



BOOST CHILD & YOUTH ADVOCACY CENTRE

EVALUATION REPORT: OCTOBER 2013-JUNE 2015

For: **BOOST CHILD & YOUTH ADVOCACY CENTRE**

Report By: Violeta Dubov and Deborah Goodman
CHILD WELFARE INSTITUTE, CHILDREN'S AID SOCIETY OF TORONTO

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ACKNOWLEDGEMENTS

Since Boost Child & Youth Advocacy Centre began the process of implementing its model and services, many other organizations across Canada have also embarked on the establishment of a Child & Youth Advocacy Centre (CYAC) in their community. It is firmly believed that CYACs represent a multidisciplinary coordinated approach to child abuse investigations that results in improved outcomes for children, youth and their families, and cases in general.

Currently there is minimal Canadian research that outlines the benefits of the CYAC model. It is through the participation and commitment of the following dedicated individuals and agencies that Boost CYAC has been able to complete this evaluation:

- ✚ Boost CYAC Research Committee, comprised of representatives from Toronto Police Service, Children's Aid Society of Toronto, the Child Welfare Institute, the Radius Child & Youth Services, Sexual Abuse Family Education & Treatment (SAFE-T) Program, the Suspected Child Abuse & Neglect (SCAN) Program, and Boost CYAC;
- ✚ Members of the Boost CYAC Multidisciplinary Team who oversaw and completed the survey forms over an extended period of time, which was an added task over and above their respective roles;
- ✚ The Child Welfare Institute, particularly Dr. Deborah Goodman and Violeta Dubov, who provided guidance and significant overtime to this project as an expression of their belief in the CYAC model; and
- ✚ The children, youth and families who have experienced abuse and violence in their lives, and who continue to inform our work as we strive together to provide innovative, skilled and sensitive interventions.

This report represents an important contribution to what we hope will be a growing body of evidence of the value and importance of supporting CYACs across the country.

Author: Child Welfare Institute, July 2017

PARTNERS:

Boost Child & Youth
Advocacy Centre

Toronto Police Service

Catholic Children's Aid
Society of Toronto

Children's Aid Society
of Toronto

Native Child and
Family Services of
Toronto

Jewish Family & Child

Suspected Child Abuse
& Neglect (SCAN)
Program (Hospital for
Sick Children)

Child Development
Institute

Radius Child & Youth
Services, Sexual Abuse
Family Education &
Treatment (SAFE-T)
Program

Victim Witness
Assistance Program

Office of the Crown
Attorney

EXECUTIVE SUMMARY

Introduction

In October 2013, the co-location implementation of Boost Child & Youth Advocacy Centre (Boost CYAC) took place. Boost CYAC operates with a Multidisciplinary Team (MDT) that includes the following members: Toronto Police Service, Children Aid Societies (CASs), Advocates, Hospital for Sick Children, Suspected Child Abuse & Neglect (SCAN) Program, and Mental Health Professionals (MHPs). This report is a review of the operations of Boost CYAC over a 20-month period (October 2013 to June 2015) and examines progress on the eight key outcome areas:

- **Outcome 1:** More coordinated interviews with child/youth victims
- **Outcome 2:** Reduced number of interviews for child/youth victims
- **Outcome 3:** Better quality of interviews and evidence
- **Outcome 4:** Improved potential for successful prosecution
- **Outcome 5:** Increased access to timely medical care
- **Outcome 6:** Increased access to timely mental health services
- **Outcome 7:** More comprehensive response to the needs of child/youth victims and caregivers
- **Outcome 8:** More collaborative/coordinated response to child/youth victims and caregivers

Evaluation

Evaluation of Boost CYAC was by the Child Welfare Institute, Children's Aid Society of Toronto. There were two main evaluation objectives:

- **Objective 1:** Analysis of the five key MDT services (i.e., police, child protection, Advocates, medical, mental health).
- **Objective 2:** Analysis of the effectiveness of the partnership and the MDT.

Six survey tools were used to collect the data and obtain the information needed for the evaluation:

- TPS Child Abuse Investigation Case Activity Sheets 1 (n = 1,055) and 2 (n = 72);
- CAS case worker surveys (n = 605);
- Advocate surveys (n = 262);
- SCAN Professional surveys (n = 108);
- MHPs surveys (n = 143); and
- Caregiver surveys (n = 23).

In addition, the following research methodologies were used:

- Comparison of SCAN Program CYAC cases (n=71) vs. non-CYAC cases (n=37);
- Comparison of CAS CYAC cases (n=20) vs. non-CYAC cases (n=20);
- Comparison of CYAC cases with a joint investigation (n=268) vs. without a joint investigation (n=268); and
- Comparison of CYAC joint investigations with an Advocate (n=331) vs. without an Advocate (n=331).

These tools and research methodologies were used to shed light on Boost CYAC case profiles, individual partner service delivery, multidisciplinary service delivery, caregiver experience, and MDT partnerships. All data were analyzed in an aggregate format, according to the type of data collected. Quantitative data were analyzed with Statistical Package of Social Sciences v20 (SPSS), a statistical program. Qualitative data were analyzed through a manual review of all data content where key emerging themes were identified.

Author: Child Welfare Institute, July 2017

The strengths of the 20-month evaluation include the detailed data collected from the MDT over the evaluation timeline, allowing for a fuller picture of the services provided by Boost CYAC. Using both quantitative and qualitative data ensures that the limitations of one type of data are balanced by the strengths of the other. A key limitation of this evaluation is the low number of responses from Boost CYAC clients (i.e., children, youth and caregivers). Another limitation is the missing case data, which led to some data inconsistencies (e.g., joint investigation rate reported by police = 76% vs. CASs report = 65%).

Boost CYAC Case Profiles (Obtained From Police & CASs Data)

- 53% of the **referral sources** were schools, 15% were health professionals and community agencies, 14% were the police, 9% were families, and 9% were other sources.
- 58% of **abuse allegations** were related to physical abuse, 38% to sexual abuse and 4% to neglect.
- 88% of the referrals had **Eligibility Spectrum Coding** for physical harm/risk or sexual harm/risk, while 12% were allegations related to neglect, abandonment/separation and caregiver capacity.
- 75% of referrals had the **severity coding** of *Extremely Severe* and 25% were coded as *Moderately Severe*.
- In terms of **gender**, 55% of child/youth victims were females versus 45% males.
 - Females were more frequently victims of sexual abuse (female = 78%; male = 22%), while males were more frequently victims of physical abuse (female = 41%; male = 59%) and neglect (female = 42%; male = 58%).
- On average, child **victims' age** was 9 years old ($M_{age} = 8.99$).
 - Neglect investigations had the youngest child victims ($M_{age} = 5.32$), physical abuse had older victims ($M_{age} = 8.23$) and sexual abuse had the oldest victims ($M_{age} = 10.51$).
- 60% of cases involved a **two parent household**; 74% of cases had one or two **children in the home**.
- 49% of the cases had no prior **child welfare history**, 32% were opened 1-2 times prior, 12% were opened 3-5 times prior, and 7% were opened over 6 times prior.

Analysis of Individual Partners

Toronto Police Service: Main Findings

Police officers completed 1,055 Sheet 1 of the 1,200 cases referred to Boost CYAC, **representing 88% of families served**. Police completed 72 Sheet 2, **representing 33%** of the 216 cases with charges. All findings below are related to the 88% of reported cases.

- Police **supported and assisted victims** within 1 hour in 68% of cases and in 2 hours in 92% of cases.
- 76% of investigations were conducted **jointly with a CAS** and over 85% of cases had **briefing and debriefing** with a CAS throughout the investigation process.
- 87% of victims had **one investigative interview** and only 2% were interviewed more than twice.
- **Investigation venue**: school (48%) versus CYAC (36%). When **examined by gender**, more males were interviewed at school, whereas females were equally split between the schools and the CYAC.
- The median length of **case assignment to case clearing** was 3 days (ranged from 0 to 250 days).
- Police **laid charges** in 21% of cases; most common charges: Sexual Assault, Sexual Interference, Assault, and Assault with a Weapon. **Alleged offenders** were interviewed in 52% of cases; a **confession** occurred in 42% of the interviews.
- The average **length of court process** was 9.58 months (ranged from 3 to 21 months).
- Of 72 cases with data on charge outcomes, 34% were **Withdrawn**, 33% resolved with a **Peace Bond**, 25% resolved with a **Conditional Discharge**, and in 8% of cases the offender was in **Custody**.

Children's Aid Societies: Main Findings

Approximately 23 CAS workers completed a total of 605 forms, **representing about 50% of 1,200 cases referred to Boost CYAC**. All findings below are related to the 50% of reported cases.

- 77% of victims had **one investigative interview** and 6% were interviewed more than twice.
- 65% of the investigations were conducted **jointly by police and a CAS; briefing and debriefing** with police occurred in at least 65% of cases.
- In 50% of cases, interviewing of victims and/or collaterals was the **primary intervention**. Other primary interventions by frequency: connecting to support services; arresting of alleged offender; cautioning the caregiver(s); changes to the child's access to caregiver(s); and medical services.
- 44% of families received **community referrals**, most commonly to individual/family counselling.
- 66% of cases were **closed after investigation**; 34% of cases were **transferred** to Ongoing Services.

Advocates: Main Findings

A total of 435 families were referred to the Boost CYAC Advocates; Advocate **surveys were completed for 60% of these families**. All findings below are related to the 60% of reported cases.

- 98% of Advocate cases **involved TPS** and 79% **involved a CAS**.
- 75% of Advocate involved investigations **took place at** the CYAC, 18% were at the school, 5% at home, and 1% at the police station.
- 59% of investigations had **Advocate involvement in the interview process** (e.g., supports family), while in 41% of cases the Advocate was *somewhat involved* or *not involved* (main reasons for becoming involved only after the interview were related to the investigation taking place outside of the CYAC or outside of regular business hours; Advocates do not attend or watch interviews).
- In 35% of cases, the **Advocate followed up periodically** with the child/youth, while in 59% of cases, the **Advocate followed up periodically** with the non-offending caregiver.
- In 75% of applicable cases, the **Advocate referred children/youth for court preparation**.
- 81% of child/youth victims received an average of 3.31 **referrals** (range was 1 to 7). The **top 3 referrals** were for individual counselling, the Child Victim Witness Support Program (CVWSP) and the Victim Witness Assistance Program (VWAP).
- 60% of non-offending parents/caregivers received an average of 2.38 **referrals** (range was 1 to 6). The **top 3 referrals** were for individual counselling, crisis intervention and family counselling.
- When applicable, over 30% of child/youth victims and non-offending parents/caregivers received **information** with respect to victim compensation and legal services.

The SCAN Program: Main Findings

A total of 176 families were referred to the SCAN Program by the MDT; **surveys were completed for 40% of these families**. All findings below are related to the 40% of reported cases.

- In 97% of cases, **SCAN Program services** were provided to child/youth victims and in 7% of cases, SCAN Program services were provided to the victim's family members or caregivers.
- 99% of cases **involved TPS** and 89% of cases **involved a CAS**.
- Of the 66 applicable cases, 94% of children were provided with **medical consultation**, while the remaining 6% of children were offered, but chose not to have a medical consultation.
- 62% of cases received **medical consultation** within **24 hours**, 15% waited **24-72 hours**, 13% waited **73 hours to 1 week**, and 10% of children waited **over 1 week** for a medical consultation.
- Of 60 applicable cases, 95% of children were provided with a **physical examination**, while the remaining 5% of children were offered, but chose not to have a physical examination.
- 53% of cases received a **physical examination** within **24 hours**, 13% waited **24-72 hours**, 15% waited **73 hours to 1 week**, and 19% of children waited **over 1 week** for a physical examination.

Mental Health Professionals: Main Findings

A total of 187 families were referred to Boost CYAC Mental Health services; **surveys were completed for 76% of these families**. All findings below are related to the 76% of reported cases.

- Where applicable, 72% of families were provided **crisis intervention within 2 weeks** of referral; the remaining 28% were offered crisis intervention, but chose not to have it.
- Where applicable, 46% of **children/youth victims** were provided **individual counselling** (the remaining 54% were offered individual counselling, but chose not to have it); for 96% of these children/youth, individual counselling was available **within 2 weeks** of referral and only 4% of children/youth waited **2 to 5 weeks** for individual counselling.
- Where applicable, 50% of **caregivers/family members** were provided **individual counselling** (the remaining 50% were offered individual counselling, but chose not to have it); in 87% of these cases, individual counselling was available **within 2 weeks** of referral, but 13% of caregivers/family members waited **2 to 5 weeks** for individual counselling.
- Where applicable, 43% of families were provided **family counselling** (the remaining 57% were either offered family counselling at the CYAC, but chose not to have it, or referred to this service elsewhere); in 80% of family counselling cases, the service was available **within 2 weeks** of referral and 20% of families waited **2 to 12 weeks** for family counselling at the CYAC.

Analysis of Multidisciplinary Service Delivery

SCAN Program: Comparison of Boost CYAC and Non-CYAC Cases

- The SCAN Program professionals were significantly more likely to provide **medical consultations** to CYAC clients than comparison group clients.
- The SCAN Program professionals experienced **superior communication** and more **effective relationship** with both CASs and police on CYAC cases as opposed to comparison group's cases.

Children's Aid Society of Toronto: Comparison of Boost CYAC and Non-CYAC Cases

- No differences in number of **victim interviews** were found between CYAC and regular Intake cases.
- No differences in the **type of intervention used**, or **rates of CAST case transfers** were found between CYAC and regular Intake cases.
- More CYAC clients were **connected to community services** when compared to regular Intake.
- CYAC cases were more likely to conduct **joint CAS-police investigations** than regular Intake cases.

Boost CYAC Cases: Impact of Joint Investigations on Case Outcomes

- Joint investigations were trending toward **less victim interviews** than independent investigations.
- Joint investigations involved only one police officer (as opposed to more officers) in significantly more cases than independent investigations.
- Joint investigations showed a trend toward **shorter time to case clearing** when compared to independent investigations; this difference was more apparent in **physical abuse** investigations than in sexual abuse investigations.
- Joint investigations showed a higher rate of **suspect interview and confession** in **physical abuse** investigations when compared to independent investigations.
- Many more victims and caregivers were **referred to community services** in joint investigations.

Boost CYAC Joint Investigations: Impact of Advocate on Case Outcomes

- Investigations with an Advocate showed higher number of **victim interviews** than investigations without an Advocate.
- Investigations with an Advocate had significantly longer police time spent on **victim assistance and support** than investigations without an Advocate. It is likely that the additional police time spent was because of consultations between police and Advocates with respect to victim support, particularly in more complex cases.
- Investigations with an Advocate showed statistically increased **interview length** than investigations without an Advocate, suggesting these were more complex cases.
- Investigations with an Advocate had a significantly higher proportion of cases where **charges were laid**, higher **number of charges laid** per case and needed a longer time period for **case clearing** than investigations without an Advocate, again suggesting case complexity.
- Investigations with an Advocate had significantly higher proportions of **case transfers** to CAS Ongoing Services than investigations without an Advocate.
- Significantly more victims and caregivers were **referred to community services** when investigations with an Advocate occurred as opposed to investigations without an Advocate.
- Investigations with an Advocate were more likely than investigations without an Advocate to utilize **CYAC mental health services**.

Caregiver Feedback

- Nearly all responding caregivers indicated feeling **heard, respected** and **safe** at the CYAC.
- All caregivers reported either “good” or “excellent” **overall service quality** and provided high **satisfaction** ratings and **responsiveness** ratings to the various service providers at the CYAC.
- Caregivers made particular note of their great **satisfaction with Advocates**.

Boost CYAC MDT Partnership

- There were ongoing challenges with the consistent **inclusion of Advocates** within the investigation process, as well as some concern over insufficient **sharing of information** with the MDT.
- Over 75% of all MDT members who provided data reported “effective” or “very effective” **communication** with all partners.
- Thematic analysis of qualitative MDT feedback identified benefits, such as **superior service** to the family because of coordinated MDT support, which allowed families to **move quicker toward achieving their goals**.
- Over 75% of all MDT members who provided data reported “effective” or “very effective” **working relationships** with all partners.
- Thematic analysis of qualitative MDT feedback identified beneficial relationships and easy access to professionals, which **enhanced service planning**. Relationships with the MDT contributed to **improved client outcomes**, particularly in complex cases.

Findings on Anticipated Outcomes

Outcome 1: More coordinated interviews with child/youth victims?	YES
Outcome 2: Reduced number of interviews for child/youth victims?	SOMETIMES
Outcome 3: Better quality of interviews and evidence?	YES
Outcome 4: Improved potential for successful prosecution?	YES
Outcome 5: Increased access to timely medical care?	YES
Outcome 6: Increased access to timely mental health services?	YES
Outcome 7: More comprehensive response to the needs of child/youth victims and caregivers?	YES
Outcome 8: More collaborative/coordinated response to child/youth victims and caregivers?	YES

Author: Child Welfare Institute, July 2017

Conclusion

It appears that the Boost CYAC model led to better coordinated child abuse investigations with evidence of increased collaboration between child protection, police, medical, advocacy, and mental health sectors. This increased collaboration appears to have contributed to investigative efficiencies and additional support to child/youth victims and families.

Next Steps

- 1) Enhance the evaluation methodology: standardization of MDT tools; comparison of CYAC and non-CYAC models and cases; longitudinal data; and process evaluation.
- 2) Enhance the CYAC model to better serve client needs: equal access to CYAC resources for clients coming into the CYAC at different times (e.g., after hours) and with different needs; increased Advocate notification and involvement; and more structured debriefing process.
- 3) Answer outstanding questions that emerged from this evaluation with respect to the impact of Advocate on case outcomes: review of cases with more investigative interviews; longer interviews; more charges laid; and more case transfers to child protection Ongoing Services.



TABLE OF CONTENTS

Acknowledgements.....	1
Executive Summary.....	2
1.0 Introduction	10
1.1 Background.....	10
1.2 Description of the Boost CYAC Model (2013-2015).....	10
1.3 Key Program Anticipated Outcomes	11
2.0 Evaluation Methodology.....	12
2.1 Evaluation Objectives	12
2.2 Data Collection	12
2.3 Data Analysis	13
2.4 Strengths & Limitations.....	13
3.0 Results Part 1: Analysis of Individual Partners.....	15
3.1 Toronto Police Service (n = 1,055 Sheet 1; n = 72 Sheet 2)	15
3.2 Children's Aid Societies (n = 605).....	21
3.3 Advocates (n = 262).....	30
3.4 SCAN Program (n = 71).....	35
3.5 Mental Health (n = 143)	38
4.0 Results Part 2: Analysis of Multidisciplinary Service Delivery	42
4.1 SCAN Program: Comparison of Boost CYAC & Non-CYAC Cases.....	42
4.2 CAS: Comparison of Boost CYAC & Non-CYAC Cases	44
4.3 Boost CYAC Cases: Impact of Joint Investigations on Case Outcomes	47
4.4 Boost CYAC Joint Investigations: Impact of Advocate on Case Outcomes	52
4.5 Caregiver Feedback	58
4.6 Analysis of Boost CYAC Partnerships from the Perspective of the MDT	61
5.0 Summary	69
5.1 Summary of Boost CYAC Case Profile.....	69
5.2 Findings on Key Anticipated Outcomes	70
6.0 Conclusion & Next Steps.....	73

LIST OF FIGURES

Figure 1. <i>Mean child age by offence type</i>	15
Figure 2. <i>Eligibility Spectrum sections</i>	22
Figure 3. <i>Severity of allegation</i>	23
Figure 4. <i>Child Welfare history</i>	24
Figure 5. <i>Investigation source</i>	26
Figure 6. <i>Interview lead</i>	26
Figure 7. <i>Location of investigative interview</i>	27
Figure 8. <i>CAS involvement with Advocate cases</i>	30
Figure 9. <i>CAS involvement with SCAN cases</i>	35
Figure 10. <i>Suspect interview & confession rates in independent & joint investigations</i>	49
Figure 11. <i>Proportion of CAS cases transferred to Ongoing Services by offence type & severity</i>	54
Figure 12. <i>Number of days to case clearing by offence type in investigations with & without Advocate</i>	55

LIST OF TABLES

Table 1. <i>Briefing & debriefing between police & CAS</i>	16
Table 2. <i>Advocate involvement in investigations</i>	17
Table 3. <i>Police: Number of investigative interviews</i>	17
Table 4. <i>Length of victim interview</i>	18
Table 5. <i>Location of victim interview</i>	18
Table 6. <i>Case charge outcomes</i>	20
Table 7. <i>Family demographics</i>	25
Table 8. <i>CAS: Number of investigative interviews</i>	25
Table 9. <i>Explanation for Advocates partial or non-involvement in investigative interview</i>	31
Table 10. <i>Referrals offered by Advocates for children/youth</i>	32
Table 11. <i>Referrals by Advocates for parents/caregivers</i>	33
Table 12. <i>Info sharing with children/youth</i>	34
Table 13. <i>Info sharing with caregivers/family</i>	34
Table 14. <i>Referrals by MHPs</i>	40
Table 15. <i>SCAN services provided to Boost CYAC & comparison groups</i>	42
Table 16. <i>Communication with CAS & police ratings by Boost CYAC & comparison group</i>	43
Table 17. <i>Relationship with CAS & police rating by Boost CYAC & comparison group</i>	43
Table 18. <i>Victim/case characteristics of Boost CYAC & regular Intake cases</i>	44
Table 19. <i>Victim/case outcomes of Boost CYAC & regular Intake cases</i>	46
Table 20. <i>Victim/case characteristics of Boost CYAC non-Advocate cases: independent & joint investigations</i>	48
Table 21. <i>Victim & suspect interviews in independent & joint investigations</i>	50
Table 22. <i>Victim/case outcomes of independent & joint investigations</i>	51
Table 23. <i>Victim/case characteristics with Advocate & without Advocate investigations</i>	53
Table 24. <i>Victim interviews with Advocate & without Advocate investigations</i>	54
Table 25. <i>Victim/case outcomes with Advocate & without Advocate investigations</i>	56
Table 26. <i>Services received by caregivers</i>	58
Table 27. <i>Caregiver satisfaction with service providers</i>	59
Table 28. <i>Caregiver assessment of service responsiveness & support</i>	59
Table 29. <i>Police: Effectiveness of partner communication during debriefs</i>	61
Table 30. <i>Police: Overall working relationship with partners</i>	61
Table 31. <i>CAS: Effectiveness of partner communication during debriefs</i>	62
Table 32. <i>CAS: Overall working relationship with partners</i>	62
Table 33. <i>Advocate: Communication during the Advocate notification segment of the investigation</i>	64
Table 34. <i>Advocate: Effectiveness of partner communication during debriefs</i>	64
Table 35. <i>Advocate: Overall working relationship with partners</i>	65
Table 36. <i>SCAN: Effectiveness of partner communication during debriefs</i>	66
Table 37. <i>SCAN: Overall working relationship with partners</i>	66
Table 38. <i>MHPs: Effectiveness of partner communication during debriefs</i>	67
Table 39. <i>MHPs: Overall working relationship with partners</i>	67

1.0 INTRODUCTION

1.1 Background

In 2007, the Boost Child & Youth Advocacy Centre (CYAC) vision was developed beyond concept to become an actual operational model. There was an initial CYAC Pilot Phase from August 2011 to March 2013, which was evaluated by the Child Welfare Institute (CWI), Children's Aid Society of Toronto (a copy of the Child & Youth Advocacy Centre – Toronto Pilot Report is available on the publication section of the CWI website, or by contacting Boost CYAC).

In October 2013, the co-location implementation of Boost CYAC took place. Primary community service partners that assisted in the development of Boost CYAC were: Boost Child & Youth Advocacy Centre (Boost CYAC); Toronto Police Service (TPS); Children's Aid Society of Toronto (CAST); Catholic Children's Aid Society of Toronto (CCAS); Native Child and Family Services of Toronto (NCFST); Jewish Family & Child (JF&C); the Suspected Child Abuse & Neglect (SCAN) Program at the Hospital for Sick Children; Radius Child & Youth Services, SAFE-T Program; Child Development Institute; Victim/Witness Assistance Program; and the Office of the Crown Attorney.

1.2 Description of the Boost CYAC Model (2013-2015)

Incorporating program data and Pilot evaluation results, the following changes were made to the CYAC model post full implementation:

- ✚ referrals to other agencies/services were more tailored and individualized by case;
- ✚ a more “wraparound” approach was taken; and
- ✚ a “Case Review” process was introduced with clear criteria for inclusion/exclusion.

Members of the Multidisciplinary Team (MDT):

- **Toronto Police Service:** police officers work out of Boost CYAC to conduct joint child abuse investigations and provide specialized police services to the most severe and high-risk cases where the alleged offender is in a position of trust or authority. If abuse is suspected for a youth 16 or older, only the police investigate, unless children under the age of 16 are at risk.
- **Child Protection Agencies:** child protection professionals work out of Boost CYAC to conduct joint child abuse investigations and provide specialized child protection services to the most severe and high-risk cases. Reports of child abuse are investigated for children under the age of 16 (or over 16 years if the youth is in the care of a child protection agency).
- **Advocates:** the role of the Advocate is to provide consistent support, advocacy and referral services to child/youth victims/witnesses of abuse and their families from the time of the initial investigation to completion of the criminal justice process (or when no further services were needed). Advocates are not available to attend at afterhours or offsite investigations, however they follow-up with verbal consent from clients. The Advocate is a voluntary service provided with consent and criminal charges and/or CAS verification/open file are not required to receive services.
- **SCAN Program:** medical professionals from the SCAN Program are available onsite at Boost CYAC to provide medical services to victims, and consultations to MDT members, victims and families.

