

**THE CORNWALL
PUBLIC INQUIRY**



**L'ENQUÊTE PUBLIQUE
SUR CORNWALL**

Public Hearing

Audience publique

Commissioner

**The Honourable Justice /
L'honorable juge
G. Normand Glaude**

Commissaire

VOLUME 15

Held at :

Hearings Room
709 Cotton Mill Street
Cornwall, Ontario
K6H 7K7

Tuesday, April 4, 2006

Tenue à:

Salle des audiences
709, rue de la Fabrique
Cornwall, Ontario
K6H 7K7

Mardi, le 4 avril 2006

Appearances/Comparutions

Mr. Pierre R. Dumais	Commission Counsel
Ms. Louise Mongeon	Registrar
Ms. Reena Lalji	Cornwall Police Service Board
Mr. Neil Kozloff	Ontario Provincial Police
Det. Insp. Colleen McQuade	
Ms. Gina Saccoccio Brannan, Q.C.	
M ^e Claude Rouleau	Ontario Ministry of Community
Mr. Mike Lawless	and Correctional Services and Adult Community Corrections
Mr. Stephen Scharbach	Attorney General for Ontario
Mr. Peter Chisholm	The Children's Aid Society of the United Counties
Mr. Allan Manson	Citizens for Community Renewal
Mr. Dallas Lee	Victims Group
Ms. Lauren Schellenberger	
Mr. David Sherriff-Scott	Diocese of Alexandria-Cornwall and Bishop Eugene LaRocque
Mr. William Carroll	Ontario Provincial Police Association
Mr. Peter Chisholm	Mr. Bill Carriere
Mr. Peter Chisholm	Mr. Ian MacLean

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1 --- Upon commencing at 10:04 a.m./

2 L'audience débute à 10h04

3 **THE REGISTRAR:** Order; all rise. À l'ordre;
4 veuillez vous lever.

5 This hearing of the Cornwall Public Inquiry
6 is now in session. The Honourable Justice Monsieur Normand
7 Glaude, Commissioner, presiding.

8 Please be seated. Veuillez vous asseoir.

9 **THE COMMISSIONER:** Thank you. Good morning,
10 all.

11 **MR. DUMAIS:** Good morning, Commissioner.

12 Just to situate ourselves back in time for
13 the purposes of the record, we are day two of the
14 examination-in-chief of Mr. Bill Carriere, a witness for
15 the Children's Aid Society. My name is Pierre Dumais, one
16 of the Commission counsel.

17 **BILL CARRIERE, Resumed/Sous le même serment:**

18 --- **EXAMINATION-IN-CHIEF BY/INTERROGATOIRE-EN-CHEF PAR MR.**
19 **DUMAIS (CONT'D):**

20 **MR. DUMAIS:** Good morning, Mr. Carriere.

21 **MR. CARRIERE:** Good morning.

22 **MR. DUMAIS:** Now, we left off yesterday, Mr.
23 Carriere, discussing the eligibility spectrum and how
24 depending on whether or not allegations fit into the
25 definition of abuse and whether or not these perpetrators

1 or alleged perpetrators fit into the definition of
2 caregiver dictated whether or not the Children's Aid
3 Society would become involved.

4 Is there anything else that you wish to say
5 on that point?

6 **MR. CARRIERE:** Well, perhaps what I could do
7 is if we could refer to Tab 7, pages 10 and 11. I think we
8 can see where that discretionary power is outlined.

9 **THE COMMISSIONER:** I'm sorry; what page?

10 **MR. CARRIERE:** It would be pages 9, Tab 7.

11 **MR. DUMAIS:** So Tab 7 is the eligibility
12 spectrum?

13 **MR. CARRIERE:** Right. Yes, pages 9 and 10 -
14 --

15 **THE COMMISSIONER:** M'hm.

16 **MR. CARRIERE:** --- where it talks about
17 operational issues. Essentially, what you would read there
18 is that anything that is described as being extremely
19 severe or moderately severe in the eligibility spectrum,
20 you are required -- the Children's Aid Society is required
21 to do an investigation, but on page 10, at the top of page
22 10, it says:

23 "Agencies may use discretion on whether
24 or not to conduct a further assessment
25 on cases described as 'minimally

1 severe' or 'not severe'."

2 It basically goes on to say:

3 "Individual cases may be opened even
4 if descriptors fall below the
5 intervention line in consideration of
6 past history, several minimally severe
7 descriptors, the child's age, etc."

8 So there is some discretion in opening the
9 cases that are below the line as opposed to the cases that
10 are above the line; there is no discretion. You have to
11 investigate those and I think the point that I was making
12 yesterday was that a situation, a sexual abuse situation
13 where it is not a family member and it is not a caregiver
14 falls below the line. In other words, it then becomes
15 discretionary on the part of the Children's Aid Society if
16 they want to become involved, which, you know, my point --
17 my earlier point was, which to me means the need to be very
18 careful in defining what a caregiver is because it may or
19 may not lead to an investigation.

20 **MR. DUMAIS:** All right.

21 And I think the next point in your
22 presentation, you went back and you provided an evolution
23 of those definitions, looking at different pieces of
24 legislation. If you can perhaps start with the 1960s and
25 go through the different definitions that you looked at?

1 **MR. CARRIERE:** Yes. Well, in starting off
2 with a definition of a child, it was -- a child in the
3 1960s was defined as a boy or a girl actually or apparently
4 under the age of 16 and a definition of a caregiver was --
5 there wasn't a broad definition of a caregiver and a parent
6 was defined as the person who was under a legal duty to
7 provide for a child.

8 When we move into a definition of a child in
9 need of protection, I think, as I said yesterday, we work
10 from a definition that was highlighted by neglect, and when
11 you go through the various clauses of a definition of a
12 neglected child, there's no reference to abused children.

13 Probably the closest it comes to, in my mind
14 anyway, speaking to abuse or situations of abuse would be
15 the very final bullet on page 43 where it says:

16 "A child whose life, health or morals
17 may be endangered by the conduct of the
18 person whose charge he is."

19 But again, the word "abuse" is not used.

20 And as I indicated yesterday, there were no
21 standards in the 1960s.

22 **MR. DUMAIS:** You can keep ---

23 **MR. CARRIERE:** Continue?

24 **MR. DUMAIS:** --- going with the 1970s.

25 **MR. CARRIERE:** In the 1970s, basically the

1 definition of a child remained the same. The definition of
2 a parent was somewhat expanded to:

3 "A person who is under a legal duty to
4 provide for a child, or a guardian or a
5 person standing in *loco parentis* to a
6 child other than a person appointed for
7 the purpose under this Act."

8 So a slightly more expanded definition.

9 When we move into a definition of a child in
10 need of protection, they change it to call it "a child in
11 need of protection" as opposed to "a neglected child" and I
12 see that as -- although they use the same -- when we
13 actually look at the descriptors of a child in need of
14 protection, they didn't change that. I see it as a move
15 forward to use the term -- the phrase "a child in need of
16 protection" as opposed to "a neglected child." I think it
17 invites you to think more broadly than neglect.

18 As I indicated yesterday, the standards and
19 guidelines are not introduced until the late 1970s and
20 there is some language at the bottom of page 44 that talks
21 about -- in the standards and guidelines. Again, my
22 reading of that is still pretty much encouraging people or
23 directing people, suggesting to people that a person who is
24 going to harm a child is likely to be a parent or a
25 substitute parent. We're not thinking that broadly, to my

1 mind, at this point in time.

2 Into the '80s, the definition of a child
3 changed to a person actually or apparently under 16 years
4 of age and then they added a section in terms of children
5 who would be under a Part III order which is basically a
6 protection order; in other words, children who are in the
7 care of a Society. So those children would be protected up
8 to the age of 18.

9 I think you can see, with respect to a
10 definition of a parent, a much more expanded definition of
11 a parent.

12 With respect to a definition of a child in
13 need of protection, the early part of the '80s, we don't
14 see any consideration of sexual abuse or sexual assault,
15 but by 1985 or '84 that changes and you see two sections in
16 the definition of a child in need of protection that
17 actually speak to sexual molestation or the risk of sexual
18 molestation or sexual exploitation.

19 But I think what's happening at that point
20 in time is that Children's Aid Societies are definitely
21 receiving a large number of referrals related to sexual
22 abuse of children and it would only be -- it would only
23 make sense that this type of thing be included in the
24 definition of a child in need of protection.

25 The standards, as I indicated, remain --

1 were introduced in 1979 and they remained in effect in the
2 '80s.

3 Again, a minor change in the '90s in terms
4 of a child does not include a child as defined in
5 subsection 3(1) who is actually or apparently 16 years of
6 age or older. So it's almost like excluding children as
7 opposed to including who would be in the group.

8 The definition of parent hasn't changed and
9 the definition of a child in need of protection had not
10 changed as well.

11 As I indicated yesterday, in 1992 we moved
12 from standards and guidelines to the revised standards and,
13 as I said yesterday, some of the guidelines actually became
14 part of the standards in 1992.

15 So on page 47, I just added a couple of
16 pieces in terms of -- and I believe that I've covered this
17 material yesterday around past abuse. This was reflected -
18 - these passages, I guess, that I've highlighted as past
19 abuse and the alleged abuser were actually included in the
20 revised standards.

21 I'm not sure if that's ---

22 **MR. DUMAIS:** That's fine.

23 Perhaps you can just indicate, IPCA, who
24 provided training at that time, was actually recommending
25 that a child protection investigation could not be

1 undertaken with regards to a 16 or 17-year-old ---

2 **MR. CARRIERE:** Yes.

3 **MR. DUMAIS:** --- who is not subject to
4 protection.

5 **MR. CARRIERE:** That's right.

6 **MR. DUMAIS:** Which was consistent with the
7 legislation in place at that time.

8 **MR. CARRIERE:** Yes, that's correct.

9 **MR. DUMAIS:** And if you can then, Mr.
10 Carriere, tell us how the agency responded to referrals of
11 child sexual abuse? I think your first section takes us
12 from 1980 to the end of the 1990s which is when the ORAM
13 was put in place. So if you can just take us through a
14 referral during that period of time.

15 **MR. CARRIERE:** Yes. Some of this material,
16 again, I think I may have covered in different sections
17 yesterday, so I will try to summarize it.

18 Basically, during that period of time, a
19 referral is received and it's documented by a worker and,
20 again, a part of that process always includes a supervisor
21 to ensure that we are accepting the cases that we should be
22 accepting and not missing cases.

23 If the referral fits within our mandate and
24 the jurisdiction of the society -- in other words, the
25 child is under the age of 16 or, if the child is in our

1 care, under the age of 18, and the situation is one that
2 fits into the protection mandate and also in the
3 geographical territory that we serve -- then the case would
4 be assigned for investigation.

5 Very frequently our investigations of child
6 sexual abuse would start with a contact with the police
7 that would serve the area where the offence would allegedly
8 have taken place, and from there some planning would take
9 place around doing a joint investigation or some form of
10 investigation.

11 Once the investigation began, depending on
12 the circumstances of the case, the child may be medically
13 examined if the facts or if the information that we had at
14 the time dictated that a medical examination was required.
15 Sometimes there's no indication that the child has an
16 injury but there may be some reason to believe that there
17 would be some forensic evidence present and we would ask
18 for and seek a medical examination in those instances.

19 Various steps, I think as I outlined
20 yesterday, various steps are taken during the
21 investigation. Quite a number of parties are met with and
22 spoken to. Information is gathered and pooled together and
23 assessed, and if there is the determination that the
24 allegation is verified, that can lead to a variety of
25 different circumstances. That may mean that measures are

1 taken to take the child into care in the more extreme
2 situations, and by "taken into care" I mean into the care
3 of the Children's Aid Society, into a foster home.

4 We also may attempt to work -- well, we
5 would attempt to work with, if there was a non-offending
6 parent such as -- in many cases it was the mother -- just
7 to get the mother on side to protect the child and work
8 with them as a unit, take some measures possibly to get the
9 perpetrator out of the home. If the offender was out of
10 the home, then it would be working with the entire family
11 to safeguard the child or the other children from that
12 point on.

13 The file may be, depending on what happens
14 in the investigation -- a couple of possibilities could
15 come up. One is that the file could be terminated; in
16 other words, we would be satisfied that the child would be
17 adequately protected by the parents from that point on, or
18 if we felt and believed and had evidence to support that
19 the child may not be safe in that environment but not
20 necessarily needing to come into a foster home, the file
21 would get transferred to our family service team for
22 ongoing work with them.

23 We would provide counselling to that family,
24 to the various members of that family and it's a very
25 common practice in our community to engage other community

1 services.

2 As I mentioned yesterday, we have used
3 counselling services from the Cornwall Community Hospital
4 and we also have a very strong relationship with the
5 Children's Treatment Centre.

6 Our intervention would basically continue
7 until we were satisfied that the risks and the protection
8 concerns were sufficiently reduced, that the family -- that
9 we could close our file and feel that the child was well-
10 cared for.

11 Failing that, if we didn't reach that point
12 and believe that the child could not adequately be
13 protected, the child may, in fact, be in our care, and
14 there are instances where children remain in --
15 essentially, in the permanent of the Society.

16 **MR. DUMAIS:** One of your bullet points, the
17 fourth one, provides that the case was most likely
18 investigated with police involved, depending on the nature
19 of the referral.

20 **MR. CARRIERE:** Yes.

21 **MR. DUMAIS:** What would trigger police
22 involvement?

23 **MR. CARRIERE:** Typically what would trigger
24 a police involvement would be some identification that a
25 criminal act had taken place. The cases where we might not

1 phone the police at the beginning would be those cases
2 where a child is perceived to be demonstrating some
3 sexualized behaviour, but there's been no allegation made
4 against anyone.

5 We might become involved in that case and
6 investigate it. At the point in time where we would
7 determine -- if the child, for instance, disclosed that
8 this behaviour in fact reflected that they were being
9 harmed or exploited by someone, then we would contact the
10 police then.

11 In some instances we determined that the
12 sexualized behaviour is normal sexual behaviour between
13 children or the behaviour might be a behaviour that is
14 learned from another child. That would very likely lead us
15 to follow that next child to see where that behaviour
16 originated.

17 So until, I guess to -- I'm going maybe
18 perhaps too far with this, but if there's a criminal act,
19 then we would contact the police.

20 **MR. DUMAIS:** All right.

21 Now, the introduction of ORAM in 1998, I
22 believe you have discussed this yesterday as well, has
23 essentially structured the ---

24 **MR. CARRIERE:** Yes.

25 **MR. DUMAIS:** --- definitions of sexual

1 molestation and the risk of harm and introduced tools.

2 **MR. CARRIERE:** Yes.

3 **MR. DUMAIS:** But essentially you followed
4 the same steps of response that had been put in place since
5 ---

6 **MR. CARRIERE:** I would say pretty much the
7 steps are the same and some of the tools are different.

8 **MR. DUMAIS:** All right.

9 Now, Mr. Carriere, if I can turn your
10 attention to your next topic of discussion.

11 Can you advise what mechanism has been put
12 in place by the Society just to ensure that there's a
13 proper supervision on different files and that there's a
14 proper review process of files as well?

15 **MR. CARRIERE:** Yes, I can. Again, I believe
16 I've covered some of this material yesterday at various
17 points, but the accountability mechanism really begins at
18 the top with the Board of Directors having the
19 responsibility to the Ministry to ensure that our mandate
20 is carried out as the Ministry would expect, and then it
21 basically works its way down. Our Executive Director is
22 accountable to the Board of Directors and the Senior
23 Managers are accountable to the Executive Director. And
24 I'm still considered to be a Senior Manager, but when I was
25 the Director of Protection Services, I produced reports for

1 the Executive Director and also produced reports for the
2 Board on the functioning of the Society.

3 The Board of Directors has a separate
4 subcommittee related to client services and that is the
5 Client Services Committee of the Board. Myself and my
6 partner, Ian MacLean, who is the Director of Residential
7 Services, attended those meetings on a monthly basis and we
8 provided information to that particular subcommittee on
9 various aspects of the services that we were providing to
10 the clients, including any audits that we had done, any
11 policy changes.

12 One of the features that we had, that the
13 Board developed, was to have community agencies come to
14 that particular committee. Typically, we had two or three
15 agencies come each year and discuss with the Board their
16 working relationship with our agency and giving them
17 feedback in terms of what our relationship was like and
18 where our strengths were and where we could improve.

19 As I indicated, the Senior Managers report
20 to the Executive Director and the Senior Managers are
21 responsible for the Frontline Managers and Frontline
22 Managers typically have six to seven staff that they
23 supervise and they have a variety of mechanisms in which
24 they monitor the work. As I already indicated, they have
25 weekly or biweekly supervision with them.

1 And we have -- I hesitate to call it an
2 open-door policy, but in some days it seems like it, where
3 our workers have pretty ready access to supervisors
4 particularly with respect to any crisis situation that
5 comes up. They can access their supervisor or a supervisor
6 quite readily.

7 So a lot a decision making is done in teams.
8 The unit and teams have regular team meetings and minutes
9 are kept for both the teams meetings and for the
10 supervision periods.

11 One of the things that I haven't reflected
12 on this particular document, and I think it's probably
13 important to identify, is that beginning in the late 1980s,
14 we developed a mechanism in the agency that was called the
15 Risk Management Conference.

16 The Risk Management Conference meets
17 approximately three times a week, early in the morning for
18 -- depending if there are cases, and workers can and
19 managers can bring difficult cases where there are either
20 complex issues or difficult decisions to make, important
21 risk decisions to make. We do that in a conference format.

22 For years, I chaired that particular
23 committee and since I've moved on and the Clinical Director
24 is in place, she and the Services Managers now perform that
25 function.

1 So we've tried to develop an agency that
2 supports decision making by having a number of people
3 involved and not leaving it on the shoulders of
4 individuals. The Managers use various tracking forms to
5 monitor the work. We use tracking forms to look at the
6 frequency of contact with clients, recording requirements,
7 when the case was last supervised.

8 One of the things that we are concerned
9 about are drifting cases. We don't want cases that -- even
10 low-profile cases, to get lost. We want them to be
11 reviewed regularly and not lose sight of them. So there
12 are a number of mechanisms in place.

13 **MR. DUMAIS:** The next thing you speak of is
14 the Quality Assurance Committee which has been in operation
15 since November 2004.

16 **MR. CARRIERE:** M'hm.

17 **MR. DUMAIS:** Who was part of that Committee?

18 **MR. CARRIERE:** It is actually a committee
19 that's led by -- at the present time is led by our Clinical
20 Director and there are several Managers but there are also
21 frontline workers on it and that particular committee looks
22 at various aspects of quality assurance. They've done some
23 client satisfaction surveys and looked at data -- various
24 forms of data.

25 It's a relatively new committee, but I think

1 it's something in the area of child welfare across the
2 province. It's certainly an area that's rapidly developing
3 and it's an important area to develop.

4 **MR. DUMAIS:** And I believe you spoke about
5 audits that the Society performs and, as well, the annual
6 reviews of Crown Wards which are performed by the
7 Ministers.

8 **MR. CARRIERE:** Yes. That's correct.

9 **MR. DUMAIS:** Your last bullet is system of
10 accreditation. Perhaps you can discuss that a bit.

11 **MR. CARRIERE:** Yes, it's a -- the
12 accreditation process is a process that a number -- it's
13 led by the Ontario Association of Children's Aid Societies
14 and there are a set of standards on which Children's Aid
15 Societies are measured by.

16 It's a voluntary measure. You can ask to
17 proceed to accreditation. It's not a requirement, but we
18 saw it as being a good thing for our organization. So we
19 approached OACAS back in -- probably in 2000 and said "We'd
20 like to proceed with that," and in 2001, we -- a team came
21 in of people on the field who practise child welfare. We
22 provided them with a tremendous amount of documentation.
23 They also had focus groups with our staff, with some of our
24 foster parents and they contacted other community agencies
25 such as the police and measured our work and our policies

1 against the standards, and we were successful in being
2 accredited in 2001.

3 It's a process that you have to go -- if you
4 want to maintain your accreditation you have to go through
5 it every four years. A number of Agencies in the province
6 started off by being accredited but have not proceeded to
7 re-accreditation for a variety of reasons. There's a fair
8 amount of work in the process. We wanted to become re-
9 accredited and I think it's our goal to continue with that.

10 So in 2005, the same process that we went
11 through in 2001 happened and we were successful in being
12 re-accredited and we are one of -- at this time, I believe
13 we are one of four Agencies -- it might be slightly more
14 but there's not significantly more than four Agencies that
15 are re-accredited.

16 **MR. DUMAIS:** And that is done by your
17 association; correct?

18 **MR. CARRIERE:** It's done, actually, by
19 people who work in Children's Aid Societies from across the
20 province, who are leaders in their Agencies. In this past
21 process, there were two executive directors who were part
22 of the Accreditation Team and the other people were Senior
23 Managers or Managers, experienced Managers. I believe
24 about five people came to the agency.

25 **MR. DUMAIS:** All right.

1 Then if we can move on to your internal --
2 the evolution of internal investigations when it involves
3 an employee or a foster parent previously involved with the
4 Society.

