INQUEST INTO THE DEATHS OF

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JENNIFER KOVAL'S'KYJ-ENGLAND
AND
MARION JOHNSTON

VERDICT OF THE JURY

OFFICE OF THE CHIEF CORONER

MINISTRY OF THE SOLICITOR GENERAL
AND
CORRECTIONAL SERVICES

SEPTEMBER 15, 1997 TO FEBRUARY 4, 1998

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Office of
the Chief
Coroner

VERDICT OF CORONER'S JURY

Surname: JOHNSTON

Given Names: MARION WINIFRED

aged: 79 held at: WHITBY COURT HOUSE, 605 ROSSLAND ROAD, WHITBY, ONTARIO

on the 15TH Day of September 1997 to 4th Day of February, 1998

by: DR. PETER CLARK, Regional Coroner for Ontario

having been duly sworn, have inquired into and determined the following

1. Name of deceased: **Marion Winifred Johnston**
2. Date and time of death: **April 2, 1996 At 9:45 AM**
3. Place of death: **100 Duke Street Bowmanville, Ontario**
4. Cause of death: **Mulitple Stab Wounds To Chest**
5. By What means: **Homicide**

(Continue on page 2 if necessary)

This Verdict was received by me this 4th day of February 1998.

Signature of Coroner

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Office of
the Chief
Coroner

VERDICT OF CORONER'S JURY

Surname: KOVAL'S'KYJ-ENGLAND

Given Names: JENNIFER ANNE KATERYNA

aged: 6 held at: WHITBY COURT HOUSE, 605 ROSSLAND ROAD, WHITBY, ONTARIO

on the 15TH Day of September 1997 to 4th Day of February, 1998

by: DR. PETER CLARK, Regional Coroner for Ontario

having been duly sworn, have inquired into and determined the following

1. Name of deceased: **Jennifer Anne Kateryna Koval's'kyj-England**
2. Date and time of death: **April 2, 1996 9:45 AM**
3. Place of death: **100 Duke Street, Bowmanville, Ontario**
4. Cause of death: **Multiple Stab And Incised Wounds of Chest And Neck**
5. By What means: **Homicide**

(Continue on page 2 if necessary)

This Verdict was received by me this 4th day of February 1998.

[signature]
Signature of Coroner

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Opening Statement

The gift of life is valuable and fragile especially the life of a child. If that life is shortened due to a violent and brutal act, as a society we cannot freely accept this.

During this coroner's inquest, we the jury heard the beginning and tragic ending of a beautiful, innocent little girl's life. More important, our hearts and sincere condolences go out to the families and friends of Marion Johnston and Jennifer Koval's'kyj-England who once again had to relive the tragic deaths of their loved ones during the course of this inquest.

We the jury, have the important task and the role as the public's voice to focus and address the recommendations to the ministries, societies, and especially to the government on the needed changes and improvements to the Child Care System for the future prevention of this type of tragedy.

We the jury, hope the recommendations we have submitted to the Coroner will not result in empty words and promises, but a commitment to improve on the quality of service. The life of a child must not be compromised due to a lack of funding from the government. An investment must be made for the well being of children. The children we see today are our future.

We the jury, recommend a plaque be placed at the Metro Children's Aid Society - Scarborough location, in memory of all the children who have suffered and died at the hands of a caregiver and especially to Jennifer Koval's'kyj -England, who, from the age of six months up to six years, spent much of her life at the premises of the CAS offices. Part of her life was shared by these CAS workers, who during this inquest gave testimony to Jennifer's zest for life and happy disposition, as reflected in a letter written by Jennifer's classmates.

> *"Our class was very sad when we heard the bad news about Jennifer.*
> *We could not believe that something so terrible could happen to someone we knew, to someone who was with us only the day before, to someone who was only six years old.*
> *We made paper flowers and put them together in a vase as a remembrance. Jennifer loved to draw, paint pictures and cut and paste so I think she would like our flowers.*
> *Although this was truly the worst thing that has ever happened to us, we were sad together and we remembered Jennifer together. Doing this made us feel better and helped us get use to the idea that Jennifer would not be with us at school ever again.*
> *We all have memories of working, playing, and being with Jennifer that will be with us forever."*

a letter from Jennifer Koval's'kyj-England's Grade 1 class

" God bless the child that suffers."

Dr. Peter Clark

These recommendations are not presented in any particular order of importance, but have been placed in categories where it is felt they could be easily and best implemented

Child And Family Services Act (C.F.S.A.)

1. That children's rights be first and foremost throughout the Child and Family Services Act and should take precedence over the rights of the family including their right to access. The child's rights must be paramount throughout and clearly emphasize the importance of the protection and the well being of children to ensure that parental rights, due process, and principle of the "least restrictive alternative" are subordinate to the safety, protection and overall best interest of children.

   Rationale: ***The focus was not on Jennifer's rights or best interests but seemed focused on the interests of the potential caregivers.***

2. The definition of 'child in need of protection" Section 37(2) of the *C.F.S.A.* should be expanded to specifically address the following circumstances known to cause harm:

   a) neglect and/or a prior history of neglect,

   b) exposure of the child to domestic violence or abuse, including emotional or verbal abuse,

   c) circumstances in which the child's safety, security or development are at risk as the result of the mental or emotional condition of the person having charge of the child,

   d) alcohol abuse, or drug abuse by anyone living in the same residence as the child,

   e) protracted disputes with respect to the child's custody.

3. That the *CFSA* should be amended to change the "24 month rule" in section 70 to:

a) Temporary Orders	b) Permanency Planning
3 months - under 5 years	12 months - under 5 years
6 months - 5 -11 years	18 months - 5 -11 years
12 months - 12 + over	24 months - 12 + over

planning was crucial for a child's normal emotional and mental development.

4. The duty to report in section 72 of the *C.F.S.A.* should be amended and expanded to include:

   a) the same duty to report for both the general public and professionals;

   b) the duty to report should apply to a suspicion that a child is in need of protection, thereby catching neglect as well as abuse and risk of harm as defined in section 37; (2).

   c) a provision that the duty to report must be assumed personally and cannot be discharged through delegation;

   d) a clear statement that the duty to report applies even in circumstances where the person believes or has information that a Society is already involved with the child or family;

   e) a provision enabling the Society to advise the person who made a report of the outcome of the investigation;

   f) removing the solicitor-client privilege exception under the duty to report in circumstances where the solicitor suspects that a child is at present or future risk;

   g) a duty to report any known breach of a court supervision order;

   h) a duty to report any caregiver whose physical or mental condition may significantly impair their ability to care for a child.

5. That Part VIII of the *C.F.S.A.* should be thoroughly reviewed, updated, amended and proclaimed into law, to provide clear legislative direction with respect to the sharing of information. In particular, provisions must ensure appropriate disclosure and transfer of records and information between Children's Aid Societies themselves and between a Society and other involved agencies, organizations and professionals, where this is necessary to investigate an allegation that a child is need of protection and/or to ensure the protection of a child.

6. That the Child and Family Services Act be amended to provide that the child's right to an early decision about his/her future shall take priority over a party's right to counsel of choice.

   Rationale: ***During testimony, we heard that the parties seeking custody of Jennifer changed their legal counsel numerous times resulting in unacceptable delays.***

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7. In cases where the recommendation of a court-ordered assessment is not supported by any party to the child protection proceeding, the Court should consider requiring the assessor to attend and give evidence pursuant to its power to summons witnesses under section 49 of the *C.F.S.A.*.

