all the necessary legal work to facilitate that transfer of its work with the family to one of the other agencies operating, correct?

A Yes. I should also add that ANCR is the -- or intake is the program that would manage any child in care file, so if a child comes into care because of an apprehension, that's the program that would manage that child in care file till it was transferred out, or closed if the child was discharged.

Q And when, when ANCR transfers, for instance, from, from intake to another agency, what that really means is that family is in need of long-term child welfare

services.

A That's correct, and we can transfer it under either stream now with differential response. We can make a recommendation that this family, based upon the structured decision making tools and the social worker's assessment, receive protection services from an ongoing service agency or family enhancement services from an ongoing service agency.

Q Now, in 2005 when Winnipeg CFS was delivering the intake service, there were, there were four intake units?

A Yes, that's correct.

Q And how many intake units are there now?

A We now have five full units of six social workers on each unit, a supervisor, and administrative support person.

Q And when did that new intake unit come into being?

A It was originally added as, as part of a pilot project under a differential response pilot, and then it has been a fully functioning intake unit for the last year, since April 2012.

Q Okay. And just to explore that further to explain how that worked, the differential response pilot program was involved -- a pilot to test how the SDM tools -- structured decision making assessment tools -- would

function at ANCR.

A Yes. We tested them in two different areas, or piloted them. One was in our early intervention program, and then we also tested them with what we call the assessment team, and they were essentially a fifth intake unit who use the structured decision making tools as a way to determine how to assess families better --

Q All right.

A -- more consistently, in a standardized manner, and from, I would, I would say, a more strict based approach and better determine the needs of these families and, and where they should go in our system because we recognize now that not every family needs a traditional child protection approach.

Q So during the pilot phase, only one of the intake units was using the SDM tools, right?

A Yes, and we used that pilot to inform us as to the best way to implement the SDM tools at ANCR.

Q And now all of the units, all of the frontline workers at, at CF -- at, sorry, ANCR are using the SDM tools.

A Yes, at every -- across all five programs.

Q And then what they did was they just transferred that fifth unit into a permanent additional unit of workers to do intake work at ANCR.

A Yes. I should also add that we've added one case aide position to intake to assist again with some of the non-mandated responsibilities.

Q Okay. Now, the fourth program we're going to talk about now is the abuse program, and that's a very -- that's a major program at ANCR. Can you describe what that abuse program does, how it differs from the other programs we've talked about?

A Yes, the abuse program was -- the way it operates today started, I guess you would say, when JIRU began in 2005. With the expansion of, of jurisdiction of many agencies, some of -- the abuse program works very closely to some key collaterals, particularly law enforcement and medical professionals, and they made it clear to our system that they didn't want -- because of the specialized function of abuse investigations, it would be very difficult for them to coordinate with 21 different agencies.

So the system made a decision here in Winnipeg that the abuse program would be housed at ANCR and it would provide abuse investigation services on behalf of all mandated agencies in Winnipeg. So we conduct abuse investigations on new matters or allegations of abuse that are referred to child welfare, but we also conduct -- we receive referrals from any of our 20 partner agencies. So

if a family was open to Dakota Ojibway Child and Family Services and there was an allegation of abuse on that case, Dakota Ojibway CFS would refer that to the ANCR program for investigation.

So they have a limited -- they don't -- they are not case managers, as we would say. They are investigative specialists, and they're trained as such and provide a very specialized function in terms of consistency in abuse investigations in a standardized way.

Q So you have to have additional training in order to work as a frontline social worker or investigator in abuse.

A Yes. Yes, we do specialized interview training, and we also do some training initiatives with the Winnipeg Police Services as well as medical professionals.

Q And have the staffing levels changed in the abuse program since Winnipeg CFS did that work back in 2005?

A Yes, there's been an additional unit added at our abuse program, of six general abuse investigators, two specialized child exploitation investigators that were added under an initiative here in Manitoba called Tracia's Trust. In addition, we've added a child abuse coordinator position and the administrative support to -- and a supervisor to support that third unit.

Q And the, the policy manual at ANCR for the abuse

program is in the materials marked as Exhibit 51.

A Yes, all of our program manuals are -- have been -- are part of my pre-filed evidence and they give a lot more detail to our operations than I'm providing here today.

Q And I note, though, that the other policy program manuals are -- aren't marked draft, but this abuse manual is marked draft. Why is that?

A As part of the service model, the recommendations were to revise and update all of our program manuals. When ANCR went live in 2007, as part of receiving our mandate we had to have finalized program manuals which tell you your procedures, how you operate, what you -- why you operate the way you do. And then it was time to update them and it was very -- made sense to do it now because we also implemented the structure -- standardized decision making structured decision making tools and we've made some other changes through the evolving of our service. So we've, in the last two years -- two to three years -- been working on updating all them and the abuse one is the last one to be finalized. It's very close to being done, just a few minor tweaks, I guess you could say, and it'll be finalized by -- for sure by June.

MR. SAXBERG: Now, the, the manual that we're referring to is at tab H, and if I could ask the clerk --

THE COMMISSIONER: H?

MR. SAXBERG: H.

And if I could ask the, the clerk if she could please turn to page 11, bottom right-hand corner. Thank you.

BY MR. SAXBERG:

Q What's the current criteria for a matter to be investigated by the abuse workers at ANCR?

A The criteria you can find on page 11, 12, 13, and 14, I believe, but -- I'm going to add up to 15, but I'll summarize it here. The current criteria is based upon the definition of abuse in the Child and Family Services legislation. So it outlines in regards to allegations of physical abuse what the criteria are for a full abuse investigation, for allegation of sexual abuse, and then we also added emotional abuse, which is slightly different than when Winnipeg CFS performed that function here in Winnipeg.

We have separate criteria for that program because the -- an abuse investigation is probably the most intrusive protection investigation that an agency can do. There are some legislative and regulatory requirements such as all of our investigations have to be referred to law enforcement, they all have to be presented to what we call

a child abuse committee, and then there's often some medical involvement. So prior to conducting an abuse investigation, we want to ensure that that's the, the most respectful measure to take and the best way to make sure that child's safe.

So our criteria in terms of physical abuse, if you look, it -- obviously if there's a physical injury to a child as a, as a result of an act or an omission by somebody, that would be screened in. We've expanded the definition of it in regards to physical discipline, so if there is use of an implement, obviously, if an implement's caused an injury, and if physical discipline is conducted in a manner which we define as degrading, inhuman, or harmful.

Then sexual abuse, I'd say the biggest changes have been -- there's been some legislative changes around child pornography reporting and sexual exploitation of children, so we've expanded that category a bit.

And then emotional abuse, there has to be some allegation that the alleged emotional abuse has caused what they say a permanent disability to a child of an emotional nature. So to substantiate abuse, you would have to have some evidence of that.

Q Has that definition that -- you've, you've just given us a very high level --

A Yes.

Q -- overview. It's obviously a lot more complicated but -- in terms of the details of when a matter is admitted for that type of investigation. But has the, the definition of abuse changed at all since services were delivered to Phoenix Sinclair?

A Yes, the -- this definition of abuse, like, it has continued to evolve as there's legislative changes, as well, but was expanded when ANCR went -- I'm sorry, I say went live, but the day ANCR was mandated. And one of the most significant differences is that prior to that there actually had to be physical injury to a child before the abuse program would start an investigation. We've changed that so there doesn't need to be an injury. There needs to be an allegation, though, of someone either causing that injury to the child or by lack of action allowing that child to be injured.

Q Now, has that then expansion of the abuse criteria led to an increase in, in the number of abuse investigations?

A Absolutely. I believe in -- the number from 2007 to 2012, the number of our referrals have increased by over 800, possibly. I would say around 850.

Q And that information is at tab X, I understand?

A Yes.

Q I know your -- one of the corrections you wanted to make to your pre-filed evidence related to the, the precise calculation of the numbers of abuse investigations.

A Yes.

Q And on page 13 of the pre-filed evidence portion --

THE COMMISSIONER: Of tab X?

MR. SAXBERG: Of -- no, sorry.

THE COMMISSIONER: Oh, I --

MR. SAXBERG: I apologize.

THE COMMISSIONER: Yes, I --

MR. SAXBERG: The -- of the main pre-filed document.

THE COMMISSIONER: I know what you mean.

BY MR. SAXBERG:

Q And, and maybe that's probably the best place to, to go to --

A Yes.

Q -- resolve this. On page 13 of the first document in the binder, which is the pre-filed evidence document ...

THE CLERK: Counsel can look at the screen. Just tell me (inaudible).

MR. SAXBERG: I think we can, we can proceed

without it.

BY MR. SAXBERG:

Q The Commissioner has it in front and all counsel have copies of that document --

A Okay.

Q -- with them. What, what we're simply saying is on, on page 13 of your pre-filed evidence there's an indication that says -- it says that there were 808 abuse investigations in 2007?

A Yes.

Q And that number, I understand, you've advised me should be 1,003.

A Yes.

Q And that on the same page it also says that for 2011 the number of investigations was 1780, and we should all collectively strike that out and replace it with 1,856.

A That's correct.

Q And all of the, the data in support of that is found at tab X.

A Yes.

Q It's just that it's not summed up at tab X, and when we summed it up in the pre-filed evidence we made a calculation error.

A Yes.

Q So now -- but the, the important point is to say that from 2007 when you got your mandate, to 2011, which was the most recent information at the time we compiled this, there was an increase of approximately 850 investigations --

A Correct.

Q -- per year.

A Yes.

Q And, and that's, that's important point to make, that in 2007 the amount for the whole year is 1,000, but in 2011 the amount of investigations for the entire year is eighteen fifty-six.

A Yes, that's a very important point.

Q So that's a lot of additional investigations that ANCR is, is now conducting.

A Yes, and the, the number has steadily increased. It's been a -- not -- the increase has happened over the last five years, but at a steady pace.

Q Now, ANCR -- Elsie Flette testified yesterday that ANCR was going to be the subject of a very comprehensive service model review as a result of it being mandated, and that occurred, correct?

A Yes, it did.

Q And the report was marked as an exhibit yesterday -- the day before yesterday. It's part of Ms. Flette's

binder material. It's the ANCR service model review that was done in 2010.

A It was finalized in 2010. The data that they collected was over 2009.

Q And that's at tab L. We don't need to go to it, but that's at tab L of Ms. Flette's binder of evidence. And that's exhibit 48, I believe.

That service model review was a comprehensive independent review of ANCR and how it functions and what it can do to improve, correct?

A Yes, it was conducted jointly by the Southern First Nations Network of Care and the Department of Child and Family Services.

Q And, and those, those sponsors brought in independent people to do the work of the, of the actual review.

A Yes, I believe that their -- the Southern Authority quality assurance department, the vision keepers, sort of took the lead, but they did bring in some independent people to assist them. It was a fairly massive undertaking.

Q Right. And those consultants, I understand, made recommendations with respect to the abuse criteria that we were just discussing, in terms of, of how that criteria should be formulated and, and whether it should be changed;

is that correct?

A Yes.

Q And you've included the portion of their recommendations from that report in one of the tabs attached to your pre-file evidence. It's tab J.

A Yes. One of the recommendations was to examine -- take a look at the criteria because of the -- for a few reasons.

One was because of the noticeable increase in size and number of referrals, but in conjunction with that, their data analysis showed that approximately between ten and 15 percent of our investigations were concluded as what we would define as substantiated. That may -- "substantiated" would mean that the conclusion is on a balance of probabilities. Our act is -- or -- is on a balance of probabilities that abuse occurred. And that's relatively low if you look at the national average of investigations. It's usually around 30 percent of all abuse investigations are substantiated, and ours were only between 10 and 15 percent. So as a result of that they recommended we take a look at the criteria to maybe make it more streamlined.

And as I said earlier, an abuse investigation is an extremely intrusive and exhaustive process for a family to go through, and so there may be other mechanisms such as

an intake investigation or a child protection investigation which may have been maybe more a better way to, to deal with the issues in a family. And we really need to conserve our resources at the abuse program to conduct matters that should be investigated as abuse investigations so that process is current -- that recommendation is currently in process. We've struck a committee with ANCR representatives, representatives from all four authorities, and the Child Protection Branch to take a look at the old criteria, the new criteria, and some of the -- and the legislation, the regulations, and see if we can come up with what they're saying is a more streamlined criteria.

Q Okay. And just so I, I understand, the, the -- what you're saying is in 2011 there's 1850 investigations but only about 10 to 15 percent of them are shown to be substantiated. That's about ...

A Hundred and eighty.

Q Hundred and eighty --

A Yes.

Q -- of those, and a recommendation was made to reconsider the criteria --

A Yes.

Q -- and that's underway. You haven't changed the criteria, but there's a process underway.

A Yes, and it -- when -- if we make any changes to

our criteria, it would need to be signed off by the office of the standing committee, the four CEOs, and the director of child welfare.

Q And just to sort of close the loop on the service model review, at tab GG of the -- of Exhibit 51 --

THE COMMISSIONER: GG?

MR. SAXBERG: GG. It's the very last tab.

BY MR. SAXBERG:

Q You prepared a full list of all of those ANCR service model review recommendations and the current status of ANCR's implementation of those recommendations so that --

MR. SAXBERG: We don't need to go through them, Mr. Commissioner.

BY MR. SAXBERG:

Q But they're available to everyone to look at, to see if the --

A Yes.

Q -- if the recommendations that, that had been made have been fully implemented.

A Yes, there -- we do minimally -- probably twice a year -- an updated status report which is -- this one is from September 2012 so it is time for us to update it. And

as you can see on the very last page of that, which would be 22, there were in total 53 recommendations made in the ANCR service model review. Seven of those were made externally to ANCR, so for the authorities and the Child Protection Branch to take a look at. So of the 46 made specifically to ANCR, in September 2012 we had completed 27, 12 were in progress, and another seven were pending.

MR. SAXBERG: And just to get a flavour for that, Mr. Commissioner, you're looking at the screen right now. That's Exhibit GG.

BY MR. SAXBERG:

Q And the first recommendation is:

> "... that all investigations include the completion of a risk assessment and all decisions to close or transfer the case be made in accordance with a specific criteria established to guide decision-making in this area."

So that's a recommendation that was made in the ANCR service model review --

A Yes.

Q -- correct? It's also a recommendation that's really made throughout all those 295 recommendations that, that came out of the Phoenix Sinclair case --

A Yes.

Q -- correct? Because a lot of those recommendations from the Phoenix Sinclair case are overlapping. A lot of them touch on one of the major problems in the case being assessments not --

A Yes.

Q -- being formalized and done.

THE COMMISSIONER: And who sat on the, the ANCR review and made the specific recommendations that we're referring to here? Who, who, who were the individuals?

BY MR. SAXBERG:

Q Go ahead --

A I'll do my best to remember them by name.

THE COMMISSIONER: Well, what, what was their position?

THE WITNESS: There was the director of the quality assurance program at the Southern Authority or -- and Ms. Flette spoke about that program yesterday -- as well as individuals from the Child Protection Branch. I'm not sure what her position was. And then a few independent individuals that they had brought in to assist them.

BY MR. SAXBERG:

Q And the recommendation there, number 1 has been completed and that was -- it's completed by virtue that every frontline worker is to use the whole suite of SDM tools in performing formal assessments of ANCR's client families, correct?

A Yes. The area that's, I would say, outstanding and that ANCR will turn its attention to next is -- you want me to wait till later?

Q Yeah, we're going to, we're going to come to that area later on in --

A Okay.

Q And I, I just want to try to keep the, the presentation logical. I want to get to that last program --

A Okay.

Q -- that we had discussed, the -- we discussed four of the programs now, and the last one relates to the new differential response service model that the child welfare system has implemented.

A Yes. The early intervention program, which is the fifth and final program at ANCR, is the prevention stream through the new differential, differential response service model that Ms. Flette spoke about yesterday, and

that program at ANCR is mandated to provide services from zero up to 120 days. There's a 30-day assessment period and then a 90-day service period.

They can also provide brief services up to 30 days, so if a family is in need of what we call linkages or supports from community organizations and they don't need a mandated child welfare response, they would work with that family for 30 days to link them to those services. And then they have two what we'd call family service teams of social work staff who work with those families, conduct a strength based approach -- or strength based needs assessment, develop a case plan with those families based upon the family's strengths and their needs, and link them to the services that they require.

It is a program that -- they do work with all -- most levels of risk with the exception of very high, but the child has to be able to be maintained safe at home. So if a child can be maintained safely in their home, they work with that family basically to decrease their risk, and then prior to closing the file, they would do the reassessment of probability of future harm, and hopefully we would see that the risk is decreased and they may not need our services or at that point we could screen them out of child welfare into more community based services.

In addition, that program has two resource

centres connected to it: Snowbird Lodge, which is a First Nations Resource Centre, and then All Nations Family Resource Centre, which operates from -- focuses primarily on services to the Métis and general population, but there's nothing excluding any family from working with either resource centre.

The Snowbird Lodge operates from a more traditional cultural paradigm. There are two elders there and two elder helpers, and they offer several traditional aboriginal programs, where -- and at the All Nations Family Resource Centre they offer some mainstream programs which we've -- many people have heard about: Triple P Parenting, Nobody's Perfect. But they also have been doing some recent work with the General Authority around services to newcomers and new Canadian families, so they also do some focusing around developing some programs in regards to parenting for new Canadians.

Q Thank you. And, and just maybe to bring together some of the, the broader information that Elsie Flette was giving yesterday, in terms of differential response as a service model, if we look at that just at ANCR -- let's look at how that differential --

A Um-hum.

Q -- response service model works at ANCR. Then there are two streams of service different from each other

that are provided at ANCR; is that fair?

A Yes.

Q And the one stream is the protection stream.

A Yes.

Q And that would be intake and abuse.

A Abuse and intake.

Q And the prevention stream would be this early intervention program you're speaking of.

A Yes.

Q And let, let's just talk about the number of workers in each of those streams, then.

A Sure. I'm going to exclude after hours because that's a dedicated after hour service and they exist primarily to respond to Child and Family Services immediate issues.

THE COMMISSIONER: Well, now are you referring to your -- the third program when you're referring to the protection figures with respect to protection?

THE WITNESS: I'll, I'll explain both. In regards to protection --

THE COMMISSIONER: But are we talking about -- you, you said you have the five programs --

THE WITNESS: Yes.

THE COMMISSIONER: -- and you're going to talk about protection and prevention --

THE WITNESS: Yes, our early --
THE COMMISSIONER: -- which is not -- which --
THE WITNESS: -- intervention program is the prevention one.
THE COMMISSIONER: Well -- so that's number three and five that you've given me.
THE WITNESS: The after hours program is one.
THE COMMISSIONER: Yeah, but which one -- yes.
THE WITNESS: CRU or crisis response is two, then intake.
THE COMMISSIONER: That -- but that's the one you're going to talk about now.
THE WITNESS: Yes. Well, in terms of outlining how many staff we have --
THE COMMISSIONER: Well, you said --
THE WITNESS: -- in protection --
THE COMMISSIONER: -- there's two streams. Just -- you said.
MR. SAXBERG: Yeah, yeah, she's talking -- the, the other four -- the four programs we've already discussed are all the protection stream. Now we're onto that fifth program, the early intervention, and I'm just getting her -- that's the prevention stream. So I, I was just asking her how the whole differential response model works at ANCR.

BY MR. SAXBERG:

Q So that there's one program that is really the protection -- the prevention stream at ANCR and that's the early intervention program we're discussing now.

A Yes.

MR. SAXBERG: And, and then, Mr. Commissioner, what I wanted her to do was to talk about the number of workers that are working, then, therefore, in that protection stream --

THE COMMISSIONER: And that's --

MR. SAXBERG: -- versus the --

THE COMMISSIONER: That's one to four.

MR. SAXBERG: Versus the -- yes, yes -- versus the number of workers that are working in that prevention stream, to get an idea of, of how the focus is in terms of prevention and protection work at ANCR.

THE COMMISSIONER: So the figures are going to relate to programs one to four, firstly --

MR. SAXBERG: Yes.

THE COMMISSIONER: -- and then program number five.

MR. SAXBERG: Right. Now, I believe she started by saying, though, that she would exclude after hours and I'll let her explain why she would do that, from the

prevention calculation --

THE COMMISSIONER: So it, it --

MR. SAXBERG: Protection calculation, sorry.

THE COMMISSIONER: So it, it, it'll only be two to four.

THE WITNESS: Yes.

BY MR. SAXBERG:

Q And why would you exclude after hours just in terms of doing that calculation?

A It's a specialized function that really is a screening function and an emergency service provision.

Q So, yeah, you're, you're essentially saying the -- in terms of office hours of ANCR --

A Yes.

Q -- the number of office hour social workers that do protection work compared to the number of office hour social workers that do prevention work, that's what I'm asking you about. And what is that, that split?

A The split is -- and we have 19 social workers at our, our early intervention program and I believe it's 87 social workers across the programs two to four, for -- so about 22 percent of our resources now are front -- and frontline resources are allocated to the prevention stream.

Q And so that, that works out to -- sorry, did you

give ...

A Twenty-two.

Q Twenty-two percent of the frontline social workers are doing prevention work versus protection work.

A Yes.

Q And the, the prevention work, is that culturally appropriate services that are being delivered there?

A Yes, absolutely. Our two teams are actually defined along the authority lines, so we have one team that provides case management services that is referred to as the First Nations family service team and then one team that is referred to as the Métis general family service team. So we try and recruit staff that represent those cultural lines, as well as when families come into ANCR, that's how it's determined which unit they're assigned to.

And then in addition to that we have the two resource centres who strive to provide culturally appropriate services at those resource centres in terms of the programs they offer, the staff that we have there, so there's an element of cultural safety to our service delivery.

Q And, and I understand that with respect to those 19 social workers that you referenced that work on the prevention side, that they also have two elder helpers that work with them?

A And two elders.

Q Two elders?

A And two elders help. And the elders do individual elder consultations, so anyone can go in and meet with an elder, and they also advise -- they offer programs, teachings, as well as advise on the program development to help us ensure that we're providing culturally appropriate service.

Q Now, Ms. Flette had testified about the -- on the prevention side there's more focus or more ability for social workers to engage with families because they -- the funding model which allows for that focus, but is that the case at ANCR --

A Yes.

Q -- that there is more time for the social workers to engage with families and spend time with them, to do that prevention type work?

A Yes, they are actually the only program at ANCR that is, for lack of a better term, capped. Their caseloads are capped. They carry -- every social worker carries up to a maximum of 20 family files and they do not have any child-in-care files, of course, because children are safe in their homes when they work with that program. Our staff in the early intervention program are approximately 70 to 80 percent First Nations or aboriginal.

Q Seventy to 80 percent of the staff that are doing these prevention services, engaging with the families, are aboriginal?

A Yes.

Q And that includes Métis and First Nations, then, as well.

A Yes.

Q Do you know what the number of -- percentage of Métis families are that, that ANCR works with?

A We, at ANCR, since 2009, have tracked what we call the culture of origin data for the primary case reference on the families just because that's the way the intake model on our IT system works, so that's the easiest way to track it and it's a starting point for us. And so since 2009, the numbers have been fairly consistent. Seventy percent of the families that we provide service to across ANCR are aboriginal, approximately between 11 to 15 percent of those are Métis, and the remaining are either First Nations status or non-status.

Q So with respect to --

A Now, there are some variations across the programs, of course.

