

**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 14**

**Held at :**

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

Monday, April 3, 2006

**Tenue à:**

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

Lundi, le 3 avril 2006

**Appearances/Comparutions**

Mr. Peter Engelmann	Lead Commission Counsel
Ms. Louise Mongeon	Registrar
Mr. Pierre R. Dumais	Commission Counsel
Ms. Reena Lalji	Cornwall Police Service Board
Mr. Neil Kozloff	Ontario Provincial Police
Det. Insp. Colleen McQuade	
Ms. Diane Lahaie	
Ms. Gina Saccoccio Brannan, Q.C.	
M <sup>e</sup> Claude Rouleau	Ontario Ministry of Community and Correctional Services and Adult Community Corrections
Mr. Mike Lawless	
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. William Carroll	Ontario Provincial Police Association
Mr. Peter Chisholm	Mr. Bill Carriere

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1 --- Upon commencing at 1:06 p.m./

2 L'audience débute à 13h06

3 **THE REGISTRAR:** Order; all rise. Veuillez  
4 vous lever.

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

8 Please be seated. Veuillez vous asseoir.

9 **THE COMMISSIONER:** Good afternoon, everyone.

10 Before we begin, I'd just like to -- I  
11 always like to situate myself, I suppose, when we start a  
12 new day in a new week.

13 We've heard evidence. We've had the  
14 standing hearings and funding hearings and then we heard  
15 what we've been calling context evidence in which we had  
16 experts dealing with different aspects of the mandate. And  
17 now, we're moving on to learning more about certain of the  
18 parties.

19 Today, we'll be hearing evidence with  
20 respect to how the Children's Aid Society works and that  
21 kind of thing. So that's where we'll be for the next  
22 couple of days, I believe.

23 **MR. DUMAIS:** That's correct, Commissioner.

24 **THE COMMISSIONER:** Thank you.

25 And now I see we have some new faces and I'm

1 wondering if we could meet those new faces and put a face  
2 to the institution they represent.

3 **MR. SCHARBACH:** Good afternoon. My name is  
4 Stephen Scharbach. I'm here on behalf of the Ministry of  
5 the Attorney General. I think last week, Leslie McIntosh  
6 was here for the Ministry.

7 **THE COMMISSIONER:** Yes.

8 **MR. SCHARBACH:** Leslie ---

9 **THE COMMISSIONER:** Sorry, sir. You can't  
10 hear, Mr. -- could you come up to the -- I know it's only  
11 for introductions, but sometimes introductions are the most  
12 important.

13 **MR. SCHARBACH:** Good morning. My name is  
14 Stephen Scharbach. I'll spell that, if you'd like. It's  
15 S-C-H-A-R-B-A-C-H and I'm with the Ministry of the Attorney  
16 General and I'm part of the four-member team that the  
17 Ministry of the Attorney General has assembled for the  
18 purpose of this inquiry.

19 **THE COMMISSIONER:** All right. Well, welcome  
20 aboard.

21 **MR. SCHARBACH:** Thank you.

22 **THE COMMISSIONER:** Thank you.

23 **MS. LALJI:** Good afternoon, Mr.  
24 Commissioner. My name is Reena Lalji. That's L-A-L-J-I  
25 and I'm here with the Cornwall Police Services.

1 Thank you.

2 **THE COMMISSIONER:** Thank you.

3 I think the rest are our usual cast of  
4 characters.

5 All right. Thank you.

6 **MR. DUMAIS:** Good afternoon, Commissioner.

7 Just in terms of introduction to the  
8 evidence we'll be calling this afternoon, shortly after the  
9 Application for standing, back towards the end of 2005, we  
10 met with each and every one of the parties. Commission  
11 counsel's intent at that time was twofold. One was to  
12 obtain a copy of all the relevant documents, as well as a  
13 copy of lists of witnesses or evidence that the parties  
14 felt would be useful for us to look at.

15 The second part or the objective of our  
16 meeting was to permit the parties to present what we call a  
17 corporate overview; so therefore, the policies, the  
18 procedures, the protocols that that particular party had  
19 and we've asked them as well to provide an evolution of  
20 those policies, protocols and procedures.

21 Over the last couple of weeks, we have  
22 formalized that process and we've worked, together in  
23 conjunction with counsel for the parties and the parties  
24 themselves, to prepare an outline and that's what we will  
25 be presenting here today. So you will find an outline

1 together with a number of documents which we will be filing  
2 as exhibits.

3 Now, since most of the work and the  
4 preparation of those documents was performed by the parties  
5 and their counsel, we let them decide who they should be  
6 calling as a witness.

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

8 **MR. DUMAIS:** Our only caveat was that it had  
9 to be someone that had knowledge. One of the comments that  
10 the counsels were making -- they were concerned about the  
11 types of questions that were being put to this witness and  
12 we advised or reassured all of them that we'd say for the  
13 purposes of the record that we would only be leading  
14 evidence with respect to policies, protocols and  
15 procedures. So we would not, at this stage of the hearing,  
16 be getting into the factual allegations or the fact of the  
17 response to those allegations.

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

19 **MR. DUMAIS:** That being said, Commissioner,  
20 I'd like to call Mr. Bill Carriere.

21 **THE COMMISSIONER:** Well, before we do that  
22 or while you're coming to the stand, sir, does anyone have  
23 any objections to that stipulation in that all we're doing  
24 with these witnesses at this point is looking at policies,  
25 procedures and practices, I guess, but not going into any

1 of the factual background that is the subject matter of  
2 this inquiry?

3 No one rising. I take it as a given then  
4 that that is an accepted procedure.

5 So, Madam Clerk, would you wish to swear in  
6 the witness?

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

8 **MR. CARRIERE:** William George Carriere.

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

10 **MR. CARRIERE:** C-A-R-R-I-E-R-E.

11 **WILLIAM GEORGE CARRIERE, Sworn/Assermenté:**

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

14 **MR. DUMAIS:** Good afternoon, Mr. Carriere.

15 **MR. CARRIERE:** Good afternoon.

16 **MR. DUMAIS:** Before we get into your  
17 evidence, I'd just like for you to identify the documents  
18 which are in front of you. There should be five volumes.  
19 If you have a look at the first volume, the first tab is an  
20 indexed tab, which lists or describes all of the tabs in  
21 your volume or in your Books of Documents. Is that a list  
22 of documents you provided to the Commission?

23 **MR. CARRIERE:** It is.

24 **MR. DUMAIS:** If you look at Tab 1, we have a  
25 biography. Is that a current biography of yours that you

1 provided to the Commission as well?

2 MR. CARRIERE: Yes, it is.

3 MR. DUMAIS: And if we look at Tab 2, which  
4 contains 79 pages, is that an outline of the evidence you  
5 propose to give today?

6 MR. CARRIERE: It is.

7 MR. DUMAIS: And all these subsequent tabs  
8 are all documents which you will be referring to in  
9 presenting your outline. Is that correct?

10 MR. CARRIERE: That's correct.

11 MR. DUMAIS: All right.

12 Commissioner, then if we can make this  
13 exhibit, I believe it's Exhibit 25 ---

14 THE COMMISSIONER: That's correct.

15 MR. DUMAIS: --- Volumes 1 through 5.

16 THE COMMISSIONER: Very well.

17 MR. DUMAIS: Thank you.

18 --- EXHIBIT NO./PIÈCE NO. P-25:

19 Vol I - BOOK OF DOCUMENTS - Bill  
20 Carriere Children's Aid Society - Tabs  
21 1 to 6

22 Vol II - BOOK OF DOCUMENTS - Bill  
23 Carriere Children's Aid Society - Tabs  
24 7 to 8

25 Vol III - BOOK OF DOCUMENTS - Bill

1 Carriere Children's Aid Society - Tabs

2 9 to 29

3 Vol IV - BOOK OF DOCUMENTS - Bill

4 Carriere Children's Aid Society - Tabs

5 30 to 38

6 Vol V - BOOK OF DOCUMENTS - Bill

7 Carriere Children's Aid Society - Tabs

8 39 to 40

9 **MR. DUMAIS:** Mr. Carriere, to start with, if  
10 you can turn your attention to Tab 1, which is your  
11 biography. And I guess before we start, Your Honour, it's  
12 not my intent to qualify Mr. Carriere as an expert, per se,  
13 although you will find going through his biography that he,  
14 in all likelihood is an expert, but I'll simply give a  
15 brief overview of his involvement with the Children's Aid  
16 Society.

17 **THE COMMISSIONER:** Any objections by anyone?  
18 Comments? No?

19 Very well. Continue.

20 **MR. DUMAIS:** Perhaps, Mr. Carriere, if you  
21 can start with your educational background?

22 **MR. CARRIERE:** Yes. I have a Bachelor of  
23 Arts with an Honours degree in Psychology from Queen's  
24 University. I have a Bachelor of Education degree from  
25 Queen's University and a Master of Social Work degree from

1 the University of Toronto.

2 **MR. DUMAIS:** And I understand, Mr. Carriere,  
3 that you have been in the employ of the Children's Aid  
4 Society in Cornwall for the past 30 years. Is that  
5 correct?

6 **MR. CARRIERE:** That's correct. I started in  
7 1973.

8 **MR. DUMAIS:** Perhaps you can start in 1973  
9 and give us an idea of what you did when you were first  
10 hired and how this progressed to today.

11 **MR. CARRIERE:** Yes. I was hired as a child  
12 protection worker in August of 1973. At that time, the  
13 Agency was relatively small compared to the size of the  
14 Agency today and as a child protection worker, I was  
15 assigned such tasks as investigating allegations of child  
16 maltreatment.

17 In those days, when you were assigned a  
18 case, you kept the case with you right through every stage  
19 until the file was terminated. Any children that were  
20 admitted to care, you were responsible for.

21 I did that for two years and at that point,  
22 in 1975, I went back to university and got a Masters  
23 degree, finishing in 1977. Then I rejoined the Agency and  
24 with the exception of a brief period of time around then --  
25 I think it was 1978 -- I worked for six months at the Child

1 Development Centre which was a children's treatment -- a  
2 mental health treatment program.

3 Up until 1985, I continued to be a child  
4 protection worker and very similar to what I started off  
5 with, I was assigned cases of child maltreatment and would  
6 address those cases, basically, from the beginning until  
7 the end. In 1985, I was successful in an application to  
8 become a supervisor at the agency and worked as a  
9 supervisor for about three years and then an opportunity  
10 came my way to be the first Acting Clinical Director for  
11 the agency.

12 In that particular -- maybe I should go  
13 back. As a supervisor, I was responsible for child  
14 protection workers doing investigations and follow-up work  
15 with families, initiating children into care. I supervised  
16 a team that would be approximately six, seven, eight  
17 workers, at the time.

18 In 1988, for a year, I had the opportunity  
19 to be the Clinical Director, and I was responsible for all  
20 of the client services that the agency offered at that  
21 time. At the end of that year, I went back to my position  
22 as a front-line supervisor again in child protection. I  
23 remained in that position until the late 1990s, at which  
24 point I applied for and was successful in becoming the  
25 Director of Protection Services. Actually, at that time, I

1 was the Director of Client Services for a very brief time  
2 and then we added another director and I became the  
3 Director of Protection Services. I was responsible to lead  
4 all of the child protection services that the agency  
5 offered.

6 I was in that position until January of this  
7 year and then I became a special assistant to the Executive  
8 Director.

9 **MR. DUMAIS:** So I understand that in your 33  
10 years of career with the Children's Aid Society, you've had  
11 the opportunity to be involved in some training as well.  
12 Perhaps you can give us an idea of what has been your  
13 involvement in that field?

14 **MR. CARRIERE:** With respect to offering  
15 training? Is that what you mean?

16 **MR. DUMAIS:** Correct.

17 **MR. CARRIERE:** Yes. I first began to offer  
18 training as a sessional trainer with the Institute for the  
19 Prevention of Child Abuse and I believe that I did that in  
20 the early '90s for approximately four years. That was a  
21 really interesting experience because I basically got to  
22 travel around the province, doing training for workers who  
23 were just entering the child welfare field. So I would be  
24 doing the introductory courses, teaching them about the  
25 basics of child welfare and teaching them how to do some of

1 the work, the legislation and standards, those kinds of  
2 things.

3 When the Institute for the Prevention of  
4 Child Abuse ceased to operate, I believe in 1995, and the  
5 training was shifted to the Ontario Association of  
6 Children's Aid Societies, I was approached by them and  
7 asked to do basically the same thing that I did for the  
8 Institute for the Prevention of Child Abuse and, again,  
9 introductory courses.

10 While working for the Association of  
11 Children's Aid Societies, I also mentored other trainers  
12 and sort of brought them on to do training with new workers  
13 and I also, to a very minor degree, helped them write some  
14 curriculum for some of their courses.

15 **MR. DUMAIS:** I note from your biography, Mr.  
16 Carriere, that you've been involved in the Child Abuse  
17 Prevention Council as well. Can you just briefly explain  
18 to us what that was about?

19 **MR. CARRIERE:** Yes, for approximately two  
20 years in the mid-80's a group of professionals in the  
21 Cornwall area came together with a very specific goal to  
22 reduce and eliminate and protect children through the  
23 efforts of a Child Abuse Prevention Council and we had a  
24 number of subcommittees that were operating under that  
25 umbrella. We did some public education. We had Child

1 Abuse Prevention Week and many of the businesses in  
2 Cornwall would put up signs saying, "This is Child Abuse  
3 Prevention Week". There would be articles in the  
4 newspaper. We did professional training and organized a  
5 number of training events.

6 I think the beginnings of the thinking of  
7 developing a protocol emerged from that particular group.  
8 We had had pretty lofty ambitions in that organization and  
9 we also wanted to do some research, but I'm not sure that  
10 the research component ever actually took off. Anyway,  
11 basically, that was functioning for about two years.

12 **MR. DUMAIS:** Now, Mr. Carriere, you touch on  
13 the subject of protocols. My understanding is that you've  
14 been involved in the drafting of certain protocols  
15 involving the Children's Aid Society and, as well, my  
16 understanding is that you've been involved in giving  
17 training sessions on "Duty to Report". Is that correct?

18 **MR. CARRIERE:** I have. Yes, I have.

19 **MR. DUMAIS:** Is it fair to say that that's  
20 covered in the later parts of your presentation?

21 **MR. CARRIERE:** It is.

22 **MR. DUMAIS:** All right. Thank you.

23 If I can turn your attention then to Tab 2  
24 of Volume 1 of your Book of Documents, and if we can have a  
25 look at your -- the first topic.

1                   Can you give us a general overview of  
2                   Children's Aid Societies and their functioning in the  
3                   Province of Ontario, just in general?

4                   **MR. CARRIERE:** Yes. Probably the best way  
5                   to describe it is to begin with is to imagine sort of a map  
6                   of Ontario cut up as a jigsaw puzzle and that each of those  
7                   pieces of the jigsaw puzzle has a Children's Aid Society,  
8                   so that there isn't any section of Ontario that doesn't  
9                   have a Children's Aid Society covering that area, and some  
10                  of the areas, particularly the northern areas, are very  
11                  large and some of the areas are small.

12                 Each of the Children's Aid Societies are  
13                 independent. They are a corporation, but they have a Board  
14                 -- each has a Board of Directors. There are definitely  
15                 some common links between all of the Children's Aide  
16                 Societies. We share the same legislation. We share the  
17                 same standards.

18                 The funding essentially comes from the  
19                 Ministry -- all of our funding comes from the Ministry.  
20                 The documentation system is the same. We all share the  
21                 fast-track system, but there are probably flavours to each  
22                 of the agencies depending on the area that they cover.

23                 There are some areas, such as Toronto, has -  
24                 - actually has four Children's Aid Societies covering  
25                 different religions and different race as well.

1                   **MR. DUMAIS:** And what about -- do each of  
2 these Children's Aid Societies also have Board of Directors  
3 and volunteers ---

4                   **MR. CARRIERE:** Yes, they do.

5                   **MR. DUMAIS:** --- to help in their functions?

6                   **MR. CARRIERE:** Yes, they do. Each  
7 Children's Aid Society would have a Board of Directors and  
8 they are volunteers.

9                   **MR. DUMAIS:** All right.

10                   Then perhaps you can identify the specific  
11 Children's Aid Society that operates here in Cornwall.

12                   **MR. CARRIERE:** Yes. It's the Children's Aid  
13 Society of the United Counties of Stormont, Dundas and  
14 Glengarry, and we cover Stormont, Dundas and Glengarry and  
15 the Ontario Section of Akwasasne. We function 365 or 366  
16 days a years, 24 hours a day. We have an after-hours  
17 service, and we are also -- and I hadn't noted this and  
18 it's an important oversight, an unfortunate oversight as  
19 well, is that we're a designated bilingual agency.

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

21                   **MR. CARRIERE:** So we offer services in both  
22 English and French.

23                   **MR. DUMAIS:** Perhaps now if you can give us  
24 a brief history and a description of protection services  
25 that the Children's Aid Society offers here in Cornwall.

1           And, I guess, for ease of reference, for the  
2 rest of the afternoon, Commissioner, if we can simply refer  
3 to the Agency as the SDG/CAS or the SCA of SDG.

4           **MR. CARRIERE:** I'll try.

5           Basically, we believe that our Agency began  
6 in 1908. The letters of patent suggests that we started  
7 business in 1908.

8           When I joined the Agency -- I think as I  
9 mentioned earlier, when I joined the Agency in 1973, we  
10 were, compared to today, a pretty small agency, and in  
11 speaking to the Executive Director and the Assistant  
12 Director not that long ago and trying to find out about the  
13 size of the Agency in the '60s, it appeared that there was  
14 a staff of about 15 at the time.

15           Much like when I started, you had workers  
16 who covered -- who had broad responsibilities. When you  
17 were assigned a case, you did the initial work on the case  
18 and you continued to manage that file right until the end.