- **Mental Health Professionals (MPHs):** the role of Boost CYAC MHPs is to provide assessment and treatment intervention services to children, youth and their families after a report of child abuse has been investigated.

At Boost CYAC, interventions are respectful and considerate of the children, youth and families served, making their physical and emotional safety a priority.

1.3 Key Program Anticipated Outcomes

The goal of this evaluation was to conduct a 20-month review (October 2013 to June 2015) of Boost CYAC. The following key outcomes were anticipated as a result of the Boost CYAC services:

Outcome 1: More coordinated interviews with child/youth victims

Outcome 2: Reduced number of interviews for child/youth victims

Outcome 3: Better quality of interviews and evidence

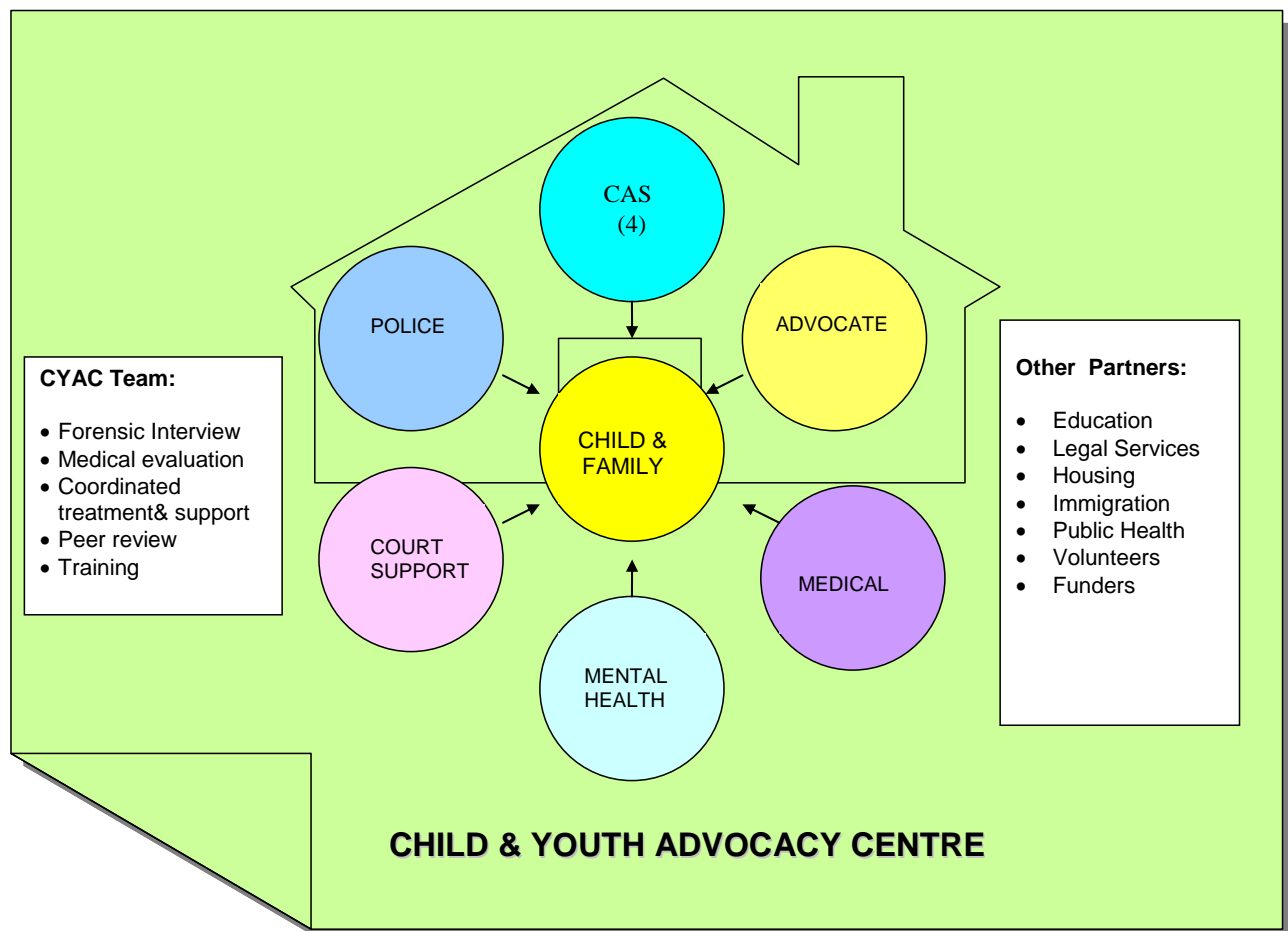
Outcome 4: Improved potential for successful prosecution

Outcome 5: Increased access to timely medical care

Outcome 6: Increased access to timely mental health services

Outcome 7: More comprehensive response to the needs of child/youth victims and caregivers

Outcome 8: More collaborative/coordinated response to child/youth victims and caregivers



2.0 EVALUATION METHODOLOGY

2.1 Evaluation Objectives

In order to review the operations of Boost CYAC over the 20-month period and examine progress on the eight key outcome areas outlined in Section 1.4, the evaluation employed a mixed-method, longitudinal, multi-stakeholder approach. Specifically, the evaluation had two objectives:

- **Objective 1:** Analysis of the five key MDT services (i.e., police, child protection, Advocates, medical, mental health).
- **Objective 2:** Analysis of the effectiveness of the partnership and the MDT.

To accomplish the objectives of the evaluation, data tools were developed, tested and implemented. The specific tools used and data collection strategies are described in section 2.2 below.

2.2 Data Collection

Six tools were used for this Implementation Phase to collect the data and obtain the information needed to answer the evaluation aims. These tools consisted of the following surveys: (1) TPS Child Abuse Investigation Case Activity Sheets 1 and 2; (2) CAS case worker surveys; (3) Advocate surveys; (4) SCAN Program Professional surveys; (5) MHP surveys; and (6) caregiver surveys. Despite efforts to collect data from the clients, only 23 caregivers provided data. Notwithstanding the low number, including the perspective of the caregivers who did provide feedback is of high importance. However, the challenges with collecting data from clients remain a limitation of the evaluation and data from the 23 caregivers cannot be generalized to the entire client population.

2.2.1 TPS Sheet 1 & Sheet 2: October 2013 to June 2015 (n1 = 1,055; n2 = 72)

Two standardized tools were used when conducting child abuse investigations. All police officers were asked to complete *Case Activity Sheet 1* for each case on which they worked. This tool included questions about: case demographics; interactions with a CAS, Advocate, and victim; MDT collaboration; and legal proceedings. Police officers were asked to complete *Case Activity Sheet 2* that asked for follow-up information on the cases that proceeded to court (e.g., testimony, diversion, sentencing).

2.2.2 CAS Survey: October 2013 to June 2015 (n = 605)

This standardized tool had four main sections that child protection workers completed for each CYAC child protection investigation conducted during the study period. The form included: investigation details; child/youth and family details; case outcome details; and aspects of the MDT collaboration.

2.2.3 Advocate Survey: October 2013 to June 2015 (n = 262)

A standardized, web-based Survey Monkey tool was designed. Nineteen questions explored the Advocate's perspective on: location of investigative interview; availability of the Advocate; referrals and services for the child and family (e.g., crisis intervention); as well as the quality of the collaboration and communication between the key agency partners. Advocates were asked to complete the survey for each family served.

2.2.4 SCAN Survey: October 2013 to June 2015 (n = 108)

A standardized survey was designed. Nineteen questions explored the SCAN Program Professionals' perspective on: the services the family received (e.g., medical consultations, physical examinations); the time it took to obtain these services; referrals; and the quality of the collaboration and

communication between the key agency partners. SCAN Program Professionals were asked to complete a survey for each family served.

2.2.5 Mental Health Survey: October 2013 to June 2015 (n = 143)

A standardized, web-based Survey Monkey tool consisted of 12 questions that explored: the services the family received (e.g., individual counselling, family counselling); the time it took to obtain mental health services; referrals; and the quality of the collaboration and communication between the key agency partners. Mental Health Professionals were asked to complete a survey for each family served.

2.2.6 Caregiver Survey: October 2013 to June 2015 (n = 23)

A standardized, web-based Survey Monkey tool consisted of 26 questions that explored the services the family received (e.g., counselling, Advocacy) and caregivers' satisfaction with the various aspects of service provided to them and their children.

2.3 Data Analysis

All data were analyzed by the Child Welfare Institute, CAST in an aggregated ('summary') format. The data from each data collection form were analyzed according to the type of data collected. All quantitative data were analyzed using Excel and the Statistical Package of Social Sciences (SPSS) v23 computerized software. Results were reported through applying univariate (e.g., frequency) and bivariate analyses (e.g., cross-tab, t-test, ANOVA) and appropriate parametric (i.e., *mean*) and nonparametric tests (i.e., median). Where appropriate, testing for differences between groups was done (e.g., t-test, ANOVA), where significance was set at $p \leq .05$. Qualitative (narrative) data were analyzed through a manual review of all data where key emerging themes were identified and results were reported through direct quotations from the data sources.

2.4 Strengths & Limitations

The strengths of this 20-month evaluation include the detailed data collected from the MDT over the evaluation timeline, plus their commitment to collect the added data over the full review period. Amalgamating the data by area and across areas allowed a fuller picture to be painted of the services provided by Boost CYAC during the review period. Using both quantitative and qualitative data ensures that the limitations of one type of data are balanced by the strengths of the other. As well, mixed methods promote the integration of different ways in which findings emerge and interesting conclusions drawn.

A key limitation of this evaluation is the low number of responses from CYAC clients (i.e., children, youth and caregivers). While client outcomes are tracked by the CYAC professionals, exploring the perspective of the service recipients is essential in assessing their experience and satisfaction with the CYAC service. Collecting service user data was a challenge for the CYAC Pilot Phase, and it continued to be a challenge throughout the Implementation Phase. Future research and learning will benefit from understanding best practices associated with how and when to include the client experience.

One strength of the CYAC model is its flexibility, allowing for the partnerships to configure depending on the characteristics and needs of the case. While in theory, TPS and CASs were to be involved in all 1,200 cases that flowed through the CYAC over the Implementation Phase, the actual practice varied. For example, there may have been a TPS-only investigation, or CAS-only, or CAS/TPS with an Advocate, or TPS, CAS and Advocate, or TPS, CAS, Advocate, the SCAN Program and mental health. It means that from the evaluation lens, each partner will have a different ratio of use and experience in involving the other partners in a case. For example, analysis of 1,055 TPS case data found that the CYAC was the

location for the investigative interview in 36% of the TPS cases; yet, for CAS, the CYAC was the venue in only 18% of the 605 CAS cases with data. In short, the data will not neatly align as the MDT configuration can differ across cases.

Another limitation is the missing case data. For example, TPS provided 1,055 data sheets on the estimated 1,200 CYAC cases (88%), suggesting 12% of cases had missing data; yet, if TPS involvement was not required on all or some of the 145 cases, it means TPS missing data can range from 0%-12%. Similarly, the CASs provided data on 605 families, suggesting only half (50%) of the 1,200 cases had submitted data. Whether or not a CAS was required on all referred cases is a query, resulting in missing data that can range from 0%-50%.

While the strength of this evaluation is the large numbers of cases from the different service providers that provided data over a long period of time, and notwithstanding that missing data and variance across stakeholder groups are not uncommon or unexpected issues in data collection, the potential limitations associated with missing data do need to be noted.



3.0 RESULTS PART 1: ANALYSIS OF INDIVIDUAL PARTNERS

This section presents the findings from the analysis of data collected by each of the five areas that constitute the Boost CYAC MDT: TPS, CASs, Advocate, SCAN Program, and MHPs.

3.1 Toronto Police Service (n = 1,055 Sheet 1; n = 72 Sheet 2)

Investigating police officers working with Boost CYAC completed a *Child Abuse Investigation Case Activity Sheet 1* for 88% of the 1,200 cases investigated at Boost CYAC. Between October 2013 to June 2015, 20 officers completed 1,055 *Case Activity Sheet 1* forms, which included information about the victim, the investigation process, and if any charges were laid. For cases where charges were laid, an additional form, namely *Case Activity Sheet 2*, was completed by officers upon conclusion of the court process. A total of 11 officers completed 72 *Case Activity Sheet 2* forms, which included information on the court process and outcomes.

Note: Not all responses total 1,055 cases. Missing or incomplete data is noted by indicating the total number of cases for that question.

3.1.1 Demographic Information

The vast majority of cases (n = 1,017 of 1,055; 96%) had an allegation related to physical or sexual abuse; only a few cases (n = 38 of 1,055; 4%) were related to neglect. Abuse allegations included:

✚ **Child Physical Abuse** (n = 615 of 1,055; 58%) or **Child Sexual Abuse** (n = 402 out of 1,055; 38%).

VICTIM GENDER: Throughout the data collection period, CYAC police investigated cases where there were more female victims (n = 576 of 1,051; 55%) than male victims (n = 475 of 1,051; 45%). A statistical test found that there was a significant relationship between the child victims' *gender* and the *type of offence*, where $p < .001$. Specifically:

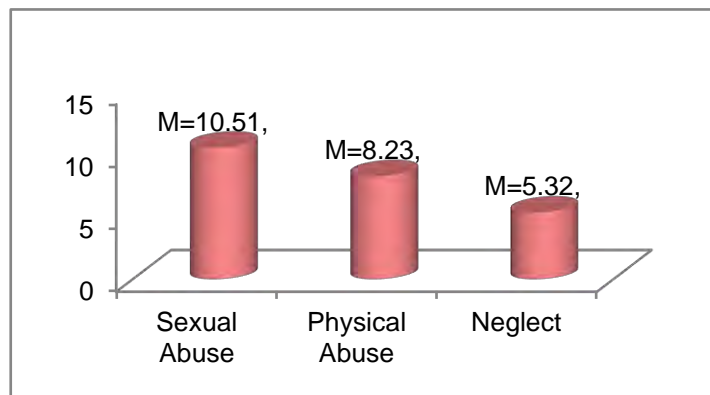
✚ **Child Sexual Abuse** was reported more frequently for females (n = 311 of 400; 78%) than for males (n = 89 of 400; 22%).

✚ **Child Physical Abuse** was reported more frequently for males (n = 364 of 613; 59%) than for females (n = 249 of 613; 41%).

✚ **Child Neglect** was reported more frequently for males (n = 22 of 38; 58%) than for females (n = 16 of 38; 42%).

VICTIM AGE: The average age of the child victims was 8.99 years ($SD = 4.39$). A significant difference was found ($p < .001$) with child victim's *age* by *gender*, where male victims were significantly younger ($M_{age} = 7.99$, $SD = 3.81$) than female victims ($M_{age} = 9.83$, $SD = 4.66$). Also significant ($p < .001$) was the child victims' *age* by *type of offence*, where cases investigated for *neglect* had the youngest child victims ($M_{age} = 5.32$, $SD = 3.75$), *physical abuse* had older victims ($M_{age} = 8.23$, $SD = 3.96$) and cases investigated for *sexual abuse* had the oldest child victims ($M_{age} = 10.51$, $SD = 4.5$). See Figure 1 for *mean ages by offence type*.

FIGURE 1. MEAN CHILD AGE BY OFFENCE TYPE



3.1.2 Investigation Process

VICTIM MANAGEMENT: Police officers reported the hours they spent on victim support and assistance. Analysis of 1,055 cases found that the majority of victims (68%) were managed in less than one hour and nearly all (92%) were managed within two hours. See the breakdown below.

Less than one hour (n = 720 of 1055; 68%)

One to two hours (n = 250 of 1055; 24%)

Two to three hours (n = 54 of 1055; 5%)

More than three hours (n = 31 of 1055; 3%)

INTERACTIONS WITH A CAS: The decision with respect to who would be participating in the investigation (i.e., a CAS, police, or joint) was made on a case-by-case basis. Responding police officers reported a reasonably consistent interaction with a CAS prior to and following the investigation process. Specifically, in at least 85% of the cases, officers reported briefing with a CAS prior to the investigation and prior to the victim interview, as well as over 90% had a debriefing after the victim interview. The percentage of Not Applicable (N/A) (13-16% of cases) is noted, but removed from the final analysis. See Table 1.

TABLE 1. BRIEFING & DEBRIEFING BETWEEN POLICE & CAS

	Yes	No	TOTAL	N/A
Was there a briefing with CAS <u>prior</u> to commencing the investigation?	776 85%	139 15%	915 100%	140 13%
Was there a briefing with CAS <u>prior</u> to the victim interview?	753 85%	129 15%	882 100%	173 16%
Was there a debriefing with CAS <u>after</u> the victim interview?	806 91%	81 9%	887 100%	168 16%

Note: Responses in **pink** indicate that the frequency of consult occurred over 70% of the time.

As anticipated with a CYAC model, the analysis of these cases suggests the majority of investigations (76%) were conducted jointly by both police and CAS. See the full breakdown below.

 **CAS & Police Jointly** (n = 798 of 1,055; 76%)

 **Police-only** (n = 227 of 1,055; 22%)

 **CAS-only** (n = 5 of 1,055; <1%)


 **CAS & Police Separately** (n = 25 of 1,055; 2%)


INTERACTIONS WITH ADVOCATES: Interactions between police officers and Advocates occurred with less frequency. Specifically, the Advocate was notified in 44% of the 1,055 TPS case forms and involved in only one-third (36%) of cases (see Table 2). This is both expected and explained by the fact that the Advocate involvement was limited to investigations conducted at the CYAC and only during business hours. When cases where the investigations took place at the CYAC were examined separately, the Advocate involvement increased to 81% (missing data were excluded). It appears that when families come to the CYAC, most families accept Advocate services as the result of face-to-face contact, but when investigations are outside of CYAC (no face-to-face), fewer clients tend to accept Advocate services.

TABLE 2. ADVOCATE INVOLVEMENT IN INVESTIGATIONS

	Yes	No	Not Sure	TOTAL	N/A
Was the Advocate notified?	459 44%	532 50%	64 6%	1,055 100%	-
Was the Advocate involved?	375 36%	587 56%	84 8%	1,046 100%	9 <1%
Was case debriefing done with the Advocate?	332 32%	723 68%	-	1,055 100%	-

NUMBER OF INVESTIGATIVE INTERVIEWS: Police officers reported on how many investigative interviews were conducted with child/youth victims, caregivers, and witnesses.

 **Victim interviews:** Data were available for 1,050 cases. The number of interviews ranged from 0 to 6. As evident in Table 3, 12% of child victims (n = 125 of 1,050) were not interviewed. Interviewing children as part of a maltreatment investigation is a required child protection standard in Ontario and is strictly observed, except for cases where such an interview is not possible (e.g., the victim is an infant, not medically possible) or is not in the best interests of the child. When the children who were not interviewed were removed from the analysis, 87% of the remaining 925 children (n = 802) were interviewed once, 11% (n = 102 of 925) were interviewed twice and 2% (n = 21 of 925) were interviewed 3 to 6 times.

 **Non-offending caregiver interviews:** Data were available for 637 cases. The number of interviews ranged from 0 to 52, where cases with over five interviews were quite rare (n = 11) and can be considered as outliers. These outliers with large numbers of caregiver interviews were typically community caregiver investigations, where the alleged perpetrator was a service provider for the child (e.g., teacher, child care provider). Therefore, multiple caregivers were interviewed given their involvement with the service. Detailed results are available in Table 3. These findings should be interpreted with some caution as data were reported for only 60% of cases (n = 637 of 1,055). Missing data primarily relates to the non-evidentiary basis to interview a non-offending caregiver; examples include peer-to-peer assaults and adolescents who did not want their caregiver to know about the abuse.


 **Witness interviews:** Data were available for 642 cases. The number of interviews ranged from 0 to 3. Detailed results are available in Table 3. These findings should be interpreted with some caution as data were reported for only 61% of cases (n = 642 of 1,055). The missing data with respect to witnesses reflects cases where there were no witnesses to interview.

TABLE 3. POLICE: NUMBER OF INVESTIGATIVE INTERVIEWS

	1	2	3	4+	TOTAL	Not Interviewed	Missing
Child Victims	802 87%	102 11%	14 1%	7 1%	925 100%	125 12%	5 1%
Non-offending Caregivers	234 56%	81 19%	58 14%	47 11%	420 100%	217 21%	418 40%
Witnesses	282 86%	37 11%	11 3%	0 0%	330 100%	312 30%	413 39%

Note: Responses in pink indicate that the frequency of one interview occurred over 70% of the time.

INTERVIEW LEAD: During each joint investigation, the police officer and CAS worker strategized about the organization of the interview and determined who would be the “lead” interviewer. A total of 938 cases had data on the lead investigator during the first victim interview. Police-led the interview in three-quarters of the cases (n = 712 of 938; 76%). Jointly-led interviews occurred in 15% of cases (n = 140 of 938) and CAS-led interviews were less frequent (n = 83 of 938; 9%). Since a similar distribution of interview leads was reported for the second victim interview, the numbers are not reported.

Police officers also reported on how many designated child abuse officers were involved in the case. The 841 responses received indicated that the number of officers ranged from zero to three, where the majority of cases (n = 736 of 841; 88%) had only one officer involved. Data were reanalyzed excluding cases where no officer involvement was indicated (n = 48 of 841, 6%). The re-analysis found that 93% of cases had only one officer involved (n = 736 of 793) and 7% of cases with two or three officers involved (n = 57 of 793).

LENGTH OF INTERVIEW: First victim interviews ranged in length from less than 30 minutes to two hours, where the majority of interviews (65%) lasted 30 minutes or less. The reported length of second victim interviews was similar. A significant difference was found ($p < .001$) between males and females, where females tended to have longer interviews than males; this gender difference pertains to the first interview only (see Table 4).

INTERVIEW SITE: The site of the interview of the victim varied depending on the referral source (e.g., school), the investigative need, and the child’s comfort and safety level. Analysis of the 941 cases with data on this item revealed that the most frequent location of first victim interviews was the school, but the most frequent location of second victim interviews was the CYAC; in both cases, 48% of all victim interviews took place at these two locations. Once again, a gender effect was observed where males were significantly more likely to be interviewed at the school, while females were evenly split between the school and CYAC ($p < .001$). This gender difference was found during the first interview only (see Table 5).

INTERVIEW DOCUMENTATION: The majority of first investigative victim interviews were video-recorded (n = 607 of 822; 74%) and it was even more likely with second victim interviews (n = 95 of 116; 82%). Cases where victim interviews were not videotaped included cases where the victim was too young to provide a statement or if there was a written statement provided by the victim. The remaining interviews were either audio recorded, written or used a combination of methods.

TABLE 4. LENGTH OF VICTIM INTERVIEW

	1st Interview			2 nd Interview
	Male	Female	TOTAL	
0-30 Minutes	283 74%	261 56%	544 65%	75 63%
31-60 Minutes	94 25%	169 37%	263 31%	39 33%
61-120 Minutes	3 1%	31 7%	34 4%	6 4%
TOTAL	380 100%	461 100%	841 100%	120 100%

Note: Top responses are in orange.

TABLE 5. LOCATION OF VICTIM INTERVIEW

	1st Interview			2 nd Interview
	Male	Female	TOTAL	
CYAC	126 31%	215 41%	341 36%	57 48%
School	229 55%	216 41%	445 48%	37 31%
Home	32 8%	34 7%	66 7%	9 7%
Police Station	6 1%	21 4%	27 3%	4 3%
Other	21 5%	37 7%	58 6%	13 11%
TOTAL	414 100%	523 100%	937 100%	120 100%





Note: Top responses are in orange.

3.1.3 Investigation Outcomes

A number of key variables were examined with respect to the outcomes of police CYAC investigations.

LENGTH OF CASE OPENING: Police officers reported on the number of days between assignment of a case to the clearing of the case by charge or otherwise. For the 1,045 cases with data, the number of days ranged from zero to 250. While the *mean* number of days was 10.67 days (*SD* = 21.22), nearly half of the cases (*n* = 510 of 1045; 49%) were cleared within **two days** of case assignment (the *mean* is skewed due to a few exceptionally long case openings); the *median* value (not impacted by skewed data) was **three days**, which is a more accurate representation of the typical length of a CYAC case opening.

CHARGES LAID: Responding police officers indicated that *Criminal Code* of Canada charges were laid in 21% of the cases (*n* = 216 of 1,055). For the 216 cases where charges were laid, the number of charges per case ranged from one to 12, where over half of the cases (56%) had between one and two charges (*M* = 3.40, *SD* = 2.91). The most frequent charge type was *Sexual Assault*, which was laid in 55% of the 216 cases with charges. The top four charge types are described below:

 Sexual Assault	(<i>n</i> = 119 of 216 cases with charges; 55%)
 Sexual Interference	(<i>n</i> = 90 of 216 cases with charges; 42%)
 Assault	(<i>n</i> = 64 of 216 cases with charges; 30%)
 Assault with a Weapon	(<i>n</i> = 43 of 216 cases with charges; 20%)

OFFENDER CONFESSION: Police officers reported that alleged offenders were interviewed in just over half of the cases (*n* = 547 of 1055; 52%). Examples of cases where alleged offenders were not interviewed include alleged offenders who refused to provide a statement and unknown offenders. There was a confession in 42% of cases (*n* = 227 of 547) where an interview had taken place.

