
Kootenay Boundary Region– Child Advocacy Centre Feasibility Study

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Prepared for: Kootenay Boundary Community Service Cooperative

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A. Introduction

Purpose of Report

The purpose of this report is to document the findings and conclusions of a feasibility study regarding the establishment of a child advocacy centre (hereafter, referred to as a “CAC” whether referring to the actual physical centre or a program or service) in the West Kootenay Boundary Region of British Columbia.

The goal of the feasibility study was to determine:

- the extent of the need for a CAC in the region;
- the readiness of the region and its service network to launch a CAC and the identification of existing resources that would require further development;
- potential models or alternatives that would best serve the region (if any); and
- the estimated costs of operating such a service and potential funding sources to ensure sustainability.

The Kootenay Boundary Community Services Cooperative contracted with Kim Thorau, a principal with Perrin Thorau & Associates Ltd. to undertake the feasibility study. This report includes an assessment of the current situation and resources, identification of feasible models of service delivery, including perceived obstacles or challenges to development and ways to address those obstacles and challenges, and a plan to implement and resource a feasible model.

Methodology and Approach

The following steps were taken to complete this feasibility study:

- review of the CAC concept and service delivery model, including a review of CACs in other jurisdictions;
- overview of services and resources available in the region; development of a consultation plan, including identification of stakeholders and interested parties to be consulted; preparation of interview questions and background information, and undertaking interviews with 43 stakeholders and interested parties either in person or by phone¹ to get their views on the feasibility of establishing a CAC in the region²

¹ Individual notes of 2 to 3 pages were taken for each interview and a summary of all interviews prepared to identify and highlight common themes and majority or consensus views.

² A secondary objective of the interviews with stakeholders, interested parties and community members was to build awareness of the CAC concept.

[Appendix 1 is a list of those consulted and Appendix 2 is a copy of the background and interview questions used to guide discussions];

- consideration of the results of the review of services and resources and findings of interviews with stakeholders and interested parties;
- consideration of the range of service delivery options and development of a recommendation for a feasible model for establishing a CAC in the region;
- development of conclusions and recommendations for next steps.

Oversight and direction to the project was provided by a Steering Committee composed of representatives from community social service organizations. The members of the Steering Committee were:

- Ramona Faust, Executive Director, North Kootenay Lake Community Services
- Lena Horswill, Executive Director, Nelson Community Services Centre
- Andrew Jarrett, Executive Coordinator, KBCSC
- Janet Sawyer, Manager, Advocacy Centre, Nelson CARES Society (and Acting Executive Director)
- Barry Trute, Member, Board of Directors, Nelson Community Services Centre.

Organization of Report

In addition to this Introduction Section, the report consists of four parts:

- a “background” section providing a description of the CAC concept, model and rationale and included for those readers to whom CACs are a new concept and intended to provide basic background information (NOTE: this report was not intended to be a detailed research paper on the CACs);
- a section providing a brief overview of the findings of a cross jurisdictional review of CACs in other jurisdictions;
- a section outlining the findings of the review and consultations in terms of an assessment of the need, readiness and capacity in the region for establishing a CAC and service delivery model options to best meet the needs of the region; and
- a final part providing conclusions and recommendations for next steps.

B. Background - Child Advocacy Centres

What is a Child Advocacy Centre?

A CAC is a “seamless, coordinated and collaborative approach to addressing the needs of child victims or children who have witnessed a crime”. The goal of a CAC is to reduce the number of interviews and questions directed at children during the investigation and / or court preparation process “thereby minimizing any additional system induced trauma ... [enabling] children to provide stronger evidence, which can lead to an increase in charges laid, guilty pleas, convictions and appropriate sentences”.³

Several agencies are involved in responding to cases involving child victims and witnesses and have various roles in the investigation and intervention process. In traditional practice, agencies and professionals often carry out their responsibilities separately and these efforts result in multiple contacts and interviews with the child that may in fact cause further trauma to the child they are trying to assist. Under a CAC, the role of all parties involved in the investigation and interview process is coordinated. The intent is not to replace or add to any of the existing roles or services, but to provide enhanced coordination at the investigation and interview stages and coordination, connection and continuous support to the child, youth and their family through the justice system process. CACs provide a mechanism for coordinating services to ensure that instead of the child victim or witness and their family navigating a difficult and confusing system there is a single, child-friendly point of access, that interviews with the child are minimized, and that there is better communication among agencies supporting young victims or witnesses.

Nature and Scope of a Child Advocacy Centre

A CAC coordinates and integrates the services of a multi-disciplinary team of professionals to respond to cases involving child victims or witnesses of crime. The multi-disciplinary team includes representation from:

- law enforcement,
- child protection and welfare services,
- crown prosecution,
- victim support and advocacy services,

³ Government of Canada, Department of Justice, *Backgrounder: Government of Canada Announces Funding for Child Advocacy Centres Across Canada*, www.justice.gc.ca/eng/news-nouv/nr-cp/2010/doc_32556.html

- medical assessment, and
- psycho-social assessment and mental health services.

A CAC may also provide training and education for professionals in the community who work with child abuse victims and community education and outreach.

The members of the multi-disciplinary team work together to conduct interviews and make team decisions about the investigation, treatment, management and prosecution of cases and ensure that children and parents have access to and receive required social, medical and mental health services and supports.

The traditional CAC concept is built on the notion of a neutral, designated child- and family-friendly facility or place that is generally distinct from agencies involved in the intervention process with the goal of creating a sense of safety and security for the child.⁴

Impact of CACs

Research suggests that CACs have a real and measurable impact in terms of benefits to victims and their families, efficiency and effectiveness of the process, and also in terms of economic costs.

Research from the United States indicates that caregivers and children were significantly more satisfied with the CAC interview experience than caregivers and children from the comparison group⁵; that cases seen at a CAC had a significantly faster charging decision times⁶; and resulted in a significantly higher number of prosecutions⁷. A cost-benefit analysis of CACs indicated that traditional investigations are 36% more expensive than a CAC investigation⁸.

⁴ National Children's Alliance, <http://www.nationalchildrensalliance.org/index.php?s=34>

⁵ Jones, L.M. Cross, T.E., Walsh, W.A., and Simone, M. (2007). *Do children's advocacy centres improve families' experiences of child abuse investigations?* Child Abuse and Neglect, 31, 1069-1085.

⁶ Walsh, W.A., Lippert, T., Cross, T.E., Maurice, D.M., and Davison, K.S. (2008). *How long to prosecute child sexual abuse for a community using a children's advocacy center and two comparison communities?* Child Maltreatment, 13(1), 3 -13.