   Rationale: ***During testimony , we heard the assessors from the Family Court Clinic were not called to testify about the result and recommendation of their court-ordered assessment.***

8. That the Child and Family Services Act be amended to permit "open adoption" where a child can be permanently placed with an adoptive family and some informational, cultural, and emotional or access ties with the birth family can be maintained without prejudicing the long term stability of the child in the home.

9. That the Child and Family Service Act be amended to change the "substantial risk" threshold for child protection intervention to permit intervention at an earlier stage and avoid having workers leave the child at risk in order to gather the actual evidence needed to establish "substantial risk".

10. That the Child and Family Service Act be amended to require all parties to file with the Court;

    a) a list of any criminal convictions for which they have not received a pardon or statement that there are none,

    b) a list of any physical and/or mental illnesses they now have, or have received the treatment for in the last ten years or statement that there are none.

    Rationale: ***Anyone seeking custody of a child must disclose all pertinent information that affects the well being and safety of a child.***

11. That the Child and Family Services Act be amended to empower the Family Court to order as a supervisory condition that a parent or caregiver maintain medication to control any illness.

    Rationale: ***Non-compliance with medication was a major issue in this particular case.***

12. That the Child and Family Services Act be amended to provide that any status review proceeding be finalized within six months of its commencement.

    Rationale: ***The status review in this case took 18 months to complete. This is an unacceptable length of time when making permanency plans for a child.***

judgement be provided within thirty days and that the appeal process be expedited and completed within six months of any decision.

14. The "5-day rule" in the event of apprehension of a child in section 46(1) of the *C.F.S.A.* should be extended to 7 days in order to allow more time for assessment and planning at an early stage.

15. The *C.F.S.A.* should include a provision for a reverse onus when a caregiver fails to comply with court-ordered terms or conditions, so that in the case of breach of a supervisory condition, for example, the non-compliant caregiver would have the onus of proving why the child should not be placed in care.

16. Provisions should be added to the *C.F.S.A.* to enable the Court to make terms and conditions with respect to assessment and/or treatment of parents while the child is in CAS care.

    Rationale: ***This would enable parents to be assessed or treated so a child could possibly be returned to them into a safer environment.***

17. Section 54 of the *C.F.S.A.* should be amended to permit the Court to order an assessment at any time during a proceeding under Part III, and not only after a finding that the child is in need of protection has been made. The new provision should also require the Court to determine from the assessor the length of time for completion of the assessment prior to making the order, and to hold the assessor accountable for meeting the time-frame indicated.

18. That the MCSS in consultation with the OACAS fund and establish a shared networked database province-wide for all Children's Aid Societies.

    Rationale: ***The sharing of information between member societies will ensure better service to the client and better protection for children.***

19. That the MCSS develop a detailed database within the provincial database to provide vital information, personal background, medical and criminal history and previous involvement with Societies for cases that are determined to be a *high risk.*

    Rationale: ***High risk cases must be closely monitored. The case file should contain as much information as possible for child protection purposes.***

20. The Ministry of Community and Social Services, Ministry of the Attorney General, Ministry of Health, Ministry of Education and Training and Ministry of Citizenship, Culture and Recreation should require that all funded agencies and service providers include information about child protection and reporting duties in policy manuals, training materials and employee handbooks.

    Rationale: ***The more information these employees have the better protected children will be.***

21. That the Ministry of Community and Social Services, in co-operation with OACAS, should establish requirements and standards for provision of intensive internship training for all new CAS child protection workers before they are assigned full case management responsibilities. Suggested standards should include:

    a) The case load to be half of a regular case worker.

    b) The new case worker should receive mandatory training in the use of all the assessment tools.

    c) Any case decisions should be approved by the case worker's supervisor.

    Rationale: ***The more comprehensive training a worker receives, the better quality of service the child and family will receive.***

22. That MCSS , OACAS and representatives of CUPE formulate and establish work and caseload standards for Ontario and in the interim that the Child Welfare League of America Standards be used. Implicit in this recommendation is the understanding that a " case weighting system" be part of the caseload standards to ensure the caseload of workers is appropriately calculated and distributed . Appropriate funding must be available to establish and maintain these standards.

Rationale: ***During testimony we heard, Child and Family Service Workers as well as supervisors were forced to carry such a heavy caseload , they were unable to provide the quality of service children need and deserve through no fault of their own. We feel this was one of the most important aspects of this case. Because of the heavy demand on the workers time, they were unable to adequately monitor Jennifer's situation. In our opinion , funding to carry out this recommendation is essential for CAS to fulfill its mandate.***

23. That the Ministry of Community and Social Services annually review all CAS cases determined to be high risk .

Rationale: ***This mechanism will ensure guidelines and procedures are followed in high risk cases and all necessary safeguards are in place.***

24. Ministry of Community and Social Services and the OACAS develop a broad-based public awareness campaign on early identification of child neglect and abuse, elder abuse, and the duty to report.

Rationale: ***The public needs more information about child abuse, neglect and child protection.***

25. MCSS with the assistance of the OCAS develop a protocol regarding the transfer of cases and provision of service where a family moves from one territorial jurisdiction to another.

26. The Ministry of Community and Social Services and the Ontario Association of Children's Aid Societies should support and fund the development, implementation and operation of a "1-800" telephone service and an internet website regarding children's services, telephone counseling and referral (i.e. parent help-line). The line would assist the public in reporting a suspected child in need of protection. The "1-800" number should be listed under the emergency numbers in all public telephone directories.

Rationale: ***The public needs an easily accessed support and information system.***

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27. That MCSS fund a comprehensive public awareness campaign about;

    a) child neglect and abuse;

    b) to promote the "1-800" help line and internet website;

    c) what makes a child in need of protection and what should be reported .

28. The Ministry of Community and Social Services should implement a Parenting Capacity Assessment Tool to assist CAS workers in their assessment of the parenting capacity of potential caregivers . Risk Assessment is not enough to perform this important task . The MCSS must ensure that the Risk Assessment Tool and Parenting Capacity Tool be properly supported, funded and implemented and cover all costs relating to training. These tools should be implemented in automated form.

29. MCSS must adequately fund CASs to ensure coverage for all cases during worker vacations, absences, or absences due to training requirements.

    Rationale: ***Coverage is essential to ensure continuity and quality of service.***

30. The Ministry of Community and Social Services and the Ministry of the Attorney General to provide funding and programming for the establishment of child-centered visitation centres in each local community.

    Rationale: ***We feel the visitation centres will not only make children feel more at ease but also will provide a safe and stable environment to meet with family members.***

31. That the Ministry of Community and Social Services for Ontario commit to undertaking legal consultation as how best to integrate the Charter of Rights requirement for privacy with the need to share personal client information between child protection agencies and other community professionals.

    Rationale: ***The sharing of personal client information is a critical part of providing service and protection to children . The sharing of information should take precedence over the right to privacy when child protection is involved.***

32. That the MCSS produce, print, and make available information guides (pamphlets, videos, etc.) about the *CFSA*, child protection and the duty to report.