Q But with respect to early intervention program and the social workers doing the, the frontline social work, the number of workers -- percentage of workers that

are self-identified as, as aboriginal workers is very comparable with the, the percentage of clients that are --

A Yes.

Q -- identified as aboriginal?

A Yes, we have the highest representative of aboriginal staff in that program, in that stream.

Q Now, on the protection side, those numbers aren't quite the same.

A No, they are not.

Q And when ANCR started in 2007, what was the, the level, then, of, of aboriginal workers working within ANCR?

A When ANCR started in 2007, I was not the executive -- I was there; I was not the executive director at the time, so I don't know those numbers offhand. But what I can tell you is we started with 151.5 employees, all of which were seconded from Winnipeg Child and Family Services.

Q Right. So what that means is you didn't have -- to, to maybe simplify it a little bit, you didn't have any employees, you were borrowing all your employees from Winnipeg CFS, the former agency providing the services.

A Yes, they were on loan from the province.

Q And then as those employees either returned to Winnipeg CFS or found -- or left ANCR for whatever reason, you would replace them with your own employees.

A Yes.

Q How many employees does ANCR now have that are its own versus these seconded employees that you're talking about?

A I'm -- well, we track in terms of EFTs or employee full-time equivalent -- or equivalent full-time employees and also bodies because our after hours program is consisted of full-time and part-time staff so we have more employees than we have positions. But at last count, I would say that we're, we're sitting around 30 seconded employees.

Q Okay. And what, what are ANCR's hiring policies with respect to, to its workforce?

A We have a aboriginal recruitment policy which -- and we've worked on and consulted with the Human Rights Commission, consulted with our four mandating -- or our four governing authorities and our board of, board of directors, and aboriginal applicants who are qualified, we follow the Southern Authority and the provincial standards, one -- I think it's 1.8.2 Workforce Qualifications. So aboriginal candidates who are qualified and who, through a screening process and interview process, have been determined to be able to do -- to, to be able to perform the job, are hired. It's -- we like to say it's, it's one of our main objectives at ANCR and one of our main goals,

to get to a workforce that is representative of the people we provide service to.

Originally when ANCR was mandated, it was -- the goal was 53 percent, which is pretty aggressive. We've now tracked cultural data to say, ideally, we'd like to get to 70. Whether or not -- how long that will take us -- because as you recruit sometimes people also leave so it's a long-term strategy, but it is something that both our board of directors monitors, as well as the four authorities monitor.

THE COMMISSIONER: And you're fifty-what right now?

THE WITNESS: We're at about 39 right now.

THE COMMISSIONER: Thirty-nine.

THE WITNESS: It's been -- it's, it's -- we've got some initiatives going on at ANCR. Right now we're about to embark on some focus groups with our aboriginal and First Nations staff to ask them in terms of -- to consult with them around how can we do better at recruiting and retaining aboriginal staff.

One of the difficulties that we face is not every social work graduate comes into child welfare, of course. There are other fields that they go into. We have found overall, in my experience, it's easier to recruit aboriginal social workers to the prevention stream than it

is to the protection stream.

And we also -- we lose some aboriginal, particularly First Nations, staff because a few reasons. One is if they provide services to their communities on reserve they have tax-free status, which ANCR cannot provide because all our services are in Winnipeg. But also there's a real pull for First Nations people to go back and provide service to their community. So when people leave ANCR, we conduct exit interviews, and that's what we're hearing from people who are leaving, is that it's financially more to their benefit and they also feel an obligation to return and provide direct service to their communities so it can be hard to compete with.

BY MR. SAXBERG:

Q Thank you. Now, so we've, we've talked about the five programs and we've talked about how encompassed in, in those five programs are these two streams and the differential response model. How do you pick where a file goes, whether it goes to protection or whether it goes to that prevention stream? How is that done?

A Well, we have -- across the province ANCR follows a similar process that other designated intake agencies and other agencies follow. We have what they call the structured decision making matrix which is -- basically you

look at the safety assessment. Is the child safe? Is the child -- was the child unsafe and we had to make that child safe with a plan, which could mean apprehension or it could mean some other alternative. And then you look at the probability of future harm, which gives you your risk level, and then the workers conduct strengths and needs assessments on the family, which helps to provide further information regarding safety and risk. And then in conjunction with what Ms. Flette referred to as professional judgment, which we've been looking at, that's how you stream it.

And there are certain criteria where you can stream to the -- where you must screen to the protection stream, and the easiest example would be if the child's in care due to protection reasons. That automatically goes to the protection stream. And if the child's not in care, then you have some decisions that you can make based upon their risk level.

Q And, and we're going to get into that. You got into some of the detail --

A Sorry.

Q -- there, but is the short answer you use the SDM tools?

A Yes.

Q Okay. So in other words, you're going to use

these SDM tools that we've heard about so far this week to help you assess whether a family goes into the protection or to the prevention side of --

A Yes. And I --

Q -- service.

A That was one of the recommendations throughout the reports that were completed after Phoenix Sinclair's death, as well as in our service model review, that we needed to move towards a more standardized, structured approach so that we were consistent.

MR. SAXBERG: Now, if, if I could ask the clerk to kindly call up tab L?

BY MR. SAXBERG:

Q This is a document entitled Child and Family All Nations Coordinated Response Network Differential Response Pilot Project Evaluation. And this was an evaluation done by whom about what?

A It was the evaluation that was completed on our two differential response pilot projects. It was completed by our differential response coordinator, as well as we utilized the services of an organization called Health in Common, which is an organization that has assisted many community organizations in conducting program evaluations so they have a lot of experience in working at that level.

Q And just -- I'm trying to, to simplify. This is a lot of information that we're conveying here, but this was an evaluation of those SDM tools to see if they're working well with respect to the workers and in terms of streaming families. Is that a simplification?

A Yes, that's a good way to simplify it.

Q And so when this -- when -- does -- what does the evaluation say, then, about what workers -- social workers thought of these new tools in terms of helping them do their job?

A The results were favourable. The workers found the tools helpful in terms of assessing families. They actually found them helpful in terms of engaging families as well because you're giving families the opportunity to talk about their strengths, what's working well for them, what we can build on. And they found that it assisted them in their -- also their decision making around is this a family that can go to prevention or is this a family that can go to protection.

Q And, and then the next tab is another evaluation of DR program that was done. That's tab M.

A Yes, this is the Southern First Nations Network of Care evaluation on several differential response pilot -- family enhancement pilot projects that were run across their agencies, and they took a look specifically at ANCR's

-- at that time it was called family enhancement; it's now called the early intervention program -- and actually spoke with families that received services from that program, looking at were the families satisfied with the services, did they feel that they were culturally appropriate, did they feel that they were helpful.

And they were pretty favourable. Families found it easier to engage with the Child and Family Services system through that stream. They, they welcomed the opportunity to speak about their, their strengths and to really talk about what they needed, as opposed to the system telling them what they needed. There were some that commented they found the services to be culturally appropriate and culturally sensitive. And, actually, one of the families that were interviewed said that they found that it gave them a different perspective on Child and Family Services and realized that we were able to do a different type of work with families.

Q And just to be clear, the, the report's sponsored by the Southern Authority --

A Yes.

Q -- correct? But Southern Authority hired independent consultants to do this work?

A One independent consultant and then one -- I believe is an executive director of one of their agencies

but didn't do evaluation on his own pilot projects.

Q Right. And the consultant was?

A Marlyn Bennett.

Q Okay. And she's from the university?

A I believe she is a professor or lecturer at University of Manitoba, yes.

Q Okay. And at page 143 of this report, there's a summary of findings.

A Yes.

Q And, and again, just to simplify, to help us all digest this information, this now -- the first report was really looking at the ANCR workers and how are the tools, are they helping you to do your job. And now, to simplify, we're looking at a report that's asking the families that --

A Yes.

Q -- were receiving the services, how did you like dealing with this new differential response --

A Yes.

Q -- approach and the use of these tools.

A They also interviewed some of our staff as well, but the focus was a narrative approach of gathering information from families.

Q And then with reference to these summaries, what, again, were the -- was the main feedback?

A That they found the services offered by the family enhancement program helpful, that in many cases it was what they said they needed, that they were described as culturally appropriate, and that they found it was a different way of working with Child and Family Services. It was more engaging, more a collaborative partnership.

MR. SAXBERG: I'm mindful of the time. I just have one quick question to wrap this up before the break.

THE COMMISSIONER: That's fine.

BY MR. SAXBERG:

Q How does ANCR provide family support to its clients, client families?

A We have -- we provide family support, well, obviously through the early intervention program, but we also provide -- we have the ability to provide family support in a number of different ways. One is through introducing and providing a family support worker to work with the family, so they can provide respite if it's a single mom who needs, you know, to go grocery shopping and she doesn't want to take her five children with her when it's minus 40. Or they also can do what we would we call teaching -- parent aide teaching homemakers so they can work directly with the parents around parenting skills and developing those.

We also have the ability to provide emergency services, so we often provide families with food hampers, and we have a few different grocery stores that we work with and we have set items for them. But we also have emergency food supplies at ANCR, we have emergency clothing supplies at ANCR, so we have funds that, that replenish those.

And we also have the ability to provide transportation for families, so bus tickets, taxis to and from programs, as well as if they need it to ANCR programs in addition to other services they may need as part of our plan in working with them.

That budget is -- been consistently around, I would say -- I think it's $540,000 a year. Three hundred thousand usually goes to in-home supports, so hiring people to work with families, support families; another hundred thousand goes towards emergency supplies; and then about -- I'd say close to 60,000 goes to transportation for families.

MR. SAXBERG: Okay. Thank you. I think this would be a good spot, Mr. Commissioner, to pause for the morning break.

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

(BRIEF RECESS)

THE COMMISSIONER: All right, Mr. Saxberg.

MR. SAXBERG: Thank you, sir.

BY MR. SAXBERG:

Q Ms. Stoker, does ANCR have a strategic plan?

A Yes, ANCR engages in a strategic planning process on a yearly basis. We usually do a service strategic plan and an operational strategic plan, so many of the goals and objectives that we want to achieve, most of them are incorporated into those plans. And the foundation of those plans recently, in terms of service, have been in regards to a number of the recommendations that been -- have been made on the reports written since Phoenix's death, as well as the service model review and then other operational objectives that we want to achieve.

Q So broadly speaking, what are those goals and objectives, other than, as you said, to implement the recommendations?

A Some of the objectives in our service plan would be around human resource issues, hiring of aboriginal First Nations staff, solidifying our workforce because we are still transitioning from secondments to what we call direct hires. Operational issues such as leases would be another

thing that would be built in there. Policy development would be another area, policy both around human resources, workplace safety and health policy, service policies. Anything -- any best practices that we want to incorporate into our organization would fall under there.

Q Now, those are operational and administrative work along the lines that, that were recommended by the Attorney General. But now I'm going to ask what are the objects and goals in terms of service delivery in terms of your interaction with families and children?

A Well, in a brief summary of some of our main objectives or goals would be, of course, to ensure the safety of all children that come to our attention, to ensure that we approach and work with families from a strength-based perspective, that we conduct thorough assessments to help us determine the best service needs of those families. We would also want to, in terms of our objectives -- I'm losing my train of thought here -- and to make sure that we're conducting service on behalf of our partner agencies and our authorities in terms of ensuring families get the services they need from child welfare.

Q And that's a very good point. You're, you're delivering services directly to families and children, of course, and I think you've articulated your objectives there, but you are also having to support other agencies.

A Absolutely.

Q And so it's important what information you convey when you transfer a file to those agencies, correct?

A Yes. The information that we convey to our partner agencies is what they use as the foundation to start to build their case plans with those families and to provide services to those families. So it's important we do a thorough job, but also we do it in, in a manner that's consistent and standardized so that when they receive transfers from our, from our agency they have a good place to start and they also know what -- we also make recommendations around what approach.

Q And in terms of, of those objectives, how does ANCR measure or keep track to ensure that it's accomplishing what it's setting out to do?

A We have a few different ways in which we do that. Most recently, we have developed a quality assurance program and we have a director of quality assurance and compliance who -- that's their main responsibility, and they -- we've conducted -- for 2011 and '12 and '13, we have a work plan and there are four different audits that our quality assurance manager has conducted during that time period. And then every year we review that work plan, whether or not we've accomplished it, and then we would develop a new one from that. So that's one mechanism in

which we do it.

We also have a pretty thorough reporting structure in that each month the program directors for all five of our programs conduct a -- complete a monthly report to the associate executive director of service and myself, and in there we track numerous statistical information about what type of services we've provided and the volume of service we've provided, and that also assists us to determine whether or not we're accomplishing those objectives.

We also have reports that we receive monthly from the Southern First Nations Network of Care in regards to face-to-face contact with, with children in care, places of safety, numerous -- we -- every -- seems every month we are building on what data we're collecting so that we -- I, I have a thorough understanding and we all have a thorough understanding of what type of service we're providing.

Q And you then would track such things as how many new files are opened every month?

A Yes, each, each program tracks different information, but each program tracks the number of referrals they receive each month, where those referrals come from, what was completed on those, if -- where they were -- if they were transferred, if we closed an intake, if we've transferred it to ongoing service. We track

transfers across programs, so if intake's making a referral to our early intervention program, we track that.

We also track -- now that we're utilizing the strength and needs assessment with families, we also track what are the main strengths in the families and the children we're working with, what are their main needs. And then we're starting to use that to inform us as to which programs we need to develop at our resource centres based upon the needs that we're identifying with the families we're performing -- we're providing service to.

Q And to ensure that, for instance, all children are seen on your investigations, do you audit files?

A Yes. Actually, this year -- we're just finishing right now a -- what we're calling a client contact and response time audit where we are auditing ten percent of all the files that we have closed, which is about 15,000 intakes in the last year. So ten percent across each program are being audited to determine if children are being seen in accordance with our policy and in accordance with structured decision making, and then also are we meeting the response times.

Q And at tab S, you have outlined the quality assurance audits that are, that are underway.

A Yes. There, there -- yes, there are five there, one which we haven't gotten to, which is the operations

review on our human resources. But the place of safety audit has been completed and we're in the final draft of the report. The authority determination protocol audit's been completed in terms of gathering the data and doing the analysis, we're just writing up the report. And like I said, the time, contact, and response time audit we've combined together, and we are in the final stages of that. All but one program has been reviewed.

Q So, yeah, that audit is the one in the middle that -- you're ensuring compliance with those standards to see children.

A Yes.

Q And in terms of the places of safety, what, what's that audit about?

A It's -- it was -- we reviewed every place of safety that ANCR completed in 2011. And place of safety is -- under our legislation we can place children in a place of safety with a family member or a family friend, and then we conduct required checks -- criminal record check, child abuse registry check, and prior contact check -- and there's some -- there's a policy, there's a standard, a foundational standard, and then we've created our own policy at ANCR so we're monitoring compliance with that policy.

Q Right. And the policy is contained in your

material.

A Yes, it is. Tab R.

Q Now, a place of safety, can you just explain how it's different than a foster home?

A A place of safety is used -- it's used when a child is actually coming into care or out of home care. It provides us with the opportunity to place children with known family members or family friends, and then there's a requirement around when to start the licensing process. So it's sort of a pre-step to being a foster parent.

It's usually what we would consider child specific. So perhaps a child comes into care, or children, and the mom or the dad says, You know what, my sister would be willing to be a place of safety. So then we would meet with them or we would do a physical inspection checklist, and we would conduct the required checks as foster home licensing, and then there's also standards around contact with that placement. Similar to foster home requirements, but they're not officially a licensed foster home yet.

Q And just to, to bring it home to the Phoenix Sinclair case, so in 2003 when Phoenix Sinclair was brought into care, she was placed eventually with a place of safety.

A Yes.

Q And ...

THE COMMISSIONER: Initially or -- are you talking about, or the second time she was taken into care?

MR. SAXBERG: Yeah, in 2003.

THE COMMISSIONER: Three, 2003.

BY MR. SAXBERG:

Q And what -- and now you're ensuring that the standard -- that these rules with respect to places of safety to ensure they're -- that they're safe, that there's an audit going on to ensure that there is strict compliance.

A Yes, we -- when we do the terms of reference of the audit, we review the standard and our policy, and then we pick out the areas that we want to ensure compliance with, such as were the checks that are required done; was it signed off by the appropriate person, the supervisor, the program director, and myself; was contact with the child made in that home. It's a compliance audit to ensure that we're, we're following the standard and our policy.

Q Now, this Commission's heard evidence that calls were made to CFS in, in the -- during the Phoenix Sinclair period and that CFS may have refused to accept those referrals, and one example was information from an anonymous source. What's ANCR's policy with respect to accepting referrals from people that want to remain

anonymous?

A We accept referrals from any caller, anonymous or not. They have the right to not -- to choose to be anonymous. That's been a practice at ANCR -- and, and prior to ANCR, JIRU -- for as long as I can remember. In the -- what we call our intake module, it's our IT system --

THE COMMISSIONER: How long can you remember?

THE WITNESS: Since 1996. As long as I've worked in child welfare, whether it was up north or here in Winnipeg, we have received anonymous referrals. And in the intake module, which is the information system that we use primarily, when a caller phones us we have to complete a screen which details the source of referral.

And one of the selections -- you have to select what type of referral it was. Was it a self-referral, was it an anonymous referral, was it a medical professional. We, we can choose that it's an anonymous referral, so that's an indicator, and any reports that I've seen in regards to sources of referral, there are several times when we use that field, where we accept anonymous calls.

BY MR. SAXBERG:

Q Are there any restrictions on accepting referrals from children, from minors?

A Not at all. We receive several self-referrals and I am aware through another process that several of those self-referrals are actually children calling us. It's often -- children are often the best source of information, and we know that, so either they're phoning themselves or they're having an adult phone on their behalf, but we accept if it's a child. Sometimes we have children -- youth walk into our -- to ANCR, and they're met with.

Q Now, in terms of -- just, just touching back on that service model review again, briefly, and some evidence that's come out earlier this week, there was a problem with respect to the phone system at ANCR. Can you walk us through that issue?

A Yes, the service model review found -- and I believe it came out yesterday when Ms. Flette was testifying -- that we have the capacity to track with our phone system how many calls we receive, how many come in to reception, how many come -- go from reception to our crisis response program, how many of those calls are answered when they get put through, and also how many calls go through to after hours, how many are answered by the after hours when they go through. This -- it's quite the Cadillac phone system that we have, and it allows us to track anything, really, that we want, and we're getting better at utilizing

that system.

At the time of the service model review, they found that about -- I think it was 60 -- between 65 and -- 65, 66, 68 of the calls were being answered. So that means when a call goes through to a social work staff, they pick up the phone and they answer it. They would say, I guess -- people in the call service business would say you would want to at least achieve 80 percent. That would be what they call greatest service. So we were, we were definitely below that and that was an objective that we wanted to -- a goal we wanted to accomplish immediately.

THE COMMISSIONER: What happened to the other 35 percent of the calls?

THE WITNESS: They would either -- well, they could be what's called dropped or abandoned, which means the caller could hang up -- if you ever get put on hold and you get frustrated and you hang up -- so they would end the call. Sometimes they would go back to reception, and reception could take a message and say, Our social workers are busy, can we take a message. And in the evening, we used -- we have a phone answering service so they would answer it for us and then fax us the information. So it's, it's a concern that we were missing some referrals, obviously.

We've now made some changes since the service

model review. We've added additional positions at the crisis response program -- those are the two phone screeners -- we added some additional resources at the after hours program, and we've also done a lot of work with the social workers around the way we practice at those two programs. So answering the phone, for instance, to make it simple, is a priority now.

Before what they would do is they would take a referral and then they would put themselves on -- it's called "not busy" so they could write the report and get it to where it needed to go. We've changed our practice where someone has to be available to take calls, and our service, our service capacity has gone up dramatically. We're now, for the last year, between 95 percent and we've even hit 100 percent certain months at both programs, and that's one of the monthly statistics that are reported to me and the director of the crisis response program and the after hours program tracks that monthly.

BY MR. SAXBERG:

Q And, and it, it -- to be clear, it wasn't that people were intentionally not answering the phone --

A No.

Q -- it was that they were working on other matters and --

A Yes.
Q -- then putting the phone on, on --
A On what -- it was called not busy, which was -- they could be doing a file review, they could be writing up a history. They would be completing their report so it could leave their area and get to the intake program, the abuse program, where it needed to go, so just a shift in practice.
Q And, and to -- just to understand the dynamics, you've got how many people there -- social workers -- available to take those calls during office hours?
A Eight.
Q Eight people on the phones. That's eight today, and it used to be six.
A Yes.
Q And how many calls are you getting?
A I would -- can I refer to my --
Q Absolutely.
A -- evidence?
Q Yes.
A It would be tab E. I would say, just looking, we receive anywhere -- during the day -- to our -- to -- and that's going to crisis response program, not to our reception; at reception it's a lot higher --
Q Right.

A -- we receive anywhere from 4600 up to 7,000 calls a month -- or a year, sorry.

THE COMMISSIONER: Forty-six hundred to 7,000.

THE WITNESS: Yes. During the day, and it's equal to that at after hours, if not a little bit higher, which -- I don't have data on after hours here, but I see these numbers monthly, so ...

BY MR. SAXBERG:

Q If you look at the last page of tab E ...

A Yes, and that's actually one of the corrections I believe I wanted to make. I think the date on the top of that says January to December 2011.

Q Yes.

A It should be 2012. Oh, no, I'm wrong, that's a different date. 2011, that's correct.

Q And there's a figure there that the number of files opened at CRU in a year -- in that year, the 2011 year, is seven thousand --

A Yes.

Q -- three hundred and twenty-two?

A Yes.

Q Those are the number of files that are opened in a year by CRU, but are there more phone calls than files?

A Well, according to this, it doesn't look like it.

What we need to remember is CRU doesn't just accept phone calls. They receive written referrals, they receive fax referrals, they also receive walk-ins, they receive referrals from our after hours program. So you can't measure phone calls to intakes. It's an impossible task.

Q Okay. And we'll get to the exact number of files that are opened and then transferred, et cetera. Just want to ask again on a broader level about best practice at ANCR. What does best practice at ANCR mean and, and what is your practice with respect to achieving it?

A Well, I think best practice to us means the optimal way that we would want to provide our services. It is in line with the goals and objectives that are the foundation for goals and objectives that we want to achieve. Best practices are usually incorporated into legislation, into regulation, into our service policies, into, into our objectives of each program. And from what we know, a lot of it comes from evidence, evidence based research, but what's the best way to provide services to families, what's the best way to ensure safety of children, what's the best way to make sure families get the services that they need.

Q Is there a difference between striving to achieve best practice and, and the foundational standards?

A Yes. And I guess I would like to use an example,

if I could, to make that clear, is -- one of the foundational standards is a safety assessment must be completed on every issue that's identified as a 24 hour or immediate response. We, at ANCR -- and I think several agencies now -- think it's best practice to do a safety assessment on every allegation of abuse or neglect, so we've made that as part of our policies, as part of our program structure. So often best practices will build upon the foundational standards, which are minimal levels of service that you're expected to provide.

Q Okay. And along those lines, I'm going to ask you about supervision at ANCR.

A Sure.

Q Do you agree, supervision is a very important mechanism to determine quality assurance and to determine if best practice is being achieved?

A Absolutely. Supervision is one of the key ways that we can ensure that we're providing quality assurance -- quality services and meeting best practices.