5 **MR. CARRIERE:** Yes. I think that our --
6 although this is a practice that's been in place for a
7 number of years, I can't actually determine when we
8 instituted this practice of contacting a neighbouring
9 Children's Aid Society to investigate. Our policy and
10 procedure were for -- in this particular area were
11 developed in 2001.

12 Essentially, as I think I covered this part
13 yesterday as well, if an allegation is made, a serious
14 allegation is made against one of our staff, we will
15 contact someone at a senior level in another Children's Aid
16 Society, basically apprise them of the situation, request
17 that they investigate the matter, provide them with all of
18 the information that they need and would want to understand
19 what the allegation is and how to proceed, give them, where
20 we can, some assistance, direction around who would be the
21 police that they would contact, information if there was
22 going to be a medical examination, some details on how to
23 access the hospital.

24 So other than that, we basically take a
25 hands-off approach to the matter and leave it to the other

1 Agencies to investigate. And we have a reciprocal
2 relationship with the neighbouring Children's Aid
3 Societies. If they have a similar allegation happen in
4 their agency, they may call upon us to do the same thing.

5 **MR. DUMAIS:** And who at the agency makes
6 that decision to see that there's been an allegation and
7 makes the contact with the other Society?

8 **MR. CARRIERE:** Basically, it's a process
9 that can happen at any stage. If information comes to one
10 of our frontline workers, they will bring that information
11 to their supervisor, who would undoubtedly bring it to the
12 attention of a Senior Manager who will -- in many instances
13 or the instances when we've had to do this, I typically
14 would make the call to my equivalent in a neighbouring
15 agency and make the request that they would do the
16 investigation.

17 If it turns out that the allegation -- one
18 of the things that I should qualify with this is that it's
19 not simply allegations against our staff. It may, in fact,
20 be a relative of our staff. We're very conscious, or we
21 try to be very conscious, I should say, of conflict of
22 interest.

23 So for instance, if it turned out to be that
24 the allegation was made against -- and this is just a
25 hypothetical situation -- the brother of one our staff --

1 We would still call upon the neighbouring agency to do that
2 investigation because we wouldn't want anyone -- we would
3 not want it to be that it was perceived in any way that it
4 was because there was a relationship between our worker and
5 the person who was accused, that that influenced the
6 investigation.

7 So it goes beyond our staff.

8 **MR. DUMAIS:** And if it involved one of your
9 staff, is there some type of an internal investigation
10 before the other society is contacted just to determine
11 whether or not the allegation is substantiated or not?

12 **MR. CARRIERE:** No, we turn those matters
13 over to other agencies quite quickly.

14 **MR. DUMAIS:** All right.

15 Now, if then you can just discuss -- and
16 you've touched on some of these points yesterday as well --
17 discuss your interaction or the Society's interaction with
18 other institutions in the Cornwall area.

19 **MR. CARRIERE:** Yes. I think basically I
20 begin by saying certainly my history with the agency, which
21 goes back to 1973, we've worked relatively closely with the
22 police, and I think that relationship probably has grown
23 over the years, but I'm certainly well aware, as a brand
24 new worker in 1973, having discussions with the police on
25 cases. And in my discussion with my, at the time,

1 Executive Director, it was pretty apparent to me that there
2 would be involvement with the police that preceded the time
3 that I joined the agency.

4 In 1979, the standards and guidelines
5 certainly indicated -- I believe, again, this piece is
6 talking about historical abuse and, again, I think I've
7 covered that in some detail before.

8 The next bullet, the third bullet, talks
9 about something that I spoke to yesterday as well, and I
10 think it reflects that certainly in the cases where we have
11 registered someone with the Child Abuse Register, there's a
12 very strong likelihood that that individual also had
13 criminal charges laid against them. I think you can see
14 that looking from 2000 to the present, 91 per cent of our
15 child abuse registrations for sexual abuse had a
16 corresponding criminal charge.

17 So as I said yesterday, I found that
18 statistic reassuring, because if it was the opposite, if it
19 was a very low percentage, then one would have to wonder
20 what kind of relationship existed between our two
21 organizations.

22 In the 1980s ---

23 **MR. DUMAIS:** Perhaps, Mr. Carriere, on that
24 last point, when you make a referral to the Child Abuse
25 Register, do you base yourself on whether or not the

1 individuals were actually found guilty in a criminal
2 proceeding?

3 **MR. CARRIERE:** No, actually, that decision
4 has to be independent of that.

5 **MR. DUMAIS:** All right.

6 And whether or not charges were stayed or
7 whether or not the individual was not convicted does not
8 influence the fact that you're making this referral?

9 **MR. CARRIERE:** No. We have to be satisfied,
10 based on a balance of probabilities, that the abuse took
11 place, and as long as we believe that's the case, then we
12 are going to maintain that registration.

13 **MR. DUMAIS:** If you can take us to the next
14 bullet?

15 **MR. CARRIERE:** As I think I've reflected as
16 well, in the 1980s we saw a dramatic increase in the number
17 of sexual abuse -- child sexual abuse referrals that came
18 to the agency, and being a frontline manager at that time,
19 I can attest to the fact that it seemed like we had a
20 police cruiser sitting in our parking lot around the clock.
21 We worked very closely with the police during that period
22 of time and a very large percentage of our referrals at
23 that time were related to child sexual abuse.

24 **MR. DUMAIS:** Are police services ever
25 involved in helping the Society out with apprehensions?

1 **MR. CARRIERE:** They are. Yes, in situations
2 where we believe that a child needs to be taken into --
3 needs to be protected and taken into the care of the
4 Society, and we believe that there might be some risk to
5 the individuals involved, including our workers, the
6 children and the family, we frequently call upon the police
7 to be present when that apprehension takes place to ensure
8 that it goes as smoothly as possible and that no one is
9 harmed. And they provide a valuable service, I think to
10 everyone in those instances.

11 **MR. DUMAIS:** Is that covered by your
12 protocol? By that, I mean the first protocol that was put
13 in place -- or was it covered back then?

14 **MR. CARRIERE:** I would have to go to the
15 protocol to see if it's in there. I suspect it would be,
16 but without looking at it, I would ---

17 **MR. DUMAIS:** Do you know offhand whether or
18 not it's part of the second protocol?

19 **MR. CARRIERE:** Again, I think I'd have the
20 same response to that.

21 **MR. DUMAIS:** All right.

22 Now, your next bullet discusses past abuse,
23 and I believe you've covered that previously.

24 **MR. CARRIERE:** Yes.

25 **MR. DUMAIS:** And I believe the next four or

1 five bullets on that page, page 54, the introduction of the
2 ORAM, the Child Protection Protocol Coordinated Response in
3 Eastern Ontario, you've addressed that yesterday, as well
4 as your work with the protocol with the Cornwall Community
5 Hospital, and I believe you've discussed your relationship
6 as well with the Children's Treatment Centre, although
7 there is no protocol in place with them.

8 The second-to-last bullet discusses
9 something which is new, which is the agreement with the
10 Women's Shelter.

11 **MR. CARRIERE:** Yes. We have a collaborative
12 agreement with women's shelters in the area. To a very
13 large extent, this collaborative agreement speaks to
14 situations of domestic violence and our working with women
15 shelters in the area of domestic violence.

16 But certainly in the materials that have
17 been provided as part of that collaborative agreement, they
18 have information on duty to report and the various
19 definitions of a child in need of protection.

20 **MR. DUMAIS:** And your next bullet or last
21 bullet discussed your involvement with church
22 organizations?

23 **MR. CARRIERE:** Yes. We have no formal
24 protocol with any church organizations, but in the mid-'90s
25 we did assist the Diocese of Alexandria in developing some

1 guidelines. And again, I think I may have spoken to that
2 yesterday as well.

3 **MR. DUMAIS:** That was the guideline that was
4 signed by Bishop LaRocque?

5 **MR. CARRIERE:** Yes, that's correct.

6 **MR. DUMAIS:** And I see that you've done a
7 training session as well in 1995. Did that coincide with
8 work on this statement?

9 **MR. CARRIERE:** It did. My recollection of
10 that was that it was a review of the guidelines with the
11 various priests and individuals involved with the Diocese.
12 I would be fairly certain that there would have been
13 discussion with them as well around the duty to report.

14 **MR. DUMAIS:** All right then. If we can have
15 a look at the evolution of initiatives that were undertaken
16 for specialized services by the Children's Aid?

17 **MR. CARRIERE:** Yes. Again, I think a number
18 of the items here I've spoken to in different -- under
19 different topics, but prior to 1986, we didn't offer any
20 specialized services with respect to sexual abuse or sexual
21 assault of children, but in the mid-'80s, as I indicated a
22 minute ago, with the large volume of child sexual abuse
23 cases, we felt the need to provide, to develop a
24 specialized service, and we did develop a program that was
25 called the Family Sexual Abuse Treatment Program, and it

1 primarily offered group treatment to a variety of clients,
2 and we had operated groups for female child victims, male
3 child victims and male child perpetrators and non-offending
4 mothers.

5 These groups were run by our managers, our
6 frontline workers and, in a number of instances, we called
7 upon our community partners. We had a physician who co-led
8 one of the groups and we had social workers from other
9 agencies who co-led our groups.

10 In our estimation it was a pretty successful
11 program, and I think the families and the children really
12 benefited from it.

13 What happened is that as we moved into the
14 1990s, relatively speaking -- and by relatively speaking, I
15 mean that the number of referrals related to sexual abuse
16 was beginning to drop off and other areas were, in fact,
17 growing. So proportionately, sexual abuse was -- the
18 number of sexual abuse cases were dropping off compared to
19 other areas.

20 We also had some fairly serious budget
21 difficulties in the mid-1990s and we actually had a rather
22 significant downsizing of our staff, which meant that we
23 had to reorganize our services in the Agency and some of
24 the programs, which were kind of near and dear to us at the
25 time, we had to stop because we didn't have the staff or we

1 had to put the staff in other areas. And unfortunately,
2 the Family Sexual Abuse Treatment Program was one of the
3 casualties of that time.

4 **MR. DUMAIS:** And was that program entirely
5 funded by the Children's Aid Society?

6 **MR. CARRIERE:** It was, yes.

7 **MR. DUMAIS:** And did the Children's
8 Treatment Centre and their programs replace that
9 discontinued program?

10 **MR. CARRIERE:** To a significant degree, they
11 have, but my recollection is that there was probably a gap
12 of a year or two between our closing of the Family Sexual
13 Abuse Treatment Program and the creation of the Children's
14 Treatment Centre. It's really helped out in this
15 community. They pride themselves, and I think they're
16 justified in being proud, of being able to quite quickly
17 respond to situations, to provide treatment to children and
18 to families when sexual abuse has happened. So it's an
19 important program in our community.

20 **MR. DUMAIS:** And do you believe the
21 Children's Treatment Centre adequately replaced the
22 previous program or is there still a need, in your view,
23 for that type of a program?

24 **MR. CARRIERE:** I think from our perspective
25 it's meeting the need. I haven't sat down and done a full

1 analysis of what the Family Sexual Abuse Treatment Program
2 offered and what the Children's Treatment Centre offers to
3 be able to say completely yes or no to your question, but
4 it seems to be meeting the need for us.

5 **MR. DUMAIS:** Then you go on to discuss the
6 need for more specific risk assessment tools or the
7 anticipated evolution of that.

8 **MR. CARRIERE:** Well, again, as I mentioned
9 yesterday, we're in an era that can be called
10 transformation -- that is called transformation, and
11 agencies are looking at the way that they are providing
12 services to clients. We're doing that as well and we're
13 giving some consideration as to whether or not we should be
14 developing specialized services. And one of the areas that
15 we're considering developing specialized services is in the
16 area of child sexual abuse.

17 There's almost a never-ending argument or
18 debate that goes on in the field as to whether or not
19 workers should be generic workers; in other words, covering
20 all aspects of child maltreatment or whether or not there's
21 merit in developing workers in specialized areas.

22 As we've known for a long time, there's a
23 lot to know about each of the areas, and it's a challenge
24 to get an individual worker up to speed in all of the
25 areas. If you develop specialized services, you can bring

1 that worker's attention to particular areas and hope they
2 develop stronger skills, greater knowledge and more
3 expertise.

4 So we're collecting data and giving
5 consideration to doing that.

6 We're also looking at developing a team that
7 will respond to domestic violence situations because
8 probably more than any other type of referral, domestic
9 violence is at the top.

10 **MR. DUMAIS:** And I believe you've discussed
11 your relationship with the OPP and Cornwall Police and how
12 you're in the process of amending the protocol that's in
13 place, as well as the forensic interviewing that all
14 protection managers have to attend?

15 **MR. CARRIERE:** Yes.

16 **MR. DUMAIS:** The next point you discuss is a
17 need or a requirement, in your view, for joint police/CAS
18 training. I believe you've touched on that as well,
19 speaking of the training that was existing when it IPCA and
20 OACAS was offering training in conjunction with the Ontario
21 Police College.

22 Do you still believe that type of training
23 is required today?

24 **MR. CARRIERE:** Very much so. Yes, I'd
25 highly recommend that we go back to that type of training.

1 I think it's the best type of training and if our two
2 different organizations are going to work together
3 effectively in the field, I think it begins with them
4 getting training together and understanding each other and,
5 you know, teams practise together in sports. You put them
6 all together on the ice to practise together and I think in
7 this field it's really important that people work together
8 before they actually get out and practise together before
9 they actually get out to do the work.

10 **MR. DUMAIS:** Now, the last bullet discusses
11 an initiative that has been spearheaded by your Society.
12 Perhaps you can explain what that is.

13 **MR. CARRIERE:** Yes. What we've done is --
14 it actually began with our Society. A number of months
15 back, I guess it was in the fall of 2005, we got a group of
16 our investigators and family service workers together for a
17 focus group discussion on what types of training or what
18 does somebody who manages child sexual abuse cases, what do
19 they need to know? And it was meant to be kind of a "Give
20 us your ideas and give us what you think from your
21 experience you need to know to do this job well." We
22 developed a list of things that they identified. At the
23 time, I was part of the regional training committee and by
24 that I mean I was part -- each of the Children's Aid
25 Societies has a training committee and we meet in our

1 region to discuss what we are doing in the way of training.
2 I brought that idea to the regional training committee and
3 said, "You know, I think we need to look at what kind of
4 training or what our staff needs to know".

5 So what has happened is a sub-committee has
6 been formed from that regional training group and so each
7 of the agencies in our region are doing the same exercise
8 as I did with my staff and what we are doing is compiling
9 what we think workers and agencies need to know to manage
10 sexual abuse cases. OACAS is part of that. Our regional
11 training coordinator who is a member of OACAS is part of
12 our sub-committee and we are hoping to move that process
13 along and advocate for training in the areas that we
14 identify as being important and, as I said earlier, I hope
15 that leads to joint training with the police.

16 **MR. DUMAIS:** And has one of the areas been
17 your suggestion on joint police/CAS training?

18 **MR. CARRIERE:** Yes. For sure, it has been.

19 **MR. DUMAIS:** If we can then move to the
20 recording requirements that are in place at your office.

21 **MR. CARRIERE:** Yes. I started off by
22 talking about case notes because case notes are -- not
23 probably -- they are the cornerstone of our recording
24 system. And case notes, as I indicate here, are produced
25 for each and every activity associated with the case. So

1 if there is an interview with the child or with the mother,
2 with the father, with a witness, with the principal, the
3 secretary, the doctor, you name it, there is a case note
4 that is produced for that interaction.

5 The case notes are used to produce other
6 forms of documentation that we are required to do and have
7 been required to do since certainly well before I joined
8 the agency. There is a long list of files that have been
9 produced by our staff.

10 We have endeavoured to record all our child
11 protection recordings in accordance with provincial
12 legislation, regulations, standards and guidelines. It's a
13 challenge. There is a huge, huge recording requirement on
14 agencies, and we are not always successful in keeping up to
15 date with it, but we make efforts to be up to date with
16 recording.

17 Over the decades, we've used a variety of
18 recording formats to capture our information and think I go
19 on to say that in 1998, the Intake and Family Recording
20 System, which we know as IFRS, came into effect. It was a
21 provincial recording system. It consists of a series of
22 modules that workers complete to cover different aspects of
23 their case activity.

24 I see the IFRS idea as a really good one in
25 terms of consistency across the province. There have been

1 some criticisms about IFRS in that it's perhaps a little
2 too much compliance driven in that it records whether
3 certain steps have been done, and its strength may not lie
4 in giving a good summary or history of a case.

5 In the final -- as you can see on the screen
6 now, I've just tried to reflect some of the components or
7 the modules of the IFRS recording system. The referral
8 obviously is the starting point and it includes details
9 regarding the referral, the concerns that were brought to
10 our attention and demographic client information.

11 It's also the form that makes and documents
12 the decision about whether or not it fits within the --
13 where it fits within the eligibility spectrum, what the
14 response time would be; the severity of it. That document,
15 as all of these documents that I've listed, all of these
16 documents are reviewed by supervisors, frontline managers.
17 They are written by frontline workers. Several of the
18 documents have to be signed off by the managers. Others
19 are read.

20 The safety assessment, as I indicated, is
21 the document that is done quite quickly. The safety
22 assessment is done quite quickly in our intervention and
23 the safety assessment has to be done -- the safety
24 assessment has to be written within 24 hours of the contact
25 with the children.

1 "The investigation of allegations/concerns,"
2 that is another separate document that outlines the
3 investigation with a determination of whether or not the
4 allegation has been substantiated and also if there are any
5 other allegations that may have emerged in the course of
6 the investigation, which were not necessarily identified at
7 the outset. For example, we might start off with an
8 investigation that is related to sexual abuse, but in the
9 course of the investigation you determine that there is
10 domestic violence in the home as well. Then we would
11 reflect that finding in that document.

12 The disposition report essentially
13 determines and reflects whether or not the child is need of
14 protection and from there would determine whether or not we
15 would close our file off and end our service to the family
16 or whether or not we would continue on.

17 The comprehensive assessment is a broad
18 assessment that looks at details of risk and also other
19 factors relevant; for instance, the environment, the
20 community that the person lives in. Do they have a support
21 system around them?

22 All of these documents lead to, if the case
23 remains open, a plan of service. That plan of service is
24 developed by the frontline worker and approved by the
25 supervisor. We like to, as much as possible, involve our

1 community partners who would be involved in the case and
2 also the clients in the development of the service plan, so
3 that they have a say in terms of -- if there is agreement
4 on what people are working on, the likelihood of success is
5 much bigger.

6 So that's kind of a quick overview of those
7 documents.

8 The eligibility disposition review is a
9 review that is done every 90 days after the initial plan of
10 service, and it's meant to keep us vigilant about whether
11 or not the situation, the case still warrants CAS,
12 Children's Aid Society involvement and what the protection
13 concerns would be at the time.

14 If the file remains open, there is an
15 ongoing process of reassessment and unless there are
16 particular circumstances that emerge in the case, such as
17 another incident of harm or another individual joins the
18 family unit, that recording is done every six months.
19 Correspondingly, the plan of service would be revised at
20 that time as well.

21 **MR. DUMAIS:** And you have not mentioned
22 anything about retention of records. Perhaps you can just
23 give us an indication of what the policy is.

24 **MR. CARRIERE:** Yes, that's an important
25 point and I'm sorry that I didn't include that.

1 We have retained our records, really, since
2 the time that the agency began. We have no policy of
3 destroying records. Some of our earlier records have been
4 microfiched in part because some of those records were,
5 frankly, disintegrating in paper form and we wanted to make
6 sure that we had a copy of them. We have, I believe, at
7 this point in time, in excess of 21,000 protection files in
8 existence. With the electronic age, moving into the
9 electronic age, we have a lot of files that not only have a
10 paper version, but there is an electronic version as well.

11 **MR. DUMAIS:** So in all likelihood, you still
12 have the first copy of the first protection file you ever
13 opened?

14 **MR. CARRIERE:** I believe we would. Now, I
15 haven't looked for it, but we should have it in some form.

16 **MR. DUMAIS:** Now, you then have provided us
17 with some statistics. Perhaps you can just explain to us
18 where these numbers were taken from.

19 **MR. CARRIERE:** Yes. Basically, up to the
20 first, one, two, three, four, five six -- where it says,
21 "No records kept," that information was actually gathered
22 from '93, I guess, until '98. That information was
23 gathered by the Executive Director of the agency and he
24 would have had to, at the time, gather those statistics
25 manually and kept them.

1 In 1998 and 1999, that was, I think,
2 described as kind of a seam in the agency where we were
3 moving to a data system, which is know as the Child Welfare
4 Information System. It allows us to generate all kinds of
5 reports around number of cases in particular categories,
6 new referrals and re-openings and children in care. When
7 that was happening, unfortunately, their records were not
8 kept manually and so have a blank. From '99 to the present
9 day, that information is generated by our Child Welfare
10 Information System.

11 So on any given day, I can tell you how many
12 referrals were made, whether or not it's a re-opening or
13 not a re-opening, a new referral, how many of them were
14 sexual abuse.

15 **MR. DUMAIS:** But if we looked at, for
16 example, the '93-'94 number, 140, does that represent the
17 number of cases open or does it represent referrals
18 involving child sexual abuse?

19 **MR. CARRIERE:** It reflects the number of
20 referrals of child sexual abuse that were opened or re-
21 opened.