33. That the Ministry of Community and Social Services in conjunction with the Ontario Association of Children's Aid Societies and the unions that represent front line workers develop and establish policies and standards for the education of CAS workers including:

  a) dedicated funding for education training and backfill overtime costs;

  b) a designated and dedicated number of days per year for each employee to devote to training;

  c) a pre-work training period for new employees before receiving a full case load;

  d) a component dealing with adult mental health issues;

  e) a component dealing with investigative training skills;

  f) a component dealing with interviewing abilities with the emphasis on confirmation of information;

  g) a component stressing the need to objectively evaluate all possible plans of care for a child including adoption and long term foster care.

Rationale: ***On- going training will enable the workers to provided better service for child protection.***

34. The Ministry of Community and Social Services revise the funding allocations to Children's Aid Societies to include an additional 1% of base budget allowance dedicated to staff training and continuing education.

35. That the Ministry of Community and Social Services re-evaluate the adoption legislation and process to ensure;

  a) earlier identification of and permanency planning for children who may be adopted;

  b) a standard guideline for home studies so that parents who obtain private home studies do not have to deal with delays to have a society do an additional home study;

  c) that funding and ongoing contingency funding is available for caregivers adopting special needs children;

  d) that "open" adoption be available in appropriate cases.

Rationale: ***Testimony indicated that not enough consideration was placed on adoption as a possible option for Jennifer.***

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36. That the Ministry of Community and Social Services develop and establish provincial standards/ guidelines for the investigation and management of child protection cases to ensure that;

a) agency workers be child focused and the rights of the family become secondary;

b) all child protection workers be trained in investigative skills and techniques and understand the effects of positive and negative countertransference;

c) all complaints that may affect the safety or well-being of children be properly investigated and a conclusion put forward;

d) child and family service workers actively seek information from collateral sources, such as schools, doctors, psychiatrists, home care personnel and public health nurses;

e) psycho-social backgrounds of all parents be part of the investigation backdrop, including any and all medical or mental health history;

f) home visits be mandated in all child protection cases and these visits should be both announced and unannounced on a periodic basis;

g) that workers corroborate where possible the information supplied by clients rather than relying on the information provided at face value, when investigating child abuse and neglect;

h) documentation given to the Family Court by the C.A.S. should contain all relevant up-to-date information about the case regardless of the position the C.A.S. supports;

i) full ongoing disclosure of the case should be provided to the parties and copies of disclosure provided on request to parties with standing in the court process.

Rationale: ***Provincial standards and guidelines would ensure that Child Protection Workers across the province are gathering the same type of information allowing for consistency of information among all societies. This would be particularly beneficial when families move to another jurisdiction.***

37. That the M.C.S.S. in cooperation with all Children's Aid Societies and with their local school boards provide training courses on neglect and child abuse identification for teachers , educators and administrative staff and ensure that local school boards routinely receive regular information and literature on CAS services and remind employees of their duty to report.

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38. That the Ministry of Community and Social Services continue to support and appropriately fund the following programmes;

    a) "Healthy Babies, Healthy Children Program" which helps identify children and families at risk and provides them with appropriate supports;

    b) "Better Beginnings, Better Future Program" which teaches parenting skills and provide other supports to parents;

    c) Provide simpler and easier access to services and promote core services including those focused on earlier intervention and prevention.

39. That the Ministry of Community and Social Services develop an educational program for judges, counsels and others within the child welfare process to heighten awareness of the positive benefits of adoption and increase consideration of adoption as a best interest option for children.

40. That the MCSS and OACAS and the unions that represent the front-line workers develop guidelines to assist in decision-making about supervision orders that include criteria for seeking an order, determining appropriate conditions, and carriage of the order, including frequency and types of contact. The MCSS must monitor and ensure that CASs in the Province of Ontario comply with such guidelines.

41. That the Ministry of Community and Social Services fund Family Court Clinics for the purpose of ensuring that child welfare assessments can be expeditiously obtained and thoroughly completed.

42. That MCSS must recognize court ordered supervised access visits as core protection services and supply funding for staff support to these programs or for purchase of service arrangements.

    Rationale: ***Supervised access is the responsibility of CASs and should be appropriately funded in order for them to carry out their child protection mandate.***

43. That the Ministry of Community and Social Services conduct routine audits of files and worker case notes.

    Rationale: ***This would ensure workers and supervisors are following established guidelines and procedures for continuity of note keeping and information gathering.***

44. Applicable laws should be amended and /or enacted to allow full disclosure of medical and criminal records for use by Children's Aid Societies to assist in doing a thorough assessment of all parties seeking custody of a child.

45. Foster parents to play a larger role in the CAS decision-making process in formulating a plan of care for a child . To also provide input toward a more accurate assessment of the child's needs based on daily observation in the foster home. To accommodate this new role a training program be available to assist foster parents.

Rationale: ***A greater importance must be placed on the observations of the foster parents regarding the stability and emotional well-being of the child.***

46. That instances where a transfer of a file from one case worker or supervisor to another occurs, there should be no "gapping" of service to accommodate financial, fiscal or administrative policy or practices. Efforts should be made to ensure an overlapping of workers whenever possible.

Rationale: ***When gapping occurs important details are not properly passed on, resulting in inadequate service to the child and family and possibly putting a child at risk.***

47. That Children's Aid Societies adopt a principle of full frank and fair disclosure of the facts contained in their recordings, affidavits and court documentation and have all workers and staff lawyers trained in this principle.

48. Children's Aid Societies to expand their ability to educate community groups and collateral service providers in their communities about how to recognize signs of child abuse and neglect, their reporting responsibilities, and the mandate and role of CASs. Ministry of Community and Social Services to provide appropriate funding for such community outreach.

Rationale: ***The more knowledge the community groups and services have the better able they are to recognize a possible child in need of protection and relay the information to CASs.***

49. When the result of a court-ordered assessment differs from the Children's Aid Society's own position, the worker and supervisor should develop a plan to resolve the differences which includes discussions with the assessor, and, if a difference persists, a conference with all members of the service team will be held and documented.

50. That Children's Aid Societies reconsider and redefine the Family Service Worker's role with a view to having the responsibility for arranging or rescheduling access visits placed with Case Aides or the visitation centre. That all CAS service teams include a Case Aide.

    Rationale: ***In our opinion, the Family Service Worker's time is far too valuable to be spent arranging access visits. Their expertise is needed to provide service to children and families.***

51. That CAS must develop procedures to ensure that unannounced home visits are part of the supervision for all cases, recognizing that cases of neglect may not be properly assessed using other investigative techniques.

52. When a family receiving service from a CAS moves from one jurisdiction to another, or to another society within the same jurisdiction, the involved CASs must communicate and jointly formulate the best approach to continuing service provision. Where an application remains unresolved before the courts and immediate transfer is not practical, the CAS should agree to share the provision of service in a manner that best assures the safety and well-being of children. Upon transfer, copies of all case notes should be provided.

    Rationale: ***Communication between CASs is essential to the child protection mandate.***

53. CAS have supervisors sufficiently staffed and trained to ensure;

    a) that workers are complying with Ministry and Society standards and procedures;

    b) that a supervisor is available to manage a file while others are on vacation or leave;

    c) that supervisors actively provide clinical input into the file;

    d) that workers thoroughly investigate all allegations of abuse and plans of care;

    e) that supervisors keep sufficient notes of the main concerns and decisions on files to assist future supervisors;

    f) that supervisors ensure workers case notes are dated and signed.