⁷ Miller, A. and Rubin, D. (2009). *The contribution of children's advocacy centers to felony prosecutions of child sexual abuse.* Child Sexual Abuse and Neglect, 33, 12-18.

⁸ Formby, J., Shadoin, A.L., Shao, L, Magnuson, S.N., and Overman, L.B. (2006), *Cost benefit analysis of community responses to child maltreatment: A comparison of communities with and without child advocacy centers (Research Report No. 06-3)*. Huntsville AL: National Children's Advocacy Centre

The benefits of CACs found in the United States are also being seen in Canada in those few jurisdictions that have a CAC. The Zebra Centre in Edmonton (discussed further in the next section) has substantiated that the CAC model and coordinated investigations get proven results. Evaluation of the Centre found that the CAC model leads to a reduction in system-induced trauma for victims, an increase in charges laid, better quality of evidence, more guilty pleas and higher convictions rates with more appropriate sentences. Additionally, the Zebra Centre found that families are generally more willing to access services if they are on-site⁹.

In a report prepared for the Law Commission of Canada, researchers estimated the cost of child abuse for Canadian society in 1998-including judicial, social services, education, health, employment and personal costs-was \$15,705,910,047. They also found that in general, the major costs of child abuse are not borne by the Government, but instead are personal costs to the victims. "Our research strongly suggests that it is false economy to save dollars in the short run by ignoring abuse or by cutting programs designed to help families. There is a tremendous imbalance in what we as a society allocate to reduce the effects of abuse and the costs themselves."

"Even a relatively small increased investment in effective prevention and treatment programs could yield huge dividends for society. In fact, the earlier the intervention, the lower the overall costs and the greatest chance there is for a reduction of the multiplier effects consequent to abuse."

(Source: Bowlus et al, Law Commission of Canada Report, 2003)

⁹ ZEBRA Child Protection Centre, Victims of Crime Funds Grants Program Evaluation Report, March 1, 2007.

C. CACs in Other Jurisdictions

A cross jurisdictional review was undertaken to identify whether there were any lessons to be learned from experiences in other jurisdictions, particularly in terms of service delivery models and in relation to applying the concept in rural and / or geographically dispersed region.

United States

CACs were first developed in the United States in the 1980s as a way to reduce the stress on child abuse victims and families created by traditional child abuse investigation and prosecution procedures that were often fragmented, confusing, repetitive and inefficient. Professionals responsible for different elements of the process often worked in isolation and did not communicate efficiently and effectively with each other or with the child and family. CACs offered an integrated solution to helping children who were victims of abuse by bringing together these professionals and coordinating these processes to improve the effectiveness of the response.

Over the past 20 years there has been incredible expansion in the number of CACs in the United States, from less than 20 to over 900 (over 700 of these are accredited or associate members of the National Children's Alliance, a U.S. nationwide not-for-profit membership organization whose mission is to promote and support communities in providing a coordinated investigation and comprehensive response to victims of severe child abuse).¹⁰

Other Jurisdictions

CACs are not well enshrined in other jurisdictions internationally, although many countries are exploring and considering the CAC concept and beginning to implement centres, including: Australia (In March 2011, Australia's first advocacy CAC was opened in Perth, with support from the Western Australia government¹¹), Belarus, Brazil, Croatia, Cuba, Denmark, Iceland, Israel, Norway, the Philippines, Russia, South Africa and Sweden¹².

Canada

In Canada, CACs exist in only a few jurisdictions, although they are under consideration or development in several communities.

¹⁰ National Children's Alliance, <http://www.nationalchildrensalliance.org/index.php?s=34>

¹¹ The Southern Thunderer, *Premier Opens George Jones Child Advocacy Centre*, <http://www.southernthunderer.com.au/2011/03/premier-opens-george-jones-child-advocacy-centre/>

¹² Chris Newlin, The National Children's Advocacy Center, "Children's Advocacy Centers – What is the Rationale and Need? Presentation at 2011 Learning Exchange, March 2011.

Existing CACs in Canada include:

- Zebra Child Protection Centre, Edmonton, Alberta
- Child Advocacy Centre Niagara, St. Catherines, Ontario
- Child and Youth Advocacy Centre of Toronto, Toronto, Ontario – pilot project (BOOST Child Abuse and Prevention and Intervention)
- Centre d’expertise Marie Vincent, Montreal, Quebec.

The ORCA (Organized Response to Child Abuse) Society was incorporated in 2009 in Victoria, BC, to create a CAC in Victoria and region to improve the community’s response to child abuse. The society has established a working group to guide the “Implementation Phase” with a goal of establishing a centre by 2012.

Regina and Saskatoon, Saskatchewan, have centres with units composed of members from the police and child protection services of the Ministry of Social Services and access to medical examinations.

The Edmonton Zebra Centre (2002) is the only Canadian program currently affiliated with the National Children’s Alliance in the United States. Another feature of the Zebra Centre is that specially trained forensic interviewers conduct the interviews with the child, with the police and child welfare officials observing the interviews but not questioning the child themselves.

[Appendix 3 is a summary of the cross jurisdictional review of CACs, victim services and other relevant programs or initiatives in other Canadian jurisdictions.]

Observations and Lessons Learned

Experiences with establishing CACs in Canadian jurisdictions indicate that it is a time consuming and complex process compounded by getting all the players to the table and reconciling differing mandates and philosophies. Funding at all stages - feasibility assessment, development and implementation - has also been a major factor in the establishment of CACs in Canada.

The original CAC philosophy developed in the United States contemplated the establishment of CACs in rural areas (programs were intended to be flexible and based on a community’s strengths and capacity, especially for rural and resource-poor communities)¹³. However, the review did not identify any jurisdiction where a CAC had been implemented to service a large, geographically remote and dispersed region such as the West Kootenay Boundary Region.

¹³ Chris Newlin, The National Children’s Advocacy Center, “Children’s Advocacy Centers – What is the Rationale and Need? Presentation at 2011 Learning Exchange, March 2011.

D. Establishing a CAC in West Kootenay Boundary Region

Overview of Region

Geography of the Region

Following is a map of the West Kootenay Boundary Region (excluding Creston). The map is included to illustrate the size and dispersed nature of communities in the region. What is not reflected in this map is the topography of the region including the existence of several mountain ranges and passes between some of the communities.



Population

The total population of the West Kootenay Boundary Region is about 79,500 people and it is estimated that about 16,200 are between the ages of 0 to 19 years old¹⁴.