REFERRALS: Police officers referred 14% of cases (*n* = 150 of 1,045) to victim services. Police officers made other referrals on an infrequent basis; 4% of cases were referred to individual/family counselling and other referrals (e.g., medical, crisis intervention) occurred in less than 2% of cases. It should be noted that making referrals as part of CYAC investigations is primarily the function of the Advocate (if involved) or a CAS worker (if an Advocate is not involved).

3.1.4 Court Outcomes

Police officers were required to complete *Case Activity Sheet 2* upon conclusion of the court process, where applicable. A total of 72 forms were completed during the data collection period of October 2013 to June 2015. Results from the analysis of the data are presented below.

LENGTH OF COURT PROCESS: Police officers reported on how many months the court process took in total, not including sentencing. Analysis of 69 cases with data on this item revealed that the court process ranged in length from three to 21 months; the average length was 9.58 months (*SD* = 4.36).

VICTIM TESTIMONY: Police officers reported on the victims' ability to testify in court. Five victims ended up testifying in court and were classified as "*quite prepared*" or "*very well prepared*."

CHARGE OUTCOMES: Police officers reported on the outcome of the charges by case. Table 6 summarizes the results for the four most frequent charge types laid; the remaining charge types were excluded from the analysis as they applied to very few cases. In 50-60% of the cases, the charges were withdrawn. Cases with *Assault* charges had the highest rates of a *Guilty* outcome.

TABLE 6. CASE CHARGE OUTCOMES

	Guilty	Not Guilty	Stayed	Withdrawn	TOTAL
Sexual Assault	3 13%	3 13%	3 13%	14 61%	23 100%
Sexual Interference	4 24%	2 12%	1 6%	10 59%	17 100%
Assault	9 38%	1 4%	1 4%	13 54%	24 100%
Assault with a Weapon	6 32%	0 0%	1 5%	12 63%	19 100%

Note: Top responses are in orange.

When asked to elaborate on the charge outcomes, police officers reported that 24 of the 72 cases with data (33%) had been resolved with a **Peace Bond**, which at times included conditions of no contact; in 18 of the 72 cases (25%) there was a **Conditional Discharge** with probationary conditions; and in six of 72 cases (8%) the offender spent time in **Custody**, which ranged from 85 days to two years. The remaining 24 cases (34%) indicated that **Charges were Withdrawn** with no legal consequences, although counselling for the accused was sometimes required.

3.1.5 Summary: Main Findings From Police Data

- Police officers completed 1,055 Sheet 1 of the 1,200 cases referred to Boost CYAC, **representing 88% of families served**. Police completed 72 Sheet 2, **representing 33%** of the 216 cases with charges. All findings below are related to the 88% of reported cases.
- 58% of **abuse allegations** were related to physical abuse, 38% to sexual abuse and 4% to neglect.
- 55% of child/youth victims were **females** versus 45% **males**; females were more frequently victims of sexual abuse, while males were more frequently victims of physical abuse and neglect.
- Investigations for neglect had the **youngest** child victims ($M_{\text{age}} = 5.32$), physical abuse had older victims ($M_{\text{age}} = 8.23$) and sexual abuse had the **oldest** child victims ($M_{\text{age}} = 10.51$).
- Police **supported and assisted victims** within 1 hour in 68% of cases and in 2 hours in 92% of cases.
- 76% of investigations were conducted **jointly with a CAS** and over 85% of cases had **briefing and debriefing** with a CAS throughout the investigation process.
- 8% of police officers were unsure if an **Advocate** was involved in their case.
- 87% of victims had **one investigative interview** and only 2% were interviewed more than twice.
- **Investigation venue**: school (48%) versus CYAC (36%). When **examined by gender**, more males were interviewed at school, whereas females were equally split between the schools and CYAC.
- The median length of **case assignment to case clearing** was 3 days (ranged from 0 to 250 days).
- Police **laid charges** in 21% of cases; most common charges: Sexual Assault, Sexual Interference, Assault, and Assault with a Weapon. **Alleged offenders** were interviewed in 52% of cases; a **confession** occurred in 42% of the interviews.
- The average **length of court process** was 9.58 months (ranged from 3 to 21 months).
- 5 child/youth victims ended up **testifying in court**.
- Of 72 cases with data on charge outcomes, 34% were **Withdrawn**, 33% resolved with a **Peace Bond**, 25% resolved with a **Conditional Discharge**, and in 8% of cases the offender was in **Custody**.

Author: Child Welfare Institute, July 2017

3.2 Children's Aid Societies (n = 605)

Workers from the Children's Aid Society of Toronto (CAST) and Catholic Children's Aid Society of Toronto (CCAS) who were on the Boost CYAC CAS teams completed a standardized survey designed to collect CAS data. Examples of data included: referral source; maltreatment; investigation details; referrals; and partner collaboration. Analysis is based on 23 child protection workers who completed a total of 605 forms, of which 52% (n = 312) were from the CAST and 48% (n = 293) from the CCAS.

The 605 CAS surveys captured data from 50% of 1,200 investigations conducted with victims of abuse that came to the CYAC between October 2013 and June 2015; some cases included siblings of the same family and/or re-investigation of the same victims (n = 19, 3%). Therefore, although the 605 forms represent different investigations, they do not necessarily represent different families.

Note: Not all responses total 605 cases. Missing or incomplete data is noted by indicating the total number of cases for that question.

3.2.1 Demographic Information





REFERRAL SOURCE: The majority of the CAS referrals that were investigated at the CYAC were from: **schools** (n = 317; 53%), **health professionals and community agencies** (n = 87; 15%), **police** (n = 84; 14%), and **families** (n = 55; 9%). Together, these referral sources made up nine-in-ten of all referrals to the CYAC during the study period.

MALTREATMENT CATEGORIES: At the point of referral, every report to an Ontario child protection agency is coded for maltreatment type by using a standardized tool called the *Eligibility Spectrum*. This Provincial screening tool categorizes each referral by maltreatment type (Section & Scale) and by four possible levels of severity, defined as harm or risk of harm to the child (*Extremely Severe* [Harm], *Moderately Severe* [Risk of Harm], *Minimally Severe*, *Not Severe*). The child protection intervention line is above *Minimally Severe*, where only maltreatment allegations coded as *Extremely* or *Moderately Severe* would warrant the initiation of a child protection investigation. The *Eligibility Spectrum* is divided into five Protection and 10 Non-Protection sections; the Protection Sections are grounded in Part III of the *Child and Family Services Act*, which mandates the protection of maltreated children and children at risk of maltreatment. Examples of *Eligibility Spectrum* codes are: 11A, 11F, 13B, 42B. The five child protection sections are as follows:

- | | |
|---|--|
| Section 1: Physical/Sexual Harm by Commission | Section 4: Abandonment/Separation |
| Section 2: Harm by Omission | Section 5: Caregiver Capacity |
| Section 3: Emotional Harm/Exposure to Conflict | |

Children's Aid Society service spans all child maltreatment types, but the focus of the CYAC is primarily serious physical and sexual abuse (Section 1) coupled with severe occurrences of other maltreatment types. Thus, it was anticipated that that focus would be evident. Listed below is the breakdown of the 603 cases by the *Eligibility Spectrum*. Scales accounting for 10% or more of the cases are in pink.

Physical Harm of Child (n = 367 of 603; 61%) [Section 1, Scale 1]

-  **Harm** – Physical force used on the child by a person who is a primary caregiver (11A) (n = 260; 44%).
-  **Harm** – Physical force used on the child by a family member who is not the primary caregiver, but has regular access to the child and has caregiving responsibilities (11C) (n = 13; 2%).
-  **Harm** – Suspicious or unexplained injuries that do not match the explanation presented or do not appear to be accidental (11E) (n = 42; 7%).
-  **Risk** – Possibility of physical force used on the child by a family member who has a primary caregiving role for the child (11F) (n = 47; 8%).

Author: Child Welfare Institute, July 2017

Sexual Harm of Child (n = 157 of 603; 26%) [Section 1, Scale 3]

- ✚ **Harm** – *The child sustained abusive sexual activity by a primary caregiver (13A) (n = 61; 10%).*
- ✚ **Harm** – *The child sustained abusive sexual activity by someone other than the primary caregiver, but the primary caregiver had full knowledge and allowed it to occur (13B) (n = 5; 1%).*
- ✚ **Harm** – *The child sustained abusive sexual activity by a family member who was in a caregiving role at the time of the offence, but who is not a primary caregiver and has regular access to the child (13C) (n = 11; 2%).*
- ✚ **Harm** – *The child has physical indicators of abusive sexual activity, but no abuse allegations have been made and the identity of the perpetrator is unknown (13E) (n = 5; 1%).*
- ✚ **Harm** – *The child sustained abusive sexual activity at the hands of a family member who was not in a caregiving role (13G) (n = 22; 4%).*
- ✚ **Harm** – *The child is exhibiting sexual behaviour with no identified perpetrator (13F) (n = 23; 4%).*
- ✚ **Risk** – *The child is likely to be sexually harmed or is exposed to questionable sexual activity (13H; 13I) (n = 27; 4%).*

Threat of Harm to Child (n=8 of 603; 1%) [Section 1, Scale 4]

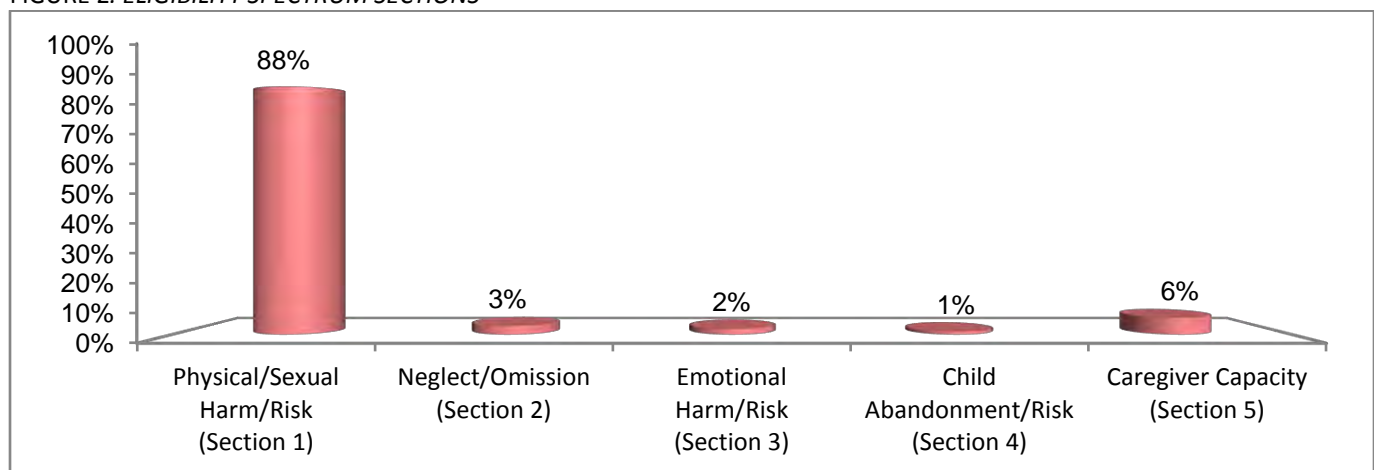
- ✚ **Harm** – *The child is placed in a threatening or dangerous situation (14A) (n = 5; 0.8%).*
- ✚ **Harm** – *Verbal threats of abuse or harm made against the child (14B) (n = 3; 0.5%).*

Other Maltreatment Types (n= 71 of 603; 12%) [Section 2 through Section 5]

- ✚ **Harm/Risk** – *The child has been harmed or is at risk due to the caregiver's failure to adequately care for, provide for, supervise, or protect the child (21A; 21B; 22A; 22B; 23A; 23B) (n = 21; 3%).*
- ✚ **Harm/Risk** – *The child has been harmed or is at risk of emotional harm as a result of specific behaviours or pattern of neglect of the caregiver toward the child (31B; 33A; 33H; 33I) (n = 11; 2%).*
- ✚ **Harm/Risk** – *The child has been abandoned or is at risk of being separated from the caregiver as a result of intentional or unintentional actions of the caregiver (41B; 42A; 42B) (n = 5; 1%).*
- ✚ **Risk** – *The caregiver demonstrates characteristics (e.g., history of abuse/neglect, limited caregiving skills, mental health/substance abuse problem) that indicate that without intervention, the child would be at risk (51C; 51D; 51E; 52A; 52B; 52C; 53A; 53B; 54B) (n = 33; 6%).*

In sum, a total of 88% (n = 532 of 603) of the CYAC CAS referrals were coded for physical harm/risk or sexual harm/risk. The remaining types of abuse (neglect, abandonment/separation and caregiver capacity) were a small cohort of these 603 cases (n = of 71; 12%). See Figure 2.

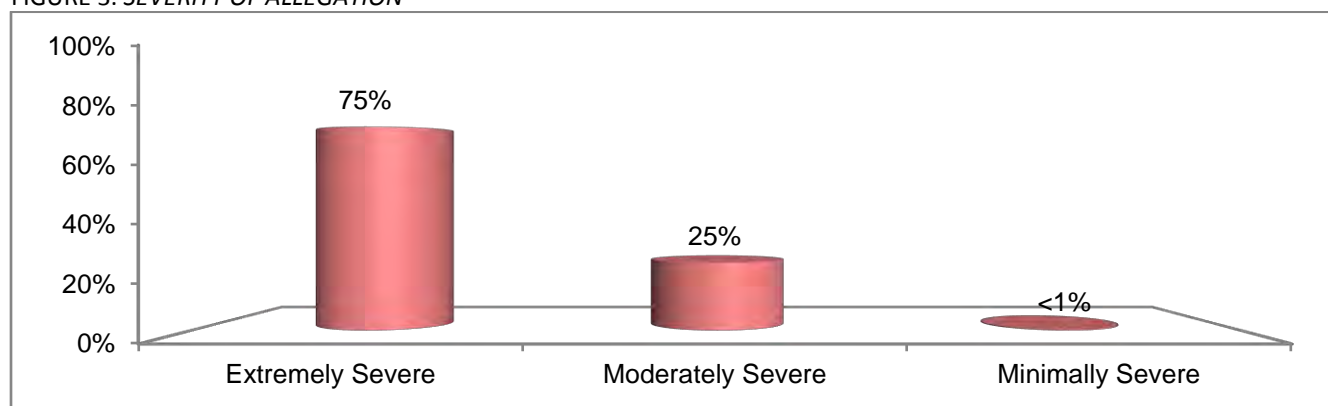
FIGURE 2. ELIGIBILITY SPECTRUM SECTIONS



SEVERITY OF ALLEGATION: As previously noted, the *Eligibility Spectrum* allows the CAS worker to code the *severity of the allegation* in order to aid in selecting the appropriate response time (i.e., within 12 hours vs. seven days). To recap, the four levels of severity are: *Extremely Severe*, *Moderately Severe*, *Minimally Severe* and *Not Severe*. Cases coded *Extremely* or *Moderately Severe* are typically screened in for CAS service and cases coded as *Minimal* or *Not Severe* tend to not require child protection intervention, as risk of maltreatment to the child is assessed as minimal.

Approximately 80% of all CAS, non-CYAC investigated cases coded *Moderately Severe* and 20% coded *Extremely Severe*. CYAC cases are the reverse. ***Extremely Severe* coding was found in 453 (75%) of the CYAC referrals and *Moderately Severe* coding was noted in 148 (25%) CYAC cases;** 601 of 603 CYAC CAS referrals were above the intervention line; two CYAC CAS referrals were coded as *Minimally Severe*, but were investigated (1% of all cases). In sum, the vast majority of cases referred to the CYAC were the most severe child abuse investigation cases, which is also the main criterion for referral to the CYAC (see Figure 3).

FIGURE 3. SEVERITY OF ALLEGATION



ALLEGATIONS: The CAS workers were also asked to describe the initial concern or allegation that prompted the referral and investigation. Given 75% of the CYAC cases were coded *Extremely Severe* (harm has occurred), the findings on the most common allegation were expected. **The majority of allegations (n = 315 of 603, 52%) were under Spectrum Section 1, Scale 1 – Physical harm**, where some type of injury to the child occurred by the primary caregiver or a family member in a caregiving role. In these CYAC cases, injuries included scratches, bruising, cuts, and broken bones. This section also includes physical assault by a caregiver or family member, which includes siblings, and this occurred in 8% (n = 57 of 603) of the cases and also resulted in injuries or marks to the child victim.

The second most common allegation was **Section 1, Scale 3 – Sexual abuse (n = 104 of 603, 18%) or sexualized behaviour (n = 23 of 603, 4%)**. Alleged perpetrators in these cases included parents, siblings, caregivers, and adults outside of the family. A total of 4% (n = 27 of 603) of cases involved risk of sexual harm to the child due to an escalating pattern of questionable sexual activities by the caregiver(s).

Allegations that fell within **Section 5 – Caregiver Capacity** were the third most common allegations (n = 33; 6%). The specific allegations were primarily toward the children’s caregivers, historically or recently, engaging in abusive/inappropriate sexual behaviours with other children and/or adults in their lives and the risk that this posed to their own children. Although caregiver mental health and substance use concerns certainly impact a proportion of CYAC cases, these were rarely the *primary concerns* at referral to the CYAC, as these would not normally meet the referral criteria.

Finally, the least common allegations (n = 38 of 603; 6%) were from **Section 2 – Neglect**, for lack of supervision and neglect of the child’s needs; or **Section 3 – Emotional harm**, primarily for domestic violence situations where the child was physically and/or emotionally harmed; or **Section 4 – Abandonment/Separation** of child from caregiver.

CASE RECURRENCE: Re-opening of cases is a common occurrence in the work of child protection. Across the Province of Ontario, the overall average rate of *re-opened cases to total investigations* in 2010-11 was 38.3% with a wide range of 5% to 65% across the 51 CASs at the time (OACAS, 2011). Thus, participating child protection workers were asked about the history of the cases they were investigating within the CYAC and if the case was opened for the first time or had previous openings.

In the 590 CYAC cases for which data were available, **49% (n = 277 of 564) were first-time openings with no prior child welfare history**, while the remaining **51% of cases (n = 287 of 564) had prior child welfare history**. Analysis found half (49%) were first-time openings, one-third (32%) had been opened one to two times before, and one-in-five (19%) had been opened three or more times. See Figure 4 for the breakdown by cases.

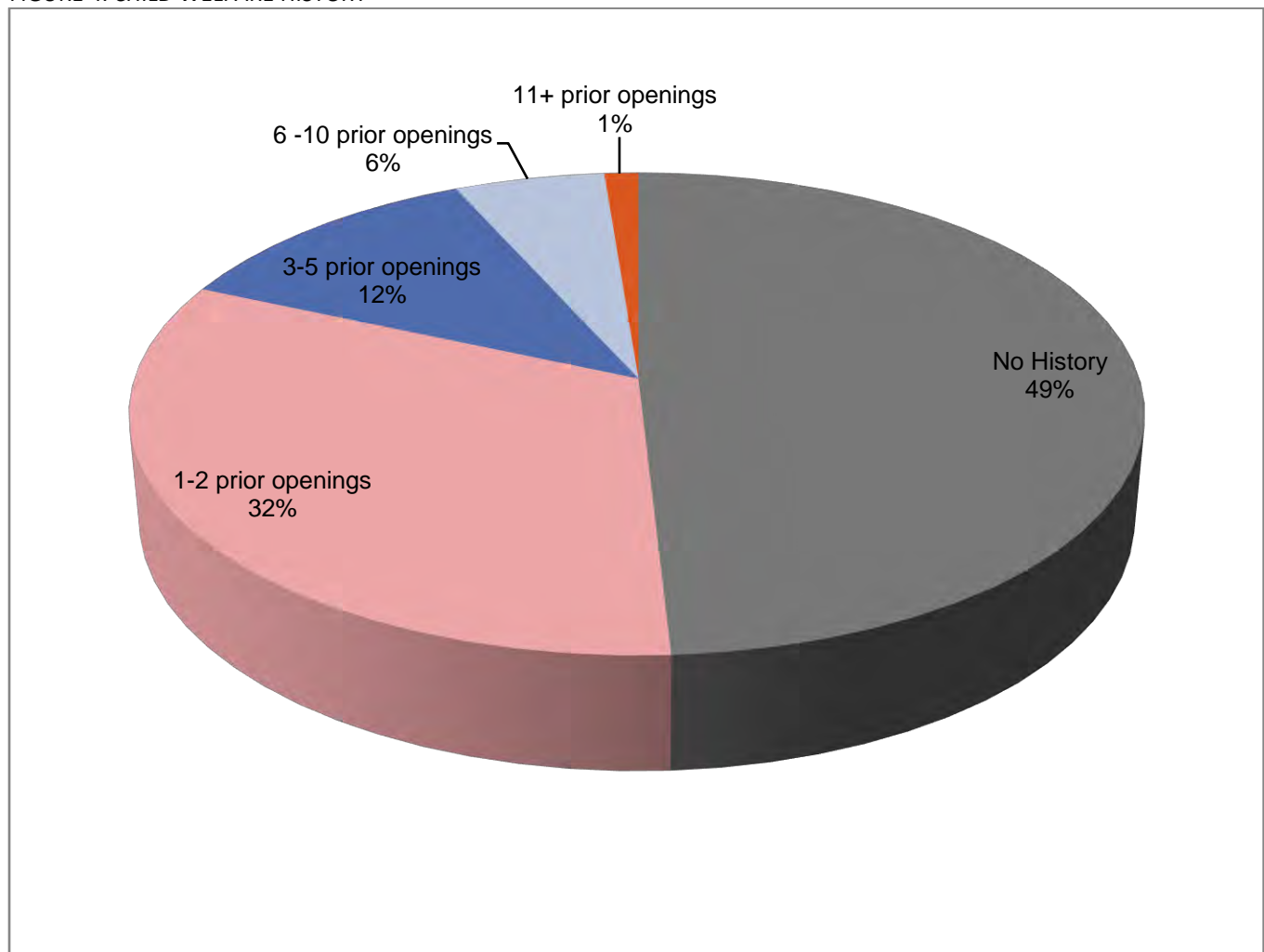
Re-opened 1-2 times: 32% (n = 183 of 564)

Re-opened 3-5 times: 12% (n = 66 of 564)

Re-opened 6-10 times: 6% (n = 31 of 564)

Re-opened 11+ times: 1% (n = 7 of 564)

FIGURE 4. CHILD WELFARE HISTORY



FAMILY CHARACTERISTICS: Analysis of the information available on the 605 CAS investigation forms revealed that the **majority of the children involved were male (n = 318 of 594; 54%) and came from a two parent household (n = 357 of 590; 60%).** The average age of the children was 8.23 years (n = 596). The findings are somewhat different from the police data discussed in the previous section, where a female victim majority was noted.

With respect to the total number of children per family, most families involved with the CYAC either had **two children at home (n = 231 of 597; 39%) or one child at home (n = 210 of 597; 35%).** See Table 7 for results.

3.2.2 Investigation Process

NUMBER OF INVESTIGATIVE INTERVIEWS: Child protection workers reported on how many investigative interviews were conducted with child/youth victims, siblings, caregivers, and witnesses. Data were available for 586 cases (missing cases = 19). Analysis of the interview data revealed the *mean* number of child interviews was 1.32. This is an encouraging result and suggests that the CYAC has become more efficient in its interviewing strategies and able to reduce the number of child victims being subjected to repeated investigative interviews. See Table 8 for the number of investigative interviews conducted. Responses in **pink** indicate that the frequency of *one interview only* occurred over 70% of the time.

Analysis found that 8% of child victims (n = 46) were not interviewed. Interviewing children as part of a maltreatment investigation is a required child protection standard in Ontario. This policy and practice is strictly adhered to except in cases where such an interview is not possible (e.g., the victim is an infant, child is not available for medical reasons) or it is not in the best interests of the child. When the children who were not interviewed are removed from the analysis, then of the remaining 540 children, more than three in four (77%, n = 418) were interviewed once, 17% (n = 91) were interviewed twice, 4% (n = 24) were interviewed three times, and the remaining 2% of victims (n = 7) were interviewed four to nine times.

TABLE 7. FAMILY DEMOGRAPHICS

Area of Measurement	n	%
Child Gender (n = 594)		
Male	318	53%
Female	276	47%
Child Age (n = 596)		
0-2	38	6%
3-4	84	14%
5-10	294	50%
11-16	180	30%
Family Composition (n = 590)		
Single parent household	232	40%
Two parent household	357	60%
Total Number of Children in Family (n = 597)		
1	210	35%
2	231	39%
3	103	17%
4 or more	53	9%
TOTAL	597	100%

Note: Top responses are in **orange**.