54. That each family or children service file have a cover or index page. This document will list the following;

    a) each worker involved with the case and dates of involvement;

    b) a list of contact numbers of the family and extended family;

    c) family physicians, and any community service organization the family is involved with.

    Rationale: ***This will enable workers and supervisors to find important information at a glance.***

55. Transportation to and from court ordered access be the responsibility of the CAS, in the case of a cancellation a makeup visit must be scheduled with the "best interest of the child" in mind. When it is not feasible or appropriate for the foster parent to transport the child to and from visits, a system should be available which provides consistency for the child through a sensitive driver who is known to the child.

56. That when CAS are scheduling access visits, paramount importance be placed on the best interest of the child , not the parties seeking access. Also consideration be placed on the age of the child, time missed from school and travel time.

57. That the requirement to draw on contingency funding be changed to count only case carrying workers. The number of cases per worker per year required to draw the contingency funding be reduced to 50.

    Rationale: ***During the testimony, we heard MCSS counts non case carrying workers in their requirement to draw on contingency funding . We feel this is an unacceptable practice. This puts an unnecessary load on case carrying workers and compromises the effectiveness of service providers.***

58. In partnership with mental health services, Children's Aid Societies develop appropriate access to ongoing psychiatric consultations to child protection workers. These consultants must also have a knowledge of the Child and Family Services Act. That the MCSS and Ministry of Health provide additional funding to implement this recommendation.

    Rationale: ***During testimony we heard approximately 60% of CAS cases involve adult mental health problems. A psychiatric consultant would be a great benefit that would enable workers to more accurately assess any potential risks or need for psychiatric support. This will ultimately result in better service and protection for children.***

59. When a caregiver has a mental health disorder, the CAS plan of service to the child and family include a specific contact with the caregiver's mental health service providers(s) and, where the caregiver is dependent on medication , a plan for monitoring compliance with medication. In the event that a parent/caregiver is not consenting to the exchange of information with a service provider, a supervision order with appropriate conditions should be sought.

Rationale: ***In this case non compliance with medication was a major problem. Specific contact with the psychiatrist could have provided more detail then what was related in the evaluation letters.***

60. Children's Aid Societies should integrate the risk assessment and parenting capacity tool guidelines into their day to day work and reinforce their use in assessment and planning as well as in the organization of evidence for court proceedings.

Rationale: ***This will better enable workers to carry out their child protection mandate.***

61. That Children's Aid Societies develop guidelines or tools to assist workers to ensure that once a caregiver has been identified , that any risks or needs are identified and conditions built in to a supervision order to address those risks or needs.

62. That Children's Aid Societies ensure a thorough assessment be done of all parties seeking to be the caregiver of a child, including other people residing with a party who will play a significant role in the child's life.

63. Access to family and other important people in the child's life is the right of the child, and all aspects thereof should be focused on the best interests of the child such as regular attendance at school. Convenience for adults in the child' s life should be secondary. Plans to provide access for a child in care should be made by the service team and be reviewed every 90 days.

Rationale: ***We feel that Jennifer was seen as property of the parents and extended family not as an individual with her own rights and feelings.***

64. A case conference should occur and be documented whenever a permanent plan for a child's placement is being made and/or recommended to the Court.

65. The plan for service to a child and family must be reviewed by the worker and supervisor at least once during each recording period. Such review should be documented in the case record.

Rationale: ***The above two recommendations, will ensure all the information in the file is reviewed and no stone is left unturned when planning for permanency.***

66. The plan for service to the child and family should set out the collateral service providers with whom the worker should be in communication, and the plan for that contact, including obtaining any required 'Consent to Release of Information '.

Rationale: ***This will ensure better monitoring of the child and family's situation and identify earlier any possible risks to the child that may arise.***

67. The importance of documenting all contact with respect to a child and/or family should be reinforced through refresher training and periodic spot audits by supervisors.

Rationale: ***This will ensure workers are following proper procedures and guidelines.***

68. That all Children's Aid Societies adopt a principle of continuity and consistency of service to the child or family. To this end the number of case transfers should be kept to a minimum.

69. We strongly support the recommendation from the Kasonde Inquest - Recommendation #16:

"Implement and fund a Quality Assurance program across the CAS system in the province, to ensure consistency and quality of services delivered to children and families in the system."

70. That Children's Aid Societies ensure that support workers be given refresher material and training on an annual basis with respect to the recognition of child abuse, neglect or other behaviors that may be important to the Family Service Worker, including the need to communicate any such information as quickly as possible to the family service worker.

Rationale: ***Being in close contact with children's families on a daily basis the more knowledge the support workers have , the more able they will be to identify possible risks that may arise.***

71. Children's Aid Societies to ensure that casework decisions are not driven by anticipated outcomes of court proceedings but are grounded in the best interests of the child.

72. That the OACAS in consultation with representatives of CUPE implement a policy and procedure in relation to transfer of a file from one case worker or supervisor to another that should include;

    a) a written case summary;

    b) short and long range goals;

    c) reasons for decisions;

    d) identified risk factors;

    e) expectations of the parties;

    f) a joint meeting with the child and family;

    g) contact with any collateral service providers as soon as possible.

    Rationale: ***Better communication between workers is essential to the consistent carriage of the case file.***

73. The word "neglect" should be introduced into and defined in the *CFSA* to include circumstances in which the child's basic physical and emotional needs are not met, regardless of cause. That the OACAS enact guidelines for the investigation and management of "neglect" cases.

    Rationale: ***During testimony, we heard there is no definition of neglect in the CFSA. This must be addressed in order to ensure complete child protection.***

74. That OACAS develop guidelines to assist workers and supervisors to develop when formulating "supervision orders" to include;

    a) clear expectations of caregivers;

    b) an outline of the supports to be provided by the society;

    c) the effects of non compliance;

    d) to include specified home visits (announced or unannounced).

75. OACAS in cooperation with their member societies should review and establish province wide policy and procedures for dealing with client complaints and revise them to ensure the process is accessible, streamlined and user-friendly.

    Rationale: ***This will result in better client service.***

76. That OACAS develop guidelines to ensure that when different plans of care, affidavits and letters of recommendation are put forward by competing family members for a child, all information is assessed and investigated. All plans should have a formal follow-up report and conclusion. An assessment of each plan of care should have any risks or needs identified.

Rationale: ***It will ensure all parties plans are fairly evaluated and considered.***

77. That the Ontario Association of Children's Aid Societies in cooperation with the Ontario Police College should develop programs on investigative training and interviewing techniques for the purpose of assisting workers with the assessment and supervision processes.

Rationale: ***The more skills a child protection worker has the better they are able to perform their job.***

78. That the Ontario Association of Children's Aid Societies ensure that all training programmes reaffirm the best interests of the child as the primary focus of child welfare proceeding.

79. That the Ministry of Health develop and implement a campaign to increase public awareness and understanding of mental illness.

Rationale: ***Today, people do not understand the complexity of mental illness or the stigma attached to it.***

80. That legislation be introduced to give public health nurses the authority to physically examine a child when the safety of the child is in question.

Rationale: ***During testimony we heard that a parent can refuse to allow a nurse to physically examine a child. This is definitely not in the best interest of the child.***

81. When requested by Children's Aid Societies medical professionals are to provide a clear, concise and unbiased report on the physical or mental condition of the client.