19           There were basically, in the beginning, I  
20 guess, in speaking maybe from the early '70s, there were  
21 really two main teams; one that was responsible for the  
22 child protection side and the other team was responsible  
23 for recruitment of foster homes and training the foster  
24 homes for children who were in the long-term care of the  
25 Society and adoption. You would have various

1 administrative people as well. So that is really how we --  
2 at least back into the early '70s, I think into the '60s,  
3 the Agency started off.

4 We've grown over the years, obviously, and  
5 we're now an agency that has 115 permanent or people on  
6 contract and a budget of \$20 million.

7 As of -- and in terms of the number of cases  
8 that we deal with, the numbers that people would see in my  
9 outline, of course, those numbers change daily as new cases  
10 come in and cases get closed but, generally speaking, I  
11 think that those numbers would be fairly accurate in terms  
12 of today; 291 -- this is as of March 21<sup>st</sup> -- 291 active  
13 investigations; 391 cases assigned to family service staff.  
14 Those are cases that have gone past the investigation and  
15 there's been a determination that a child or children need  
16 to be -- are in need of protection; and we have a total of  
17 368 children in the care of the Society.

18 **MR. DUMAIS:** I understand that you've  
19 provided us with an organizational chart and you have  
20 enclosed that at Tab 3 of your Book of Documents. Perhaps  
21 you can just turn to that tab and give us an overview of  
22 the functioning of the society in the division of  
23 responsibilities.

24 **MR. CARRIERE:** Yes. I see it. Okay. Now  
25 it's coming onto the screen.

1                   Basically, I guess if I could put most of my  
2                   attention to what would be the left-hand side of the screen  
3                   because that's really the clinical, the service side.  
4                   After the first two blocks you get into the Director of  
5                   Corporate Operations and you basically move more into the  
6                   admin side.

7                   You can see at the very top that there is  
8                   Board of Directors and then the Executive Director, and  
9                   then it moves down to the Clinical Director and a line  
10                  going over to two Service Managers who are responsible for  
11                  blocks of teams essentially, and one particular block has  
12                  three investigation teams. In those teams you would have  
13                  approximately six -- each team would have approximately  
14                  five to six workers, and then you have below that the  
15                  investigation -- you will see Family Services East and  
16                  Family Services West.

17                  Basically, those are the ongoing teams.  
18                  Those are the teams that -- the units that carry the cases  
19                  of files where there has been a determination that children  
20                  are in need of protection and ongoing work is needed with  
21                  the family.

22                  The significance of the East and the  
23                  significance of the West is basically the East deals with -  
24                  - largely deals with Glengarry County and also the French-  
25                  speaking clients that we serve.

1                   The West team, generally speaking, has a --  
2 deals largely with Dundas County and probably has a  
3 slightly greater number of Stormont cases as well.

4                   When you move to the next block and see the  
5 second Service Manager and then you see Family Services -  
6 Central A and Central B, the Central A and Central B simply  
7 refers to -- those are City of Cornwall cases, and when I  
8 say that, there are likely some cases in there of clients  
9 that live in the counties, but the majority of cases in  
10 those two units are families that live in the City of  
11 Cornwall and there is really no difference between A and B  
12 either. One is no more prominent than the other.

13                   You can then see below that an Adoption  
14 Service and Child and Youth Service. Adoption, I think,  
15 speaks for itself. The Child and Youth Service basically  
16 is -- they are two teams there. Those are the children who  
17 are the permanent wards of the Children's Aid Society. We  
18 would refer to them as Crown wards, and we have teams of  
19 workers who look after their needs and work with foster  
20 parents and help them grow and develop in a positive way.

21                   And then below that you see our Volunteer  
22 and Access Program. We have a fairly extensive Volunteer  
23 Program and we have a very active Access Program. We have  
24 an access centre at our office and it's busy with people  
25 having access.

1                   **MR. DUMAIS:** And if we look at the right  
2 side on your organizational chart ---

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

4                   **MR. DUMAIS:** --- that deals principally with  
5 the administration of the Society itself?

6                   **MR. CARRIERE:** Yes. I would say with  
7 perhaps the exception of -- obviously, the Manager of Human  
8 Resources plays an important role in terms of the  
9 recruitment of staff. All of the people in the  
10 organizational chart play an important role, but in terms  
11 of the clinical function, the Manager of Human Resources is  
12 obviously an important individual in terms of our  
13 recruitment and development of our staff and our Senior  
14 Counsel, obviously, is -- and Legal Counsel below her, are  
15 important in terms of carrying out our mandate in Family  
16 Court.

17                   **MR. DUMAIS:** All right.

18                   And I take it you fit into the category or  
19 the box which is to the right of the Executive Director,  
20 Special Assistant to the Executive Director.

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

22                   **MR. DUMAIS:** All right.

23                   And what are your responsibilities or who  
24 else fits into that box?

25                   **MR. CARRIERE:** Well, my colleague, Ian

1 MacLean fits into that and to a large extent we're referred  
2 to as the Special Assistants to the Executive Director  
3 because we're about to retire, and Ian, my colleague, is  
4 about to retire in the end of April.

5 My title probably fits more in terms of my  
6 responsibility to represent the Agency at the Cornwall  
7 Public Inquiry and my plans to retire are at the end of  
8 this calendar year.

9 MR. DUMAIS: All right. Thank you.

10 THE COMMISSIONER: Does that mean that we'll  
11 be finished by then?

12 (LAUGHTER/RIRES)

13 MR. CARRIERE: No comment.

14 THE COMMISSIONER: Are you passing on -- I  
15 have a couple of questions with respect to the ---

16 MR. DUMAIS: Go ahead, Commissioner.

17 THE COMMISSIONER: Thank you.

18 Your counsel, I take it these are in-house  
19 counsel ---

20 MR. CARRIERE: Yes.

21 THE COMMISSIONER: --- that represent this  
22 Children's Aid Society in the courts?

23 MR. CARRIERE: That's right.

24 THE COMMISSIONER: And I suppose they'd have  
25 a role of advising staff with respect to different cases

1 and that kind of thing?

2 **MR. CARRIERE:** Very much so with respect to  
3 the legal aspects of the case.

4 **THE COMMISSIONER:** Right.

5 **MR. CARRIERE:** They are very careful around  
6 offering clinical opinions. They're quite willing to hear  
7 clinical opinions as it fits into the legal way of ---

8 **THE COMMISSIONER:** Can you give me some idea  
9 how long this Children's Aid Society has had counsel on  
10 staff?

11 **MR. CARRIERE:** I believe that our Senior  
12 Counsel has been on staff for close to 20 years. Yes, I  
13 believe it's close to 20 years. She was on contract with  
14 us prior to that, but I -- yes, I would think it would be  
15 close to 20 years.

16 The Junior Counsel has been with us for  
17 approximately four years.

18 **THE COMMISSIONER:** And prior to those 20  
19 years, you would have had counsel who would practise in  
20 private practice?

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

22 **THE COMMISSIONER:** Take on cases from time  
23 to time?

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

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

1                   **MR. DUMAIS:** Well then, Mr. Carriere, I  
2 understand that from a service perspective, that there are  
3 three major areas within the organization; is that correct?

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

5                   **MR. DUMAIS:** Perhaps you can tell us what  
6 those three areas are and which area you intend to touch on  
7 today.

8                   **MR. CARRIERE:** The three areas are  
9 Protection Services, Child and Youth Services and  
10 Residential Services, and I will be essentially focussing  
11 on the protection services.

12                   **MR. DUMAIS:** All right.

13                   And that division of service perspective has  
14 been in place essentially since 1960; is that correct?

15                   **MR. CARRIERE:** Yes, and likely before that,  
16 but certainly into the '60s would be correct.

17                   **MR. DUMAIS:** All right.

18                   Then if we can start with Protection  
19 Services, Mr. Carriere. Perhaps you can just give us a  
20 general overview of what that entails?

21                   **MR. CARRIERE:** Well, essentially what --  
22 within the Protection Services, I think it can be further  
23 divided into three areas and the three areas would be  
24 intake, investigations and family services, sometimes known  
25 as ongoing.

1                   The intake is pretty much as it implies.  
2                   It's the gate into the Agency. It's the gate at which the  
3                   public and the professional community make referrals to us  
4                   and we make our determination as to whether or not it's  
5                   something that fits within our mandate.

6                   I've outlined a number of tasks that our  
7                   intake staff would perform. I can go through that if you  
8                   wish.

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

10                  Perhaps you -- my understanding is after  
11                  that you've looked at different documents that you had at  
12                  the Society and you've drafted or provided us with an  
13                  evolution of intake. Perhaps you can turn your attention  
14                  to that and give us an idea of how things evolved with  
15                  respect to intake.

16                  **MR. CARRIERE:** Yes. Basically, our formal  
17                  guidelines really began in 1979 with the arrival of a  
18                  standard document which came from the Ministry of Community  
19                  and Social Services at the time. It was a document called  
20                  The Standards and Guidelines for the Management of Child  
21                  Abuse Cases under the Child Welfare Act, 1978 by the  
22                  Children's Aid Societies in 1979, and that was really the  
23                  very first set of standards and guidelines that we had to  
24                  work with. Prior to that, agencies had no guidelines with  
25                  respect to the management of abuse cases. Other than

1           having the legislation to work with, we found our way  
2           through the legislation. With the arrival of the standards  
3           and guidelines in '79 we then had standards and guidelines  
4           to help us work our way through abuse cases.

5                       I may have overstated in the last three  
6           lines of that paragraph that begins "Prior to 1979." Up  
7           until, I may say, up until 1998, our intake referrals  
8           tended to have specific demographic information. The  
9           original standards and guidelines since 1979 did provide  
10          some information in terms of what should go into an intake  
11          referral but it doesn't cover it in the depth, in my  
12          estimation, that the current system does, but it did help.

13                      **MR. DUMAIS:** What would you say the  
14          difference was between the adoption of the guidelines in  
15          1979 and the adoption of the standards as it relates to  
16          intake?

17                      **MR. CARRIERE:** Could you repeat that for me?

18                      **MR. DUMAIS:** The guidelines were adopted in  
19          1979 ---

20                      **MR. CARRIERE:** Correct.

21                      **MR. DUMAIS:** --- and that changed the intake  
22          process for the society and then in 1992 the standards were  
23          adopted and that changed the intake process.

24                      **MR. CARRIERE:** Yes, the revised standards.  
25          Okay. I'm sorry. I didn't understand initially.

1                   Basically, the major change was that as the  
2 title indicates, with the first document you had standards  
3 and guidelines. The standards you were required to do; the  
4 guidelines were presented as best practise. And in 1992,  
5 when they revised the standards they basically said, "These  
6 are the standards that we expect you to do," and they  
7 eliminated the guidelines portion. So you were no longer -  
8 - you no longer had the opportunity to view those things as  
9 being optional. They were now mandatory and I say that as  
10 a positive thing. They had some very -- some of the things  
11 that they had identified in the original standards and  
12 guidelines were really, really good practise and to put  
13 them into standards, I think, was sound thinking.

14                   **MR. DUMAIS:** And does that mean as well that  
15 because these standards were mandatory that there was some  
16 standardization with the intake process of all Children's  
17 Aid Societies across the province?

18                   **MR. CARRIERE:** That's correct. This was a  
19 standard that all of the Children's Aid Societies were held  
20 to.

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

22                   I understand that in 1988 the Ontario Risk  
23 Assessment Model was introduced. Perhaps you can just  
24 explain to us what that is and how that came about.

25                   **THE COMMISSIONER:** Is that 1998?

1                   **MR. DUMAIS:** In 1998.

2                   **MR. CARRIERE:** Yes. The Ontario Risk  
3 Assessment Model came into -- the Ontario Risk Assessment  
4 Model known to us as ORAM-1997 came into effect in 1998 and  
5 basically it had three major components to it. One was an  
6 eligibility spectrum, a second component was a safety  
7 assessment and the third component was a risk assessment,  
8 and that just moved the whole process even further along  
9 and gave us, I think, some important tools to work with.  
10 Each of the tools are quite valuable.

11                   The eligibility spectrum was a particularly  
12 valuable tool because for the very first time you had an  
13 instrument that allowed you to consider various types of  
14 referrals that could be made to the Society and from that,  
15 you could determine whether or not those referrals would  
16 meet the standard for eligibility to be accepted by a  
17 Children's Aid Society. But they also assisted the Society  
18 in determining the level of severity of those referrals and  
19 what type of response time would be appropriate to them.

20                   So that was a major -- in terms of our  
21 intake staff, they now had a very excellent tool to  
22 categorize cases and I think it had a really significant  
23 impact on the evaluation of sexual abuse cases, in  
24 particular and also in historical cases.

25                   **MR. DUMAIS:** And was it the first time as

1 well that you started considering historical maltreatment?

2 **MR. CARRIERE:** It was really the first time  
3 that it was developed so well. There had been reference to  
4 historical cases in the revised standards and really  
5 consistently the message -- and this message has not, in  
6 fact, changed. The message to Children's Aid Societies has  
7 always been that our interest in historical cases is with -  
8 - in respect to the current risk to children. But what the  
9 eligibility spectrum did in 1998 and continues to do in  
10 ORAM-2000 is that it breaks down different types of  
11 situations of historical harm and allows, I think, a better  
12 mechanism process to assess those cases.

13 **MR. DUMAIS:** Now, that risk assessment model  
14 was very -- then a new version was adopted in 2000.

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

16 **MR. DUMAIS:** Was there any significant  
17 changes between the two risk models?

18 **MR. CARRIERE:** The basic difference was that  
19 the early ORAM model, the 1998 model -- basically the  
20 standards still were with respect to abuse cases. In 2000,  
21 they made the standards applicable to all forms of  
22 maltreatment.

23 I would say that was the most significant  
24 development.

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

1                   Now, the second area of protection services  
2                   which you have described earlier is the investigations. I  
3                   take it that this occurs after intake.

4                   Perhaps you can just give us a general idea  
5                   of the key functions of that area.

6                   **MR. CARRIERE:** Well, the important, I think,  
7                   thing to understand at this point is that a determination  
8                   has been made that a case -- a referral is being accepted  
9                   for service by the Society and the case is being assigned  
10                  to someone in an investigations unit.

11                  Depending on the seriousness of the referral  
12                  and the requirements in terms of response, if there's a  
13                  variation, the most severe cases require the Agency to see  
14                  all of the children in the family under the age of 16  
15                  within 12 hours. So one of the first measures would be to  
16                  investigate the allegations of maltreatment. That means a  
17                  worker going out and meeting with family members,  
18                  witnesses, any other parties who have information to get an  
19                  understanding of whether or not children are, in fact, in  
20                  need of protection and safe.

21                  As I mentioned earlier, one of the key  
22                  features of ORAM was a safety assessment and one of the  
23                  very first tasks that a child protection worker has to do  
24                  in the Children's Aid Society is assess the immediate  
25                  safety of children and that's done through the completion

1 of a safety assessment; an 11-point safety assessment is  
2 done.

3 Investigations continue along and basically  
4 with the goal of trying to determine whether or not the  
5 allegations are founded or if any other protection concerns  
6 might exist and then trying to determine from that whether  
7 or not children need to be protected.

8 If it turns out that children continue to  
9 need to be protected, then the investigation staff is  
10 tasked with putting the file, information together,  
11 developing a -- completing the risk assessment, developing  
12 a service plan and getting the file ready to be transferred  
13 to a family service ongoing worker.

14 That's a very rough overview. Obviously in  
15 the life of a case a number of things can happen including  
16 going out and immediately finding that children need to be  
17 protected and they may be apprehended at the time. But  
18 this is, you know, an overview.

19 **MR. DUMAIS:** All right.

20 If you can take us back now to pre-1979 and  
21 if you can do the same thing with this area; explain to us  
22 how the different pieces of legislation that were adopted  
23 changed or modified that area.

24 **MR. CARRIERE:** M'hm. Again, as I said with  
25 the intake function, prior to 1979 when there were no

1 standards and guidelines you didn't have, as standards and  
2 guidelines will do, direction in terms of how abuse cases  
3 were to be managed. And that's not -- I don't want in any  
4 way suggest the workers back in earlier days didn't do good  
5 work but they didn't have the benefit of a document such as  
6 the standards and guidelines to say, "These are important  
7 things to cover."

8 So in '79 when the standards came and  
9 guidelines came into effect, they were very helpful in  
10 terms of managing abuse cases.

11 As we move into 1992 and the revised  
12 standards came along, as I mentioned earlier, the  
13 guidelines part was dropped. Maybe that's not the correct  
14 way of saying it. The guidelines became in a number of  
15 instances, became standards. They became part of the  
16 standard. So that was strengthened.

17 And then as we move further ahead to -- with  
18 the creation of ORAM in 1998, I guess the tools became more  
19 sophisticated. You had, as I mentioned earlier, you had  
20 the safety assessment. You had a comprehensive risk  
21 assessment; things which allowed you to look at many  
22 aspects of family functioning.

23 It was just much more sophisticated than it  
24 was pre-1979.

25 **MR. DUMAIS:** It's a lot more structured as

1 well?

2 **MR. CARRIERE:** Much more structured. It's a  
3 series of risk -- basically the ORAM model is based on a  
4 series of risk decisions and they are logical decisions.  
5 As you move through the life of a case, there are logical  
6 decisions that people need to make and that structure is  
7 really valuable for child protection workers, probably more  
8 so for new workers who are beginning. That kind of  
9 structure is really helpful.

10 **MR. DUMAIS:** The third area, Mr. Carriere,  
11 is family services. Perhaps you can give us again an idea  
12 of key components of that service today.

13 **MR. CARRIERE:** Yes. Basically moving on in  
14 the life of a file or in a case it's moved past -- there's  
15 been a determination that there are protection concerns and  
16 a child is in need of -- or children are in need of  
17 protection. So the file at this point is being transferred  
18 to our family service or ongoing unit and basically their  
19 task is to work with the family to reduce the protection  
20 concerns to a degree that the family can function on its  
21 own.