22 **MR. DUMAIS:** So the case had to be
23 substantiated?

24 **MR. CARRIERE:** No. This was before any
25 investigation took place. This would reflect the number of

1 cases that were referred to us that we said an
2 investigation should take place.

3 **MR. DUMAIS:** Thank you.

4 Now, the next page refers to caregivers that
5 have a history of abusing or neglecting. Can you just
6 explain to us where those numbers are taken from and what
7 they represent?

8 **MR. CARRIERE:** Yes. Again, as I indicated
9 yesterday, one of the categories of the eligibility
10 spectrum is titled "Caregiver Has a History of
11 Abusing/Neglecting". Since the Child Welfare Information
12 System came into place in the late 1990s, we are able to
13 generate the number of referrals that would fit into this
14 particular area. So those numbers reflect the number of
15 cases that were opened or re-opened for investigation under
16 the heading of "Caregiver Has a History of
17 Abusing/Neglecting".

18 **MR. DUMAIS:** Now, your second to last topic
19 deals or is titled "Child Sexual Abuse Survey". I
20 understand that you were involved in completing that
21 survey. Perhaps again you could just explain to us where
22 these numbers are taken from and what they represent?

23 **MR. CARRIERE:** Yes. This is an exercise
24 that I did with three frontline investigation managers.
25 What we did was we worked using our fiscal year, which is

1 April 1, 2004 to March 31, 2005, and the reason that we
2 picked that particular time period was that it was
3 relatively recent and also the opportunity to see what had
4 happened in the life of a referral from beginning to end
5 was greater than if I had picked something that was, say,
6 2005 and 2006.

7 The first thing that I must admit, and we
8 discovered in doing this exercise, is that we are not
9 researchers, and we wished that we had someone like Nico
10 Trocmé or gone to somebody like Nico Trocmé to perhaps
11 guide us in developing the tool that we used to go through
12 this exercise.

13 Essentially what we did was we, having
14 identified all of the cases that fit into the categories --
15 and to use an example, the 13A, which is, "It is
16 alleged/verified that a child sustained abusive sexual
17 activity by a prime caregiver," we identified all of those
18 files and then had our secretarial staff pull all of those
19 files from the vault. Then using the form that we had
20 created, we went through those cases and the most recent
21 opening, which would have been -- had to have been for that
22 allegation that I just described, we went through that case
23 to see what happened.

24 And so the various items that you see below,
25 for instance the referral information, using the example,

1 "What was the basis of the referral," what we wanted to
2 know was, was it something that the child said that led to
3 the referral or was it something about the child's
4 behaviour that led to the referral. So, you know, a number
5 of items were identified, to our mind, that would be
6 important for us to look at.

7 In part, the exercise, as I said yesterday
8 with respect to the data that we had collected from the
9 Child Abuse Register, we had sort of two purposes in doing
10 this exercise. One is to educate ourselves in terms of --
11 again, if we were looking at developing a specialized model
12 within the Agency, we felt that we needed to inform
13 ourselves about child sexual abuse. There's no point in
14 developing a service to realize that you may in fact be
15 missing a very important aspect.

16 The second thing is, again, being aware that
17 or thinking that possibly that the Cornwall Public Inquiry
18 might wish to have some information of this nature; that
19 was the second purpose for doing this.

20 **MR. DUMAIS:** So if we look at some of your
21 numbers, the first one being the total number of cases, so
22 that would have been the total number of referrals
23 involving child sexual abuse during that period of time?

24 **MR. CARRIERE:** That fit into that particular
25 definition, the 13A definition, yes; the 20 cases.

1 **MR. DUMAIS:** So then if we're looking at
2 question 2 about timeframes, if we're saying, for example,
3 that 30 per cent of those referrals involved matters or
4 allegations that were more than six months old, what that's
5 actually saying is that 6.6 of those cases involved
6 historical sexual abuse ---

7 **MR. CARRIERE:** Yes.

8 **MR. DUMAIS:** --- if we use historical as
9 more than six months old.

10 **MR. CARRIERE:** Yes, and it was just
11 arbitrary in terms of picking six months. You know, we
12 could have picked three months. We could have picked -- we
13 just thought, okay, six months seems like a reasonable
14 period of time. We wanted to see how many -- like were we
15 talking about allegations of sexual abuse that had just
16 happened or were we talking about allegations of sexual
17 abuse that had happened sometime before that? Because
18 there's a difference and I think we've heard from some of
19 the expert witnesses that it's harder, particularly for
20 children, to recall things that are older.

21 **MR. DUMAIS:** Now, if we look at question 7
22 or 8, perhaps you can just explain what "new file opening
23 and re-opening" means. Re-opening means that the children
24 that were involved in that referral were previously
25 involved with the Children's Aid Society?

1 **MR. CARRIERE:** It possible could be. What
2 it means is -- a new opening means that we have never had
3 any protection. We've never had involvement with that
4 family before. A re-opening means that we have had a
5 protection involvement with that family before and we are
6 re-opening the file.

7 Now, some of the -- I guess I'm qualifying
8 your comment in terms of some of the individuals in the
9 family may have changed. For instance, we might be opening
10 the file on -- the file might be in the mother's name, for
11 instance, but she has a new partner compared to the
12 original opening. There also may be more children in the
13 family or less children in the family who are under the age
14 of 16. So some of the players or the individuals in the
15 family may have changed, but it means that we've had a
16 previous protection involvement with them when it's a re-
17 opening.

18 **MR. DUMAIS:** And question number 8 would
19 indicate that the previous involvement was on a similar
20 type of referral?

21 **MR. CARRIERE:** Yes. What we were trying to
22 capture here is, if it was previously opened, was it opened
23 for reasons of sexual abuse or was it opened for something
24 else? And again, depending on what that statistic would
25 be, I think that could be very telling. For instance, for

1 example, if the statistic said this case was previously
2 opened -- if it was 100 per cent of the time, one might
3 question the service that you had provided before because
4 again the sexual abuse would be coming back even though you
5 had been involved in it before.

6 We wanted to get some demographic data as
7 well because, again, if we're going to develop a team it
8 would be important to know where that team might likely do
9 the majority of their work; as it was important in terms of
10 the language of the family.

11 **MR. DUMAIS:** Commissioner, I don't know
12 whether or not you want us to continue until we're done.
13 Just to give you an idea, I'm just about to look at the
14 next subtitle which is "Investigation Information".

15 It's 11:10.

16 **THE COMMISSIONER:** We are breaking at noon.
17 I have to attend a meeting from noon to 2:00, but we will
18 resume promptly at 2:00. So maybe if we took a short break
19 now, a 10-minute break, and then we'll go right through
20 until noon.

21 **MR. DUMAIS:** I believe that we can be done
22 by noon.

23 **THE COMMISSIONER:** Perfect.

24 **MR. DUMAIS:** We're almost done. Thank you.

25 **THE COMMISSIONER:** Great.

1 **THE REGISTRAR:** Order; all rise. À l'ordre;
2 veuillez vous lever.

3 The hearing will resume at 20 after 11:00.

4 --- Upon recessing at 11:11 a.m./

5 L'audience est suspendue à 11h11

6 --- Upon resuming at 11:23 a.m./

7 L'audience est reprise à 11h23

8 **THE REGISTRAR:** Order; all rise. À l'ordre;
9 veuillez vous lever.

10 This hearing of the Cornwall Public Inquiry
11 is now in session. Please be seated; veuillez vous
12 asseoir.

13 **BILL CARRIERE, Resumed/Sous le même serment:**

14 --- **EXAMINATION-IN-CHIEF BY/INTERROGATOIRE-EN-CHEF PAR MR.**
15 **DUMAIS (CONT'D):**

16 **MR. DUMAIS:** Mr. Carriere, looking now at
17 the "Investigation Information", which is found at page 65,
18 mid-page, and the first question, the answers are -- and
19 that's -- I guess if I can look at initially the question,
20 how quickly the agency responded to the referral and what
21 you monitored was "with deviation" and "without deviation".

22 If you can just explain those results.

23 **MR. CARRIERE:** Yes. This particular type of
24 referral, the 13A referral, within the eligibility spectrum
25 speaks to a response time; in other words, contact with the

1 child who was identified as the victim and any other child
2 under the age of 16 in that family within 12 hours.

3 So when we got "without deviation" it means
4 that in 70 per cent of those cases -- and I guess that
5 would be 14, I guess -- we actually met that requirement
6 and saw all of the children within that timeframe.

7 There is a process where if you are not able
8 to see those children or a child within that timeframe that
9 you can go outside the timeframe, but you have to do with
10 what we call a "deviation," and a deviation means that
11 there is a discussion that takes place between the worker
12 who is assigned to the case and the supervisor and they
13 review what the circumstances are and if there are no
14 reasons to believe that any delay is going to jeopardize
15 the well-being of a child, then you may seek a deviation.

16 There are instances where you will do that
17 on a planned basis and I'll give you an example of that.
18 If there was a case, for instance, where it was alleged
19 that, let's say, the stepfather had -- or let's say it was
20 an access situation where a child had been allegedly
21 sexually molested on an access visit by her father and
22 that's discovered after the access visit. Now, let's say
23 the call came in fairly late at night, it may not be
24 appropriate to rush out within the 12 hours to interview
25 that child because certain things would have to be set up

1 and it may also not be convenient for the family.

2 Because there would be -- if we had received
3 assurances that the child didn't need any medical
4 attention, wasn't in any immediate distress that required
5 treatment and wouldn't have any access to the perpetrator,
6 we may in fact arrange that interview to be later the
7 following day or perhaps even the day after.

8 One of the things that we may do is connect
9 up with the police. So there can be deviations that are
10 planned.

11 There can also be deviations that are
12 unexpected and those are situations where the worker goes
13 out and can't find the family and no one is there, and they
14 may go back several times and no one is there. So they
15 have to document that they've made an effort to see the
16 family, the children within the timeframe, but they've been
17 unsuccessful. So that's what I mean by "with deviation".

18 **MR. DUMAIS:** All right.

19 Then if we look at question 3 in that same
20 section, which describes police involvement, perhaps you
21 can describe the different possible answers.

22 **MR. CARRIERE:** Yes. "Joint investigation"
23 means that the Children's Aid Society and the police did
24 the investigation together. There was a partnership
25 between them. The worker and the police officer did the

1 interviews. They may not have done all of the interviews
2 together. Typically our protocol speaks to the police
3 doing the interview with the alleged offender and without
4 the CAS worker being present, but it means that they worked
5 very closely together and likely shared a number of
6 interviews together.

7 The "parallel investigation" is a situation
8 where police may be investigating -- may have in fact
9 investigated the matter before we became involved and then
10 we did a separate investigation. It's not an ideal
11 situation but sometimes circumstances dictate that it
12 happens.

13 The "police contacted but not involved," I
14 wish I had more detail about this in terms of those
15 particular circumstances but, frankly, I don't have them.
16 In those cases, what we can -- I think I can be confident
17 in stating this -- that we contacted the police but for
18 whatever reason the police did not join in the
19 investigation.

20 In 20 per cent of the cases there was "no
21 police involvement" and again I don't have details as to
22 what those circumstances might be. And in fact it may be
23 that we didn't contact the police and it isn't a question
24 of the police not responding, it may be that for some
25 reason our staff didn't contact the police. There should

1 have been a contact but there wasn't.

2 MR. DUMAIS: And if we look now at the next
3 subsection, "Verification/Disposition Information," that's
4 at page 66, question 1.

5 MR. CARRIERE: Yes.

6 MR. DUMAIS: Whether or not sexual abuse was
7 verified, and you found that in 10 per cent of the referral
8 cases it was "verified" and "not verified" in 85 per cent.

9 MR. CARRIERE: M'hm.

10 MR. DUMAIS: Do you mean by that that these
11 referrals were all false allegations?

12 MR. CARRIERE: No, I think that that might
13 be a stretch to say that they were false allegations. What
14 it basically means is that we conducted the investigation
15 and we did not substantiate that the child had been
16 sexually abused, as alleged. I think it's a different
17 thing to say that somebody knew it to be not true and
18 reported it to us.

19 MR. DUMAIS: Now, if we can jump forward to
20 page 68, and that survey refers to section 13C and 13D of
21 the Eligibility Spectrum Category.

22 MR. CARRIERE: Yes.

23 MR. DUMAIS: What's the difference between
24 that category and the first one, 13A?

25 MR. CARRIERE: Well, the main difference is,

1 in 13A it's a primary caregiver, you know, typically
2 speaking the mother or the father, biological parent, step-
3 parent or somebody who has a custody order for the child.
4 The 13C is it's by a family member who is in a care-giving
5 role but is not the primary caregiver and the examples of
6 that would be the grandfather, the aunt or the uncle.

7 The 13D situation is your community person,
8 what might be known -- might fit into the broad category of
9 an acquaintance individual.

10 **MR. DUMAIS:** And you've essentially used the
11 same questions throughout?

12 **MR. CARRIERE:** We did.

13 **MR. DUMAIS:** Looking at sub-category,
14 "Investigation Information", page 71, question 3 questions,
15 "Were the police involved in the investigation?"

16 **MR. CARRIERE:** In number 3? Yes, there was
17 a joint investigation in 86 per cent of them. Is that --
18 am I in the right section?

19 **MR. DUMAIS:** Yes. You're at the right
20 section. Then the second answer was "other" and you've got
21 three asterisks there?

22 **MR. CARRIERE:** Yes. And again I wish I had
23 the details for this, but my recollection of this situation
24 was that there may have been -- the child may have changed
25 her -- changed something that she said at the outset of the

1 investigation and the police suggested that we proceed, and
2 if they needed to be involved, to get back in touch with
3 them, but they didn't join us.

4 **MR. DUMAIS:** And if we can then look at sub-
5 category 7, "Verification/Disposition Information" question
6 5; "Was the case reported to the Child Abuse Register?"
7 "Yes", in 14 per cent of the cases; "No", in 71 per cent of
8 the cases. It was not reported with cause. You've put
9 some asterisks there, indicating that the verified offender
10 was 14 years old. So is there an age restriction to the
11 Child Abuse Register?

12 **MR. CARRIERE:** There isn't an age
13 restriction. The child has to be over the age of 12 to
14 register. There is some guidance that's provided in the
15 information that the Child Abuse Register gives us, around
16 the registration of adolescents and -- I mean, I think, the
17 guidance really fits around the fact that a child around
18 the age of 14 is still very much in sort of the formative
19 years.

20 A registration on the Child Abuse Register
21 is for 25 years. That's a long period of time for someone
22 who is this young. Our practice has been to -- except in a
23 few circumstances -- to not register adolescents.
24 Circumstances where we have, it's been situations where
25 there have been repeat offences and there appears to be a

1 developing pattern of abusive behaviour that needs to be
2 noted, needs to be checked and needs to be stopped.

3 So we see the registration as a mechanism to
4 assist in that.

5 **MR. DUMAIS:** Otherwise you're left with that
6 discretion?

7 **MR. CARRIERE:** It is a discretion, yes.

8 **MR. DUMAIS:** Now, the third section of your
9 child abuse survey deals with section 13F of the
10 Eligibility Spectrum, which deals with unexplained sexual
11 behaviour which I believe you previously referred to?

12 **MR. CARRIERE:** Yes. What really struck us,
13 frankly, in doing this particular exercise, was the very
14 large number of cases that fit into this category. There
15 are as many cases in this category as there are in the
16 other two categories combined.

17 Again, I think, you know, if we were looking
18 for evidence in terms of the importance of doing this
19 exercise, this was probably it, because, you know, there
20 are particular skills that workers need to have when they
21 are dealing with situations where it's a child's behaviour
22 that might be the signal that they are being sexually
23 harmed. That's very different than a child disclosing
24 sexual abuse. So there was a very large number of cases.

25 **MR. DUMAIS:** Is it fair to say that you're

1 catching cases by examining the behaviour of children as
2 well ---

3 **MR. CARRIERE:** Yes.

4 **MR. DUMAIS:** --- which would not otherwise -
5 --

6 **MR. CARRIERE:** By their behaviour and by
7 their statements, which aren't necessarily directed to
8 someone, but they say something that is peculiar and
9 somebody realizes that's an awfully peculiar thing for this
10 child to be saying.

11 **MR. DUMAIS:** But it is the behaviour that is
12 the trigger?

13 **MR. CARRIERE:** Yes, it is.

14 **MR. DUMAIS:** Now, you've indicated that
15 you've just completed this survey. Are you still in the
16 process of analyzing the results or what's your expectation
17 as to what will happen with this?

18 **MR. CARRIERE:** Yes. These results are very
19 fresh, actually, for us. We've had one meeting where we
20 began to explore what does this information mean to us?
21 But we're really at the beginning stages of looking at
22 this.

23 **MR. DUMAIS:** All right.

24 Now then, if we look at the last page of
25 your outline, which is page 79, last topic, "Protection,

1 Policy and Procedure Documents", my understanding is that
2 you've simply enclosed those documents in your Book of
3 Documents. Perhaps you can just simply identify them and
4 tell us which of these policies are still in place and
5 which have been replaced and so on.

6 **MR. CARRIERE:** Yes. What I've tried to do -
7 - we tried to find our policies and procedures and one of
8 the things that we discovered fairly quickly is that our
9 older policies and procedures were not to be found. We
10 went to the -- one of the difficulties that we have, of
11 course, is that people don't accumulate things and some of
12 the individuals who might have some of our earlier policies
13 are no longer around and, you know, we even asked some of
14 those individuals, "Did they perhaps have the policy with
15 them at home?" And they didn't.

16 So the first one I was able to find was
17 policies going back to 1978, then found -- actually with a
18 bundle of policies we found the '78, the '83 and the '84
19 and the '87 policies together in a binder. You know, I was
20 fortunate to get those.

21 I think it's probably quite fair to say that
22 from what I can gather, in our early stages of our agency,
23 we were not policy and procedure driven. If you look at
24 the '78 policy and protection policy, it's a few sheets of
25 paper. And when you compare that to the current protection

1 policy at Tab 40, it's a big thick document. So we've
2 become much more policy and procedure driven.

3 One oversight, and I am prepared to rectify
4 this and I apologize for it, is that I do in fact have the
5 policies and procedures for 2001. When we went through the
6 accreditation process, that was the cornerstone, frankly,
7 of the accreditation process and I apologize again for not
8 including that. If the Commission or any of the parties
9 would like to have a -- I can burn a copy of our 2001
10 protection policies and procedures and make them available.

11 I can tell you, having gone through the
12 exercise in 2005, of going through the 2001 policies and
13 procedures, that we did a lot of what I would call "word-
14 smithing" in 2005. I'm not sure that it's the substance of
15 it or the content is substantially different from 2001 to
16 2005. We updated things like changing the name of the
17 Ministry or making things like "ministry" generic, because
18 ministries change titles and we didn't want to have to
19 change our policies and procedures all the time. But I'm
20 quite willing to share those policies and procedures.

21 **MR. DUMAIS:** All right.

22 If we look at the ones that are listed here,
23 the 1978 protection policy; has that been replaced by the
24 1984 policy on prevention and protection, and thereafter by
25 the 1987 policy?

1 **MR. CARRIERE:** It has, yes.

2 **MR. DUMAIS:** I see.

3 **MR. CARRIERE:** They have some of the same
4 language, but yes, they are.

5 **MR. DUMAIS:** So then the last current one
6 would be the 2001 policy on prevention, which has not been
7 enclosed but that you're prepared to submit?

8 **MR. CARRIERE:** The very last one listed here
9 is in fact 2005. In between the '92 and where it says CAS
10 current protection policy is of 2001.

11 **MR. DUMAIS:** And if we're looking at the
12 1983 intake policy, which appears to have been modified by
13 the 1992 intake policy, is that policy still in place or
14 has everything been incorporated in the current protection
15 policy?

16 **MR. CARRIERE:** They are very different
17 policies, but everything that was relevant would have been
18 moved forward into our current policies. Am I answering
19 your question correctly.

20 **MR. DUMAIS:** Well, perhaps if I can ask
21 another question; is the 1992 intake policy -- will that be
22 modified further or are you simply keeping the 2005
23 protection policy?

24 **MR. CARRIERE:** The 1992 intake policy is no
25 longer in effect.

1 **MR. DUMAIS:** All right.

2 These are my questions, Commissioner.

3 **THE COMMISSIONER:** Thank you.

4 **MR. DUMAIS:** Thank you, Mr. Carriere.

5 **THE COMMISSIONER:** Mr. Manson, I guess.

6 **MR. DUMAIS:** I have been advised,
7 Commissioner, just for the purpose of cross-examination,
8 that the parties will keep the same order, save and except
9 for Mr. Chisholm, who will go last.

10 **THE COMMISSIONER:** Thank you.

11 **--- CROSS-EXAMINATION BY/CONTRE-INTERROGATOIRE PAR MR.**
12 **MANSON:**

13 **MR. MANSON:** I'll only be a few minutes, Mr.
14 Commissioner.

15 Mr. Carriere, can I take you to page 35?
16 This is the chronological list of abuse register
17 registrations.

18 **MR. CARRIERE:** Yes.

19 **MR. MANSON:** There's clearly two blips in
20 this list, one in 1986 and '87 and the other in 1992. In
21 '86, there were 36 registrations; '87, there were 29 and
22 then in 1992, back up to 33.