Q And the ANCR policy is at tab T, which we should turn to. The information's here for, for the Commission to review if it wants to get into the details, but for our purposes here, if you could just tell us on a -- at a higher level, what's the supervision policy?

A The supervision policy in general is that

supervision must occur for every individual on a minimal monthly basis, that -- it could occur more frequently and often does if it's a new staff or a staff that is having some work performance issues that need to be -- where they need further support and potentially some monitoring. But minimally, it must occur monthly and must be recorded. The supervision records are considered joint -- property of ANCR, but both the supervisor and supervisee have access to those records, and they're maintained with the supervisor until the point that that employee leaves the organization, at which point they are stored in Human Resources.

And there's -- I mean, we've heard a lot and I think lots of people know, the purpose of supervision is to support your, to support your staff, to track development, identify any training needs, ensure that they have what they need to do the job, and then there's also a case monitoring or service monitoring function of that.

And supervisors are expected, if they're supervising frontline staff, to do a review of all the intakes that are open to that individual to ensure service compliance. We say ideally monthly. Some individuals may have case numbers that prevent that, but we minimally, for sure, every quarter they would go through the complete case list. And I think most of them achieve monthly.

Q Is it mandatory for the notes of those

supervisors to be maintained?

A Yes.

Q And you, you have a policy with respect to that that we'll come to.

A Yes.

Q But let me ask you this about -- what's the training requirements for those supervisors at ANCR?

A All supervisors at ANCR are required to take the core training supervisory component, so that's five -- I believe it's five different modules. They also, of course, are required to have all the training that their frontline staff have, and in addition to that, we send them for additional training if they're new to management, around managing under the collective agreement, some leadership training, and then depending upon their needs from there, but minimally they all have the supervisory core training.

Q And one of the issues that's come up in this Commission of inquiry is whether that training occurred before they commence their position. What's the -- what happens at ANCR in that regard?

A Sometimes it does. Frontline workers can identify with their supervisor that that's one of their professional development goals, that they would like to move into management, at which point, when that's identified, we'll support them in attending it prior to

going into a management position as part of a developmental plan. And sometimes when they come to us they've received it from another agency, and then sometimes they take it, but we try and get it accomplished within the first year, ideally within six months.

Q With respect to training as a whole for the organization, what are ANCR's training procedures?

A We have -- every position at ANCR has a set of mandatory training requirements, so for frontline social workers, regardless of what program you're working in, you must attend, obviously, CFSIS and IM, because that's a tool we use all the time at ANCR and you, you need to know how to use it to do your job properly; the core training series, so the case worker core training series. They're also required now to take structured decision making training, standards training, and non-violent crisis intervention training, suicide assessment training, as well as any other -- but those are the -- that's the core mandatory set of training. I think I have it all.

Q ADP --

A ADP training, thank you.

Q And that's authority determination protocol.

A Yes, that's particularly important for the -- I would say the intake program, the early intervention program, and the abuse program because those are the three

programs that transfer files out of ANCR. Primarily the intake program.

Q And in terms of, of materials that workers are provided by ANCR, what are they, what are they given to help them do their jobs?

A Well, when, when someone begins at ANCR they receive an overall ANCR operational orientation, so that's our operation issues, how to file an expense claim, what's your -- what's -- here's our collective agreement, how do you contact your union, how do you -- when do you -- what does your pay stub tell you -- those types of operational issues -- where do you get your office supplies.

But then within each program they have an orientation that each staff must participate in general to all programs, and then whatever program you're employed in you'd have specific orientation, which would include things like, here's the Child and Family Services Act and reviewing that with the staff, the standards -- although they'll take formal standards training -- here's your regulations.

And that -- and there's also usually what we would call, I guess, an on-boarding process or a job shadowing process and it's all dependent upon what, what the worker brings with them. Sometimes we hire people who have worked in the system for a number of years. They

obvious need a different level of training than any graduate from a B.S.W. program. So they may shadow a senior staff and there's a mentorship process in terms of shadowing. Sometimes they'll do a number of different -- so you get to see different styles, different techniques. And then they'll start out with a smaller caseload and, and gradually increase their size and complexities of cases, as well.

Q Okay, thank you. Move to a different topic now that's been a topic of, of much discussion at this Commission of inquiry, and that is information sharing between a CFS agency and what are called collaterals.

A Yes.

Q Can you talk about that?

A Well, information sharing between CFS and all of its collaterals is, is extremely important in our ability to provide not only services but also to do assessments, and we've worked really hard in the last few, few years to improve and, and -- upon any barriers we're all experiencing.

In particular, we've done some recent work with Employment and Income Assistance around information sharing. Myself and my executive director of service have attended many meetings with EI -- Employment and Income Assistance, and we've tried different mechanisms in terms

of accessing information, and we've currently come to an agreed upon process which seems to be definitely an improvement, where we have a number which we can call if we need information in an immediate fashion, and then we also have an email address where we could email and request information if we don't need an immediate turnaround time. So it's a -- we continue to improve upon it and I think I'm hearing pretty good feedback from our staff that things are getting better in that department.

I've also been working with the Department of Health and the Regional Health Authorities over the last two years on a similar process, where we have done some work around mutual understanding of what type of information we would be requesting, why we're requesting it, that it's in regards to protection of a child, and what's the best way for us to get that information in a timely manner. We've developed a form with Manitoba Health which allows us to get demographic information from Health very quickly, and then we've also been -- we're developing a form with the Regional Health Authority so we can access information from Public Health, from health institutes that fall under the Regional Health Authority. So that's been a really good process. I think we've got a mutual understanding of each other's needs.

THE COMMISSIONER: But are you saying -- who, who

is "we" when you talk about having done this?

THE WITNESS: In terms -- child welfare representation.

THE COMMISSIONER: Well, no, you're, you're -- the arrangements you're working out with the collaterals, you talk about we have done this, we have got this.

THE WITNESS: ANCR.

THE COMMISSIONER: Well, then what about --

THE WITNESS: And in --

THE COMMISSIONER: -- what about --

THE WITNESS: In --

THE COMMISSIONER: -- the rest of the system, the, the authorities and the agencies. What about the policy there?

THE WITNESS: Well, with Manitoba Health, there's one representative. The department has other representatives there as well. I'm sort of representing the agency level because ANCR in Winnipeg is a big user of, of those collaterals.

THE COMMISSIONER: Well, do you have an arrangement with, with Employment and Income Assistance that's just between ANCR and, and that organization?

THE WITNESS: We do have, I think, a unique relationship with EIA but they have other -- across jurisdictions, they have other working relationships but --

THE COMMISSIONER: Who coordinates that overall, relationships, that, that there's one policy for dealing with Employment and Income workers?

THE WITNESS: It, it would be the government that would take the initiative and the lead on that.

THE COMMISSIONER: Right.

THE WITNESS: And we, we've been invited to participate in those because we're a big user of that service. So --

THE COMMISSIONER: That's my interest, to see if --

THE WITNESS: Yes.

THE COMMISSIONER: -- it is, indeed, coordinated.

THE WITNESS: Oh, absolutely. Yes.

BY MR. SAXBERG:

Q And I think what you're saying is that the government's part is at the table.

A Yes.

Q So the government is the initiator of these new policies to ensure that its different -- I'll use the word divisions --

A Yes.

Q -- or different tentacles are communicating with each other in terms of, of achieving child safety.

A Yes.

THE COMMISSIONER: And we're going to hear from the government in, in due course, at this Inquiry.

MR. SAXBERG: Absolutely, yes.

THE COMMISSIONER: Yes.

BY MR. SAXBERG:

Q And, and ANCR has got a special place there because you're the -- you have -- you're the exclusive provider of intake services in Winnipeg --

A Yes.

Q -- so you have a bit of -- and -- so that creates a bit of a different function than the other agencies.

A Yes, and we, we call them a lot so ... So those are two examples where we work jointly with the Department of Family Services and the Department of Health and the Department of EIA to improve that.

We've also -- we request information quite frequently from law enforcement, and that's been a bit of a different process than these two other because law enforcement is outside, of course, the provincial government realm. So we -- and depending on which department at ANCR, which program, it's a bit different. Our abuse investigation program obviously works very closely with law enforcement, Winnipeg Police child abuse

unit in particular. So they have a direct link to a child abuse detective that they can call and talk about information sharing with -- on a joint investigation.

We also have a unique arrangement with our after hours program. We have direct access to what's called CPIC, Canadian Police Information Centre, so our after hours staff are able to phone the CPIC number and get information regarding high-risk individuals or addresses, that they have reason to believe they may be at risk, the worker's safety might actually be an issue when attending.

During the day for our crisis response program and intake programs, it's been a bit more challenging in terms of information sharing with the police. The, the child protection branch has set up a program called the criminal risk assessment unit in which we can fill out a form and fax to them and request a criminal risk assessment, that -- there are some struggles with that in terms of meeting our needs in that ANCR has six designated individuals that they can -- that can actually fax in that form, so six authorized --

Q Maybe we should just back up for a second --

A Yeah.

Q -- so that everyone understands where you are. There's a unit called the criminal risk --

A Assessment unit.

Q -- assessment unit, and what is that, first?

A It is a unit that is run through the Child Protection Branch. It's got two people in that, that we would send a request for to get information.

Q There's two people in the unit.

A Yes.

Q And they're former police officers, I understand.

A I believe -- that's my understanding, is they're retired police officers.

Q And my understanding is that ANCR can -- six individuals at ANCR, pursuant to this agreement, can contact or fax in requests to get an assessment --

A Yes.

Q -- from that unit. And what does the assessment provide you with?

A It comes back with a rating of low, medium, high, or very high.

Q And, and that's on a document, but you're not receiving any particulars in terms of the reason for those assessments.

A No. We have a guideline as to what low would be, like that would be a shoplifting charge or conviction; and then we have obvious very high would be your most extreme. And there are some situations where workers -- sometimes you can phone and get a little bit more information.

One of the issues we have is this 24 to 48 hour turnaround time. So if we need to determine immediately if someone poses a risk to a child or poses a risk to our staff, that can be a bit of a struggle, as well as if -- there are times when that unit's not available because summer vacation, Christmas holidays, so forth. At that point we have to contact the, the district directly, so we would actually call the sergeant of the district of the address we were -- or, the people where they resided, and that can be very good or could be not so good of an experience. It depends often on who you get and their willingness.

There's still some confusion around FIPPA and what they're entitled to share, and sometimes we have to stress that we need this information to do our work as we're mandated and often we have to quote the section in the act that says law enforcement must share information with us. So it often depends on who you are and if we know that, sometimes we phone certain districts more than others, so there are some struggles in that.

Q When ANCR's doing a child protection investigation, whether it be at abuse or at intake, does ANCR have access to police records, the police file on, on a member of the family?

A No. The only information we get is verbal, other

than the form we get back from the criminal risk assessment unit.

Q Would it be of assistance -- or does ANCR ever come into that type of information?

A Only if we're in a judicial proceeding and our lawyers have filed a motion for disclosure.

Q Are -- is -- that form of police records, is that something that would assist ANCR in terms of its investigation of or its protection of children?

A Absolutely. It's different -- if someone has a impaired driving charge, it's much different than if someone's had an assault charge against a child. And --

THE COMMISSIONER: But you do get to find out what, what kind of a charge in order to relate it to whether it's low, high, or medium, don't you?

THE WITNESS: No, not, not automatically. We can phone and they will sometimes provide us with further information, but it's not consistent. The, the program that would be the abuse program because of their direct connection with the child abuse detectives at Winnipeg Police Services. But, no, sometimes we wish we had better information to better assess risk.

THE COMMISSIONER: Well, there are a lot of other issues involved in, in making police files available and I, I don't, I don't think we're going to get into that, but I

am interested to know what kind of cooperation you get.

THE WITNESS: It varies by the district and by the department of the police. That's only -- from the child abuse unit we get a high level of cooperation.

BY MR. SAXBERG:

Q And you had mentioned that if a matter is going to trial --

A Yes.

Q -- that it's a matter -- a regular matter for police records to be disclosed in the course of that matter.

A Yes.

Q And the question I had asked you is would it be of assistance to get them earlier, then, than in the context of a trial for child protection.

A Absolutely. We've had circumstances where we've had workers attend to the home and then have to call for police backup, and when police arrive they've said to our staff: You should not have come here alone. You should have phoned us before you arrived. Or you should not meet with this individual alone, once they are involved. So it's extremely helpful.

Q And in terms of filling out risk assessment, SDM tools, and, and being aware of a criminal history, would

that be of assistance in determining risk levels for children?

A It would be an assistance in determining a risk level. I don't believe, off the top of my head, which I know we'll get to, is criminal -- past criminal involvement is necessarily one of the domains. Past child abuse convictions would be.

Q Now, just in terms of information sharing, did you have anything else to add?

A I think that there are some improvements that we can make in our system and there's -- I've become aware of, of what other systems have done, most particularly a model in Australia that was implemented in New South Wales which came as a result of an inquiry there, where they've set up what they call child well-being units with justice, family services, child welfare, and education, and they have designated people within those child well-being units that you can contact for two reasons. One is for sharing of information and the other one is to consult with if you want to refer a matter across. So it's -- they serve two purposes. One is to do a little bit of screening or consulting around whether or not this is child welfare issue, and then also to be sort of a liaison between their -- they're child protection employees, but they're housed within these different departments to create a direct

linkage.

ANCR's had some minor experience with that. We have a position called a medical liaison social worker with the Health Science Centre and she's stationed at the Health Science Centre. She works there, and that's improved our relationship and our information sharing between ANCR and the Health Science Centre dramatically.

Q For my benefit, just -- you're simply saying that there would be a unit of CFS workers that would be housed at EIA, for instance, that the social workers at your agency would communicate with --

A Yeah.

Q -- in terms of achieving information.

A Yes, it could be one person, depending on the volume.

Q And would you recommend that's -- that unit -- what, what -- other than EIA, what organizations do you think should have this child well-being units?

A I would say education. That's challenging. There are many school divisions here in Winnipeg, but that's another place where we often go for information -- is a child registered in school, what school are they registered at -- so education would be beneficial.

Justice or law enforcement, for sure.

And then we also seek information from other

family service units, which usually isn't problematic. If we're getting -- we're sharing information with Children's Special Services, say, that hasn't been much of an issue for us.

Q Okay. I'm going to move to a different topic area now. The issue -- another issue that's certainly been canvassed in this proceeding, and that's the issue of workload.

A Yes.

Q If we could turn up tab U. Perhaps you could explain what this document is --

A Yes.

Q -- who prepared it, and, and its import.

A Yes. I prepared it, actually, with the assistance of my quality assurance manager. It's based upon the intake program reports that I receive monthly from what used to be called tier two intake and we now just call intake. And it's a breakdown of the total number of referrals that intake received from our crisis response program, the average number of staff on rotation for the month -- so that's the number of staff that are accepting cases; so they're not on vacation, they're not away for training, they're not on some other type of a short-term medical leave or -- they're actually there and accepting cases -- and then the average number of intakes received

per worker per month.

So we've -- we do this -- we've done this consistently since 2009. It helps us to track workload. And if you look over the next two pages you can see that the average number of cases is anywhere from -- well, it was 14 for two years, it was 16 in '11, '12. When I prepared this I didn't have the March information so -- that wasn't available at the time, but if you look it's about 15.

What's important to say for the '12, '13 year is we've added that extra unit there. So if in '11, '12 it was -- the average worker would have got 16 cases or intakes per month, in '12, '13 that's gone down to about 14, 15, but we've added a whole new unit so that unit has resulted in slight decrease in the workload per worker.

Q Okay. And just, just to make sure we're all on the same page here, this is just referring to the intake program.

A Yes.

Q And the intake program will have a file for how long?

A They could have a file anywhere from a few days -- depending on the issue that's referred to them -- ideally no longer than 30 days, but sometimes I would say up to 60, depending on the complexities of the case and the

transfer process.

Q And this is telling us, then, that at present your, your best estimate is that the average number of files per worker per month is 15 --

A Yes.

Q -- at intake.

A Yes, and you can see it fluctuates throughout the year.

Q Now, at CRU, which is the program -- the, the crisis response program --

A Yes.

Q I called it CRU; CRP is how you refer to it now.

A It's recently changed.

Q Do you measure the work volume at CRP?

A Yes, we track the number of phone calls they receive, the number of intakes they open, the number of intakes that are transferred to them from after hours, the number of intakes they transfer out of CRP to another ANCR program or to another agency. There are sometimes when we get calls on open cases and it takes us a bit of time to find out that they're already open. And we also track the number of cases, I think, that they close, that they refer out, that goes to intake, that they refer to abuse, that they refer to the early intervention program. Any sort of service volume or services provided, we try to track there.

Q And if I could refer you to tab W. And I'm going to refer to the last page, page 6 of 6, the last table.

A Yes.

Q And what year are we looking at for this last table here?

A It's actually 2012, but it does say 2011.

Q That's the one that you wanted to correct.

A Yes.

Q So we should all strike off the 2011 at the top of that page and note that it's for the full year, full calendar year of 2012.

A Yes.

Q And now we're at the crisis response program. How many files are opened by that program?

A In 2012, we opened 7,286.

Q And what happens to those seven thousand --

THE COMMISSIONER: Is that on this page you just referred to, for --

THE WITNESS: Yes, it's the --

THE COMMISSIONER: Where, where is that figure?

THE WITNESS: -- second row --

THE COMMISSIONER: Yes.

THE WITNESS: -- under the --

THE COMMISSIONER: Oh, I see. --

THE WITNESS: Right where it says Total.

THE COMMISSIONER: 7186.
THE WITNESS: Yeah, 7286, yes.
THE COMMISSIONER: Yes.
THE WITNESS: It's small, sorry.
THE COMMISSIONER: It is small, but I see it.

BY MR. SAXBERG:

Q And the number underneath that is the number of intakes closed by CRU.

A Yes.

Q What does that mean?

A That the services were provided by the crisis response program and they ended. They were closed there.

Those also include the non-child welfare intakes, and we do receive quite a substantial number. It's almost 50 percent of the intakes that the crisis response program closes are calls that they've screened out. Someone has called and we've said, That's not a child protection or Child and Family Services issue, here's where you could better get services for your family.

Q Okay. And so for those 4,200 or so files, is that -- are they closed without an investigation or with an investigation?

A Would depend on the issue, but if it's -- if, if the issue requires an investigation, then it has to be

completed.

Q So any referral of neglect or abuse.

A Neglect or abuse, yes.

Q And on any referral of neglect or abuse, what happens before a file can be closed?

A They have to conduct a safety assessment and a risk assessment which would support their decision to close that file, and those children have to be seen.

Q Okay. And the, the risk assessment you're talking about is the SDM.

A Yeah, it's the probability of future harm.

Q Okay.

A If they can't -- if they don't have the time or the resources to conduct -- to see the children, to interview them, to do the safety assessment, then it has to be referred to the intake level.

Q Now, the tab prior to this is tab V.

A Yes.

Q And, and it's a tab that the Commissioner's -- document Commissioner and counsel are familiar with. That was the tracking of CRU's statistics that was done between 2002 and 2005 --

A Yes.

Q -- back when Winnipeg CFS did this work.

A Yes.

Q And how has it changed? Well, first of all, can you compare those two documents?

A They're very difficult to compare because our, our whole system has changed.

Q Okay.

A Back at this time when this was Winnipeg's intake system, that provided intake for Winnipeg Child and Family Services and they were the only agency operating here in our jurisdiction. And as you can see in there, they tracked -- they often referred matters directly where we don't. Like, our CRU -- our CRP program wouldn't, for example, send files directly to their -- what's called -- they're calling their perinatal service unit. Because they were one agency, they didn't have to do an authority determination protocol. They could just send files directly from CRP further into (inaudible) organization sometimes without -- not having to (inaudible). So the numbers are -- it's difficult sometimes to compare. There are some you can compare, like what goes to intake, what goes to the abuse program.

Q So having -- with those -- with that exception in mind, has there been an increase in the work -- the amount of the volume of files opened at CRU since 2005?

A Yes.

Q Yes.

A I believe so.

Q Now, one of the other issues that was heard throughout the -- as being a problem with this -- at intake was the issue of there being -- this is just my word -- friction between the CRU as it was then called --

A Um-hum.

Q -- and intake. Has that problem been considered by ANCR?

A Absolutely. It's, it's considered all the time. I think we've, we've -- by using the structured decision making tools and some of the policies and procedures we've put in place, that's eliminated the opportunity for there to be some of that friction between programs as, as you called it. We encourage, definitely, discussion between programs as to what makes the most sense in terms of service, but some of the procedures that we now have to follow -- for example, if it's an issue of abuse or neglect, a safety assessment and a probability of future harm have to be completed. If it cannot be completed at the crisis response program because they're, they're dealing with urgent matters and they don't have the time or the resources, it has to go through to intake. Intake cannot refuse it because before we determine the outcome for any family or child there are certain things that have to occur. So by having some clear structure in place,

that's helped.

Now, there's some discussion -- and we've had some clear criteria for the abuse program so if it meets the criteria to abuse, it goes to abuse. That doesn't say we don't have discussions as colleagues around the best way to provide service to families but we're very -- people are very clear around what the expectations are.

Q Okay. So the use of the assessment tool, which is structured --

A Yes.

Q -- is going to, in many cases, resolve whether a file should be closed or whether it should move from CRU to CRP, that type of thing.

A Yes.

Q Now, back to the service model review, though, the service model review that you referred to earlier, that did consider this issue and made some recommendations, correct?

A Yes, it did. They have recommended that we look at the overall ANCR service model and look at a more streamlined process for families to reduce some of the duplication of services and some of the number of workers that families could potentially have contact with before they leave the intake system. And that's our last main strategic goal for the, the year in terms of the

recommendations that we need to achieve.

The first -- last two years have been concentrated on getting some standardized tools in place, getting some structure in place, and for this year our goal and our objective is to look at a more streamlined service model and take a good look at the duplication of function between the crisis response program and the intake program.

Q Okay. And I'm just going to explore that briefly a bit more, to give some jurisdictional perspective to the matter.

A Yes.

Q In Manitoba you have a separate agency, ANCR, doing all of the intake work in, in Winnipeg, and in other parts of the province, there, there are other designated intake --

Q Yes.

Q -- agencies. Is it the case that in other jurisdictions there's no distinction between intake and family services?

A In some, there, there's not.

Q In other words, there may be a file -- a family that comes to work with a social worker, that social worker will do the intake function and then carry on if long-term --

A Yes.

Q -- services are needed.

A I would say larger urban centres have, have split the functions, but in some of the smaller centres, yes.

THE COMMISSIONER: Are we talking Manitoba or beyond?

MR. SAXBERG: I'm comparing Manitoba to other jurisdictions.

THE COMMISSIONER: Beyond Manitoba.

MR. SAXBERG: Beyond Manitoba, yes.

THE WITNESS: Yes, we've -- part of the service model review, they did -- you could call it a literature review or exploration of many different intake models across Canada, and then we also had the support of a service consultant who was with us for a year, who furthered that review. And so we're looking -- we're very unique in Manitoba because of our -- the system that we've set up, so we're trying to look to others to say what's worked well for them, what hasn't, and how can we set up an intake service that's streamlined, doesn't duplicate the services, does the thorough assessment that, that we've been asked to do, and helps to refer families further into the system. So we've done a pretty wide review and, and we're working right now on developing a new model.

BY MR. SAXBERG:

Q And just to bring that home, ANCR -- we'll just talk about three of the programs we discussed.