22 They are given a service plan by the  
23 investigation team and they work with that service plan  
24 and, of course, a service plan is a live document with us.  
25 It changes. As we eliminate certain concerns or as we get

1 to know the family, we may work on other things.

2 We -- there's an ongoing risk assessment  
3 process that takes place in the ongoing family service  
4 phase. Very frequently you will find our staff working  
5 very closely with our community partners to help a family  
6 resolve the problems that they have.

7 If any children are admitted into care the  
8 family service worker is responsible for the well-being of  
9 those children while they are in the temporary care of the  
10 Society.

11 The vast majority of our court cases are  
12 held by family service workers and a vast majority of our  
13 time of our legal services is spent with the family service  
14 workers.

15 Where we are not successful in reducing the  
16 protection concerns and there is a -- the children are in  
17 the care of the Society if they become a Crown ward or a  
18 permanent ward of the Society, then the file is then  
19 transferred to Child and Youth Team.

20 **MR. DUMAIS:** Would you have similar comments  
21 with respect to the adoption of regulations and then the  
22 adoption of the standards and the adoption afterwards of  
23 the Ontario Risk Assessment Model and how that influence  
24 family services? Similar comments ---

25 **MR. CARRIERE:** I would say it's essentially

1 the same. The tools are -- the tools -- there's probably  
2 more use made of the risk assessment. It tends to drive  
3 the work that happens in family services but at various  
4 points in time they're making use of all of the tools. If  
5 a new referral comes in on a case that's already opened,  
6 then they go back to the beginning and those risk decisions  
7 are made again. But essentially the comments that I would  
8 make about the previous two sections would fit with this  
9 one.

10 **MR. DUMAIS:** All right.

11 Mr. Carriere, if you can turn your attention  
12 then to Tab 6 on page 4 of Volume 1. Perhaps you can  
13 describe to us what you see there and what that is and  
14 perhaps explain how it is used by the Society.

15 **MR. CARRIERE:** Yes. This would be the  
16 outline of the risk assessment model for child protection  
17 in Ontario for nineteen-ninety -- it would be the 1997  
18 version and if you see across the top, it has three  
19 headings. One is the case process, the risk decision and  
20 critical timeframes. Basically, as I mentioned earlier,  
21 there's a series of risk decisions that need to be made and  
22 the column on the left identifies what is happening in the  
23 life of the case when that risk decision is being made and  
24 the column on the other side, the critical timeframes gives  
25 you an idea of when those risk decisions are supposed to be

1 made.

2 The first risk decision is does the case  
3 meet eligibility requirements for Child Protection  
4 Services, and this is where we utilize the eligibility  
5 spectrum that essentially is a document that tries to cover  
6 almost every imaginable way that a child could be  
7 maltreated. Because it's a spectrum, it goes from cases  
8 where -- situations where there is no harm that's being  
9 caused to the child to situations of rather -- well, very  
10 severe harm to a child and everything in between that.

11 And basically, situations that are described  
12 as extremely severe get a particular response time, a much  
13 more rapid response time. Cases that are more moderately  
14 severe get a less rapid response time.

15 So that essentially is the first decision  
16 that's made, is it eligible for service. That decision is  
17 always made by one of our phone intake people in  
18 conjunction with a supervisor who is responsible for  
19 intake.

20 If the case is accepted for service, the  
21 second decision point comes into effect, and its response  
22 time is really based on the assessed danger and the  
23 immediacy of that danger, the likelihood that that child  
24 has either been harmed or is at grave risk of -- serious  
25 risk of being harmed now. A decision is made as to how

1 quickly we will go out and see all of the children in that  
2 case.

3 And again, extremely severe cases, all of  
4 the children in that family under the age of 16 have to be  
5 seen within 12 hours. If it is a moderately severe  
6 case, it's within seven days. But again, other factors  
7 come into play in terms of making that decision.

8 Risk decision number 3 is, is the child safe  
9 now, and as I mentioned earlier, one of the first measures  
10 that is taking place in an investigation is determination  
11 of the immediate safety of the child.

12 As you're proceeding through the  
13 investigation, you may have other measures and likely do  
14 have other measures that you need to take in your  
15 investigation, but at the outset, you would like to know  
16 and need to get information to determine the safety of  
17 children. That safety assessment is basically -- kicks in  
18 to help make that decision.

19 Risk decision number 4 is are the children -  
20 - are the Child Protection concerns verified and  
21 substantiated. I will speak to this model and perhaps jump  
22 forward to the 2000 model because in this particular model,  
23 that decision point number 4 actually did two things. You  
24 were required to look at the allegations that started your  
25 referral and also anything else that you might have

1 discovered in the course of your investigation to determine  
2 whether or not they, on the balance of probabilities,  
3 appeared to exist.

4 The second part of that decision was whether  
5 or not the children were in need of protection. And  
6 depending on the situation, you could have different  
7 answers. You could verify protection concerns. You could  
8 verify the allegations but determine the children are not  
9 in need of protection.

10 And probably the best example I can give of  
11 that is a situation where a child has been sexually  
12 molested by mom's former partner and mom has discovered  
13 this and been very supportive to the child and does all of  
14 the right things. The police have become involved. They  
15 have charged the perpetrator. That individual, the  
16 perpetrator, is no longer involved in the family. So you  
17 have determined that the allegations are correct, but your  
18 further information says that the mom, who knew nothing of  
19 this, once discovering it, has taken the correct steps to  
20 protect her child and seek treatment and move things  
21 forward.

22 Risk decision number 5 looks at what is the  
23 future risk of abuse or neglect, and that really is where  
24 our risk assessment tool comes into play, and beyond the  
25 risk assessment tool, there's another comprehensive tool

1           that looks at things beyond risk, looks at other aspects of  
2           family functioning.

3                       Risk decision -- sorry, I've actually spoken  
4           to the other aspects of family functioning. That's covered  
5           by risk decision number 6.

6                       Risk decision number 7 speaks to the  
7           development of a service plan for the child in the family  
8           to reduce the protection concerns.

9                       In the next phase where you get into 8, 9,  
10          10 and 11, basically this is when the file is with our  
11          Family Services and ongoing workers, and they are looking  
12          at the degree to which they are succeeding in eliminating  
13          or reducing the Child Protection concerns. There's an  
14          ongoing risk process. There is a continuing process of  
15          evaluating the family, determining if protection concerns  
16          continue to exist. Do modifications need to be made to the  
17          service plan? So that would continue to cycle until the  
18          problems are reduced or if some court measures needed to be  
19          taken, that the child needed to be removed from the home on  
20          a temporary or permanent basis.

21                      So that's essentially how the risk decision  
22          points ---

23                      **MR. DUMAIS:** Is it fair to say that this  
24          model or this assessment tool is used for every new case  
25          that comes into your sight?

1                   **MR. CARRIERE:** It is. And depending on --  
2 of course, it depends on how long that case remains with  
3 us, but if a case goes from -- comes in and we determine  
4 there are protection concerns and it continues on, then all  
5 of these components would be used. But yes, we are  
6 required to use this model.

7                   **MR. DUMAIS:** And that's a tool that was  
8 provided in the Ontario Risk Assessment of 1997, but the  
9 2000 version is essentially the same. Is that correct?

10                   **MR. CARRIERE:** It's essentially the same,  
11 minor modifications to it. It covers all the points, yes.

12                   **MR. DUMAIS:** It is Tab 8 of your Book of  
13 Documents, although there is not a specific page referred  
14 to. That's why I used the 1997 version.

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

16                   **MR. DUMAIS:** If we can move on then, Mr.  
17 Carriere, to the next topic which is the Ontario  
18 Association of Children's Aid Societies.

19                   If you could just give us a brief  
20 explanation and, as well, its role and its mandate?

21                   **MR. CARRIERE:** Yes. The Ontario Association  
22 of Children's Aid Societies, known as OACAS, is a  
23 membership organization and it represents 52 of the 53  
24 Children's Aid Societies that exist. Children's Aid  
25 Societies are not obliged to become a member of OACAS, but

1       it's pretty evident by the fact that 52 of them do belong,  
2       that it's seen as being an organization that has value to  
3       the Children's Aid Societies of the Province.

4               It came into existence in 1912, and as it's  
5       outlined, they provide a number of services. They  
6       obviously are the champions of child welfare in this  
7       province. They offer various membership services. They  
8       have a website that has a lot of really very interesting  
9       information for Children's Aid Societies.

10              They are a very strong link with the  
11       government and work well with the government to promote  
12       child welfare in the province and to give the government  
13       the views of -- collective view of Children's Aid Societies  
14       in the province. They assist and promote the development  
15       of policies. They have, at various points in time, done  
16       research and worked on special projects. They have done  
17       quite a bit of work in things like ORAM. They've been  
18       really strong supporters of the various guidelines that  
19       have existed over the various generations.

20              Quality assurance; they are responsible for  
21       the Accreditation Program that a number of Children's Aid  
22       Societies partake in at the present time, and for a number  
23       of years, I think, at least going back to about the mid-  
24       1990s. They have been responsible for the delivery of --  
25       training for child protection workers in the Province.

1                   **MR. DUMAIS:** And are you aware of whether or  
2 not their role has changed over the years or has evolved?

3                   **MR. CARRIERE:** I think they probably have  
4 evolved with us, but I'm not sure I followed that evolution  
5 with them.

6                   **MR. DUMAIS:** All right.

7                   Then, Mr. Carriere, if I were to ask you  
8 what type of training they offer or what is the level of  
9 training they offer compared to other training that you  
10 benefit from at the Children's Aid, what would you say?

11                   **MR. CARRIERE:** They are responsible for ---

12                   **THE COMMISSIONER:** I'm sorry, who's "they",  
13 the ORAM?

14                   **MR. CARRIERE:** No, the Ontario Association  
15 of Children's Aid Societies.

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

17                   **MR. CARRIERE:** The Ontario Association of  
18 Children's Aid Societies is responsible for the delivery of  
19 child protection training. The Ministry provides funding  
20 to them to provide that training.

21                   One of the core pieces of training that they  
22 do is the New Worker Training Program. So all workers who  
23 begin doing child protection work in the Province go  
24 through the New Worker Training Program. It's a fairly  
25 comprehensive program that roughly tries to incorporate

1 work at the office with the right training at the right  
2 time. It will go over a period of approximately three or  
3 four months and covers some very fundamental things to  
4 child protection.

5 OACAS also provides training for people who  
6 have gone past the stage of new worker and so they will  
7 have specialty programs.

8 Over the years they've done such things as  
9 assessing allegations of maltreatment in the context of  
10 custody disputes, child maltreatment with respect to  
11 substance abuse. Forensic interviewing is another course.

12 For years they were responsible for a course  
13 that was particularly relevant to child sexual abuse, and  
14 that was a course called "The Investigation of Sexual  
15 Offences Against Children", known as ISOAC. That was a  
16 program that they did in conjunction with the police. They  
17 provide some pretty core training for our staff and other  
18 children's aids.

19 **THE COMMISSIONER:** When did it start?

20 **MR. CARRIERE:** The Child Protection training  
21 really started with OACAS, I would say, in the mid -- I'm  
22 going to say 1996-1997.

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

24 **MR. CARRIERE:** Prior to that, they did more  
25 training with foster parents, but when IPCA went out of

1 existence basically in '95 or '96, the contract for child  
2 protection training was given to Ontario Association of  
3 Children's Aid Societies and it continues to today.

4 **THE COMMISSIONER:** And so prior to that, how  
5 would a new worker obtain training?

6 **MR. CARRIERE:** Prior to ---

7 **THE COMMISSIONER:** To 1997?

8 **MR. CARRIERE:** Through the -- the Institute  
9 of Prevention of Child Abuse did that, I suspect, from  
10 sometime in the '80s. I'm going to say maybe mid-'80s  
11 until 1995, but I'm a little shaky on the mid-'80s.

12 **THE COMMISSIONER:** You called it ---

13 **MR. CARRIERE:** And prior to that -- excuse  
14 me.

15 **THE COMMISSIONER:** Sorry. You called it the  
16 Institute of Prevention of ---

17 **MR. CARRIERE:** Child Abuse, known as IPCA.

18 **THE COMMISSIONER:** Right, right. Okay.

19 **MR. CARRIERE:** Prior to that, the Ministry  
20 provided training to Child Protection workers.

21 **THE COMMISSIONER:** Just give me some  
22 timeframe. You're saying mid-'80s to mid-'90s it was IPCA?

23 **MR. CARRIERE:** I'm a little shaky on the  
24 beginning part, but I would say definitely mid -- I think  
25 IPCA went out of business in 1995. So mid-'80s to 1995, it

1 would have been IPCA and from 1995-'96 period to the  
2 present day, the Ontario Association of Children's Aid  
3 Societies.

4 **THE COMMISSIONER:** I would like to follow  
5 the chronology backwards, I suppose.

6 **MR. CARRIERE:** Go the other way back. Okay.

7 **THE COMMISSIONER:** Yes. So before IPCA?

8 **MR. CARRIERE:** Before IPCA, I believe that  
9 the ministry at the time would be likely Ministry of  
10 Community and Social Services and I believe was responsible  
11 for the training.

12 **THE COMMISSIONER:** Okay. Thank you.

13 **MR. DUMAIS:** You've enclosed in your Book of  
14 Documents at Tabs 9, 10, 11 and 12 -- if we can look at Tab  
15 9 firstly, perhaps you can just explain to us what those  
16 tabs are?

17 **MR. CARRIERE:** Yes. The first document on  
18 page 9 is a pamphlet that the Ontario Association of  
19 Children's Aid Societies provided me with outlining --  
20 providing a basic outline of the services that they offer.

21 Tab 10 is essentially the same material,  
22 only it's a French version. The next tab, Tab 11, is an  
23 outline that they also provided me with of the training  
24 that they have provided over the years. I'm not familiar  
25 with, frankly, the details of this, but it's just an

1 overview of the training that they provided.

2 I think you can see in the first document,  
3 the one that's titled "OACAS Training Program Overview '83  
4 to 2002", there will be probably more reference in there to  
5 foster care training because they seem to have -- although  
6 -- and I stand to be corrected in this -- the contract that  
7 IPCA had was more for child protection training and there  
8 may have been a contract with OACAS for training of foster  
9 parents. So this is just -- again, these documents just  
10 kind of outline the various training initiatives that  
11 they've had and their arrangement with various Ministry  
12 people.

13 MR. DUMAIS: Finally, the Tab 12, Mr.  
14 Carriere.

15 MR. CARRIERE: Yes, this is a document that  
16 outlines a paper, basically, that outlines the child  
17 welfare system, education, training and development needs  
18 for the 1990s. It was, as the title suggests, a discussion  
19 paper in 1991 that looks at what are the training needs in  
20 child welfare. And again, I think you will see references  
21 to foster care in there.

22 Again, this was a document that was provided  
23 to me by OACAS.

24 MR. DUMAIS: Are any requests from your  
25 society ever made to the OACAS with regards to training?

1                   **MR. CARRIERE:** Yes, they are. We have, in  
2 the last number of years, arranged for individual training  
3 sessions to be conducted through OACAS. Last year we had  
4 our frontline managers participate in the forensic  
5 interviewing course. Two or three years prior to that, we  
6 had a two or three-day -- no, it was a two-day training  
7 session on forensic interviewing that also involved one of  
8 our local schools. Part of the training involved  
9 interviewing children on obviously non-abuse situations.

10                   So those specific training events were  
11 scheduled by our agency with OACAS. We, of course, send  
12 all of our workers through the New Worker Training Program  
13 and take advantage of other training that they organize as  
14 well.

15                   **MR. DUMAIS:** And is the New Worker Training  
16 Program mandatory?

17                   **MR. CARRIERE:** We view it as being  
18 mandatory. We require all of our workers to go through  
19 that training. Unless they can demonstrate to us that --  
20 we have workers who come to us from other agencies and we  
21 have workers who come to us from other provinces who have  
22 extensive history in working in child protection. We do  
23 not have them go through the New Worker Training Program  
24 because it's pretty evident to us that they have already  
25 had that at an earlier point in their career.

1                   But again, if somebody is starting off and  
2 they have not had that training, then we require them to go  
3 through the entire series.

4                   **MR. DUMAIS:** If we move now then to your  
5 next topic, Mr. Carriere, and that is what is the role of  
6 child protection workers and how that has evolved over the  
7 years. I believe you have prepared an evolution of their  
8 role, looking at three key functions or three aspects, the  
9 first one being the functions and purposes of Children's  
10 Aid Societies.

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

12                   **MR. DUMAIS:** Secondly, the standards and,  
13 thirdly, the reporting duties. And I believe that you have  
14 done a historical evolution starting with the 1960s?

15                   **MR. CARRIERE:** I've tried to, yes.

16                   **MR. DUMAIS:** So then perhaps if you could  
17 just take us through, starting with the 1960s and advise us  
18 what the functions and purposes of Children's Aid Societies  
19 were at that time?

20                   **MR. CARRIERE:** Well, I think, as you can see  
21 under that particular heading, the function and the purpose  
22 of a Children's Aid Society and the *Child Welfare Act* in  
23 1960 really spoke to children who were being neglected, and  
24 there was no reference to children who were being abused.  
25 So when you go back four decades, essentially, you start

1 off with children who are perceived to be maltreated are  
2 identified as being neglected children.

3 Did you want me to speak to the standards as  
4 well?

5 **MR. DUMAIS:** Yes, please.

6 **MR. CARRIERE:** Okay. At that particular  
7 time, in the 1960s, there are no standards in existence for  
8 child protection, and they come later.

9 The first evidence of duty to report doesn't  
10 emerge until 1965, and I've outlined there that, again --  
11 and I can just read very briefly:

12 "Every person having information of the  
13 abandonment, desertion, physical ill  
14 treatment or need for protection of a  
15 child shall report the information to a  
16 Children's Aid Society or a Crown  
17 Attorney."