Rationale: ***During testimony we heard the patient read all letters sent to CAS. Therefore the psychiatrist was not able to be as frank so as not to jeopardize the therapeutic relationship with the patient. This in turn could unintentionally mask potential problems or risks to a child.***

82. That the Ministry of Health in cooperation with OACAS develop and fund mandatory training in adult psychopathology in the child welfare training system. The focus of the training be placed on schizophrenia, depression and personality disorders.

Rationale: ***After hearing as many as 60% of CAS cases involve in mental health problems, we feel training in these areas are essential to not only assist the workers in assessing a case but also to let them know when it is necessary to call on a psychiatric consultant.***

83. That the Ministry of Health and the Ministry of Education, in conjunction with MCSS and the OACAS fund and develop community based resources to assist CAS workers and client families.

84. The Ministry of Health should support and fund, development, implementation and operation of a province wide "1-800" telephone service for providing support, education and assistance to families, friends and individuals with mental health problems. This service should also answer inquiries related to the Mental Health Act and Health Care Consent Act.

Rationale: ***This would assist the public with mental health problems in obtaining necessary services and information.***

85. That the Ministry of Health support the College of Physician and Surgeons and the Canadian Psychiatric Association program "Shared Care", whereby family physicians would provide much of the front line care to mentally ill patients, with expert psychiatrists readily available.

86. That the Ministry of Health support and expand on the principles behind Bill 111.

87. Recognizing that compliance with medication is a major problem with mental health patients, the Mental Health Act be amended to include provisions for community treatment orders.

88. That mental health resources be kept in the community and re-distribute them as community programs prior to decommissioning hospital beds as a result of health restructuring.

89. That a comprehensive review be undertaken by the Ministry of Health to redefine the role of mental health providers, psychiatric hospitals, community programs, patients, family members and public education, to provide a system that is easier to access for service and is more user friendly.

90. That a panel of experts be established to complete a comprehensive review of the Mental Health Act , and the Health Care Consent Act, to define and simplify the language so medical health providers and the general public can easier understand it and to change the focus of the Acts to ensure the health and wellness of patients rather than concentrating on the dangerousness of patients and their rights.

91. That when a patient with a mental health problem is transferred to another facility, moves to another location, or changes family physicians or psychiatrists, a detailed discharge summary along with copies of any six month progress notes and relevant file contents be forwarded to the new health care provider along with an oral follow-up.

Rationale: ***This will enable a new health care provider to have accurate and up-to-date information about their new patient. This will result in a better doctor patient relationship and more effective treatment.***

92. Amend the Mental Health Act to remove the word imminent.

Rationale: ***In testimony, we heard this term is continually misunderstood and misapplied.***

93. That the Ministry Of Health should encourage physicians to prescribe, and patients to receive the newer better tolerated and more effective anti-psychotic medications.

Rationale: ***This will not only provide better treatment for mental health patients but will also result in reduced long-term hospitalization costs. We feel there was a possibility that the patient in this case would have been more inclined to stay on medication that produced less side effects.***

94. The Ministry of Health to produce, print and make available to all health care providers a plain language guide to the Mental Health Act and the Health Care Consent Act for easy reference and to help determine the capacity of patients.

95. The College Of Physicians and Surgeons and the Ontario Psychiatric Association assume a leadership role in the education of health care professionals with the law relating to;

    a) capacity and consent issues and the right to refuse treatment under the Health Care Consent Act;

    b) the rights, obligations and application of the Mental Health Act.

Rationale: ***This will result in better patient service and more effective treatment.***

96. That the Mental Health Act be amended to include a reporting provision similar to that proposed for the Child and Family Services Act obligating a health care professional to report a caregiver to the Children's Aid Society if the caregiver's mental or physical health may place a child at undue risk.

97. That the Ministry of Health produce, print and make available to Police Services and the Judiciary an easy reference guide to applicable portions of the Mental Health Act and the Health Care Consent Act.

Rationale: ***The more knowledge the police services and the judiciary have of these two Acts, the easier it will be for them to better assess problems that may occur.***

98. That the Health Care Consent Act be amended to allow for immediate treatment of a person admitted to hospital with a major mental illness until the Consent and Capacity Review Board provides an order to the contrary and subject to any court of appeal decisions.

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99. That the Ministry of Health (or other appropriate body) develop a requirement for physicians admitting psychiatric patients to a hospital to record whether or not the patient has children and/or is the primary caregiver for a child.

Rationale: ***This will ensure better monitoring and protection of children of mental health patients.***

100. That the College of Physicians and Surgeons continue its efforts to educate the medical profession with particular attention to;

a) child abuse and neglect and the identification thereof;

b) increasing the transfer of information to and training of physicians in mental health issues;

c) increasing awareness of elder abuse and the identification thereof;

d) reminding physicians of their duty to report to the Children's Aid Society.

101. That the Ministry of the Attorney General ensure that top priority is given in the administration of justice to cases involving the care and custody of children.

102. That the Federal Minister of Justice expand the Unified Family Court to deal with all family law, divorce, child custody and child protection matters in one court.

Rationale: ***During testimony we heard from witnesses that had an almost unanimous consensus that the Unified Family Court would ensure much better planning and direction in child protection cases as well as all cases involving children.***

103. The Ministry of the Attorney General-Courts Administration must ensure adequate trial time is available to dispose of applications under the *C.F.S.A.* in a time frame that meets the needs of the child. Trials, once commenced, should proceed to completion on consecutive days.

104. That the Ministry of the Attorney General provide leadership and funding to;

a) expand the case management system to all Family Courts throughout Ontario,

b) provide appropriate funding for case management,

c) ensure that the workload of the courts is evenly distributed and that courts have the capacity to absorb emergency matters and short term increases in workload,

d) ensure that trials can be scheduled in blocks of time and once started can be carried through completion.

105. The Rules of Court in family proceedings to be amended to require that judgments and rulings on procedural matters take into the account impact of resulting delays on the child.

Rationale: ***Many times throughout the inquest, we heard early permanency planning for a child is vital for their well being and development.***

106. Counsel representing parties in proceedings involving children must treat such proceedings as a priority to other scheduled court attendances.

Rationale: ***Delays will have an effect on the length of time before a child is placed.***

107. That the Ministry of the Attorney General adopt Rules of Practice to ensure that;

a) a conference of the parties, counsel and the Family Court Judge is held at the beginning of the cases;

b) a date is set for hearing whether a child is "in need of protection" no later than 60 days after apprehension;

c) final disposition of child protection cases is completed within 24 months of a child coming into care;

d) that the Children's Aid Society provide ongoing full disclosure to other parties in child welfare proceedings including copies of internal case notes and recordings;

e) that full disclosure of the Children's Aid Society file be made available to the parties in subsequent custody and access proceedings relating to the child;

f) that there be full disclosure of information between parties to a proceeding including an obligation to respond to specific questions put by an opposing party and an obligation to provide medical information;

g) a mechanism for the court to resolve expeditiously any disputed disclosure issues;

h) an "Answer" be filed by any party to a child welfare proceeding including a written plan for a child's care and any criminal record or health problem which may impact on the party's capacity to care for a child;

i) all parties applying to care for a child disclose the results of a parenting capacity assessment.

108. That mediation be encouraged and attempted by all Case Management and Family Court Judges in matters dealing with child protection and *CFSA* or CLRA cases and mediation be voluntary and the consent of all parties be required.