Three “cities” (Castlegar, Trail, and Nelson) have a population of between 7,600 and 9,600; Grand Forks has a population of about 4,000; and a few smaller towns and communities, including, Nakusp, Kaslo, Salmo, Rossland, Slocan City, Greenwood and Midway, have a population ranging in size from a few hundred people to about 2,500.

Analysis of Current State

Needs Assessment

A key component of the feasibility study was to determine the extent of the need for a Child Advocacy Centre in the region.

No statistics on the rate of child victims of violence and child witnesses were available on a regional basis.

Data on police-reported violent crime indicates that in 2008 the rate in BC for children and youth to be victims of violent crime was 11.11 per 1,000 children and youth¹⁵. In terms of child witnesses to abuse, on a national basis, almost 40% of women assaulted by spouses said their children witnessed the violence against them (either directly or indirectly) and in many cases the violence was severe¹⁶. The 1999 General Social Survey on Victimization found that in 37% of households with spousal violence (about 7% of all households) children witnessed abuse, and in 70% of those cases the violence was directed at the mother.¹⁷

¹⁴ Population estimates (1986-2010) and projections (2010-2036) – Local Health Area Statistics, BC Stats, BC Ministry of Citizens' Services.

¹⁵ Statistics Canada, Canadian Centre for Justice Statistics, Child and Youth Victims of Police Reported Violent Crime, 2008, <http://www.statcan.gc.ca/pub/85f0033m/85f0033m2010023-eng.pdf>

¹⁶ Statistics Canada, Measuring Violence Against Women: Statistical Trends 2006.

¹⁷ Mia Dauvergne and Holly Johnson, *Children Witnessing Family Violence*, Juristat – Canadian Centre for Justice Studies, Statistics Canada – Catalogue no. 85-002-XIE Vol. 21 no. 6, <http://www.statcan.gc.ca/pub/85-002-x/85-002-x2001006-eng.pdf>

National studies on the incidence rate for reported child maltreatment report an estimated a rate of 39.16 per 1,000 children in 2008¹⁸. However, in reality, it is recognized that there is significant underreporting of child maltreatment and exposure to family violence¹⁹.

The Ministry of Children and Family Development (MCFD) was able to provide statistics on the number of child protection investigations it undertook in 2010. The following table provides data on the type of intakes and action taken, including the number of protection investigations.

Ministry of Children and Families - Child Protection Investigations and Intake Statistics - West Kootenay Boundary Region - 2010													
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Total
Closed Intake Files by Action Taken:													
Determine need for support	4	6	1	2	5	5	4	5	3	2	3	2	42
Family Development response	2	1	2	2	3	2	2	2	6	0	1	3	26
No further action	8	11	17	17	21	8	4	10	17	16	11	13	153
Offer support services	13	26	17	20	33	23	29	33	25	30	24	16	289
Protection Investigation (by intake request type)													
Protection Report	14	17	33	15	29	25	18	29	19	11	5	10	225
Request for Family Support Services	2	0	0	1	2	2	0	0	2	0	1	0	10
Request for Youth Services	1	0	0	0	0	1	0	0	0	0	3	0	5
<i>Total - Protection Investigations</i>	17	17	33	16	31	28	18	29	21	11	9	10	240
Refer to com agency	5	13	14	20	18	11	9	15	15	21	1	10	152
Return to parent (in BC)	1	0	0	0	0	0	1	0	0	0	0	0	2
<i>Total all Closed Intake</i>	50	74	84	77	111	77	67	94	87	80	49	54	904
% Protection Investigations / All Closed Intakes	34.00	22.97	39.29	20.78	27.93	36.36	26.87	30.85	24.14	13.75	18.37	18.52	26.55
# of Children Removed - West Kootenay	0	2	2	4	3	8	2	2	7	3	2	0	35

¹⁸ Public Health Agency of Canada, 2008 Canadian Incidence Study of Reported Child Abuse and Neglect: Major Findings.

¹⁹ Government of Canada, (by Susan Jack, RN, PhD, Catharine Munn, MD, FRCP(C), Chiachen Cheng, MD, MPH, FRCP(C), and Harriet MacMillan, MD, MSc, FRCP(C)), Overview Paper: Child Maltreatment in Canada – National Clearinghouse on Family Violence, 2006, http://www.canadiancrc.com/Child_Abuse/Child_Abuse.aspx

Those interviewed did not perceive that there were a huge number of cases in the region on an annual basis involving a child victim or a child witness to abuse (this included those police and victim services personnel interviewed)²⁰. However, there was a recognition that these cases did occur in the region and the predominant view among those consulted was that child victims and witnesses and their families could be better served by a more coordinated overall response and approach.

The significant majority felt that a seamless, coordinated and collaborative response to providing service to children victims and witnesses as offered by a CAC would be beneficial to the child and their family, and to the system itself. Many of those interviewed indicated that children and families they had dealt with were often confused and even overwhelmed by the system, not knowing who to contact and unclear about the process and steps moving forward and would greatly benefit from a single, child friendly point of contact. A majority of respondents, including crown counsel and police²¹, felt that a key attribute of a CAC is the coordination of the investigation and forensic interviewing process. They felt that this would benefit the child by reduced contacts, questions and interviews that may serve to cause them further trauma, but also the justice process in that a single, effective and consistent interview based on best practices and techniques in interviewing child victims or witnesses, including use of video taping technology to record the interview, could lead to more charges, prosecutions and convictions. Many perceived the low charge, prosecution and conviction rate for child abuse and neglect in the region as a problem.

Even among those few who questioned whether from a strict cost-benefit analysis a CAC was tenable in the region, there was agreement that enhanced coordination at the investigation and interview stage, and specialized forensic interviewing expertise would be beneficial. This included MCFD staff who questioned whether there was a sufficient critical mass of cases to warrant the establishment of a CAC in the region and also whether such a program was necessary given the Ministry's existing mandate and current role and responsibility for child protection, including reporting to and working with the police as required. It is understood that there are protocols in place between the police services in the region (RCMP and Nelson Police Department), but it appears that awareness and compliance with a detailed protocol is low, although both parties agreed and accepted the need to report to and inform each other of cases as needed.

It appears that some of the concern the Ministry staff had with the concept related to confusion about how the program was to operate. It will be important to communicate that any service activity that results from the feasibility project is not intended to

²⁰ As compared to a large urban centre such as Toronto where approximately 1,500 child abuse investigations occur yearly.