18 And again, you know, the emphasis -- or, I  
19 should say, the lack of emphasis or inclusion of abuse in  
20 that definition.

21 **MR. DUMAIS:** And the fact that you could  
22 report it to either the Children's Aid Society or the Crown  
23 Attorney.

24 **MR. CARRIERE:** The Crown Attorney, m'hm.

25 **MR. DUMAIS:** And perhaps you can take us now

1 to 1970 and how that evolved and how the legislation  
2 changed?

3 **THE COMMISSIONER:** Before we go there,  
4 certainly there were cases in the 1960s of incest or things  
5 like that that came to the attention of the Children's Aid  
6 Society. How would they deal with it? Just treat it as  
7 neglect?

8 **MR. CARRIERE:** Well, I have not looked at  
9 the documents of the 1960s, but I've had discussions with  
10 some -- with my former Director who did work during the  
11 1960s, and I think that they handled those situations  
12 probably not in the detailed way or the structured way that  
13 we do today and as we saw in the '80s, but they didn't say  
14 "Oh, this doesn't fit into a neglect -- because this isn't  
15 really neglect, we won't have anything to do with it."  
16 They did deal with them, but they were, in a sense, kind of  
17 harnessed by calling these things neglect situations.

18 I can recall a situation not in the realm of  
19 sexual abuse, but I remember having a discussion with my  
20 Executive Director not long after I joined the agency in  
21 1970 and him telling me of a situation where a child had  
22 suffered a broken leg caused by -- and I think it was the  
23 child's father -- and that was referred to as a very  
24 serious case of neglect.

25 And I remember sort of having trouble

1 wrapping my head around that because it didn't fit. This  
2 wasn't a case of neglect. This was, to my mind at that  
3 time, a case of abuse, but they didn't have the language.  
4 And so they just upped the form and they said, "Well, this  
5 is a serious case of neglect."

6 In ---

7 **MR. DUMAIS:** Go ahead.

8 **MR. CARRIERE:** In terms of the functions and  
9 the purposes in the 1970s, I think you can see that it's  
10 sort of beginning to expand, and probably the key thing  
11 that stood out to me when I looked at this was the -- you  
12 know, changing it from -- the less emphasis on neglect and  
13 a greater broadening of investigating allegations of  
14 evidence that children may be in need of protection. To  
15 me, that's much broader than previously existed.

16 So that, I think, to me, is the key piece  
17 there.

18 With respect to the standards, the first  
19 standards, as I've indicated much earlier in my  
20 presentation, don't appear until 1979, and I've included in  
21 that that there is no reference in the 1999 -- 1979  
22 standards -- excuse me -- of any reference to historical  
23 abuse.

24 The duty to report in the '70s basically  
25 remained in effect until 1979, and then in 1979 I would say

1 that there were some significant changes. And if you look  
2 at page 10, it does include the infliction of abuse upon a  
3 child under 49(1), and then for the first time what we see  
4 is a professional responsibility to report persons,  
5 professional or official duties, that a child has suffered  
6 or is suffering from abuse, an obligation, if they suspect  
7 it, to report. That's a big step forward.

8 **MR. DUMAIS:** And in that piece of  
9 legislation they did not identify someone working in a  
10 professional capacity with children?

11 **MR. CARRIERE:** No, they didn't. No, they  
12 didn't identify who those professions were.

13 **MR. DUMAIS:** All right.

14 And I can see as well that in 1979 they  
15 remove the reporting to Crown Attorneys as well?

16 **MR. CARRIERE:** That's right, yes.

17 **MR. DUMAIS:** So Children's Aid Societies  
18 became the sole reporting agency, if I can put it that way?

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

20 **MR. DUMAIS:** And still in 1979 they speak of  
21 abuse, but they still don't deal with risk of abuse. Is  
22 that correct?

23 **MR. CARRIERE:** No, that's correct.

24 **THE COMMISSIONER:** I'm sorry, they don't  
25 talk about historical abuse? They don't talk about risk of

1 abuse?

2 **MR. CARRIERE:** When you look at -- at that  
3 time they're actually talking about a child who is  
4 suffering or has suffered abuse, but they don't look at is  
5 the child at risk of suffering abuse.

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

7 **MR. CARRIERE:** And that actually continues  
8 for quite a long time.

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

10 **MR. DUMAIS:** Now, as well, in 1978 they  
11 adopted an offence and punishment clause. Is that correct?

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

13 **MR. DUMAIS:** And that was the first time  
14 that ---

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

16 **MR. DUMAIS:** And the intent of that, I take  
17 it, was to put a bit more teeth into the non-reporting?

18 **MR. CARRIERE:** Yes, I believe that was the  
19 intention.

20 **MR. DUMAIS:** Because prior to the adoption  
21 of that section, there's no offence or no punishment for  
22 non-reporting?

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

24 **MR. DUMAIS:** If you can take us then now  
25 through the 1980s?

1                   **MR. CARRIERE:** Yes. I think essentially the  
2 functions remain pretty much as they were stated earlier.  
3 I'm not sure that there's any major changes there.

4                   **MR. DUMAIS:** I think the only change,  
5 essentially, was at your second-last bullet, rather than  
6 referring to children born out of wedlock, they changed  
7 that.

8                   **MR. CARRIERE:** That's right; they did change  
9 that. You're correct.

10                   **MR. DUMAIS:** Perhaps then if you can look at  
11 the standards. Is that ---

12                   **MR. CARRIERE:** Essentially, in the '80s the  
13 standards remain in effect. The standards came in in '79  
14 and they went right through the '80s and were changed in  
15 '92.

16                   **THE COMMISSIONER:** I read -- I think it  
17 changed a little bit in the first bullet where it says:

18                                   "Investigating allegations or evidence  
19                                   that children may be in need of  
20                                   protection..."

21 As opposed to what you were saying before where they said  
22 you either had to have suffered or is suffering?

23                   **MR. CARRIERE:** Yes, I think you're correct  
24 in that, but I was referring more to the duty to report  
25 before.

1                   **THE COMMISSIONER:** Okay.

2                   **MR. DUMAIS:** So then, Mr. Carriere, if we  
3 can look at what the duty to report was in the 1980s. I  
4 understand there's an amendment in 1981? My understanding  
5 is that the duty to report was essentially the same. Is  
6 that correct?

7                   **MR. CARRIERE:** Yes.

8                   **MR. DUMAIS:** Now, in the mid-'80s, in 1985,  
9 following the adoption of the *Child and Family Services*  
10 *Act*, I understand that that brought on many changes for  
11 Children's Aid Societies?

12                   **MR. CARRIERE:** It did.

13                   **MR. DUMAIS:** How did that affect the  
14 function or the purposes of Children's Aid Societies?

15                   **MR. CARRIERE:** The language is essentially  
16 the same. When you read the functions and purposes in  
17 1985, they add some age-specific information at the  
18 beginning as well. The standards remain the same, but it's  
19 really in -- probably some of the changes that took place  
20 were with respect to the duty to report, and at that time  
21 we see the emergence of specifying which professionals have  
22 an obligation to report.

23                   **MR. DUMAIS:** If I can just take you back  
24 just a bit to the function purposes of the CAS. So one of  
25 the changes that they made was the definition of children

1 age specific in that children were now everyone under the  
2 age of 16; is that ---

3 **MR. CARRIERE:** That's correct, or in the  
4 care of the Society.

5 **MR. DUMAIS:** And they did as well remove the  
6 inclusion of children born outside of marriage.

7 **MR. CARRIERE:** That's right. That was  
8 removed at the time. You're right.

9 **MR. DUMAIS:** So the standard essentially  
10 remained the same.

11 **MR. CARRIERE:** M'hm. That's correct.

12 **MR. DUMAIS:** So then if we're looking at the  
13 Duty to Report Requirements, that was the first time that  
14 they included sexual abuse as well in that reporting duty?

15 **MR. CARRIERE:** That's correct. That's  
16 right. They identified under the definition of a child in  
17 need of protection the particular forms of abuse that  
18 professionals had to report if they suspect it, and you can  
19 see at the bottom 68(1), the very last line 37(2)(c) is in  
20 fact the child who suffered sexual molestation. That would  
21 be one of the -- and what I think is notable there is that  
22 the (d) is missing. The (d) is the risk that a child would  
23 suffer sexual molestation.

24 So in a very technical sense, professionals  
25 didn't have an obligation to report that if they suspected

1       it. Now, I think that they believe that people would have  
2       a moral and ethical obligation to report that.

3               **MR. DUMAIS:** And as well, Mr. Carriere, if  
4       we look at subsection 3, it does provide -- and I'm looking  
5       at the fourth last line:

6                       "... has reasonable grounds to suspect  
7                       that a child is or may be suffering or  
8                       may have suffered abuse."

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

10              **MR. DUMAIS:** Which from that language  
11       includes historical abuse, I take it?

12              **MR. CARRIERE:** It could capture historical  
13       abuse but, again, more in terms of what is happening to a  
14       child now as opposed to what happened to someone who was a  
15       child in the past.

16              **MR. DUMAIS:** All right.

17                       And as well, did the change in subsection 4  
18       perhaps define a professional in -- a professional had to  
19       deal or have official duties with respect to children?

20              **MR. CARRIERE:** They did. They provided a  
21       fairly comprehensive list of professionals that would fit  
22       into that category.

23              **MR. DUMAIS:** But that list is not an  
24       exhaustive list?

25              **MR. CARRIERE:** No, it's not.

1                   **MR. DUMAIS:** And they also added subsection  
2                   6. Can you explain to us what that subsection is?

3                   **MR. CARRIERE:** I believe that that section  
4                   relates to the obligation of a Society to -- for children  
5                   who are in the care of the Society, and I mean by that  
6                   children who are wards of the Society, if they suffer harm  
7                   while in the care of the Society, that we would be obliged  
8                   to provide a report, and I believe that report was the  
9                   Serious Occurrence Report to the Ministry indicating -- it  
10                  would detail what happened to the child and what was done  
11                  about that incident and what treatment the child was given  
12                  and what corrective measures were being taken.

13                  **MR. DUMAIS:** So that's a duty to report or  
14                  an obligation that applies to employees or child protection  
15                  workers specifically?

16                  **MR. CARRIERE:** That's right. Well, there's  
17                  a fairly comprehensive list of situations that we are  
18                  required to advise the Ministry of when things happen,  
19                  children are missing or children suffer a serious accident,  
20                  a client makes a serious allegation against the staff or  
21                  against the agency, if there's a fire in the agency. Those  
22                  kinds of situations that need to be brought to the  
23                  attention of the Ministry.

24                  **MR. DUMAIS:** And again, that piece of  
25                  legislation, the *Child and Family Services Act* of 1984 as

1 well, reproduce the offence and penalty provision of  
2 previous legislation, correct?

3 **MR. CARRIERE:** It did.

4 **MR. DUMAIS:** Then if we can have a look at  
5 from the 1990s on, what has changed ---

6 **THE COMMISSIONER:** I'm sorry; perhaps we  
7 could take a break at this point?

8 **MR. DUMAIS:** Certainly.

9 **THE COMMISSIONER:** I take it the 1990s will  
10 be a little more voluminous?

11 **MR. DUMAIS:** It is a little more voluminous.

12 **THE COMMISSIONER:** All right. Why don't we  
13 take a short break, 15 minutes, and we'll come back?

14 **THE REGISTRAR:** Order. All rise. À  
15 l'ordre. Veuillez vous lever.

16 The hearing will reconvene in 15 minutes.

17 --- Upon recessing at 2:27 p.m. /

18 L'audience est suspendue à 14h27

19 --- Upon resuming at 2:50 p.m. /

20 L'audience est reprise à 14h50

21 **THE REGISTRAR:** This hearing of the Cornwall  
22 Public Inquiry is now in session. Please be seated.  
23 Veuillez vous asseoir.

24 **THE COMMISSIONER:** You've changed.

25 **(LAUGHTER/RIRES)**

1                   **MR. ENGELMANN:** Good afternoon, Mr.  
2 Commissioner.

3                   **THE COMMISSIONER:** Good afternoon.

4                   **MR. ENGELMANN:** I just wanted to bring a  
5 brief matter to the attention of the Inquiry and also to  
6 counsel who are present. This morning, we received  
7 correspondence from Mr. Cipriano's office on behalf of  
8 Father MacDonald and he wishes to bring another motion; on  
9 this occasion, a motion dealing with either the removal or  
10 redaction of material that has been filed before the  
11 Inquiry as an exhibit and in particular some of the  
12 affidavit evidence that was filed in support of the  
13 Victim's Group Application for Standing and Funding.

14                   He referenced this last week informally. So  
15 he's been asked to file a motion and he was unable to do it  
16 this week, but he said he could have something filed by  
17 next Thursday, which would be the 13<sup>th</sup>.

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

19                   **MR. ENGELMANN:** So what we're proposing, if  
20 it meets with your approval, is that Mr. Cipriano and  
21 anyone else who might be speaking in favour of his motion  
22 file their material by Thursday, April 13<sup>th</sup> and that parties  
23 who wish to respond file their materials by the following  
24 Wednesday, which I believe would be the 19<sup>th</sup>, and then a  
25 brief reply, if they're intending to do so, by noon on the

1 20<sup>th</sup>.

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

3 **MR. ENGELMANN:** And this motion could then  
4 be argued before you on Monday, the 24<sup>th</sup> which is a  
5 regularly scheduled hearing day.

6 So if that meets with your approval and if  
7 there are no counsel here who can't live with that, then  
8 that's what I propose we would do.

9 **THE COMMISSIONER:** All right.

10 Any serious objections to the schedule  
11 outlined?

12 No? Then so be it.

13 **MR. ENGELMANN:** Thank you. Those are my  
14 very brief comments.

15 **THE COMMISSIONER:** Thank you.

16 **WILLIAM GEORGE CARRIERE, Resumed/Sous le même serment:**

17 **--- EXAMINATION IN-CHIEF BY / INTERROGATOIRE-EN-CHEF PAR**

18 **MR. DUMAIS, (cont'd/suite):**

19 **MR. DUMAIS:** Mr. Carriere, I'll take you  
20 back to page 15 of your outline. We were looking at the  
21 1990s. And how did the functions and purposes of CAS  
22 change with that new legislation?

23 **MR. CARRIERE:** Basically there was no  
24 change.

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

1                   And my understanding is that the most  
2                   significant changes happened with respect to the new  
3                   standards that were adopted. And how did the adoption of  
4                   that new legislation change the management of child  
5                   protection cases?

6                   **MR. CARRIERE:** I think I've indicated  
7                   earlier that when the revised standards replaced the  
8                   standards and guidelines, they, in a number of instances,  
9                   took what were guidelines in the standards and made them --  
10                  sorry, they took what were guidelines in the standards and  
11                  guidelines and actually made them part of the standards.  
12                  So they recognized that what was good practice under the  
13                  guidelines should become mandatory practice under the  
14                  revised standards. So that was the most significant  
15                  change.

16                  **MR. DUMAIS:** And my understanding is that  
17                  those revised standards included commentaries on past abuse  
18                  as well?

19                  **MR. CARRIERE:** That's right. That was the  
20                  first mention of that in the standards.

21                  **MR. DUMAIS:** And that, if I can take you  
22                  then to Tab 5, page 9 ---

23                  **THE COMMISSIONER:** Do we have page numbers?

24                  **MR. CARRIERE:** Your Honour, it looks like  
25                  this. It's sort of on its ---

1                   **THE COMMISSIONER:** Response to Reports of  
2 Child Abuse.

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

4                   **MR. DUMAIS:** If you can just take us through  
5 the definition, Mr. Carriere.

6                   **MR. CARRIERE:** Well, as it reads here,  
7 basically it talks about victims of abuse in the past and,  
8 you know, indicates that in a number of instances, these  
9 happened to individuals who, at the time, were under the  
10 age of 16 and, as we know, in some instances this abuse  
11 would have happened many years ago.

12                   The thrust of the message that comes from  
13 this set of standards is that reports that come from these  
14 individuals who were abused when they were children but are  
15 no longer children, those matters should be brought to the  
16 attention of the police and where Children's Aid Societies  
17 can help them by directing them to treatment services or  
18 directing them to the police or perhaps victims'  
19 compensation programs, those kinds of services. We should  
20 do that, and that we would only initiate an investigation  
21 if there were current children in need of protection.

22                   So that's really the thrust of that.

23                   **MR. DUMAIS:** And that was the first time  
24 that this type of language was adopted?

25                   **MR. CARRIERE:** It is.

1                   **MR. DUMAIS:** And those standards at that  
2 time were mandatory for all Children's Aid Societies?

3                   **MR. CARRIERE:** They were. They were.

4                   **MR. DUMAIS:** Now ---

5                   **MR. CARRIERE:** I should say that that's not  
6 a standard. It's a commentary. It was important  
7 nonetheless, but it wasn't a standard.

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

9                   **THE COMMISSIONER:** I'm sorry; I missed that,  
10 but it says "Standard 1".

11                   **MR. CARRIERE:** Yes, Your Honour, but the  
12 commentary where it says past abuse is really a commentary  
13 leading up to that standard.

14                   **THE COMMISSIONER:** All right.

15                   **MR. CARRIERE:** If it had been included  
16 within that box where it says "Standard 1", it would have  
17 been obviously a requirement for us to do various things.

18                   **THE COMMISSIONER:** So did anyone develop  
19 examples or anything that would give -- shed some light as  
20 to what that would mean? I mean, I can understand if  
21 someone came in and said, "Child number one has been  
22 sexually abused and is now 18 years old and the alleged  
23 perpetrator is living with other children," that would  
24 cause you some concern?

25                   **MR. CARRIERE:** That could cause us some

1 concern, but if we received a report that indicated that  
2 someone comes in, for instance, and says, "Twenty years  
3 ago, I was molested by this particular -- I was molested by  
4 my father and, you know, I'm still troubled by it. Can  
5 somebody help me," we would give some assistance in terms  
6 of where the individual could go.