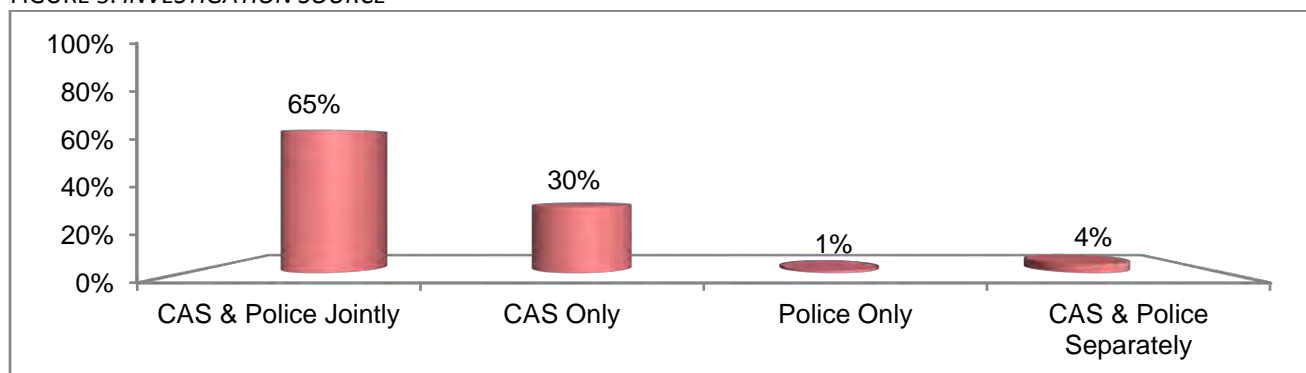
TABLE 8. CAS: NUMBER OF INVESTIGATIVE INTERVIEWS

	1	2	3	4+	TOTAL	Not Interviewed
Child Victims	418 77%	91 17%	24 4%	7 2%	540	46 8%
Siblings	205 75%	52 19%	13 5%	4 1%	274	312 53%
Non-offending Caregivers	315 65%	137 28%	30 6%	5 1%	487	99 17%
Witnesses	178 64%	63 23%	3 7%	18 6%	279	307 52%

INDEPENDENT vs. JOINT INVESTIGATIONS: As noted previously, the decision as to who will be participating in the investigation (CAS, police, or joint) is made on a case-by-case basis. According to the data provided for 590 cases, a CAS-police *briefing* did occur in 467 of 590 cases (79%), it did not occur in 35 cases (6%), and it was deemed as not applicable in 88 (15%) of the 590 cases.

- + **CAS & Police Jointly:** As anticipated with a CYAC model, the analysis of these cases suggests the majority of investigations (n = 380 of 588; 65%) were jointly done by both police and a CAS.
- + **CAS-Only:** For just under one-in-three cases (n = 177 of 588; 30%), investigations were conducted only by a CAS.
- + **Police-Only:** For four cases (n = 4 of 588; 1%), investigations were conducted only by police.
- + **CAS & Police Separately:** For 27 cases (4%), the police and CAS conducted the investigation separately for the case. See Figure 5.

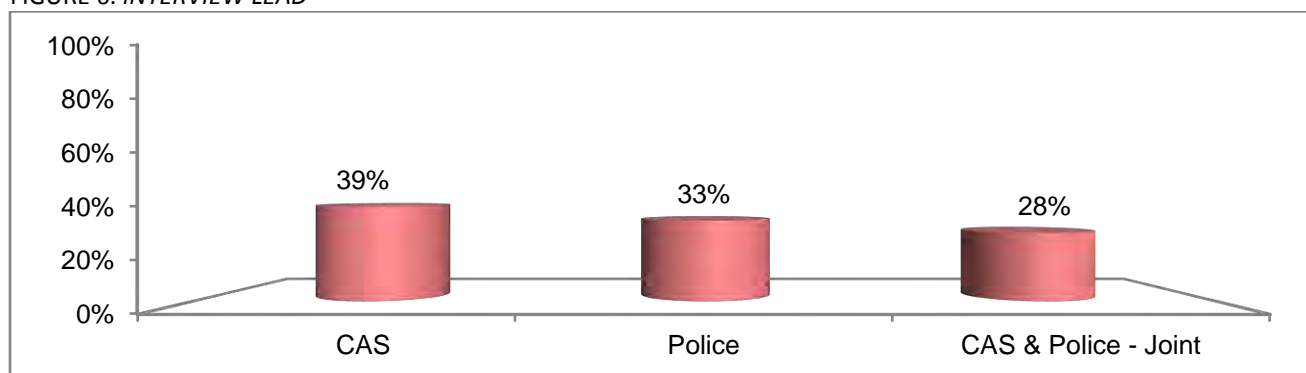
FIGURE 5. INVESTIGATION SOURCE



INTERVIEW LEAD: During each joint investigation, the police officer and CAS worker make a decision about the structure of the child interview. The investigating partners strategize about the organization of the interview and decide who, if anyone, will lead the interview.

- + **CAS-Led:** Most CYAC CAS interviews (n = 224 of 581; 39%) for these 581 cases were led by a CAS worker.
- + **Police-Led:** Police led the interview in a third of these 581 cases (n = 195 of 581; 33%).
- + **Jointly-Led:** Child protection and police jointly led in over one-in-four cases (n = 162 of 581; 28%) of these 581 cases. See Figure 6.

FIGURE 6. INTERVIEW LEAD



Child protection workers indicated that briefing with police *prior* to a victim interview occurred in 382 of 587 cases (65%) and briefing *after* a victim interview occurred in 390 of 586 cases (67%).

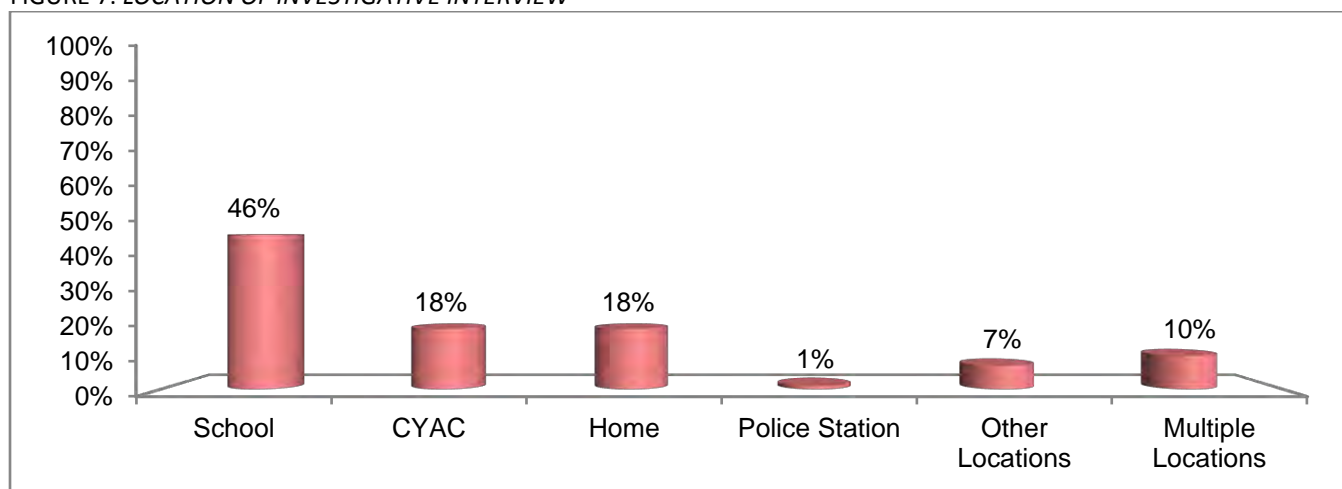
INTERVIEW SITE: The site to interview the child victim varied depending on the referral source (e.g., school), investigative need, and the child's comfort and safety level. Analysis of the 573 cases with data on this item ranks the data by frequency. Refer to Figure 7 for full results.

- ✚ **1st Top Site: School** – 46% of interviews took place at the school (n = 263 of 573).
- ✚ **2nd Top Site: CYAC** – 18% of interviews occurred at the CYAC (n = 101 of 573).
- ✚ **3rd Top Site: Home** – 18% of interviews were in the child's home (n = 100 of 573).
- ✚ **Other Sites** – 18% of interviews were in the police station or other location(s) (n = 109 of 573).

In 58 of the 573 cases (10%), multiple locations were indicated for the investigative interviews, which included combinations of the top three locations listed above. Other locations were indicated in 41 of 573 cases (7%) and included CAS offices, hospitals and child care centres. A police station was the location of investigation in only 10 of the 573 cases (1%).

In over half of the CYAC CAS cases, the investigative interviews were *videotaped* (n = 304 of 546; 56%); of the remaining 242 cases where interviews were not videotaped, 3% (n = 8) were *audiotaped* and for 2% (n = 4) of cases, this data were missing. Only 6% of interviews *not videotaped or audiotaped* (n = 13) took place at the CYAC (e.g., victim was too young to be interviewed).

FIGURE 7. LOCATION OF INVESTIGATIVE INTERVIEW



ADVOCATE INVOLVEMENT: In order to expand understanding of the Advocate's role and contribution to the investigative process under the CYAC model, the CAS workers were asked about the involvement of the CYAC Advocate. In 25% of 519 CAS cases (n = 131 of 519), the Advocate was involved in the investigation; this may be higher as 86 CAS workers (14%) left this question blank, likely as they were *unsure* if an Advocate was involved in the investigation. Child protection workers may also have been unsure of Advocate involvement in cases where there was brief child protection involvement but the family may have still chosen Advocacy services.

It should be noted that of the 101 documented cases where the investigation took place at the CYAC, the Advocate was involved in 80% of these cases, while the remaining 20% of investigations took place without the Advocate's involvement (12 cases were missing Advocate data and were excluded from this analysis). While there is high involvement of the Advocate at the CYAC site, investigations that occur outside the Advocate's hours of work and/or the investigation is outside the CYAC venue (e.g., school, home, police station), results in a barrier for the involvement of the Advocate. The impact of the Advocate's involvement on case outcomes is explored in section 4.4 of this report.

3.2.3 Investigation Outcomes

PRIMARY INTERVENTION: Child protection workers were asked to specify the intervention utilized in the CYAC investigation; responses for 566 cases were received (responses were missing for the remaining 39 cases). The responses were analyzed thematically and six main interventions were identified. Please note that for some cases, more than one intervention was utilized; therefore there is some overlap of cases between the types of interventions listed below.

- ✚ **Intervention 1: Interviewing of victims and/or collaterals** – almost all the child protection investigations involved interviewing the involved victims and/or collaterals. For half of the identified cases (n = 283 of 566; 50%), the interview by child protection was the primary intervention. It is important to note that “*interviewing*” in a child protection context goes beyond the traditional definition of the word and often entails educating parents on Canadian law with respect to the use of physical punishment, discussing appropriate child management strategies, reviewing of positive discipline methods, and safety planning. For the majority of these 283 cases (n = 226; 80%), no further action outside of the interviewing intervention was required and the file was closed at intake; the remaining 20% of cases were transferred to Ongoing Services, which suggests that additional interventions might have taken place during the investigation process that were not mentioned by child protection workers in their case forms.
- ✚ **Intervention 2: Connecting to appropriate community services/supports** – child protection workers often assist families to connect to community services that would meet their needs by making appropriate recommendations or referrals. Analysis identified that in 94 of the 566 cases (17%), connection to support services was the *primary intervention* utilized. These referrals primarily included parental support and counselling. It is important to note that overall, more than 94 families were referred to services by child protection workers, which is described in detail under the Community Referrals section below.
- ✚ **Intervention 3: Perpetrator arrested/charges laid** – child protection workers noted that alleged perpetrators of the child maltreatment were arrested and/or charged in 65 of the 566 cases (11%). Alleged perpetrators were mostly caregivers, but on occasion were other family members or adults outside of the family with access to the child.
- ✚ **Intervention 4: Caregiver(s) cautioned** – in 66 of the 566 cases (11%), caregivers were cautioned or warned by police and/or child protection workers with respect to their questionable behaviours. Cautioning was often used in cases where caregivers used physical or inappropriate punishment of the child, but not at the severity level that would lead to criminal charges.
- ✚ **Intervention 5: Changes to the child’s residence/legal status/access** – in 61 of the 566 cases (11%), changes to the child’s access to his/her caregiver(s) was required for the child’s safety. Specifically, in 37 cases (7%), the child was apprehended; in 16 cases (3%), alternative living arrangements in the community were required for the child, which included another parent, kin homes, or unspecified “safe environments;” in 8 cases (1%), changes to caregivers access to the child were required in accordance with bail/release conditions or a court order.
- ✚ **Intervention 6: Medical assessment/consultation/intervention** – in 21 of the 566 cases (4%), intervention of medical professionals from the SCAN Program was necessary with the child for the purpose of assessment, consultation or sometimes treatment.

COMMUNITY REFERRALS: The child protection workers associated with the 605 CYAC cases were asked about the various community referrals that were provided to the families involved in investigations. For 339 of the 605 cases (56%), no referrals to any services were noted. Making referrals is the primary responsibility of the Advocate, which likely accounted for many of these cases.

For 266 cases (44%), families received more than one type of referral for support. The following referrals were made:

- + **Individual counselling** referrals were provided in 124 cases (n = 124 of 605; 20%).
- + **Family counselling** referrals were provided in 107 cases (n = 107 of 605; 18%).
- + **Group counselling** referrals were provided in 7 cases (n = 7 of 605; 1%).
- + **Crisis intervention** referrals were provided in 30 cases (n = 30 of 605; 5%).
- + **Medical referrals** were provided in 52 cases (n = 52 of 605; 9%).
- + **Housing/public assistance** referrals were provided in 12 cases (n = 12 of 605; 2%).
- + **Victim Witness Assistance Program** referrals were provided in 19 cases (n = 19 of 605; 3%).
- + **Other referrals** (e.g., parental support, legal services) were provided in 57 cases (n = 57 of 605; 9%).

INVESTIGATION CONCLUSION: There are various options possible at the conclusion of an investigation. Participating child protection workers indicated that in 66% (n = 379 of 570) of the cases, the file was closed after investigation. These results suggest either the allegations were not verified or it was assessed that there was not significant risk of maltreatment to the child. A remaining 34% (n = 191 of 570) of the cases were transferred to Ongoing Child Protection Service, as the families required further support or there was substantial risk of maltreatment to the child. The CYAC case transfer rate of 34% is higher than the Provincial rate of 22% and CAST's rate of 23% (OACAS, 2013b; CAST, 2014); a likely explanation is that 75% of CYAC investigations were classified as *Extremely Severe* abuse allegations.

3.2.4 Summary: Main Findings From Child Protection Data

- Approximately 1,200 cases were referred to Boost CYAC; **CAS workers completed a total of 605 forms, representing about 50% of families served.** All findings below are related to the 50% of reported cases.
- 53% of the **referral sources** were from schools, 15% from health professionals and community agencies, 14% from police, 9% from families, and 9% from other sources.
- 88% of the referrals had **Eligibility Spectrum Coding** for physical harm/risk or sexual harm/risk, while 12% were allegations related to neglect, abandonment/separation and caregiver capacity.
- 75% of referrals **severity levels** were coded **Extremely Severe**; 25% were coded **Moderately Severe**.
- 49% of the cases had **no prior child welfare history**, 32% were opened 1-2 times prior, 12% were opened 3-5 times prior, and 7% were opened over 6 times prior to the index opening.
- 60% of cases involved a **two parent household**; 74% of cases had **one or two children** in the home.
- 77% of victims had **one investigative interview** and 6% were interviewed more than twice.
- 65% of the investigations were conducted **jointly by police and a CAS**; **briefing** and **debriefing** with police occurred in at least 65% of cases.
- In 50% of cases, interviewing of victims and/or collaterals was the **primary intervention**. Other primary interventions, in order of frequency included: connection to appropriate community services/supports; arresting the alleged perpetrator; cautioning the caregiver(s); changes to the child's residence/legal status/access; and medical assessment/consultation/intervention.
- Less than half of families (44%) received **community referrals** as it is the primary responsibility of the Advocate. The most frequent types of referrals were individual and/or family counselling.
- 66% of cases were **closed after investigation**; 34% of cases were **transferred** to Ongoing Services.

3.3 Advocates (n = 262)

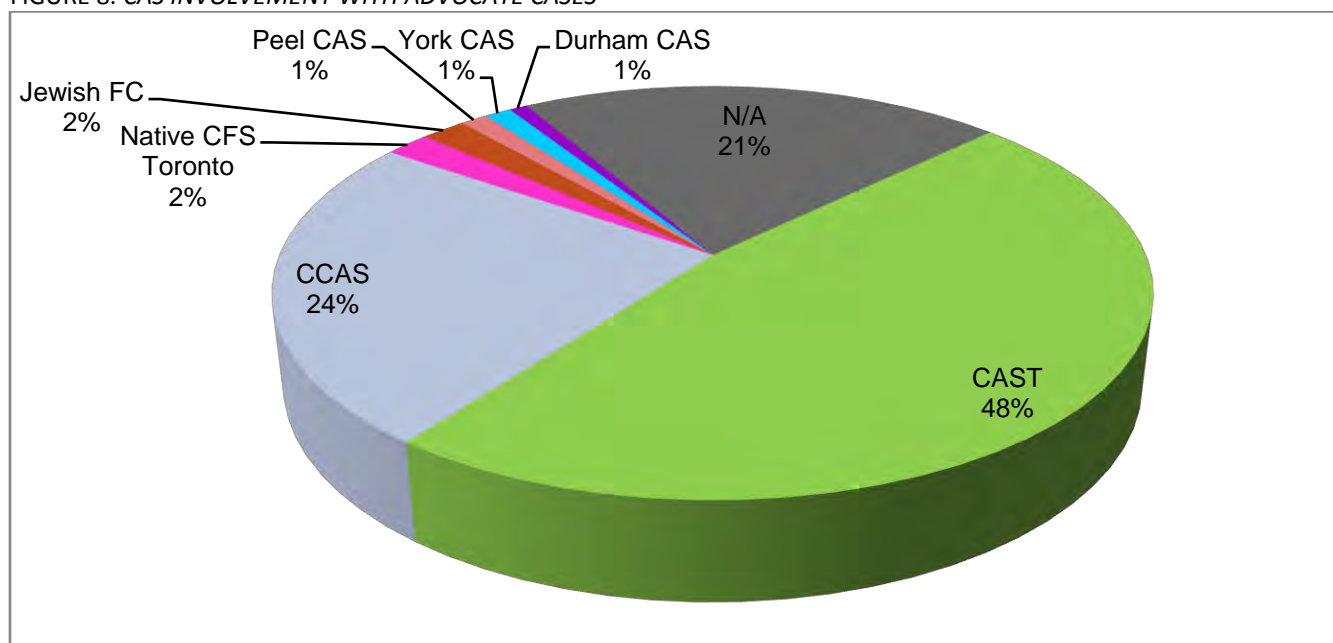
From October 2013 to June 2015, a total of 435 families were referred to Boost CYAC Advocates. An Advocate survey was completed for 262 families (60%). A summary of the services is provided below.

Note: Not all responses to the survey questions applied to each case; therefore, not all responses total 262 cases. Missing or incomplete data is noted by indicating the total number of cases for that question.

3.3.1 Police/CAS Involvement

The preponderance of cases reported during the data collection period that included an Advocate also were involved with **TPS** (n = 257 of 262; 98%). The remaining five cases (2%) were marked as “*not applicable*” or “*other*,” without additional explanation. As for involvement of a CAS, responses are summarized in Figure 8. Seven cases were missing a response and were excluded from the analysis. As evident from Figure 8, **CAST** was selected in nearly half of the cases (n = 121 of 255; 48%); **CCAS** accounted for one-quarter of the Advocate cases (n = 65; 25%); in one of five cases (n = 54 of 255; 21%), the CAS involvement was marked as “*not applicable*,” and 15 cases (6%) were from other CASs (Native Child and Family Services of Toronto, Jewish Family & Child, Peel CAS, and York CAS).

FIGURE 8. CAS INVOLVEMENT WITH ADVOCATE CASES



3.3.2 Location of Investigative Interview

Advocates indicated where the investigative interview took place, which could have been in more than one location per case. Missing responses (n = 13) were excluded from the analysis. Not surprisingly, about three-quarters of all Advocate involved investigative interviews took place at the CYAC (n = 183 of 249; 74%). Nearly one-in-four interviews (24%) took place at a school, home or police station. Only 2% of the interviews took place at other locations (e.g., the SCAN Program, hospital, shelter). Similar distributions of Advocate involvement by investigation location were seen in police and CAS data.

TOTAL Interviews at CYAC: 183 (74%)

TOTAL Interviews at School: 44 (18%)

TOTAL Interviews at Home: 13 (5%)

TOTAL Interviews at Police station: 3 (1%)

3.3.3 Availability of Advocate

Advocates provided details with respect to their participation for 260 cases. It appears that an Advocate was involved throughout the investigative interview in the majority of cases (n = 154 of 260; 59%). Advocate involvement does not entail attending or watching investigative interviews; their involvement includes: greeting the family and orienting them to the CYAC; introducing them to the investigators; explaining Advocacy services; and sitting with family members while waiting to be interviewed. There were also cases where an Advocate was “*somewhat involved*” (n = 18 of 260; 7%) or “*not involved*” (n = 88 of 260; 34%); the explanations that were provided in these cases (n = 106 of 260; 41%) are summarized in Table 9.

TABLE 9. EXPLANATION FOR ADVOCATES PARTIAL OR NON-INVOLVEMENT IN INVESTIGATIVE INTERVIEW

	n	%
Advocate involved only after as investigation was outside CYAC site	61	58%
Advocate notified after the investigation (although it took place at CYAC)	17	16%
Advocate was unavailable	9	8%
Afterhours case (after 5pm-before 9am)	6	6%
Advocate notified mid-investigation	3	3%
Partial involvement to avoid too many people in the room	2	2%
No interview took place	1	1%
Explanation not provided	7	6%
TOTAL	106	100%

It appears that the main reasons for Advocates becoming involved only after the investigative interview are related to the investigation taking place outside of the CYAC or outside of regular business hours (58% of 106 cases). In 19% of the 106 cases, the Advocate was notified of the investigative interview either midway or afterwards, despite it taking place at the CYAC.

3.3.4 Follow-Up Contacts

✚ Child/Youth:

In slightly more than a third of the 258 cases (missing data excluded), the Advocate “*provided periodic follow-up contacts*” with the child/youth (n = 89 of 258; 35%); one-third of cases “*do not have periodic follow-up*” (n = 88 of 258; 34%) or follow-up “*somewhat*” occurred (n = 27 of 258; 10%). In 54 of the 258 cases (21%), follow-up contacts were indicated as “*not applicable*.”

✚ Non-Offending Caregiver:

It is common practice for the Advocate to have “*periodic follow-up contact*” with the non-offending caregiver (n = 152 of 260; 59%) versus “*not having periodic follow-up*” (40 of 260; 15%) or having “*somewhat periodic follow-up*” (n = 38 of 260; 15%). In 30 of the 260 cases (11%), follow-up contacts were indicated as “*not applicable*.”



3.3.5 Court Preparation

✚ Court Not Applicable (n = 124 of 261; 48%):

Nearly half of the 281 cases indicated that a referral to court preparation was “*not applicable*” (n = 124 of 261; 48%).

Court Applicable (n = 137 of 261; 52%):

In the 137 cases with criminal charges laid, a referral was often made by the Advocate for court preparation (n = 103 of 137 cases; 75%), while 34 cases had no such referral (n = 34 of 137; 25%). The referral in these cases could have been made by police or may not have been appropriate due to the age of the child.

3.3.6 Referrals for Children/Youth

One of the duties performed by Advocates is assisting with making referrals for the children/youth who come into contact with the CYAC. A total of 213 of 262 children (81%) received at least one referral and the number of referrals per child ranged from one to seven. These 213 children received a combined total of 705 referrals, where the average number of referrals per child was 3.31 ($M = 3.31$, $SD = 1.66$). The top three referrals made for children/youth were:

Individual Counselling (n = 182 of 235; 77%);

Child Victim Witness Support Program (CVWSP) (n = 103 of 140; 74%); and

Victim Witness Assistance Program (VWAP) (n = 105 of 142; 74%).

Table 10 summarizes the overall referrals made for children/youth. *Please note that the “TOTAL” indicated in the Table refers to the combined “yes” and “no” responses, excluding missing data and cases that Advocates indicated as “not applicable.”*

TABLE 10. REFERRALS OFFERED BY ADVOCATES FOR CHILDREN/YOUTH

	Yes	No	TOTAL	N/A
Medical Services	118 65%	65 35%	183 100%	78 30%
Crisis Intervention	95 61%	62 39%	157 100%	99 38%
Individual Counselling	182 77%	53 23%	235 100%	24 9%
Family Counselling	63 47%	71 53%	134 100%	120 46%
Group Counselling	27 26%	77 74%	104 100%	150 57%
Housing Assistance	2 3%	70 97%	72 100%	182 69%
Public Assistance	1 1%	72 99%	73 100%	182 69%
Child Victim Witness Support Program (CVWSP)	103 74%	37 26%	140 100%	119 45%
Victim Witness Assistance Program (VWAP)	105 74%	37 26%	142 100%	119 45%
Other (e.g., supports at school, CDI-SNAP, Victim Quick Response Program, Central Toronto Youth Services, Justice for Youth)	9 24%	29 76%	38 100%	143 55%

Note: Responses in **pink** indicate that the frequency of the referral occurred over 70% of the time.

3.3.7 Referrals for Parents/Caregivers

Another of the duties performed by Advocates is assisting with making referrals for the non-offending parents/caregivers. In a total of 157 of 262 cases (60%) parents/caregivers received between one and six referrals. The caregivers in the 157 cases received a combined total of 373 referrals, where the average number of referrals per caregiver was 2.38 ($M = 2.38$, $SD = 1.06$). The top three referrals made for parents/caregivers were:

Individual Counselling (n = 146 out of 196; 75%);

Crisis Intervention (n = 66 of 122; 54%); and

Family Counselling (n = 66 of 124; 53%).