23 Can you offer any explanations for those
24 blips?

25 **MR. CARRIERE:** I can in terms of '86, and I

1 probably should have looked at the '92. The reason for the
2 very high number -- it is a substantial jump from 8 to 36 -
3 - in 1986, there were two situations where offenders had
4 multiple victims. I think there were, with one particular
5 individual, I think there were seven victims that we
6 registered this individual for. In another situation,
7 there were either five or six.

8 There may have been other situations as
9 well. So those registrations reflect us coming upon
10 situations where there were multiple victims which led to
11 multiple registrations.

12 My -- and it's purely speculation on my part
13 -- I wouldn't be surprised if I looked at 1992, that I
14 would find the same thing; that there were multiple-victim
15 registrations.

16 **MR. MANSON:** Is there anything that you can
17 recall happening in Cornwall, that would have contributed
18 to these situations coming to your attention?

19 **MR. CARRIERE:** Well, it could very well have
20 been in 1986. That was probably when -- and again, this is
21 completely speculation on my part -- that was probably when
22 the Child Abuse Prevention Council was most active. There
23 was a lot of information that was going out to the
24 community. We had a Child Abuse Prevention Week, a lot of
25 information in the newspaper. It was also a period of

1 time, I would say internationally, that cases of child
2 sexual abuse were coming to the attention of society. So
3 that may have contributed to it. It was a major topic at
4 that point in time.

5 **MR. MANSON:** It was shortly after the
6 publication of the Badgley report?

7 **MR. CARRIERE:** Yes. That would contribute.

8 **MR. MANSON:** I have a question about ORAM,
9 1997 and 2000.

10 **MR. CARRIERE:** Yes.

11 **MR. MANSON:** Is this mandated by the
12 Ministry? Is the use of this instrument mandated by the
13 Ministry at the current time?

14 **MR. CARRIERE:** Yes, it is.

15 **MR. MANSON:** And it's provided to you by the
16 Ministry and validated by the Ministry?

17 **MR. CARRIERE:** Yes, I believe so.

18 **MR. MANSON:** So what we would say is it's an
19 actuarial tool as it relates to risk, that includes factors
20 and weightings for factors, but the validity of that, both
21 the list and the weighting is something that you assume to
22 be accurate?

23 **MR. CARRIERE:** I don't -- I think that the
24 tools are not necessarily actuarial. I think they are
25 based on what people have discovered from -- found from

1 experience and from the literature. I don't know that
2 they're actuarially-based.

3 **MR. MANSON:** I've look through the documents
4 and there's reference to the people that created them but
5 they don't explain how they created them. You're
6 suggesting that there isn't actuarial evidence to support
7 the choice of factors and the weighting, that it's more
8 based on people's clinical experience?

9 **MR. CARRIERE:** I believe that's the case.
10 Yes.

11 **MR. MANSON:** Thank you. Those are my
12 questions.

13 **THE COMMISSIONER:** Thank you.
14 Mr. Lee.

15 That's just the list, sir, to give you an
16 idea of who the gentlemen are ---

17 **MR. MANSON:** Okay. Thank you.

18 **THE COMMISSIONER:** Mr. Lee is a lawyer with
19 the Victims Group.

20 ---CROSS-EXAMINATION BY / CONTRE-INTERROGATOIRE PAR MR.

21 **LEE:**

22 **MR. LEE:** Good afternoon.

23 **MR. CARRIERE:** Good afternoon.

24 **MR. LEE:** Can I just get you to turn to the
25 only document I think I will be relying on is your outline

1 of evidence which is Tab 2 I believe and if we can turn to
2 the first page of that.

3 One of the very first things that you
4 discussed yesterday when you got on the stand, was about
5 how the CAS operates 365 days a year, 24 hours a day.

6 **MR. CARRIERE:** Yes.

7 **MR. LEE:** You also mentioned the fact that
8 you have an after-hours service.

9 **MR. CARRIERE:** We do.

10 **MR. LEE:** I was wondering if you could
11 explain what that is.

12 **MR. CARRIERE:** Yes. Our Agency -- the
13 normal hours for our Agency are from 8:30 until 4:30 each
14 day. In the summertime, we go on summer hours, which are,
15 I believe, 8:00 to 4:00.

16 Outside of those hours, we have people who
17 are on call. We have someone who is identified as an after
18 hours worker. This person is child protection worker, and
19 we also have a supervisor who is a child protection worker
20 as well.

21 If calls come into the Agency outside of our
22 normal hours, those calls get directed to our after-hour
23 staff and we would handle those situations as we would
24 handle a call that came in during the day.

25 Recognizing that we -- given the staffing

1 that we have for it, we deal primarily with emergencies and
2 things that can wait to the next day, would wait until the
3 next day. But if there was an allegation that required an
4 immediate response, and there are, the worker would go out
5 and would consult with the supervisor who was on call.

6 All of the documentation is the same. We
7 treat those cases as if they happen between 8:30 and 4:30.

8 **MR. LEE:** How long has that been the
9 practice?

10 **MR. CARRIERE:** Since as long as I've been at
11 the Agency and probably before that.

12 **MR. LEE:** And you started in 1973?

13 **MR. CARRIERE:** I did, yes.

14 **MR. LEE:** So at the very least, from the
15 early '70s there's been a process where there ---

16 **MR. CARRIERE:** Yes. We've changed -- we've
17 changed the service significantly. We now have two people
18 who rotate doing that fulltime. That's essentially all
19 they do.

20 When I first joined the Agency, I don't
21 think I had to do this in my first weeks or months, but you
22 rotated through the entire staff and so you would have a
23 week on and then another staff member would take on the
24 next week.

25 But I believe, certainly well before I

1 joined the Agency, that that arrangement was in place.

2 **MR. LEE:** So this isn't an answering
3 service? These are trained professionals who are taking
4 these calls after hours?

5 **MR. CARRIERE:** That's right.

6 A number of years ago -- our service is
7 different now than it was before. We used to rely on an
8 answering service. A call would go in to, for instance, a
9 telephone answering service and they would then forward
10 that call to -- that information to our worker. They would
11 forward everything. They didn't discriminate. They
12 weren't a screening service. So if somebody phoned at 2:30
13 in the morning and said "What time does your office open
14 the next day?" even though they would know what time the
15 office opened the next day, they would phone our after-
16 hours worker and say, "Somebody wants to know when your
17 office opens."

18 Yes.

19 **MR. LEE:** Thank you.

20 You also -- beginning at page 8 of your
21 outline, you discuss the various stages of the legislation.
22 You began in the 1960s and you discussed the duty to report
23 requirements.

24 You explained to us that it was in 1966,
25 January 1st, 1966 was the first duty to report abuse

1 requirement. But, at that time, my understanding is there
2 was no -- it wasn't an offence to contravene the duty
3 reporting.

4 On page 10 of your outline you explain that
5 for the first time the *Child Welfare Act 1978* made it an
6 offence. So, in other words, there's a penalty for the
7 failure to report which wasn't in place before that; is
8 that correct?

9 **MR. CARRIERE:** Yes, I believe so.

10 **MR. LEE:** And since that time, is it your
11 understanding that the legislation has always since then
12 contained a penalty for failing to report?

13 **MR. CARRIERE:** I believe it has, yes.

14 **MR. LEE:** Does the Children's Aid Society
15 have any kind of practice or policy or procedure in terms
16 of what to do when they discovered that somebody has, in
17 fact, failed in his or her duty to report?

18 **MR. CARRIERE:** We don't have -- I don't
19 believe that we have a policy that speaks to that, but our
20 practice has been where people have not reported, we have
21 contacted them and reviewed with them their obligation to
22 report. We've taken kind of a -- I suppose it could best
23 described as an educational approach to it in terms of
24 enlightening people in terms of their obligation to report
25 to the Children's Aid Society.

1 **MR. LEE:** Would that include professionals?

2 **MR. CARRIERE:** Yes, it has.

3 **MR. LEE:** Have you ever gone beyond that?
4 Have you ever felt that the education -- not you
5 specifically -- in your experience at the Children's Aid
6 Society have?

7 **MR. CARRIERE:** I don't believe that we have.

8 **MR. LEE:** So you don't know of any
9 situations where it's gone beyond then, and somebody is --
10 you've made a report to the police or whoever it might be
11 that there's been a serious allegation?

12 **MR. CARRIERE:** No, not that I am aware of.

13 **MR. LEE:** Turning to page 15 of that same
14 document, you get into the 1990s and the second last bullet
15 on that page reads that the revised standards included a
16 commentary on past abuse and that that commentary had not
17 been previously included, and that's the commentary that we
18 looked at yesterday and that the Commissioner questioned
19 you on a little bit.

20 What you essentially explained -- and
21 correct me if I'm wrong, by all means -- is that the
22 Children's Aid Society's interest in case of historical
23 abuse is only when there's a current risk to somebody who
24 is now a child. For example, if a 45-year old man comes to
25 you and complains of abuse, it's not within your mandate

1 unless part of that allegation is that -- and he's still
2 doing it to a child.

3 MR. CARRIERE: That's right.

4 MR. LEE: Is that correct?

5 MR. CARRIERE: That's correct.

6 MR. LEE: And you explained that you might
7 help that adult find counselling. You'll encourage him to
8 go to the police, whatever it may be.

9 MR. CARRIERE: Yes.

10 MR. LEE: But he's not a child so it really
11 has absolutely nothing to do ---

12 MR. CARRIERE: That's right.

13 MR. LEE: --- with the Children's Aid
14 Society.

15 MR. CARRIERE: And we couldn't proceed with
16 an investigation and register -- excuse me -- register the
17 offender for that on the Child Abuse Register because, as
18 you said, that individual is no longer a child. So.

19 MR. LEE: So am I right to assume if the
20 allegation was that I was abused as a 12-year old but I'm
21 now a 45-year old man, but I know as a matter of fact that
22 he's still abusing 12-year olds, you would become involved?

23 MR. CARRIERE: We could be, yes. M'hm.

24 MR. LEE: What is the general practice or
25 procedure when that allegation doesn't go that far. If the

1 allegation is simply that I was abused as a 12-year old, is
2 there any -- does the CAS take it further from there to see
3 who the perpetrator -- the alleged perpetrator is, what his
4 capacity is, what his job position is, is he's still
5 involved with children?

6 **MR. CARRIERE:** Well, I think, I guess I'm
7 thinking about the work that our intake staff would do.
8 They would explore that information with the sources that,
9 for instance -- we've been using you as an example -- they
10 would explore with you, "Does this individual have any
11 contact with children? Is he in a care-giving role? Would
12 you know of anyone who could give us information about
13 that?" We would do that kind of exploration.

14 **MR. LEE:** So there would be some kind of
15 investigation just to make sure of that?

16 **MR. CARRIERE:** There would be an exploration
17 of that. Yes.

18 **MR. LEE:** And is that found anywhere in a
19 policy, on paper, or that's just the way you do business?

20 **MR. CARRIERE:** That's not found in any
21 policy or procedure that I'm aware of. It's the way we do
22 business.

23 **MR. LEE:** And, finally, I just have one more
24 area that I'd briefly like to go through. If you can turn
25 to page 42, and this is -- I need to compliment you on the

1 materials; they're excellent.

2 **MR. CARRIERE:** Thank you.

3 **MR. LEE:** I found it very handy how you
4 broke it down by decade.

5 So you begin here in the 1960s and you go
6 through the definition of a child and you go through the
7 definition of a caregiver, and so on and so forth, and near
8 the bottom of the page, you refer to the fact that there's
9 no reference to sexual abuse or assault, and it's simply a
10 neglected child, is the term that they used, and you
11 explained to us yesterday how that can be complicated, and
12 I think the example you gave was you had a father who had
13 broken his son's leg and that was a seriously neglected
14 child.

15 **MR. CARRIERE:** Yes.

16 **MR. LEE:** So obviously, I mean there are
17 some issues there.

18 And I take it you'll agree with me that the
19 legislation and the practices and procedures have only
20 gotten better with time.

21 **MR. CARRIERE:** Well, it's -- yes,
22 tremendously so.

23 **MR. LEE:** The '70s were better than the '60s
24 and the '80s were better than '70s?

25 **MR. CARRIERE:** Yes, absolutely. Absolutely.

1 **MR. LEE:** So the '60, I think we can take as
2 kind of the least good decade in terms of the policies and
3 the procedures at least.

4 I notice when you set out here clause
5 11(1)(e) of the *Child Welfare Act*, where they define
6 neglected child and it's constantly referring to 'the
7 person in whose charge he is.' That term is found over and
8 over again.

9 Given all of the, I suppose the limitations
10 in this legislation, where would sexual abuse fit into
11 this; would it fit in anywhere?

12 I mean, was it just not ---

13 **MR. CARRIERE:** Are you referring -- we're
14 still referring to the neglected child, what's on the
15 screen ---

16 **MR. LEE:** Yes. I assume I'm thinking of a
17 situation -- if you -- if the CAS received a report that --
18 a credible report, and I mean, we get ---

19 **MR. CARRIERE:** Yes.

20 **MR. LEE:** --- let's take as an example that
21 child 'A' is being abuse by his teacher or by his priest or
22 whatever it is, do you have -- would you have had, at that
23 point, a look in the legislation and tried somehow to slot
24 it in there or can you just say, "We're the Children' Aid
25 Society. Surely, we have to do something."

1 **MR. CARRIERE:** Well, you know, I mean, it's
2 a really good question and I think I may have said this
3 morning that the only place that I wondered about was
4 really -- I think turning to the next page which is 43 --
5 wondering whether or not they used the very last piece
6 where it says:

7 "A child whose life, health or morals
8 may be endangered by the conduct of the
9 person in whose charge he is."

10 I mean, I guess if I was working in 1960 and
11 I had to find a place for what you've just described, I'd -
12 - that seems to me probably the place where I would try to
13 put it. But, you know, it's a stretch to put it in there
14 too.

15 **MR. LEE:** And, again, on its face, my
16 reading of that section suggests that that may well cover a
17 case of sexual abuse at the hands of the person whose
18 charge he is in.

19 **MR. CARRIERE:** Yes.

20 **MR. LEE:** But you're getting into a little
21 bit of difficulty when ---

22 **MR. CARRIERE:** Yes.

23 **MR. LEE:** I think you may have to -- would
24 you agree that you may have to go the route that the
25 Commissioner suggested yesterday, where it may have to be,

1 had there been proper supervision by ---

2 MR. CARRIERE: Absolutely.

3 MR. LEE: --- that person in charge?

4 MR. CARRIERE: Yes, exactly. Yes.

5 MR. LEE: Now turning to page -- the last
6 area I want to discuss, at page 44, the last bullet in the
7 section is the standards re-management of child protection
8 cases. In the last bullet, well, the second-last bullet I
9 suppose, you explain that finally, these standards and
10 guidelines speak to sexual molestation, at least, and it
11 lays out the requirements.

12 There appears to be some commentary here and
13 I'd just like to read that:

14 "For a person to be found to have
15 abused a child, that person must have a
16 relationship with the child and the
17 abuse must occur within the context of
18 this relationship."

19 So if we stop there, that seems to make
20 sense intuitively and based especially on what we heard in
21 the contextual evidence ---

22 MR. CARRIERE: Yes.

23 MR. LEE: --- there's that relationship.

24 It's ---

25 MR. CARRIERE: Yes.

1 **MR. LEE:** Is your reading of that, as you
2 understand it, there being some kind of distinction between
3 abuse and assault? Perhaps at a -- abuse is a little more
4 long-term; there's that relationship whereas assault -- I
5 mean, assault could be the guy on the street. Clearly,
6 this cannot be the guy on the street what they're talking
7 about here?

8 **MR. CARRIERE:** Yes. I think in -- our
9 experience has been that when the term 'abuse' has been
10 used, we see it in the context of a relationship. When the
11 term 'assault' is used, we use it in the context of that
12 there isn't -- there isn't a relationship between the
13 individual and the perpetrator.

14 Yes. The actual thing that happened can be
15 the same. It's just the relationship that makes the
16 difference.

17 **MR. LEE:** So continuing on, which is where
18 it stops making sense to me to be frank with you, it says:

19 "Normally, only someone who is in the
20 role of parent or substitute parent can
21 be found to be the abuser of the child
22 in the intent of the legislation."

23 **MR. CARRIERE:** That's right.

24 **MR. LEE:** Now, is this referring to all
25 abuse or is this just sexual abuse that it's referring to?

1 **MR. CARRIERE:** No. This is referring to all
2 forms of abuse.

3 **MR. LEE:** So, again, even in the '70s, it
4 would seem to me and I'd like to know whether or not you
5 agree that there seems to still be some problem with the
6 teacher or the priest.

7 **MR. CARRIERE:** If I were -- and I'm going to
8 put myself back into -- and I was in the '70s when this
9 came out. The message that I would get from this is think
10 parent and think substitute parent; don't necessarily think
11 beyond that. You wouldn't be encouraged to think beyond
12 that, to my mind, reading that.

13 **MR. LEE:** Thank you very much. Those are my
14 questions.

15 **THE COMMISSIONER:** Thank you.
16 I understand Mr. Bennett is not here?

17 **MR. LEE:** That's right.

18 **THE COMMISSIONER:** For the Men's Project.
19 No one is here for Father MacDonald.
20 Probation and Corrections panel?

21 **MR. ROULEAU:** I have one question.

22 **THE COMMISSIONER:** Okay.
23 I'm sorry.

24 **MR. ROULEAU:** I just have one question.

25 **THE COMMISSIONER:** All right.

1 And then we'll take the lunch break.

2 **--- CROSS-EXAMINATION BY/CONTRE-INTERROGATOIRE PAR MR.**
3 **ROULEAU:**

4 **MR. ROULEAU:** Good morning, Monsieur
5 Carriere. My name is Claude Rouleau. I represent
6 Corrections and Probation.

7 You've discussed yesterday the problem in
8 defining what a caregiver is. Do you feel that it's large
9 enough to include, for example, a probation officer that
10 would be in charge of a probationer between the age of 12
11 and 16?

12 **MR. CARRIERE:** Would I include a probation
13 officer?

14 **MR. ROULEAU:** M'hm.

15 **MR. CARRIERE:** I think that a probation
16 officer would be someone if the child is -- if that
17 individual is required to report to a probation officer?

18 **MR. ROULEAU:** Yes.

19 **MR. CARRIERE:** I would say during that
20 period of time that he would be -- if there's an obligation
21 to come and attend meetings, then I would say that that
22 person is in charge of that child at that time.

23 **MR. ROULEAU:** And do you have the feeling
24 that the situation is the same or would have been the same
25 in the past, in the '60s, '70s and '80s?

1 **MR. CARRIERE:** It's a very difficult
2 question for me to answer. I try to imagine myself during
3 those periods of time and it seems to me that I would say
4 that there is a relationship, there's a -- it's not
5 optional. I mean the child can't say, "I'm not coming to
6 see you anymore."

7 **MR. ROULEAU:** M'hm.

8 **MR. CARRIERE:** There would be serious
9 consequences to that. So I guess I'm thinking, if I were
10 in the '60s or the '70s or the '80s, I would say this
11 person had responsibility over that child.

12 **MR. ROULEAU:** So CAS would interfere in a
13 case like that? Today and in the past.

14 **MR. CARRIERE:** Yes. If we received an
15 allegation that that had happened, I'm quite certain that
16 that's a situation we would pursue.

17 **MR. ROULEAU:** Thank you.

18 **THE COMMISSIONER:** All right.

19 We'll take the lunch break. We'll come back
20 at 2:00 o'clock.

21 **THE REGISTRAR:** Order; all rise. À l'ordre;
22 veuillez vous lever.

23 The hearing will reconvene at 2:00.

24 --- Upon recessing at 12:02 p.m./

25 L'audience est suspendue à 12h02

1 --- Upon resuming at 2:01 p.m./

2 L'audience est reprise à 14h01

3 **THE REGISTRAR:** This hearing of the Cornwall
4 Public Inquiry is now in session. Please be seated;
5 veuillez vous asseoir.

6 **BILL CARRIERE, Resumed/Sous le même serment:**

7 **THE COMMISSIONER:** So where were we? We had
8 finished -- the Ministry of the Attorney General, do you
9 have any questions of this gentleman?

10 **MR. SCHARBACH:** No, sir, we have no
11 questions.

12 **THE COMMISSIONER:** Thank you.
13 Anyone here for Jacques Leduc? No.
14 The Diocese?

15 --- SUBMISSION BY/REPRÉSENTATION PAR MR. SHERRIFF-SCOTT:

16 **MR. SHERRIFF-SCOTT:** Commissioner, good
17 afternoon.

18 There are a couple of documents that I want
19 to put to the witness, which I produced to the Commission
20 some months ago.

21 **THE COMMISSIONER:** Yes.

22 **MR. SHERRIFF-SCOTT:** Sorry; to your counsel.
23 Not to the Commission but to your counsel.

24 I've been advised by your counsel this
25 morning that a couple of these documents refer to specific

1 allegations and that there was an agreement and I wasn't
2 here Monday and I didn't hear that portion of the
3 agreement. I'm content not to refer to those two pieces of
4 paper.