109. That all mediators must have child welfare training.

Rationale: The above three recommendations will ensure the best in planning, placing and protecting children.

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110. That the Office of the Children's Lawyer require panel members to interview potential family members and collaterals in all cases, to determine what may be in the " best interest of a child" independent of any CAS activity and provide dedicated time to review the Children's Aid file.

Rationale: ***This will ensure better child protection.***

111. That the Office of the Children's Lawyer review its application, interview and acceptance process for lawyers being considered for appointment to the Panel of Lawyers for the purpose of ensuring that children have access to lawyers with a broad range of cultural backgrounds and skills in mental health, substance and family abuse as well as linguistic abilities.

112. To assist the Office of the Children's Lawyer in determining which Panel member would be best suited to any particular case, the court referral form should include basic information on language , cultural, mental health, complexity or other issues and efforts should be made to find a panel lawyer suited to the case.

113. That the Office of the Children's Lawyer ensure that all staff have ongoing training in mental health issues.

114. The Office of the Children's Lawyer to instruct all counsel representing children in *C.F.S.A.* proceedings in the importance of reviewing the CAS file for disclosure purposes prior to taking a position in the interests of a child client. This instruction should be reinforced regularly in training for in-house counsel and Panel members.

115. That the Office of the Children's Lawyer ensure that proper psychiatric resources are made available to the Child's Counsel to assist them in their decision making.

116. That the Office of the Children's Lawyer promote within their educational package to new "Panel members" and periodically in newsletters or other media flow at regular times, the availability of psychiatric and other resources available to panel members.

Rationale: ***The above three recommendations will ensure the child's lawyer has all the information necessary when evaluating what is in the best interests of the child.***

117. That the media play a more proactive role in the education of the public on the prevention of child abuse and neglect.

Rationale: ***The media's role should not begin and end with the coverage of an inquest. The public needs to be educated in order to protect our society's most vulnerable members.***

118. That the Ministry of Education and Training should ensure that all post secondary educational institutions that provide medical, psychiatric or nursing degrees must provide courses on the Mental Health Act and the Health Care and Consent Act and also portions of the Child & Family Services Act that apply to them.

119. That the Law Society of Upper Canada review the Rules of Professional Conduct around solicitor/client privilege as it interrelates with the duty to report under the Child and Family Services Act.

Rationale: ***This is essential for complete child protection.***

120. That the Law Society of Upper Canada establish a training program for Family Law Lawyers on Mental Health and its potential effect on parenting capacity.

Rationale: ***The more knowledge family law lawyers have in this area the better able they will be to determine the most effective position they should take in a child's best interests.***

121. The Government of Ontario must commit itself to the immediate implementation of an appropriate funding model so that Children's Aid Societies are provided with sufficient resources to ensure the protection and well being of children in the province and to provide services to prevent the need for protection services . The $15 million announced in the 1997 budget be allocated immediately to Ontario Children's Aid Societies.

Rationale: ***Sufficient funding is essential for CAS to carry out their mandate.***

122. The government should explicitly acknowledge that the introduction of legislative amendments, new standardized tools, new standards and guidelines, etc. can have significant impact on the workload of front-line workers at Children's Aid Societies. Accordingly, appropriate consideration should be give to the workload impact of any new initiatives, and adequate funding should be provided to ensure that workers will be able to protect children, comply with mandated standards and guidelines and meet the expectations of the community.

123. That a "children first" approach should be adopted as a policy by the Government of Ontario so that it is clear that the protection and well-being of children has the highest government priority, and that all legislative policy and funding decisions will be made in the context of that policy across all Ministries.

124. The government should commit itself to involving the unions that represent front line workers in the process of the development and implementation of initiatives in the area of child welfare, including amendments to the *CFSA*, introduction of standardized assessments tools, and the development of standards and guidelines.

Rationale: ***Due to the fact that front line workers see where improvements needs to be made everyday in service delivery, we feel they have the experience to assist in developing the various initiatives.***

125. A permanent single interdisciplinary death review mechanism should be established provincially to review all deaths of children with particular attention to systems issues. In the event of the death of a child under suspicious circumstances, an in-depth review should be conducted which would include all service providers and professionals involved with the child, as well as representatives of the relevant area office of the Ministry of Community and Social Services.

Statistical data gathered from this death review should be integrated into the province wide computer system so that trends and preventative information can be collected.

Rationale: ***This can only enhance services to children and families as well as child protection.***

126. That the Coroner's office hold a press conference in one year's time to advise the public of the extent to which these recommendations have been implemented.

Rationale: ***The public has a <u>right</u> to know and the government of Ontario, various ministries and organizations have an <u>obligation</u> to inform the public as to why or why not recommendations have or have not been adopted and implemented. If recommendations are to be implemented, a timeframe for such implementations <u>must</u> be made public.***

Closing Statement

In closing, we the jury truly hope the recommendations we have delivered to the ministries, societies and in particular the Government will be heard and acted upon. Again we the jury, cannot stress enough, that sufficient funding from the Government is <u>mandatory</u> to fully improve the Child Care System and the Mental Health Care System in our province.

In reference to our recommendation addressed to the Office of the Chief Coroner, we the jury and the public will be anxiously awaiting to hear the outcome of our recommendations.

We the jury, want to express our sincere appreciation for the dedication and commitment of all the parties involved during the course of this inquest.

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March 23, 1998

Dr. J. G. Young
Chief Coroner for Ontario
26 Grenville Street
Toronto, Ontario
M7A 2G9

Dear Dr. Young:

re: KOVAL'S'KYJ-ENGLAND/JOHNSTON INQUEST
Verdict Explanation

The Inquest into the circumstances surrounding the deaths of Jennifer Koval's'kyj-England and Marion Johnston was held at the Whitby Court House from September 15, 1997 to February 4, 1998

A number of parties applied for and were granted "Standing" at the Inquest. These parties, their representatives, and the date they were granted standing are appended to this verdict.

I would like to give a synopsis of the sequence of events leading up to the deaths. The recommendations for the most part are self explanatory and require no further comment. Should any party require clarification of any of the recommendations, I would be pleased to further correspond with said party. I would like to stress that much of this will be my interpretation of the evidence. The sole purpose of this synopsis is to assist the reader in understanding the reasons why the jury made their recommendations and is, in no way, intended to be considered as evidence.

Jennifer Koval's'kyj-England was born on August 24, 1989. Almost immediately after the birth, hospital staff developed concerns about the mother's physical and mental health and her inability to appropriately care for the baby. A request for assistance was made to local public health officials which resulted in the establishment of a number of home supports. In addition, referrals were made to the Catholic Children's Aid Society of Metropolitan Toronto (CCAS).

RE's name was placed on Jennifer's birth certificate as he was living with the mother, YK, at the time.

Over the next four months, RE and YK attempted to parent Jennifer. Even though workers knew that RE was a treated paranoid schizophrenic. RE appeared to assume most of the responsibility for Jennifer's care. Increasingly serious concerns regarding the care Jennifer was receiving coupled with RE's assault of YK in January of 1990 resulted in the CCAS apprehending Jennifer on January 11, 1990 and placing her in a foster home. Within days of the apprehension, YK was hospitalized for psychiatric treatment.