Refer to Table 11 for a breakdown of the survey responses. *Similarly to children's data, the "TOTAL" indicated in the Table refers to the combined "yes" and "no" responses, excluding missing data and cases that Advocates indicated as "not applicable."*

TABLE 11. REFERRALS BY ADVOCATES FOR PARENTS/CAREGIVERS

	Yes	No	TOTAL	N/A
Medical Services	9 13%	61 87%	70 100%	186 71%
Crisis Intervention	66 54%	56 46%	122 100%	135 52%
Individual Counselling	146 75%	50 25%	196 100%	64 24%
Family Counselling	66 53%	58 47%	124 100%	128 49%
Group Counselling	13 18%	59 82%	72 100%	183 70%
Housing Assistance	9 14%	57 86%	66 100%	190 73%
Public Assistance	26 31%	57 69%	83 100%	174 66%
Victim Witness Assistance Program (VWAP)	29 35%	54 65%	83 100%	175 67%
Other (e.g., <i>Families in Transition</i> , court support, child care, Victim Quick Response Program, parenting class)	9 27%	24 73%	33 100%	169 65%

Note: Responses in pink indicate that the frequency of the referral occurred over 70% of the time



3.3.8 Information Sharing

Advocates also provided information to some children/youth and caregivers in different areas, such as legal services, victim compensation, and immigration. Most children and caregivers did not require such information (or were referred to an appropriate service to address this need). Tables 12 and 13 outline the number of cases where this service was provided (missing data and not applicable cases excluded). Victim compensation was the most frequent response for both children (n = 35 out of 94; 37%) and caregivers (n = 26 out of 82; 32%); these responses are highlighted in orange in the tables below.

TABLE 12. INFO SHARING WITH CHILDREN/YOUTH

	Yes	No	TOTAL	N/A
Legal Services	7 11%	57 89%	64 100%	192 73%
Victim Compensation	35 37%	59 63%	94 100%	167 64%
Immigration	3 5%	57 95%	60 100%	197 75%
Other	1 3%	29 97%	30 100%	146 56%

TABLE 13. INFO SHARING WITH CAREGIVERS/FAMILY

	Yes	No	TOTAL	N/A
Legal Services	23 30%	53 70%	76 100%	183 70%
Victim Compensation	26 32%	56 68%	82 100%	177 68%
Immigration	5 9%	54 91%	59 100%	199 76%
Other	2 7%	28 93%	30 100%	151 58%

3.3.9 Summary: Main Findings From Advocate Data

- A total of 435 families were referred to the Boost CYAC Advocates; Advocate **surveys were completed for 60% of these families**. All findings below are related to the 60% of reported cases.
- 98% of Advocate cases involved **TPS and 79% involved a CAS**.
- 75% of Advocate involved investigations **took place at** the CYAC, 18% were at the school, 5% at home, and 1% at the police station.
- 59% of investigations had **Advocate involvement in the interview process**, while in 41% of cases the Advocate was *somewhat involved* or *not involved* (main reasons for becoming involved only after the interview were related to the investigation taking place outside of the CYAC or outside of regular business hours).
- In 35% of cases, the **Advocate followed up periodically** with the child/youth, while in 59% of cases, the **Advocate followed up periodically** with the non-offending caregiver.
- In 75% of applicable cases, the **Advocate referred children/youth for court preparation**.
- 81% of child/youth victims received an average of 3.31 **referrals** (range was 1 to 7). The **top 3 referrals** were for individual counselling, CVWSP and VWAP.
- 60% of non-offending parents/caregivers received an average of 2.38 **referrals** (range was 1 to 6). The **top 3 referrals** were for individual counselling, crisis intervention and family counselling.
- When applicable, over 30% of child/youth victims and non-offending parents/caregivers received **information** with respect to victim compensation and legal services.

3.4 SCAN Program (n = 71)

From October 2013 to June 2015, a total of 176 families were referred by Boost CYAC to the Hospital for Sick Children (HSC) Suspected Child Abuse and Neglect (SCAN) Program. SCAN Program medical professionals completed 71 surveys for these families (40%). Below is a summary of the services provided.

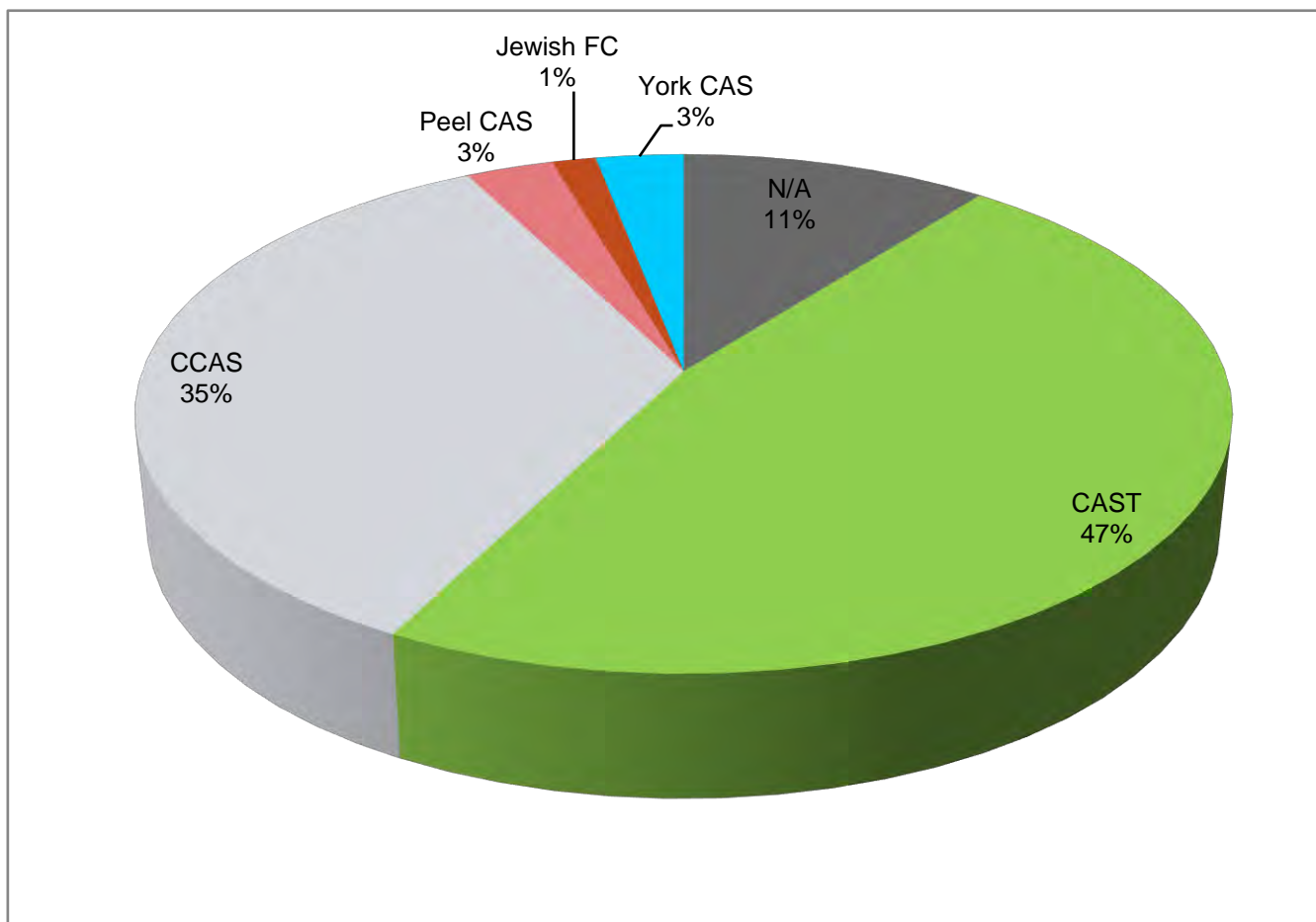
Note: Not all responses to the survey questions applied to each case; therefore, not all responses total 71 cases. Missing or incomplete data is noted by indicating the total number of cases for that question.

SCAN Program services were primarily provided to the child/youth victims (n = 67 of 69; 97%) and, on occasion, were provided to victims' family members or caregivers (n = 5 of 69; 7%).

3.4.1 Police/CAS Involvement

SCAN Program staff were asked to indicate which police service was involved in each of their cases. Of the data reported, the majority of CYAC SCAN Program cases were involved with **TPS** (n = 68 of 69; 99%). Data on police involvement was missing from two cases and marked as "not applicable" in one case (1%). As for involvement of a CAS, responses are summarized in Figure 9. Five cases were missing a response and were excluded from the analysis. As evident from Figure 9, **CAST** was indicated in nearly half of the cases (n = 31 of 66; 47%), which is expected given it's the largest child protection organization of the ones listed. In one of every 10 cases (n = 7 of 71; 11%), CAS involvement was marked as "not applicable."

FIGURE 9. CAS INVOLVEMENT WITH SCAN CASES



3.4.2 SCAN Program Services

SCAN Program professionals at the CYAC provide a variety of services that are tailored to meet the health needs of children/youth and their families. The SCAN Program professionals completed surveys to inform this evaluation on the number of children/families that received the following services:

- Medical consultation
- Physical examination
- Crisis intervention
- Individual counselling
- Family counselling
- Group counselling
- Other service(s)

The surveys asked if each of the services listed above were “*offered*,” “*provided*,” “*referred to*,” or “*not applicable*” for each client served. Please see definitions of each of these terms below, which will help with the interpretation of the findings.

- **Services Not Applicable:** are cases where SCAN Program services were assessed as “*not applicable*” for particular clients (e.g., physical examination was not appropriate in the specific case context).
- **Services Offered:** are SCAN Program services that were offered to child/youth victims but were not provided (e.g., youth declined physical examination).
- **Services Provided:** are SCAN Program services that were provided to children/families.
- **Services Referred:** are external community referrals made by SCAN Program staff for children/youth victims and/or their families.

Please note that more than one type of service could have been “offered” or “provided” to each client. At least one of the SCAN Program services was “provided” to child/youth victims in 67 of 69 cases (97%) and “offered” (but not “provided”) in the remaining two cases (n = 2 of 69; 3%). Service data was missing for two cases and was excluded from this analysis. A closer look at the services provided is next.

3.4.3 Medical Consultation & Physical Examination

Medical consultations and physical examinations were the two services most frequently “*offered*” and “*provided*” to children/youth:

- ✚ Data on **medical consultation** was “*not applicable*” in 3 of the 69 cases; of the 66 applicable cases, 62 children (94%) were “*provided*” with medical consultation and the 4 remaining children (6%) were “*offered*” it.
- ✚ **Physical examination** was assessed as “*not applicable*” in 9 of the 69 cases; in the 60 applicable cases, 57 children (95%) were “*provided*” a physical examination, while 3 of 60 children were “*offered*” but it was not provided.
- ✚ Medical consultation and physical examination **referrals** were made in 2 cases and 1 case respectively; these referrals were rarely made as the majority of this work is provided at the SCAN Program.

Time to Service:

SCAN Program staff indicated the length of time it took for children/youth to receive medical consultation and physical examination:

- ✚ Over half of the cases for which data was available received **medical consultation in less than 24 hours** (n = 38 of 61; 62%); 9 children waited between 24 and 72 hours for a medical consultation (n = 9 of 61; 15%); 8 children waited 73 hours to one week (n = 8 of 61; 13%); and 6 children waited more than one week for a medical consultation (n = 6 of 61; 10%).

- ✚ Slightly over half of the cases for which data was available received a **physical examination within 24 hours** (n = 28 of 53; 53%); 7 children waited between **24 and 72 hours** for a physical examination (n = 7 of 53; 13%); 8 children waited **73 hours to one week** (n = 8 of 53; 15%); and 10 children waited **more than one week** for a physical examination (n = 10 of 53; 19%).

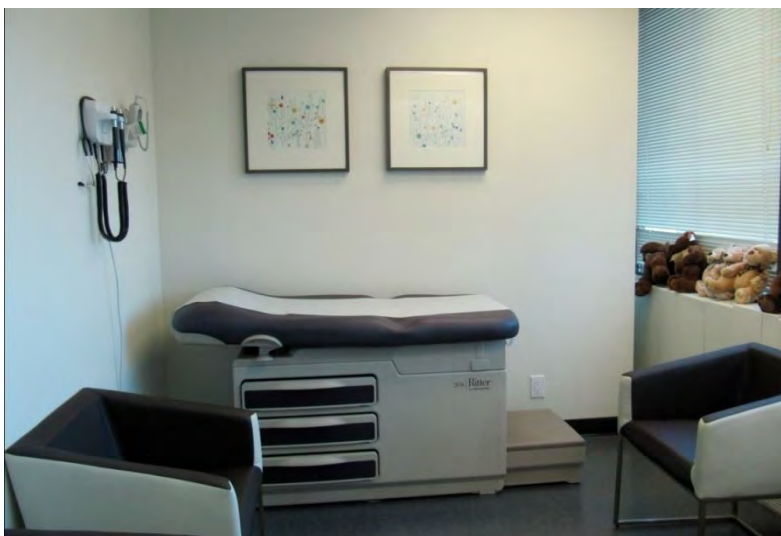
3.4.4 Other SCAN Program Services

Non-medical services were “offered” or “provided” by SCAN Program staff to clients to a much lesser extent. This was to be expected as the primary function of the SCAN Program within the MDT is medical and multiple CYAC partners are available for counselling services.

- ✚ **Crisis intervention** was “provided” to 3 children/youth and 4 family members, while **individual counselling** was “provided” to 4 children and 6 family members.
- ✚ **Family counselling, group counselling** and **other services** were not “offered” or “provided” to children/youth at all, although family counselling was provided to family members in 1 case.
- ✚ Individual counselling **referrals** were made for children/youth for 2 cases, but no external referrals for family members/caregivers were made by the SCAN Program.
- ✚ Due to the very low number of cases where the above services were “provided” to CYAC clients, the **wait time** for these services is not included here.

3.4.5 Summary: Main Findings From The SCAN Program Data

- A total of 176 families were referred to the SCAN Program by the MDT; **surveys were completed for 40% of these families**. All findings below are related to the 40% of reported cases.
- In 97% of cases, **SCAN Program services were “provided”** to child/youth victims and in 7% of cases, SCAN Program services were “provided” to the victim’s family members or caregivers.
- 99% of cases **involved TPS** and 89% of cases **involved a CAS**.
- Of the 66 applicable cases, 94% of children were “provided” with **medical consultation** (the remaining 6% of children were “offered,” but chose not to have a medical consultation).
- 62% of cases received **medical consultation** within **24 hours**, 15% waited **24-72 hours**, 13% waited **73 hours to one week**, and 10% of children waited **over one week** for a medical consultation.
- Of 60 applicable cases, 95% of children were “provided” with a **physical examination** (the remaining 5% of children were “offered,” but chose not to have a physical examination).
- 53% of cases received a **physical examination** within **24 hours**, 13% waiting **24-72 hours**, 15% waited **73 hours to one week**, and 19% of children waited **over one week** for a physical examination.
- Very few cases (under 10) were “offered” or “provided” **non-medical services** (e.g., individual counselling).



3.5 Mental Health (n = 143)

From October 2013 to June 2015, a total of 187 families were referred to Boost CYAC mental health services. An evaluation survey was completed for 143 of the 187 families (76%). Please find below a summary of the services provided.

Note: Not all responses to the survey questions applied to each case; therefore, not all responses total 143 cases. Missing or incomplete data is noted by indicating the total number of cases for that question.

3.5.1 Mental Health Services

Mental Health Professionals at the CYAC provide a variety of services that are tailored to meet the needs of children/youth and their families that come to the attention of the CYAC. These MHPs completed online surveys to inform this evaluation on the number of children/families that received the following services:

- Crisis intervention
- Family counselling
- Other service(s)
- Individual counselling
- Group counselling

The surveys asked if each of the services listed above were “*offered*,” “*provided*,” “*referred to*,” or “*not applicable*” for each client served. Please see definitions of each of these terms below, which will help with the interpretation of the findings:

- **Services Not Applicable:** are cases where CYAC mental health services were assessed as “*not applicable*” for a particular client (e.g., individual counselling is not appropriate for a very young child victim).
- **Services Offered:** are CYAC mental health services (e.g., crisis intervention, family counselling) that were “*offered*” to child/youth victims and/or family members, but were not “*provided*.” Multiple reasons exist for services being “*offered*,” but not “*provided*” to the family (e.g., clients sometimes decline services as they do not feel they are necessary, they are already linked to service providers in the community, or clients are not prepared to engage in an intervention at the time).
- **Services Provided:** are mental health services that were “*provided*” to children/families by CYAC MHPs.
- **Services Referred:** are external community referrals made by CYAC MHPs for children/families.

*Please note that more than one type of service could have been “offered” or “provided” to each client. **Crisis intervention** and **individual counselling** were the two services that were most frequently “provided” to child/youth victims and caregivers/family members. **Family counselling** was “provided” to a much lesser extent, while **group counselling** was not “provided.” A more detailed examination of the mental health services at the CYAC is presented next.*

3.5.2 Crisis Intervention

Crisis Intervention Not Applicable (n = 75)

Crisis intervention was deemed as “*not applicable*” for the case in just over half of the 143 cases as reported by the MHPs (n = 75 of 143; 52%).

Crisis Intervention Applicable (n = 68)

PROVIDED OR OFFERED: For the 68 cases where crisis intervention was assessed as applicable, crisis intervention was “*provided*” by the MHPs to children/youth victims and/or family members in nearly three-quarters of the cases (n = 49 of 68; 72%). For the remaining 19 of 68 cases (28%), crisis intervention was “*offered*” to the family, but was not “*provided*.”

TIME TO SERVICE: All applicable cases received crisis intervention from MHPs in less than two weeks from the time of referral to the CYAC (n = 49 of 49; 100%).

3.5.3 Individual Counselling: Children

Individual Counselling Not Applicable (n = 84)

Individual counselling was deemed as “*not applicable*” for the children/youth in over half of the 143 cases as reported by the MHPs (n = 84 of 143; 59%).

Individual Counselling Applicable (n = 59)

PROVIDED OR OFFERED: For the 59 cases where individual counselling was assessed as applicable, CYAC MHPs “*provided*” the individual counselling to nearly half of the children/youth victims (n = 27 of 59; 46%). Out of these 59 cases, all children/youth who did not receive individual counselling (n = 32 of 59; 54%) were “*offered*” this service.

TIME TO SERVICE: Data on the length of time from referral to the beginning of individual counselling service with MHPs was available for 24 of the 27 children/youth. The wait time was less than 2 weeks for nearly all cases (n = 23 of 24; 96%). In only 1 case, the wait time was between 2 to 5 weeks.

3.5.4 Individual Counselling: Family Members

Individual Counselling Not Applicable (n = 65)

Individual counselling was deemed as “*not applicable*” for the caregivers/family members on the case in less than half of the 143 cases as reported by the MHPs (n = 65 of 143; 45%).

Individual Counselling Applicable (n = 78)

PROVIDED OR OFFERED: For the 78 cases where individual counselling was assessed as applicable, individual counselling was “*provided*” by the CYAC MHPs to half of the caregivers/family members (n = 39 of 78; 50%). For the remaining half of the cases (n = 39 of 78; 50%), individual counselling was “*offered*” to the family, but was not “*provided*.”

TIME TO SERVICE: Most of the family members who received individual counselling waited less than 2 weeks to receive this service (n = 34 of 39; 87%). The remaining five family members (n = 5 of 39; 13%) waited between two to five weeks to receive individual counselling from CYAC MHPs.

3.5.5 Family Counselling

Family Counselling Not Applicable (n = 108)

Family counselling was indicated as “not applicable” for the family in three-quarters of the cases (n = 108 of 143; 75%).

Family Counselling Applicable (n = 35)

PROVIDED OR OFFERED: For the 35 cases where family counselling was assessed as “applicable,” it was “provided” by the MHPs in nearly half of these cases (n = 15 of 35; 43%). Although family counselling was “offered” to 14 of the 35 families (40%), they chose not to participate in the service. The remaining 6 families (17%) were not “offered” or “provided” family counselling at the CYAC, but were referred to external family counselling services (referrals are discussed in greater detail further in the report).

TIME TO SERVICE: Most of the clients who received family counselling waited less than 2 weeks to receive this service (n = 12 of 15; 80%). Two families (13%) waited between 2 to 5 weeks to receive family counselling from CYAC MHPs, while 1 family (7%) waited between 5 and 12 weeks for this service.

3.5.6 Group Counselling

Group counselling was not “offered” or “provided” by CYAC MHPs to any of the 143 children/youth or family members. However, a few group counselling referrals were made (see Table 14).

3.5.7 Other Services

Other mental health services were “offered” or “provided” to a very small percentage of clients. These services will not be described further to maintain the confidentiality of clients served (i.e., due to the infrequent nature of these referrals, naming the services could potentially identify the clients involved).

3.5.8 Referrals to Community Services

Mental Health Professionals routinely make external mental health referrals for the children/youth and/or their families that come into contact with the CYAC (although making referrals is primarily the responsibility of the Advocate). The types and number of referrals made for clients are summarized in Table 14. *Please note that the “TOTAL” indicated in the Table excludes cases that MHPs deemed as “not applicable” for this type of intervention.*

TABLE 14. REFERRALS BY MHPs

	# Referrals Made	TOTAL
Crisis Intervention	6; 9%	68
Individual Counselling for Children/Youth	20; 34%	59
Individual Counselling for Family Members	16; 21%	78
Family Counselling	9; 26%	35
Group Counselling	4; 100%	4
Other	9; 100%	9

Note: Responses in pink indicate that the frequency of the referral occurred over 70% of the time.

3.5.9 Summary: Main Findings From Mental Health Data

- A total of 187 families were referred to Boost CYAC Mental Health services; **surveys were completed for 76% of these families**. All findings below are related to the 76% of reported cases.
- Where applicable, 72% of families were “**provided**” **crisis intervention** (the remaining 28% were “**offered**” crisis intervention); all crisis intervention services were delivered **within 2 weeks** of referral.
- Where applicable, 46% of **children/youth victims** were “**provided**” **individual counselling** (the remaining 54% were “**offered**” individual counselling); for 96% of these children/youth, individual counselling was available **within 2 weeks** of referral and only 4% of children/youth waited **2 to 5 weeks** for individual counselling.
- Where applicable, 50% of **caregivers/family members** were “**provided**” **individual counselling** (the remaining 50% were “**offered**” individual counselling); in 87% of these cases, individual counselling was available **within 2 weeks** of referral, but 13% of caregivers/family members waited **2 to 5 weeks** for individual counselling.
- Where applicable, 43% of families were “**provided**” **family counselling** (the remaining 57% were either “**offered**” family counselling at the CYAC or “**referred to**” this service elsewhere); in 80% of family counselling cases, the service was available **within 2 weeks** of referral and 20% of families waited **2 to 12 weeks** for family counselling at the CYAC.



4.0 RESULTS PART 2: ANALYSIS OF MULTIDISCIPLINARY SERVICE DELIVERY

Results presented in this section compare Boost CYAC to non-CYAC service delivery models, as well as analyze the service trends within Boost CYAC and that of the MDT partnerships.

4.1 SCAN Program: Comparison of Boost CYAC & Non-CYAC Cases

Medical professionals from the SCAN Program completed surveys for 71 families referred by Boost CYAC (see section 3.4) and 37 families who were not referred by Boost CYAC but had a similar client profile (e.g., non-CYAC child protection investigation where a SCAN Program assessment was requested). Data from these non-CYAC families (“*comparison group*”) were compared to data from Boost CYAC families (“*CYAC group*”) to explore if there were differences in services.

Note: The comparison group (n = 37) is a non-random, unequal sample in size to the CYAC group (n = 71), therefore results, while suggestive, should be interpreted with caution and cannot be generalized.

4.1.1 SCAN Program Services Provided: Boost CYAC vs. Comparison Group

In cases where SCAN Program services to children were provided (n = 100; CYAC group = 66; comparison group = 34), the CYAC group was more likely to receive **medical consultation** from the SCAN Program than the comparison group at a statistically significant level ($p = .009$). Further, the comparison group was more likely to receive **individual** and **family counselling** services from the SCAN Program than the CYAC group, but the group sizes were too small for a statistical comparison. See Table 15 for a full summary of SCAN Program services provided to the CYAC and comparison groups.

TABLE 15. SCAN SERVICES PROVIDED TO BOOST CYAC & COMPARISON GROUPS

	CYAC Group (n = 66)	Comparison Group (n = 34)	<i>p</i>
Medical Consultations	60 91%	24 71%	$p = .009$
Physical Examinations	56 85%	27 79%	NS
Crisis Intervention	3 5%	2 6%	Numbers too small for statistical comparison
Individual Counselling	3 5%	5 15%	
Family Counselling	0 0%	3 9%	

Note: Top responses are in orange. Significant = $p < .05$; NS = not statistically significant

4.1.2 Time to Service: Boost CYAC vs. Comparison Group

There was no significant difference between the CYAC (n = 59) and comparison group cases (n = 21) in the average length of time between referral to start of **medical consultation**. However, it should be noted that while the majority of CYAC cases (n = 38; 62%) received medical consultation in less than 24 hours, under half of the comparison group cases (n = 9; 43%) received medical consultation within the same time frame. However, about half of both the CYAC and comparison groups (53% and 46%, respectively) received a **physical examination** in less than 24 hours.