5 The purpose of my examination is simply to
6 confirm with the witness what transpired in terms of the
7 assistance of the CAS to my client past 1995, which is
8 where his evidence stopped. So I propose to do that.

9 I've given copies to the Commission. I
10 understand they've been scanned and I gave briefs to
11 everybody.

12 **THE COMMISSIONER:** You did?

13 **MR. SHERRIFF-SCOTT:** Yes.

14 **THE COMMISSIONER:** Because rule 37 says
15 you're supposed to do that -- sir, when did you do that?

16 **MR. SHERRIFF-SCOTT:** I did that today.

17 **THE COMMISSIONER:** Okay.

18 **MR. SHERRIFF-SCOTT:** First of all, let me
19 just react to that. I do appreciate the rule is there. My
20 comment in response to that is this is not controversial.
21 The witness will be aware of it. Moreover, we got
22 disclosure Thursday night, and I really didn't know whether
23 I was going to come and ask him any questions and my
24 examination will probably be all of five minutes or less.

25 **THE COMMISSIONER:** I know, but it's not the

1 time, it's the efficacy of your cross-examination.

2 MR. SHERRIFF-SCOTT: Ethicacy?

3 THE COMMISSIONER: Efficacy.

4 MR. SHERRIFF-SCOTT: Oh, thank you.

5 (LAUGHTER/RIRES)

6 THE COMMISSIONER: Your five minutes can go
7 a long way to destroying a case.

8 MR. SHERRIFF-SCOTT: No, I don't propose to
9 do that.

10 THE COMMISSIONER: No.

11 MR. SHERRIFF-SCOTT: And I alerted my
12 friend, Mr. Chisholm, to what I might do if I did come
13 yesterday morning ---

14 THE COMMISSIONER: Yes.

15 MR. SHERRIFF-SCOTT: --- so that the witness
16 wouldn't be caught unawares.

17 THE COMMISSIONER: Okay. I don't have your
18 Book of Documents, though. Or do I?

19 You brought enough copies?

20 MR. SHERRIFF-SCOTT: I brought copies for
21 all of the parties and gave some to the Commission as well
22 and a brief for the witness.

23 THE COMMISSIONER: There we go. Thank you
24 very much.

25 MR. SHERRIFF-SCOTT: Thank you.

1 **THE COMMISSIONER:** We need some for the
2 interpreters, for the media and for the witness.

3 **MR. SHERRIFF-SCOTT:** I brought 18 copies. I
4 didn't realize that would not be sufficient.

5 **THE COMMISSIONER:** Twenty (20).

6 **MR. SHERRIFF-SCOTT:** Twenty (20). All
7 right. He can have -- let's see if I can get another copy.
8 He can follow the scanned version if they're scanned.

9 **MR. DUMAIS:** If I can, Commissioner? We're
10 in the process of making copies and obviously the 24-hour
11 rule is there for that specific reason. In addition to
12 that, I would like to give a copy of the Book of Documents
13 so that Mr. Carriere can have a look at them so that he is
14 aware of what he will be cross-examined on, and I see that
15 our database manager is coming in with the copies. I
16 believe there was a mistake in the document, which was
17 corrected. I'm just being advised that the scanned copies
18 are not ready yet; so the electronic copy for the monitors.
19 So that's the first issue.

20 The second issue is I haven't had the chance
21 to look at all the documents. I've looked at some of them.
22 I've had a brief discussion with Mr. David Sherriff-Scott.
23 We agreed that some of the docs will not be used as they
24 are fact-specific and the response of the Children's Aid
25 Society to a specific allegation or specific fact

1 situation, but I don't know about the other documents. I
2 may have some additional comments.

3 **THE COMMISSIONER:** All right. So you want
4 to break?

5 **MR. DUMAIS:** I'd like a bit of time, please.

6 **THE COMMISSIONER:** All right. Let's take 15
7 minutes.

8 Oh, wait a minute, wait a minute. Can we do
9 something else? Could we finish off with the cross-
10 examination?

11 **MR. DUMAIS:** Sure.

12 **THE COMMISSIONER:** And then we'll take a
13 break.

14 **MR. DUMAIS:** That's fine. Thank you.

15 **THE COMMISSIONER:** All right.

16 **MR. DUMAIS:** Mr. Kozloff reminded me that
17 I'm still going to have to need time to read the document.

18 **THE COMMISSIONER:** Yes. All right.

19 So can we jump ahead to the Cornwall Police?

20 **MS. LALJI:** Thank you, Mr. Commissioner.

21 --- CROSS-EXAMINATION BY/CONTRE-INTERROGATOIRE PAR MS.

22 **LALJI:**

23 **MS. LALJI:** Good afternoon, Mr. Carriere.

24 **MR. CARRIERE:** Good afternoon.

25 **MS. LALJI:** My name is Reena Lalji and I

1 represent the Cornwall Police Services. I just have a
2 couple of questions for you.

3 Now, you were here for Mr. Listen's
4 evidence. Is that right?

5 **MR. CARRIERE:** Yes, I was.

6 **MS. LALJI:** And you recall that he had said
7 in his evidence that the CAS receives 100 per cent of its
8 funding from the province. Is that correct?

9 **MR. CARRIERE:** That's correct.

10 **MS. LALJI:** And he had also said that when
11 that 100 per cent funding policy came into effect, that
12 there was a dramatic increase in the funding to the
13 Children's Aid Societies. Do you agree with that as well?

14 **MR. CARRIERE:** I'm not sure that -- I know
15 that the funding increased, but I'm not sure that the
16 funding increased because the Ministry took responsibility
17 for that or because of some changes that took place in
18 Child Welfare Reform at the time that resulted in more
19 referrals coming to the agency. The volumes, I think,
20 changed and we moved into a system that we refer to as sort
21 of the funding formula period of time where, depending on
22 your volumes, you were funded accordingly. So yes, more
23 money came in, but I think it's more in terms of some
24 changes that took place during that period of reform.

25 **MS. LALJI:** Okay. So during that period

1 when the funding did increase over that period of time, how
2 did that financially impact on the operations of your CAS
3 in terms of -- now, I know that there was a funding formula
4 in place. Did that assist in bringing in more employees,
5 for example?

6 **MR. CARRIERE:** It did. From I would say
7 when funding -- when the Reform came in around 2000 and
8 looking at present-day complement of staff, it definitely
9 increased and the volume of work increased as well. So
10 there's a relationship between the two.

11 **MS. LALJI:** Were there any other operational
12 changes as a result of those increases?

13 **MR. CARRIERE:** Nothing jumps out at me right
14 now but that doesn't mean that there weren't. I probably
15 would need more time to think about that and I might have a
16 different answer, but nothing sort of immediately jumps out
17 at me.

18 **MS. LALJI:** And in terms of the number of
19 employees that increased, do you have a sense of how many
20 more employees the CAS had as a result?

21 **MR. CARRIERE:** My recollection is that in
22 1995-1996, when we downsized, I think we actually -- and I
23 can only give you a ballpark figure with this. I can't
24 give you the exact number, but I think we moved into the
25 area of around 50 or 60 staff. So from '95 to the present

1 day, we moved up to 115. So that's a pretty significant
2 increase in staff. I would say over the last three or
3 fours years, I think since 2000, it wouldn't shock me to
4 hear that we might have increased by about 30 staff. But,
5 you know, I don't have exact figures for that.

6 **MS. LALJI:** But it would be fair to say that
7 since the mid-'90s to right now, there has been a steady
8 increase?

9 **MR. CARRIERE:** Oh, there has been. There's
10 no question about that.

11 **MS. LALJI:** Thank you.

12 **THE COMMISSIONER:** All right.

13 Could we hear from the OPP? Do you have any
14 questions, Mr. Kozloff?

15 **MR. KOZLOFF:** Thank you, Commissioner. I
16 have no questions. I just want to commend Mr. Carriere for
17 the excellence of his presentation and for the quality of
18 the materials that we've been provided.

19 **THE COMMISSIONER:** Thank you. All right.

20 And from the OPP Association?

21 **MR. CARROLL:** I have no question.

22 **THE COMMISSIONER:** No questions. All right.

23 Now, we're at the break.

24 Let's take a 15-minute break and let me know
25 if you need more time.

1 **THE REGISTRAR:** Order; all rise. À l'ordre;
2 veuillez vous lever.

3 The hearing will reconvene in 15 minutes.

4 --- Upon recessing at 2:11 p.m./

5 L'audience est suspendue à 14h11

6 --- Upon resuming at 2:32 p.m./

7 L'audience est reprise à 14h32

8 **THE REGISTRAR:** Order; all rise. À l'ordre;
9 veuillez vous lever.

10 This hearing of the Cornwall Public Inquiry
11 is now in session. Please be seated; veuillez vous
12 asseoir.

13 **BILL CARRIERE, Resumed/Sous le même serment:**

14 **MR. DUMAIS:** Yes, Commissioner, I've looked
15 at the Book of Documents that Mr. Sherriff-Scott intends to
16 cross-examine Mr. Carriere on.

17 **THE COMMISSIONER:** Yes.

18 **MR. DUMAIS:** He has agreed to remove his
19 Exhibits 4 and 5 from the Book, and on that basis, I no
20 longer have any issues with the remaining documents.

21 I believe both exhibits have been removed
22 from all the Commission copy documents. Counsel can remove
23 those two copies, and the copy that's to be released to
24 media will be removed as well.

25 **THE COMMISSIONER:** All right. Does anybody

1 else have any objections or comments? And I take it that
2 in the scheme of things that this is an acceptable
3 procedure to all? There being no further comment, I take
4 it we can proceed.

5 **MR. DUMAIS:** And if the Exhibit Book can be
6 -- or the Book of Documents can be filed as Exhibit 26?

7 **THE COMMISSIONER:** Exhibit 26, it will.

8 **MR. DUMAIS:** Thank you.

9 **THE COMMISSIONER:** Thank you.

10 --- EXHIBIT NO./PIÈCE NO P-26:

11 Brief of Documents of the Corporation of the
12 Diocese of Alexandria-Cornwall and Bishop
13 LaRocque (Examination of Bill Carriere)

14 **MR. SHERRIFF-SCOTT:** Thank you.

15 --- CROSS-EXAMINATION BY/CONTRE-INTERROGATOIRE PAR MR.

16 **SHERRIFF-SCOTT:**

17 **MR. SHERRIFF-SCOTT:** Good morning, sir, or
18 good afternoon.

19 I'm just wondering if I could take you to
20 the Book of Documents, which is Exhibit 26, and in
21 particular the first tab.

22 **THE COMMISSIONER:** Excuse me.

23 **MR. SHERRIFF-SCOTT:** Yes.

24 **THE COMMISSIONER:** Could I get -- I'm sorry.
25 Yes. What is the page?

1 **MR. SHERRIFF-SCOTT:** It's the first tab,
2 Commissioner.

3 **THE COMMISSIONER:** M'hm.

4 **MR. SHERRIFF-SCOTT:** It's a letter of April
5 14th, 1994.

6 Do you see that, sir?

7 **MR. CARRIERE:** Yes, I do.

8 **MR. SHERRIFF-SCOTT:** And your name is on
9 there. You've been copied with that letter?

10 **MR. CARRIERE:** Yes.

11 **MR. SHERRIFF-SCOTT:** That's the letter from
12 the Children's Aid Society?

13 **MR. CARRIERE:** Yes.

14 **MR. SHERRIFF-SCOTT:** And Richard Abell is
15 still the Executive Director of the CAS?

16 **MR. CARRIERE:** He is.

17 **MR. SHERRIFF-SCOTT:** And he had apparently
18 discussed the issue of proposing a meeting between a number
19 of people including the CAS with the Diocese and you were
20 apprised of those discussions?

21 **MR. CARRIERE:** Yes.

22 **MR. SHERRIFF-SCOTT:** And as I understand it,
23 those discussions did in fact take place and that people
24 involved included the Diocese, the CAS, the OPP and the
25 Cornwall Police. Is that correct?

1 **MR. CARRIERE:** And I believe also Reverend
2 Gordon Findlay from the Baptist Church was part of that
3 process as well.

4 **MR. SHERRIFF-SCOTT:** To bring an outside
5 view?

6 **MR. CARRIERE:** Yes, still related to the
7 clergy.

8 **MR. SHERRIFF-SCOTT:** Right. A non-Catholic
9 view, in other words?

10 **MR. CARRIERE:** That's right.

11 **MR. SHERRIFF-SCOTT:** Okay. And so the
12 Diocese was cooperative and receptive in having these
13 discussions, sir?

14 **MR. CARRIERE:** I have virtually no
15 recollection of that interaction, but I certainly don't
16 have any recollection of any unpleasant interaction
17 whatsoever and I recall seeing some documentation that I
18 had written to the various parties. It would appear that I
19 may have taken some leadership from looking at these
20 letters and I would describe the letters as being quite
21 complimentary to all of the people, which would suggest
22 that things had gone quite well.

23 **MR. SHERRIFF-SCOTT:** The Diocese was
24 receptive to the advice it was getting from you?

25 **MR. CARRIERE:** That would be my impression,

1 yes.

2 **MR. SHERRIFF-SCOTT:** Okay. And the document
3 that emanated from the discussions that did take place is
4 at Tab 3?

5 **MR. CARRIERE:** Yes, it is.

6 **MR. SHERRIFF-SCOTT:** Okay. And that
7 document was concurred in terms of being sufficient for the
8 purposes of the CAS at that time?

9 **MR. CARRIERE:** Yes, it was.

10 **THE COMMISSIONER:** Excuse me; I don't know
11 that we were supposed to get into all of this with this
12 witness at this time.

13 **MR. SHERRIFF-SCOTT:** Well, he's here to
14 discuss policies and procedures and he has put this
15 document in evidence.

16 **THE COMMISSIONER:** Right. I'm saying that
17 it's there. I ---

18 **MR. SHERRIFF-SCOTT:** Well, that would make
19 cross-examination virtually unavailable if I'm not allowed
20 to ask him about how this was developed with his client's
21 interaction with mine.

22 **THE COMMISSIONER:** I thought that that part
23 of the interaction between your client and an institution
24 would come later, that this is just to understand what the
25 policies are, that kind of thing.

1 MR. SHERRIFF-SCOTT: Yes.

2 THE COMMISSIONER: I may be wrong.

3 MR. SHERRIFF-SCOTT: Well, as I understand
4 the evidence that's developed from the Disclosure Brief as
5 well as from the witness' testimony that I watched on the
6 webcast, this document was referred to as a document in
7 which the CAS was involved, and this is not a CAS policy.
8 This is a Diocesan guideline that was provided and
9 developed with the assistance of the CAS. And so I assumed
10 I would have the opportunity to explore that with the
11 witness, and I don't have any desire to go into the minutia
12 of the guideline or what it means. I simply want to deal
13 with the interaction of how this was developed and
14 facilitated, in part, by his client.

15 The evidence, as I understand it, was --
16 this is where the evidence seemed to stop and I simply want
17 to make sure that if the question of Diocesan policy, which
18 appears in the CAS brief, not at my urging, is there, that
19 it be developed in a more full way for the purpose of the
20 Commission.

21 I'm not interested in getting into the
22 factual allegations. I simply want to trace the linear
23 development in about five minutes or less of how the CAS
24 was involved in this process. They opened the door, with
25 respect. It's in their brief and I think I'm entitled to

1 ask questions about how it came to be since they've
2 tendered it into evidence.

3 **THE COMMISSIONER:** Right.

4 And how cooperative your client was and how
5 proactive your client was, I thought those kinds of things
6 would come later when we would discuss the matter of the
7 Children's Aid Society on specifics, not now. I thought
8 now we were going to look at what the Children's Aid
9 Society is all about, how it has evolved. I look at this
10 as this is one example of how the Children's Aid Society
11 went out in the community and looked at different
12 institutions and interacted with them, but the interaction
13 itself is -- if you get into that, some people will get up
14 and say, "Well, now I want to cross-examine because maybe
15 the Church wasn't that cooperative." And that is for
16 another day, in my view.

17 **MR. SHERRIFF-SCOTT:** Well, I disagree,
18 Commissioner. I think he's put this in evidence as a
19 reflection of his involvement with my client and I just
20 want to test it.

21 **THE COMMISSIONER:** Fine. And I am not going
22 to allow you.

23 **MR. SHERRIFF-SCOTT:** All right. Fine.

24 **THE COMMISSIONER:** Thank you.

25 **MR. SHERRIFF-SCOTT:** Thank you.

1 This document, as we dealt with, emerged
2 from the discussions, sir?

3 **MR. CARRIERE:** Yes.

4 **MR. SHERRIFF-SCOTT:** And it made a
5 distinction, insofar as the CAS is concerned, between
6 children over 16 and under 16?

7 **MR. CARRIERE:** Yes.

8 **MR. SHERRIFF-SCOTT:** And that distinction
9 was concurred in by the Children's Aid Society?

10 **MR. CARRIERE:** Yes.

11 **MR. SHERRIFF-SCOTT:** And to your knowledge,
12 it concurred in as well by the OPP and the Cornwall Police?

13 **MR. CARRIERE:** I would assume so, yes.

14 **MR. SHERRIFF-SCOTT:** Thank you.

15 But the CAS, in terms of its involvement
16 with respect to providing assistance, if I can use that
17 expression, to the Diocese in developing guidelines didn't
18 stop in 1995? There was further involvement, was there
19 not?

20 **MR. CARRIERE:** If you are referring to doing
21 the presentation later in '95, I'm ---

22 **MR. SHERRIFF-SCOTT:** No, actually, if I can
23 turn you to Tab 6 of the documents?

24 **MR. CARRIERE:** Yes.

25 **MR. SHERRIFF-SCOTT:** Bishop Durocher assumed

1 his office as Bishop in Cornwall in the summer of 2002.
2 And if your recollection is consistent with mine, you tell
3 me that one of the early things that he did was to develop
4 what was described as an ad hoc committee for the purpose
5 of reviewing and developing guidelines for the Diocese?

6 **MR. CARRIERE:** Yes. I recall having
7 discussions with Richard Abell, my Executive Director, that
8 he was involved in this process.

9 **MR. SHERRIFF-SCOTT:** Okay. And Mr. Abell
10 was asked to sit on that committee and did so ---

11 **MR. CARRIERE:** Yes, he did.

12 **MR. SHERRIFF-SCOTT:** --- for the purpose of
13 providing your institution's guidance and advice to the
14 Diocese with respect to this issue?

15 **MR. CARRIERE:** Yes, I believe so.

16 **MR. SHERRIFF-SCOTT:** Okay. At the next tab,
17 sir, were public advertisements taken by the ad hoc
18 committee, advertising the activities of that committee,
19 which is -- do you recollect those advertisements being
20 placed to solicit the views of the community?

21 **MR. CARRIERE:** I have a vague recollection
22 of it, yes, I do.

23 **MR. SHERRIFF-SCOTT:** Okay. And at Tab 9 is
24 a report. And if you can turn to the second page in from
25 the front of the tab, the final report of the ad hoc

1 committee has Mr. Abell's reference as an ad hoc committee
2 member submitting the report to the Bishop?

3 **MR. CARRIERE:** I see his name on the second
4 page, yes.

5 **MR. SHERRIFF-SCOTT:** Your recollection is he
6 remained involved throughout the process to and including
7 the development of this policy?

8 **MR. CARRIERE:** As far as I know, yes.

9 **MR. SHERRIFF-SCOTT:** Okay. So in terms of
10 CAS involvement with my client, at least insofar as the
11 development of these types of internal policies where my
12 client is concerned, that went beyond 1995 and continued
13 throughout the years following 2000?

14 **MR. CARRIERE:** Yes, that's true.

15 **MR. SHERRIFF-SCOTT:** Thank you. Those are
16 my questions.

17 **THE COMMISSIONER:** Thank you.

18 Yes, sir.

19 **MR. CHISHOLM:** Thank you, Mr. Commissioner.

20 --- CROSS-EXAMINATION BY/CONTRE-INTERROGATOIRE PAR MR.

21 **CHISHOLM:**

22 **MR. CHISHOLM:** Mr. Carriere, yesterday you
23 indicated that a review of the letters of patent suggest
24 that the Children's Aid Society started doing business in
25 1908.

1 Could it be that a review of an Order in
2 Council from 1908 gives you that impression?

3 **MR. CARRIERE:** That might be the more proper
4 term, yes.

5 **MR. CHISHOLM:** This morning, Mr. Carriere,
6 you were speaking to, I believe it was, Mr. Dumais with
7 respect to the Child Abuse Register and registrations. Mr.
8 Dumas had asked you a question as to whether or not the
9 Society's registrations were dependent upon the matter
10 resulting in a conviction in the criminal courts. Do you
11 recall that exchange?

12 **MR. CARRIERE:** Yes, I do.

13 **MR. CHISHOLM:** Can I ask for your guidance
14 with respect to the timing? When the Society does make a
15 registration under the Child Abuse Register, is there any
16 relationship between when the Society makes the
17 registration and the outcome of the criminal process?

18 **MR. CARRIERE:** No, there isn't. Whenever
19 the Society reaches the point where it has reviewed all of
20 its evidence and proceeds with a verification review, which
21 is reviewing all of that evidence, if it reaches the
22 determination that there are reasonable grounds, on the
23 balance of probabilities, that the event in fact did take
24 place, then we are verifying abuse taking place, and at
25 that point we are to register the individual within 14 days

1 or, if it needs to be stretched a little longer, you can
2 get an extension from the Director.