A Yes. Okay.

Q There are office hour programs that do protection work.

A Yes.

Q That would be crisis response, intake, and abuse.

A Yes.

Q Okay. So those three programs, are they split up into three different functions in other jurisdictions, in jurisdictions outside Manitoba?

A Yes, sometimes they are and sometimes they are not. Like, for example, sometimes intake and abuse are combined, and an intake -- a child protection investigation is a child protection investigation. Sometimes they'll have a screening unit that, that won't complete any assessment. They'll just screen it in and then they'll send it further. So there's a wide variety across Canada around how people operate the -- perform the -- how people perform the intake function.

Q Okay. And your -- and ANCR is studying, studying that at present to help inform itself in terms of implementing the recommendation from the service model review.

A What can we learn from them and how can we best

implement an intake system that works for us in terms of having multi-agencies operate in the same jurisdiction.

Q I want to turn to the subject of funding of ANCR.

A Okay.

Q How -- and let me -- I think we can most efficiently facilitate this by -- if we mark your pre-filed evidence at this point in time, and I know that, that Madam Clerk now has a copy of the -- electronic copy of the -- what's called the witness summary.

THE WITNESS: Um-hum.

MR. SAXBERG: And that's what you have, Mr. Commissioner, at the front of your binder.

THE COMMISSIONER: Yes.

MR. SAXBERG: I think the recommendation from Commission counsel was that we maybe mark it as a separate exhibit to be able to track it down the road a little easier then than having it as a document without a tab in it in the binder. So I, I would ask that we mark that as the next exhibit.

THE COMMISSIONER: All right. That'll be exhibit what?

THE CLERK: Fifty-two.

THE COMMISSIONER: And this is the, this is the witness -- is that -- oh, that's another copy of it. Yes, all right.

EXHIBIT 52: WITNESS SUMMARY OF SANDRA STOKER

BY MR. SAXBERG:

Q And I'm going to refer you to page 13 of Exhibit 52.

A Yes.

Q And that's -- there's some -- there's quite a lot of detail in terms of how ANCR is funded there and that's for the Commission's reference if they want to drill into that level of detail. But just talking about it at a high level, how is ANCR funded?

A ANCR is funded by the Southern First Nations Network of Care. Of course, all of the funding for ANCR services is provincial funded because we have no federal jurisdiction, so the funding would flow from the province through the Southern Authority to ANCR. We, we were -- when ANCR went live, we were funded for 151.5 EFTs, or equivalent full-time employees, and we now have permanent funding for 164.

Q And I'll just stop you right there.

A Yes.

MR. SAXBERG: If we -- the clerk could move to the bottom of page 13, there's a heading ANCR Funding, and

that's where, where this is beginning.

BY MR. SAXBERG:

Q And you see that in 2007 you're funded on the basis of 151.5 EFTs --

A Yes.

Q -- and EFTs are, again?

A Equivalent full-time employees. Sometimes called FTEs, full-time equivalents.

Q Okay. That's 2007. 2013 --

A Yes, I should say in addition to that, we get 15 percent overhead for operating costs for those employees.

Q Fifteen percent of, of what number?

A An additional 15 percent of the 154 -- 151.5. Our funding is by position. We have so many positions and so many classifications.

Q Right.

A So our social workers, for example, are all funded at -- SP4 is their classification in their collective agreement.

Q Right. I, I -- what you're saying is --

A And then they get 15 percent on top of their salary range for overtime.

Q Right. What you're saying is you, you add up the 151.5 salaries, which are --

A Yes.
Q -- determined at the midpoint --
A Actually, it's, it's recently changed now and I was just able to confirm that. It's actually one step below the highest range.
Q The highest range on the salary grade.
A Yes. Yes.
Q So you add up all those salaries, and whatever that amount is, you then add 15 percent more.
A Yes, for --
Q And that 15 percent more is going to cover overhead.
A Operations, overhead, right.
Q And as you --
A Rent, phones --
Q Right.
A Yes.
Q Okay. And, and the 151.5 was 2007. In 2013, that number is what?
A One sixty-four.
Q One hundred and sixty-four EFTs.
A Plus we do get funding through a differential response and that's how we fund our fifth intake unit, which is eight people.
Q And, and I'm just going to try to simplify it

even --

A I know.

Q -- further by saying that in your 2012 budget and in other documents throughout this Commission --

A Um-hum.

Q -- there's reference to ANCR having 202 EFTs.

A Yes.

Q And, and, and that's an accurate -- that was an accurate budget --

A Yes, it was.

Q -- when it was done, 202 EFTs. How do you reconcile, then, the 164 that you say are in position today and the 202?

A Well, there would be the additional fifth intake unit which we do receive funding for through differential response funding. Also that 202 includes employees under the emergency placement resource program which was originally housed and is still under the management of Winnipeg Child and Family Services, but there are some plans for it potentially to transfer it to ANCR. So we sort of share those employees. ANCR receives funding for 14 of those positions and then an additional five, and then Winnipeg has the rest. And then we've had a number of positions that we've been able to add to ANCR to improve our services. Because of some staff turnover and some

vacancies that we had, we were able to accumulate a surplus which has funded some of those extra positions that we've added.

Q Okay. So you -- and you've also got unfunded positions --

A Positions.

Q -- that -- where you're able to, to use additional dollars with -- that were allocated based on the 164 to hire more, more staff.

A Right. There weren't, there weren't additional dollars. There were dollars that we saved or had because of vacancies.

Q Vacancies.

A Yes.

Q Okay. And so -- and you -- ANCR -- we heard from Elsie Flette about the new funding model which is -- works hand in glove with the differential response service model.

A Yes.

Q Is ANCR part of that funding model?

A Not yet. We will have a funding model. It -- they're going to -- they're at the point now where they're looking at establishing designated intake agency funding, and because ANCR is the only exclusive designated intake agency in the province, we will be working with the -- our mandate and authority and the province around developing a

funding model that allows us to continue to provide services and has -- it's more complicated at the intake level because we don't have cases, and intake can last a day or it can last 120 days if you're with the early intervention program, so it'll be, it'll be a complicated process and we're getting ready to head into that soon, I hope.

THE COMMISSIONER: When you're through funding, we'll probably take our noon hour break.

MR. SAXBERG: I was just going to indicate that I was going to move into the next area. But I, I could -- I can say that I believe that I have about another 45 minutes to go with the, with the witness.

THE COMMISSIONER: Well, then, I think we'll take our break and so that would -- you, you -- yes, all right. We'll get into cross-examination during the first part of the afternoon, then.

MR. SAXBERG: Yes.

THE COMMISSIONER: Yes, all right. That's going well. All right. We'll rise now until two o'clock.

You, you go ahead and leave.

(LUNCHEON RECESS)

THE COMMISSIONER: All right, Mr. Saxberg,

please?

MR. SAXBERG: Thank you, sir.

BY MR. SAXBERG:

Q I want to turn now to the major changes to policies and procedures since the Phoenix Sinclair case.

A Okay.

Q One of the major changes at, at intake at ANCR occurred in 2005, and that related to a new program -- a new computer program that became available to workers, known as the intake module.

A Yes.

Q Can you explain what the intake module is and how it changed how social workers conducted their work?

A Yes. The intake module is an additional information system that is used in conjunction with CFSIS but it's our -- at intake, it's our primary information system that we use, and it's been designed and set up for the creation specifically of intakes and it's a live system which means workers are now able to input information immediately as they are opening a file. Previous under CFSIS, a lot of workers would do the work on paper and turn it over to an administrative assistant who would then open up the files and attach all the relevant documents.

The intake module now allows -- and we use it in

this way -- that workers are opening up the intakes themselves and they are able to -- there are a few significant changes with that. One is the live system. So as soon as a worker enters the information into it, any other worker in the system that has the right to access that information could see it. So if you were a worker at -- social worker at the crisis response program and you were opening -- working on an intake, if another worker got a call in the same family, they would immediately be able to see that you were working on it.

It also allows the worker to attach the family members and relevant people in the case, and while you're doing that, it forces you automatically to, to conduct what we heard of in this Inquiry as a prior contact check. So before you can attach a person you have to complete a prior contact check, which then helps the worker to determine if they're attaching the appropriate people and it allows the worker immediately to start looking at the history of that individual within our system. There's also --

THE COMMISSIONER: That -- will that a prior contact check with the name of the child or whoever's name you put in?

THE WITNESS: Whoever's name you put in.

THE COMMISSIONER: And if you want to put in, in sequence, four or five names, you could?

THE WITNESS: Yes.

THE COMMISSIONER: And, and the --

THE WITNESS: And --

THE COMMISSIONER: The information would appear.

THE WITNESS: Yes. And you have to check that person before you can actually attach it. So even before they become officially attached, you're starting to look at the history.

THE COMMISSIONER: But you could also check on some people that were of concern to you even though you might not going to attach something to their file.

THE WITNESS: Absolutely.

THE COMMISSIONER: Yeah.

THE WITNESS: Yes. It works similarly as CFSIS. The difference is it's a step you can't skip anymore. Prior to attaching that person, you have to do this.

In addition to that, it has a number of issues that have been created across our system so the worker's actually picking a list of pre-described issues. So if there was a call of physical abuse, you would pick the physical abuse category, and then it would bring up different physical abuse issues for you to pick and attach right into that intake so it's not a separate form. It's part of the system.

And when you pick an issue, it gives you a

response time automatically, so that's not longer left subjective to the worker. So every issue you select comes up with a pre-determined response time and if you -- you do have the ability to override that response time, but the supervisor has to approve that and you have to give a reason.

THE COMMISSIONER: Response time for what?

THE WITNESS: For every issue. So just say the issue was inappropriate physical discipline --

THE COMMISSIONER: Yeah.

THE WITNESS: -- and you picked it, it gives you right there a response time, the system, this is a 48 hour issue.

THE COMMISSIONER: I see.

THE WITNESS: If you picked a more severe issue where there was an injury, then it would be an immediate 24 hour issue. Some days are immediate 24 hour, some are 48, and some are five days.

BY MR. SAXBERG:

Q And just following up on that, then, prior to the advent of the intake module, the worker would determine the response time?

A Yes.

Q And now with the module, you're saying they pick

the issue and the -- and then that generates a response time?

A Yes, automatically.

Q If we could turn up Exhibit 52, that's the pre-filed evidence, on page 11, and under the heading, Intake Module, you've listed off here --

A Yes.

Q -- the differences. Are these -- is the IM system different than CFSIS?

A Yes.

Q They're two separate systems?

A It's a separate system, but they do communicate with one another and they are connected. So if you go into the IM you can still see CFSIS, and if you go into CFSIS you can still see intakes that were created in the intake module. So they're married, I guess would be a way to -- I'm not a IT person, so ...

Q Okay. And in terms of what ANCR can see when it goes to CFSIS, can you tell us what ANCR workers have available to them through the CFSIS system?

A ANCR as a designated intake agency has provincial-wide access, which means the -- it's recognized that in order for us to provide the services that we provide we have to be able to have a broader access, so we can see files that are open to other agencies, and that's

important to us so we know where to send the information.

So, for example, at the after hours program if we got a call on a family, Jane Smith, we would then see is that family open to somebody already, we would be able to see the history or the work that's been done with that family, we would be able to see if there were kids in care, if it was a protection file, any recordings of that, and that allows us to better respond to the needs of the family. And then we know where to send that information the next day, whether we -- if they need further service, does it go through ANCR because it's a new referral, or is it already open to someone and they need that information the next morning. And we have the ability to electronically transfer it so we send it via paper, via fax in the morning, but we also have the ability to attach any work we do to any agency CFSIS files.

Q Yesterday the Commission heard that workers at one agency can't, through CFSIS, look at files that are belonging to other agencies, but ANCR has different access, is what you're saying.

A Yes, because of our role as the designated intake agency and our after hours program, we have to be able to access that information.

Q Now, one of the items that you've indicated here became mandatory as a result of the information -- or

sorry, intake module, was that safety assessments had to be done.

A Yes. The safety assessment is actually built right into the intake module so it's not a separate document. It's part of the intake module that you complete. And if it's a 24 hour issue, the foundational standard as set by the province is that you have to complete a safety assessment, so it will not let you close an intake without a safety assessment. ANCR's built on that foundational standard to say any allegation of abuse or neglect must include a safety assessment but, minimally, the system will not let you close an intake if you do not do a safety assessment on an immediate safety issue.

Q Okay. And the safety assessments that we're talking about that came in with this intake module, were they -- are they different than the safety assessments that were being done in 2005 and previous to that?

A Yes, the safety assessment that is in the intake module -- there's 18 questions, I believe, off the top of my head, that you have to answer, and you can answer yes, no, unknown if you don't know it at the time -- that means you have to find it out eventually -- or not applicable. So you go through this series of eight question -- 18 questions and say, Is this a factor to -- in regards to this child's safety, yes or no. You answer yes to any of

those 18 questions, you have to complete what we call a safety plan, which means you have to say what actions you took to ensure the safety of that child.

MR. SAXBERG: And if I could ask the clerk to call up tab AA?

BY MR. SAXBERG:

Q Is this is the current safety assessment?

A Yes, it is.

Q And so this is a printout of what you would see on the computer, on the IM module --

A Yes.

Q -- of the computer?

A It's a printout from it.

Now, in regards to safety assessments, we have done some work on developing a new safety assessment tool but I'll speak to that, I think, in a bit when we talk about some of the changes that we're working on.

Q Okay. And what's -- what is the objective of the safety assessment that's being done here?

A Safety assessment is completed in regards to the immediate safety of a child. It's the first step in a, in a assessment that Ms. Flette spoke about yesterday. So it's in regards specifically to is this child, right now, at this point in time, safe or unsafe?

Q And if the child's unsafe?

A We have to take steps to ensure the safety of that child, through what we call a safety plan. Sometimes that means the removal of a child from their home or family, but not always.

Q Now, this safety assessment that's part of the IM, is that one of the SDM tools?

A It's -- the safety assessment wasn't designed by the Children's Research Center, which are the owners and designers of the SDM tools. This is one that was created at the time the intake module started. What we've done with -- what ANCR and the Southern Authority and the General Authority have done is we've developed a partnership with the Children's Research Center to develop a new safety assessment which would become part of our structured decision making tools.

That safety assessment has been designed and we are currently looking at developing the training material. And it's ANCR's intention -- I can only speak on behalf of ANCR -- to train that safety assessment and roll it out at, say -- a conservative goal would be by September. And then that will become part of our package of structured decision making tools.

Q And this time when you're saying "we," you're meaning system-wide --

A Yeah, it was an --

Q -- as well as ANCR.

A -- initiative undertaken by the General Authority, the Southern Authority, and ANCR, with participation from the province.

Q Right. And I understand that -- well, before a matter even gets to a social worker at ANCR or any other designated intake agency, it has to be screened in first, sometimes through a receptionist --

A Yes.

Q -- which is the case at ANCR. Is there a screening in SDM tool?

A There isn't. That's sort of our next stage. We, we had started some very preliminary work. It was one of the recommendations as well in our service model review, to look at a screening tool to be used in a consistent, standardized way. So that's the next phase of developing a tool. I don't know if that tool would be used by our reception staff. It would -- it's a tool -- screening tool to be used by social workers.

Q Okay. And so we've talked about the intake module as being a major change, the safety assessment is a major change since --

A Yes.

Q -- 2005. I'm correct on both those?

A Yes.

Q And then the third matter I want to talk to you about is the SDM tools. Now, we've already been referring to them quite a bit, but perhaps we could turn to one of them in your material and you could --

A Sure.

Q -- run through the, the tools.

A Yes.

Q So I believe that there is a good example at tab BB.

MR. SAXBERG: And, Mr. Commissioner, this may be one that's easier to, to understand, looking at the hard copy that you have with you.

THE COMMISSIONER: Right. I have it.

THE WITNESS: This is a copy of what we call our probability of future harm, which is the risk assessment tool that we -- the standardized risk assessment tool that we've adopted here in Manitoba. It is a system-wide tool, and all four authorities have agreed to be using it.

In this tool you're looking at the probability that a child may be harmed in the future. As Ms. Flette spoke about yesterday, it's an empirically designed tool. It's been tested, and it's what they would call reliable and valid; in other words, consistent and accurate. So with the same facts, a different worker would get the same

outcome every time. So it's part of our way to be -- to do more standardized consistent assessments.

There's two domains, I guess you could say, that you're looking at assessing for risk, and that's the neglect, which is on the left side, and the abuse, which is on the right side. And each one of these questions on this have been statistically determined to be a factor in predicting risk for harm for children.

So they're slightly different. There's different -- some are the same, but there are different predictors for -- which make you at higher risk of neglect or abuse. So workers have to run through each one of these, and there's definitions that we train to so that workers know exactly what the definitions are and how to fill in the fields in each one.

What this also requires is you have to do a thorough history check to answer these questions. You cannot complete these accurately if you don't review the history of the family because a lot of them are historical factors. So as you can see, you have to know the number of prior child protection investigations when you're assessing risk, and that's not necessarily just the number of times a files a file's been open because you can do multiple investigations throughout your involvement with a family. So you actually have to go in there and read through the

history and count the number of allegations that have been made against this caregiver.

And you do it based upon the caregivers in the home so that you'll see there's a primary caregiver and a secondary caregiver, and you run through the questions and it automatically scores it for you. And then based upon the score, it tells you the risk level.

That's probably the simplest way I could ...

BY MR. SAXBERG:

Q Okay. And if we can scan down on the page here, you'll see there's a heading that says, Preliminary Probability Level.

A Yes.

Q And in this case, this example --

A There's some overrides that you can -- yes, if there's -- and there's policy overrides and then a discretionary override, and as was discussed yesterday, you can never decrease the risk level if you're overriding it, you can only increase it.

Q Okay.

A So that's why it says the preliminary and then talks about any overrides, and then your final probability, and then we also collect what they call some supplementary information. But you can see if you look quickly through

the tool it factors in a number of things: the number of children involved. It factors in the age of the children involved, so if the age of the child is two or older, then you get a certain score; if it's a younger child, under two, you get a higher score in that field. It looks at past history of mental health issues, substance, drug, alcohol addictions or misuse. And it's not subjective in the terms that there's definitions around how you would answer it. So it's not up to the worker may think that the, the caregiver has a mental health issue, you actually have to have a previous diagnosis. So there are some -- when we train, we really train to know the definitions, and then workers have to know what questions to ask to, to solicit this information.

Q And they're going to get that information by interviewing the family members, correct?

A Absolutely. You have to interview both the caregivers to get this information and you also have to do a thorough history review. You use what you have. So if you have a history in the system, you need to review it thoroughly to be able to do this.

The other factor I think is important to note, under the abuse category where it says, Number of prior abuse investigations, what's included in that with that number is number of incidences where there have been

domestic violence --

Q Yes. And --

A -- as well.

Q Right.

A So when it says abuse investigations, not only talking because it sees domestic violence in a home where there's children as an abuse indicator.

Q And if we're looking at the screen, that's A6 on the right side?

A Yes, but it's also under A2. A6 is within the last year --

Q Okay.

A -- so that will give you one score. But under A2 when you count the number of prior abuse investigations, you have to -- if there was an allegation of domestic violence in a home where there were children present, you would count that as an abuse investigation.

MR. SAXBERG: Okay. And, Mr. Commissioner, you're going to hear a lot more evidence from the department and from the General Authority that's going to explain more of the background in terms of how this tool was developed and tested in other jurisdictions, and why it was accepted here in Manitoba and then the green light was given to ANCR to use it.

THE WITNESS: Yes, we were --

MR. SAXBERG: So you'll, you'll hear that evidence separately.

THE COMMISSIONER: Thank you. Thank you.

THE WITNESS: And we've been using these tools now across ANCR since July of 2012.

BY MR. SAXBERG:

Q Okay. And we're just looking at the probability of future harm tool. ANCR also uses other SDM tools. What are those?

A We also use the strength and needs assessment of the caregivers and of the children, and I don't believe we have that in my evidence package.

Q No, we don't have --

A No.

Q -- an example of it.

A No, we don't have an example, but what it is -- and I know that the department and the General Authority will be speaking in further detail about this. What that is, is it looks at all the different strengths and needs of the family and of each child. It's done for every child and for every caregiver, primary, second, secondary caregiver in the home. And that is what we can look at in terms of what type of services does this family need, also should they be in the -- one of the ways we determine if

it's a protection stream case or a family enhancement stream case. And it is where we would be able to talk about cultural connection, number of family supports, any mental health issues, any behavioural issues of the children, any disabilities the -- any of the children have, previous -- more in-depth about the previous history of substance misuse. So it really allows you to get a further picture.

This is just -- this probability of future harm is a risk tool. The strength and needs assessment allows you to talk to the family and engage the family with the family about what, what do you really need, what does this family need, with the goal of always providing them with services so risk decreases and they no longer require the services of Child and Family Services.

Q Okay. And referring now to a file that's made it through from crisis response program to intake --

A Yes.

Q -- and where intake has determined it needs to be transferred to an agency for ongoing services --

A Yes.

Q -- what does ANCR give by way of information to that receiving agency?

A If it's an allegation -- if the referral came in because of an abuse or neglect allegation, they would get

the complete intake module package which would include the safety assessment, the probability of future harm, the strengths and needs assessment on the caregivers and the children. It would also include, of course, the authority determination protocol, any case recording that was entered -- because we enter our case recordings, as well, into the intake module -- and any other documentation that we've received in the course of our involvement with the family. It could be a letter from a school, a medical assessment.

And they get it in two ways. One, we fax -- when we're sending a transfer to one of our partner agencies, they get everything in paper and we fax it over to them with a letter that says, Here's this case, please sign the letter confirming your acceptance, fax it back to us. And the time frame they have is five days.

When we get that letter back is when we actually do the transfer electronically. So we then take the intake module and either re-open an old CFSIS file if they've previously been involved with that family or we create the CFSIS file on behalf of that agency, and then they go in when they get it and assign it to their staff. So they get all the information, paper and electronically, and we hold the case management of the file until we get that letter back and it's, and it's agreed-upon date. On the date, service is transferred.

Q Okay. And I'm going to move on, then, from the SDM tools to another --

A Okay.

Q -- change in, in service delivery, and that is the client contact policy at tab Z.

A Okay. This is ANCR's current client contact policy which was approved by myself on May 7th, 2012. This isn't the first client contact policy that we've had at the intake level. Originally there was one that I wrote in November 2006 for intake and abuse, and since then we've continued to build on it with any changes to the standards as well as any changes to best practice.

Basically, what it says is something I've already spoken to today, is that when there's an allegation that a child may be in need of protection or an allegation of abuse or neglect, you must see the -- all the children minimally, interview those children that are interviewable, so we would look at their developmental capacity and whether or not they are interviewable, so obviously we would not be interviewing a baby or a very young child. You must also see the primary caregiver and you must see and interview the person who's alleged to have caused the child to be in need of protection, which isn't always the parent, it could be someone else.

Q Okay. And -- yeah, you have already talked about

that, so I'm not going to spend much --

THE COMMISSIONER: And that's all recorded in this document.

THE WITNESS: Yes, it is.

BY MR. SAXBERG:

Q And there's also a provincial foundational standard that came into, to being after the Phoenix Sinclair case, as well, that requires that children be seen.

A Yes, and you can see in our policy -- we have a policy statement. We usually cite the legislative base and then we always cite the standard, if there is a standard in place, and then what the ANCR policy is.