Author: Child Welfare Institute, July 2017

4.1.3 Collaboration With Partners: Boost CYAC vs. Comparison Group

COMMUNICATION:

A statistically significant difference was found on ratings of **communication with CASs and police** between CYAC and comparison group cases, where CYAC cases had higher average ratings for **communication effectiveness** with both CASs ($p = .009$) and police ($p = .005$). With respect to communication with Advocates and CYAC MHPs, data were only available for the CYAC group, as the comparison group would not have access to these services; collaboration with the MDT data from the perspective of the SCAN Program is presented in section 4.5.4 of this report. See Table 16 for comparison of ratings, where a rating of 1 = “not at all effective” and a rating of 4 = “very effective.”

TABLE 16. COMMUNICATION WITH CAS & POLICE RATINGS BY BOOST CYAC & COMPARISON GROUP

	CYAC Group Mean	Comparison Group Mean	p
CASs (n = 57)	3.63	3.19	$p = .009$
Police (n = 26)	3.89	2.93	$p = .005$

Note: Top responses are in orange. Significant = $p < .05$

RELATIONSHIP: A statistically significant difference was found between ratings of **relationship with CAS and police** between CYAC and comparison group cases; CYAC cases had higher average ratings for relationship effectiveness with both CASs ($p = .006$) and police ($p < .001$).

TABLE 17. RELATIONSHIP WITH CAS & POLICE RATINGS BY BOOST CYAC & COMPARISON GROUP

	CYAC Group Mean	Comparison Group Mean	p
CASs (n = 55)	3.73	3.33	$p = .006$
Police (n = 30)	3.96	2.79	$p = .001$

Note: Top responses are in orange. Significant = $p < .05$

4.1.4 Summary: Boost CYAC SCAN Program Services vs. Comparison Group

This section compared the SCAN Program services provided to CYAC clients and comparison group clients. The summary of findings below is presented within the context of anticipated outcomes.

Outcome: Increased access to timely medical care?

YES

The data analysis suggests that the SCAN Program professionals were more likely to provide **medical consultations** to CYAC clients than to comparison group clients. In terms of **time frames** to receive medical services, no significant group differences were found (although a slight trend toward faster service to the CYAC group was observed).

Outcome: More collaborative/coordinated response to child/youth victims and caregivers?

YES

Findings showed that SCAN Program professionals experience **superior communication** and more **effective relationships** with both CASs and police on CYAC cases as opposed to comparison group's cases; this is an important finding that supports the assumption that the CYAC model would facilitate enhanced partnerships between professionals.

4.2 CAS: Comparison of Boost CYAC & Non-CYAC Cases

Children's Aid Society workers at Boost CYAC completed case surveys for clients served (n = 605). From these surveys, 20 child protection cases were randomly selected to be compared to regular (non-CYAC) CAS Intake cases in order to explore any differences in the investigation process and outcomes. Regular Intake cases were randomly selected from a list of new CAST referrals between February and September of 2014 that were coded as *Immediate Response (IR) (Most Severe)*, to best reflect the Boost CYAC experience of serving the most severe cases. A random number generator was used to ensure random selection of cases. A secondary selection process was used to ensure that the sample of regular Intake cases was comparable to the sample Boost CYAC cases. Data for the Boost CYAC cases were available through the surveys and data for the regular Intake cases were obtained through a file review process. The final sample was comprised of:

✚ **CYAC cases (n = 20)**

✚ **Regular IR Intake cases (n = 20)**

4.2.1 Victim & Case Characteristics: Boost CYAC vs. Regular Intake

Analysis of the data found that the CYAC and the sample of regular Intake cases had comparable child, family and cases profiles (no statistical differences) (see Table 18). Both samples included: 1) similar number of **male and female** children, who were on average **9 years** of age; 2) cases of **physical or sexual abuse**, predominantly coded **Extremely Severe**; 3) a large proportion of **one parent families** (over one-in-three); and 4) approximately 40% of families had three to 10 **prior CAS file openings**. Establishing the similarity of these two samples is essential as it increases the confidence that the outcomes can be attributed to the investigation process rather than sampling differences.

TABLE 18. VICTIM/CASE CHARACTERISTICS OF BOOST CYAC & REGULAR INTAKE CASES

	CYAC (n = 20)	Regular Intake (n = 20)	p
Child/Victim Age	Mean = 8.85 (SD=3.95) TOTAL = 20	Mean = 9.15 (SD=4.07) TOTAL = 20	Not Statistically Significant (NS)
Child/Victim Gender	Male = 40%; Female = 60% TOTAL = 20; 100%	Male = 50%; Female = 50% TOTAL = 20; 100%	NS
Maltreatment Type	Physical/Sexual Abuse = 80% Harm by Omission = 5% Emotional Harm = 5% Parent-Child Conflict/ Abandonment = 5% Parent Capacity = 5% TOTAL = 20; 100%	Physical/Sexual Abuse = 80% Harm by Omission = 5% Emotional Harm = 5% Parent-Child Conflict/ Abandonment = 5% Parent Capacity = 5% TOTAL = 20; 100%	NS
Maltreatment Severity	Moderately Severe = 30% Extremely Severe = 70% TOTAL = 20; 100%	Moderately Severe = 25% Extremely Severe = 75% TOTAL = 20; 100%	NS
Family Profile	One Parent = 34% Two Parent = 63% TOTAL = 19; 100%	One Parent = 45% Two Parent = 55% TOTAL = 20; 100%	NS
Prior CAS Openings	No CAS History = 32% 1-2 Openings = 32% 3-5 Openings = 21% 6-10 Openings = 15% TOTAL = 19; 100%	No CAS History = 35% 1-2 Openings = 25% 3-5 Openings = 10% 6-10 Openings = 30% TOTAL = 20; 100%	NS

Note: Top responses are in orange.

Author: Child Welfare Institute, July 2017

4.2.2 Victim & Case Outcomes: Boost CYAC vs. Regular Intake

When examining the case outcomes of CYAC and regular Intake cases, a number of findings emerged. They are colour-coded by three possible findings:

- Significant Differences – benefit CYAC over regular Intake
- Significant Differences – benefit regular Intake over CYAC
- No Significant Differences

COMPARING INDEPENDENT VS. JOINT INVESTIGATIONS: As evident in Table 19, **CAS-police joint investigations** occurred much more frequently in CYAC cases (75%) than in regular IR Intake cases (10%); this was a statistically significant difference where $p < .001$.

COMPARING NUMBER OF INVESTIGATIVE VICTIM INTERVIEWS: Both CYAC and regular Intake investigations utilized a **minimal number of interviews with victims**; although in CYAC investigations a higher proportion of victims had one interview only versus regular Intake investigations (84% vs. 75%, respectively), the *means* were similar and there was no statistically significant difference between the two groups. Please note that one case where the victim was not interviewed (due to young age) was excluded from the analysis.

COMPARING CASE INTERVENTION: Table 19 details the primary intervention utilized to address the child protection concerns of the examined families. It is evident that in both CYAC and regular IR Intake cases, **child protection service** was the primary intervention; child protection service included an interview of all family members coupled with caregiver education with respect to physical punishment and child management, safety planning and/or family discussion/negotiation of roles and boundaries.

There were cases where intervention with the family included **changes to the child's living situation and/or access to caregivers**. Examples included child apprehension, child's voluntary placement with a kin or in foster care and changes to the supervision level of caregivers' access to their children. Please note that these interventions may have been short-term or longer term and may or may not have resulted in changes to the child's custody/legal status. This type of intervention was utilized slightly more often in regular IR Intake cases but not at a statistically significant level.

Police charges occurred in cases where the child had been exposed to serious and non-accidental harm or neglect as the result of the caregiver's actions. **Police/CAS cautioning** has been utilized in cases when excessive and inappropriate physical punishment was identified, but was not a typical or recent practice within the family and the family showed commitment toward alternative practices. A comparable number of CYAC and regular IR Intake cases utilized this type of intervention.

COMPARING CAS CASE TRANSFERS: A higher proportion of CYAC cases were **transferred to Ongoing CAS Services** than **closed at Intake** (55% vs. 45%, respectively). Contrarily, a smaller proportion of regular IR Intake cases were transferred to Ongoing CAST Services than closed at Intake (35% vs. 65%, respectively). Nevertheless, there was no statistical significant difference between the two groups in the file transfer rates.

COMPARING NUMBER OF REFERRALS MADE: As evident in Table 19, CYAC cases resulted in more **client referrals** than regular Intake cases, at a level that was approaching statistical significance ($p = .055$).

TABLE 19. VICTIM/CASE OUTCOMES OF BOOST CYAC & REGULAR INTAKE CASES

	CYAC (n = 20)	Regular Intake (n = 20)	p
Investigation Type	CAS-only = 20% CAS & police jointly = 75% CAS & police separately = 5% TOTAL = 20; 100%	CAST-only = 85% CAST & police jointly = 10% CAST & police separately = 5% TOTAL = 20; 100%	p < .001
Number of Victim Interviews	Mean = 1.21, SD = 0.54 Range: 1-3 84% had 1 interview TOTAL = 19	Mean = 1.25, SD = 0.44 Range: 1-2 75% had 1 interview TOTAL = 20	NS
Case Intervention	Child protection service = 70% Changes in residence/access = 15% Police charges/cautioning = 15% TOTAL = 20; 100%	Child protection service = 60% Changes in residence/access = 25% Police charges/cautioning = 15% TOTAL = 20; 100%	NS
CAS Case Transfers	Closed at Intake = 45% Transferred to Ongoing = 55% TOTAL = 20; 100%	Closed at Intake = 65% Transferred to Ongoing = 35% TOTAL = 20; 100%	NS
Referrals	Referrals made in 10 cases (50%) Mean = 0.75, SD = 1.02 Range: 0-4 TOTAL = 20	Referrals made in 5 cases (25%) Mean = 0.25, SD = 0.44 Range: 0-1 TOTAL = 20	NS, but trending (p = .055)

Note: Top responses are in orange. Significant = $p < .05$; Trending to significance = $p > .051 < .08$; NS = not statistically significant

4.2.3 Summary: Boost CYAC CAS Services vs. Regular Intake Services

File reviews were conducted with 20 CYAC and 20 regular Intake CAST cases. Analysis revealed that although the cases were comparable in terms of their victim, family and case characteristics, a few differences in outcomes emerged.

Outcome 1: Reduced number of interviews with child/youth victims?

NO

No significant differences in number of victim interviews were found between CYAC and regular Intake cases. In addition, no significant differences in the type of intervention used, or rates of CAST case transfers were found between CYAC and regular Intake cases.

Outcome 2: More comprehensive response to the needs of child/youth victims and caregivers? **YES**

Analysis found more CYAC clients were connected to community services when compared to regular Intake clients (trend approaching significance).

Outcome 3: More coordinated interviews with child/youth victims?

YES

CYAC cases were more likely to conduct joint CAS-police investigations than regular Intake cases.

While these differences are important findings in support of the rationale for the CYAC model, the ability to examine the impact of joint investigations on case outcomes was not possible with these samples due to the unknown impact of other confounding variables. The next section attempts to take a closer look at joint investigations, while eliminating some of the other confounding variables.

Author: Child Welfare Institute, July 2017

4.3 Boost CYAC Cases: Impact of Joint Investigations on Case Outcomes

Section 4.2 noted evidence of **increased number of joint CAS-police investigations within the Boost CYAC model** compared to service-as-usual (SAU) child protection investigations. Two questions now need to be explored:

- Q1. Do joint investigations lead to better outcomes for the children and families involved?
- Q2. Are there specific case types that benefit most from a joint investigation?

In order to answer these two questions, Boost CYAC non-Advocate cases with and without joint CAS-police investigations were examined with respect to the following service elements:

- Number and length of victim interviews;
- Number of suspect interviews and confessions;
- Number of police officers involved in the case;
- Number of charges laid;
- Number of days police needed to clear the case; and
- Number of victim/caregiver referrals made.

It was hypothesized that comparing only Boost CYAC cases (vs. Boost CYAC and regular Intake cases) would reduce some of the confounding influences of different approaches taken to the investigation process. In order to further minimize confounding influences, only Boost CYAC cases without Advocate involvement were included in the analysis; this resulted in 465 cases where CAS and police investigated jointly and 268 cases of either CAS-only investigations, or police-only investigations, or CAS and Police separate investigations; for the sake of simplicity, the latter three investigation types (i.e., CAS-only, police-only and separate) will be referred to as “*independent investigations*.” In order to optimally compare the two conditions, a sample of 268 joint investigation cases was randomly selected from the available 465 cases using SPSS software functions. The final sample was:

✚ **Independent investigations (n = 268)**

✚ **Joint investigations (n = 268)**

The analysis required combined data from police and CAS evaluation forms (i.e., CAS surveys and Police Case Activity Sheets).

Note: CAS workers and police officers did not necessarily complete evaluation forms for all the cases they took part in, therefore data from both CAS and police sources were not available for every CYAC case. Readers are advised to interpret the results with caution; the data available represents only a subset of the sample and the results cannot be generalized.

4.3.1 Victim & Case Characteristics: Joint vs. Independent Boost CYAC Investigations

Looking at case characteristics of CYAC cases where independent or joint investigations occurred, a difference is evident. Specifically, **joint investigations occurred more often with victims who were younger ($M_{age} = 8.62$) and male (54%), while independent investigations occurred more often with somewhat older victims ($M_{age} = 9.92$) and female victims (54%).** Section 3.1 of this report presented findings from police data, which indicated that older females were more often victims of sexual abuse, while younger males were more often victims of physical abuse. Not surprisingly, Table 20 portrays

that while **physical abuse** was the most frequent maltreatment type in both types of investigations (independent investigations = 56%; joint investigations = 76%), **cases with independent investigations had a higher proportion of sexual abuse victims (independent investigations = 39%; joint investigations = 19%)**, thus explaining the demographic differences between the two groups. Rates of neglect cases were also similar (independent investigations = 5%; joint investigations = 5%).

Interestingly, findings on maltreatment severity indicate that **with respect to sexual abuse cases, independent investigations mostly handled Moderately Severe cases (79%), while joint investigations primarily handled Extremely Severe cases (62%); this was a statistically significant difference ($p = .002$)**. There were no group differences in the severity levels of physical abuse cases and not enough data was available for neglect cases to conduct a meaningful analysis. Information on maltreatment severity was available from CAS workers only as police officers did not collect this information, resulting in fewer cases with available data.

TABLE 20. VICTIM/CASE CHARACTERISTICS OF BOOST CYAC NON-ADVOCATE CASES: INDEPENDENT & JOINT INVESTIGATIONS

	Independent Investigations (n = 268)	Joint Investigations (n = 268)	p
Child/Victim Age	Mean = 9.92, SD = 6.89 TOTAL = 268	Mean = 8.62, SD = 8.87 TOTAL = 268	NS, but trending ($p = .059$)
Child/Victim Gender	Male = 46% Female = 54% TOTAL = 266; 100%	Male = 54% Female = 46% TOTAL = 266; 100%	NS, but trending ($p = .069$)
Maltreatment Type	Sexual Abuse = 39% Physical Abuse = 56% Neglect = 14; 5% TOTAL = 257; 100%	Sexual Abuse = 19% Physical Abuse = 76% Neglect = 12; 5% TOTAL = 267; 100%	$p < .001$
Maltreatment Severity	Sexual Abuse Moderately Severe = 79% Extremely Severe = 21% TOTAL = 29; 100%	Sexual Abuse Moderately Severe = 38% Extremely Severe = 62% TOTAL = 26; 100%	$p = .002$
	Physical Abuse Moderately Severe = 15% Extremely Severe = 85% TOTAL = 78; 100%	Physical Abuse Moderately Severe = 18% Extremely Severe = 82% TOTAL = 84; 100%	NS
	Neglect Moderately Severe = 20% Extremely Severe = 80% TOTAL = 10; 100%	Neglect Moderately Severe = 25% Extremely Severe = 75% TOTAL = 4; 100%	Sample is too small to analyze
	All Moderately Severe = 32% Extremely Severe = 68% TOTAL = 117; 100%	All Moderately Severe = 23% Extremely Severe = 77% TOTAL = 114; 100%	NS

Note: Top responses are in orange. Significant = $p < .05$; Trending to significance = $p > .051 < .08$; NS = not statistically significant

4.3.2 Victim & Case Outcomes: Joint vs. Independent Boost CYAC Investigations

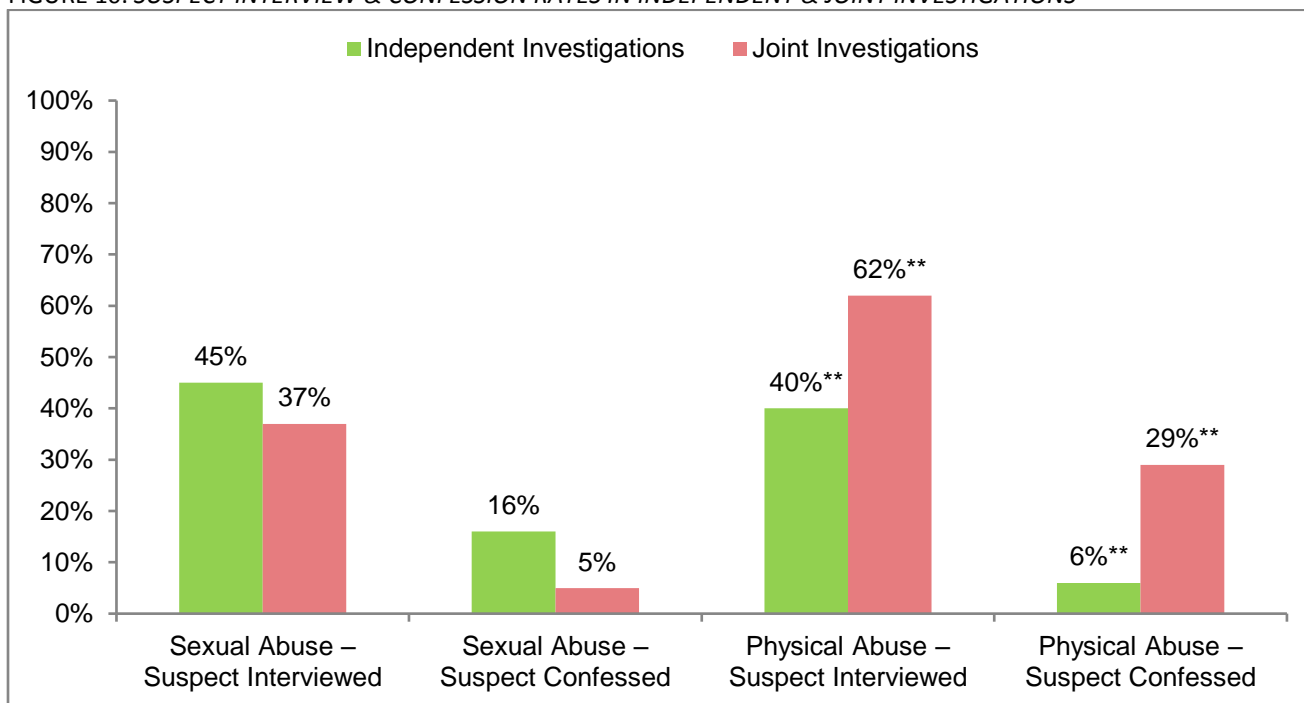
When examining CYAC case outcomes where independent or joint investigations occurred, the following findings emerged.

NUMBER OF INVESTIGATIVE VICTIM INTERVIEWS: Minimal number of investigative interviews with victims occurred in both independent and joint investigations. However, **joint investigations were trending toward lower average number of interviews ($M = 1.10$) than independent investigations ($M = 1.20$), although this difference did not reach statistical significance ($p = .063$)**. As evident in Table 21, independent investigations had a wider range in the number of victim interviews, which implies greater likelihood of investigative redundancies. Please note that cases with missing data or where victims were not interviewed were excluded from analysis.

LENGTH OF VICTIM INTERVIEWS: Information on the length of victim interviews was available from police officers only; therefore, CAS-only investigations were not included in the independent investigations group. **Interview lengths were comparable between the two conditions, where the majority of interviews in both independent and joint investigations lasted less than half-an-hour** and about one-in-five interviews lasted between half-an-hour to an hour.

SUSPECT INTERVIEW & CONFESSION: Information on whether or not the suspect was interviewed and confessed was available from police officers only; therefore, CAS-only investigations were not included in the independent investigations group. As evident in Table 21, **joint investigations resulted in significantly higher rates of suspect interviews and confessions than independent investigations**, but the absence of CAS-only investigations data may have impacted these results. Interestingly, when the data were analyzed separately for sexual abuse and physical abuse maltreatment types, **significant group difference (i.e., $p < .05$) in suspect interview and confession rates was found only for physical abuse** (see Figure 10).

FIGURE 10. SUSPECT INTERVIEW & CONFESSION RATES IN INDEPENDENT & JOINT INVESTIGATIONS



**Indicates a statistically significant difference ($p < .05$)

TABLE 21. VICTIM & SUSPECT INTERVIEWS IN INDEPENDENT & JOINT INVESTIGATIONS

	Independent Investigations (n = 268)	Joint Investigations (n = 268)	p
Number of Victim Interviews	Mean = 1.20, SD = 0.77 Range: 1-9 89% had 1 interview TOTAL = 225	Mean = 1.10, SD = 0.32 Range: 1-3 91% had 1 interview TOTAL = 228	NS, but trending (p = .063)
Length of Victim Interviews	Less than 0.5 hr. = 82% 0.5-1 hr. = 17% More than 1 hr. = 1% TOTAL = 101; 100%	Less than 0.5 hr. = 79% 0.5-1 hr. = 20% More than 1 hr. = 1% TOTAL = 182; 100%	NS
Was the Suspect Interviewed?	Yes = 44% No = 56% TOTAL = 144; 100%	Yes = 58% No = 42% TOTAL = 234; 100%	p = .007
Did the Suspect Confess?	Yes = 12% No = 88% TOTAL = 144; 100%	Yes = 25% No = 75% TOTAL = 234; 100%	p = .004

Note: Top responses are in orange. Significant = $p < .05$; Trending to significance = $p > .051 < .08$; NS = not statistically significant

NUMBER OF OFFICERS INVOLVED: The number of designated officers involved with the case was significantly different ($p = .014$) in independent investigations as compared to joint investigations. As evident in Table 22, in both investigation types only one officer was involved in the majority of cases. Nevertheless, *joint investigations were significantly more likely to involve only one officer (97% of cases) than independent investigations (87% of cases)*. Missing or incomplete data were excluded.

CHARGES LAID: Information on whether or not charges were laid was available from police officers only; therefore, CAS-only investigations were not included in the independent investigations group. Both independent and joint investigations cleared 19 cases by laying charges; in independent investigations the 19 cases with charges were 13% of total cases with data, while in joint investigations the 19 cases with charges were 8% of total cases with data. Table 22 presents the range and mean number of charges laid within each investigation condition. *Analysis did not identify any significant differences in the proportion of cases with charges or number of charges laid*. Readers should keep in mind that absence of CAS-only investigation data for this item might have impacted results.

CASE CLEARING BY POLICE: Police officers reported on the number of days it took to clear each case by charge or otherwise. A comparative analysis did not detect a statistically significant difference, but *a trend toward lower average number of days to case clearing for joint investigations ($M_{days} = 7.30$) versus independent investigations ($M_{days} = 10.59$) was observed*. A breakdown of the number of days to case clearing by specific offence type revealed comparable time periods between independent and joint investigations in sexual abuse cases ($M_{independent} = 14.75$ days, $SD = 25.28$; $M_{joint} = 14.62$ days, $SD = 19.43$), *but shorter time to clear physical abuse cases for joint investigations ($M_{independent} = 6.26$ days, $SD = 9.97$; $M_{joint} = 4.88$ days, $SD = 10.95$); this difference was not statistically significant*. Cases of neglect were not examined due to the low sample size.

REFERRALS: The number of client referrals made by police and/or CAS workers in each case were combined and compared across independent and joint investigations. Analysis revealed that *significantly more client referrals were made during joint investigations ($p < .001$)*. See Table 22.

TABLE 22. VICTIM/CASE OUTCOMES OF INDEPENDENT & JOINT INVESTIGATIONS

	Independent Investigations (n = 268)	Joint Investigations (n = 268)	p
Police Officers Involved in the Case	1 officer = 87% of cases 2 officers = 12% of cases 3 officers = 1% of cases TOTAL = 86; 100%	1 officer = 97% of cases 2 officers = 3% of cases TOTAL = 171; 100%	p = .014
Police Charges	Charges laid in 19 cases (13%) Mean = 3.05, SD = 2.22 Range: 1-9 TOTAL = 144	Charges laid in 19 cases (8%) Mean = 2.58, SD = 1.47 Range: 1-5 TOTAL = 234	NS
Days to Police Case Clearing	Mean = 10.59, SD = 19.60 Range: 0-145 TOTAL = 141	Mean = 7.30, SD = 13.96 Range: 0-90 TOTAL = 233	NS, but trending (p = .060)
Referrals	Referrals made in 32 cases (12%) Mean = 0.15, SD = 0.44 Range: 0-3 TOTAL = 268	Referrals made in 69 cases (26%) Mean = 0.42, SD = 0.83 Range: 0-5 TOTAL = 268	p < .001

Note: Top responses are in orange. Significant = $p < .05$; Trending to significance = $p > .051 < .08$; NS = not statistically significant

4.3.3 Summary: Joint vs. Independent Boost CYAC Investigations

Joint investigations occurred in a higher proportion of **physical abuse** cases, higher proportion of **Extremely Severe sexual abuse** cases and lower proportion of **Moderately Severe sexual abuse** cases when compared to independent investigations. This finding suggests that the joint investigation approach is the preferred investigation type for the more severe/complex maltreatment cases. Analysis revealed a few differential outcomes for CAS and police joint and independent investigations at the CYAC. Findings below are presented in the context of anticipated outcomes.