²¹ The region is served by the RCMP Kootenay Boundary Regional Detachment and Nelson has its own police force that coordinates with the RCMP as required.

duplicate or replicate existing services, but rather provide seamless coordination between the partners and other parties who have role in responding to such cases. (This underscored a lesson learned from the cross jurisdictional review and of efforts to establish CACs in communities in Canada about the need to get everyone “on the same page” and establish the foundation of a shared goal and purpose.) Ministry staff interviewed did agree that child protection investigations could be improved through greater coordination of efforts with police, and that MCFD staff could benefit from specialized training in evidence based, forensic investigations and interviewing techniques (staff turnover and workload is an issue in this area).

Furthermore, the Ministry is moving to adopt a new approach to child welfare and responding to the needs of vulnerable children and youth by enhancing the existing focus on keeping families together. Under the new approach, staff will be expected to work more closely with colleagues and in a more integrated fashion to organize and coordinate services to families. Rather than simply referring a family to other staff or services, staff will work directly with family to link them in with required programs and services. It is suggested that this new approach to child and family services is consistent and complementary to the creation of a CAC model that is designed to improve coordination and assist MCFD in making linkages and connections in the child protection area of its work.

Others with some questions about the feasibility of establishing a CAC in the region recognized that some of their concerns could be addressed through the approach and model adopted for the region – they did not feel that a stand alone centre was viable, but could see the potential in some form of mobile, as-needed program.

Some of those interviewed about the CAC concept and model suggested that the region needed a child advocacy program, but with a broader mandate to serve all vulnerable or high risk children and cover other issues facing children, youth and their families (some suggested expanding the mandate of the existing Advocacy Centre by adding a stream focused on family and children and with outreach to all communities in the region). This is beyond the scope of a CAC and this feasibility study, but is reported to this project’s Steering Committee for further consideration.

Resource Assessment

A review of the service network and resources available in the region, and interviews with a broad range of stakeholders covering all impacted sectors indicates that generally there is a range of services in the region to support the establishment of a CAC. Many respondents felt that the region has the required types of services to support a CAC, but cautioned that current resources are stretched very thin and that there may be workload issues during the implementation period and on an ongoing basis that would need to be addressed. [Appendix 4 is a list of services by community.]

Some respondents suggested that in some smaller communities there might be gaps or insufficient resources in some areas (i.e., specialized counseling or therapeutic treatment) that would need to be augmented by accessing resources from adjacent communities or by developing further resources in these areas. As well, one area identified as needing further development, if a CAC was established in the region, was the area of medical assessments. There is a SCAN (Suspected Child Abuse and Neglect) centre in the Kamloops hospital (a six hour drive from the region) and there are some pediatricians in the region that have some experience in undertaking medical assessments, but enhanced expertise and resources in specialized, forensic medical assessments would need to be developed in the region to support a CAC.

Service Delivery Model

Alternative Approaches or Models

A key component of the feasibility study was to identify and consider how the CAC concept and approach could be effectively implemented in the region, in a way to meet the needs of the region while taking into account the practical realities of the geographically dispersed nature of the communities in the West Kootenay Boundary area. In considering the alternative models for establishing a CAC in the region, the models implemented in other jurisdictions were considered and those interviewed were invited to provide input and insight to how a CAC could be established in the region to address its unique needs and realities.

A continuum of options was identified and considered:

Option 1 – Stand-alone CAC for West Kootenay Boundary Region

- Consistent with traditional model, establishment of a neutral, stand-alone child friendly facility providing coordinated, multi-disciplinary services to child victims or witnesses. A full range of CAC services would be provided in and through the centre.

Option 2 – Central CAC and mobile multi-disciplinary team

- An adaptation of the traditional model with a central child centre/program supported by a child advocate (CA) position or role* and a multi-disciplinary team (from a roster) with the required expertise and experience who are available to travel throughout the region as required; a child friendly space or location would be established in each community as a place to meet with children and families.

Option 3 - Central CAC and community-based and multi-disciplinary teams

- Similar to option 2, but instead of a mobile multi-disciplinary team there would be a central child centre/program supported by a CA position or role* and an multi-disciplinary team (from a roster) established in select communities to serve the community and surrounding region. A child friendly space or location would be

established in these select communities as a place to meet with children and families.

Option 4 – Community Based CAC and community-based multi-disciplinary teams

- ❑ Similar to Option 3, but instead of a central CAC there would be a number of community-based “CACs” implemented through a CA position / role* and multi-disciplinary teams (from a roster) in select communities. A child friendly space or location would be established in these select communities as a place to meet with children and families.

*The CA position / role would be responsible for overall coordination and for connecting / marshaling the multi-disciplinary team as needed. The CA would be a guide and source of support for the child/youth and their family through the system from the initial report to disposition. The CA would provide a link to the network or continuum of services by providing continuity throughout the process, serve as a guide and liaison with the family to the system and provide support throughout the entire process. The CA will also provide immediate and in-person crisis support during and following investigation and interview. A key part of the responsibilities of the CA’s role, particularly post implementation, but also on an ongoing basis, is community education and outreach and networking and team building with parties to the multi-disciplinary team.

In all of options 1 through 4, cross training and education would need to be provided to the multi-disciplinary team members. The multi-disciplinary teams would be supported by specialized counseling / therapeutic treatment resources as required. Under options 2 and 3, the CA position could be located in any community in the region and housed in available space in a community service agency. It is envisioned that the CA would be the only salaried position.

Although option 1 – establishment of a neutral, standalone CAC – is the traditional and preferred model, such an approach would not be feasible in the West Kootenay Boundary Region. Establishing a centre in a select community would not achieve the objectives of a CAC as given the distances between communities in the region children and parents would be unwilling or unable to travel to the centre to receive services. As well, they would remove or distance themselves from their local or community-based supports and resources. Establishing a stand-alone CAC in a number of communities in the region would not be feasible or tenable from a cost / benefit and demand for service point of view.

Options 2 and 3 attempt to address some of the issues identified for option 1. Under Option 2, a centralized CAC, implemented through a CA position / role, would provide overall oversight and coordination, and a mobile or distributed multi-disciplinary team would “go to” the child in their community. The main downside with a mobile multi-

disciplinary team is the practicality, logistics and costs of such an approach, given the geography and distances between communities. This downside is addressed in Option 3 where multi-disciplinary teams would be established in several communities in the region. However, an issue identified with both Options 2 and 3 relates to the centralized CAC model and CA position / role and the practicalities and logistics of depending on a single person to serve the entire region in a timely and effective way. Practical and logistical issues include conflicts in scheduling and availability when providing services to children located in distant communities in the region and lack of back-up during absences and vacations.