7 The part of our questioning of that  
8 individual would be "Does your father have any contact with  
9 children now?" And if the message that came back was "No",  
10 let's say hypothetical situation "My sister and I both have  
11 children of our own but we would never let him near our  
12 children and, as far as we know, he does not have any  
13 access to children," we wouldn't pursue it any further than  
14 that.

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

16 **MR. DUMAIS:** Now, Mr. Carriere, you've  
17 touched a bit on this, but the management of child  
18 protection cases was further modified or changed or varied  
19 by the adoption of ORAM in 1997.

20 So what were the three key components of the  
21 Ontario Risk Assessment Model?

22 **MR. CARRIERE:** The three key components of  
23 Ontario Risk Assessment Model were the eligibility  
24 assessment, the eligibility spectrum, the safety assessment  
25 and the risk assessment.

1                   **MR. DUMAIS:** Now, in 2000, the ORAM was  
2 modified. A new set of standards was created. What was  
3 the significant difference of the new standard?

4                   **MR. CARRIERE:** Yes. The significant  
5 difference was that prior to that, the standards applied to  
6 abuse cases and in 2000 they made the standards applicable  
7 to all of the -- all of the definition of a child in need  
8 of protection. So they also would fit for "risk of"  
9 situations and other neglect situations. So they became  
10 comprehensive as opposed to restricted to just abuse.

11                   **MR. DUMAIS:** It expanded the definition?

12                   **MR. CARRIERE:** They absolutely expanded it,  
13 yes, and I think the reason for that was that there was a  
14 recognition in the late 1990s that children were being  
15 harmed in ways that one -- I shouldn't say wouldn't  
16 anticipate but they recognized a need to be covered in  
17 other ways. Like children were being harmed through  
18 situations of neglect. Children were dying as a result of  
19 situations of neglect or lack of supervision and that the  
20 expansion of the standards was important to cover off those  
21 dangerous situations.

22                   **MR. DUMAIS:** Now, your next bullet point  
23 refers to the eligibility spectrum. How is that associated  
24 with ORAM? Is that part of ORAM?

25                   **MR. CARRIERE:** It is. It is part of -- the

1 eligibility spectrum is one of the major key components of  
2 the ORAM model.

3 **MR. DUMAIS:** How did that affect the  
4 management of child protection cases?

5 **MR. CARRIERE:** With the inclusion of the  
6 eligibility spectrum?

7 **MR. DUMAIS:** Yes.

8 **MR. CARRIERE:** It gave us a really very  
9 valuable tool to consider, as I mentioned earlier,  
10 virtually every imaginable form of harm or maltreatment  
11 that a child could suffer. The eligibility spectrum  
12 essentially covered that and so it was broken down in a way  
13 that allowed you to receive that information, categorize  
14 the information, identity -- to work and identity the  
15 severity of the situation and then the corresponding  
16 response time. So it was a really useful tool and  
17 continues to be a really useful tool.

18 **MR. DUMAIS:** My understanding is that the  
19 spectrum subcategorized the caregiver category that you had  
20 before.

21 **MR. CARRIERE:** It does and one of the ways  
22 that it does that is it looked at, you know, the caregiver  
23 as the history of abusing and neglecting and it's a  
24 comprehensive category because it's not just focused on  
25 abuse but it also includes neglect. But as its title would

1 suggest, when you receive a report, much as I described a  
2 few minutes ago, of something that has happened in the  
3 past, it allows you to consider that information to plan  
4 for the present day.

5 **MR. DUMAIS:** As well, if you can have a look  
6 at the definitions of caregiver or the different categories  
7 and that's found at Tab 7, page 12. Can you just tell us  
8 what the significance of those categories is? What is the  
9 significance of breaking down the caregiver into those  
10 three categories or how was it different?

11 **MR. CARRIERE:** Well, I see this as being a  
12 really important evolutionary step in the process. This is  
13 -- I think what this gives us is that it moves beyond just  
14 looking at a parent as someone who has harmed a child to a  
15 caregiver who could harm the child, and in breaking it down  
16 in three ways, much like many other tools, it allows you to  
17 see caregivers in different circumstances.

18 The primary caregiver, obviously, category  
19 is the mother and father caregiver exercising access and  
20 then also an adult with a custody and control order. The  
21 assigned caregiver is one where the -- one would assume the  
22 primary caregiver has assigned somebody to the  
23 responsibility of caring for the child. Some examples in  
24 there are the daycare worker and the babysitter.

25 I think the most valuable one or potentially

1 the most valuable one is the assumed caregiver because it  
2 goes beyond the parent, the primary caregiver, and the  
3 assigned caregiver to look at situations where someone  
4 assumes responsibility of care giving; you know, the  
5 teacher or the recreational leader -- they don't say coach;  
6 maybe that could mean the school bus driver.

7 So they are people who -- you know, you  
8 assume -- they assume a responsibility of caring through  
9 their actions or their profession.

10 **MR. DUMAIS:** And that was the first time  
11 that this type of definition was ---

12 **MR. CARRIERE:** It's the first time that it's  
13 been sort of spelled out and developed in this way and  
14 again I see it as a really positive thing.

15 **MR. DUMAIS:** All right.

16 Now, how were the duties to report  
17 requirements changed in the 1990s?

18 **MR. CARRIERE:** I'm not sure in terms of the  
19 early 1990s but certainly in the late 1990s and came into  
20 force in 2000 there were some very significant changes that  
21 took place. And again, I think this was tied into -- that  
22 period of time in child welfare in Ontario was known as the  
23 period of time of the Child Welfare Reform. And again,  
24 they were looking at the different circumstances in which  
25 children were being harmed and reflecting on legislation,

1 reflecting on standards, reflecting on duty to report and  
2 saying, "Are we doing as much as we can do to protect  
3 children". So you know, as you can see on page -- I'm on  
4 page 18 at this point. Is that ---

5 **MR. DUMAIS:** That's correct.

6 **MR. CARRIERE:** You know, you see an  
7 expansion in terms of a definition of a child in need of  
8 protection to include situations of neglect and different  
9 circumstances of neglect and a pattern of neglect and  
10 recognizing that some children were growing up in  
11 environments where they were being chronically neglected  
12 and that was causing them quite serious harm and long-term  
13 damage. It also included a risk that that could happen as  
14 well.

15 If you move forward a bit, and I think it's  
16 reflected in both -- in number 6 where we see,

17 "The child has suffered emotional harm  
18 demonstrated by serious..."

19 -- and then it's a list of conditions.

20 One of the -- and the paragraph below that  
21 is significant in that for the first time there was --  
22 addressing those situations where children were suffering  
23 emotional harm and the person that was causing them the  
24 emotional harm was their caregiver.

25 Prior to that in the legislation, you had a

1 situation where a child could be suffering emotional harm  
2 but as long as the parent took the child for treatment to  
3 deal with it, it was not a child in need of protection.  
4 And it missed, in a number of instances, probably the most  
5 critical point. The person who was causing the harm was  
6 the caregiver and it wasn't simply enough that they took  
7 the child for treatment after. They needed to stop causing  
8 the harm that required the treatment.

9 So that was included and that was a very  
10 important development.

11 I'm moving ahead to page 21 now and one of  
12 the other very key changes that was made at that time was  
13 an ongoing duty to report so that if people, even though  
14 they had made a report to a Children's Aid Society, if they  
15 had additional reasonable grounds to suspect one of the  
16 matters that has been previously outlined, they had an  
17 obligation to report again and to continue to report.

18 And again, that was a result of recognizing  
19 that there had been situations, tragic situations in the  
20 past where people had not made subsequent reports to a  
21 Children's Aid Society, saying, "Well, I did make a report  
22 before. I fulfilled my responsibility". And this said,  
23 "No, you need to continue to be vigilant and when you  
24 suspect something, make the report".

25 And finally the number 3, a duty to report

1 has to be made directly, and that was an important change  
2 as well and it meant that the person who had the suspicion  
3 had to make the report. The problem that they were  
4 covering off with that was the situation -- and this would  
5 be largely things that would happen in generally speaking  
6 maybe organizations or institutions where someone perhaps  
7 at a lower level in the organization noted a problem,  
8 brought it to their superior who may in turn bring it to  
9 someone else, and then the person as they moved up the  
10 ladder and eventually somebody hopefully made the report.

11 But what they discovered is that in certain  
12 instances, no one had made the report or someone at some  
13 point in the ladder had assumed that another person at  
14 another point in the ladder had done it and at the end of  
15 the day no one had done it. So this said "If you're the  
16 person that has the suspicion, you're the person that makes  
17 the report".

18 **MR. DUMAIS:** And as well, Mr. Carriere, I  
19 believe that subsection 7 was significantly changed as  
20 well.

21 **MR. CARRIERE:** Yes, there is a change there  
22 as well. What is dropped in this piece was in previous  
23 duties to report, you had both a combination of a belief  
24 and a suspicion. And what they have taken out here is  
25 they've dropped the word "belief" and they've just gone

1 with "suspicion" and it seems to me that that's -- well, I  
2 know it's deliberate and the reason I would say for that is  
3 that the threshold for suspicion is lower than the  
4 threshold, in my mind, for belief.

5 And so again they're trying to -- in this  
6 whole exercise, I believe the point of it is to ensure that  
7 reporting was happening and people not waiting too long,  
8 not collecting more information than they really needed.  
9 Once they form the suspicion, make the report.

10 **MR. DUMAIS:** And the last subsection which  
11 is subsection 72(9) of the *Child and Family Services Act*  
12 essentially was adopted just to confirm that the duty to  
13 report prevailed despite anything that might have been  
14 contained in the *Personal Health Information Protection*  
15 *Act*. Is that correct?

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

17 **MR. DUMAIS:** All right.

18 Now, Mr. Carriere, if we can then look at  
19 the duties of a child protection worker given this  
20 evolution, perhaps you can give us the different job  
21 descriptions depending on whether or not the child  
22 protection worker is affected to investigative services or  
23 whether it's affected to family services.

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

25 **MR. DUMAIS:** Or perhaps just give us a

1 general overview as to what the difference is.

2 **MR. CARRIERE:** Yes. I think that -- and I  
3 may have touched on this -- some of this earlier as well  
4 and when I went through the section around intake and  
5 investigation and family services, but I think you will see  
6 on the first job description of "Investigative Services  
7 Department - Major Job Responsibilities" that there's a  
8 greater focus on the beginning stages of an investigation.  
9 It starts off to investigate and assess referrals. In the  
10 second bullet, it's to provide short-term services. The  
11 third bullet speaks to provide case planning.

12 The fourth bullet talks about "handle  
13 emergency situations" and then a little further on, it  
14 says:

15 "To assess cases and decide if ongoing  
16 services are required in the family  
17 service unit."

18 So the emphasis really in the job  
19 description for our investigation staff is the working with  
20 a family, with a Child Protection family at the early  
21 stage; finding out, digging into, looking into the  
22 allegations, determining whether or not those allegations  
23 are verified, determining if a child is in need of  
24 protection, putting together the documentation if in fact  
25 those are verified and there are protection concerns,

1 pulling together the documentation to move the case to the  
2 next stage.

3 The job description for the family service  
4 worker has some of the elements, same elements because in  
5 some ways they do things which are very much the same but I  
6 think you're going to see a greater emphasis here on things  
7 like, for instance, where it starts off with "provide  
8 ongoing counselling and support to children and families"  
9 whereas, you know, on the second bullet of the  
10 investigation one was to "provide short-term services".

11 So this is going deeper into the problems  
12 that a family has and working more extensively with the  
13 family to resolve those problems.

14 I think you will see more evidence in this  
15 section -- in this job description about assessments of  
16 families like the social assessments, developing, working  
17 with -- collaborating with other agencies and  
18 professionals, carrying out court matters, arranging for  
19 foster care placements if necessary. So it's as I've --  
20 you know, in my previous piece, this is just deeper along  
21 into the process of working with a family.

22 **MR. DUMAIS:** These all relate to child  
23 protection workers?

24 **MR. CARRIERE:** They do.

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

1                   And if we were to look now at what the  
2                   definition of a child protection worker is or how it is  
3                   defined.

4                   **MR. CARRIERE:** Yes. It's defined as a Child  
5                   Protection worker, as a Director, a Local Director or a  
6                   person authorized by a Director or Local Director for the  
7                   purposes of Section 40, which is commencing child  
8                   protection proceedings.

9                   I wish I had included that piece in my  
10                  materials, but I apologize for not doing so.

11                  **MR. DUMAIS:** What does that mean?

12                  **MR. CARRIERE:** Basically, I think if we look  
13                  at the next paragraph or the next bullet, they have the  
14                  authority to apprehend children and in this jurisdiction  
15                  they have the authority to apprehend children in Stormont,  
16                  Dundas and Glengarry, our jurisdictional territory, if they  
17                  believe, on reasonable and probable grounds, that they are  
18                  in need of protection. They have the authority to initiate  
19                  court applications. They have the authority to seek a  
20                  warrant to have children apprehended.

21                  So that's the power that's provided to a  
22                  designated child protection worker.

23                  **MR. DUMAIS:** And then, finally, you refer to  
24                  other responsibilities of child protection workers in that  
25                  they have a role in educating the community?

1                   **MR. CARRIERE:** We -- they do. I think we  
2 see it as being a really important job for our staff to be  
3 connected with the community and we are involved in many,  
4 many community groups working on a variety of projects.  
5 But one of the things, and what I have noted here is, just  
6 simply one of the things that many of our staff do are  
7 presentations.

8                   Quickly leafing through my planners from  
9 2002 on, identified 19 presentations that I had done to a  
10 variety of groups: educators, public health, law  
11 enforcement, women shelters, public libraries, parks and  
12 recreation programs.

13                   **MR. DUMAIS:** And do you know if the  
14 community involvement has always been the same or is that a  
15 more recent phenomenon?

16                   **MR. CARRIERE:** In the history that I've been  
17 with the Agency I would say we've been an Agency that's  
18 been involved in the community. It's hard to measure, you  
19 know, whether or not we're doing more of that now than we  
20 did in the past. I suspect that we are doing more -- we're  
21 involved in more projects and on more committees than, I  
22 believe, we likely were in the '60s and the '70s. But  
23 that's probably true for our community partners as well.  
24 So it's not just our Agency. I think it's the community  
25 reflecting that they need to work together on a number of

1 things.

2 **MR. DUMAIS:** If you can look then at your  
3 next topic, Mr. Carriere, which -- if you can give us a  
4 summary of the staffing and management structure of the CAS  
5 and how the supervising structure has changed over the  
6 years.

7 **MR. CARRIERE:** Right.

8 Some of this, I believe, I covered in my  
9 organizational chart, but 115 staff. We have 18 managers  
10 in the Agency from the Executive Director down. The  
11 frontline staff managers typically supervise six to seven  
12 workers, and historically that's been the case. When I  
13 joined the Agency I joined the unit that had approximately  
14 that many workers in it.

15 And when it gets beyond six and seven, it's  
16 a challenge to supervise them and we basically keep these  
17 numbers at a workable level.

18 We have a long history in the Agency of  
19 having -- striving for a weekly supervision. In some  
20 instances it's biweekly, but our staff gets a fair amount  
21 of supervision.

22 By "supervision" I am referring to formal  
23 supervision where someone comes and has a meeting with  
24 their supervisor. There is ongoing dialogue with --  
25 between workers and supervisors every day. As workers go

1 out on cases and determine certain things or certain  
2 decisions have to be made, they are in constant  
3 consultation with the supervisor.

4 So by "supervision" I'm talking about it in  
5 a very formal sit-down reviewing cases or circumstances.

6 And my third to last bullet, I want to  
7 suggest, is somewhat misleading when I read it  
8 subsequently.

9 What I'm trying to say in that bullet is  
10 that managers review assigned cases regularly, and when I  
11 say weekly to biweekly I'm referring to the frequency of  
12 supervision. I don't want to imply that every case is  
13 reviewed weekly or biweekly.

14 In some instances, the more serious cases  
15 are reviewed weekly and biweekly and sometimes even more  
16 frequently than that depending on what's happening on that  
17 case.

18 The supervision, frontline workers, is done  
19 on a one-to-one basis and typically it lasts from one to  
20 two hours although, you know, some sessions may go even  
21 longer than that. It depends on the circumstances and what  
22 needs to be discussed.

23 And my final point is that essentially since  
24 I've been involved with the Agency, that mechanism has been  
25 in place.

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

2                   Now, if you can turn you mind then to the  
3 evolution of standards for recruitment and how that evolved  
4 over the years or how that has changed.

5                   **MR. CARRIERE:** M'hm. I guess even before my  
6 bullet I would state that we are actively looking for  
7 people with social work credentials. Our -- when we  
8 campaign to get candidates to work in our Agency we're  
9 looking for people with BSW or MSW credentials, and we've  
10 been successful in recruiting ---

11                   **MR. DUMAIS:** Which are?

12                   **MR. CARRIERE:** Bachelor of Social Work.

13                   **MR. DUMAIS:** Thank you.

14                   **MR. CARRIERE:** Bachelor of Social Work or a  
15 Master of Social Work.

16                   **MR. DUMAIS:** Thank you.

17                   **MR. CARRIERE:** Yes. For instance, each year  
18 we -- McGill University has a job fair and we attend that  
19 and attempt to recruit people who are graduating from  
20 McGill University, either at the Masters or the Bachelor  
21 program.

22                   Our interviews are significantly different  
23 than when we go back 30 years. As I have noted here, in  
24 the early years it would be pretty much the responsibility  
25 of one manager to find a staff person and it would be

1 unusual for two managers to be involved in that interview.

2 Now, you will have two, sometimes three,  
3 sometimes the Human Resources Manager in there, and they're  
4 extensive interviews. They last two, three hours, involve  
5 going through the many aspects of the candidates' material,  
6 going through their theoretical knowledge, their previous  
7 experience. We place a lot of emphasis on role-playing and  
8 we will put people through some fairly challenging role-  
9 play situations to see how they will handle certain  
10 situations. Managers at the end of that are exhausted and  
11 so are the candidates.