3 In most instances, our registration happens
4 much before any criminal conviction.

5 **MR. CHISHOLM:** And maybe months before; is
6 that fair to say?

7 **MR. CARRIERE:** It may even be years before,
8 depending on how long the matter goes. Certainly, saying
9 months is not unreasonable at all.

10 **MR. CHISHOLM:** Thank you, Mr. Carriere.
11 Those are my questions.

12 **THE COMMISSIONER:** Thank you very much.

13 And so I thank you, sir, for your testimony.
14 And again, I also thank you for the material that you took
15 obviously a lot of time to put together.

16 **MR. CARRIERE:** Thank you.

17 **MR. DUMAIS:** I have no re-examination,
18 Commissioner.

19 **THE COMMISSIONER:** Very well.

20 You may go.

21 **MR. CARRIERE:** Thank you.

22 **(SHORT PAUSE/COURTE PAUSE)**

23 **MR. DUMAIS:** We call then, Commissioner, Mr.
24 Ian MacLean.

25 **THE COMMISSIONER:** Yes. Good afternoon,

1 sir. Just a moment; the clerk will be back. She's just
2 distributing the documents.

3 **MR. MacLEAN:** Very well.

4 **(SHORT PAUSE/COURTE PAUSE)**

5 **THE REGISTRAR:** Your name, please?

6 **MR. MacLEAN:** Ian Neil MacLean.

7 **THE REGISTRAR:** Could you spell it, please?

8 **MR. MacLEAN:** Ian, I-A-N, Neil, N-E-I-L,
9 MacLean, M-A-C-L-E-A-N.

10 **IAN NEIL MacLEAN, Sworn/Assermenté:**

11 **--- EXAMINATION IN-CHIEF BY/INTERROGATOIRE EN-CHEF PAR MR.**
12 **DUMAIS:**

13 **MR. DUMAIS:** Good afternoon, Mr. MacLean.

14 **MR. MacLEAN:** Good afternoon.

15 **MR. DUMAIS:** Before we get going, I would
16 like for you to have a look at the three-volume document
17 that you have in front of you, and perhaps if you can just
18 turn to the first tab, which is the Index tab, and confirm
19 that the next three pages is a list of documents that form
20 part of your presentation. Is that correct?

21 **MR. MacLEAN:** Yes, that's correct.

22 **MR. DUMAIS:** If you turn your attention to
23 Tab 1, that is an up-to-date biography that you've provided
24 to the Commission as well?

25 **MR. MacLEAN:** That's correct.

1 **MR. DUMAIS:** And then Tab 2 is an outline of
2 your presentation, pages 1 through 32?

3 **MR. MacLEAN:** That's correct.

4 **MR. DUMAIS:** And the following Tabs numbered
5 3 to 54 are all the documents or exhibits you will be
6 referring to throughout your outline?

7 **MR. MacLEAN:** That's correct.

8 **MR. DUMAIS:** Thank you.

9 If we could file then these three volumes as
10 Exhibit 27, Volume 1, 2 and 3?

11 **THE COMMISSIONER:** So filed.

12 **--- EXHIBIT NO./PIÈCE NO. 27:**

13 BOOK OF DOCUMENTS - Ian MacLean -
14 Children's Aid Society, Volumes I, II
15 and III

16 **MR. DUMAIS:** If you can turn to Tab 1, Mr.
17 MacLean. This is your biography. I understand you are a
18 present employee of the Children's Aid Society located in
19 Cornwall?

20 **MR. MacLEAN:** That's correct.

21 **MR. DUMAIS:** And I understand that prior to
22 being employed by the CAS in Cornwall, you went to school?

23 **MR. MacLEAN:** Yes.

24 **MR. DUMAIS:** All right. Perhaps we can
25 start with that and you can describe for us the schooling

1 that you did before being employed in that relevant
2 employment.

3 **MR. MacLEAN:** Very well. I started out my
4 schooling in 1968. I graduated with a Bachelor of
5 Religious Education from a college that is now known as
6 Tyndale University then known as Ontario Bible College.
7 After moving to Belleville, I took a three-year course in
8 Child Care as a childcare worker and graduated from the St.
9 Lawrence College, Kingston Campus, in 1973 with my
10 Childcare Worker Diploma. Later, in 1989 to 1992, I
11 studied through a correspondence course at Nova University
12 and graduated with a Master's in Youth Care Administration
13 Degree at that point.

14 **MR. DUMAIS:** After that, I understand that
15 you became involved with your wife in the fostering of
16 children. Is that correct?

17 **MR. MacLEAN:** Yes, I will preface that by
18 stating to the court that I grew up with my parents being
19 foster parents with the Stormont, Dundas and Glengarry
20 Children's Aid Society. At that time, I was a teenager and
21 became keenly aware of the children that came from
22 different backgrounds and different situations from the
23 Children's Aid.

24 Later, after studying, my wife and I joined
25 with the Salvation Army in Toronto on Broadview Avenue.

1 It's known as the Salvation Army Nest, Children's Nest, and
2 there, fostered -- we were host parents for a group of 10
3 children for a period of two years.

4 Later, in Hastings County, when I moved
5 there, I was supervisor of a treatment group home on the
6 west side of town, and we lived in a girls' group home for
7 eight adolescent girls in Belleville. At that time, that
8 was for another period of two years, and we ended that
9 session by fostering two boys for a period of about six
10 years, and I've made comment that I'm still in touch with
11 one of those young fellows.

12 **MR. DUMAIS:** I understand, Mr. MacLean, that
13 you became involved with the CAS Society of Stormont,
14 Dundas, Glengarry; is that correct?

15 **MR. MacLEAN:** That's correct. I started my
16 career in 1968 in Toronto with the Metropolitan Children's
17 Aid Society. I was there for two years. I worked on a
18 team of frontline workers. I serviced the west half of the
19 jurisdiction of Scarborough and had a generic caseload
20 there of family service and children in care and did some
21 adoption work as well.

22 When I came to Belleville in 1976 -- 1970,
23 excuse me -- I was supervisor of a residence there and
24 then, the last two years, after the residence closed, we --
25 I supervised three group homes, parent model group homes,

1 in Belleville Children's Aid Society.

2 Then I came to Cornwall in 1976 and have
3 been there ever since. I initially started as a liaison
4 worker with the group home that I'll describe later in my
5 presentation. Then, I had the opportunity of supervising
6 numerous parent model group homes until the Child Care --
7 the *Child and Family Service Act* in 1985, we changed around
8 our group homes and our specialized foster homes at that
9 time and but I continued on as a worker in that area.

10 **MR. DUMAIS:** And then is it at that time
11 that you became involved in research and you actually
12 drafted a proposal for a six-bed treatment program?

13 **MR. MacLEAN:** That's correct. In 1980,
14 there was money made available by the Ministry to this
15 area, about \$150,000 and various service agencies were
16 asked to put proposals together for a treatment program for
17 youth. I did some research and came across the Chedoke-
18 McMaster Model, which essentially said that rather than
19 putting bricks and mortar together and building a huge
20 institution, youth were better off served in the family
21 setting and we developed a very highly skilled, specialized
22 group of parents at that time known as the Community Family
23 Care Program, and that ran from 1981 to 2001.

24 **MR. DUMAIS:** And why was that program or was
25 that home closed?

1 **MR. MacLEAN:** That program became very
2 expensive and due to funding cuts we closed the program --
3 or the program was closed.

4 **MR. DUMAIS:** All right. I understand then,
5 that as well in 1985 you were involved in setting up a
6 first pre-service training program for foster parents?

7 **MR. MacLEAN:** That's correct. That's when
8 the new guidelines came out for children in care and our
9 foster care system, and there were no directions and no
10 programs laid out. The Ontario Association of Children's
11 Aid Society provided training for the trainers; however, we
12 didn't -- we had to produce our own and I was part of that
13 research and development at that time.

14 **MR. DUMAIS:** And that was a tool that was
15 developed to assist staff to ensure compliance with
16 regulations?

17 **MR. MacLEAN:** The Child Care Kit?

18 **MR. DUMAIS:** Yes.

19 **MR. MacLEAN:** That's right. The Child Care
20 Kit was developed as well and that was just to guide the
21 workers through all the requirements of the new
22 regulations.

23 **MR. DUMAIS:** All right. I understand then
24 you went back to school in the late '80s or early '90s?

25 **MR. MacLEAN:** Late '89, yes.

1 **MR. DUMAIS:** All right.

2 **MR. MacLEAN:** It was a 26-month
3 correspondence course with Nova. They had an on-site
4 period as well for ten days and I attended in Fort
5 Lauderdale and graduated later after doing my practicum on
6 the partnership statement.

7 **MR. DUMAIS:** And did you in the course of
8 your Master's Degree of Education work on a thesis as well?

9 **MR. MacLEAN:** It was a practicum.

10 **MR. DUMAIS:** I see.

11 **MR. MacLEAN:** Yes. And it was called the --
12 "Towards an Effective Parenting Partnership for Children in
13 Child Welfare Agencies".

14 **MR. DUMAIS:** And did you later use that to
15 assist you with your work at the CAS?

16 **MR. MacLEAN:** That's correct. I'll be
17 referring to -- it's the Partnership Statement. It's the
18 relationship that we have built between our foster parents
19 and the Agency.

20 **MR. DUMAIS:** On March 2001, you were
21 appointed Director of Residential Services, and you
22 performed those duties until January of this year. Is that
23 correct?

24 **MR. MacLEAN:** That's correct.

25 **MR. DUMAIS:** All right. And what changed in

1 January or what were your new duties ---

2 **MR. MacLEAN:** In January, due to my pending
3 retirement, the succession plan appointed a clinical
4 director that replaced my duties, and I was replaced; I was
5 given the title of Special Assistant to the Executive
6 Director, which I hold today.

7 **MR. DUMAIS:** So you have essentially been
8 involved in the field of child welfare business for the
9 last 38 years?

10 **MR. MacLEAN:** That's correct, yes.

11 **MR. DUMAIS:** Thank you.

12 We will then look at your first subject or
13 first topic of discussion, and I understand from Mr.
14 Carriere's presentation that from a service perspective,
15 there are three major areas in the Society's organization
16 and Mr. Carriere has dealt essentially with the first area,
17 which is Protection Services and that you will deal
18 essentially with the two other areas, which are Child and
19 Youth Services and Residential Services.

20 **MR. MacLEAN:** That's correct. Yes.

21 **MR. DUMAIS:** And a number of different types
22 of employees are used or were in those two areas. Just to
23 assist us, perhaps you can give us a brief description of
24 the different types of employees you will be referring to
25 throughout your outline.

1 **MR. MacLEAN:** Okay. I am going to be
2 referring to the employees that work with children, and
3 they are essentially family service workers, Mr. Carriere
4 alluded to them. They are the workers that would admit the
5 child to care normally. The other part is the child and
6 youth service workers; they are the workers that deal with
7 our crown wards, our permanent wards in care. As well as
8 the resource workers; the resource workers are the folk who
9 care for our foster parents and support them, recruiting,
10 training, and developing the foster parents. And adoption,
11 of course, these are the folks that are involved in
12 screening adoption families and the placement and the
13 overseeing of the adoption probation period.

14 All of these workers are child protection
15 workers and that was explained by Mr. Carriere as well in
16 his evidence yesterday.

17 **MR. DUMAIS:** If we look at your second
18 bullet, "child and youth service workers", are these
19 workers also child protection workers?

20 **MR. MacLEAN:** No, the child and youth
21 service workers are non-case carrying members or staff
22 members. They have not been designated as child protection
23 workers. The child and youth care workers have been hired
24 -- well, since 2001 -- mainly to support children in their
25 placements and their placements as well. They work

1 directly with the children and with the foster parents in
2 developing programs.

3 **MR. DUMAIS:** So then, when we look at the
4 fifth bullet under 1, and when your statement says,
5 "All the above case carrying workers are
6 classified as Child Protection Workers",
7 by that, you mean that a child and youth service worker is not a case carrying worker?

8 **MR. MacLEAN:** That's correct. He is not a
9 child protection worker.

10 **MR. DUMAIS:** Well then if we can start and
11 look at what exactly is a child protection worker as it
12 relates to children in care, of course, and give us an
13 overview of their responsibilities with the Society.

14 **MR. MacLEAN:** The child protection workers
15 as it relates to children in care, the workers that carry
16 the cases; they develop and they carry out the
17 individualized plan of care that is established between
18 foster parents, the worker, and the child, and other
19 professionals. They oversee the development and the
20 carrying out of any permanency plan for the child, and we
21 start looking at permanency very early in our care of
22 children. We feel that whether the permanency plan is to
23 return home with mom and dad or to stay in care a long
24 time, that's a permanent plan. They may change from day to
25 day as well, but we need to identify that so that children

1 don't drift.

2 The workers also arrange and oversee any --
3 identify and arrange for any assessment that is required.
4 They liaison with the community partners, other
5 professionals in the community. They work very closely
6 with the school settings making sure that the children's
7 educational needs are addressed and that they are in an
8 appropriate school setting.

9 They oversee as well the access order that's
10 been made by the court when the child has been made a Crown
11 ward. Some children are -- there's an order for no access;
12 other children, there's a very detailed order for access,
13 frequency of access, and so the worker is charged with
14 carrying that out.

15 They assist, very early again -- it's not
16 just for older youth -- but they assist in helping to move
17 children on to independence; helping them get the very
18 early stages of independent skills. They assist in that
19 area as well.

20 Overall, they -- I've stated and drawn
21 attention to Part 9 of the Regulation 70 pertaining to the
22 children in care. It's under Tab 3 of the documents.

23 **MR. DUMAIS:** Now, some of these protection
24 workers are more specifically designated as adoption
25 service workers or resource service workers.

1 **MR. MacLEAN:** That's correct.

2 **MR. DUMAIS:** Could you explain the
3 difference between the two?

4 **MR. MacLEAN:** Yes. An adoption service
5 worker carries the child's file when the child is placed on
6 adoption probation. Before that, the child is referred to
7 them and to the service in general and the worker assists
8 in a matching of the child with the appropriate adoption
9 home. They are also -- the adoption workers are also
10 charged with screening and -- recruiting and screening
11 adoptive parents and training them in adoption services as
12 well.

13 They assess the profiles of the parents and
14 make the match and then oversee the adoption placement
15 during the six months of adoption probation. And again,
16 I've made reference to the regulations.

17 **MR. DUMAIS:** In contrast to the resource --
18 -

19 **MR. MacLEAN:** The resource workers?

20 **MR. DUMAIS:** Yes.

21 **MR. MacLEAN:** Yes. The resource workers are
22 the group of workers that are responsible for our foster
23 homes and they also oversee the contracts that we have with
24 outside paid resources. Outside paid resources are group
25 homes, both within our jurisdiction and outside our

1 jurisdiction with whom we contract to serve our children.

2 So the resource workers have multi-tasks.

3 They recruit, they train, they screen, they train, they do
4 the home study. There's a matching; there's a placement
5 coordinator designated in this area as well. And then they
6 support the foster parents in caring for the children.

7 That's a very -- that's a role that was created in 1985 and
8 is one that is of great support to the foster parents.

9 The child in the home also has a worker, but
10 the support worker is the worker assigned to the foster
11 family.

12 **MR. DUMAIS:** Then your next category is "The
13 Child and Youth Care Workers".

14 **MR. MacLEAN:** That's right. And as I
15 alluded to before, this function, the child and youth care
16 worker function came to the agency really to replace -- it
17 replaced the work of the Community Family Care Program. It
18 was designed -- we hired four CYCWs, child and youth care
19 workers. These folks have a two or three-year community
20 college diploma either in social services or in child and
21 youth care.

22 They are charged with the responsibilities
23 of programming with our youth. They do a lot of hands-on
24 work. They have been a very big asset, actually, in the
25 support of the placements. It's a function of retention

1 as well for our foster families.

2 I mention there the Foster Success Program.
3 This was a program that started in, I believe it was July
4 of 2004, where we wanted, very purposefully, to develop a
5 program that would care for some youth that have stabilized
6 in their current group home placement.

7 This, by the way, came as a result of our
8 foster parents coming to us through their association and
9 saying that it was their belief that they had the skill, if
10 they could have more training and if they could have more
11 support, they could do the work of an outside paid
12 resource.

13 So we followed that through and we were very
14 successful in the development of the Foster Success
15 Program. To date there's been 20 youth that have been
16 placed from outside paid resources into the Foster Success
17 Program.

18 **MR. DUMAIS:** That's a general direction that
19 the Society has taken with respect to placing children,
20 using local foster parents rather than outside paid
21 resources?

22 **MR. MacLEAN:** That's correct.

23 **MR. DUMAIS:** I think you've touched on the
24 next point already, the fact that child and youth care
25 workers are not child protection workers and that they're

1 essentially involved with foster families and help out
2 improving their skills.

3 **MR. MacLEAN:** That's right.

4 I see the word that I used there,
5 "eradicates unwanted behaviours". That may be a strong
6 word. It reduces -- they help reduce unwanted behaviours
7 with our youth.

8 **MR. DUMAIS:** Are they a link between
9 resource service workers and foster homes?

10 **MR. MacLEAN:** They are.

11 **MR. DUMAIS:** All right.

12 Are these workers supervised by resource
13 service workers?

14 **MR. MacLEAN:** The four foster success
15 workers are supervised by the resource supervisor. The
16 other four are currently supervised by managers that are
17 working with supervising crown wards; both the child and
18 youth service worker and the crown ward and adoption unit.

19 **MR. DUMAIS:** Do they work independently from
20 the resource service workers, then?

21 **MR. MacLEAN:** Yes, they do.

22 **MR. DUMAIS:** They work independently from
23 the resource workers.

24 I take you now to page 4, which is the
25 second topic of your presentation. If you would give us an

1 idea of the role of child protection workers? Perhaps you
2 can start with your second comment there and give us an
3 idea of the caseload of children in care that you currently
4 carry at the Society.

5 **MR. MacLEAN:** Yes. This is a statistic from
6 March 1st of 2006, the last time I looked at our records.
7 But we had 363 children in care at that point and 113 of
8 them, which is 31 per cent, were temporary wards or society
9 wards. So the temporary wards are the children in care on
10 temporary care agreements. It's a voluntary agreement
11 between the agency and the natural parent. Then there are
12 temporary care in custody. Those are the youth that have
13 been apprehended and are before the courts. Society wards
14 are those that have been ordered into the care of the
15 Society.

16 So 31 per cent of the children were in the
17 temporary care category. Sixty-three point four (63.4) per
18 cent are Crown wards. That's 230 of those 363, are Crown
19 wards, and 20, 5.5 per cent are youth that are in extended
20 care maintenance.

21 I might just explain the extended care
22 maintenance piece. Once a child attains the age of 18, he
23 is no longer a child. He's an adult. But if he is a Crown
24 ward at that point, he can enter into an agreement with the
25 Society in order to further his education, to finalize

1 plans in getting into a career and beyond that. So we have
2 20 at the moment that are on extended care maintenance with
3 the Society.

4 **MR. DUMAIS:** Perhaps you can explain what
5 the difference is or are with society wards and Crown
6 wards?

7 **MR. MacLEAN:** Society wards are youth that
8 are ordered in on a temporary basis. They cannot be in
9 care -- children under the age of six cannot be in care for
10 longer than twelve months, continuous society ward-ship or
11 temporary care. Children over the age of six, between six
12 and sixteen, can only be in care for up to two years.
13 After that, they have to become Crown wards, permanent
14 wards.

15 **MR. DUMAIS:** Then you've looked at child
16 protection workers, when they're assigned to children's
17 cases. You've touched on that a bit. I'm trying to think
18 of what else we need to say on there; major
19 responsibilities?

20 **MR. MacLEAN:** Yes, their major
21 responsibility is they act as the legal guardian on behalf
22 of the society. So they represent the child in court.
23 They advocate for the child's rights. They assist in the
24 selection of homes. They oversee the child placement.
25 They develop plans of care. I've gone through pretty well

1 the rest that's assigned to their duties.

2 **MR. DUMAIS:** Comparatively, the child
3 protection workers who are assigned as resource workers;
4 perhaps you can just give us a brief evolution as well.

5 **MR. MacLEAN:** Yes. During the '50s, '60s
6 and '70s, I've said and it's likely beyond that, the foster
7 parent department was a single-worker department and they
8 were responsible -- I'll go to articles where they were
9 searching for foster homes and recruiting.

10 Then in 1980, I go back in our own records
11 that -- where a second worker was hired to the department.
12 That worker was assigned the duties of assisting in the
13 home study process. It wasn't until 1985, actually in
14 November of 1985, that we hired our first support worker
15 and that was to -- I refer to Tab 4 of the documents, page
16 34.

17 **MR. DUMAIS:** Perhaps you can have a look at
18 that and the document which is found at Tab 4 is Ontario
19 Regulation 550-85 which was adopted following the adoption
20 of the *Child and Family Services Act* in 1984.

21 **MR. MacLEAN:** That's correct.

22 **MR. DUMAIS:** And you are looking at section
23 114?