Option 4 addresses the issues identified with the other options by providing for community-based CA positions / roles and multi-disciplinary teams in select communities. This would better serve the region by making the program available in a more timely and accessible way throughout the region, and by giving a “community face” to the position. It is proposed that a CA position / role be located in three communities throughout the region – say, Grand Forks, Nakusp and Nelson. The three CAs would also be responsible for outreach to the outlying smaller communities in their area and could backstop each other during absences or based on demand.

Another option to addressing some of the identified issues, but that would not meet the goals in establishing a CAC, would be to establish an enhanced protocol between the police services in the region and MCFD regarding coordinated investigation and interviews, including development of specialized expertise in forensic interviewing of child victims and witnesses. Such an approach, however, would not realize the full benefits of the CAC concept and would lack from the connection with other services required to effectively and comprehensively respond to and support child victims/witnesses and their families.

Challenges and Obstacles

With any model there are challenges and obstacles to be overcome in establishing a CAC in the region. Identified challenges and issues that would need to be addressed in establishing a CAC in the West Kootenay Boundary Region include:

- Getting buy-in from all key parties – building commitment and a shared commitment to better serving children victims/witnesses and their families
- Breaking down “turf” issues and territorialism
- Building trust and credibility between the parties
- Building trust and credibility in the community

- Practical challenges associated with geographic nature of the region and dispersed and isolated communities and population (“getting the services to the people or the people to the services”)
- Simply getting busy people together and actively involved and engaged during the development, implementation and ongoing operational stages
- Sustainable, long-term funding.

E. Conclusions and Recommendation

The results of the feasibility study suggest that establishment of a CAC in the West Kootenay Boundary Region of BC would benefit children who are victims and witnesses of violence and maltreatment in terms of improved response and service. The study also indicates that the best model for establishing a CAC service or program in the region is option 4 and the establishment of community-based CA positions/roles and multi-disciplinary teams in select communities strategically located to provide service throughout the region. There are, however, several outstanding issues and matters to be addressed before such a model could be implemented.

It is recommended that the Kootenay Boundary Community Service Cooperative sponsor a phase 2 that would involve the detailed design of the West Kootenay Boundary CAC based on option 4 outlined in this report.

Some of the issues and matters to cover in this program design phase include:

- the governance structure;
- detailed design of the service delivery model, including articulating the roles and responsibilities of various parties, establishing protocols and processes, identifying multi-disciplinary team members;
- operational and infrastructure considerations including a final decision on which select communities the child advocate position / role should be located in, and the site in a number of communities for a child friendly space for the child and family to come for interviews;
- development of resources including development of a specialized forensic interviewing capacity (whether in the team members or a separate resource) and access to specialized medical assessment expertise;
- cross training of team members;
- development of an implementation plan, including identification of funding to support a multi-year pilot project and evaluation (and consideration of longer term funding post pilot period) and a communication and community outreach program.

A secondary objective of the design phase would be to further promote and build awareness of the CAC concept throughout the region in communities, community organizations and families.

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- Fact Sheets – Alberta, British Columbia, Manitoba, New Brunswick, Newfoundland and Labrador, Northwest Territories, Nova Scotia, Nunavut, Ontario, PEI, Quebec, Saskatchewan

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Zebra Child Protection Centre, Edmonton, <http://www.zebracentre.ca/>

ZEBRA Child Protection Centre, Victims of Crime Funds Grants Program Evaluation Report, March 1, 2007.

Appendix 1

List of Individuals/Agencies Interviewed

Child Welfare

Ministry of Children and Family Development:

- Jan Souza, Community Mental Health Manager
- Lois Lien, Acting Manager Community Services
- Rhonda Shears, Team Lead, Castlegar
- Katie Heine, Team Lead, Nakusp
- Darren Hedstrom, Team Lead, Nelson
- Lisa Macheck, Acting Team Lead, Trail
- Molly Smith, Acting Team Lead, Resources
- Pat Boyle, Admin Services

Ktunaxa-Kinbasket Child and Family Services:

- Eva Coles, Family and Prevention Services Manager

Police

RCMP: Staff Sergeant Dan Seibel, Operations NCO, Kootenay Boundary Regional Detachment

Nelson Police Department: Chief Wayne Holland

Crown Counsel

Ministry of Attorney General, Phil Seagram, Deputy Regional Crown

Victim Services

Dana Barter, Nelson, Police based

Sarah Bolton, Nelson, Specialized Community-based

Leanna Kozak, Castlegar, Police-based

Cathy Riddle, Boundary, Police-based

Dawn Wagner, Nakusp, Police-based

Community Service Agencies

Arrow and Slocan Lakes Community Services - Jennifer Swartz (written comments)

Boundary Family and Individual Services –

- Carol Mitchell (providing comments on behalf of a group of staff)
- Tinaya Jorgensen, Family Reattachment Program

Brent Kennedy Learning Centre Children and Family Programs, Susie Meyers, Aboriginal Support Worker

Castlegar & District Community Services –

- Mary DeVan, Clinical Supervisor
- Christine Lummis, Counselor Sexual Abuse Intervention Program (SAIP) and Child Who Witness Abuse Program

Freedom Quest Regional and Youth Services - Tammy Verigin, Executive Director

Kutenai Art Therapy Institute - Monica Carpendale, Executive Director

Kootenay Family Place, Castlegar - Jim Fisher, Executive Director

Kootenay Kids, Nelson -

- Valerie Warmington, Executive Director
- Isabelle Herzig, CAPC Regional Coordinator
- Danica Lee, Aboriginal Early Intervention (Little Robes Coordinator)
- Cathy Spears, Support Worker, Life After Birth Postpartum

Nelson CARES - Janet Sawyer, Acting Executive Director and Manager, Advocacy Centre (On Steering Committee to Project)

Nelson Community Services Centre –

- Lena Horswill, Executive Director (On Steering Committee to Project)
- Cathy Swanston, Counselor SAIP and Child Who Witness Abuse Program
- Alice Temesvary, Women's Outreach Worker

North Kootenay Lake Community Services – Ramona Faust, Executive Director (On Steering Committee to Project)

Salmo Community Services - Rafi Silver, Executive Director

Trail FAIR, Gail Lavery - Executive Director

W.E. Graham Community School Society - Steve Heynen, Mental Health Counsellor

Health

Vanessa Dowell, Early Psychosis and Community Health, *Interior Health*

Education

Ben Eaton, Director of Student Services, *School District 8*

Victoria McAllister, Elementary Learning Assistance, Aboriginal Education, Elementary Counselling, Librarian, *J.V. Humphries School, Kaslo*

Other

Andrew Robinson, Associate Deputy Representative Advocacy, Aboriginal and Community Relations, *Office of the Representative for Children and Youth*

Todd Kettner, Counsellor, *Summit Psychology Group*, Nelson

Barry Williscroft, Private Counsellor, Nelson

Appendix 2

Consultation Backgrounder and Interview Questions

Backgrounder – Feasibility Study

Establishment of “Child Advocacy Centre” in the West Kootenay Boundary Region

Purpose of Study

The Kootenay Boundary Community Services Cooperative (KBCSC) is undertaking a study about the feasibility of establishing a child advocacy or child protection centre in the West Kootenay Boundary region (inclusive of Castlegar, Grand Forks, Kaslo, Nakusp, Nelson, Salmo and Trail and surrounding communities).