THE COMMISSIONER: And is that referred to here as to the requirement to see the child?

THE WITNESS: Yes.

THE COMMISSIONER: Show me where. I don't mean get up, no, no, just tell me.

THE WITNESS: It would be under number 3 is the --

THE COMMISSIONER: Yes.

THE WITNESS: -- provincial standard --

THE COMMISSIONER: Yes.

THE WITNESS: -- and then under 4 on the next

page, 4 -- from 4 to 4.7, it talks about all the expectations of seeing the child. So if you look at 4.3 it says:

> "All investigations require face to face contact by the worker with the primary caregiver ..."

4.1 is probably the most relevant one. It says:

> "At minimum ... the worker observe and, where possible, interview the child in a safe environment."

THE COMMISSIONER: And, and this is an ANCR policy.

THE WITNESS: Yes.

THE COMMISSIONER: But the, the 3.0 is a provincial standard.

THE WITNESS: That's correct.

BY MR. SAXBERG:

Q The next tab, at tab Q, is ANCR's private arrangements policy. Perhaps you could speak to it briefly.

THE COMMISSIONER: Tab what?

MR. SAXBERG: That's tab Q.

THE COMMISSIONER: Q.

THE WITNESS: Yes, the ANCR -- ANCR has developed a private arrangement policy which speaks to the issue of when is it appropriate for an agency to make a private arrangement, which would be as opposed to apprehending and removing a -- putting a child in care. So --

THE COMMISSIONER: Now is, is this another change since? I'm keeping -- I'm --

MR. SAXBERG: Yes.

THE COMMISSIONER: -- numbering them.

MR. SAXBERG: Yes.

THE COMMISSIONER: This is number 5.

MR. SAXBERG: That's right.

THE WITNESS: So what we have done, we looked, of course -- this has come out of -- directly out of the recommendations made in the reports from after Phoenix's death and some concerns about when, when to use private arrangements. So we consulted and received a legal opinion from our legal counsel, we considered the principles of the act, our legislative requirement, and then developed a policy which basically says when can you consider a private arrangement as a alternative to apprehension.

I think the thing that I would like to stress is

that it has to be by consent of the caregiver, the, the primary caregiver or legal guardian, the person you're placing the child with in a private arrangement. It cannot be used in a -- you have to do a probability of future harm. We will not -- we cannot use it if it's a high risk situation. So it would be only used if it was a low or medium risk situation because, you know, in a private arrangement that there's -- it's not a legally binding necessary as an apprehension is.

There's an agreement that goes with this that's signed, and in addition to that, we run all the checks that we would run if it's a formalized placement. So we run the criminal record check, the prior contact check, the child abuse registry check, and we have -- our workers are expected to maintain contact with the people who they've placed the child with in a private arrangement, and you cannot close a file where there's a private arrangement in place.

THE COMMISSIONER: What did you say about the level of risk?

THE WITNESS: They would not be done in a situation where we've assessed the risk to be high.

THE COMMISSIONER: The risk of the child.

THE WITNESS: Yes.

THE COMMISSIONER: And, and that's nothing to do

with the home into which the child is going.

THE WITNESS: No, no. That home would obviously have to be safe and we would run --

THE COMMISSIONER: Yes.

THE WITNESS: -- all the checks.

THE COMMISSIONER: Yes.

THE WITNESS: But if the risk of the family is high -- that means the parents or the caregivers of the children -- we would not pursue a private arrangement.

BY MR. SAXBERG:

Q Pursuant to the probability of future harm test.

A That's correct.

Q And so that's a probability of future harm --

A On the --

Q -- to the, to the child by the parents.

A Yes.

Q But in the situation of the private arrangement the child is not with the parents, they're in the private arrangement setting.

A Yes.

Q And, and there's a safety assessment done --

A Absolutely.

Q -- there and, and all those details are set out here. Is it fair to say, though, that it's intended for it

only to be a measure where there's short duration -- of short duration?

A Yes, and ANCR's a designated intake agency so we're only involved with families for a short period so that's why we've written a policy to be used at ANCR. I'm sure that other agencies that provide longer term service would have a slightly different practice or policy.

Q If, if at all.

A If at all. They may choose, yeah.

Q And I mean, are there circumstances that are unique to ANCR's -- the services that ANCR's delivering, that make private arrangements more necessary for ANCR than for other agencies?

A I believe so. I think we have more contact with families who have maybe had a little blip along the way, that we're not transferring for further service. Sometimes things happen with families. Sometimes they make one small mistake or they hire the wrong babysitter and -- so I think it allows us to be more supportive of families and to recognize that not every time where we have to develop a safety plan does that mean we're going to be transferring this file for long-term service.

Doesn't also mean that the parent caused the child to be in need of protection. As I said, they could have left the child with a babysitter who was

irresponsible, and instead of traumatizing that child, I think it's important to realize that -- and I've had the privilege of working with many children over my career, some of whom have been in care for a long time. When you remove a child from their home or their family, they will all be able to tell you that that is a permanent memory in their life, and no matter what is going on in that home, they are traumatized by being removed from their parents.

So if you can make that less traumatizing for them, if you can do it in a more -- a kinder way, you can involve their family, the act specifically says children are entitled and the family has the basic primary responsibility to care for their children. And "family" doesn't mean mom and dad, it could mean grandmother, auntie, neighbour. So we would do that. It's one of the ways we uphold those principles of the act, to say before -- we need to make sure we're doing the right thing by these kids.

Q Right.

A And -- yeah.

Q You, you're saying the apprehension as a, as a last -- or not last option, but as an option that has to be very carefully considered if there are other options available.

A Absolutely. Absolutely. There is no more --

apprehending a child is an extreme -- gives us an extremely high amount of authority and it has to be taken seriously. And removing a child, like I said, from their home is, is probably one of the most traumatizing things they'll ever experience, so if we can do anything to make that easier on that family and on that child, then I think we're obligated to do so.

Q The sixth change is one that you've already talked about so we'll just reference it, and that is your case recording policy and policy regarding the maintenance of or the recording of notes and their maintenance.

A Yes.

Q That fair? And that's at tab P. If you could just explain how the policy works with the IM --

A Okay.

Q -- system.

A The case reporting and policy that we -- it's been a -- it's -- there are some standards, of course, like anything around case documentation and case recording. What basically this case policy says is that any record that is obtained or created as part of the service you provide must be stored and must be kept. So any handwritten note, any piece of any documentation you receive from any collateral.

Now, that doesn't mean we don't enter everything

into the IM, because often we do. The standard is, I believe, to be entered within 24 hours. But when you're meeting with a family, you're writing your own notes and you're not writing word for word. You're -- because you're also engaging with them, you're building a relationship with them, but you are taking some notes. So the ideal practice would be to take your handwritten notes, go back, and enter it into the intake module. And I think we've heard here throughout this proceeding that they're usually quite in-depth when you enter them. It's important to capture everything that you've talked with any individual about. This policy says, regardless, you cannot destroy any record, so our policy and our practice is if you have a handwritten note, it's stored on the physical file. And so we have a physical filing system and then an electronic filing system as well, and those records are maintained.

Q Right. And then in terms of the IM, though, that is your -- the principal mechanism in which workers' notes are recorded, correct?

A Yes.

Q And ...

A It also outlines the procedure in regards to documenting case consultation with the supervisor or director and we have a -- we have procedures that accompany every policy, and our procedures state that if a worker

goes to consult with a supervisor about making a case decision, it's the worker's responsibility to then go back and document that as part of the record.

Q Okay.

A Supervisors and even myself may document something -- like, we all have access to the intake in certain levels of access, but if I received a call from a family with concerns about the service they had received from ANCR -- and sometimes I do receive those calls -- I also now enter a case note into the intake module stating that I received this call and had the following discussion and here was the outcome of that discussion. So most of the time it's the worker who documents the decisions made in consultation with the supervisor, unless the supervisor's had some direct case contact, then they would document that as well.

Q Okay. And what you're also saying is that in conjunction with these policies that you've attached to your pre-filed evidence, you also have documents that, that set out the procedure in which to accomplish the policy --

A Right.

Q -- correct?

A Sort of instructions.

Q Okay. And with that overview of some of the major changes to the policies and procedures at intake, can

you just walk us through the protocol at ANCR when it receives a referral that a child is in need of protection?

A Yes. If -- when we receive a referral that a child may be in need of protection -- I always say "may" because we don't know until the end of our investigation -- the first step that we would do is start to create the intake module report where we, we would identify all the relevant members of that family and anyone else who -- I would say the person who's alleged to have caused the child to be in need of protection because it's not always a family member, could be a third -- could be a neighbour, could be whoever. So we identify all those individuals and we start to enter them into the intake module, which requires us to do a prior contact check on every individual.

While you're doing that prior contact check you're also doing a history review, so you have to complete a thorough history.

You also have to identify all the issues, and there's not just one issue. You could identify as many issues as were relevant. So you could pick a physical abuse issue, you could pick a neglect issue at the same time, you could pick -- you pick what -- every issue that is applicable.

And when you're speaking with the source of

referral, you need to make sure you're gathering as much information as you can from that person, particularly if they're anonymous because that might be the only time you get to talk to them. It's great if they're not and you're able to go back during your investigation if need be, but sometimes that's the way it is. So you need to capture everything they can say, so you ask them basically -- I'd like to think of it as who, what, why, when, where, when did you see this, when was it last occurring, what makes you think this is occurring. So you're screening it and you're starting to assess it.

Then, based upon the issues you pick, it will give you a response time, as I explained earlier, and then you would go out. And because it's an allegation of abuse or neglect you must do a safety assessment which requires you to see the children and requires to make a determination whether they're safe or unsafe.

You make sure you take the steps necessary to ensure the safety of the child, which is -- could be a variety of things. You must meet with the caregiver, all the caregivers -- we say now primary, secondary. There could be other caregivers that are involved that you may choose to meet with, maybe. Maybe Granny lives in the home. Maybe an aunt or an adult sibling that you want to speak to. So you would want to speak to as many people as

you can to help you obtain the information you need.

You would complete your -- the probability of future harm, which then gives you your risk level.

And if necessary and you are looking at a situation of ongoing service -- transferred ongoing services, you would complete the strengths and needs assessment of the caregivers and of each of the children.

Based upon -- you take all that information, you look at the structured decision making matrix and determine which way you want to stream -- which way that case should be streamed.

Q Oh, okay, that was, that was well done. I, I -- you mentioned one word that we hadn't touched on before, and that was the matrix.

A Yes.

Q And that's at tab N.

A Yes.

Q Just if you could explain what a matrix is and how it interacts with the SDM suite of tools?

A This is called the Manitoba SDM service decision matrix, and it has been approved by all four authorities and by the Child Protection Branch. And this is -- basically, is our guide to how we -- when a case needs further service from the intake level and which stream it can go to, as you can see.

So if you look from left to right, the first one would be the safety decision, so that's our safety assessment. And then you can -- a child can be unsafe, conditionally safe, or safe with a plan -- so that might be -- I just talked a little bit about private arrangements, so we might have made a private arrangement -- sometimes we may have removed an offender from a home when we're doing an abuse investigation, so there's different ways you can make the child safe with a plan -- or the child's safe at home, which means they can stay at home, there's no immediate physical danger to them.

Then you look at the probability of future harm level, which is either low, moderate, high, or very high.

And then it talks about streaming criteria, and there it references some exclusionary criteria which are -- on the second page there are four exclusionary criteria. So if there's exual abuse of a child or children in the family and the perpetrator's likely to have access, is one. If there's an ongoing child protection investigation, if there's a serious non-accidental injury to a child, or if the child -- if a child in the family's already in care. And you see it's starred there because if any of those conditions apply, family enhancement services cannot be offered to that family.

And then it has also as part of the streaming

criteria the family's willingness to engage or accept family enhancement. Obviously, if a family's not willing to accept the services of an agency or they're resistant, then they won't be streamed to the family enhancement stream because that's -- you have to engage with the families to be able to provide that service.

And then there's also professional judgment is built in there, and then you have your recommended action, which says either open for services under Part III of the act, which is child protection, which a lot of them are, as you look -- or -- and then you also have the option if it's low risk and there's no exclusionary criteria, you can refer to community resources and close at intake.

So this is the tool that we use to assist us in how do we know where cases go.

Q And are all of the workers that are making those decisions trained with respect to how the -- to apply these criteria?

A Yes, it's part of the whole training package we do with the structured decision making tools.

Q And I understand you have a -- you have indicated a concern with respect to the matrix.

A Yes.

Q Did you want to --

A Yeah.

Q -- speak to that?

A I can highlight it briefly.

Q Yeah.

A ANCR has, as a designated intake agency, a few concerns that we have with the matrix in regards to limiting maybe a family's right to family enhancement services so we've chosen to put that in writing to Ms. Flette at the Southern Authority. That's who I would bring any concerns to, regularly. And basically -- and there's a copy of the letter in there.

Q In there at tab O.

A O.

Q For reference.

A Thank you. Basically, it says --

THE COMMISSIONER: At tab N?

THE WITNESS: O.

MR. SAXBERG: Tab O.

THE WITNESS: If you -- if a child's safe or safe with a plan, that excludes us from being able to transfer to the family enhancement stream, and we've thought of numerous and had numerous experiences where children we feel can be safe with a plan and should still go to family enhancement so we are somewhat concerned about that limiting their access.

You can see we also have some concerns about the

exclusionary criteria because -- regarding, for example, the non-accidental or the -- not accidental injury of a child. It may not be the primary caregiver who's caused that, and they may be working very collaboratively with the agency and willing to engage, and because of actions that had nothing to do with them, that may exclude them. So we do have some area for professional judgment and we do make those calls.

And I think Ms. Flette talked yesterday that you could transfer a family to the protection stream and still use an FE approach. But the resources that are allocated to ongoing services are different for that, so it's something that we would like our, our authorities and the province to take a further look at.

BY MR. SAXBERG:

Q Okay. I'm going to move, then. We're very near the end of your examination, and one of the things that Commission counsel had asked ANCR to do is to review the last four intakes of the Phoenix Sinclair case.

A Yes.

Q And indicate how the facts of those cases -- of those instances would have been dealt with in the current system. And you set out in your pre-filed evidence some, some fairly detailed information on what the steps would

have been and don't propose to take you through that. I, I just want you to talk at a higher level in terms of how, how the new system would deal with, with the -- with those intake facts.

A Okay. Yes.

THE COMMISSIONER: Where, where is that located?

THE WITNESS: Page 16 of the -- of my witness summary.

THE COMMISSIONER: Of your opening statement, okay.

THE WITNESS: Yes.

MR. SAXBERG: Yes, it's page 16 under the heading, The Fourth Protection Opening, January 14 to February 13. And we -- the title -- those titles are used -- they're from Mr. Koster's report on how he divided up the various involvements of CFS.

THE WITNESS: Yes.

THE COMMISSIONER: And this deals with just the one opening.

MR. SAXBERG: This -- she's going to review the last four intakes, and this is the, the first of the last four.

THE COMMISSIONER: Oh, oh, all right. This is the -- the fourth is the first?

MR. SAXBERG: Of the, of the last four intakes,

yes. Somewhat of a confusing way to do it.

THE COMMISSIONER: The fourth is the first.

MR. SAXBERG: Right, yes.

THE WITNESS: Yes.

THE COMMISSIONER: Of the --

MR. SAXBERG: Of the last --

THE COMMISSIONER: -- last --

MR. SAXBERG: -- four intakes.

THE COMMISSIONER: I, I follow you.

THE WITNESS: And also in my evidence, I completed the tools and so they're tabbed as well at the end, but they're referenced throughout here.

BY MR. SAXBERG:

Q Right.

A So I'm just going to give sort of a higher -- a high overview.

Q Yes.

A So in regards to the fourth protection opening -- and I'm not going to provide too much detail to that, but that's when Child and Family Services received a referral from Samantha's friend with concerns about Samantha's mother, Ms. -- well, you can't use crack properly, so smoking crack. I believe there's, from the information that I reviewed, allegations of some alcohol abuse, as well

as a allegation from months -- two months prior to that regarding how, how Phoenix came into Samantha's care from Steven.

So basically I looked at that as how would we respond right now. Basically, who would be attached to the case. All of those people that I just referenced would be attached to the case. That we would do a full history on Samantha, on Steven, and on Samantha's mother. And by doing that history and looking at the referral, the issues there that we would have identified would have been ongoing substance abuse, a person who poses -- may pose risk, and an allegation of abandonment.

That tells you, if you look there, it says 24 hour response time. We would have overridden that response time because any allegation of abandonment was from two months prior so obviously it's not an immediate issue, but because it's a 48 hour response time it would automatically go to intake.

Q From -- so this is a --

A This came into --

Q -- referral that you --

A -- after hours, actually --

Q Okay.

A -- so it could go now from after hours directly to intake. It does not have to be further screened or

vetted through the crisis response program. When it got to intake, we would do the safety assessment.

THE COMMISSIONER: You're following these bullets down --

THE WITNESS: Yes, I am.

THE COMMISSIONER: -- your page, are you?

THE WITNESS: Yeah, I'm kind of going a little fast, but --

THE COMMISSIONER: Okay, I'm, I'm -- because it's here, I won't write it.

THE WITNESS: Yes.

THE COMMISSIONER: Yes, all right.

THE WITNESS: It's all detailed in here --

THE COMMISSIONER: Yeah.

THE WITNESS: -- Mr. Commissioner.

When we do the safety assessment, at that time Phoenix would have been in an informal arrangement with Rohan Stephenson. At that time they were unable to locate or hadn't spoke with Samantha or Steven, so a private arrangement in this situation would not have qualified under the current ANCR policy.

Phoenix would have found to be in need of protection and she would have been apprehended. That doesn't mean that she wouldn't be placed in a place of safety, but a private arrangement would not have been

applicable. It would not have been appropriate in this situation.

BY MR. SAXBERG:

Q Okay. Just before you move on to the (inaudible), just so we can back it up, you have done an assessment using the safety assessment and the facts of that intake --

A Yes.

Q -- and that's at tab ...

A AA.

Q AA.

MR. SAXBERG: And you'll see that referenced in the material in, in front of you, Mr. Commissioner. That's just -- that's -- it is the safety assessment that we'd looked at earlier.

THE WITNESS: Yes.

THE COMMISSIONER: Yes.

BY MR. SAXBERG:

Q And so that's -- you used the IM --

A Yes.

Q -- the intake module safety assessment and you -- what did you determine, using that assessment? What did the assessment tell you?

A The assessment told me because I answered -- I'll just go to it.

I answered yes in regards to three of the -- four of the 18 questions, and it -- as you go through it, you'll see which ones I answered yes to. That means that that child's unsafe and I would have to take steps to ensure the safety of that child.

Q Okay.

A And in this situation, given the fact that she wasn't with either parent, she was with a family friend, and that this is a high risk situation from completing the probability of future harm, I would not have been able to leave her there in a private arrangement. She would have been apprehended, potentially placed in a place of safety with Mr. Stephenson but that's a hypothetical now, but -- so she would have come into care.

Q Okay. And so you've done the assessment, the assessment showed unsafe.

A Yes.

Q You also did a probability of future harm score --

A Yes.

Q -- and that's at tab ...

A BB.

Q BB. And you've already -- you just indicated

that that probability of future harm score was registered high.

A Yes, I actually did two probability of future harms because the primary caregivers were no longer together in the same home and there was some uncertainty around which parent was the primary caregiver, so it's our practice at ANCR in those types of situations to do a probability of future harm on each caregiver.

Q Right.

A So I did one for Steven and I did one for Samantha. Both of them are at tab BB.

Q They're both included under that tab.

A Yes.

Q Although they're two separate probability of future harm --

A They're two separate because they both have different histories and different factors. Both of their probability of future harm scores came out high risk.

Q And why was that, just, just indicating briefly according to the factors in the probability of future harm?

A Well, the current report was for neglect. They had numerous prior child protection investigations which would also -- if I'm just running through this, they had previously received child protection services. So not only were there allegations but they had also received those

services. There was a history of past or current alcohol-drug problem that had interfered with parenting in the past. So that would -- for Steve, would bring out a total neglect risk score of seven. Anything over five would be considered high risk, five and over. And then -- and on the abuse score, the risk was lower for abuse. So it scores you on neglect and it scores you at risk of -- or risk you pose in regards to abuse. But the final score for Steve was a high.

And then with Samantha, her scores are a bit different because her history's a bit different, but she would have scored high as well.

Q Okay. And you've indicated that the private arrangement policy does not allow for private arrangements to be done where the probability of future harm is high.

A With -- yes.

Q And ...

A So at that point Phoenix would have been apprehended, in agency care, and we would have completed the strengths and needs assessment. We would have met with Steve; we would have met with Samantha. We would have interviewed Phoenix. I believe she would have been four at the time or close to four, little bit -- almost four. She possibly could have been interviewed. And we would have completed those assessments, done the authority

determination protocol, and transferred the file for ongoing service.

Q And in --

THE COMMISSIONER: And, and what happened to -- what would have happened to Phoenix would have been up to where you were referring it.

THE WITNESS: Yes, correct. Yes, we would transfer the apprehension, and then it's up to the ongoing service agency to develop a case plan for that child, for that child and that family.

BY MR. SAXBERG:

Q Okay. And now the fifth file opening.

A The fifth file opening was a referral from Employment and Income Assistance, I believe.

Q Yes.

A With -- and --

Q Well, don't -- you, you -- I have --

A I have it here, but --

Q -- brought with -- I've allowed you to take with you the file openings or --

A Right.

Q -- case records, so if you need to familiarize yourself ...

A I just want to make sure I have the correct

information.

It was a referral from Employment and Income Assistance that Samantha was caring for Phoenix again and they had called Child and Family Services because they had information that she may pose a risk to her child, so they were alerting our system that she was parenting again. And so because of the issues --

Q And sorry to interrupt, but ...

A Yeah, no.

MR. SAXBERG: Just, just so that the Commissioner's aware, we're assuming that each one of these intakes happened as a, as a fresh matter without the previous one having occurred, just in order to show the procedures. So, so you -- the, the witness is just looking at the facts of that particular matter and what would have happened according to the current procedures.

THE COMMISSIONER: But wouldn't the previous record come --

THE WITNESS: Yes.

THE COMMISSIONER: -- come into play?

THE WITNESS: Yes. It's just -- this assumes that -- this would assume that Phoenix went back home after we were involved the fourth time because this is -- if, if a case is open when we get it, we don't deal with it at intake.

THE COMMISSIONER: But, but you would have -- when you went in this time you would have had knowledge of what happened on the other time.

THE WITNESS: Yes. Absolutely.

THE COMMISSIONER: Yeah.

THE WITNESS: It wouldn't -- I couldn't do the tools the way I've done them --

THE COMMISSIONER: Yeah, yeah.

THE WITNESS: -- unless I considered --

THE COMMISSIONER: Yeah, yeah.

THE WITNESS: -- all the history. So for this -- the issue that we would have selected at the time, it would be parental capacity unknown. You're basically doing an assessment as to the parent, which is a 48 hour issue. So again it would automatically go up to intake.

BY MR. SAXBERG:

Q Okay. And I'll just stop you there to make sure everyone's clear on that. The intake module, you put in an issue --

A Um-hum.

Q -- and it would tell you what the response time is.

A Yes.

Q And the issue you selected was?

A Parental capacity unknown.

Q And that creates 48 hours, and that means it automatically goes to the intake program.

A Yes.