24 **MR. MacLEAN:** Yes.

25 **MR. DUMAIS:** Go ahead.

1 **MR. MacLEAN:** And section 114 says that,
2 "Every licensee..."

3 And the agency is a licensee:

4 "...shall assign a staff person to
5 supervise and support every foster
6 family approved for placement by the
7 licensee and to arrange for the support
8 services provided for in the foster
9 care service agreement."

10 And this is the first time that the Ministry
11 acknowledged and funded agencies and made provisions for
12 foster homes to have their own worker -- their own assigned
13 worker.

14 **MR. DUMAIS:** So that was in compliance with
15 that regulation that that second worker was hired.

16 **MR. MacLEAN:** It was actually a third
17 worker. The second worker came on board in 1980 and was
18 assigned the responsibilities of recruitment and home
19 study. The third worker then came on board in '85, in the
20 role of a support worker.

21 **MR. DUMAIS:** All right.

22 Then perhaps you can take us to 1997, give
23 us an idea of how many foster homes were registered with
24 the Society.

25 **MR. MacLEAN:** Yes. In 1997, we had 92

1 homes, and I bring that out in -- just pointing to the fact
2 that that was one of the lowest numbers of foster homes
3 that is accounted for in the agency for quite a number of
4 years.

5 I go to various tabs and in Tab 8, I just
6 refer you to -- this is an article written in 1967 and it
7 refers to the fact that there's 257 children in care.

8 **MR. DUMAIS:** Sorry, Mr. MacLean. Perhaps
9 you can just indicate where the -- from which newspaper
10 this article comes from.

11 **MR. MacLEAN:** It's Cornwall Standard
12 Freeholder.

13 **MR. DUMAIS:** All right.

14 **MR. MacLEAN:** Yes.

15 **MR. DUMAIS:** And do you have the date as
16 well?

17 **MR. MacLEAN:** The date is November the 23rd,
18 1967.

19 **MR. DUMAIS:** And you found these articles
20 from your files; is that correct?

21 **MR. MacLEAN:** Yes. There's a -- I went back
22 in and we were fortunate enough to find a number of boxes,
23 and I'm going to be recommending to the agency that there's
24 some archive material there that needs to be preserved and
25 they are numerous; all of these articles that I've brought

1 here are from those boxes.

2 MR. DUMAIS: All right.

3 So you were looking at the article which is
4 to the left which has the headline "CAS Foster Home Policy
5 is Outlined at Meeting?"

6 MR. MacLEAN: That's correct. And I just
7 bring your attention to the 105 homes and that's the first
8 paragraph -- third paragraph down. The agency had 257
9 children divided into 105 homes. That's as far back as we
10 could find as far as numbers of homes. There's references
11 to -- in the '50s the agency having over 500 children in
12 care, which is a huge number. I don't -- I think they were
13 housed very differently, and I'll refer later on concerning
14 that.

15 MR. DUMAIS: All right.

16 MR. MacLEAN: There's another -- I'd refer
17 to Tab 40, on page 2, and I'm just drawing attention to the
18 fact that currently, well as of September 20, '05 -- this,
19 by the way, is a Board -- is a report that I presented to
20 the Board of Directors on a monthly basis and this is one
21 of my reports that would have been done in September of
22 2005.

23 I just draw your attention to the fact of
24 350 children in care, on the far right-hand column, 215,
25 61.4 per cent, were placed in our 141 foster homes at that

1 time.

2 **MR. DUMAIS:** And the total percentage of
3 children placed in outside paid resources at that time was
4 26 per cent; is that correct?

5 **MR. MacLEAN:** That's correct. A total of 91
6 children, children in outside paid resources and children
7 in outside paid group; 32 and 59, a total of 26 per cent.

8 **MR. DUMAIS:** All right.

9 **MR. MacLEAN:** This, by the way, is -- if we
10 want a comparison to the province, the provincial numbers
11 that I have in my mind is about 59 per cent on average; 50
12 per cent would be children placed in foster care across the
13 53 agencies.

14 **MR. DUMAIS:** That's compared to your ---

15 **MR. MacLEAN:** To our 61.4.

16 **MR. DUMAIS:** To 61.4. Thank you.

17 I understand that these resource support
18 workers report to one resource supervisor; correct?

19 **MR. MacLEAN:** That's correct. We now have
20 six resource support workers and they report to a resource
21 supervisor, who reports to the service manager, who reports
22 to the clinical director and from the clinical director to
23 the executive director and from the executive director to
24 the Board.

25 They're responsible for the development and

1 the support, the screening of all our foster homes.

2 They are required to -- I've referred to
3 regulation visits. Within seven days of a child being
4 placed in a home and within 30 days of a placement, the
5 support worker is required to go in and visit the home, the
6 family and to see how the family is faring with the child
7 placed. The onus is on the child service -- the child
8 protection worker that's carrying the case to also visit on
9 seven and 30 days and every 90 days thereafter.

10 The workers also provide support to the
11 resource workers and also support to the seven local
12 outside paid resources that are within our jurisdiction and
13 they relate to about 10 other outside paid resource
14 operators where we have children placed outside of our
15 jurisdiction.

16 **MR. DUMAIS:** And their major
17 responsibilities are?

18 **MR. MacLEAN:** Their major responsibilities
19 with the outside paid resources are to ensure that there's
20 a current licence in the home, that -- with the operator,
21 that we have a service agreement signed with the operator.
22 It's an annual service agreement. They do a review of the
23 outside paid resource and they liaise between the resource
24 and the agency.

25 **MR. DUMAIS:** All right.

1 And, thirdly, if we look at "Child
2 Protection Workers Assigned as Adoption Workers" and you've
3 looked at some historical evolution as well with that?

4 **MR. MacLEAN:** Yes. We -- historically, this
5 has been a single-worker department as well. When I came
6 here in 1976, there was one worker in the adoption
7 department and looked after the adoptions of that day.
8 That continued up until 2000, when we put a second worker
9 in that position. Then, in 2004, we added a third worker,
10 but after -- that was a contract position and that was an
11 effort to complete some home studies that we were awaiting,
12 and following the completion of that contract, we replaced
13 that individual with a child protection assistant. That is
14 just a -- she's not a case-carrying individual. She is
15 responsible for adoption disclosure as well as doing the
16 documentation and gathering the documentation for the
17 completion of the adoption.

18 **MR. DUMAIS:** You have indicated that on
19 average you complete 12 adoptions per year ---

20 **MR. MacLEAN:** That's right.

21 **MR. DUMAIS:** --- with a low of eight and a
22 high of 16.

23 And these adoptions, are they all of Crown
24 wards?

25 **MR. MacLEAN:** Yes. These would be adoptions

1 of Crown wards who had no access. That's the only criteria
2 that makes them available for adoption. They have -- some
3 of them would have high medical needs; some have -- are
4 developmentally delayed, developmental challenges; some are
5 infants; some are as old as four and five years of age; and
6 some could be sibling groups.

7 **MR. DUMAIS:** And these workers are involved
8 in the recruitment, the training of these adoptive parents?

9 **MR. MacLEAN:** That's correct. Yes.

10 We currently combine recruitment activities
11 with foster care because we definitely see adoption as a
12 continuum of the Foster Parent Program. Not all foster
13 parents adopt and not all adoptions are foster homes, but
14 it certainly is a continuum of the service and so we've
15 combined our recruiting and our training. We've got the
16 same tool, which I'll refer to at the end of my
17 presentation, for the home study, and it's -- there's a lot
18 of parallels.

19 **MR. DUMAIS:** All right.

20 Why don't you then take us through the
21 recruitment process of foster parents to start with and I
22 understand that you've attempted to do a historical
23 evolution and you're starting from pre-1985; is that
24 correct?

25 **MR. MacLEAN:** That's correct. Yes.

1 I would draw the attention of the Commission
2 to Table 6 of -- Tab 6, I'm sorry; and this is an article
3 written, again, by the Standard Freeholder at the 50th
4 anniversary of the Children's Aid Society. It speaks to
5 the ---

6 **MR. DUMAIS:** Sorry, Mr. MacLean. I don't
7 have a date on my document. Does it show on yours?

8 **MR. MacLEAN:** I concluded that -- no, I'm
9 sorry. From the first paragraph it says:

10 "(This is a second of two articles on
11 the Children's Aid Society...which this
12 year celebrates 50 years...)"

13 And if it was founded in 1908, I concluded -
14 --

15 **MR. DUMAIS:** That appears to be correct.

16 **THE COMMISSIONER:** What's that now; it's
17 1958?

18 **MR. MacLEAN:** Yes, it's a 1958 article.
19 That's correct.

20 This refers to -- the last paragraph, first
21 column -- to the orphanages that were used. It speaks to
22 the Nazareth Orphanage formerly on the site of the present
23 post office. It played an important part during the early
24 years of the Society.

25 On many occasions children were placed in

1 orphanages until homes could be found for them and they
2 could be maintained by the Sisters in charge on an almost
3 nominal fee and by 1939, that nominal fee was \$10 per
4 month, which is considerably less than what is being paid
5 today.

6 Again, that -- I just wanted to bring
7 reference to the use of orphanages and that would appear to
8 be in the very early years. Foster care, I refer to Tab
9 5, paragraph 7, where it reads:

10 "Minutes of council meetings, meagre
11 forms and records which are available
12 indicate that many citizens through the
13 country were willing to take children
14 into their homes on a charitable
15 basis."

16 And I would bring note to the Commission
17 that foster parenting has been one of the first volunteer
18 services and a very key volunteer service that has existed
19 from the early days.

20 In most cases the Society paid nothing for
21 the board or clothing. With some older children, foster
22 parents agreed to pay a certain sum each year, which was to
23 be kept in trust. So it was very much in reverse of the
24 trend at that point where foster parents would -- and these
25 were rural folks. The City of Cornwall was only one square

1 mile in this era. And so the rest of -- the great majority
2 of homes were found in the rural area.

3 And I would assume that I -- well, then I
4 read another article and I didn't clip it out where they
5 were taken and the older children were placed for domestic
6 help as well as farm help. This would be in the war --
7 during the war years.

8 **MR. DUMAIS:** All right.

9 And again, this article, sir, is taken from
10 ---

11 **MR. MacLEAN:** From the Standard Freeholder,
12 yes.

13 **MR. DUMAIS:** And it would've been published
14 at about the same time as the one you previously referred
15 to?

16 **MR. MacLEAN:** That's correct.

17 **MR. DUMAIS:** All right.

18 **MR. MacLEAN:** Yes. I have February 3rd, '58
19 at the top of my page.

20 **MR. DUMAIS:** Thank you.

21 **MR. MacLEAN:** I then go to -- the point
22 there is they were -- the placements that children were
23 placed in were either in free homes or in orphanages or in
24 -- there was another reference made to boarding homes and
25 that's where the main sources of residential placements

1 were in the early days.

2 I draw your attention also -- I've referred
3 to in my first bullet, prior to 1985, much was -- the
4 agency depended on word of mouth to spread the news that we
5 needed more homes and there's a number of references in
6 here on articles as a result of annual meetings and various
7 other pleas for help, stories, articles. And I'd refer to
8 Tabs 5 through 12 in my Book of Documents and I won't take
9 the time to go through each one but you'll see the various
10 efforts that the agency made to let the need for foster
11 care known and to recruit more homes.

12 **MR. DUMAIS:** And just briefly, Mr. MacLean,
13 if I can identify some of them and the dates, Tab 7 refers
14 to an article from the February 21 issue of a 1963 Cornwall
15 Standard Freeholder?

16 **MR. MacLEAN:** That's correct.

17 **MR. DUMAIS:** And at Tab 8, this is the
18 article you previously referred to and that one is dated
19 November 23rd, '67.

20 **MR. MacLEAN:** That's correct.

21 **MR. DUMAIS:** In the same newspaper?

22 **MR. MacLEAN:** Yes.

23 **MR. DUMAIS:** And the Tab 9 appears to be
24 some publicity or an advertisement?

25 **MR. MacLEAN:** That's right.

1 This is an advertisement put together to
2 look for homes for children with physical needs and
3 handicaps.

4 **MR. DUMAIS:** Right.

5 And would that have been placed in a
6 newspaper by the Children's Aid Society?

7 **MR. MacLEAN:** That's right and it's in
8 writing there on the side, "Standard Freeholder, October
9 3rd, '83."

10 **MR. DUMAIS:** And at Tab 10 -- I don't have a
11 date for that article. Do you?

12 **MR. MacLEAN:** Yes. In small writing
13 underneath "Changing society offers new challenges for
14 CAS," it's Standard Freeholder, October 8th, '83. It's been
15 writing in by the -- whoever has cut out the article.

16 **MR. DUMAIS:** Okay. I see it now.

17 Thank you.

18 And "SF" I presume means Standard Freeholder
19 as well?

20 **MR. MacLEAN:** That's correct.

21 **MR. DUMAIS:** And the next one is an article
22 which is found at Tab 11.

23 **MR. MacLEAN:** Again, I have calculated this
24 as being an article around 1983 and it's concerning our
25 need for foster homes.

1 **MR. DUMAIS:** It's just been pointed out to
2 me as well that all of these dates are identified in the
3 Table of Contents as to the date of publishing.

4 **MR. MacLEAN:** Yes.

5 **MR. DUMAIS:** Finally, Tab 12 is a similar
6 publicity that was put up by the Society as well, which
7 carries a different date?

8 **MR. MacLEAN:** That's correct.

9 **MR. DUMAIS:** So certainly there was a need
10 or there appears to have been the need for foster homes
11 back then.

12 What was the next step into recruiting
13 foster parents?

14 **MR. MacLEAN:** Okay.

15 When an individual, an inquirer would phone,
16 they would leave their phone number and address and contact
17 and they would receive either a face to face visit or a
18 telephone call. I refer to the Book of Documents and it's
19 just a reference there that that was the policy at that
20 time to follow up the inquiries with a phone call and
21 sometimes a visit. It wasn't always consistent right away.
22 Sometimes they were invited into an information session.

23 Once an application had been received, there
24 was a cross-reference and this goes back -- this was in
25 practice in 1976 when I arrived and continues to today.

1 There's a check of our own internal cross-reference --
2 internal records. We cannot, as was drawn out in Mr.
3 Carriere's testimony yesterday, we cannot do a cross-
4 reference with the Child Abuse Registry or with -- I've
5 drawn a blank.

6 **MR. DUMAIS:** Fast Track?

7 **MR. MacLEAN:** Fast Track. Thank you.

8 --- with Fast Track. That is not allowed,
9 although in the very early days, and it's in the 1985
10 policy on home finding, we did do Child Abuse Registry
11 checks for a short period of time until we were told no.

12 **MR. DUMAIS:** Now, I understand that each of
13 the parents had to complete a medical?

14 **MR. MacLEAN:** That's correct; a medical, a
15 TB test with both parents.

16 **MR. DUMAIS:** By that, you mean Tuberculosis?

17 **MR. MacLEAN:** Tuberculosis, that's correct.

18 We asked for three references, usually from
19 a priest or minister, a friend, neighbour, acquaintance, a
20 family member could also be given. We looked very
21 carefully at those references and counted on them to tell
22 us of the individual's knowledge, the reference's knowledge
23 of the applicant and whether they were people who would be
24 able to care for children.

25 I haven't included the form letter that we

1 sent to the applicants, but historically and to today, we
2 make mention of the fact that these children -- these
3 applicants, these individuals have applied to become foster
4 parents and would they have any concern with these
5 individuals around children.

6 I also had done an evolution which isn't
7 included in my material but a bit of a historic evolution
8 around the age requirements and I could share that with you
9 at this point.

10 The age requirements, let's start with 1957
11 and I'd go to Tab 52, page 1. And this is part of the
12 minutes of a staff meeting that would be held at the agency
13 in 1957, March 20th, 1957. It's a written document and
14 partway down the page, just about in the middle of the
15 page, it indicates that:

16 "For foster homes, parents should have
17 attained the age of at least 21 years.
18 Sixty years of age is the upper age
19 limit of the applicants. The Society
20 cannot accept as foster parents, people
21 who have no religion."

22 And it goes on.

23 But I just wanted to bring attention to the
24 age requirement there and then I'd go to Tab 13 and this is
25 an article in reference to 1976, page -- Tab 13, page 6. I

1 might mention to the Commission that this is a -- this is
2 the first -- this whole tab is the first indication of any
3 policy at the agency and as I read through this, it is
4 clearly one that has been edited.

5 On page 6 you will see, when we come to the
6 area -- this is an aside from the age, by the way, but I
7 just wanted to make reference to this document because it
8 looks like a document that has been borrowed from another
9 agency and in fact if you do go to page 20 of that you'll
10 see that the Ottawa Children's Aid Society is still there,
11 white out and replaced by CAS.

12 This was practice. When we developed
13 policy, in my career, I certainly have written to other
14 agencies, emailed other agencies and asked for copies of
15 their policy. I'd look at them. We'd take them to
16 committees and do considerable work on them before adapting
17 them or we might not use them at all.

18 This, it would seem -- it is dated at the
19 top on page 1. It's in French, "La Société de l'aide à
20 l'enfance (SD&G).

21 And on page 6 there's another reference to -
22 - under "Area," "All applicants must be within the S.D. &
23 G. area" and so forth.

24 So I take it as -- just on the face value, I
25 cannot speak to it as to the practice that was derived from

1 it at that point. But I would bring reference back to the
2 age thing to page 6.

3 And under "Age," it says:

4 "Potential foster parents should be at
5 least 21 years of age and no older than
6 60. However, consideration will be
7 given to people with special skills and
8 experiences, particularly in the older
9 age group."

10 So again, we see where we begin to soften
11 the upper-age group.

12 We go to Tab 14 of page 3 ---

13 **MR. DUMAIS:** I don't want to interrupt you,
14 Mr. MacLean, but as well, with the document that we find in
15 Tab 13, ---

16 **MR. MacLEAN:** Correct.

17 **MR. DUMAIS:** --- the last page of that
18 document was slipped in there inadvertently and should be -
19 --

20 **MR. MacLEAN:** It should be deleted.

21 **MR. DUMAIS:** Does not form part of that
22 policy. Correct?

23 **MR. MacLEAN:** That's correct.

24 **MR. DUMAIS:** All right.

25 **MR. MacLEAN:** Yes.

1 **MR. DUMAIS:** Thank you.

2 **MR. MacLEAN:** I neglected to say that.

3 **MR. DUMAIS:** So it's at the last page of the
4 document which has the number 4 and the title underlined
5 "What depth of commitment will you bring to the foster care
6 program?"

7 **MR. MacLEAN:** That's correct and that's just
8 -- to take note.

9 **MR. DUMAIS:** All right. Sorry. You were --
10 -

11 **MR. MacLEAN:** The next reference and this is
12 to the evolution of the age requirement of foster parents,
13 is at Tab 14. And I've referred to page 3 of that, the
14 last paragraph:

15 "Age of applicants is also deemed to be
16 important and the lowest age scale
17 would be twenty-one years of age whilst
18 the upper age limit will normally be
19 considered to be sixty years of age.
20 This upper limit is not, however, an
21 inflexible standard since this Agency
22 is well aware that instances do occur
23 where the health and outlook of a
24 person may be compatible with that of a
25 much younger person."

1 So it was allowing foster parents to become
2 foster parents over the age of 60.

3 And then I finally come to -- not finally --
4 Tab 16 of -- and this is 1985, Tab 16, and I go to page --
5 and these pages are not numbered -- I apologize -- but page
6 7, under "Age Policy". This is a policy that was developed
7 and approved in April 1985. The age policy states that:

8 "Age of applicants should be considered
9 insofar as it affects their physical
10 energy, flexibility, ability to care
11 for a child. Applicants should be at
12 least 18 years of age."

13 So the upper age has been taken out and it's
14 been lowered to the age of majority. And that continues in
15 our current -- and I just bring reference to Tab 17, which
16 is our current foster parent policy and the age reference
17 there is on page 10, under "Personal Qualifications" at the
18 bottom of the page:

19 "Foster parents are selected on the
20 basis of personal characteristics,
21 which include an ability to understand
22 and accept the responsibilities
23 involved in parenting troubled
24 children. Applicants must be 18 years
25 of age or older. They must also

1 possess adequate language and
2 communication skills."

3 So it's over 18 and then the test is on
4 their ability to parent.

5 **MR. DUMAIS:** Had we looked at the --
6 actually, Commissioner, I don't know if we should forge on.
7 It's 10 to 4:00. Did you want to -- are we taking a break
8 this afternoon ---

9 **THE COMMISSIONER:** We took it this morning.

10 **MR. DUMAIS:** --- or did we forfeit that?

11 **THE COMMISSIONER:** Yes, we forfeited when we
12 took the ---

13 **MR. DUMAIS:** Thank you.

14 **THE COMMISSIONER:** Unless you have a reason
15 for it, we can just carry on.

16 **MR. DUMAIS:** There is not.

17 Mr. MacLean, have we looked at the -- have
18 you made a comment on the home study?

19 **MR. MacLEAN:** No, I haven't. I was just
20 going to go to that.

21 The requirement prior to 1985 was at least
22 one visit to the home and to have an interview with the
23 applicants. The home study was very brief, was about two
24 to three -- and looking back in the records, the home study
25 would be about two or three pages long, typewritten pages.