12 We request and require that people provide  
13 us with references. We look for two and ideally three  
14 references. We check those references and we have a  
15 process of reviewing references. We're looking for  
16 particular pieces of information and we place quite a bit  
17 of weight on references.

18 Since April of 1989 we've had our successful  
19 applicants submit a current police record check to us and  
20 that's, I suggest -- as I've said already, this was only  
21 started in '89. So that's a change from when I first  
22 started at the Agency.

23 My next bullet talks about we don't do  
24 checks with the child abuse register or the Fast Track  
25 System.

1                   **MR. DUMAIS:** I know, Mr. Carriere, that you  
2 mentioned that in one of your earlier topics; Fast Track.  
3 Can you explain to us what that is exactly?

4                   **MR. CARRIERE:** Yes. Basically what it is is  
5 a databank of child welfare information. Each Children's  
6 Aid Society develops what I would call sort of profile  
7 information on the clients that they are serving, and that  
8 information is fed, I believe on a daily basis, to this  
9 databank where it's collected and stored. Whenever a  
10 referral comes in to a Children's Aid Society, one of the  
11 steps that you are required to take is do what is called a  
12 Fast Track check.

13                   So you will take the name of the individual  
14 who is alleged to have caused the harm and the other  
15 individuals associated with the case and you will complete  
16 an electronic request form that you send off to Fast Track  
17 and Fast Track will give you an answer as to whether or not  
18 that individual or any of those individuals has ever had  
19 any contact with the Children's Aid Society in the  
20 province.

21                   Now, I don't believe it goes back for ever  
22 and ever, and I think -- I'm not sure how far that  
23 information goes back. Obviously it's building up with  
24 each year that it's in existence, but it's a way of  
25 determining if you are working with a client who has -- if

1 any other Children's Aid Society had any experience with  
2 this client.

3 MR. DUMAIS: And who manages Fast Track?

4 MR. CARRIERE: Who manages Fast Track?

5 MR. DUMAIS: Yes.

6 MR. CARRIERE: We have about four or five of  
7 our staff at our Agency who are designated to access the  
8 Fast Track System. They've been cleared to access Fast  
9 Track.

10 MR. DUMAIS: But who manages Fast Track?

11 MR. CARRIERE: Oh, okay.

12 Who can access the information?

13 MR. DUMAIS: No, no.

14 THE COMMISSIONER: No. Who sets it up? Who  
15 sets up the central repository?

16 MR. CARRIERE: Oh, it would be the Ministry.

17 MR. DUMAIS: All right.

18 MR. CARRIERE: The Ministry. Excuse me.

19 MR. DUMAIS: And do you recall when that was  
20 set up?

21 MR. CARRIERE: I believe that it was set up  
22 in the late 1990s; 1998 or 1999.

23 MR. DUMAIS: So it's very similar to a  
24 criminal record check, save and except it checks for prior  
25 involvement with different Children's Aid Societies?

1                   MR. CARRIERE: That's right.

2                   MR. DUMAIS: All right.

3                   MR. CARRIERE: And it gives you the name of  
4 the Children's Aid Society that had involvement and from  
5 there you would contact that Children's Aid Society and get  
6 further information.

7                   MR. DUMAIS: All right.

8                   So is it fair to say that the first time you  
9 get a referral, one of the first things you do is you do a  
10 Fast Track check?

11                  MR. CARRIERE: Oh, absolutely.

12                  MR. DUMAIS: All right.

13                  MR. CARRIERE: M'hm.

14                  MR. DUMAIS: So then what your bullet  
15 indicates is that when you're hiring or interviewing  
16 candidates for a job you're not permitted to use the Fast  
17 Track System to check if that person would have had prior  
18 involvement ---

19                  MR. CARRIERE: That's right.

20                  MR. DUMAIS: --- with the Children's Aid?

21                  MR. CARRIERE: That's right.

22                  MR. DUMAIS: Do you have any comments on  
23 that?

24                  MR. CARRIERE: Well, I guess I would go back  
25 to the comment, having been present for -- throughout all

1 of the hearings for the public inquiry, I was struck with  
2 the comment, right at the very beginning of, you know,  
3 Doctor David Wolfe who talked about scarecrows, and I liked  
4 the term in terms of setting up scarecrows around your  
5 Agency. We're really proud of our staff and I'm sure all  
6 Children's Aid Societies are proud of the staff that work  
7 there.

8 And you don't want staff or you don't want  
9 volunteers or you don't want individuals associated with  
10 your Agency that are going to harm children and damage your  
11 reputation.

12 And, you know this could be a mechanism to  
13 provide a scarecrow to someone; somebody who was saying  
14 "I'd to have access to children, vulnerable children."  
15 This could be a scarecrow. It also could be something  
16 beyond the scarecrow. We may, in fact, find an individual  
17 that we wouldn't want to have join in our ranks.

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

19 I understand as well that with new employees  
20 now you do have probationary periods?

21 **MR. CARRIERE:** We do. We have basically a  
22 two-level probationary period -- more experienced staff, if  
23 they've already completed the new-worker training. We have  
24 staff who come to us from other agencies who have prior  
25 experience and so their probationary period isn't quite as

1 long, but our new -- the staff who go through the new-  
2 worker training program have a probationary period of nine  
3 months, and that largely reflects the fact that for about  
4 three of those months, they're not around the office;  
5 they're away at training. So we need a longer period of  
6 time to assess them.

7 In the probationary period, we have a  
8 midpoint evaluation of them. They get feedback throughout  
9 their probationary period and it's a process, frankly, for  
10 them to assess whether or not they feel they're in the  
11 right place and, obviously, it's an opportunity for us to  
12 determine whether or not we want to keep them on past.

13 **MR. DUMAIS:** And do you recall when that  
14 came into play, probationary periods, or was that always in  
15 existence?

16 **MR. CARRIERE:** Oh, it's been there for a  
17 very long time. I wouldn't be able to tell you the exact  
18 point; quite a long time.

19 **MR. DUMAIS:** And what about performance  
20 reviews?

21 **MR. CARRIERE:** Performance reviews are done  
22 annually with staff. In certain instances, if the staff is  
23 having a particular difficulty, it may be done at a greater  
24 frequency, but staff -- we're required to do an annual  
25 performance review with staff.

1                   **MR. DUMAIS:** And do you have the same  
2                   comment with respect to how long performance reviews have  
3                   been in place at the Society?

4                   **MR. CARRIERE:** Certainly since I started in  
5                   the Agency back in '73 there were evaluations, performance  
6                   reviews.

7                   **MR. DUMAIS:** Now, if you can describe for us  
8                   now the process for assigning children to workers involved  
9                   in your agency?

10                  **MR. CARRIERE:** Probably what I've laid out  
11                  here probably describes not so much how the assignment of  
12                  children but the assignment of cases to workers and  
13                  obviously a case would have to have children in the family.

14                  We have a roster system and I'm talking  
15                  about at the investigation stage. We have basically a two-  
16                  part roster system. We have a system that we called ERS  
17                  which is short for Emergency Response System and what that  
18                  refers to is if something comes in during the day that  
19                  requires an immediate response, a response within 12 hours,  
20                  workers are, basically on a rotational basis, called upon  
21                  in that series to go out on the case. We usually have  
22                  three to four workers who are on any given day. Sometimes  
23                  we go beyond that and we call in other staff or call upon  
24                  other staff to go out and investigate.

25                  A second stage rosters are those cases that

1 don't require an assignment, don't require the worker to go  
2 out that day, but within seven days and they are assigned.

3 We place consideration on language  
4 requirements. Obviously if the family is French-speaking  
5 we are going to get a French-speaking worker. Certain  
6 cases require individuals who have particular expertise and  
7 we may jump the roster system or pick -- find someone  
8 outside the roster system if we think that person is the  
9 right person for that particular assignment.

10 If the worker has had prior experience with  
11 the family, we will consider that as well and that goes  
12 both ways. Some workers will say, "I had a very good  
13 experience working with that family in the past. I think  
14 it would be advantageous for me to continue to take on this  
15 new assignment with them again." Other workers may say,  
16 "You know, we weren't really the best mix in the past and  
17 it might be a good idea for them to have a fresh worker or  
18 a different perspective." And we'll consider that.

19 So gender considerations are -- where  
20 possible, and work load pressures. Sometimes workers have  
21 higher case loads than others and we can't give them  
22 another case under the circumstances.

23 Commonly, and this I would say is a change,  
24 over the 30 years that I've been with the agency, we more  
25 and more see two workers going out on an investigation.

1 I've identified on complex cases -- sometimes it's not  
2 necessarily even complex cases -- workers, much like the  
3 police, they don't know necessarily what -- they have a  
4 referral, but they don't necessarily know what they're  
5 stepping into when they first make contact with the family.  
6 And their safety can be safety in numbers. Also you'll  
7 have two people who are looking at a situation. At least  
8 on the complex cases we'll assign a couple of workers.

9 On the fourth bullet, children on cases  
10 become a responsibility of an assigned worker. Really what  
11 I'm referring to there is if a child is admitted into care  
12 that worker is responsible to carry out, to ensure that the  
13 needs of that child are met while they are in some form of  
14 care, be it group care, foster care, residential care.

15 Our current process is one that -- because  
16 when we admit children into care we generally recognize  
17 they may be with us for a bit. We try to move those cases  
18 with those children to our family service units fairly  
19 quickly.

20 There are pressures in every stage of our  
21 service, but one of the things that we don't want to have  
22 is a situation where a child has been admitted into care  
23 and you have an investigation worker who is, you know,  
24 continually being assigned new cases. We don't want the  
25 needs of the child to fall behind. So that's why we try to

1 move those cases ahead.

2 My second to last bullet; the family service  
3 child protection workers continue to carry responsibility  
4 for the child in care until hopefully the situation is  
5 resolved and the child can be returned to the family or to  
6 someone other than the family. If the child cannot be  
7 returned and needs to continue in care, the case is then  
8 transferred to someone in the child and youth unit. And  
9 those are the long term -- again, as I indicated earlier,  
10 at every unit of our agency we will take into consideration  
11 the things such as language, geography, work load  
12 pressures, language, gender. We will look at all of those  
13 things.

14 **MR. DUMAIS:** Is there a process that is in  
15 place to evaluate the assignment by interviewing children?  
16 Does such a process exist?

17 **MR. CARRIERE:** One of the things -- if I'm  
18 answering your questions correctly -- one of the things  
19 that children are given at the beginning of care is that  
20 they're given a rights and responsibility -- there's a  
21 discussion with them about rights and responsibilities, and  
22 if they're old enough they're given a pamphlet as well.

23 One of the things that workers are required  
24 to do is, particularly children who are in care, they have  
25 to meet with those children privately. They have to meet

1 with them away from their foster parent. And it's not that  
2 we don't trust the foster parent, but we need to hear from  
3 the child independent of anyone. During that interview  
4 with the child, we find out generally from the child how  
5 the child is doing in foster care. That kind of  
6 information is discussed between the worker and the  
7 supervisor as well.

8 Also, and I don't know that it's reflected  
9 here, but for our permanent wards there is an annual  
10 process that's called the Crown Ward Review and a very  
11 large number, a very high percentage of our Crown wards are  
12 evaluated; the care that they receive is being evaluated by  
13 an external body. The Ministry has developed a Crown ward  
14 team. They come in and look at the files and within that  
15 group, they also identify -- they offer the opportunity to  
16 children if they want an interview. And there's also a  
17 written thing that they can send in as well. So there's a  
18 number of ways that we look at -- it's a safeguard --  
19 safeguards, I guess.

20 **MR. DUMAIS:** Your next topic was the  
21 evolution of the intake investigation and case management  
22 process, with your first three bullets referring to the  
23 growth of the SDG/CAS from the 1970s to the '90s.

24 **MR. CARRIERE:** Yes. I think what I'm  
25 reflecting here is, you know, going back from the 1970s

1 where single units basically did it all. As we go through  
2 the decades and as the agency grows in size, we become more  
3 specialized. So rather than a Child Protection worker  
4 doing intake investigations and ongoing, we developed an  
5 intake function and we have -- like at the present time we  
6 have three staff who -- basically their job is to receive  
7 referrals and screen referrals and review those referrals  
8 with supervisors.

9 We have investigation teams now in discreet  
10 functions. That's what they do. After the referral is --  
11 we've determined that the investigation is warranted, they  
12 proceed with the investigation. Then if it goes on, they  
13 send it to a family service unit. Very similarly, we have  
14 workers who do family service ongoing work, as well.

15 So we have more specialization than we did  
16 when we first started.

17 **MR. DUMAIS:** I believe in your next two  
18 bullets you speak of the emergence of different tools that  
19 assisted you in doing your work.

20 **MR. CARRIERE:** Again, yes, the tools that  
21 probably stand out the most would be, you know, certainly  
22 the standards that came about in '79, the revised standards  
23 that came out in '92 and then of course in the late 90's  
24 the emergence of the ORAM materials. You know, those, as I  
25 indicated earlier, those tools have really assisted us in

1 doing child protection work.

2 MR. DUMAIS: And that eligibility spectrum  
3 came or was put into place in 1998.

4 MR. CARRIERE: M'hm.

5 MR. DUMAIS: There is mention in your bullet  
6 of the Risk Factor Matrix from Washington State.

7 MR. CARRIERE: Yes. Prior to ORAM 1998,  
8 Children's Aid Societies were expected to do assessments of  
9 families that they worked with, but it was not dictated  
10 that you had to use, like, a risk assessment form to do  
11 that. In our particular agency, we made the decision that  
12 we would use a recognized risk assessment tool, which was  
13 the Washington State risk assessment tool.

14 When I indicate an adapted version of that,  
15 it really wasn't adapted in the sense of changing the  
16 content of it. It was more in terms of changing the  
17 structure of it.

18 The Washington State form had a check-off  
19 box. You couldn't write any narrative. While it was  
20 valuable to tell you whether or not something was at high  
21 risk or low risk by the checkmark, you couldn't get any  
22 detail as to why was it at high risk or why was it at low  
23 risk.

24 So at the time, I was the person who was  
25 responsible for making this adaptation. What I did was

1 basically create some spacing throughout the document so  
2 that people not only checked off the box, but they had to  
3 write in a narrative that explained why you gave something  
4 a high, a low or a medium rating.

5 **MR. DUMAIS:** So then what you've enclosed at  
6 Tab 24 is the actual Risk Factor Matrix from Washington and  
7 what you've enclosed at the following tab, at 25, is your  
8 adaptation; is that correct?

9 **MR. CARRIERE:** Yes, yes, it is; again, more  
10 modifications in terms of the actual format. I would say  
11 that the one change that I think is different and this is  
12 taking me back in my memory, is the one that's under Tab  
13 25. I think if you look at the third factor, which is:

14 "A child exhibits dangerous behaviours  
15 or significant behaviours which  
16 stimulates a violent reaction in  
17 caregiver."

18 I think that was something that we introduced and wasn't on  
19 the original New York State safety assessment. It was just  
20 something that we felt was important; is this child  
21 behaving in a way that may in fact provoke someone to react  
22 in a damaging way to the child?

23 **MR. DUMAIS:** I'm looking at Tab 25, the  
24 first page, second category, "Abuse/Neglect Factors," the  
25 bullet or second sentence provides there that "Child sexual

1 abuse is suspected and/or safety is of concern."

2 **MR. CARRIERE:** That's right. So, you know,  
3 again I think the value of a tool like this is that it  
4 twigs your thinking in terms of "think about the  
5 possibility of sexual abuse."

6 **MR. DUMAIS:** And to your recollection, when  
7 was this Preliminary Risk Assessment Form first used for  
8 your Society?

9 **MR. CARRIERE:** I believe that is was -- I  
10 think we introduced it in the late 1980s and I could be  
11 corrected on this, but I think it was, like, 1988. It was  
12 about a decade prior to ORAM being introduced. There was a  
13 real advantage for us, frankly. We felt like when ORAM  
14 came into effect, that it introduced a safety assessment,  
15 which was very much -- almost had the same language as  
16 this, because they did -- ORAM, in fact, took the New York  
17 State safety assessment. They didn't use the Washington  
18 State one. But our staff had already experienced doing  
19 safety assessments and doing preliminary safety risk  
20 assessments and doing risk assessments. So we felt like we  
21 had a head start. It wasn't foreign to our staff to do it.

22 **MR. DUMAIS:** And then I believe you speak to  
23 the assessment of the allegations or the substantiation of  
24 the allegations in your next bullets?

25 **MR. CARRIERE:** Yes. We function in the

1 agency on a balance of probabilities test and when we are -  
2 - when allegations are made to us and we complete an  
3 investigation, at the end of the day we have to determine -  
4 - "by the end of the day" I mean "by the end of the  
5 investigation," we have to determine whether or not those  
6 allegations are valid and can be verified or not.

7 We use a process of going through the  
8 information and I think as I suggest in my next bullet,  
9 evidence is considered a criteria. What I'm really  
10 referring to when I say criteria, some of the things that  
11 will be considered in that discussion about -- in the  
12 verification review would be the child's statement, the  
13 alleged offender's statement, any witness statements,  
14 family member's statements, medical evidence, if there is  
15 any, physical evidence including any forensic evidence,  
16 behavioural indicators, prior history, any corroborating  
17 evidence, circumstantial evidence. We will look at was the  
18 alleged offender a person in charge of the child? We, in  
19 certain instances, may seek professional opinions.

20 My final bullet talks about the statement  
21 validity analysis and it was a -- it's a tool that is  
22 available. We've had some training on it. I did a fair  
23 amount of training, actually, with Dr. John Yuille from the  
24 University of British Columbia and I did, back in the early  
25 '90s, did training with staff on it.

1                   It's used in some instances to look at  
2 statements that children have made to determine if there  
3 are elements of ---

4                   **MR. DUMAIS:** And you've enclosed that tool  
5 at Tab 26 of your Book of Documents?