The matter was taken to court under Part III of the Child and Family Services Act (CFSA) on January 16,1990. The maternal grandfather, MK, attended at court in YK's absence and stated that the family was not catholic. Carriage of the file was transferred from the CCAS to the Metropolitan Toronto Children's Aid Society (MTCAS) on January 18, 1990.

Within days of the apprehension, almost all of the various parties indicated their desire to care for Jennifer. MK asked the court to place Jennifer in his temporary care until YK's mental health sufficiently improved that she could resume parenting. The family service worker (FSW #1) noted that YK frequently changed her suggested plans for Jennifer. On March 14, 1990 YK suggested that RE should put forward a plan. Initially YK recommended that Jennifer should be cared for by the maternal grandfather but then YK made allegations of sexual abuse within the family. Attempts to substantiate or refute these allegations by making inquiries to Poland failed. Although the allegations were later recanted, MTCAS workers, throughout the years, continued to have concerns about the allegations.

On May 10, 1990 the parties interested in caring for Jennifer consented to be assessed for their parenting abilities by the Family Court Clinic (FCC). Initially the assessment was to involve YK and MK.

On June 29, 1990, RE informed FSW #1 that he was interested in becoming Jennifer's caretaker. Over the next few months, the MTCAS gathered more information on RE's psychiatric history which included a letter from his psychiatrist dated August 10, 1990. The psychiatrist was of the opinion that RE might be able to parent Jennifer as long as he remained compliant with his medications and was closely supervised.

The FCC accepted the case in August 1990 with the assessment of the parties commencing in the late fall. By this time, JC had returned to Canada stating that he was the biological father of Jennifer and was supporting YK's plan to parent Jennifer.

By the late fall and early winter of 1990, FSW#1 and his immediate supervisor were leaning towards supporting RE's plan, a decision which was based on the psychiatrist's report and their observations of the interactions between Jennifer and RE All of this was considered as "positive".

The FCC report was shared with all interested parties on April 4, 1991, one day prior to another court date. The report recommended that Jennifer should be made a Crown Ward with no access and should be placed for permanent adoption, a disposition which would sever all ties with family members.

All of the parties felt that the FCC report was "flawed" and rejected the recommendation. The position of the MTCAS was that, should the MTCAS adopt the recommendation, all the other parties would oppose the recommendation with the result being a long, drawn out, bitter trial, which would not be in Jennifer's best interests as it would further delay permanency planning for Jennifer. In addition, the presiding Judge stated

> "with three parties offering plans for the child, the Society had better choose one of them".

None of the parties contacted the FCC in an attempt to clarify and/or resolve this difficulty.

On April 5, 1991 FSW#1 left the employ of the MTCAS. Over the next year, there were a succession of family service workers and supervisors involved in the case. Given the complexity of this case coupled with the varied interests of all the parties, this may have contributed to a lack of continuity in case management. This lack of continuity was further aggravated by the process of "gapping" of family service workers. Gapping is the process of not hiring another FSW or supervisor right away when the previous worker leaves the employ of a CAS. Gapping has become a common practice with Children's Aid Societies throughout Ontario in an effort to reduce costs.

On May 3, 1991 the MTCAS stated in a pre-trial conference that the society's recommendation was for Jennifer to be placed with RE. As the other parties did not agree, the matter was scheduled for trial.

The trial commenced on August 23, 1991 with evidence being presented by way of Affidavit as a way of saving court time. Witnesses were produced for the purpose of allowing opposing counsel the opportunity to cross-examine the witness on the contents of their Affidavit. All counsel including the Children's Lawyer knew they could examine the MTCAS file but no one did. In total, the trial lasted six days and was spread out over seven months. RE's psychiatrist was not called to testify but her reports to various parties dated August 10, 1990, March 11, 1991, and July 8, 1991 were filed with the court. No-one from the FCC was called to testify but their assessment was duly filed as an exhibit with the court.

On February 28, 1992 the presiding judge made an Order placing Jennifer in the custody of RE subject to supervision by the MTCAS for a period of twelve months. The conditions of the supervision order did not address the concerns of ensuring that RE remained on his anti-psychotic medications and monitoring the ability of Mrs. Marion Johnston to support RE, given her advancing age and physical illnesses. The Judge stated that the reasons for his decision would follow. The reasons were never forthcoming.

On April 10, 1992 Jennifer was placed in the care of RE. Ongoing access visits for all the other parties continued at the Scarborough Branch of the MTCAS.

During this first year of Jennifer's placement with RE, a MTCAS family support worker noted that RE hated "the needle" and was talking about discontinuing his anti-psychotic medications.

The case came up for automatic "Status Review" in February 1993 at which time the MTCAS's position was that the supervision order should be continued for a further twelve month period. The Status Review Application filed with the Court in February 1993 was adjourned many times, with the most frequent reasons being that parties changed counsel, counsel were unavailable, and counsel were not prepared to proceed. As all the parties were opposed to Jennifer's continuing placement with RE, the matter proceeded to a contested trial which was scheduled to commence in January 1994.

In October 1993, Jennifer, RE, and Marion Johston moved to the Bowmanville area. The trial finally started on July 22, 1994 with evidence being heard on July 22, 1994, November 18, 1994, and December 16, 1994. There were a number of other scheduled court dates that were taken up by access motions and legal arguments through to February 9,1995. Additional trial dates were set for May, June and July of 1995.

With no resolution in sight and the fact that most of the party's counsels were being funded by the Ontario Legal Aid Plan, counsel requested the assistance of a legal aid mediator. By the early winter of 1995, it was clear that Jennifer's best interests had been overshadowed by the acrimonious litigation amongst the parties vying for her custody. It was equally clear that, if the court continued to extend the supervision order under the CFSA, further litigation would follow the expiry of each and every extension. Under the CFSA, the Court can only make a time-limited custody order for no longer than twelve months. With the assistance of the legal aid mediator, an agreement was reached wherein the MTCAS would seek termination of the CFSA custody and supervision order once an interim custody order was made under the Children's Law Reform Act (CLRA). The parties also agreed to a court-ordered assessment to assist the court in making a final assessment. Once a final custody order is made under the CLRA, a variation of the order can only be sought on the basis of a material change in the circumstances of a party. In addition, the CLRA order is not subject to automatic review after a fixed period of time such as is the case under the CFSA.

After further delays, RE, through his counsel, filed the CLRA application. On September 15, 1995 RE was granted an interim custody order on consent. On October 16,1995 the CFSA Supervision Order was terminated. The MTCAS took no further part in the ongoing litigation process.

From 1994 onward, the circumstances surrounding the health of both Mrs. Johnston and RE were changing. Mrs. Johnston was elderly and had flare ups of her arthritis which limited her ability to do household chores. RE stopped taking his injectable anti-psychotic medications in the spring of 1994 and then adjusted his oral anti-psychotic medications in a downward fashion. This resulted in a worsening of RE's paranoid schizophrenia with the development of psychotic delusions, which he was able to encapsulate from others in the early stages. Living conditions in their Bowmanville home deteriorated.