The study will include a needs assessment; a readiness assessment, including an analysis of existing and new resources required to support the centre; the development of alternative models to best serve the region; and an estimate of costs and identification of sustainable funding sources.

The KBCSC has hired a consultant, Kim Thorau, to undertake the Feasibility Study under the direction of a Steering Committee composed of representatives from interested parties and stakeholders. The members of the Steering Committee are:

- Jody Dudley, Chair of Board of Directors, Nelson CARES Society
- Ramona Faust, Executive Director, North Kootenay Lake Community Services
- Lena Horswill, Executive Director, Nelson Community Services Centre
- Andrew Jarrett, Executive Coordinator, KBCSC
- Janet Sawyer, Manager, Advocacy Centre, Nelson CARES Society (and Acting Executive Director)
- Barry Trute, Member, Board of Directors, Nelson Community Services Centre

What is a Child Advocacy Centre?

A child advocacy, or child protection centre, (hereafter referred to as CAC) is a child-focused, child friendly program that provides coordinated investigation, intervention and support services to children and youth involved in the justice system either as a victim or a witness to a crime. CACs seek to minimize and mitigate potential system-induced trauma by providing an integrated approach for child victims or witnesses and their families to access and receive services, and to reduce the number of interviews and questions directed at children during the investigation and / or court preparation process.

Rationale for Child Advocacy Centres

Child abuse and neglect is as major problem and societal concern. Several agencies are involved in responding to child abuses cases and have various roles in the investigation and intervention process. Traditionally, these agencies and professionals carry out their responsibilities separately and these efforts often result in multiple contacts and interviews with the victim that may re-traumatize the victim they are trying to assist.

CACs are a recognition that the traditional ways of investigating and assisting child victims of physical and sexual assault are not always effective and may in fact re-traumatize many victims. The intent of the CAC approach is to ensure that children who disclose abuse or are witness to abuse or violence are not further victimized by the intervention systems intended to help and protect them. CACs provide a mechanism for coordinating investigation, intervention and support services to ensure that instead of the child victim navigating a difficult and confusing system of multiple and repetitive interviews that the system is brought to the child and interviews are coordinated and reduced.

Nature and Scope of a Child Advocacy Centre

A CAC coordinates and integrates the services of a multi-disciplinary team of professionals to respond to child abuse allegations through a child centred approach. The multi-disciplinary team includes representation from:

- law enforcement,
- child protection services,
- crown prosecution,
- victim support and advocacy services,
- medical and mental health services.

The team members work together to conduct interviews and make team decisions about the investigation, treatment, management and prosecution of child abuse cases and ensure that children and parents have access to and receive required social, medical and mental health services and supports. CACs may also provide training and education for professionals in the community who work with child abuse victims and community education and outreach. The traditional CAC concept is built on the notion of a neutral, designated child- and family-friendly facility or place that is generally distinct from agencies involved in the intervention process with the goal of creating a sense of safety and security for the child.²²

²² National Children's Alliance

INTERVIEW QUESTIONS

Feasibility Study - Creation of A Child Advocacy Centre in the West Kootenay Boundary Region

General:

1. Please provide some background on yourself, the organization you are affiliated with and its role and interest in child advocacy/protection.

Needs Assessment:

2. In your opinion is there a need for a child advocacy, or child protection centre (as described in the backgrounder) in the West Kootenay Boundary Region?

[Any information you may have on incidence of child abuse or neglect in the region is appreciated.]

3. Would a coordinated approach to investigation, intervention and provision of support services benefit children and youth involved in the justice system as either a victim or witness of crime? In your view what are the perceived benefits of a CAC?

Resource and Service Assessment:

4. In your opinion, are there sufficient resources and services available in the region to support the creation of a CAC?
5. What are some of the gaps, including where an existing resource or service would need to be augmented, or where a new resource or service is needed?

Alternative Approaches:

6. What are some possible models for establishing a CAC in the region?

In theory and practice in many jurisdictions the CAC is a physical place that is neutral and separate from other agencies. Do you think that this is a reasonable model for the region? How could this be realized? Are there other alternative models that would be better suited to the region?

Issues and Challenges:

7. In your opinion, what are the key issues and challenges with the creation of a CAC in the region? How could these be overcome?

Appendix 3 - Cross Jurisdictional Review

Child Advocacy/Protection Centres and Services Canadian Jurisdictions²³

Jurisdiction	Child Advocacy and Support	Other Initiatives
<p>British Columbia</p>	<p><u>Victim Services</u> – Public Safety and Solicitor General Ministry oversees and funds 160 victim services programs (90 police based and 70 community-based through NGOs) throughout the province. Programs include services for family and sexual violence, ethno-specific and diverse communities, children, youth and aboriginal people.</p> <p><u>Children Who Witness Abuse</u> – 85 counseling programs offered by NGOs provide group and individual counseling for children ages 3 to 18 who have witnessed abuse, threats or violence in the home.</p> <p><u>Crime Victim Assistance Program</u> – funded by government, provides financial assistance and benefits to victims of violent crime, their immediate family members and some witnesses.</p> <p><u>Sexual Abuse Intervention Program</u> - a community-based program that provides specialized assessment and treatment services to children and youth under age 19 who have been sexually abused, and their families. SAIP also provides specialized assessment, treatment and consultation services for children less than 12 years of age who have sexual behaviour problems, and their caregivers.</p> <p><u>Vancouver Incest and Sexual Abuse Centre</u> – operated by Victim Support Services of Family Services of Greater Vancouver (FSGV - VISAC) offers support and information to children who have been sexually abused and non-offending family members where criminal charges are anticipated or have been laid. Program also works with children and witnesses of crime and provides information and support to adult survivors of child sexual and physical abuse. http://www.fsgv.ca/programpages/abusepreventiontraumatreatment/visactasa/</p>	<p>Under the FSGV – VISAC Program a specialized victim support worker is placed with the VPD Sex Crimes Unit to increase the availability of immediate victim support for child and youth victims.</p> <p>As part of FSGV – VISAC program victim support workers provided training to Crown Attorneys in working with child victims and witnesses.</p>

²³ Summarized from relevant internet sites for Canadian jurisdictions and Jurisdictional “Fact Sheets” submitted to Child Advocacy Centres Knowledge Exchange, 2011.