6                   **MR. CARRIERE:** Yes, I have.

7                   **MR. DUMAIS:** But the use of that tool was  
8 not mandatory for all staff members?

9                   **MR. CARRIERE:** No, it wasn't.

10                  **MR. DUMAIS:** It was discretionary on workers  
11 that had received the training?

12                  **MR. CARRIERE:** Largely that, yes. Some of  
13 our newer staff, you have to gradually introduce them to  
14 the work, and they may not have had the forensic  
15 interviewing training right away. They need to cover other  
16 subject matter before they move on. So discretion  
17 definitely has been used in terms of employing this  
18 instrument.

19                  **MR. DUMAIS:** Then, Mr. Carriere, you speak  
20 of the Child Abuse Register and when your Society began  
21 using it.

22                  **MR. CARRIERE:** Yes. Our Society began to  
23 actually use the register in 1979, when it was created.  
24 Prior to 1979, we -- and I'm not sure really when --  
25 whether this actually started in 1977, but I'm aware of

1 documents, forms that we sent to the Ministry, and I  
2 believe it would have been the Ministry of Community and  
3 Social Services at the time, the predecessor of the  
4 register.

5 **MR. DUMAIS:** And you've enclosed at Tab 27  
6 the guidelines for reporting to the register?

7 **MR. CARRIERE:** Yes.

8 **MR. DUMAIS:** And page 3 of those guidelines  
9 discusses what the purposes of the Child Abuse Register  
10 are?

11 **MR. CARRIERE:** Yes, it does.

12 **MR. DUMAIS:** Just summarize what the  
13 purpose, according to the Ministry, is.

14 **MR. CARRIERE:** Well, as it's articulated  
15 there, it's basically sort of three purposes. One is to  
16 learn more about abuse, child abuse in Ontario for research  
17 and practice purposes.

18 The second purpose of it is to assist in the  
19 tracking of abused children, their families and suspected  
20 abusers, so that protection efforts can continue in the  
21 monitoring of child abuse cases beyond that and programs at  
22 Children's Aid Societies. Those are the stated purposes.

23 **MR. DUMAIS:** And now, I believe what you did  
24 after that is you went back to your records and you've  
25 looked at the different Child Abuse Register forms that you

1 send in over the years and you set out a number of bullets  
2 of information that you found.

3 MR. CARRIERE: Yes.

4 MR. DUMAIS: And that's found at page 33 of  
5 your Book of Documents; is that right?

6 MR. CARRIERE: That's correct.

7 MR. DUMAIS: And can you just summarize  
8 without going on point by point as to what your findings  
9 were?

10 MR. CARRIERE: Yes. The exercise of doing  
11 this was sort of -- I had sort of two purposes in mind in  
12 doing this exercise. One is -- I may have indicated this  
13 earlier -- that we're going through a process in our agency  
14 and all Children's Aid Societies, frankly, are going  
15 through a process called transformation. One of the things  
16 that we're looking at is how we deliver services.

17 So where we can, we're trying to gather data  
18 about the cases that we work on to inform us about the work  
19 we do so that if we do any re-designing, we're doing it  
20 based on knowledge as opposed to guessing. So I did this  
21 exercise, in part, hoping that some information would  
22 emerge from it. I also did this exercise in part of what I  
23 felt was my responsibility of representing the agency at  
24 the public inquiry and thought that the public inquiry  
25 might want to have some information over a period of time.

1                   Getting into the specifics of it, I think  
2                   what really emerged for me is the -- a couple of things.  
3                   The percentage of registrations that relate to sexual abuse  
4                   is quite high, 74 per cent. I think some of the  
5                   information matches what I think we heard from the expert  
6                   witnesses earlier in the inquiry, definitely more male  
7                   offenders than female offenders, more female victims than  
8                   male victims.

9                   The other thing that emerged for me, and I  
10                  think I was pleased to see it, because our various  
11                  documents, beginning with the standards and guidelines and  
12                  then the revised standards, and certainly in ORAM, talk  
13                  about the Children's Aid Society and the police working  
14                  together. I think when you look at on page 33 the darkened  
15                  bullet, the number of registrations with criminal charges  
16                  laid -- by the way, those registrations are sexual abuse --  
17                  child sexual abuse. They're not other forms of abuse.  
18                  Seventy-nine (79) per cent of those cases where we  
19                  registered for sexual abuse, criminal charges were laid,  
20                  and I see that as a positive fact that would support us  
21                  working together.

22                  I would have been really concerned -- I  
23                  guess, to look at this another way, I would have been  
24                  really concerned to find that we had 2 per cent of the  
25                  cases had criminal charges, because you'd say, "Well, this

1 doesn't look like we're on the same page." And I think  
2 this reflects we're on the same page. So those are things  
3 that stood out to me in doing this.

4 **MR. DUMAIS:** If I look at your second  
5 bullet, it provides that the CAS of SDG first registrations  
6 are on February 11<sup>th</sup>, 1977.

7 **MR. CARRIERE:** Yes.

8 **MR. DUMAIS:** However, the Register only came  
9 into effect in 1979.

10 **MR. CARRIERE:** Right.

11 **MR. DUMAIS:** What does that first  
12 registration refer to?

13 **MR. CARRIERE:** It refers to registrations  
14 were sent off to the Ministry of Community and Social  
15 Services beginning in '77. I think the Ministry of  
16 Community and Social Services developed the Child Abuse  
17 Register in 1979. So for approximately two years we sent  
18 reports to the Ministry.

19 **MR. DUMAIS:** And you're not referring to the  
20 Serious Occurrence Report that you ---

21 **MR. CARRIERE:** No, no, these are strictly  
22 related to verified abuse.

23 **MR. DUMAIS:** If I look at your fourth last  
24 bullet from the bottom, it indicates "Registrations of  
25 adoptive or foster fathers".

1                   **MR. CARRIERE:** Yes.

2                   **MR. DUMAIS:** What does the term "foster  
3 fathers" mean? Is that a synonym for an adoptive father?

4                   **MR. CARRIERE:** No, it's not. What it means  
5 is that a child who was a ward of the Children's Aid  
6 Society, in the care and custody of the Children's Aid  
7 Society but placed in a foster home suffered sexual abuse  
8 by the foster father in that home.

9                   **MR. DUMAIS:** All right.

10                   And at page 35 and 36 of your outline, this  
11 is simply a -- the number of referrals that your Agency  
12 made to the Child Abuse Register on an annual basis ---

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

14                   **MR. DUMAIS:** --- since 1977?

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

16                   **THE COMMISSIONER:** Can we go back to page 33  
17 and 34? At the bottom of page 33, we're looking at  
18 "Relationship of Offender to Victim by registration".

19                   **MR. CARRIERE:** Yes.

20                   **THE COMMISSIONER:** So you have 18 cases  
21 where it's the biological mother who is sexually assaulting  
22 her children?

23                   **MR. CARRIERE:** Yes.

24                   **THE COMMISSIONER:** So ---

1                   **MR. CARRIERE:** Excuse me, Your Honour.

2                   There are 18 registrations, not 18 biological mothers.

3                   **THE COMMISSIONER:** Okay. Right.

4                   So perhaps one mother was assaulting several  
5 children?

6                   **MR. CARRIERE:** That's right. That's  
7 correct.

8                   **THE COMMISSIONER:** So what you have there is  
9 a breakdown and you have under "Acquaintance" ---

10                  **MR. CARRIERE:** Yes.

11                  **THE COMMISSIONER:** So we've heard in this  
12 inquiry that we're dealing with people outside the family.  
13 So out of the 429 cases, there's a quarter of those that  
14 are falling outside of the family aspect.

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

16                  **THE COMMISSIONER:** And is there a breakdown  
17 in the acquaintance category how many of those would be to  
18 girls assaulting girls and boys?

19                  **MR. CARRIERE:** Girls as a victim? I didn't  
20 pull that information out, but it can be pulled out. It's  
21 one of those things, in looking at this, I wish that I had  
22 done. You can dig deeper into this. I wish that I had  
23 listed -- broken down the various types of acquaintances as  
24 well.

25                  **THE COMMISSIONER:** Right. Okay.

1 Thank you.

2 MR. DUMAIS: Now, at page 37, Mr. Carriere,  
3 you refer to your involvement with different child  
4 protection protocols and the impact that those protocols  
5 have had on the society. Perhaps you can start  
6 chronologically with your first involvement with the ---

7 MR. CARRIERE: The first completed protocol  
8 was in 1992, and that one was called the Child Sexual Abuse  
9 Protocol, a Coordinated Response of the United Counties of  
10 Stormont, Dundas and Glengarry. It was a protocol that, as  
11 I said, I think the idea came from the Child Abuse  
12 Prevention Council. We started work on it in the late  
13 1980s and finally finished the thing up in 1992. We  
14 probably should have finished the thing -- could have  
15 finished the thing earlier, but I think it's a question of  
16 sort of busy people trying to find the time to pull it  
17 together.

18 We wrote this thing which is fairly  
19 extensive. There were many organizations involved. The  
20 OPP had a representative, the City Police, the hospitals,  
21 education. It was a real community effort to pull it  
22 together.

23 MR. DUMAIS: And you've enclosed a copy of  
24 that protocol at Tab 29 of your Book of Documents?

25 MR. CARRIERE: Yes, I have.

1                   **MR. DUMAIS:** And your next involvement in  
2 the drafting or adoption of a protocol was in July of 2001?

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

4                   **MR. DUMAIS:** And what was the difference  
5 between that protocol and your earlier one of 1992?

6                   **MR. CARRIERE:** Some of the major difference  
7 was that it obviously covered a much larger geographical  
8 area. The reason for that was the School Board, who had  
9 been very much involved in the original protocol, the one  
10 that was developed in 1992, the size of the School Board  
11 changed. We used to have a School Board that was Stormont,  
12 Dundas and Glengarry and then it became the Upper Canada  
13 District School Board and its territory was much larger.  
14 The School Boards were persuasive in saying, "You know, we  
15 want the same protocol for all of our schools and all of  
16 our teachers" and in a number of instances, investigations  
17 will actually take place in a school. So we were persuaded  
18 by that argument. So it's a much larger area. It involves  
19 four Children's Aid Societies.

20                   The other aspect of it is that it's a  
21 protocol that wasn't -- isn't restricted to child sexual  
22 abuse. It's for all forms of child maltreatment. Those  
23 are the main features of it.

24                   **MR. DUMAIS:** And does the 1992 protocol  
25 provide who this protocol applies to? Did anyone sign it?

1                   **MR. CARRIERE:** Yes. I unfortunately don't  
2 have the signed version of it but I am quite certain that  
3 my Director signed it at the time and I know that the Chief  
4 of Police signed it and I believe people from the Board of  
5 Education signed it. I can picture the ceremony but I  
6 frankly, unfortunately, don't have a signed copy of it.

7                   **MR. DUMAIS:** Okay. All right.  
8 What about the 2001 protocol?

9                   **MR. CARRIERE:** Again, a number of agencies  
10 signed off and I was at that signing ceremony as well, and  
11 OPP and various police departments and school boards signed  
12 off on it as well.

13                   **MR. DUMAIS:** Now, I understand that you're  
14 in the process of working on new protocols, one of which is  
15 with the hospital?

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

17                   **MR. DUMAIS:** Can you tell us about that a  
18 bit?

19                   **MR. CARRIERE:** Yes. I think what we're  
20 working on with the Cornwall Community Hospital is the  
21 capacity for that hospital to do medical examinations for  
22 children locally.

23                   Looking back historically, our tendency was  
24 and our practice was when we had sexual abuse situations  
25 was to take children to the Children's Hospital of Eastern

1 Ontario and it's an excellent -- clearly it's an excellent  
2 hospital. But getting to Ottawa in some instances is  
3 problematic and that hospital serves a much larger area as  
4 well. So we've been in discussions with the Cornwall  
5 Community Hospital around those examinations taking place  
6 locally and things are moving well on that. I anticipate  
7 that will be finalized not too long from now.

8 **MR. DUMAIS:** I understand as well that  
9 you're presently meeting with both Cornwall Police Services  
10 and the OPP to update a child protection protocol that's in  
11 place?

12 **MR. CARRIERE:** That's correct. We started  
13 in the fall with some meetings with them and that's going  
14 to continue.

15 **MR. DUMAIS:** And when you're saying "child  
16 protection protocol in place", are you referring to the  
17 earlier protocols which are found at Tab 29 and 30 or is  
18 that a different protocol that you have with the two  
19 agencies?

20 **MR. CARRIERE:** No, I think it's -- one of  
21 the things that, you know, we heard from -- again earlier  
22 in the inquiry from John Listen about the need for  
23 protocols to be regularly reviewed. You know, this  
24 protocol was written in 2001. It's now 2006. It's time to  
25 go back and look at it and say, "Is it working for us".

1                    Things have changed in the last five or six  
2                    years. I mean certainly things have changed a lot more in  
3                    terms of pornography and the use of the internet and I'm  
4                    not sure that our protocol that was written back then can  
5                    speak to the kinds of things that we know that are  
6                    happening now. Staff have changed. It's time to update  
7                    our training on that kind of stuff. So that's one of the  
8                    reasons why, you know, we're meeting with them.

9                    **MR. DUMAIS:** Okay. So the protocol that  
10                    you're indicating that you're in the process of updating is  
11                    the protocol that is found at Tab 30?

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

13                    **MR. DUMAIS:** Okay. All right. Thank you.

14                    **MR. CARRIERE:** That would be the basis of  
15                    it, yes.

16                    **MR. DUMAIS:** All right.

17                    And both the OPP and the Cornwall Police had  
18                    signed off on that earlier protocol as well?

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

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

21                    And is any of the other signing parties  
22                    involved in that review process or is it just your ---

23                    **MR. CARRIERE:** We started with the police  
24                    and I think that's one of the things -- part of our  
25                    discussion is "where do we go from here?"

1                   **MR. DUMAIS:** Now, I understand as well that  
2 you were involved in 1995 along with the OPP and Cornwall  
3 Police Services as well as Reverend Gordon Finlay in  
4 developing a protocol which is called the "Diocesan  
5 Guidelines on Sexual Abuse by Priests, Deacons, Seminarians  
6 and Pastoral Assistants" and you have enclosed that at Tabs  
7 31 and 32.

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

9                   **MR. DUMAIS:** Perhaps if you can just explain  
10 to us what the process for developing that protocol was?

11                   **MR. CARRIERE:** Well, I'm going back on my  
12 memory of this. So I am -- my recollection is that we were  
13 -- there may have been some discussion on the part of my  
14 Director at the time with the Bishop around perhaps an  
15 offer to assist them in the development of some guidelines  
16 around reporting.

17                   My recollection of it was that the Bishop  
18 decided that he wanted to go ahead with that initiative and  
19 appointed a priest -- and I believe the priest was Father  
20 Denis Vaillancourt -- to kind of lead that. For the life  
21 of me I can't remember the individual meetings but I can  
22 remember the individuals.

23                   We worked on that and I think a lot of  
24 actually -- a lot of the work was actually done by Father  
25 Vaillancourt and we were kind of responding to what he had

1 written and by "we" I mean -- I remember it was -- I think  
2 it was detective -- I remember his name but I think his  
3 title was Detective Sergeant Ian Grant with the OPP. I  
4 think it may have been Rick True with the Cornwall Police  
5 Services and Reverend Findley.

6 From that, you know, we -- they had drafted  
7 this and I think we said, you know, it seems to achieve  
8 what you wanted to achieve and it ended up being signed by  
9 Bishop Eugene LaRocque in 1995.

10 **MR. DUMAIS:** All right.

11 **THE COMMISSIONER:** It seems a little vague  
12 or misleading -- not misleading. We've got here that the  
13 OPP, the Cornwall Police and Gordon Finlay, who is from a  
14 First Baptist Church, assisted the Diocese of Alexandria-  
15 Cornwall. And so what did Gordon Findley have to do with  
16 it?

17 **MR. CARRIERE:** I think what he was doing,  
18 Your Honour, was trying to be -- he wanted to be -- I think  
19 what the Diocese was looking for, and again perhaps I'm  
20 incorrect in saying this, is that they were looking for  
21 someone outside the Diocese but within the clergy to offer  
22 something and I think that's where -- and I have no idea  
23 where Gordon Finlay's name -- how his name was picked. I  
24 don't know whether I picked it or whether the Diocese  
25 approached him or whatever. I have no idea.

1                   **MR. DUMAIS:** You referred to this document  
2 as being a protocol, Mr. Carriere, but actually only the  
3 Bishop would've signed off on it.

4                   **MR. CARRIERE:** That's right. I wouldn't  
5 refer to it as a protocol. I think they're just guidelines  
6 for them, yes.

7                   **THE COMMISSIONER:** I'm sorry; just what?

8                   **MR. CARRIERE:** They're guidelines. I  
9 wouldn't call it a protocol because there were no other  
10 parties that signed off on it.

11                   **MR. DUMAIS:** Was your involvement  
12 principally advising them on the duty to report requirement  
13 under the statute?

14                   **MR. CARRIERE:** That was my recollection of  
15 this. It was, you know, that they needed to have some  
16 guidelines that said, you know, when matters of this nature  
17 would come up, you need to get them to the attention of the  
18 Children's Aid Society. But again, I don't remember that.  
19 You know, I don't remember the meetings.

20                   **THE COMMISSIONER:** So you say that the  
21 priest -- I'm sorry -- was Vaillancourt?

22                   **MR. CARRIERE:** I believe it was Father Denis  
23 Vaillancourt, yes.

24                   **MR. DUMAIS:** Now, your next topic which is  
25 found at page 39 deals with the evolution of mechanisms for

1 the detection of sexual abuse on young persons dealt with  
2 by the protection workers. Perhaps you can give us an  
3 indication as to what mechanisms are in place dealing with  
4 that issue.