APPENDIX "A"

PARTY	REPRESENTED BY	DATE STANDING GRANTED
Ministry of the Attorney General	Mr. Dennis Brown Mr. John Zarudny Mr. Thomas Bell	July 3, 1997
Durham Access to Care	Ms. Maureen Houston	July 3, 1997
Children's Aid Society of Metropolitan Toronto	Ms. Kristina Reitmeier Ms. Jennifer Gallagher	July 3, 1997
Children's Aid Society of Durham Region	Mr. Michael Hartrick	September 15, 1997
CUPE, Local 2316 (front line CAS workers)	Ms. Cathy Lace	July 3, 1997
Dr. Zora Tretina	Mr. Tycho Manson	September 15, 1997
Dr. L. Pedretti	Mr. Peter Griffin Ms. Theresa Kirschblum	September 15, 1997
Rev. F. Lockhart Trinity United Church Bowmanville	Mr. John Cunningham	July 3, 1997
Ms. Yaroslava Koval's'kyj	Mr. Leroy Bleta	July 3, 1997
Mr. Maryan Koval's'kyj	self	July 3, 1997
Mr. Joseph Cattan	self	July 3, 1997
Ministry of Community & Social Services	Mr. John Calcott	December 15, 197
Ministry of Health	Ms. Janice Blackburn	December 17, 1997
Crown Attorney	Mr. Paul Bellefontaine Mr. John Scott	
Court Reporting Service Court House, Whitby	Ms. Julie Dempsey	

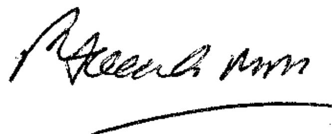
Supervision by workers from the MTCAS was done both by phone and at the access visits which were conducted at the Scarborough Offices of the MTCAS. Very few visits to the home were conducted and when they were, they were "announced" which allowed Mrs. Johnston time to arrange to have someone come in to clean up the house.

On April 2, 1996 RE, in a delusional psychotic rage, repeatedly stabbed Mrs. Johnston and Jennifer to death. RE was subsequently found to be "not criminally responsible by reason of a mental illness". RE presently remains in custody at the Oakridges Division of the Penetanguishene Mental Health Centre.

Appended to this verdict explanation is a copy of exhibit #69 which summarizes the court proceedings under the CFSA and includes reasons for the numerous adjournments and delays.

In closing, I would again stress that this synopsis was prepared to assist the reader in understanding the verdict. If any person or agency feels that I have erred in my recollection of the evidence, I would be pleased to review my verdict explanation.

Yours truly,



Peter A. Clark, M.D.
Regional Coroner

PAC:cm
Encls:

EXHIBIT #69

APPENDIX "B"

Jennifer Koval's'kyj-England (born August 24, 1989)

SUMMARY OF COURT PROCEEDINGS UNDER C.F.S.A.

Jan. 16, 1990	P.A., Filed by CCAS seeks 6 mos Society Warship. CCAS motion for temporary c&c	Child not Roman Catholic adj. To Jan. 18/90 child in temp c&c of CCAS
Jan. 18, 1990	CASMT attends court	child placed in temp c&c of CASMT adj. To Feb. 9/90
Feb. 9, 1990	Mr. K. files motion for temp c&c	increased access to Mr. K. adj. to March 15/90:s.q.
Mar. 15, 1990	Mr. K, files motion to be added as party; Y made allegations of sexual abuse: Y certified: hearing of g-father's motion from temp.c&c	Mr. K, added as party: child remains in care of CASMT; adj. to May 10, 1990
May 10, 1990	consent referral to FCC; no information yet from Poland	adj. to July 5, 1990; s.q.
July 5, 1990	no confirmation from FCC re: acceptant of referral	adj. to October 25, 1990: s.q.
Oct. 25, 1990	JC's first appearance; FCC accepted referral; assessment not completed	adj. to February 20, 1991; s.q.
Feb. 20 1991	FCC need additional month; JC seeks party status orally	adj. to April 5, 1991; JC to bring formal motion; s.q.
April 5, 1991	FCC report dated Feb . 22/91 filed; JC motion filed	adj. to May 3, 1991 for pre-trial; s.q. JC motion adj. to May 3/91
May 3, 1991	Pre-trial & JC motion; CASMT recommending placement with RE subject to S.O.	JC added as a party adj. to August 23, 1991 for trial
Aug. 23, 1991	Trial commences CASMT rec. place with RE RE and OG agree; Y and JC want child Mr. K. wants child	adj. to Sept. 27, 1991 for continuation of trial, s.q.
Sept. 27, 1991	Trial continues	adj. to November 22, 1991;s.q.
Nov. 22, 1991	Trial continues	adj, to January 3, 1992; s. q.
Jan 3,1992	Trial continues	adj, to February 13, 1992;s.q.
Feb. 13, 92	Trial continues	adj, to February 28, 1992,s.q.
Feb. 28, 1992	Submissions and decisions	finding in need of protection; child placed with RE, 12 mos. S.O., access at discretion of CASMT

Feb 17,1993	SRA filed by CASMT seeks 12 mos extension of S.O.	adj. to April 30, 1993 for pre-trial: s. q.
Apr 30, 1992	JC & Y both have new counsel	pre-trial adj. to June 4, 1993; s. q.
June 4,1993	Y's counsel seeking adjournment	adj. to July 30, 1993, for pre-trial ; s. q.
July 30, 1993	pre-trial;	adj. to January 7 (and target date January 19) for Trial before Judge Z.; s. q.
Jan. 7, 1994	Mr.K's new counsel seeks adjournment	(target dated vacated) adj. to April 13, 1994 (and further target date April 29 for Trial; s. q.
Apr. 13, 1994	Y's counsel seeks adjournment because continuing trial elsewhere	adj. to April 29, 1994; preemptory on Y; s. q.
Apr. 29,1994	at Judges suggestion, entire day spent negotiating	adj. to June 24 (and target dates July 22, & Sept 23) for Trial, s. q.
June 24, 1994	Y's counsel gets off the record	adj. to July 22, 1994 for Trial; s.q.
July 22, 1994	Trial commences	adj. to Sept. 23 for continuation of trial; s. q.
Sept. 23, 1994	Mr. K. files access motion; RE's counsel ill	adj. to October 4, 1994 s. q. (target dates Nov. 18, Dec.16 and Jan 12 for continuation of trial)
Oct. 4, 1994	access motion heard	access varied to 3 hrs each per month for Mr. K. and JC Y; adj to Nov. 18. 1994; otherwise s. q.
Nov 18, 1994	Trial continues	adj. to Dec. 16, 1994; s. q.
Dec 16, 1994	Mr. K's Christmas access motion; Trial continues	Mr. K. access for Jan 6 or 7; adj. to January 12, 1995, for continuation of trial; s. q.
Jan 12, 1995	Child's lawyer unable to attend (her mother died)	adj. to February 9, 1995 to continuation of trial; s. q.
Feb. 9, 1995	Y's lawyer served RE and Mrs. J with summonses; legal argument	adj. to may 19,1995 for continuation of trial; s. q. (target dates June 16 and 29, July 14)
May 19,1995	parties had participated in OLAP mediation, CASMT recommending termination of S.O. so custody/access could be determined under CLRA; CLRA application pending at 311 Jarvis	adj. to June 16, 1995; s. q.

June 16,1995	CLRA proceedings still not commenced	adj. to July 14, 1995; s. q.
July 14, 1995	CLRA proceedings still not commenced	adj. to September 8, 1995; s. q.
Sept. 8, 1995	CLRA application returnable Sept. 15/95 at 311 Jarvis	adj. to October 6,1995; s. q.
Oct. 6, 1995	Judge made interim custody order in favour of RE on Sept. 15	S.O. terminated