Jurisdiction	Child Advocacy and Support	Other Initiatives
	<p><u>ORCA Children’s Advocacy Centre</u> – the mission of the ORCA (Organized Response to Child Abuse) Society, established in 2009, is to create a CAC in Victoria and region to improve the community’s response to child abuse. The society has established a Working Group to guide the “Implementation Phase” with a goal of establishing a centre by 2012.</p>	
Alberta	<p><u>Victim Services</u> – the Solicitor General and Public Security (SGPS) Ministry funds 150 NGOs to provide support, information and referrals to victims. Programs are either community-based (specializing in a specific aspect of service such as a sexual assault) or police-based and available through every police service detachment in the province. Programs use volunteers to provide services to victims. In 2009/10 15% of clients (10,113) were children under 18. Victim service advocates may liaise with Crown Prosecutors to ensure that needs of child witnesses are addressed (including court room screens).</p> <p><u>Victim Financial Assistance</u> - SGPS Ministry also provides a financial benefit program for victims of violent crime.</p> <p><u>Zebra Child Advocacy Centre</u> – based in Edmonton and established in 2002, is Canada’s first multi-disciplined child advocacy centre with and mandate to protect children and enhance their safety in the community. Zebra is child centred and child friendly and based on a multi disciplinary model of care for child physical and sexual abuse victims. The Zebra team is composed of Edmonton Police officers, Crown Prosecutors, Alberta Children’s Services, Child at Risk Response Teams, the Child and Adolescent Protection Centre, medical and trauma screening specialists and volunteer child and family advocates. http://www.zebracentre.ca/</p>	<p>Interactive Court preparation web-based programs - the one developed for children is called Superhero Island and is offered in three languages and features a “Court Preparation Island” where the child can earn “super-hero” status by successfully completing the interactive learning activities; the one for teens is called Flipside and is “edgy, direct and no B...S...” and modeled after “apps” on a cell phone.</p>
Sask.	<p><u>Victim Services</u> – there are 18 police-based Victim Services units throughout the province.</p> <p>Four Victim/Witness Coordinators provide court preparation and support services to children throughout the province. Testimonial aids are available to allow children to testify outside the courtroom.</p> <p><u>Children Exposed to Violence</u> – nine Children Exposed to Violence Programs operate throughout the province.</p> <p><u>Multi-disciplinary Teams (MDTs)</u> – Regina and Saskatoon have</p>	

Jurisdiction	Child Advocacy and Support	Other Initiatives
	<p>Multi-disciplinary teams (MDTs) located in child-centred facilities and Prince Albert has an MDT in a police setting. The MDTs conduct child forensic interviews of the child, parents, witnesses and other family members. A specialized team of Crown Prosecutors is available to assess investigations and provide direction as needed.</p> <p><i>Regina Children’s Justice Centre (RCJC)</i> – opened in 1993, is a unit made up of Regina Police Service (plains clothes) members and officials from the Ministry of Social Services. The unit is located in a facility separate from the Police and Social Services. A team of physicians is available at a local hospital on both an emergency and non-emergency basis to examine children where abuse is suspected.</p> <p><i>Saskatoon Centre for Children’s Justice</i> – established in 1996 as a community organization and governed by a board composed of members of the community as well as police and social services. In 1999, management of the Centre was handed over to the Saskatoon Police Service with assistance of Social Services. A visiting physician who specializes in child abuse investigations conducts forensic medical examinations on site. The police-based victim services program is also based in the Centre.</p> <p>Twenty-five smaller communities have “soft rooms” in local police stations/detachments to provide a safe environment for children to tell their story.</p>	
Manitoba	<p><u>Manitoba Justice Victim Services - Child Victim Support Service (CVSS)</u> – provides support to child victims and witnesses (a program under Manitoba Justice Victim Services that provides support to child victims and witnesses, adults who experience childhood sexual abuse and other vulnerable victims who are involved in the criminal court process). CVSS helps child victims and witnesses by explaining court processes, preparing them for court, identifying special needs and testimonial aids, providing court accompaniment, facilitating meetings with crown attorneys, referral to community resources (therapists and treatment programs, and providing information and guidance on preparing Victim Impact Statements). CVSS staff maintain regular contact with child protection agencies and police forces. CVSS is a province-wide program providing services through all 69 court locations in the Manitoba.</p> <p><u>Child Protection Centre – Winnipeg, Health Sciences Centre</u> – an</p>	

Jurisdiction	Child Advocacy and Support	Other Initiatives
	<p>assessment and early intervention unit for abused children and their families. CPC provides: 1) medical assessments – physical and sexual abuse medical assessments weekdays by appointment through the Child Protection Centre Clinic and on an emergency basis through Children’s Hospital Emergency for injuries requiring immediate attention; and Child Protection Development Clinic for children whose development is suspected to have been affected by abuse, neglect to deprivation; and 2) psycho-social assessment of parent-child on request for families where abuse is suspected or has occurred.</p>	
Ontario	<p><u>Ontario Ministry of Attorney General Ontario Victim Services Secretariat - Child Victim/Witness Program</u> – offers through eight community-based centres across the province emotional support to child victims and witnesses, prepares them for court and refers them to counseling and other services. The Program works closely with the Ministry’s Victim Witness Assistance Program, law enforcement and others in justice sector. There is a provincial advisory committee, and some centres have established local advisory committees. Some centres have developed formal protocols outlining how the centre, law enforcement, the crown’s office and the Victim/Witness Assistance program will work together to ensure successful coordination of court services for child victims and witnesses.</p> <p><u>Victim/Witness Assistance Program</u> – provides services to children victim/witnesses in areas not served by the Child Victim/Witness program. The program provides information, assistance and support to victims and witnesses of crime.</p> <p><u>Victim Quick Response Program</u> – available in 50 communities, provides immediate assistance to victims of violent crime. Eligible victims with no financial means are able to access a number of services including short-term early intervention counseling services.</p>	<p>Internet Child Exploitation (ICE) counseling program provides short-term, immediate counseling for child victims of sexual exploitation.</p> <p>“What’s My Job in Court” activity book for children 6 to 12 is designed to help children familiarize themselves with the court process.</p>
	<p><u>The Child Advocacy Centre of Niagara</u> – opened in September 2008 the centre has an on site multi-disciplinary child advocacy support team composed of members of Niagara Regional Police, Family and Children’s Services, mental and medical health communities and the crown. The centre provides integrated, comprehensive and timely response to allegations of child maltreatment. Children are referred through a number of sources including teachers, caregivers, social workers, churches and the victims themselves. When an abused child enters the</p>	