Q And then the intake program does what?

A It receives it and very similarly -- I mean, once -- before it leaves the crisis response program they would do a history. They would do -- they would open the IM, they would do the prior contact checks, they would do the history. That's work that's typically done at the crisis response program. But when it would get up to intake, they would then have to go out.

Because it's an allegation of neglect, they would go out and conduct a safety assessment with Samantha. They would have to see Phoenix, and they would have to also complete a probability of future harm because Samantha now was living with Karl McKay.

They would also have to add him to the family, do a prior contact check on him as well with the best information that they had, and he would become the secondary caregiver on the probability of future harm so you have to review his history as well. So that would have mean that when I did these tools, I went in and reviewed all of Mr. McKay's history as a parent.

Q So you did the prior contact check on Mr. --

A Yes, I did.

Q -- McKay and you incorporated that information into your probability of future harm scoring. And what was the outcome of that?

A It was -- risk rarely goes down because -- unless you're doing a reassessment of probability future harm. It was another case where it was a high risk matter, and that's at CC, I believe. Or, no, DD. CC would be the safety assessment.

In that case when they did the safety assessment, there were no immediate safety factors so Phoenix would have been found to be safe, which just means immediate -- her physical safety at that time, but the probability of future harm would have been high.

Q Okay. Just so we understand that, at CC you've done a safety assessment based on the referral that came in from EIA.

A Yes.

Q And based on those facts in conducting the safety assessment, you found what?

A That based upon the presenting issues at the time that the matter was referred there, she would have been found to be safe. And that's only -- that's just immediately.

Q That's her immediate safety.

A Her immediate safety.
Q And that's the point of the safety assessment, but --
A Yes.
Q -- then you go forward and do a probability of future harm test, and there you're saying the scores showed --
A High risk.
Q High risk.
A Or high probability of future harm.
Q High probability of future harm. And that was taking into account Mr. McKay.
A Yes, Ms. Kematch and Mr. McKay.
Q And so then what would have happened?
A Because it is a high probability of future harm, it would have again been transferred for ongoing service. We would have completed the strengths and needs assessment, which would mean meeting with Karl, meeting with Samantha, having a conversation about Phoenix, and it would have -- we would, would have had to complete a new authority determination protocol because it's now a new family because Mr. McKay's an additional family member, and it would have been transferred to ongoing service.
Q And, sorry, and you'd indicated -- would you have seen Phoenix and --

A Yes.

Q -- and interviewed her?

A Anytime we do a safety assessment and a strengths and needs assessment of a child, it means we see them and we interview them when possible. Usually we use three as a baseline, but that's not always the case. Some children are very verbal at three, some are not, and then, of course, there are children with different developmental capacities in terms of whether or not they can be interviewed, but usually at least there'd be some interaction with a child of that age.

THE COMMISSIONER: And that would apply with respect to the first matter.

THE WITNESS: And the second matter, yeah.

THE COMMISSIONER: And, and the second -- both.

THE WITNESS: Yes, yes.

THE COMMISSIONER: Both, yeah. Okay.

BY MR. SAXBERG:

Q One difference between the fourth protection open protection matter and the fifth protection opening that you just discussed is would there have been an apprehension of Phoenix on that fifth protection opening?

A Not based on the information that we had at the intake level at that time.

Q But the file would have been moved on to --

A Ongoing family services, through the protection stream.

Q Right. Now, could I ask you to, to, to quickly go through the, the sixth protection opening.

A Yes. This --

Q When did that happen?

A The sixth protection opening happened in December 2004.

Q Right.

A And that was with the birth of Ms. Kematch and Mr. McKay's first child together.

Q Yes.

A So we received a referral from the -- I believe it was the Health Science Centre that Ms. Kematch had given birth to another child. They were aware that they -- we had had a -- they had had a history with Child and Family Services, so they had referred the matter to us for assessment.

Again, assuming it wasn't still open to another -- open to ongoing service agency, it's the same process every time. You open the intake module, you attach the relevant people, you do the prior contact check. There could have been some additional information under that prior contact check. You -- and then you proceed in the

same manner because it's --

Q Right.

A -- an allegation of abuse or neglect. We would have to see both children, Phoenix and her younger sibling, the newborn, because there's now two children in that family. We would potentially interview Phoenix, and we would do a safety assessment. I did not complete a safety assessment on this matter because I didn't have any information about when they saw the child, so I couldn't use that information.

But I did complete a probability of future harm again, which again showed that this was a high risk family. And it would have been opened for ongoing services, again transferred for further service. We would have done the strengths and needs assessment that would have required talking with Samantha, talking with Karl, seeing the children, and then transferring them.

Q Okay. And what, what was the issue that you would have plugged into the IM on this referral?

A It would have been parental capacity unknown again.

Q And that was a 48 hour response time?

A Response.

Q That's generated by the IM computer.

A Yes.

Q And when it's 48 hours, that's automatically sent to intake.

A Yes. Now, if, if it was a quiet day at crisis response program and they had the resources to be able to go out, they could have, but they still have to do -- the expectations are the same. So they would have had to do the safety assessment, they would have had to have seen both children, and they would have had to do a probability of future harm. So regardless of what level at ANCR you're dealing with a case, your expectations are the same before it's closed. That's why often now it goes right up to intake because CR -- the crisis response program is designed to be able to provide -- to be able to answer the phones and only to go out when it's an emergency situation.

Q Okay. And the seventh protection opening, then.

A Sixth.

Q No, I'm moving onto the seventh.

A Oh, seventh.

Q Yeah.

A Okay.

Q The last one.

A So the last one was when we received a anonymous referral, I guess I would say, because the person calling wanted to be anonymous, that Phoenix was being abused and locked in the bedroom. So again we would have attached the

same people on the case and that would always include Steven Sinclair because he was Phoenix's biological father and had played a role in parenting her. We would complete histories on all of those, so Samantha, Steven, and Karl.

The issues in this situation would have been slightly different, and I pick the issues in the intake module that were most relevant to the information that exists currently so I picked isolation of child because of the allegation that they were locking her in the bedroom and I picked parent exhibiting inappropriate parenting skills because the allegation of abuse was pretty broad.

So there was no information that she had been injured, there was no information that she was being physically disciplined with an implement. So that one still is enough to trigger a child protection investigation and gives a response time of 48 hours. The better information you have, the better issue you can pick for that situation.

Q Okay.

A So then again would have been referred up to intake for a full child protection assessment. Intake would have had to have gone out to the home, they would have had to have seen all the children in the home and interview any child that's interviewable. They would have had to spoke with Samantha as the primary caregiver, they

would have had to spoke to Karl as the secondary caregiver, and a probability of future harm would be completed based upon that issue, and a safety assessment, of course, would have been done. At any point during a child protection investigation you, you find a child to be unsafe, that automatically means you have to take action.

Again, I couldn't do a safety assessment on this protection opening because I didn't have any information about contact with the child so -- but I did complete a probability of future harm.

Q And that's at tab FF.

A Correct.

Q And the outcome?

A It's high again, and as you can see if you look at the previous scores, they're one point higher because it's another child protection contact, so that has the potential to raise the risk -- the score. It didn't raise it to very high, but it was -- you notice there's a slight difference in the scoring. Because it's high risk, because of the history with the family, it would have been streamed to the protection stream and again we would have transferred it to ongoing services who would have followed up with a case plan to address that family's needs.

Q Okay. And, of course, all this, all this is on the assumption that there wouldn't have been any additional

information gleaned through the interviews that would have occurred.

A Absolute -- yeah, I --

Q Because that --

A -- only used the information that was available to me.

Q Right. And so if during an interview with the child or, or --

A If they would --

Q -- the parent, it --

A -- at any time got a disclosure from that child -- from a child, from Phoenix, observed an injury that was believed to be applied, then you, you have to take steps to make sure that those children are safe. So this is only based on the information I had on CFSIS.

Q Okay. That's -- thank you for that qualification.

Now, in, in terms of the recommendations from the various reports arising out of the death of Phoenix Sinclair, have you reviewed the recommendations?

A Yes, I reviewed all the recommendations and actually we've reviewed them as a management team at ANCR, senior management team. We reviewed all the recommendations, we pulled out which recommendations we felt applied to intake or any of the services that we

performed, and then we looked at how we wanted to address those recommendations.

Q Have all the recommendations that apply to ANCR been implemented?

A Yes, I believe they have.

Q And has the system improved since the time that services were delivered to Phoenix Sinclair?

A Well, I would -- I can mostly speak to the, to the intake system or to the services that ANCR, ANCR delivers, and I would say that they have significantly improved. I can say with confidence now, when there are allegations of child protection we see every child. We conduct risk assessments on every child protection matter. We are speaking with all -- with the family members. We are not closing files without having that information, without taking those steps and, of course, there's been some changes, too, because we have, we have an additional stream of service to, to offer families.

So I think we do a better, we do a better job at conducting child protection investigations, but we also have a wider array of services to offer families, which can help them to keep their children safe at home and reduce the risk to those children of coming into harm in the future.

Q Now, one of the things that you indicated that

you track at, at ANCR is the number of apprehensions that ANCR conducts.

A Yes.

Q And I had asked you to review those numbers in terms of how many apprehensions ANCR had to conduct in 2011, and do you recall what the number was?

A Five hundred and fifty.

Q And how does that compare to, to 2012?

A Increased by I think 110, to 660 apprehensions.

THE COMMISSIONER: Five hundred and sixty apprehensions by ANCR in what year?

THE WITNESS: 2011.

THE COMMISSIONER: And what was your next question?

THE WITNESS: In 2012, we apprehended 660 children.

THE COMMISSIONER: One hundred more.

THE WITNESS: Yes, 110. The first number's 550.

THE COMMISSIONER: Oh, 550. Thank you.

BY MR. SAXBERG:

Q And over your term as the executive director of ANCR, have apprehension numbers been increasing as they had between 2011 and 2012?

A I believe so, yes.

Q What is your opinion as to the reason for that?

A Well, I think it's for a few reasons. I think -- and as -- some of this apply system-wide. One, more recently, I think we do a better job at assessing safety and assessing risk. We are seeing children more, which means we're gathering more information which sometimes, unfortunately, means you determine that the child needs to be removed from their family for a period of time until you can ensure their safety.

I also think that it's important -- and it's been mentioned many times over this Inquiry -- that families and issues are becoming more complex. The issues -- the societal issues that families are struggling with are becoming more severe. When I started back in 1996 and you got a call about substance abuse, it was typically alcohol abuse. Now you get a call about substance abuse and you know you could be easily walking into a crack house or a meth lab, and those addictions are quite different than an alcohol addiction.

The increase in prescription drugs and the abuse of prescription drugs.

Unfortunately, we continue to see domestic violence more and more in our families, and that's an issue that we now treat as a child protection issue, which back in the -- when I started wasn't always seen as a child

welfare matter, but we now recognize the impacts that domestic violence has on children, not only their physical well-being, but their emotional and their mental well-being.

It's more dangerous out there as a society. There are more gangs. There's more violence. There were concerns about violence in homes, but now it's not uncommon to, to experience weapons in homes.

So the issues with -- families are having more serious issues, more complex issues, which makes our work more challenging and which means sometimes more children have to unfortunately come into care until we can work with those families and give them the supports they need so those children can go home safely.

Q One final question to you is do you have any recommendations for further improvements to the CFS system that you would like this Commission to consider?

A Well, I think it's important for ANCR to move to a DIA funding model as soon as possible so we can ensure that we're resourced appropriately to provide the service we want to provide today and to continue to provide.

I'd like to see -- continue to see the improvements in the information technology systems with CFSIS and the intake module. Continue to see that improve over time, but I think that there are some improvements

that can continue to be made.

I'd like to see information sharing continue to improve. I spoke today a little bit about some of the improvements we've made with Employment and Income Assistance, with Manitoba Health, and I think the more we can share information, talk to one another, work together as systems to support families, the better service we're going to provide.

I'm very happy to see further support for the prevention stream, and I think that's incredibly important. I, I would like to see our ability to do so many expanded upon in the future. I know at ANCR we struggle often. Ninety days, 120 days isn't a lot of time to work with a family who come with -- have multi-generational factors that have brought them to our attention, and I know I hear the same from our partner agencies. They have a six-month window to provide family enhancement services. That's pretty challenging and we do see some benefits from that right away, but the ability to provide prevention stream services beyond that. And some of that may come in partnership if we develop partnerships with other organizations.

Some of the needs of our families are changing. We often -- as I said, we track the needs of our families at ANCR. Domestic violence is incredibly prevalent in our

families and an issue we're seeing on the rise is mental health, mental health of caregivers and mental health of children. And so we need to create partnerships and services to be able to support these families because that's what decreases the risk to their children.

That's what -- our, our goal is always to end the services. We're not a system that should be involved in peoples' families' lives forever. That's always our goal to not be -- to build capacity, to empower families to not need us, but until they get to that point, we should be able to provide a wide array of resources for them.

So, just -- those are some of the recommendations that I can think of.

MR. SAXBERG: Okay. Thank you very much. Those are all of my questions.

THE COMMISSIONER: Thank you, Mr. Saxberg.

Well, I guess we better take the mid-afternoon break, and I don't know how long the cross-examination will be but I'm certainly prepared to sit till five o'clock, and the importance of the evidence we've received -- if, if we don't finish the cross today, we don't, but we, we'll adjourn now for 15 minutes.

(BRIEF RECESS)

THE COMMISSIONER: Mr. Cochrane.

MR. COCHRANE: Mr. Commissioner, it's close to four o'clock and I understand there's, there's going to be some, some time to get through cross-examination. I just wanted to, to make known to you that the preference is to have Ms. Stoker done today. She's been away from her agency, which is the biggest and busiest in Winnipeg. So she is available, if need be, to go till later past five in order to get her done today. If we have to -- if that means we have to -- she has to stay till six, she's available till then if necessary.

THE COMMISSIONER: Well, that's fine, and I -- it'd be ideal to get her done today and I'd like to see it happen, but I want to give counsel the opportunity to ask her questions and --

MR. COCHRANE: Yes.

THE COMMISSIONER: -- if by -- and, and, you know, if any of them have a -- after five, if any of them have a pressing appointment -- I, I'm prepared to stay until six, but I'm sympathetic to someone who's made a prior appointment and, and --

MR. COCHRANE: Yes.

THE COMMISSIONER: -- and can't be here.

MR. COCHRANE: Okay. I just wanted to make you --

THE COMMISSIONER: Yes.

MR. COCHRANE: -- aware of that, and --

THE COMMISSIONER: Yeah.

MR. COCHRANE: -- if that is of assistance to the Commission, Ms. Stoker's available for that.

THE COMMISSIONER: Right. Mr. Olson.

CROSS-EXAMINATION BY MR. OLSON:

Q Good afternoon, Ms. Stoker.

A Good afternoon.

Q As a designated intake agency, ANCR is the point of entry into the child welfare system for many -- well, all of Winnipeg, Headingley, East and West St. Paul.

A Correct.

Q And in that role it serves a very important function for children.

A Extremely important, yes.

Q And so it performs what I'll call a vital screening function?

A Yes.

Q And so it's important that it gets it, gets it right, because it could have dire consequences if it doesn't get it right.

A Absolutely.

Q Because it performs such a vital screening

function, would you agree that it's important that the staff of the -- of ANCR need to have sufficient training to perform that function?

A Yes.

Q What qualifications are required?

A We follow the qualifications that are outlined in the foundational standards. I believe it's 1.8.2. That's also consistent with the workforce qualifications that are set by our mandating authority, which is the Southern First Nations Network of Care, and there are about five or six different sets of qualifications. A B.S.W. is the first one and then there are some equivalencies that we can also consider. So a post-secondary degree, say --

Q Okay.

A -- in Bachelor of Arts in psychology, plus so many years experience would be an equivalency. A certificate or diploma plus so many years would be an equivalency. And all of our staff that we hire meet those qualifications.

Q So in terms of recruiting for positions at ANCR, is there a recruitment process?

A Yes.

Q What is that process?

A Well, the recruitment process starts with, I guess, what we would call a job description, and in that

job description for the position you're recruiting to would be the qualifications that it requires. And then once you post your job posting, we would advertise that here's the qualifications that we're looking for. Most, most -- we often say B.S.W.'s or equivalencies may be considered, and then we have some identified skills and experience that we would like or prefer. Then when you receive the résumés to that posting, there's a screening panel which consists of a human resource professional and the direct supervisor of that position you're recruiting to and usually a program director or a senior manager person that also -- so the panel screens in the people who fit the qualifications.

Q Okay.

A We also have a -- as I mentioned earlier today -- aboriginal preference to our hiring procedures so that's factored in there, but regardless, everybody's expected to meet the minimum qualifications. Then we have a interview process which -- the questions are designed around the job posting and the job description and what we require, and so an interview commences and --

Q What -- sorry to interrupt you.

A Yes.

Q What, what are the skills that you look for in, in a screener, for example?

A Well, that would be for the crisis response

program.

Q Right.

A So it would be obviously -- in terms of skills or experience, we would look for previous experience in the Child and Family Services system, previous experience in social services. We would look for their ability to assess safety and risk, understanding and knowledge of the Child and Family Services Act and the Child and Family Services regulations, some computer skills. Obviously, we're -- we use a computer system all the time so we want a certain level of computer skills. And then there's knowledge of social issues such as domestic violence, poverty, and then we also have a component that we screen for in regards to cultural competence.

Q One of the things that we've seen come up in this case is that callers into the system are often reluctant to give information. Sometimes they want to remain anonymous. It's not easy thing to do, to call on your neighbour or your friend or whomever.

A Absolutely.

Q Is there any, any training or anything offered to workers in terms of helping them learn how to acquire that information from people who might want to remain anonymous or not share the information?

A Yes, and most of that training right now would

happen after they were hired on the job so it would be shadowing a senior staff person, of course, close supervision, monitoring of, of any reports that they would write, write up. But they would spend some time with a senior social worker, listening to them engage with families or engage with the source of referral on the phone, what type of questions.

We also have as part of our procedures -- it's not in our, our policy -- program manual, but we've outlined some questions: Here are some questions that you should be asking. That was developed probably in about two thousand -- I would say, after I was there, 2005, 2006. It was developed with the intake supervisors, the CRU or CRP supervisors, around what information is important to gather from the source of referral --

Q Okay.

A -- when you're screening in and when you're, you're looking at it. Now, I would say Manitoba has a relatively low threshold for child welfare matters.

Q Um-hum.

A So you don't have to provide too much information to get screened in, but definitely we try to prepare people for that. And then there's constant review.

Q Okay. Just in terms of, of someone -- a worker trying to screen a call to determine whether or not it's a

child welfare matter or not, take, for example, a call about a five-year-old child who maybe hasn't been seen for some time by a family member. How would, how would you expect a worker to handle a call like that?

A Well, you'd want to gather the name of the child because you could definitely -- first thing you'd want to do is look at the history. Is this a child that's known to our system? Have there been previous allegations of abuse or neglect substantiated or unsubstantiated?

Q Okay. So just -- I just want to stop you there. You look at the history by going onto --

A The intake module.

Q Intake module.

A Yes. You would enter the name of the child or the name of the parent, and look to see if there's a history. That, of course, is one of the factors we would look at screening in. We would also have to ask them further questions around why are you concerned that you haven't seen this child, when was the last time you saw her, what, what -- in what capacity did you see her, do you have reason to be concerned that you haven't seen her, like is this a child you're used to seeing frequently and now you're not, have you asked where the child is. Yeah, I mean, obviously, the more senior and experienced workers would ask more questions, but we train to say ask whatever

you can think of to ask because -- particularly if it's an anonymous call or that may be the only time you're going to get that information.

Q Okay. If there is a history, would, would you expect a file to be opened or anything further to be done with that?

A Depending on what the history was. If there was a history of allegations of abuse or neglect and some of those were substantiated, then I can't give a definitive answer because we look at each situation as unique, each family's factors are different, but that definitely plays a role in it. If there's a long history or a history where we've been involved because of some safety concerns in the past, that may very well say this is something we need to look in further, but we'd also want to talk to the source of referral about why are you concerned.

Q Okay. Has there been a change in what you would expect a worker to do now as, as opposed to maybe what would have happened in 2005, or are you, are you able to answer that question?

A I don't know if I'm able to answer that because I think, from a personal perspective, that always would have been my practice.

Q Okay. Is there a record of all calls that come in to ANCR currently?

A Not phone calls, no.

Q Okay. So if a call comes in and it's screened out, for example ...

A The only way we would screen it out would be -- and we do keep a record of our non-child welfare calls, but we don't identify them because of -- we don't necessarily identify them by individual because some of those calls could be: I'm calling, I'm concerned about my teenage, my teenager, I think that they may have some mental health issues. And once we talk with the parent, we may decide, you know, here are some, here are some resources that you can use. That would get screened out.

Q Right.

A But if they were calling to say, I'm concerned about my neighbour's child for different reasons and we looked -- we always do a history check when we have a name, so if there was previous concerns, then that would get screened in. So just the volume of calls that if we were to open up a full intake on every time we picked up the phone --

Q Um-hum.

A -- we would require a lot more resources to do that.

Q Okay. Is there any, any auditing of phone calls, of, of workers while calls are occurring? And I'm not sure

if you know what I mean by that, but --

A I think I do, that, like a call centre where the supervisor --

Q Yeah.

A -- has the ability to listen? No, we don't currently utilize that.

Q Is that something that, that you've considered.

A I think it's -- there's a possibility with the phone system. Unfortunately, when you're in the crisis response program, supervisors' time is in high demand. They do a lot of what you heard of as ad hoc consultation.

Q Um-hum.

A So their ability to sit and listen to workers on the phone, I would say we would prioritize consulting with workers around what do we actually -- should we go out on this matter, is this a -- and maybe apprehending. It's a very, it's a very busy environment and workers are constantly in and out of the supervisors' offices so I don't know how much time they would have to, to do that function.

Q Okay.

A I think we could potentially have the capacity and perhaps if there was an individual employee that we were particularly concerned about maybe then we would do that, but it's not our current practice.

Q Has there been any concerns about workers, for example, screening out calls that maybe should have been screened in?

A I say occasionally we might receive a complaint that somebody has called that thought it should be screened in and it shouldn't, and they -- that complaint would go to a supervisor and then they would have discussion about that. Often, if there was a valid concern and a valid complaint, that would be definitely addressed with the crisis response program either on an individual basis or if we were unable to identify the individual we would address it at, at a unit meeting or a program meeting.

Q Okay.

A But it hasn't -- it's not a consistent theme that we see.

Q We know that a number of CFSIS searches were done for Phoenix Sinclair and Samantha Kematch on August 24th, 2005 --

A Yes.

Q -- by several different workers, but there are no notes or file recordings or any indication as to why the searches were done. We just know that they were done.

A Right.

Q And, of course, the workers have no recollection as to why they were done.

A Yes.

Q Could that type of thing happen now without any -- there being any recording or any, any indication as to why the search was done?

A We have stressed at both our after hours program and our crisis response program that if you get a call about a concern of a child, that is not something that you should not document, particularly if there is a history on that child or that family. But the way the system works is you could access a number of different individual files because you're looking to make sure you have the right child. So, for example, if someone phoned and said they were phoning about a child who had a name similar to Phoenix Sinclair, maybe Sally Sinclair, and her birthdate was the same, what workers will do is they'll go into each person to make sure -- where they're selecting the right person to attach to their intake.