5 **MR. CARRIERE:** Some of these items I'm  
6 pretty certain that I have spoken to previously, but I  
7 think if you look at the first four bullets, I think they  
8 speak to the sort of hiring practices that we -- or things  
9 that we do when we recruit staff and I'm noting again the  
10 police check, the references, the comment again about the  
11 fast track and the probationary periods. I know those are  
12 items that I spoke to before, but they're important in  
13 terms of safeguards.

14 The next bullets 5, 6, 7 and 8 I think speak  
15 to more in terms of the training that we get and our staff  
16 too and again I see that as being important.

17 We've noted earlier on the safety assessment  
18 which was in the preliminary assessment that we had  
19 introduced back in 1988 and you brought to my attention  
20 about sexual abuses suspected. It was back -- you know, we  
21 started exploring that in -- I'm saying 1998 on and it  
22 continues to be part of the ORAM system.

23 If we look at the final bullet and a little  
24 bit into the next -- I would say the first bullet on the  
25 next page, it talks about the relationship between our

1 staff in getting supervision and the fact that all  
2 documentation is -- with the exception of case notes and in  
3 some instances the case notes are read but I'm talking  
4 about typed documentation, forms that are completed -- all  
5 of those forms are read and reviewed and signed off by  
6 managers. So that's a safeguard.

7 I've talked about assigning -- you know  
8 being sensitive to gender issues in terms of the assignment  
9 of cases.

10 The third bullet talks about our training  
11 program and we've endeavoured to continue to provide  
12 training to our staff on child sexual abuse. We've seen  
13 the number of referrals related to sexual abuse decline in  
14 the last decade but, you know, there's still an important  
15 need to train staff because each of those cases is  
16 important.

17 We're participating in, I think, an exciting  
18 community initiative, a respected program that the Red  
19 Cross is putting on and it's a program that will take place  
20 in schools and we have a number of staff -- actually 20 per  
21 cent of the volunteers who will actually be doing the  
22 presentations in schools come from our staff and the  
23 coordinator from the program is one of the managers in our  
24 Agency.

25 The second to last -- sorry, the third to

1 last bullet talks about a complaints procedure. We do have  
2 a complaints procedure in the Agency and if clients feel  
3 that they're being treated unjustly, they can access the  
4 complaints procedure and proceed through it. And that  
5 procedure would take them right to the Ministry of Children  
6 and Youth Services if the problem isn't resolved to their  
7 satisfaction at an earlier stage.

8 We have policies and procedures within the  
9 Agency that talk about when allegations are made against  
10 our staff or management or foster parents or volunteers and  
11 I'm not sure whether I've hit that topic yet, but when  
12 those kinds of situations come up, we basically contact our  
13 neighbouring Children's Aid Societies and ask them to take  
14 on the investigation and we take a hands-off approach. We  
15 have a reciprocal relationship with our neighbouring  
16 Children's Aid Societies and they call upon us to do  
17 investigations when similar situations come up in their  
18 Agency.

19 We have policies with respect to  
20 relationships, our staff relationships with clients in our  
21 policies and procedures. So those are some safeguards that  
22 we've built in.

23 **MR. DUMAIS:** If I can just take you back a  
24 bit and I'm looking at bullet 8 on page 39.

25 **MR. CARRIERE:** Yes, okay.

1                   **MR. DUMAIS:** Your reference to the  
2 "Investigation of Sexual Offences Against Children" course,  
3 was that the course that was being offered at one point in  
4 time by IPCA and another point in time by your association  
5 in conjunction with the Ontario Police College?

6                   **MR. CARRIERE:** It is the course, yes.

7                   **MR. DUMAIS:** All right.

8                   **MR. CARRIERE:** It was the course, yes.

9                   **MR. DUMAIS:** And are you aware when this  
10 training ended or stopped?

11                   **MR. CARRIERE:** My recollection of this is  
12 that it's about -- I could be wrong on this -- four or five  
13 years ago, because I'm looking at when the Forensic  
14 Interviewing came in and I'm thinking that the Forensic  
15 Interviewing course has been around for about four or five  
16 years and it was the course that kind of replaced the  
17 Investigation of Sexual Offences courses. But you know, I  
18 could be wrong on that, but I would say four, five years at  
19 least.

20                   **MR. DUMAIS:** And was the Forensic  
21 Interviewing meant to replace the other course that was ---

22                   **MR. CARRIERE:** It was -- I think it was  
23 meant to cover some of what was covered in the  
24 Investigation of Sexual Offences, but frankly nothing has  
25 replaced that course and I'd dearly love to get this course

1 back or something like this course back because it's  
2 excellent. Again, I'm going to go back to some of the  
3 things I think I heard in the expert witness testimony, but  
4 the need of the police and the CAS to work together. And  
5 what was so special about this particular course is that  
6 half of the participants were police officers and half of  
7 them were CAS workers and they were, you know, working on  
8 sexual abuse, getting training at the same time, learning  
9 about how police function, learning how CAS function,  
10 learning about, you know, the criminal path, learning about  
11 the child protection path.

12 Part of the course was them actually doing  
13 interviewing, mock interviews again with school kids on,  
14 you know, non-abuse related things and it's really hard to  
15 replace that kind of training with anything else. Having  
16 them in the same room together, getting the same material  
17 at the same time, that's really tough to replace.

18 **MR. DUMAIS:** And your forensic interviewing  
19 course, who is responsible for delivering that?

20 **MR. CARRIERE:** The Ontario Association of  
21 Children's Aid Societies.

22 **MR. DUMAIS:** All right. And do you know  
23 what that course entails?

24 **MR. CARRIERE:** It focuses on -- I don't know  
25 all of the details of it but I know that it looks at child

1 development issues as well and what different kinds of  
2 information children at certain ages can and are able to  
3 provide. It looks at an interviewing protocol, an  
4 interviewing format. It's a two-day program. It also has  
5 a component of doing an exercise with children again on a -  
6 - trying to get them to recall a non-abusive event,  
7 something that they witnessed a few days or a week or so  
8 earlier.

9 **MR. DUMAIS:** Now, I'm now looking at your  
10 third bullet on page 40 where you refer to the CASAT  
11 Training Program. Do you have an action training program  
12 in place with regular courses offered on an annual basis or  
13 how does that work?

14 **MR. CARRIERE:** We have a Training Committee,  
15 a Staff Training Committee and we develop a calendar for  
16 the year and unfortunately I didn't include the calendar in  
17 my material. We decide usually at the beginning of a  
18 fiscal year and try to layout for the year what we're going  
19 to do and it's a combination of things; bringing in, you  
20 know, written materials into the agency, making it  
21 available.

22 We tried this past year to organize four  
23 major events, training events that we would not only offer  
24 to our frontline staff but our foster parents and some of  
25 our community partners. Part of the training calendar is

1 to -- we looked at the possibility of seeing with some of  
2 our neighbouring agencies whether or not we could offer the  
3 new worker training more locally and also more frequently  
4 by a partnership with the neighbouring Children's Aid  
5 Societies.

6 One of the courses that's with respect to  
7 child sexual abuse, one of the courses that we've organized  
8 for the spring is one where a psychologist is going to be  
9 training on children who demonstrate sexualized behaviours  
10 in foster homes and how to manage those behaviours.

11 **MR. DUMAIS:** Now, if we can look at Topic  
12 12, the Society's response to current and historical abuse  
13 has evolved over the years. Can you just take us through  
14 that part of your outline and your analysis on that issue?

15 **MR. CARRIERE:** Well, I think that, you know,  
16 one of the things that we're aware of is that our knowledge  
17 and awareness of child sexual abuse has really grown since  
18 -- and maybe even other forms of child maltreatment -- has  
19 really grown since the 1960s when, you know, you go back or  
20 one goes back to realize that in the 1960s, maltreated  
21 children were referred to as neglected children. It in  
22 part kind of suggests that we may have been missing some  
23 important things happening at that time.

24 It's really only in 1984 that -- and then  
25 actually came into force in 1985 where, you know, sexual

1           molestation and sexual exploitation first appears in the  
2           legislation. So, you know, that to me sort of reflects an  
3           evolution.

4                   **MR. DUMAIS:** And then in your next bullets,  
5           you deal with past historical abuse.

6                   **MR. CARRIERE:** M'hm. And I think these are  
7           comments that I made earlier in terms of, you know, it's  
8           been -- you know, really if you go back to the 1960s, it  
9           was a long time coming before in 1992 in the revised  
10          standards they talk about past abuse or historical abuse.  
11          And even then you go another six years before historical  
12          maltreatment becomes part of the eligibility spectrum. My  
13          comment on the third bullet is that, you know, again it's  
14          something as I said earlier, is that the focus of  
15          historical abuse cases is the current situation.

16                   **MR. DUMAIS:** And I think what you've done in  
17          the next portion of this topic is you've looked at  
18          different definitions and I guess the difficulties you've  
19          had interpreting what those -- the words in the legislation  
20          meant.

21                   **MR. CARRIERE:** Yes. In that final bullet I  
22          think I'm -- what I'm trying to, I think, reflect there is  
23          that different terms and different words and different  
24          expressions have been used over time and I have no doubt  
25          that the people who have used those words and those

1 expressions had the best of intentions and in some ways  
2 have moved this forward, but at times without defining what  
3 they actually meant by that, by those particular words or  
4 those terms, it's hard to know whether or not the ground is  
5 kind of shifted, whether or not you now need to look at  
6 things differently.

7 And you know, on my final bullet on -- I'm  
8 sorry, I'm going to page 42 where it says "the significance  
9 of the above". Actually that probably shouldn't have a  
10 separate bullet. It's actually all part of the same thing.  
11 Where I'm trying to pull that together is that we have a  
12 challenge in child protection to -- it's not difficult when  
13 you have a situation where a dad has -- a father has  
14 sexually molested his daughter to know that that is  
15 something that the Children's Aid Society has to  
16 investigate.

17 It gets less and less clear as you move on  
18 with -- when you start to use words like "caregiver" and  
19 then even further when they break it down in terms of a  
20 primary caregiver and assigned caregiver and assumed  
21 caregiver, particularly in the area of an assumed  
22 caregiver. The challenge for us in Children's Aid is to  
23 say, "Okay, there's been an allegation that this individual  
24 has harmed a child but was this person in a care giving  
25 position," and what I'm really trying to get at in this is

1           how we need to be careful in terms of defining things.

2                           And I frankly hope that the next generation  
3           of development in this is -- I'm hoping that it's a group  
4           of people from the Ministry and I would say from the field  
5           and probably with other professionals involved, sitting  
6           down and saying, "Well, what are the qualities of a  
7           caregiver," particularly in the arena of an assumed  
8           caregiver that would put them in, "Yes, this is something  
9           that a Children's Aid Society would investigate" or would  
10          say "No, this really isn't something that a Children's Aid  
11          Society would investigate".

12                           We just need a bit more clarity with it.  
13          We've come a long way. There's further to go.

14                           **MR. DUMAIS:** Are you saying that there is  
15          still some ambiguity with that, with the definition of what  
16          a caregiver is?

17                           **MR. CARRIERE:** There is for sure and I can  
18          think of situations at work where we have to -- where  
19          something will -- some situation will be reported to us and  
20          we'll have to say, "Okay, how is this individual a  
21          caregiver in this situation". And the significance of it  
22          is if you -- it all goes back to the eligibility spectrum  
23          because if you have a situation where a child has been  
24          victimized by someone who is not a family member and is not  
25          a caregiver, it is below the line of intervention. In

1 other words, it's not something that we are required to  
2 investigate.

3 That's a really important decision because  
4 you don't want to be wrong on that one. You want to be  
5 investigating the things that you're supposed to be  
6 investigating. Yes, it's an issue for us.

7 **MR. DUMAIS:** And can you give us some  
8 examples of what would fall outside, in your view, the line  
9 of what is a caregiver?

10 **MR. CARRIERE:** Well, the most obvious one is  
11 a stranger. You know, if the child is harmed by someone  
12 that the child doesn't know, then that would clearly be not  
13 something that would fit within our mandate. And that's  
14 the one that's been used as an example and I guess my  
15 concern about it is, yes, it's helpful to recognize that  
16 it's not a stranger but something a little closer to that  
17 difficult line would be helpful as well.

18 **THE COMMISSIONER:** Let's assume that a child  
19 has been -- claims to have been sexually assaulted in my  
20 neighbourhood, aren't there other sections under the child  
21 welfare legislation that would spark an investigation? I  
22 mean the child was young and it's late at night. What's  
23 the child doing out late at night? You know, all of  
24 those, improper supervision. I mean there are a lot of  
25 heads under the legislation where you could justify an

1 investigation.

2 **MR. CARRIERE:** Yes, you're right, Your  
3 Honour. In those kinds of situation, there can be other  
4 avenues but sometimes you can have situations where the  
5 elements that you described in fact are not there. It  
6 might not be late at night. It might not be a young child.  
7 It might be a neighbour and the question becomes well, is  
8 it enough that the child was in the neighbour's house to  
9 make him in care of the child. That's the kind of question  
10 that we have to ask.

11 Ultimately, if we were to decide that it was  
12 that and we were to investigate it and verify that it in  
13 fact happened and we were to send a report off to the Child  
14 Abuse Register, the question may come back from the Child  
15 Abuse Register in terms of can you provide more detail as  
16 to how the neighbour was in fact in a care giving role.  
17 Our argument to that might be he was invited into the home  
18 and one would expect that being invited into the home, that  
19 adult had a responsibility to care for the child when he or  
20 she was there, but other people may debate that.

21 I guess the other example that I might give  
22 in terms of sometimes it gets debated and this isn't -- you  
23 know, I'm not thinking of an actual situation but of  
24 discussion is that it's not difficult for us to imagine a  
25 child who is, say, molested by or harmed by a teacher. We

1 would see the teacher as being a caregiver. If the report  
2 is that the child was harmed by the janitor in the school,  
3 does that janitor still have -- would that janitor have  
4 care giving responsibilities for that child? And I can see  
5 there will be people who will make arguments both for and  
6 against that.

7 The janitor may say "I'm not responsible for  
8 the children; I'm responsible for the building and making  
9 sure that it's clean, you know, but I'm not responsible for  
10 the children". So those are the kinds of situations that  
11 are less clear for us than -- and when they report it to  
12 us, we have to sort out.

13 **THE COMMISSIONER:** I guess I'm missing the  
14 point because if there's an allegation of sexual abuse on a  
15 child, wouldn't that be sufficient for the Children's Aid  
16 Society to become involved?

17 **MR. CARRIERE:** Well, Your Honour, in terms  
18 of our mandate and in looking at the directions that are  
19 given to us and are articulated in the eligibility  
20 spectrum, unless the individual is a family member or a  
21 caregiver, the Society is not expected to investigate. And  
22 I don't know if you want to go to ---

23 **(SHORT PAUSE/COURTE PAUSE)**

24 **MR. CARRIERE:** Your Honour, if we went to  
25 Tab 7, and it would be page 30, Your Honour, -- actually if

1 we go back to page 29 because I think there's a point that  
2 I just want to reflect there. You will see almost exactly  
3 in the middle of the page the intervention line. Basically  
4 what the intervention line means is that any situation that  
5 is described by anything above that line, there is an  
6 expectation that the Children's Aid Society will  
7 investigate it.

8 Anything that is below that line, such as in  
9 this case, questionable sexual activity, and then on to the  
10 next page, sexual harm, not a family member and not a  
11 caregiver is below the line.

12 So it doesn't mean that a Children's Aid  
13 Society can't investigate. We're not forbidden to  
14 investigate, but it means that there isn't necessarily an  
15 expectation that the Children's Aid Society will  
16 investigate if it's not a family member and not a  
17 caregiver.

18 So my point earlier was the need to really  
19 be careful about that decision, about who is a caregiver  
20 and not a caregiver.

21 I can tell you that our Agency takes a very  
22 broad view of caregiver and when I was mentioning earlier  
23 about wishing that I had listed, broken down  
24 "acquaintances", you will find -- and I know because I put  
25 that material together -- you will find neighbours, you

1 will find employers, you will find people in recreational  
2 positions in that list.

3 **THE COMMISSIONER:** I find it surprising that  
4 in your eligibility spectrum, the minute that there was  
5 abusive sexual activity, right, that would be sufficient to  
6 go in and say and investigate whether or not there was  
7 inadequate supervision, whether or not it's a caregiver,  
8 whether ---

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

10 **THE COMMISSIONER:** --- whether there's a  
11 neglect of the child's basic needs.

12 **MR. CARRIERE:** I understand. And there  
13 would be situations where that would happen. Where this  
14 might come into place, Your Honour, is more likely  
15 situations where it might even be reported to us by the  
16 parents ---

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

18 **MR. CARRIERE:** --- and the parents had been  
19 very responsible and all of the information -- the referral  
20 might not have even originated with the parents, but the  
21 parents very quickly -- it becomes very apparent to us,  
22 very quickly that these parents are -- have been  
23 responsible caring individuals who have had a terrible  
24 misfortune happen to their child and to them as well.

25 So that's when, you know, when we have no

1 information to say the parents have been irresponsible  
2 through lack of supervision or any other things that you  
3 would expect a good parent to do.

4 And this harm is caused by not a family  
5 member and not a caregiver; it falls outside of our normal  
6 expectation.

7 **THE COMMISSIONER:** Okay.

8 **MR. DUMAIS:** It's a little past 4:30,  
9 Commissioner. I don't know what ---

10 **THE COMMISSIONER:** It's a good time to  
11 adjourn.

12 **MR. DUMAIS:** It is.

13 **THE COMMISSIONER:** We'll close now and we'll  
14 come back tomorrow at 10 o'clock.

15 Thank you.

16 **THE REGISTRAR:** Order. All rise. À  
17 l'ordre; veuillez vous lever.

18 The hearing is now adjourned.

19 --- Upon adjourning at 4:32 p.m. /

20 L'audience est suspendue à 16h32

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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.



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Sean Prouse, CVR-CM