Outcome 1: Reduced number of interviews with child/youth victims?

YES

Joint investigations were trending toward **less victim interviews** than independent investigations.

Outcome 2: More coordinated interviews with child/youth victims?

YES

Joint investigations involved only one police officer (as opposed to more officers) in significantly more cases than independent investigations. Also, joint investigations showed a trend toward **shorter time to case clearing** when compared to independent investigations; this difference was more apparent in **physical abuse** investigations than in sexual abuse investigations.

Outcome 3: Improved potential for successful prosecution?

YES

Joint investigations showed a higher rate of **suspect interview and confession** in **physical abuse** investigations when compared to independent investigations. However, no significant differences were found in the rate of charges laid between the two investigation types.

Outcome 4: More comprehensive response to the needs of child/youth victims and caregivers? **YES**

Many more victims and caregivers were referred to community services when joint investigations occurred; it appears that joint investigations provided families with more support in shorter time.

4.4 Boost CYAC Joint Investigations: Impact of Advocate on Case Outcomes

The previous section presented evidence in support of the use of joint CAS-police investigations within the Boost CYAC model as compared to independent investigations. Another pressing question within the Boost CYAC model is the impact of an Advocate on the investigation process and outcomes. As in the previous section, this portion will revolve around two questions:

Q1. Do investigations with an Advocate lead to better outcomes for the children and families involved?

Q2. Are there specific case types that benefit most from investigations that involve an Advocate?

In order to answer these two questions, Boost CYAC investigations were examined with and without the involvement of Advocates on the following outcomes:

- Number and length of victim interviews;
- Number of cases transferred by CAS to Ongoing Services;
- Number of police hours spent on victim management;
- Number of charges laid;
- Number of days police need to clear case;
- Length of the court process;
- Number of charges substantiated in court; and
- Number of victim/caregiver referrals made.

In order to minimize confounding influences, only Boost CYAC cases with joint investigations were included in the analysis, with the goal to examine for an added effect of Advocate involvement; this resulted in 465 cases where a CAS and police investigated **without** Advocate involvement and 331 cases where a CAS and police investigated **with** Advocate involvement. In order to maximize the similarity of the two samples when comparing the two conditions, a sample of 331 Advocate-not-involved investigation cases was randomly selected from the available 465 using SPSS software functions. Final sample sizes were:

With Advocate Investigations (n = 331)

Without Advocate Investigations (n = 331)

The analysis required combined data from police, CASs and Advocate evaluation forms (i.e., CAS surveys, Police Case Activity Sheets and Advocate surveys).

Note: CAS workers, Advocates, and police officers did not necessarily complete evaluation forms for all the cases they took part in, therefore, data from all three sources was not available for every CYAC case. Readers are advised to interpret the results with caution where data available represents only a subset of the sample and refrain from generalizing the results to the entire CYAC client group.

4.4.1 Victim/Case Characteristics: Boost CYAC Cases With Advocate vs. Without

Looking at case characteristics of CYAC cases with and without participation of Advocates finds a few differences of significance.

It appears that *cases that involved an Advocate had a higher proportion of female victims and sexual abuse maltreatment types than cases without Advocate involvement (with Advocate = 56% females and 46% sexual abuse cases; without Advocate = 45% females and 17% sexual abuse cases)*. The higher prevalence of female victims of sexual abuse has been established in section 3.1 of this report. The discrepancies in gender representation and maltreatment type between the two conditions were found to be statistically significant (see Table 23). However, the difference in the *mean* age of the groups with an Advocate and without an Advocate was not statistically significant. No significant group differences were found on maltreatment severity, although cases with Advocates had a slightly higher proportion of *Extremely Severe* sexual abuse cases (74%) than cases without an Advocate (64%). Information on maltreatment severity was only available from CAS workers, resulting in fewer cases with available data.

TABLE 23. VICTIM/CASE CHARACTERISTICS WITH ADVOCATE & WITHOUT ADVOCATE INVESTIGATIONS

	Without Advocate (n = 331)	With Advocate (n = 331)	p
Child/Victim Age	Mean 8.32 (SD = 8.23) TOTAL = 331	Mean = 9.32 (SD = 8.15) TOTAL = 331	NS
Child/Victim Gender	Male = 55% Female = 45% TOTAL = 330; 100%	Male = 44% Female = 56% TOTAL = 330; 100%	p = .004
Maltreatment Type	Sexual Abuse = 17% Physical Abuse = 77% Neglect = 14; 6% TOTAL = 328; 100%	Sexual Abuse = 46% Physical Abuse = 52% Neglect = 12; 2% TOTAL = 328; 100%	p < .001
Maltreatment Severity	Sexual Abuse Moderately Severe = 36% Extremely Severe = 64% TOTAL = 25; 100%	Sexual Abuse Moderately Severe = 26% Extremely Severe = 74% TOTAL = 53; 100%	NS
	Physical Abuse Moderately Severe = 12% Extremely Severe = 88% TOTAL = 102; 100%	Physical Abuse Moderately Severe = 13% Extremely Severe = 87% TOTAL = 77; 100%	NS
	Neglect Moderately Severe = 25% Extremely Severe = 75% TOTAL = 4; 100%	Neglect Moderately Severe = 40% Extremely Severe = 60% TOTAL = 5; 100%	Sample is too small to analyze
	All Moderately Severe = 17% Extremely Severe = 83% TOTAL = 131; 100%	All Moderately Severe = 19% Extremely Severe = 81% TOTAL = 135; 100%	NS

Note: Top responses are in orange. Significant = $p < .05$; NS = not statistically significant

4.4.2 Victim & Case Outcomes: Boost CYAC Cases With Advocate vs. Without

Case outcomes of CYAC investigations with and without an Advocate resulted in the following findings.

NUMBER OF INVESTIGATIVE VICTIM INTERVIEWS: Both investigations with and without Advocates had a minimal number of investigative interviews with victims; **investigations without an Advocate had a lower average number of interviews ($M = 1.12$) than investigations with an Advocate ($M = 1.31$), which was a statistically significant difference ($p < .001$).** As evident in Table 24, 90% of investigations without an Advocate had one victim interview, while 77% of investigations with an Advocate had one victim interview; this is an interesting finding that requires further exploration, which includes examining case complexity. These differences between investigations with and without an Advocate persisted even when sexual abuse and physical abuse cases were examined separately, thus indicating that the higher proportion of sexual abuse cases in the group with an Advocate do not account for these differences. Cases where victims were not interviewed or where data were missing were excluded from the analysis. The length of victim interviews was significantly different between the two conditions, where the majority of interviews in investigations without an Advocate lasted less than half-an-hour, while only half of the interviews in investigations with an Advocate lasted less than half-an-hour. Given the complexity of cases, this is an interesting finding that deserves further exploration.

TABLE 24. VICTIM INTERVIEWS WITH ADVOCATE & WITHOUT ADVOCATE INVESTIGATIONS

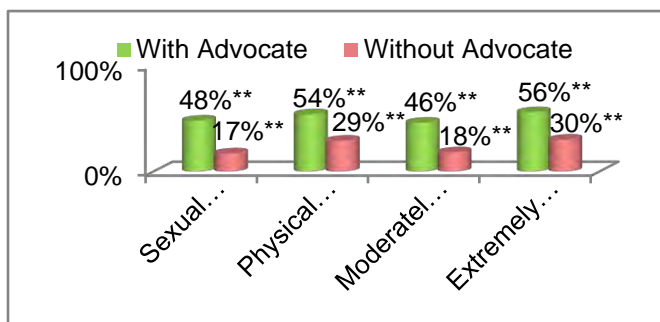
	Without Advocate (n = 331)	With Advocate (n = 331)	p
Number of Victim Interviews	Mean = 1.12 , SD = 0.45 Range: 1-6 90% had 1 interview TOTAL = 282	Mean = 1.31 , SD = 0.72 Range: 1-6 77% had 1 interview TOTAL = 318	p < .001
Length of Victim Interviews	Less than 0.5 hr. = 75% 0.5-1 hr. = 24% More than 1 hr. = 1% TOTAL = 226; 100%	Less than 0.5 hr. = 50% 0.5-1 hr. = 43% More than 1 hr. = 7% TOTAL = 256; 100%	p < .001

Note: Top responses are in **orange**. Significant = $p < .05$

CAS CASE TRANSFERS: Cases where investigations involved an Advocate were more likely to be transferred to Ongoing Services rather than closed at Intake compared to cases that did not involve an Advocate (without Advocate = 29% of cases; with Advocate = 54% of cases); this difference was statistically significant where $p < .001$. This significant difference was maintained when

sexual abuse and physical abuse cases were examined separately ($p = .010$ and $p = .001$, respectively). This group difference was also maintained when Moderately Severe and Extremely Severe cases were examined separately ($p = .046$ and $p < .001$, respectively). As it is not required for CAS cases to remain open in order to receive Advocate services, the unique case characteristics that contribute to this outcome require further exploration. See Figure 11 and Table 25 for results.

FIGURE 11. PROPORTION OF CAS CASES TRANSFERRED TO ONGOING SERVICES BY OFFENCE TYPE & SEVERITY



** Indicates statistically significant difference ($p < .05$)

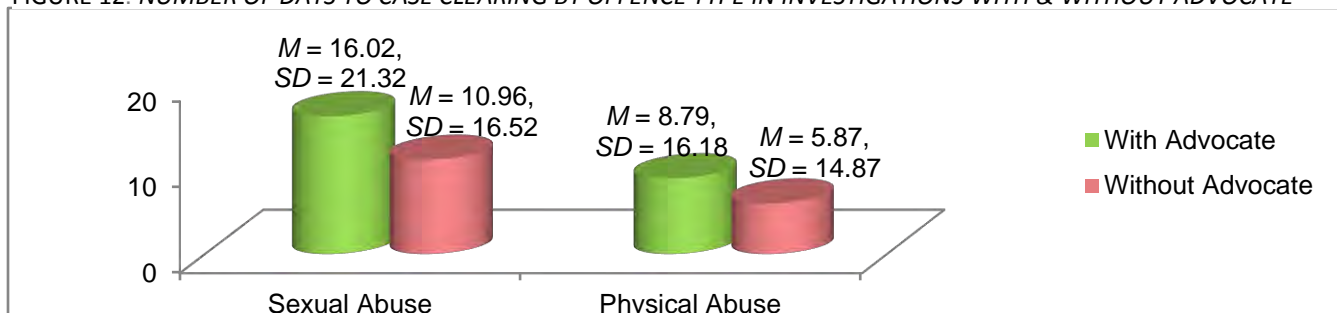
VICTIM MANAGEMENT: Police officers reported on the total number of hours spent on victim assistance and support. As evident in Table 25, **although for 92% of cases victim assistance and support never exceeded two hours, when an Advocate was involved, significantly more police time was spent on victim assistance and support than in cases without an Advocate (with Advocate = 41% of cases over 1 hour; without Advocate = 20% of cases over 1 hour).** Given the significant difference found between the two groups on the type of maltreatment (see Table 23), victim assistance and support hours were examined for sexual abuse and physical abuse cases separately; the analysis revealed that **investigations with an Advocates had significantly higher time spent on victim assistance and support than investigations without an Advocates for each maltreatment type.** Therefore, the higher representation of sexual abuse cases in the investigations with the Advocate group does not account for this discrepancy. However, it is likely that the additional police time spent was because of consultations between police and Advocates with respect to victim support, particularly in more complex cases.

CHARGES LAID: **Investigations with an Advocate had a significantly higher proportion of cases where charges were laid than cases without Advocate involvement** (with Advocate = 37% of cases with charges; without Advocate = 9% of cases with charges). Table 25 presents the *range* and *mean* number of charges laid within each investigation condition. Analysis found significant differences both in the proportion of cases with charges ($p < .001$) and in the number of charges laid ($p = .001$), suggesting greater case complexity. This significant difference was maintained when sexual abuse and physical abuse cases were examined separately.

CASE CLEARING: Police officers reported on the number of days it took to clear each case by charge or otherwise. A comparative analysis detected **a statistically significant difference in cases with an Advocate ($M_{days} = 12.26$) versus without an Advocate ($M_{days} = 7.18$),** suggesting greater complexity.

A breakdown of the number of days to case clearing by specific offence type revealed increased time periods in **sexual abuse** and **physical abuse** cases in investigations with Advocates; however, these specific differences were not statistically significant (see Figure 12). Cases of **neglect** were excluded from this analysis due to the low sample size.

FIGURE 12. NUMBER OF DAYS TO CASE CLEARING BY OFFENCE TYPE IN INVESTIGATIONS WITH & WITHOUT ADVOCATE



LENGTH OF COURT PROCESS: The length of the court process could not be meaningfully compared due to the small sample size of the group without an Advocate. See Table 25 for *means*.

SUBSTANTIATED CHARGES: Table 25 provides a summary of charge substantiation results based on the total number of charges that proceeded to court. The *Charges Laid* section discussed that for cases without an Advocate, 65 charges were laid in 27 cases; of these 65 charges, court outcomes were available for only 11 charges. In cases with an Advocate, 409 charges were laid in 108 cases, but court

outcomes were only available for 81 of the charges. **For both cases with and without Advocates, the most frequent court outcome was that charges were withdrawn** (without Advocate = 73% withdrawn; with Advocate = 79% withdrawn). Although it appears that the group without an Advocate had higher rates of guilty outcomes than the group with an Advocate, this rate is based on a very small sample (n = 11), and therefore a statistical comparison test could not be implemented.

REFERRALS: The number of client referrals made by police and/or CAS workers and/or Advocates in each case were combined and compared across investigations with and without Advocates. **Analysis revealed that significantly more client referrals were made when investigations with Advocates were utilized ($p < .001$)** (see Table 25). Moreover, police and CAS data were converged with data from CYAC MHPs to assess the proportion of clients referred to CYAC mental health services. A total of 66 cases were matched successfully (i.e., relevant sections of the surveys were completed by police, CAS workers and MHPs), of which 94% belonged to the group with an Advocate, indicating that **investigations with an Advocate were more likely than investigations without an Advocate to utilize CYAC mental health services**. However, these 66 cases represent only 46% of the 143 client surveys submitted by MHPs, and therefore should be interpreted with caution.

TABLE 25. VICTIM/CASE OUTCOMES WITH ADVOCATE & WITHOUT ADVOCATE INVESTIGATIONS

	Without Advocate (n = 331)	With Advocate (n = 331)	p
CAS Case Transfers	Closed at Intake = 71% Transferred to Ongoing = 29% TOTAL = 129; 100%	Closed at Intake = 46% Transferred to Ongoing = 54% TOTAL = 128; 100%	p < .001
Victim Management	Less than 1 hr. = 80% 1-2 hrs. = 16% More than 2 hrs. = 4% TOTAL = 299; 100%	Less than 1 hr. = 59% 1-2 hrs. = 27% More than 2 hrs. = 14% TOTAL = 296; 100%	p < .001
Police Charges	65 Charges laid in 27 cases (9%) Mean = 2.41, SD = 1.42 Range: 1-6 TOTAL = 299	409 Charges laid in 108 cases (37%) Mean = 3.79, SD = 3.29 Range: 1-12 TOTAL = 296	p < .001 p = .001
Days to Clear the Case by Police	Mean = 7.18, SD = 15.41 Range: 0-120 TOTAL = 298	Mean = 12.26, SD = 19.14 Range: 1-90 TOTAL = 293	p < .001
Length of Court Process (months)	Mean = 7.17, SD = 4.40 Range: 3-13 TOTAL = 6	Mean = 10.07, SD = 4.91 Range: 5-20 TOTAL = 29	Sample is too small for analysis
Substantiated Charges	Guilty = 27% Withdrawn = 73% TOTAL = 11; 100%	Not Guilty = 5% Guilty = 7% Stayed = 9% Withdrawn = 79% TOTAL = 81; 100%	Sample is too small for analysis
Referrals	Referrals made in 84 cases (25%) Mean = 0.49, SD = 1.13 Range: 0-7 TOTAL = 331	Referrals made in 173 cases (52%) Mean = 2.29, SD = 3.24 Range: 0-16 TOTAL = 331	p < .001

Note: Top responses are in orange. Significant = $p < .05$

Author: Child Welfare Institute, July 2017

4.4.3 Summary: Boost CYAC Cases With an Advocate vs. Without an Advocate

This section revealed that investigations with an Advocate were involved with a higher proportion of **female** victims and **sexual abuse** cases than investigations without an Advocate. Although not statistically significant, the proportion of **Extremely Severe sexual abuse** cases (vs. **Moderately Severe sexual abuse** cases) was higher for investigations with an Advocate. Therefore, it appears that investigations with an Advocate were preferred during more severe/complex sexual abuse cases. However, in terms of proportion and severity of **physical abuse** cases, no differences between investigations with and without Advocates were found. In terms of case outcomes, the following findings emerged:

Outcome: Reduced number of interviews with child/youth victims?

NO

Investigations with an Advocate showed higher number of **victim interviews** than investigations without an Advocate, at a statistically significant level. These differences between investigations with and without an Advocate persisted even when **maltreatment type and severity** were examined separately. Further, investigations with an Advocate had significantly longer police time spent on **victim assistance and support**. When taking into context the other findings, it is possible that cases with an Advocate were more complex and high-risk than cases without an Advocate in a way that is not captured by CAS severity rating.

Outcome: Better quality of interviews and evidence?

YES

Outcome: Improved potential for successful prosecution?

YES

Investigations with an Advocate showed statistically increased **interview length** than investigations without an Advocate. Investigations with an Advocate also had a significantly higher proportion of cases where **charges were laid**, higher **number of charges laid** per case and needed a longer time period for **case clearing**. These differences between cases with and without an Advocate persisted across the maltreatment types and severity levels, possibly indicating that cases with an Advocate lead to better quality of victim interviews and disclosures, making laying more charges possible and/or these cases were more complex. With respect to **court process and outcome**, there was not enough data available from the group without an Advocate to compare if involvement of an Advocate had any impact on victim preparation to testify or substantiation of charges in court.

Outcome: More comprehensive response to the needs of child/youth victims and caregivers? **YES**

Investigations with an Advocate had significantly higher proportions of **case transfers** to CAS Ongoing Services. Also, significantly more victims and caregivers were **referred to community services** when investigations with an Advocate occurred as opposed to investigations without an Advocate. It appears that although investigations with an Advocate required longer time investment from the police and CAS, victims and families were provided with more support than investigations without an Advocate.

Outcome: Increased access to mental health services for child/youth victims and caregivers? **YES**

Investigations with an Advocate were more likely than investigations without an Advocate to utilize **CYAC mental health services**. From the *Mental Health* section of this report, over 80% of children/youth and caregivers/families received services within two weeks of referral (see pg. 33-34).

4.5 Caregiver Feedback

From October 2013 to June 2015, 23 caregivers who received Boost CYAC services completed a client survey (2% of 1,200 Boost CYAC clients). This is a very small, non-representative sample. Their feedback is added to ensure their voices are included and thus, the following findings are illustrative and not explanatory.

Note: Not all 23 caregivers completed all the survey questions; therefore, not all responses total 23. Missing or incomplete data is noted by indicating the total number of responses for that question.

4.5.1 Services Received

Caregivers indicated all the services they had access to at the CYAC during the investigation. The 23 responding clients reported receiving between one to six services; the average number of services received was 3.39. The summary of caregiver responses is available in Table 26. It is evident that the majority of responding caregivers received referrals and services from an Advocate, while about half received immediate (crisis) and ongoing counselling.

TABLE 26. SERVICES RECEIVED BY CAREGIVERS		
An Advocate	18	78%
Referrals	15	65%
Ongoing Counselling	13	57%
Crisis Counselling	12	52%
Safety Planning	9	39%
Medical Examination	8	35%
Other (e.g., interview)	3	13%
Range = 1-6 services Mean = 3.39 services		

Note: Top responses are in orange.

4.5.2 Feelings at Boost CYAC

Caregivers answered a number of items pertaining to their general feelings at the CYAC. Specifically, of 23 responding caregivers, 96% indicated that either a CAS worker or police officer explained why they were part of a CYAC investigation (the remaining 4% indicated they were “somewhat” explained that information). All responding caregivers (100%) indicated that both they and their child/youth were treated with respect. Finally, 96% of caregivers felt they were listened to, while 4% felt otherwise.

4.5.3 Investigation Location & Process

Caregivers indicated all the locations at which both they and their child/youth were interviewed. The majority of children/youth (87%) were interviewed at just one location, while the remaining 13% were interviewed at two or three locations. The most common interview location was the CYAC (87%), while the second most common interview location was the school (17%). Only 9% of children were interviewed at home. In most cases (83%), caregivers felt the interview surroundings were child/youth friendly, while in 17% of cases the surroundings were described as “somewhat” friendly.

As for caregiver interviews, two of the 23 respondents indicated they were not interviewed. The remaining 21 caregivers were primarily interviewed at one location (81%), with a few interviewed at two locations (19%). Caregivers were primarily interviewed at the CYAC (86%), while 24% were interviewed at home, 5% at the school and another 5% at a police station. All responding caregivers indicated feeling safe while interviewed and felt like their interview location was a safe place to talk about what happened.

In terms of service quality, all 23 responding caregivers rated it as “excellent” (70%) or “good” (30%). Further, 90% of the 20 responding caregivers indicated that their phone calls were returned “promptly,” while 10% indicated phone calls were returned “somewhat promptly.” Thirteen caregivers chose to elaborate on their response and most (80%) described receiving helpful and competent service from the CYAC, which either met or exceeded their needs and expectations.

Author: Child Welfare Institute, July 2017

4.5.4 Satisfaction With Service Providers

Caregivers were asked to rate their overall satisfaction with the services they received at the CYAC. Caregivers rated their experience on a four-point scale ranging from “very dissatisfied” to “very satisfied.” Table 27 provides a summary of their responses. As evident in Table 27, caregivers demonstrated a high level of satisfaction with all service providers, where nearly all caregivers were either “satisfied” or “very satisfied” with all service providers. Please note that caregivers’ rating of the Crown Attorney was excluded as there was only one respondent.

TABLE 27. CAREGIVER SATISFACTION WITH SERVICE PROVIDERS

	Very Satisfied	Satisfied	Total Satisfied	Dissatisfied or Very Dissatisfied	TOTAL	NA/ Missing
CAS Worker	11 52%	10 48%	21 100%	0 0%	21 100%	2
Police Officer	14 64%	8 36%	22 100%	0 0%	22 100%	1
Advocate	17 81%	3 14%	20 95%	1 5%	21 100%	2
Medical Staff	6 86%	1 14%	7 100%	0 0%	7 100%	16
Counsellor	7 64%	4 36%	11 100%	0 0%	11 100%	12
Crown Attorney	-	-	-	-	1 100%	22
Victim Witness Staff	1 33%	2 67%	3 100%	0 0%	3 100%	20

Note: Responses in pink indicate that the frequency occurred over 70% of the time.

Caregivers were also asked about their satisfaction with the wait time for services. Of the 16 responding caregivers, 94% indicated they were either “very satisfied” or “satisfied,” while 6% were “dissatisfied” or “very dissatisfied” with the wait time.

4.5.5 Responsiveness & Caregiver Support

Caregivers indicated if CAS workers, police officers and counsellors were responsive to their needs and requests. Caregivers rated their experience on a three point scale. Table 28 provides a summary of their responses. As evident in the Table, the majority of responding caregivers indicated that the three service providers were indeed responsive and met their needs.

TABLE 28. CAREGIVER ASSESSMENT OF SERVICE RESPONSIVENESS & SUPPORT

	Yes	Somewhat	No	TOTAL	NA/Missing
CAS Worker	13 72%	4 22%	1 5%	18 100%	5
Police Officer	16 73%	6 27%	0 0%	22 100%	1
Counsellor	12 86%	0 0%	2 14%	14 100%	9

Note: Responses in pink indicate that the frequency occurred over 70% of the time.

Caregivers provided more detailed information with respect to their experience with Advocacy services. All responding caregivers indicated that they felt **comfortable contacting** the Advocate when they needed to and felt **comfortable talking** to the Advocate (n = 20; 100%). All responding caregivers also indicated that the Advocate “*promptly*” **responded to their calls** (n = 19; 100%) and provided them with the **information or referrals** they needed (n = 20; 100%).

In terms of specific information obtained from the Advocate, 77% of 13 responding caregivers indicated the Advocate told them about the **court preparation process**, while 15% felt they were “*somewhat*” told and 7% were not told. Of 20 responding caregivers, 95% indicated the Advocate **addressed their concerns** and told them **what to expect**, while 5% felt the Advocate only “*somewhat*” did these things. Finally, all 20 responding caregivers (100%) indicated that the information provided to them by the Advocate was **helpful**.