So definitely you get a call about a concern of a child, you should open an intake. That's not a child welfare matter. You can still screen it. That doesn't mean it gets screened in, but it's a valid child welfare referral. The only thing we don't document by name is if it's a non-child welfare referral. So if someone said I'm calling about Phoenix Sinclair and I'm concerned about her, that would mean we would open it.

Q That would warrant opening an intake.

A Yes, because we have a name and it's a child welfare concern. Now, we may determine it's not a valid child welfare concern, but it still needs some attention. It's very different than someone saying, I'm phoning about daycare services and how do I access them. Those are the types of issues we would just mark as a non-child welfare matter. We do track them, they do put it in the intake module, but with not identifying information.

But the prior contact check is a field that is used -- I couldn't even estimate how many times we conduct prior contact checks on a daily basis in our system. And just because you've looked at one person doesn't mean -- what you could be doing is looking to see if that one person is the person you want to attach to that file.

Q Right.

A There are individuals who have the exact same name, they have different birthdates, so you want to make sure you're attaching the right people because if you attach the wrong people --

Q Right.

A -- there are some dire consequences to that sometimes.

Q When you say a file would be opened, is that a change from what would have happened in August 2005?

A I think it is. I think we're --
Q Yeah.
A -- we're better at documenting.
Q Okay. The intake module would have been live by August 2005, right?
A It went live, my understanding is, in May of 2005. So with any new system there's a transition period. And even when I arrived in September 2005 and -- when I arrived I was focused more on intake and abuse, but as I became more familiar with CRU and after hours we had lots of discussions around when we open an intake what should you include, and so that's evolved with time. The longer we've had the system, the better we are at using it.
Q Okay. Your counsel spent some time with you this morning going over the abuse program and the changes to the definition of abuse and what's included and what's not, and I think you said --
A Yes.
Q -- emotional abuse, the definition's been expanded somewhat. You're familiar with the basic facts of Phoenix's case.
A Very familiar.
Q Okay. Based on those facts, would Phoenix -- based on what you know of the facts as recorded by the various workers, at any time would she -- would the abuse

criteria -- would she have qualified for abuse under those criteria?

A No, she -- not, not with those facts.

Q Okay.

A During the -- she definitely would have qualified for a child protection investigation, and if at any point during that investigation the intake worker or the crisis response worker or the after hours worker learned further information that would meet that criteria, that's when it go. An abuse investigation can be triggered at any point in any involvement in child welfare.

Q Okay. So, for example, if, if a worker had seen Phoenix, met with her, and saw bruising and, and suspected that was caused by abuse --

A Yes.

Q -- that would trigger an investigation.

A Absolutely, yes.

Q And then that may have taken a completely different path, then.

A It would have taken a very different path. An abuse investigation has -- it has some pretty stringent regulations that accompany it and we have some very clear procedures around how to conduct an abuse investigation.

Q Okay. Just want to ask you some questions about quality assurance. In this case it appears from the

evidence that each worker and supervisor only handled discrete aspects of Phoenix's protection file --

A Right.

Q -- whether opening the name of the mother or the father, before they transferred the file or closed it to the agency completely. Many of these were intake workers.

A Yes.

Q Doesn't appear that anyone had overall oversight of the file at any time, so no one had a complete picture of what was happening and no one had responsibility for the overall services that were provided. Has that changed in any way in the current system?

A It's changed, it's changed in some ways, so I'm going to answer your question the best that I can.

THE COMMISSIONER: Do you agree with his proposition that, that it just wasn't provided?

THE WITNESS: Well, I think at any point when you touch a file you have full oversight of that file and you're -- whether you're a supervisor or a frontline worker, your responsibility is -- even if a worker before you maybe had missed something, then it's your job to do that. So it's not like, well, they didn't do it, I'm not going to worry about it.

We provide service on behalf of ANCR, and although we have different programs and some of our

functions are divided, at the end of the day that service is on behalf of ANCR and the service should be the same. So I think the expectations have changed a little bit. We have broken down what some people refer to as some of the silos between the programs. So I testified a little bit to that today that it's no more, well, intake can't refuse a case. There can be some discussion around it, but it's not that someone can refuse it.

In addition to that, we've, we've made some changes whereas before -- in 2005 Winnipeg operated with a geographic -- like, their intake units were geographically defined.

BY MR. OLSON:

Q Um-hum.

A We no longer operate with a geographic definition so it doesn't matter where the -- if the family moves or if the one parent lives here or the one parent lives there, that doesn't mean that case transfers. And it doesn't matter anymore who the primary caregiver is because you're attaching everyone in the intake. An intake is not a family file, it's an intake.

Q Okay. But just --

A So you --

Q Just before you answer the question, I'm -- just

for my benefit, I'm not sure if I got the answer to the previous --

A Okay.

Q -- if, if you agreed with what I put to you and I want to be fair to you.

A Yes.

Q You're familiar with the facts and you've, you've read the file.

A Yes.

Q You're very familiar with them. It looks as though no one had oversight of the entire file, looks like it was opened, closed, open, closed, without anyone really going through it cover to cover and saying, you know, this is what happened --

A Right.

Q -- in this family with this file. Do you agree with that as an assessment?

A I can't speak to what each individual supervisor or worker looked at when they saw that file.

THE COMMISSIONER: No, no, no, but he's talking about overall worker supervision. Did anyone have control of this file?

THE WITNESS: The supervisor that signs off that file had overall control of that file and it's their job to ensure the quality of service throughout the whole file.

BY MR. OLSON:

Q You're talking responsibility now.

A Yes.

Q They had responsibility for it.

A And it's also their job to ensure at any point services were provided in accordance with the procedures or the policies that they need to be provided.

Q Okay.

A But we don't have a mechanism that -- the volume of files that we process, you could never have -- like, it wouldn't be a program director's responsibility to review every file that was closed at the intake level. We ensure that if supervisors are aware that if you receive a file, you're responsible for all the service on that file, not only while you had it, but you're also responsible to review that file history, maybe not as thoroughly in-depth as the worker did, to make sure that services are provided as they should be.

Q Okay.

A We've also worked on what we would call a case reading tool for supervisors that we're -- we've done some work on and, and supervisors meet regularly to ensure how do I, how do I do my own QA with the structured decision making tools, how do I know if the tools are being used

properly in this case. They would meet regularly in supervision, review that file from front to back with the worker. So I hope I'm answering your question.

There's also other mechanisms where we do quality assurance along the way and I can speak to what I do. If I get a call or concern on a file, I read that whole file before I make any determination as to the caller's concern or complaint. So any opportunity I get as the executive director to review a file, I take that opportunity. So even if it's a minor call on a file, it's my chance to take a look. Because of the volume, I don't get to see the work, but I view that as an opportunity to say I'm going to take this opportunity to, to do a little bit of informal quality assurance.

Q That's your own practice in terms of --

A That's my own practice and --

Q -- quality assurance.

A -- I believe it's the practice of -- I know it's the practice of the director of service, our --

Q Okay.

A -- associate director of service, and it is an expectation of the program managers as well.

Q Okay. So under the current system -- and, and if I'm hearing you correctly it hasn't changed -- it's the supervisor's responsibility to have overall oversight of a

file from beginning to end.

A Yes.

Q They, they acquire it from the previous worker, past openings, closings, whatever.

A Yes.

Q They have a responsibility to know what has happened up to that point.

A Yes, and that's across programs. So if you're signing off a file as an intake supervisor, when you sign that file to say close this file, you are agreeing with all the service that's been provided on behalf of ANCR. So it's not just I agree with the intake piece and I'm not going to look at this crisis response piece. We encourage people to look at the services in regards to the services on behalf of ANCR and not within each program.

Q Other than monthly supervision, how is the quality of worker's work being monitored?

A It's monitored through daily ad hoc consultation or supervision, you could call it.

Q Yeah.

A We also have some mechanisms in place that we have set up. Numerous ones. For example, every month supervisors have to complete a report to their program director on how many files are still open, how long have they been opened for, if they're open for a longer period

of time why are they still open, what actions still need to happen.

We also have management meetings. The supervisors will have a team meeting with their teams, sometimes -- I think it's every second week. Used to be weekly. We've reduced it to every second week to be more productive.

The program directors meet with their managers on a minimal monthly basis, sometimes more, and that's an opportunity to discuss any issues that are arising or the program director or supervisors have questions about, that their workers -- the time for workers to bring questions or concerns about service, and for management to also do I guess what you would call group supervision, for lack of a better term. So there's constant opportunities, I would say, to monitor --

Q Are supervisors --

A -- performance.

Q -- still signing off on workers' closing reports?

A Absolutely.

Q Okay.

A They sign off on all transfers and all closings.

Q You told the Commissioner this morning that ten percent of files have been audited and that there was a report.

A They're in the final stages of being audited.
Q Do you know what the results are?
A I do not, yet.
Q So there haven't been any preliminary findings?
A No.
Q When do you expect that those will be out?
A The actual audit of the files should be done, I would say, hopefully by the end of this month, and then a report would come out by summer.
Q In terms of the workers that are currently staffing ANCR --
A Yes.
Q -- are they -- I know that originally they were mainly seconded --
A Yeah.
Q -- from Winnipeg.
A Yes.
Q Are a lot of them still the secondees from Winnipeg?
A There's roughly, I would say, about 35.
Q Thirty-five employees left.
A Yes.
Q And the other ones, where are they primarily from? Are they new?
A We -- they're ANCR employees. We've hired them.

Q New hires.
A Some of them have signed -- come over to ANCR from Winnipeg CFS and some we have hired. Some are new grads, some are hired from other agencies, a variety of places.
Q Okay.
A But that's one of ANCR's goals, is to stabilize our workforce and to create an ANCR workforce.
Q I want to talk to you now abut the new SDM tool.
A Okay.
Q That's a major change, I understand, to the way ANCR works.
A Yes, it is.
Q Very new. You said it was tested -- and I know we're going to hear a lot more about this so I'm only going to cover it with you --
A Okay.
Q -- very basically.
A Okay.
Q Where was it tested?
A Are you talking in terms of how we tested it, how has Manitoba tested it, or --
Q Yeah, was it tested in Manitoba?
A Well, we've all -- each authority has done its own differential response evaluation. Some of those have

tested the SDM tool, but in terms of the actual designing of the tool, it's a statistical testing for validity and reliability. That was done by the Children's Research Center which is in, I believe, Wisconsin.

Q Okay. That was --

A But it's been used -- I've attended a couple of differential response conferences, as well ANCR and the Southern Authority presented at a structured decision making conference, and I've had the opportunity to speak with colleagues of mine who are using the tools internationally. In reference to a group from Australia, they're using the tools. I've met people from Arizona, from California, Minnesota. They're being used on a very wide, international basis.

Q My understanding is it's a patented tool --

A Yes.

Q -- designed --

A You have to have permission to use it and you cannot alter it --

Q It's --

A -- without their permission.

Q Right, it's licensed.

A Yes.

Q I think it was designed in Wisconsin.

A That's where the Children's Research Center is,

but I'm, I'm not the -- I mean --

Q Okay.

A -- the best expert would be Dr. Raelene Freitag, but --

Q Okay.

A -- it's been -- it's, it's proven to be reliable and valid, which is about as statistically sound as you can get.

Q At what point in a file is it actually used? I wasn't quite clear on that.

A It can be used at any point in a file.

Q But speaking from an ANCR perspective.

A It is used as, as -- well, it's our risk assessment tool so it's used before we close any file on any allegation of abuse or neglect, so it would follow --

Q Okay.

A -- immediately follow the safety assessment.

Q So just in terms of you get a call from a source of referral, take the a call, the -- you open the intake module --

A Yes.

Q -- put the information in? That's the first thing that's done after the --

A Yes.

Q -- the search is done?

A Correct.
Q You enter in the relevant names?
A Yes.
Q And when in relation to that would you use the SDM?
A It's, it's a difficult question because you would -- it --
Q Or is it ongoing?
A It's ongoing. Sometimes the information gathering would start at after hours and they may gather some of the information, but the intake goes up to the intake level, so then the intake worker would finish it. It's not -- you're not able to do it until -- you have to have some discussions with the family.
Q We heard evidence from Dr. Blackstock the other day. She commented that many of these tools are not sufficiently evidence based and that they shouldn't replace clinical judgment, to that effect. I don't know -- I don't want to misstate --
A Right.
Q -- what she said, but I think it was to that effect. Are you able to comment on that?
A I'm, I'm, I'm confident, and I think the Province of Manitoba is confident, that these tools are evidence based and -- but the whole structured decision making

process is that when I talked briefly about the, the matrix -- we call it professional judgement is a component of that and I think Ms. Flette spoke to that. So it should not replace it. These are tools that assist us in doing our work. We have always done safety assessments. I mean, when you're determining whether to leave a child or apprehend a child, you're doing a safety assessment. We have always looked at risk assessment. These are tools, they're standardized tools that help us to do our work so professional judgment is a component of that.

Q In other words, it's not -- you're saying this doesn't replace --

A No.

Q -- professional judgment.

A No, but it increases the standardization and the consistency in the decisions that we make, and I think I referenced that they're found to be valid and reliable, which remains -- if you give the same facts to any worker, they should come with the same outcome when they put the information into the tools. Or if you have families with similar facts, you may get a similar -- so, yeah, and then at the end you have to have further conversations and I think --

Q Right.

A -- Ms. Flette spoke to that. I mean, you say,

yes, this family has a history of substance abuse, but perhaps that family was using substances ten years ago and has maintained sobriety for ten years and has a solid plan in place. There's been no concerns in the last ten years about using substances, that's where your professional judgment comes in. That's how you combine it with your risk assessment.

Q And the facts are going to come from talking with the family.

A Absolutely.

Q So they're only as reliable as what the family tells you.

A Absolutely. And any other information you get throughout your investigation.

Q Right. And that's the other point I was going to make. So you might get -- you might have a prior file, there might be some facts in it?

A Yes.

Q They may be accurate or inaccurate?

A Yes.

Q Okay. You -- your counsel referred to tab M in the exhibit you filed, Exhibit 51. That was the evaluation of differential response, which was the report --

A Yes, that's --

Q -- fair?

A -- the Southern Authority's evaluation.

Q Right. At page 143, there was the summary. Could just pull that up. I don't want to go through it in any great detail, but just looking at the first bullet point -- do you have it, Ms. --

THE COMMISSIONER: This is tab M?

MR. OLSON: This is tab M.

THE COMMISSIONER: And page?

THE WITNESS: One forty-three.

MR. OLSON: Page 143.

THE COMMISSIONER: I have it.

BY MR. OLSON:

Q Okay. When you look at the first bullet, I just want to see if I understand it correctly. It says:

> "Seven employees from ANCR were interviewed while nine interviews were conducted with families receiving [family enhancement] services from the agency."

A Yes.

Q So it was -- there was just interview with seven employees?

A The Southern Authority's evaluation was seven of our employees.

Q Okay.

A The ANCR DR evaluation, all of our family enhancement staff now, our early intervention staff, were interviewed, as well as the members of the assessment team, which was the second pilot.

Q Okay. So this, this report is just --

A For this purpose, yes.

Q -- speaking of the seven employees?

A That's my understanding, yes.

Q And just nine families or just nine interviews?

A Nine interviews were conducted with families, so it could have been one, one parent, two parents of those families.

Q Okay.

A I don't know the breakdown.

Q Could have been several families, though, many families or ...

A No, it would have been nine families.

Q Nine families.

A Yes.

Q I see, okay.

A Not necessarily nine people, but nine families.

Q So some of the findings, you'll see some of them

were quite positive in terms --

A Yes.

Q -- of family enhancement.

> "... families expressed the perspective that the [family enhancement] services provided suited their family's needs."

Their -- some of them -- some of the findings were positive, such as that one I just read.

A Yes.

Q When you go further down, about midway through, it says:

> "At the same time staff acknowledge that [family enhancement] is a time consuming process, which increases paperwork and reduces the time workers can spend working with families."

And there are a number of other criticisms similar to that criticism as well.

And when I look at this -- and I don't want to

spend the time going --

A No.

Q -- through each one, it looks like it's maybe about 50-50 positive and negative in terms of this review.

A Okay, yeah.

Q Would you agree with that?

A I would, roughly, yes.

Q So this study, looks like it's dated February 2012.

A Yes.

Q When was the decision made to use SDM as a tool?

A The decision, well, I guess it was on two levels. One, it was a provincial decision made by the Child Protection Branch and the four authorities, so ANCR doesn't have -- there are some tools we cannot not use. So the probability of future harm is one of the tools we have to use.

In terms of the strengths and needs assessment, that was a decision that we made at intake, to use that tool as an intake assessment tool and to provide intake or family enhancement services. And that was finalized in July 2012.

Q Okay. What I would, what I -- what appear to me to be two of the major criticisms are the time it takes to use the tool and the tool perhaps not being culturally

appropriate in all instances, seems to be the two criticisms that have come up. With respect to the time taken to complete the tool or use the tool, taking time away from --

A Um-hum.

Q -- actually meeting with the families, has there been any sort of fix to that problem? Or is it a problem?

A I don't necessarily know if it's a problem. It's a different way of working, which -- whenever you change the work that workers have to do, there's an adjustment period and there's a learning that goes with that period. And I would say if you're using the tools accurately, you have to actually spend time with the families to be able to use the tools to gather the information from the families, but it is a standardized approach which -- sometimes workers, when they first start using it, feel it limits some of their, their old ways of working. So I don't necessarily agree.

I mean, we'll also hear this was seven of our staff. We have 19 social work staff in that program and we have a whole intake program that's now using those, particularly the strengths and needs assessment, and many other workers. I am hearing that it is a little bit more time consuming, but I'm also hearing that it's allowing them to gather information they might not have (inaudible)

gathered or that they weren't -- didn't have the comfort level to gather, because when we train we also train around how can you elicit this information --

Q Um-hum.

A -- how can you talk with families, about how you engage with the family. So I think this was done very soon after we introduced the tools, and with any change, there is a level of, maybe, I mean, resistance, hesitancy, right? This is a different way of working, it feels a little bit more like more paperwork, so until you actually get to use them and the more experienced you become with it, then the less work it is.

Q Are workers finding they're collecting more data, getting more background information?

A Yes, absolutely, because you have to do a more thorough history review to complete the tools. And not only are our workers saying that, but our partner agencies that we refer to, that we transfer to, are extremely satisfied with the intake product that they are now receiving. They feel it's more thorough, they feel they get more information and it's more helpful as a starting point for them to start working with the families, and we've heard that consistently. We meet with our partner agencies every quarter and it's a chance for them to provide us with feedback, and we consistently hear that

they, they like the product that has come with the structured decision making tools.

Q When you talk about your partner agencies, who are you referring to?

A That's the other 20 mandated agencies in Winnipeg.

Q So those would be the people you'd be -- the agencies you'd be transferring --

A Yes.

Q -- files to, ultimately --

A Yes.

Q -- after intake.

A Yes.

Q In the past would that be -- the information you'd be providing to them would come from the intake module?

A Yes.

Q Okay.

A It still does, but now it incorporates the structured decision making tools.

Q Okay.

A So they're getting the risk assessment -- they're getting the safety assessment, they're getting the risk assessment, and then we've also designed a way to incorporate the findings of the strengths and needs

assessment into our transfer information, so they get a --

Q Right.

A -- complete package.

Q It's much more fulsome and thorough, is what you're saying.

A That's what I'm saying, yes.

Q Just on that point while I'm here, in the Strengthen the Commitment report --

MR. OLSON: If we could put upon the screen, please, page 239, Commission disclosure, I guess, 3, and it's page 54 in the actual report.

BY MR. OLSON:

Q Under Intake Module, the heading there. There were some criticisms of the intake module and one of them was that the information that, that was provided wasn't enough because there wasn't enough room to provide the information in, in the actual module. Have you, you reviewed this report?

A Yes, I have.

Q Are you aware of that criticism?

A I don't recall it. So they're saying the fields are too limited in where they would enter the information?

Q Yeah, can you go to page -- the next page, 55, top, says:

"The Intake Module only allows brief case notes which cause workers to obtain more minimal information. The format does not encourage people to gather information or assess more fully, and in general not enough intake information across the system is being gathered. It is much harder for the supervisor to feel confident that a thorough assessment has occurred when signing off intakes. If more information were required there is no format or process to record this information. The result is that the receiving agency gets the intake from Joint Intake Response Unit" --

This is back in JIRU days.

A Um-hum, yes.

Q "... or the Designated Intake

Agency ... and the case worker has to go back and essentially redo the intake and gather the required information."

Was that something you're -- you were aware of?

A I'm aware that there have often been concerns about the detail -- level of detail that our receiving agencies get from either JIRU or ANCR and I think they're more satisfied with the product now, but I'm not aware of this being an issue. I haven't heard of any worker saying, I can't enter enough information. I mean, some of our abuse investigation reports, I've read some that are 150 pages long when you print them out.

Q Right.

A There's another way you can attach information and that's to do it in a Word document, and then you attach it right up to the intake module so -- when you're in the intake module you can view all the attachments so I -- I mean, that's not a concern that I'm familiar with, and that's not --

Q Okay.

A -- something I hear from -- like I said, we have abuse investigation reports that we attach right into the intake module, that are anywhere from 15 pages up to 150

pages.

Q Okay.

A The mechanism's there. It may just not be -- people just may not be fully aware of how to utilize the system.

Q Just while we're on the topic of the intake module, are you -- you said it was a fairly significant improvement to the -- to what CFSIS was before.

A Yes.

Q Do you know whether or not it's a different database or if it's the same database with a different interface? Do you, do you know any of that --

A You're getting out --

Q -- technical --

A -- my realm of -- I'm a good user of --

Q Okay.

A -- both systems, but I wouldn't be able to --

Q Okay.

A -- give that a qualified answer.

Q So that'd be a better question for someone else.

A Yes. What I can tell you is that the two systems are linked together.

Q They work together, they have --

A Yes.

Q -- the same information. It's just --

A Yes. Or you can go in one system and access information from the other system.

Q Just the way it's presented to you on the screen.

A Yes.

Q Okay. When it comes to entering information, you said that it forces the worker to do a prior contact check --

A Yes.

Q -- when a new name is entered?

A Yes.

Q And so, for example, when you put in the name, Wes McKay, you would be prompted to do a prior contact search?

A Well, you would go add a person, and then when you type in the name of the person you want to add, it automatically starts to bring up the prior contact field. So it might bring up -- you'd see as if you just were writing a prior contact check --

Q Okay.

A -- without creating a new intake.

Q Okay.

A You can still run a prior contact check without creating a new intake, but it's built right in there.

Q Okay.

A It automatically happens.

Q But you can always work around that. A worker can always work around that by entering a dummy name or whatever they like. Is that ...

A You can enter unknown-unknown if you didn't know a name.

Q Okay.

A That's usually what we do. If we have an unknown offender in an abuse investigation, we would enter unknown-unknown.

Q Terms of some of the criticisms of the intake module -- example, not -- records not being completed or being inaccurate -- are you able to speak to that issue?

A No. I think any system's only as good as the people who are entering the information into it.

Q Is that an issue you're aware of?

A Not at ANCR. We're avid users of the intake module.

Q But is that not an issue that would cause ANCR difficulty?

A Oh, yes, sometimes when we access -- there's information that's not on CFSIS.

Q Right.

A Is that what you're talking --

Q Right.

A Is that what you're --

Q Right.