Jurisdiction	Child Advocacy and Support	Other Initiatives
	<p>centre they meet one of the team in a comforting and relaxed atmosphere, and depending on the case a police officer or Family and Child Services staff will interview the child only once.</p> <p><u>Gatehouse and BOOST Child Abuse Prevention and Intervention – Toronto Child and Youth Advocacy Centre</u> – stakeholder partners have been working for past six years to establish a child and youth advocacy centre to coordinate the system’s response to children and youth victimized by abuse and violence. Approximately 1,500 child abuse investigations occur in Toronto yearly.</p> <p>The service model includes a new program that will meet the needs of families by providing an Advocate that will guide the child/youth and family through the system from the initial report to disposition. The Advocate will work as a member of the MDT to coordinate services for the child/youth and family.</p> <p>A one-year project begun April 1, 2011 will pilot the CYAC model and evaluation. Operating out of the Gatehouse, a child friendly interview site, the pilot CYAC brings together an MDT composed of six detectives from two police divisions, child protection workers, an Advocate, medical and mental health representatives and Child Victim Witnesses advocates.</p> <p><u>The Suspected Child Abuse and Neglect (SCAN) Program</u> is a program run by The Hospital for Sick Children in Toronto (Sick Kids). SCAN is managed by a team of healthcare professionals at the hospital who offer care, support and assessment to children and teenagers who may have been maltreated, and their families. SCAN will undertake assessments where children are suspected of being abused, and provide psychosocial, forensic assessment of sexual abuse concerns for children referred by police or child welfare authorities. The SCAN Program provides a link between Sick Kids and community doctors and hospitals, Children's Aid Societies, police, schools and other community agencies including consultation on management of cases where a concern of maltreatment exists.</p>	
Quebec	<p><u>Multisectoral Agreement on Child Victims of Sexual Abuse, Physical Abuse or Neglect that Threatens Their Physical Health</u> – replaces all existing protocols and provides a socio-legal intervention process that includes: notifying the Director of Youth Protection, coordinating and planning interventions, investigating and assessing the merits of the allegations, deciding</p>	

Jurisdiction	Child Advocacy and Support	Other Initiatives
	<p>on required follow-up and acting and sharing information with partners (including the police, crown prosecutors, and depending on the situation, educational institutions, health and social services). The roles and responsibilities of each partner are clearly defined in the Agreement.</p> <p>The Centre d'expertise Marie-Vincent provides centralized services in a single location to child sexual abuse victims aged 12 and younger and their families. Partners from law enforcement, medical, psychological and social services work collaboratively and in partnerships to offer specialized services and expertise to young victims. The Centre also offers training program for professionals involved in child abuse and undertakes research pertaining to child abuse.</p>	
<p>New Brunswick</p>	<p><u>Victim Services</u> – provincial victim services programs funded through the Department of Public Safety provide services to victims of crime including child victims (2 to 18 years of age). Services for child victims include referrals and payment for counseling, and court preparation and support including testimonial aids and liaison with crown prosecutions.</p> <p><u>Child Witnesses of Family Violence</u> – the “Moving Forward Program” for children aged 4 to 16 who witness family violence is available throughout the province.</p> <p><u>Multi-disciplinary Teams</u> – Child Protection Services, Department of Social Development has responsibility for investigation and follow up of child abuse cases, but when the criminal justice system is involved, police and victim services have lead roles in the delivery of “seamless services” to both child victims and their parents. Multi-disciplinary teams (MDTs) of police and child protection workers complete joint investigations when an allegation of child abuse is made to either party. MDTs exist in all communities and are mandated to complete joint investigations. Child abuse protocols outlining the roles and responsibilities of all services provided to children have been in place for 35 years.</p>	
<p>Nova Scotia</p>	<p><u>Victim Services</u> <i>Child Victim/Witness Program</i> is a specialized court preparation program of Victim Services provided to children involved in justice system because they are a victim of crime or a witness of crime.</p> <p><i>Counseling for Children Who Witness Intimate Partner Violence</i></p>	

Jurisdiction	Child Advocacy and Support	Other Initiatives
	<p>offers funded professional counseling services for children exposed to domestic violence.</p> <p><u>IWK Health Centre’s Child Protection Team</u> – provides comprehensive assessment, management and treatment of children in the maritime region where allegations of abuse are identified. Comprised of pediatricians with expertise in child abuse, social workers, clinical nurse specialists, and psychologists, the CPT uses an integrated multidisciplinary team approach to provide direct service, consultation and counseling to children and families. The CPT maintains strong relationships with the police, child protection services, and sexual abuse response programs.</p> <p><u>IWK Mental Health Child Welfare Team</u> – for children and families who are receiving services from the Department of Community Services, provides supports to children exposed to maltreatment including child and family assessments, child psychotherapy and group programming.</p> <p><u>Mental Health Mobile Crisis Team (MHMCT)</u> – is a crisis support service providing an integrated response to mental health crisis in the community. The MHMCT includes mental health professionals and police officers who provide support to children, youth and adults experiencing a mental health crisis.</p>	
PEI	<p><u>Victim Services</u> – provides assistance to child victims and witnesses at all stages in the criminal justice process including information and preparation about the court process, assistance in preparing a victim impact statement and help in accessing testimonial aids.</p>	<p>Child-friendly waiting rooms have been established in each courthouse.</p>
Nfld. and Labrador	<p><u>Victim Services</u> – provides services for victims and witnesses including a dedicated court preparation program for children under the age of 16 who may required to testify in criminal proceedings. The Children’s Program funds counseling sessions enabling children to address trauma. An agreement with Justice Canada provides funding for a child and caregiver to travel to a court preparation meeting.</p>	

Appendix 4 – Services by Community

Program / Service	Grand Forks	Castlegar	Nelson	Trail	Nakusp	Salmo	Kaslo
Victim Services							
• Police-based	√	√	√*	√	√	√	√
• Community-based			√**	√**			
Sexual Abuse Intervention Program (SAIP)	√	√	√	√	√	***	√
Children Who Witness Abuse	√	√	√	√	√	√	√
Children and Youth Mental Health (MCFD; contracted service providers)	√	√	√	√	√	√	
Family Support Programs	√	√	√	√	√	√	√

*both RCMP and Nelson Police Department

**Specialized – Family and Sexual Violence

***No SAIP program in Salmo; Salmo clients have been served by Nelson program