1 There was a need for an examination of the physical aspects
2 in the home so that they would go in and they see that the
3 child had a room, a bed, clean sheets and bedding. There
4 was also a requirement to have an examination of the
5 marriage licence, a summary of the references were made and
6 the medical reports, and a brief description of the
7 parents, who they were, how long they had been married and
8 the number of the children that were from that marriage, if
9 applicable.

10 A recommendation was usually followed to
11 open the home or not, and it would also include the kind of
12 child that the foster -- that the applicant would want,
13 whether it was an older child or a younger child, whether
14 they were Catholic or Protestant, English or French, and
15 the ages and the number of children would be there as well.

16 **MR. DUMAIS:** And I understand that the
17 reason why you took 1985 as a watermark is that it was in
18 that year that regulations were adopted which change
19 everything. Is that correct?

20 **MR. MacLEAN:** That's correct.

21 **MR. DUMAIS:** All right.

22 **MR. MacLEAN:** Prior to 1985 there were no
23 licensing standards for foster care. In 1985, the
24 licensing standards came into being and since '85, well,
25 maybe '86, we've been a fully licensed operator of the

1 Foster Parent Program.

2 MR. DUMAIS: All right.

3 Then perhaps you can take us from 1985 and
4 how the adoption of those standards changed the way in
5 which you recruited foster parents.

6 MR. MacLEAN: That's correct.

7 One of the big differences -- again prior to
8 1985, there was no training on an ongoing basis offered to
9 foster parents. After 1985, there was a requirement for
10 pre-service training. Every agency had to put together a
11 package, and in my biography, that's what I was referring
12 to when I said that I was involved in the establishment of
13 the first training package.

14 And really what we did, we sat down, myself,
15 the supervisor of resources at the time, and one of my
16 trainers, we sat down and identified the areas that we
17 should be covering, what do new foster parents, what do
18 applicants -- they were applicants at this stage for pre-
19 service -- what do they need to know?

20 So on page 9 of my presentation I go into
21 the topics that we covered. We felt the need to have an
22 introduction to the Society, who were we; how many staff;
23 how many children do we carry and what are the departments,
24 just very much as we've explained to the Commission today.
25 We talk about the child's family, where do the children

1 come from? What are some of the situations that children
2 being admitted to care might come from? We talk about loss
3 and separation, how children deal with that, what are some
4 of the behaviours that may be exhibited because children
5 are going through loss and separation and how can foster
6 parents help.

7 We go through discipline behaviour
8 management; what is the discipline standards for our
9 agency. And I will go through an evolution of our
10 discipline policy as well. But we talked about that. We
11 talked about -- one whole presentation would be on
12 placement, what happens at placement, what's the
13 information that you receive, how should you prepare for
14 placement and then how should you -- what should you do
15 after you receive a child as a placement. We presented our
16 policies and procedures, 1985 at that time.

17 At that time, all the applicants were
18 required to attend the pre-service training, both -- all
19 applicants, so that it was husband and wife, husband and
20 spouse or whatever the relationships were, had to attend,
21 and at the end of the pre-service training, we would
22 complete the home study. It was the successful applicants
23 who would move on to the core training. And at the end of
24 the core training, which I have outlined there as well,
25 they would become officially approved and active foster

1 parents and we would make a placement.

2 So, in essence, we have 13 sessions that
3 foster parents were attending, around three hours per
4 session, before becoming an active foster parent.

5 **MR. DUMAIS:** And did that initially start
6 with nine sessions of three hours each and then that was
7 later divided into six sessions?

8 **MR. MacLEAN:** That's correct.

9 That was our first endeavour and it was --
10 and foster parents loved it. It was extremely time
11 consuming on our staff. We had to revise and we later went
12 back to the six sessions of pre-service training and then a
13 body of core training again after that, and more recently
14 that core training has now evolved in a training calendar
15 that we publish every year. It's put out by the Foster
16 Parent Training Committee. It's a committee that's made up
17 of staff and foster parents and addresses -- we try to,
18 over periods of years, address all the same material.

19 **MR. DUMAIS:** And in addition to that initial
20 training, I understand that there were also supplements to
21 this on an ongoing basis. So there's training on an
22 ongoing basis for foster parents; is that right?

23 **MR. MacLEAN:** That's correct, yes. Yes.

24 I refer to the calendars that I've presented
25 there. There's Tabs 18, 19, 20, 21 and 22, and that's the

1 history of our training calendars since -- and back in the
2 '80s there were -- or back in the '90s, I should say, there
3 were training calendars put together in a much more
4 informal way, and some were carried sort of in a pocket
5 size reminders for foster parents. Some were in the form
6 of date books. This has been much more formal and
7 consistent since 2001.

8 **MR. DUMAIS:** So the first one you refer to,
9 which is at Tab 18, is the Foster Parent Training Calendar
10 for 2001-2002?

11 **MR. MacLEAN:** That's correct.

12 **MR. DUMAIS:** And at Tab 19 we have the
13 Foster and Adoptive Parents Training Calendar for 2002-
14 2003.

15 **MR. MacLEAN:** Yes.

16 **MR. DUMAIS:** And then the following year, at
17 Tab 20.

18 Was that the earliest training calendar that
19 you found at your agency?

20 **MR. MacLEAN:** These are not the earliest
21 training calendars. As I referred to, there was another
22 one, and I couldn't put my hand -- well, I guess when you
23 say could I find them, no, but I know I was part of
24 developing and it was a small pocket-sized one and it was
25 more in the form of a date book in which we had put in the

1 dates of various training that was being made available.
2 And that was sporadic. It was not consistent. This has
3 been very consistent since 2001.

4 **MR. DUMAIS:** And my understanding is that in
5 2004 the training became mandatory; is that correct?

6 **MR. MacLEAN:** The training became mandatory
7 -- sections of the training became mandatory. Ourselves,
8 staff, in consultation with foster parents, determined what
9 mandatory was. An example of mandatory training was car
10 seat training, car seat training in order to -- for our
11 foster parents. And this refers to another policy which I
12 haven't included, but are required to take annual training
13 as well as our volunteers around car seats and the use of
14 car seats and the safety of car seats. So that's
15 mandatory.

16 **MR. DUMAIS:** It is at that same time that
17 the core training that you previously referred to was
18 cancelled or removed; is that right?

19 **MR. MacLEAN:** That's correct. And we tried
20 then to include portions of those in the training calendar
21 which we would mark as mandatory and they are marked as
22 they go through.

23 **MR. DUMAIS:** All right.

24 Then you make a brief comment on the
25 capacity of the homes, and I see that that was regulated as

1 well. And you make reference to Tab 4, subsection 110(1),
2 the 1985 Regulation.

3 **MR. MacLEAN:** Yes, that's on page 33 at the
4 top, section 110:

5 "Every licensee shall ensure that it
6 places no more than four foster
7 children and no more than two foster
8 children under the ages of two in each
9 foster home."

10 Prior, again, to 1985, there were no limits.
11 I worked in some homes. I possibly should be ashamed to
12 say.

13 **MR. DUMAIS:** I was going to say which would
14 explain the 10 children you fostered yourself?

15 **MR. MacLEAN:** That's correct, yes. I
16 fostered 10, my own, and I've also worked in homes where
17 there were 13 placements on an ongoing basis, and it was
18 not unusual for some of the larger country homes to have
19 five, six, eight placements at any one time.

20 **MR. DUMAIS:** Then I understand that policies
21 and procedures were developed on training?

22 **MR. MacLEAN:** That's correct.

23 **MR. DUMAIS:** All right.

24 **MR. MacLEAN:** Which limited that.

25 **MR. DUMAIS:** Now, the next area is found at

1 Tab 23 and 24, which is the Health and Safety Check and
2 Inspections of Homes.

3 MR. MacLEAN: That's correct. In 1985, with
4 the new standards, there had to be a visit to the
5 applicant's home, at which time we would examine the
6 various areas of the home. We had to ensure that the -- I
7 believe the one that is on the screen is the ---

8 MR. DUMAIS: Is that Tab 24?

9 MR. MacLEAN: That's Tab 24. The one I was
10 referring to is Tab 23.

11 MR. DUMAIS: That's correct.

12 MR. MacLEAN: This was the first one that
13 was developed and has been the checklist up until this past
14 year, until -- well, actually up until January the 1st, in
15 2006 with the new P.R.I.D.E. -- and I'll get into that --
16 and S.A.F.E. programs, we've developed -- at Tab 24 -- but
17 it's virtually the same. We needed to go in. We had to
18 inspect the common living areas. We had to inspect the
19 proposed sleeping area for the foster child, the grounds
20 surrounding the home -- this is on page 1 of Tab 23 -- the
21 play space within the home, the recreational areas within
22 walking distance.

23 We had to not examine, but we had to ensure
24 that there was a heating system and the type and the
25 condition of that, which most of our workers didn't feel

1 qualified to do. However, what we looked under condition,
2 we would look for an annual inspection, if it was an oil
3 furnace or heating unit. We'd look for the last
4 maintenance and inspection date.

5 So it was a very thorough going-through of
6 every applicant's home. I've very frequently said, since
7 1985, that we're a very intrusive organization, especially
8 with our foster parents, that when they do open their home
9 -- sorry -- they open themselves to the scrutiny of the
10 public. And this is one example.

11 **MR. DUMAIS:** The next area which you have
12 entered -- I believe what you attempted to do was do an
13 evolution of criminal record checks; is that correct?

14 **MR. MacLEAN:** That's correct. Yes.

15 **MR. DUMAIS:** All right.

16 **MR. MacLEAN:** I start there with a
17 memorandum that was received from a Mr. Ken MacDonald and I
18 make reference to that in Tab 25 of the Book of Documents,
19 page 1. In November the 16th, this is a letter from the
20 Ministry of Community and Social Services, dated November
21 16th, the second paragraph under number 1, "Screening of
22 Individuals and Families for the Care of Children". And he
23 introduces the idea that we should be examining the
24 criminal record of applicants. It says:

25 "There is a general need for each

1 Society to review its policies and
2 procedures used to screen individuals
3 entrusted with supervision or care of
4 children. For our part, we are
5 presently exploring with the Ministry
6 of the Solicitor-General the whole
7 question of a search of criminal
8 records for applicants for fostering,
9 adoptions or volunteer services."

10 And then concludes that as soon as this is done, he would
11 get back to us. And, in the meantime, that we should be
12 including in our home studies the question as to whether
13 the applicants do have any criminal record.

14 Now, unfortunately I examined the outlines
15 before 1985 and I did not see any statement in there that
16 we were examining, so I can't comment on this latter part.
17 I do go on to, on February 17th under Tab 26; this is
18 another record of a staff meeting that would have taken
19 place on February the 17th, 1977. We see down the agenda,
20 the third item, after school reports, "Criminal Records".

21 "A recent Memo from the Branch..."

22 Which would be referring to Mr. MacDonald's letter.

23 "...suggested obtaining of criminal
24 records on persons responsible for care
25 of CAS wards. Since then, Mr.

1 MacDonalld has met with people from the
2 Office of the Attorney General and the
3 Police Association who have agreed to
4 refuse to supply such information to
5 CAS. Therefore, request in
6 departmental memorandum cancelled."

7 So I don't see any reference to criminal
8 records checks after that, until our policy in 1985, very
9 clearly states that we will do reference checks.

10 I did do an audit of our own foster homes,
11 in preparation for this presentation and found that we were
12 doing criminal records checks as far back as 1984. That
13 was the earliest date that I could find a criminal records
14 police check on file.

15 Our policies under Tab 16, page 8 and Tab 17
16 ---

17 **MR. DUMAIS:** You can look firstly at Tab 16,
18 page 8 and that's your foster care policy.

19 **MR. MacLEAN:** Yes. That's right.

20 **MR. DUMAIS:** In 1985.

21 **MR. MacLEAN:** That's in 1985 and again
22 that's repeated on page 10 of Tab 17, under "Foster Home
23 Criteria for Eligibility".

24 I'm sorry -- wrong page.

25 Page 14 and "Reference Checks" that:

1 "All individuals who apply to become
2 foster parents must agree to have a
3 background police involvement reference
4 check."

5 I understand from the new standards that are
6 coming out effective -- that we are currently practicing,
7 that fingerprinting is also now a requirement. So there's
8 going to be a fingerprinting -- an RCMP record of
9 fingerprinting and also a local police check.

10 **MR. DUMAIS:** Now, as well, all foster
11 parents do have to sign the foster parent's service
12 agreement?

13 **MR. MacLEAN:** Yes. Another requirement of
14 1985, talks about a service agreement being developed by
15 the Agency between the foster parent and the Society. I've
16 got that under Tab 35.

17 **MR. DUMAIS:** And that is your -- sorry ---

18 **MR. MacLEAN:** No, go ahead.

19 **MR. DUMAIS:** That is your present foster
20 care service agreement, Mr. MacLean?

21 **MR. MacLEAN:** That was our service agreement
22 that expired March 31st. We have revised that. There's a
23 new one in the process of being printed, but that was up
24 until March 31st, was the current one.

25 **MR. DUMAIS:** The first one that was

1 developed or used by your office was in 1985?

2 **MR. MacLEAN:** That's correct. Yes.

3 **MR. DUMAIS:** All right.

4 Was it very similar to this one?

5 **MR. MacLEAN:** It was very similar. We have
6 evolved with the changing of -- one area that I can think
7 of is the exceptional items and we've -- that's on page 7
8 of the -- that would be brought in around '92-'93. The
9 compulsion to -- the Society is compelled to investigate
10 allegations made by or concerning a child in care and the
11 process and the policy that was developed there, to support
12 that was developed in 1992.

13 There's other areas, and I know this year,
14 we've revised them to include the language of the new
15 programs that the Ontario Ministry has brought on. They're
16 called P.R.I.D.E. and S.A.F.E. and we'll talk about that
17 later.

18 **MR. DUMAIS:** Now, in 1990-1991, you joined a
19 training initiative? Could you explain what that was?

20 **MR. MacLEAN:** Yes. The foster parent
21 support workers had very little training for them. There
22 was a great deal of training put on through the '90s by the
23 -- for front-line workers, new staff. A group of agencies,
24 12 eastern agencies from Kawartha, Haliburton, Fort Hope
25 area down through to the Quebec border. There's 12

1 agencies in that area and it's known as the eastern zone.
2 We've worked together to put on a training initiative for
3 our resource workers that were doing assessments and
4 screening of foster parents.

5 We contacted a Joyce Cohen, who is a
6 professor at the University of Toronto and she has done
7 some work on this subject and we brought her in as the
8 expert and she trained the home-finders, that would be for
9 the 12 eastern areas. It was a week-long session and it
10 was followed up in about six months -- or three months
11 time, I think we had another couple days together with her,
12 around the model.

13 The model that was introduced was the
14 McMaster model and that's in Tab 33 of the Book of
15 Documents. Just bring reference to the -- sorry -- the
16 McMaster Schema. It's the third page. It really looked at
17 the examination of the interactional dynamics of the
18 couple, addressing their affect, their ability to problem-
19 solve, effective expression and involvement, their
20 communication style, their roles, behaviours -- their role
21 behaviours in the family; who is the lead role and who
22 makes the decisions, this kind of thing; the autonomy of
23 the individuals. Is one overpowering the other? That kind
24 of material. So these questions that are raised in this
25 McMaster Schema brings that to the forefront.

1 **MR. DUMAIS:** So Ms. Cohen came in and helped
2 you develop that schema and it is a schema that you are now
3 -- still using today as training?

4 **MR. MacLEAN:** Yes. It's still used. It's
5 used to January the 1st. On January the 1st, we've adapted
6 the P.R.I.D.E. model and possibly we can just skip onto
7 that; that's on page 12 of my presentation.

8 P.R.I.D.E. is Parent Resources for
9 Information, Development and Education. It was originally
10 developed -- this is on page 12 of my listing.

11 **MR. DUMAIS:** M'hm.

12 **MR. MacLEAN:** It was originally developed in
13 1993 in Illinois and is copyrighted by the Child Welfare
14 League of America, from which the Ontario Ministry of
15 Children and Youth Services purchased the license to
16 operate the program in Ontario. We -- they started
17 piloting that in 2000 and we, at that time, did a readiness
18 assessment of our agency, found that we had to do some work
19 in the development before we were ready to bring it on.
20 However, we've now sent our workers to -- well, we had the
21 training right here locally in October, November of this
22 past year. And our first sessions with our new applicants
23 -- our new applicants are being trained in P.R.I.D.E. from
24 January 1st on.

25 **MR. DUMAIS:** All right. And we will get to

1 P.R.I.D.E. into a little more details right after we are
2 done here.

3 So then in 1992 there was a partnership
4 statement that would be developed and I take it that
5 describes the relationship between the Children's Aid
6 Society and the foster parents?

7 **MR. MacLEAN:** That's correct.

8 **MR. DUMAIS:** And you've enclosed that as
9 well or that's part of your Foster Care Policy at page 7 of
10 Tab 17?

11 **MR. MacLEAN:** That's correct.

12 **THE COMMISSIONER:** We can make this the last
13 bullet if you ---

14 **MR. DUMAIS:** All right.

15 Perhaps you can give us then a brief
16 explanation of the partnership relationship.

17 **MR. MacLEAN:** Over the years, we've seen
18 that we have not had a proper working relationship with our
19 foster parents. The experience if you talk to some very
20 senior foster parents was one where we would place a child
21 -- and these were foster parents that had possibly been
22 fostering since the '70s -- but where we would place a
23 child and say to them, "Raise the child as you would your
24 own". I referred to this as a very exclusive kind of
25 fostering.

1 We've moved along now to a very inclusive
2 model of fostering where we no longer can allow a foster
3 parent to take a child and raise a child as they would
4 their own, isolated from the community or from other
5 professionals or from other involvement. We've moved to
6 where we are including many, many people, and the list has
7 required us to develop a statement that we call our
8 partnership statement. How we treat our foster parents and
9 how foster parents should relate to us. I have divided the
10 three areas, there are three areas of partnership. One
11 involves close cooperation. The close cooperation speaks
12 to the mindset that much be shared by both parties as we
13 meet the needs of children in our care. The Agency's child
14 protection worker and the foster caregivers must understand
15 and accept their unique and specific roles and the power
16 attributed respectively to them, and the Agency is mandated
17 to act as the legal guardian of children in alternate care.
18 As the child's legal guardian, the Agency is ultimately
19 responsible and accountable for the well being of and
20 planning for children as removed from their families.
21 Then, the foster parents are seen as the agents of the
22 society. They're contracted to provide the daily life
23 experiences for the child. Frequently, when you get into
24 that, where you have one party over here living 24 hours a
25 day with a child and the other party over here seeing the

1 child possibly once every 90 days, we have an average of
2 once every six weeks, that there can be a competition.
3 There can be an ownership, a possessiveness; "Well, I know
4 better than you". When we talk about close cooperation, we
5 say, no, we have to respect both parties' roles, and we
6 need to work cooperatively together with the focus of the
7 child constantly before us. So that really looks at close
8 cooperation.

9 The second part is specified in joint rights
10 and responsibilities, and that talks about the need for
11 very clear job description for each party, for the
12 caregivers and for the social workers, the counsellors who
13 are caring for the children. Again, we talk about the need
14 for each one to understand that role and to know the limits
15 and to respect the limits of each of those roles.

16 We talk about the need to continually update
17 the service agreement. The service agreement really lays
18 out those roles between the two parties.

19 Then on page 8 at the top -- or in the
20 middle -- we talk about the joint goal, the joint focus and
21 that is of equipping the child -- both parties have a
22 responsibility to equip the child with the skills needed to
23 improve his life, so that that child's life can be a very
24 positive experience and that he can move on to a
25 responsible adult.

1 So with this, we have really brought
2 together the foster parents and the Agency staff and all
3 other professionals that we deal with in the community in
4 this working relationship.

5 **MR. DUMAIS:** And that was the subject of
6 your Master's practicum.

7 **MR. MacLEAN:** That's correct. Yes.

8 **MR. DUMAIS:** On that, Mr. Carriere (sic), I
9 will ask you to come back tomorrow morning at 10:00 a.m.?

10 **THE COMMISSIONER:** Ten (10) a.m.

11 **MR. DUMAIS:** Thank you.

12 **THE COMMISSIONER:** I have been advised that
13 the roads may be a little slippery. It's still snowing out
14 there. So safe travels to all of you.

15 Thank you. We will see you tomorrow morning
16 at 10 o'clock.

17 **THE REGISTRAR:** Order; all rise. À l'ordre;
18 veuillez vous lever.

19 The hearing is now adjourned.

20 --- Upon adjourning at 4:27 p.m./

21 L'audience est suspendue à 4h27

22
23
24
25

C E R T I F I C A T I O N

I, Sean Prouse a certified court reporter in the Province of Ontario, hereby certify the foregoing pages to be an accurate transcription of my notes/records to the best of my skill and ability, and I so swear.

Je, Sean Prouse, un sténographe officiel dans la province de l'Ontario, certifie que les pages ci-hauts sont une transcription conforme de mes notes/enregistrements au meilleur de mes capacités, et je le jure.



Sean Prouse, CVR-CM