A -- referring to? Yes. It's improved since I arrived at -- well, it would have been JIRU in 2005. We have a mechanism where we would do what's called a non-electronic transfer. So if we've done some work on a case that we're aware is open in the system but there's no CFSIS file so we have nowhere to electronically attach it to --

Q Um-hum.

A -- so we have a mechanism to close it, but those number -- it's continued to improve with time.

Q Okay. But when your workers go out, they rely on the accuracy of the information on CFSIS for their own safety.

A Yes.

Q And to know what's happening in the family.

A It's very helpful, yes.

Q We heard evidence that workers would sometimes go out, and a family might have a long history but they would have no idea because there would be no information on CFSIS.

A That's, that's accurate, yes.

Q Would that present a problem for them?

A Yes, it would.

Q Okay.

A I mean, we still have the obligation to ensure

the safety of the child based upon the factors in front of us, so -- but would it be helpful to us in conducting a risk assessment or determining what type of service? Yes. But regardless of that, when you have a child safety issue presenting you, it doesn't matter if they're opened, closed, or what the history is. You still have to make sure that child is safe.

Q With respect to differential response or family enhancement I think you're calling it now, when was it determined that it would be implemented?

A That's a -- it's a wide question because I think we have always -- since I started in 1996. We used to provide what we called family preservation services, which was also preventative, supportive, in-home supports. We've always had the ability to provide services under Part II of the Child and Family Services Act which allows us to provide emergency funding, in-home supports, respite, support workers. So I think in terms of the prevention stream, it's always been there, and lots of times when you do protection work you're still providing prevention services because your goal is to reunify that family or maintain those children in the home.

In terms of when I first heard of formalized differential response in Manitoba, it would have been around the 2007 time frame, I believe, and that's when I

sort of got formalized that there was streams within child welfare. Before, it was captured within it. You had a case and you provided protection services when needed and supportive and prevention services when needed. There's been different initiatives throughout time about supporting families that I'm aware of.

Q So it's been -- it's something that's been around in a variety of forms --

A Yes.

Q -- for some time.

A Yes.

Q And in its current iteration, do you, do you know when that -- the, the --

A Well, I first --

Q -- concept of --

A -- started becoming aware of it in 2007.

Q Okay.

A And then -- but that's at an intake level because I've been at -- but I would say we started to run our pilots in -- around 2009, 2010 is when ANCR started to gear up in terms of -- but when ANCR went live, we had our family enhancement program already. It was staffed. Those resources came with us.

Q Um-hum.

A Differential response and the structured decision

making tools have allowed us to formalize some of that, the services that our early intervention program provides.

Q Were -- was it a -- was it done as a response to the death of Phoenix Sinclair?

A No, it was -- my understanding is it was a part of building a front end intake system that had the capacity to provide some prevention services so not every case was getting transferred to ongoing service.

Q Is that because prevention was seen as a way of creating less of a demand on the protection side of, of Child and Family Services?

A Yes, and it was a way, yes, absolutely, to support families in a different way right at the front end so perhaps they don't have to receive those long-term services.

Q I've had some trouble understanding why the family enhancement stream is limited to 90 days. I know that ANCR is a short-term service, but why, why tie it to 90 days?

A For -- it's only -- it's limited to 90 days at ANCR only.

Q Okay.

A At ongoing services -- and this is something that I think Jay Rodgers might be able --

Q Um-hum.

A -- or Alana Brownlee would be able to -- I believe it's a six-month time period there.

Q But does that mean a new worker would ...

A Not necessarily. Could -- when we stream to our early intervention program, that's one of the factors we consider, because we can stream either to ongoing services family enhancement or our own. It doesn't have to go through ours and then to that program.

So we would look at the presenting issues and if we felt that we could successfully support that family in resolving some of those risk factors in 90 days, we would keep those files and work with that family. If we thought that the issues were such that it's going to require a longer term family enhancement approach, we could transfer it directly there. It's not like a stepping stone. You don't have to hit ANCR's program and then you get to go to ongoing service. We try to do either-or.

Q So based on an initial assessment you can determine whether to stream it to a longer term family enhancement program or your shorter term program.

A That's right. We, we wouldn't want families to have to have more workers than they needed to get the service.

Q I think you said earlier this morning that, that family enhancement's only offered to low or medium risk

clients?

A No, we provide family enhancement services to high risk. One of the conditions -- the two biggest conditions are children have to be able to be maintained safely in the home --

Q Um-hum.

A -- and they have to be willing to engage with the agency. But we do have high risk cases at our family -- at our early intervention program.

Q Why wouldn't it be offered to families where the children are apprehended? It seems to me they would be the ones who would need it most.

A You can follow a family enhancement approach with any family, whether it's a protection stream family or a family enhancement stream family. And there are some -- through my training and, and conferences I've attended, there are some agencies that invest their family enhancement or prevention stream dollars in the highest risk families because there's one argument that you'll get sort of the biggest bang for the job, right? You're going to get your biggest return on investment, I guess is a way to put it.

The approach we've decided to take in Manitoba is by providing these services at the front end particularly for intake and in families where you can reduce that risk,

you're, you're allowing the families that are higher risk -- those workers not to get overwhelmed. So they have the time -- but like I said, in a protection file you're constantly looking at preventing -- providing supports to families so that you're reducing the risk and so that kids can be at home so ...

Q Okay. And did I hear you this morning say that it's limited -- family enhancement's limited to only 22 percent of the workers or 22 percent of the workers are family enhancement workers?

A At ANCR.

Q At ANCR. Why is it 22 percent of the workers?

A Right now that's just our -- it's our -- it's the way we were structured originally. It's our staffing complement. What -- it takes about five years -- from everything I know, everything I've attended, it takes about five years to be able to see a shift in resources. I've talked to other colleagues of mine that have used a differential, differential response approach and they have said through that time you start to see less gain for your protection stream and you can start to shift your resources into your prevention stream.

But because we've only been operating this way fully for not even a year, it's too, it's too early. Sometimes you have to, as an organization -- my role is to

set priorities and we need to ensure the safety of children and we at this point need our resources in the protection stream as well as in the prevention stream. So eventually I would like to see the ability -- and without compromising child safety -- to shift those resources, but we're not there yet. It's too early in the process.

Q In terms of the budget -- and I don't need numbers, just a ratio of the budget that goes to family enhancement as compared to protection. Are you able to tell me what that is, roughly?

A Well, all of our protection work is funded through employees. Our family support budget that I referenced earlier today can be used by any position. So an intake worker can put in a respite worker just as easily as an early intervention worker can. We can access emergency food for, for clients at any level of ANCR. So all I can say is we get approximately $500,000 a year to provide all of those services, the bulk of which -- and the piece that I missed this morning -- a hundred thousand of that goes exclusively to early intervention programming, so the programs that we run out of our two resources centres and any other program's early intervention. But our budget is -- it's quite complex, so ...

Q I won't go into it any further than that. Just one last question or area for questioning.

A Okay.

Q This -- earlier I asked you about searches done in 2005 --

A Yes.

Q -- for Phoenix Sinclair or Samantha Kematch, you recall that?

A Yes.

Q Would those types of searches where specific searches are done on individuals, would they attract any, any supervision or any, any -- would a supervisor take note of that?

A No. We don't have any way to know who workers are running prior -- we do have a way to know it, but we wouldn't utilize that on a day-to-day basis. There are times when I've requested IT systems to run an audit of who searched a certain name or who, who -- what worker -- what names has this worker searched, but not for service delivery reasons.

Q So if, if a worker does receive a call but for whatever reason decides not to open a file, even if it is an appropriate -- it is an appropriate file to open to family services, decides not to open a file, there's, there's no way for a supervisor to assure that a file is opened.

A No.

MR. OLSON: Those are my questions for you.

THE WITNESS: Thank you.

MR. OLSON: Thank you.

THE COMMISSIONER: Well, now, Ms. Bowley?

I'm -- I must say I would suspect that, Witness, you're going to have to come back. I forgot the airline schedules change on the 1st of May and I can't be here much beyond 5:15, so --

MS. BOWLEY: That makes three of us with a deadline of 5:15.

THE COMMISSIONER: Okay, well --

MS. BOWLEY: Mr. Gindin and I have, have talked about the same deadline and he's been gracious enough to allow me to go first. I, I don't think that I will be very long. I have a few questions of this witness and I'm certainly mindful of your desire that I keep it relevant to my client's interests.

CROSS-EXAMINATION BY MS. BOWLEY:

Q Ms. Stoker, my name is Bernice Bowley. We've met each other a few times in the hall over the last few days. And I just want to clarify your role when you arrived at JIRU as program manager of tier two intake and abuse, and that was in September 2005, correct?

A Yes, that's correct.

Q And so you were responsible, then, for the CRU or CRP teams, the after hours program, intake, and the abuse intake teams; is that right?

A Not at that time, no. I was solely responsible for abuse and intake. I had a colleague, Rob Wilson, who was responsible for the crisis response program, or CRU at that time, and after hours unit.

Q And when did you come to have involvement with CRU and after hours?

A Well, my programs had involvement and with those -- I -- on a daily basis because we worked together. But in terms of oversight, I would believe it was some point in early -- late, mid-2008, maybe. It was when my colleague resigned and moved on, and at that point I went down to after hours and CRU, and then I took on intake. It's complicated.

Q Yes, I understand, thank you.

MS. BOWLEY: Madam Clerk, if you could please pull up document 20260.

BY MS. BOWLEY:

Q These are CRU joint meeting minutes from February 3, 2004 -- and I know you weren't at JIRU at that time. What I would like to know is whether, to your knowledge, when you arrived at JIRU in September of 2005, similar

joint meetings took place at the CRU level?

A I believe that they did.

Q All right. Do you know who would have received copies of those joint meeting minutes.

A Well, I know as the program manager for intake and abuse, I would have received a copy of any unit meeting minutes that happened in any of the units in those two programs.

Q All right. Thank you. And would you agree with me that when you arrived at JIRU in September of 2005, you perceived that there were inadequacies in the policies and procedures there?

A I had some concerns about the level of service, yes.

Q And was one of the most significant of those concerns for you that there wasn't a requirement to see the child?

A Yes, that's why I developed a contact policy for intake and abuse in --

Q November of 2006?

A That's correct.

Q I'm coming to that. This lack of a requirement to see the child at the time of your arrival in September of 2005 regularly resulted in assessments being done without workers having seen children?

A Or without having seen all the children, yes.
Q And it resulted at this time, on a regular basis, that files were closed without the children being seen?
A That's my understanding. When I became aware that that was occurring, I began to take steps to remedy that.
Q And that gets back to the policy that you drafted in November of 2006.
A Absolutely.
Q Yes. And as part of the number of improvements at JIRU and then ANCR in which you were involved, some of the other areas are enhanced policies and procedures for the various teams and units?
A Yes.
Q And certainly, we've heard you talk about enhanced training as well?
A Yes.
Q Okay. And as part of that with respect to supervisors, you were involved in having developed enhanced policies and procedures for them as well?
A Yes, I created a tier two intake and abuse supervision policy that was based upon a supervision policy that Winnipeg Child and Family Services had created.
Q And as well, you were responsible for supervisors receiving more intensive training?

A I would say at the time that I got there they were attending the core training, but I also had required -- when I was a program director -- that they all attend certain different types of training, managing under a collective agreement, discipline and grievance handling, and I did one-to-one mentorship with a number of supervisors around how to provide supervision to case workers.

Q Right. And at the time that you arrived in, in September of 2005 -- you mentioned the, the core competency training. Is that the core competency training that workers have or supervisory core competency training?

A There's two sets of it. There's a worker series and a supervisor series.

Q And at your time as program manager there, supervisors were also then being trained on the tools that were in use at the time, or did that come after --

A That came after.

Q -- when you became the executive director.

A Yes, when we implemented the tools.

MS. BOWLEY: All right, thank you.

Those are my questions, Mr. Commissioner.

THE COMMISSIONER: Thanks, Ms. Bowley.

Mr. Khan?

MR. KHAN: Mr. Commissioner.

CROSS-EXAMINATION BY MR. KHAN:

Q Ms. Stoker, my name is Hafeez Khan. I'm counsel for Intertribal Child and Family Services.

A Good afternoon.

Q Just a couple questions.

A Sure.

Q You discussed earlier that in child protection investigations ANCR typically will seek a criminal risk assessment from the criminal risk assessment unit; is that correct?

A That, that's correct.

Q And, and the, and the sheet that you get back from the criminal assessment unit simply advises whether there's a low, medium, or high risk, is that --

A Yes.

Q That's correct? No details as to why the risk is low, medium, or high?

A No.

Q And no details on charges or convictions.

A Correct.

Q And my understanding is with the, with the consent of the parent or parents, ANCR can also obtain a copy of that individual's criminal record.

A Yes. I'm not sure how frequently we, we do that,

but it is possible.

Q And that criminal record will only show whether there are convictions -- convictions and charges.

A That's my understanding. I haven't see one in a long time.

Q But as far as you're, you're aware, no details of, of those occurrences are on those sheets.

A Correct.

Q And my understanding is that if ANCR would like to get details of those, of those charges or those convictions from -- and -- from the Winnipeg police, so their files on those, on those matters, they have to first obtain an order from the, from the court compelling the, the police service to release those documents. That correct?

A If we want written records, yes.

Q And at times the Winnipeg police will provide information just over the phone; is that correct?

A Absolutely. Particularly when it's an abuse investigation and we're working jointly with them on investigating the same matter, there's information sharing that occurs across. And I'd say it's less consistent at the crisis response program and intake levels.

Q Sorry, what do you mean by less --

A It's less -- we have to phone the district

sergeant for the district that covers the geographic area the family resides in and there are some sergeants, in our experience, that are more comfortable sharing information than others. FIPPA has brought on a higher level of anxiety around the sharing of information, has been our experience, and so we're currently trying to work that through.

Q But you can't receive those files without the order.

A We never receive anything in writing without an order.

Q Now, does it ever occur where the agency has -- is investigating one particular concern and those files indicate perhaps that there are maybe other concerns or other protection issues?

A I don't know specific instances where we've received -- like, when we request, usually, the files, it's in a child abuse registry proceeding. And I think I mentioned this morning there have been times when we've gone out on a call and then we've phoned police for backup assistance, and at that point they will share information with us. I've heard it many times: You should not have come to this house alone. This is a high risk individual.

So we gather -- we have received information that had we had it previously, we probably would have responded

a bit differently.

Q So would it be helpful to have access some of these files --

A Yes.

Q -- in your --

A Yes.

MR. KHAN: Thank you.

Those are my questions, Mr. Commissioner.

THE COMMISSIONER: Thank you, Mr. Khan.

Ms. Harris.

MS. HARRIS: Good evening, Mr. Commissioner.

CROSS-EXAMINATION BY MS. HARRIS:

Q Ms. Stoker, I'm Laurelle Harris. I'm counsel for the General Authority and I have a short number of questions for you.

THE CLERK: Can you speak up?

MS. HARRIS: You'll remind me every time because I'm always too quiet.

BY MS. HARRIS:

Q The first question I'd like to ask is with respect to the family enhancement files and the 90-day limitation at ANCR. What percentage of those files are being resolved in those 90 days and what percentage are

having to be referred on for ongoing service? Do you have a sense?

A I -- yes. Over well -- I -- the majority of the files we are closing. It's something that we do track. And I think it's important to note that not every file we transfer goes through the -- to, to the family enhancement stream. Sometimes situations happen with families, it escalates their risk, so then they may have to be transferred through to the protection stream. But by majority, I would mean approximately 50 to 60 percent we're closing.

Q Okay. And on a completely different topic, Dr. Alex Wright was here giving evidence before the Commission last week and one of the things that Dr. Wright mentioned in terms of the changing face of child welfare is the addition of greater diversity in terms of what people are having to respond to from different ethnic groups.

A Yes.

Q Are you seeing greater diversity in terms of the people who are now coming into contact with ANCR, and in what ways are you seeing that diversity emerge?

A Well, I think -- yes, I am and I've talked a little bit about the overrepresentation of aboriginal people that we see come through ANCR. But recently, I would say in the last three to four years, we've seen an

increase in the diversity in terms of new Canadians --

Q Okay.

A -- coming to the attention of ANCR, and that's an area where we have worked a little in partnership with the General Authority on how to best provide services to that population because we are seeing that it is a growing need within child welfare.

Q And what are the challenges with that population and any other populations that, that you are seeing that are coming through?

A There are several challenges. One is -- well, language can sometimes be a challenge. I think in terms of language, resources, particularly from some of the countries that they're -- the new Canadians are coming from, they're -- we don't have a large resource base for languages and it's important to be able to communicate with a family in their language, so sometimes we have to hire translators or find members from the community that are willing to translate for us.

It's important for us to gain a better understanding of the circumstances from -- and the history of the families. Lots of these families are coming in under refugee status. They're coming from war, wartorn countries. We see a lot of post-traumatic stress with some of these families, a lot of mistrust of government systems

depending on where they have come from, and we have to work, we have to -- we're working harder at engaging with these families in a less threatening way because authorities from some of these areas are very threatening. So it definitely is a area of new challenge for us in child welfare.

We've also, as well as -- we have a culture diversity strategy at ANCR which focuses a lot on diversity in regards to First Nations and aboriginal people, but also focuses on diversity in regards to that population in particular, and we have provided -- done more focus on recruitment of visible minorities as well as recruitment in terms of people who have familiarity and who are of different nationalities, and I'd be happy to say that we have done some good work in that. We have some staff who are able to speak multiple African languages and who come from some of the countries in Africa where we're seeing new Canadians come from, and that's been a great assistance to us.

We've also done some work in our All Nations Family Resource Centre in working -- partnering with different new Canadian organizations to design parenting programs specific. So we have worked on designing a Triple P Parenting that's geared towards new Canadians. So different initiatives, some education. Some, some

conversations have happened about how we can work better together with those communities.

Q Perhaps for the Commissioner's benefit you can tell the Commission what the Triple P Parenting program is. That might be -- very briefly -- be helpful because not -- some of us are familiar with the program and not everybody is.

A I don't know if I'm qualified to discuss it in-depth. I haven't --

Q Don't --

A -- delivered it --

Q Not, not --

A -- and I haven't attended it.

Q -- in-depth.

A It's a -- Triple P, it's positive parenting education and workshops for parents around how to be more positive parent, how to change and manage children's behaviours through positive parenting. Triple P, I think, stands for positive parenting ...

Q Principles, something like that.

A Yeah, it's principles, there, thank you.

Q I'm not quite sure. And my last question for you, also with respect to diversity and newcomer populations, is what are the challenges that you're seeing from any portion of your client base around what

expectations are of parenting and how much, how much education do you have to do about what the expectations are in terms of parenting and coming into contact with the child welfare system, and what does that do in terms of resources that you have to allocate?

A Well, like I said, we have to -- we do a lot of work in terms of -- I mean, there's different laws here in Canada around what we call corporal punishment, physical discipline. So that's -- it's difficult to explain to a family who's come from a country where they have seen people be tortured and murdered and some horrific things happen to them, around why spanking a child with a belt is such a big deal to us. They don't understand that, from what they have seen and they've experienced, so we have to do some education around the laws in Canada, around parenting, around physical discipline.

We have to do some education with them around the child welfare system and our different roles. Yes, we have a mandate to protect children but here's how we, how we operate. We're trying to do it from a strength based approach and we're trying to provide supports to families and we're not -- I would say it's -- people assume that we're extremely intrusive and I've heard all kinds of stories about what the newcomer, new Canadian population assumes child welfare is, and it's very scary. So that

does take some time and some resources in terms of how to engage with that population, so you can see better outcomes for children, better benefits for them for the service we can provide.

Q And is -- are those types of -- is that type of engagement the kind of engagement you might see in a short-term family enhancement --

A It could be.

Q -- contact?

A Yes.

Q Or would that happen across the board with protection files and --

A Oh, it happens across the board, yes. So it would be a protection file, a prevention file, it doesn't really --

Q Matter.

A -- matter.

MS. HARRIS: Those are all my questions.

THE COMMISSIONER: Thank you, Ms. Harris.

Well, I think that's -- Mr. Gindin, you're going to be a while, I assume?

MR. GINDIN: Mr. Commissioner, I expect to be maybe 30 to 45 minutes.

THE COMMISSIONER: Yeah.

MR. GINDIN: I'm told Mr. Funke and Mr. Ray

equally.

UNIDENTIFIED PERSON: (Inaudible).

THE COMMISSIONER: And Mr. McKinnon, you're going to be ...

MR. MCKINNON: So far I've no questions, but I'll reserve my right if anything arises.

THE COMMISSIONER: So we're looking at most of the morning on Monday morning, I guess.

Sorry, Witness, but that's the way it has to be.

THE WITNESS: That's the way it has to be, I'm fine with it.

THE COMMISSIONER: And I, I want to talk to you about scheduling, everybody, in a minute, but Monday we're moving to the Marlborough, are we not?

So that's where we'll see you, then.

THE WITNESS: Okay.

THE COMMISSIONER: So you can take your leave now.

THE WITNESS: Thank you.

THE COMMISSIONER: Thank you.

(WITNESS STOOD DOWN)

THE COMMISSIONER: Well, now, where are we on, on picking up some time? Or are we anywhere?

MS. WALSH: Well, it's hard to say. Mr. Funke thought that he would be less time than has actually been allotted to him when we come back to his clients. There is great incentive to avoid having to spend any evenings or Fridays. Beyond that, I can't say. So I think we'll have to see how Mr. Funke's able to manage, not to put undue pressure on him. I mean ...

THE COMMISSIONER: Well, the one thing he -- notwithstanding what I said about wanting to get this done -- and hopefully evenings and Fridays might do it and you're saying that's not a very popular proposal, but I, I'm certainly committed to see that those that haven't yet brought their witnesses forward and have been given in the schedule a certain timeframe -- a day, in some instances, two days in others, and a day and a half -- that they will certainly get that amount of time.

And I know that there, there is, there is Mr. Funke's client, and there's the General Authority, and there's the union, and there's the government, of course, and I may have missed some, but I want to see that they do get the amount of time that's allotted to them if they need that amount of time. Mr. Funke takes less, we'll pick some up.

MS. WALSH: Mr. Smorang has advised that he is not available on, for instance, Thursday, May the 9th, and

he is going to be leading the MGEU witness through their evidence. They're right now scheduled to be Tuesday afternoon and Wednesday morning. So that might be an example of where we would have to pick up perhaps Wednesday evening in order to try and stay on track. So we'll have to see, I think, where we're at on Monday and reassess from there.

THE COMMISSIONER: All right. I mean, I, I, I would like to think --

MS. WALSH: The hotel is available, so we do know that.

THE COMMISSIONER: In, in the evenings.

MS. WALSH: It is, yes.

THE COMMISSIONER: And --

MS. WALSH: And, and Fridays.

THE COMMISSIONER: Right. Well, we won't cancel them out because -- but, but as I say, I am committed to see that those that haven't called their witnesses get the time that's been allotted to them. Subject to that, I'm very anxious to hopefully keep on schedule to be ready for Phase 3 on the agreed date, which I think was the 27th of May or something like that.

MS. WALSH: It is.

THE COMMISSIONER: Yeah.

MS. WALSH: Yeah.

THE COMMISSIONER: All right. Well, we'll see you all at the Marlborough at 9:30 on Monday morning.

MS. WALSH: Thank you.

(PROCEEDINGS ADJOURNED TO MAY 6, 2013)