4.5.6 Qualitative Feedback

Caregivers described the most helpful aspect of the CYAC services. Half of the caregivers (n = 11 of 22; 50%) specifically indicated the Advocate as the most helpful service at the CYAC. The remaining half of the caregivers indicated other various aspects of services that they found helpful (e.g., caregiver support, child safety/comfort, attitudes of professionals, the services received at their time of need).

“Very safe and comfortable environment and Advocate was VERY helpful to us.”

Caregivers were also asked for additional feedback. The majority of caregivers (n = 13 of 19; 68%) indicated their gratitude and appreciation for the services they received, either from the Advocate or generally from the MDT. A number of comments (n = 8 of 19; 42%) provided constructive feedback and suggestions for the CYAC (please note these are single opinions representing very few caregivers):

- Locations outside the downtown core;
- More communication with family, using an interpreter when needed: beforehand to explain the process and throughout to ensure the family does not remain with unanswered questions;
- The need for support and Advocacy for the alleged offender; and
- Equal weight to the voice of the caregiver as to the voice of the child.

4.5.7 Summary: Caregiver Feedback

Victim and caregiver perspectives are necessary in order to truly understand the CYAC experience and whether the MDT was able to enhance their satisfaction and outcomes. Unfortunately, systematic data collection from victims and their families was very limited during this evaluation and resulted in only 23 completed caregiver surveys. The low number of respondents prevents drawing any conclusions with respect to client experience at the CYAC. Nevertheless, helpful feedback was received that will help inform CYAC services moving forward. Overall, it appears that the caregivers who provided data were quite satisfied with the services they received in general and with Advocacy services in particular.

Outcome: Greater satisfaction of child/youth victims and caregivers?

PRELIMINARY

There is initial, suggestive data from 23 caregivers with respect to their satisfaction with CYAC services. Specifically, nearly all responding caregivers indicated feeling **heard**, **respected** and **safe**. Further, all caregivers reported either “*good*” or “*excellent*” **overall service quality** and provided high **satisfaction** and **responsiveness** ratings to the various service providers at the CYAC. Caregivers made particular note of their great **satisfaction with Advocates**.

4.6 Analysis of Boost CYAC Partnerships from the Perspective of the MDT

Boost Child & Youth Advocacy Centre MDT members were asked rating questions, as well as open-ended questions on the evaluation tools with respect to their internal communication and relationships. The feedback received from members of the MDT was analyzed for themes (where possible) and results are presented below.

4.6.1 Police Officers

COMMUNICATION: CYAC police officers were asked to comment on how effective the MDT's communication was with each other during the *debrief segment* of the investigation. Each partner received an over 95% rating of "very effective" or "effective." See Table 29 for breakdown of results.

✚ CAS (n = 843 of 863; 97%)

✚ SCAN (n = 226 of 226; 100%)

✚ Advocate (n = 420 of 423; 99%)

✚ Mental Health (n = 93 of 96; 97%)

TABLE 29. POLICE: EFFECTIVENESS OF PARTNER COMMUNICATION DURING DEBRIEFS

	Very Effective	Effective	Total Effective	Not Very Effective	Not at All Effective	TOTAL
CASs	641 74%	202 23%	843 97%	17 2%	3 1%	863 100%
Advocate	338 80%	82 19%	420 99%	3 1%	0 0%	423 100%
SCAN	174 77%	52 23%	226 100%	0 0%	0 0%	226 100%
Mental Health	67 70%	26 27%	93 97%	3 3%	0 0%	96 100%

Note: Responses in pink indicate that the frequency occurred at least 70% of the time.

RELATIONSHIP: CYAC police officers rated their *ongoing relationship* with the MDT on each of their cases. Police officers rated all partners as "effective" or "very effective" in at least 95% of cases. See Table 30.

TABLE 30. POLICE: OVERALL WORKING RELATIONSHIP WITH PARTNERS

	Very Effective	Effective	Total Effective	Not Very Effective	Not at All Effective	TOTAL
CASs	644 75%	207 24%	851 99%	12 1%	2 <1%	865 100%
Advocate	342 80%	85 20%	427 100%	2 <1%	0 0%	429 100%
SCAN	176 77%	52 23%	228 100%	0 0%	0 0%	228 100%
Mental Health	67 72%	23 25%	90 97%	3 3%	0 0%	93 100%

Note: Responses in pink indicate that the frequency occurred over 70% of the time.

THEMATIC ANALYSIS: Very few qualitative comments were made by police officers (n = 23 of 1055; 2%), therefore the quantity was insufficient for thematic analysis.

4.6.2 CAS Workers

COMMUNICATION: Child protection workers were also asked to comment on how effective the MDT's communication was with each other during the *debrief segment* of the investigation. Each partner received an over 90% rating of "very effective" or "effective." See Table 31 for breakdown of results.

✚ **Police** (n = 420 of 438; 96%)

✚ **SCAN** (n = 96 of 98; 98%)

✚ **Advocate** (n = 132 of 142; 93%)

✚ **Mental Health** (n = 59 of 63; 94%)

TABLE 31. CAS: EFFECTIVENESS OF PARTNER COMMUNICATION DURING DEBRIEFS

	Very Effective	Effective	Total Effective	Not Very Effective	Not at All Effective	TOTAL
Police	264 60%	156 36%	420 96%	14 3%	4 1%	438 100%
Advocate	82 58%	50 35%	132 93%	8 6%	2 1%	142 100%
SCAN	62 63%	34 35%	96 98%	1 1%	1 1%	98 100%
Mental Health	34 54%	25 40%	59 94%	4 6%	0 0%	63 100%

Note: Responses in pink indicate that the frequency occurred over 70% of the time.

SATISFACTION: Child protection workers rated their *overall satisfaction* with CYAC services; 96% of workers (n = 422 of 437) were either "satisfied" or very "satisfied," while 4% (n = 15 of 437) were either "unsatisfied" or "very unsatisfied."

RELATIONSHIP: Child protection workers rated their *ongoing relationship* with the MDT on each of their cases. Child protection workers rated all partners as "effective" or "very effective" in over 90% of cases (see Table 32).

TABLE 32. CAS: OVERALL WORKING RELATIONSHIP WITH PARTNERS

	Very Effective	Effective	Total Effective	Not Very Effective	Not at All Effective	TOTAL
Police	270 61%	161 36%	431 97%	7 2%	3 1%	441 100%
Advocate	90 64%	43 31%	133 95%	6 4%	1 1%	140 100%
SCAN	71 69%	31 30%	102 99%	1 1%	0 0%	103 100%
Mental Health	37 61%	19 31%	56 92%	3 5%	2 3%	61 100%

Note: Responses in pink indicate that the frequency occurred over 70% of the time.

THEMATIC ANALYSIS: Child protection workers provided 43 comments on the debriefing process, 58 comments on the relationships between the partners and 77 final comments. The data were combined and analyzed for themes, which are outlined below. Readers should keep in mind that 85 of these 178 comments presented case details and did not pertain to CASs' perspective on the MDT partnerships. Therefore, the remaining 93 comments reflect only a very small percentage of the 605 CYAC CAS cases included in this report.

THEME 1: Good service to families using the CYAC model (57%)

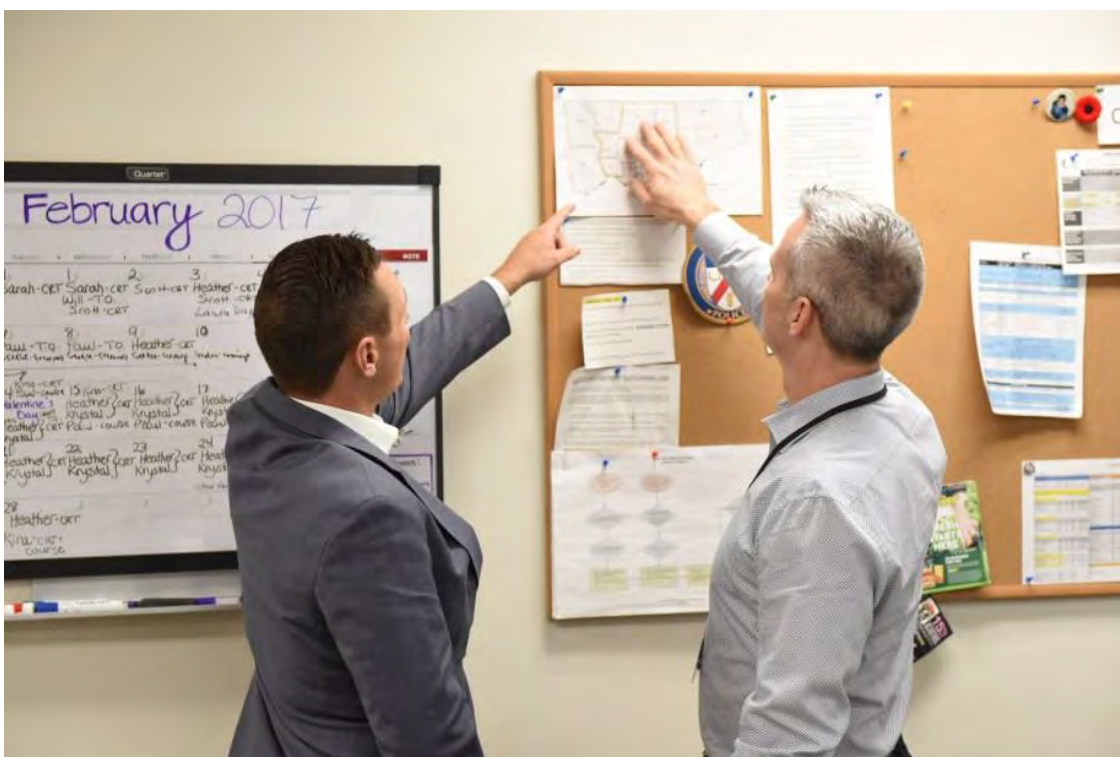
The majority of CAS worker comments (57%) recognized the benefits of having access to the various CYAC professionals. Specifically, involving medical/mental health/Advocate supports aided in making the family feel more supported, when such support was in fact required. Further, working with police helped improve communication, strengthen the CAS-police relationship and enhance the service provided to families.

THEME 2: CYAC model/members of the MDT are not used to their full potential (29%)

About 29% of CAS worker comments indicated that the CYAC model was not utilized or that members of the MDT were not accessed. Examples primarily included cases where police declined involvement in an investigation following consultation with a CAS. A few cases were also mentioned where police followed up with the family separately and where Advocate involvement was determined as not required.

THEME 3: Communication breakdown (14%)

A small percentage of CAS worker comments (14%) indicated cases where there was insufficient or ineffective communication/information sharing between the MDT and, at times, with clients; in a couple of these cases, CAS workers believed this directly impacted the quality of service provided to clients.



4.6.3 Advocates

ADVOCATE NOTIFICATION COMMUNICATION: Advocates were asked to comment on how well the two key partners (police and CASs) communicated with each other in the case during the *Advocate notification segment* of the investigation. The Advocates perceived they communicated:

- ✚ “Very well” or “well” with the **CASs** 84% of the time (n = 118 of 141; 84%); and
- ✚ “Very well” or “well” with **police** 96% of the time (n = 216 of 226; 96%).

Refer to Table 33 for a detailed breakdown of the responses. *Please note that the “TOTAL” indicated in the Tables below refers to the number of responses provided by the Advocate, excluding missing data and cases that Advocates indicated as “Not Applicable.”*

TABLE 33. ADVOCATE: COMMUNICATION DURING THE ADVOCATE NOTIFICATION SEGMENT OF THE INVESTIGATION

	Very Well	Well	Total Well	Poor	Very Poor	TOTAL
CASs	86 61%	32 23%	118 84%	15 11%	8 5%	141 100%
Police	170 75%	46 21%	216 96%	7 3%	3 1%	226 100%

Note: Responses in pink indicate that the frequency occurred over 70% of the time.

DEBRIEF COMMUNICATION: The Advocates were asked to rate how effective the MDT’s communication was with each other on the case during the *debrief segment* of the investigation. Each partner received an over 75% rating of “very effective” or “effective:”

- ✚ **CASs** (n = 139 of 182; 76%)
- ✚ **Police** (n = 216 of 232; 93%)
- ✚ **SCAN** (n = 77 of 88; 88%)
- ✚ **Mental Health** (n = 72 of 85; 85%)

TABLE 34. ADVOCATE: EFFECTIVENESS OF PARTNER COMMUNICATION DURING DEBRIEFS

	Very Effective	Effective	Total Effective	Not Very Effective	Not at All Effective	TOTAL
CASs	92 50%	47 26%	139 76%	33 18%	10 6%	182 100%
Police	150 65%	66 28%	216 93%	13 6%	3 1%	232 100%
SCAN	56 64%	21 24%	77 88%	11 12%	0 0%	88 100%
Mental Health	48 57%	24 28%	72 85%	13 15%	0 0%	85 100%

Note: Responses in pink indicate that the frequency occurred over 70% of the time.

RELATIONSHIP: The Advocates rated how well the *ongoing relationship* was with the MDT on each of their cases. The overall relationship was assessed by the Advocate to be “very effective” or “effective” in over 75% of the cases. See Table 35 for detailed results.

- ✚ **CASs** (n = 153 of 195; 78%)
- ✚ **Police** (n = 241 of 254; 95%)
- ✚ **SCAN** (n = 73 of 83; 88%)
- ✚ **Mental Health** (n = 94 of 111; 84%)

TABLE 35. ADVOCATE: OVERALL WORKING RELATIONSHIP WITH PARTNERS

	Very Effective	Effective	Total Effective	Not Very Effective	Not at All Effective	TOTAL
CASs	94 48%	59 30%	153 78%	30 16%	12 6%	195 100%
Police	170 67%	71 28%	241 95%	10 4%	3 1%	254 100%
SCAN	52 63%	21 25%	73 88%	9 11%	1 1%	83 100%
Mental Health	67 60%	27 24%	94 84%	15 14%	2 2%	111 100%

Note: Responses in pink indicate that the frequency occurred over 70% of the time.

THEMATIC ANALYSIS: Advocates provided 86 comments on the communication process, 121 comments on the relationships between the partners, and 75 final comments. The data were combined and analyzed for themes, which are outlined below. Please note that a few respondents provided extensive comments that contained more than one theme. For this reason, the weight of the themes exceeds 100%.

THEME 1: Effective communication with MDT led to good service to families (79%)

The majority of Advocate comments (79%) indicated good or excellent communication within the MDT, which enabled them to coordinate effective next steps and provide helpful and supportive service to families. Additional key aspects contributing to good service to families were informative debriefs with full MDT and collaboration on service planning.

THEME 2: Ineffective communication with MDT (36%)

Despite the highly positive Advocate feedback on MDT communication, there were also a number of comments (36%) indicating instances of insufficient communication within the MDT in general or specifically with the Advocate. Examples include cases where there was not full MDT participation in the debrief process, no Advocate notification and/or inclusion in the debrief and planning processes, insufficient information sharing between the MDT, and non-CYAC professionals involved in the case. Advocate comments indicate that their inclusion in investigations taking place outside of the CYAC location or business hours continues to be a challenge.



4.6.4 SCAN Program

COMMUNICATION: SCAN Program workers commented on how effective the MDT's communication was with each other during the *debrief segment* of the investigation. Each partner received an over 85% rating of "very effective" or "effective." See Table 36 for full results.

✚ **CASs** (n = 50 of 57; 88%)

✚ **Advocate** (n = 38 of 38; 100%)

✚ **Police** (n = 56 of 57; 98%)

✚ **Mental Health** (n = 12 of 12; 100%)

TABLE 36. SCAN: EFFECTIVENESS OF PARTNER COMMUNICATION DURING DEBRIEFS

	Very Effective	Effective	Total Effective	Not Very Effective	Not at All Effective	TOTAL
CASs	44 77%	6 11%	50 88%	6 11%	1 1%	57 100%
Police	52 91%	4 7%	56 98%	1 2%	0 0%	57 100%
Advocate	34 90%	4 10%	38 100%	0 0%	0 0%	38 100%
Mental Health	11 92%	1 8%	12 100%	0 0%	0 0%	12 100%

Note: Responses in pink indicate that the frequency occurred over 70% of the time.

RELATIONSHIP: SCAN Professionals rated their *ongoing relationship* with the MDT on each of their cases. SCAN Program staff rated their relationship with the CASs as "effective" or "very effective" in over 90% of cases, and the rest of the MDT relationships were rated as "effective" or "very effective" 100% of the time.

TABLE 37. SCAN: OVERALL WORKING RELATIONSHIP WITH PARTNERS

	Very Effective	Effective	Total Effective	Not Very Effective	Not at All Effective	TOTAL
CASs	45 82%	6 11%	51 93%	3 6%	1 1%	55 100%
Police	55 97%	2 3%	57 100%	0 0%	0 0%	57 100%
Advocate	38 97%	1 3%	39 100%	0 0%	0 0%	39 100%
Mental Health	13 93%	1 7%	14 100%	0 0%	0 0%	14 100%

Note: Responses in pink indicate that the frequency occurred over 70% of the time.

THEMATIC ANALYSIS: Very few qualitative comments were made by SCAN Program staff (n = 4 of 108; 4%), therefore the quantity was insufficient for thematic analysis.

4.6.5 Mental Health Professionals

COMMUNICATION: Mental Health Professionals were asked to rate how effective the MDT's communication was with each other on the case during the *debrief segment* of the investigation. Each partner received an over 90% rating of "very effective" or "effective." See Table 38 for full results.

✚ **CASs** (n = 75 of 80; 94%)

✚ **Police** (n = 74 of 77; 96%)

✚ **SCAN** (n = 28 of 31; 90%)

✚ **Advocate** (n = 97 of 101; 96%).

TABLE 38. MHPs: EFFECTIVENESS OF PARTNER COMMUNICATION DURING DEBRIEFS

	Very Effective	Effective	Total Effective	Not Very Effective	Not at All Effective	TOTAL
CASs	45 56%	30 38%	75 94%	2 2%	3 4%	80 100%
Police	47 61%	27 35%	74 96%	0 0%	3 4%	77 100%
SCAN	20 64%	8 26%	28 90%	0 0%	3 10%	31 100%
Advocate	75 74%	22 22%	97 96%	1 1%	3 3%	101 100%

Note: Responses in pink indicate that the frequency occurred over 70% of the time.

RELATIONSHIP: The MHPs rated how well the *ongoing relationship* was with the MDT on each of their cases; nearly 100% of the time it was assessed by the MHPs to be "very effective" or "effective," indicating well-formed relationships with the MDT. See Table 39 for full results.

✚ **CASs** (n = 91 of 93; 98%)

✚ **Police** (n = 84 of 85; 99%)

✚ **SCAN** (n = 33 of 33; 100%)

✚ **Advocate** (n = 126 of 127; 99%)

TABLE 39. MHPs: OVERALL WORKING RELATIONSHIP WITH PARTNERS

	Very Effective	Effective	Total Effective	Not Very Effective	Not at All Effective	TOTAL
CASs	51 55%	40 43%	91 98%	2 2%	0 0%	93 100%
Police	52 61%	32 38%	84 99%	1 1%	0 0%	85 100%
SCAN	25 76%	8 24%	33 100%	0 0%	0 0%	33 100%
Advocate	101 79%	25 20%	126 99%	1 1%	0 0%	127 100%

Note: Responses in pink indicate that the frequency occurred over 70% of the time.

THEMATIC ANALYSIS: Mental Health Professionals provided 33 comments on the debriefing process, and 29 comments about the relationships between MDT partners. The data were combined and analyzed for themes, which are outlined below.

THEME 1: Effective/helpful communication and strong/positive MDT relationships (90%)

Mental Health Professionals had overwhelmingly positive feedback (90%) about the debrief process and relationship/communication within the MDT team, in particular with respect to complex cases. The collaboration allowed for better problem-solving, brainstorming and coordinating services for families. Mental Health Professionals found various MDT members to be approachable, professional, hardworking, and with a genuine commitment toward supporting families.

THEME 2: Relationship difficulties (10%)

Very few comments with respect to relationship challenges were mentioned by the MHPs (10%). These challenges stemmed from insufficient communication and follow-up, both within the MDT and with clients.

4.6.6 Summary: Boost CYAC MDT Partnership

This section summarized the reports from MDT members on the communication and working relationships with each partner. The summary of findings is presented within the context of anticipated outcomes. It should be noted that the lack of qualitative feedback from police officers and SCAN Professionals is a limitation within this section.

Outcome: More collaborative/coordinated response to child/youth victims and caregivers? **YES**

Despite some ongoing challenges with the consistent inclusion of Advocates within the investigation process, as well as some concern over insufficient sharing of information, both quantitative and qualitative data point to effective and positive communication within the MDT. Over 75% of all MDT members who provided data reported “effective” or “very effective” communication with all partners. Thematic analysis of qualitative feedback identified benefits, such as superior service to the family because of coordinated MDT support, which allowed families to move quicker toward achieving their goals.

Outcome: Improved working relationships and satisfaction of MDT partners? **YES**

Over 75% of all MDT members who provided data reported “effective” or “very effective” working relationships with all partners. Thematic analysis of qualitative feedback identified beneficial relationships and easy access to professionals, which enhanced service planning. Relationships with the MDT contributed to improved client outcomes, particularly in complex cases.



5.0 SUMMARY

This section presents the overall summary of findings detailed in this report. The first section reviews the general profile of cases referred to Boost CYAC, and the second section notes if anticipated program outcomes were met in the context of the available evidence.

As noted at the start of the report, at times the findings from the police and CAS data resulted in different rates on the same questions. Part of this may be due to the flexibility in the configuration of the investigative team by case, but a large part is due to missing data (12% TPS and 50% CAS). Examples of this variance, both small and large, include variables such as *victim gender*; TPS data found a female victim majority (55%) versus CAS data that reported a male victim majority (53%). Another discrepancy was in the reported rate of *joint investigations*, where TPS reported 76% and CAS reported 65%. Since TPS data had the lowest percent of possible missing data (12%), this report relied more heavily on police data, using the CAS data to supplement the police data where it was missing or incomplete. With this in mind, the summary of findings is below.

5.1 Summary of Boost CYAC Case Profile

- **Referral source:** 53% of the referral sources were schools, 15% were health professionals and community agencies, 14% were the police, 9% were families, and 9% were other sources.
- **Abuse allegations:** 58% were related to physical abuse, 38% to sexual abuse and 4% to neglect.
- **Eligibility coding:** 88% of the referrals had *Eligibility Spectrum Coding* for physical harm/risk or sexual harm/risk, while 12% were allegations related to neglect, abandonment/separation and caregiver capacity.
- **Severity level:** 75% of referrals were coded as *Extremely Severe* and 25% were coded as *Moderately Severe*.
- **Victim gender:** 55% of child/youth victims were females versus 45% males.
- **Gender by abuse type:** females were more frequently victims of sexual abuse (female = 78%; male = 22%), while males were more frequently victims of physical abuse (female = 41%; male = 59%) and neglect (female = 42%; male = 58%).
- **Victim age:** on average, child victims were 9 years old ($M_{\text{age}} = 8.99$).
- **Victim age by abuse type:** neglect investigations had the youngest child victims ($M_{\text{age}} = 5.32$), physical abuse had older victims ($M_{\text{age}} = 8.23$) and sexual abuse had the oldest victims ($M_{\text{age}} = 10.51$).
- **Family composition:** 60% of cases involved a two parent household; 74% of cases had one or two children in the home.
- **Child welfare history:** 49% of the cases had no prior child welfare history, 32% were opened 1-2 times prior, 12% were opened 3-5 times prior, and 7% were opened over 6 times prior.

5.2 Findings on Key Anticipated Outcomes

Outcome 1: More coordinated interviews with child/youth victims?

YES

- 76% of CYAC investigations were conducted jointly with a CAS. Further, 85% of CYAC cases had briefing and debriefing with a CAS worker throughout the investigation process.
- According to the CAST file review, CYAC cases were more likely to conduct joint CAS-police investigations (75%) than regular Intake cases (10%).
- CYAC joint investigations involved only 1 police officer (as opposed to more officers) in significantly more cases than CYAC independent investigations (97% vs. 87% respectively). This indicates a potential cost savings due to reduced investigative redundancies and more targeted use of police.
- CYAC joint investigations showed a trend toward shorter time to case clearing ($M_{days} = 7.30$) when compared to CYAC independent investigations ($M_{days} = 10.59$), particularly in physical abuse cases.

Outcome 2: Reduced number of interviews for child/youth victims?

SOMETIMES

- 87% of victims had 1 investigative interview and only 13% were interviewed twice or more.
- No significant differences in the number of victim interviews were found between CYAC ($M = 1.21$) and regular IR Intake cases ($M = 1.25$).
- CYAC joint investigations showed a trend toward less victim interviews ($M = 1.10$) when compared to CYAC independent investigations ($M = 1.20$); independent investigations had a wider range in the number of victim interviews, which implies greater likelihood of investigative redundancies.
- CYAC investigations with an Advocate had a significantly higher number of victim interviews ($M = 1.31$) than investigations without an Advocate ($M = 1.12$). These differences between investigations with and without an Advocate persisted even when maltreatment type and severity were examined separately. Nevertheless, the majority of all victims were interviewed only once.

Outcome 3: Better quality of interviews and evidence?

YES

Outcome 4: Improved potential for successful prosecution?

YES

- Police laid *Criminal Code* of Canada charges in 21% of cases, with the most common charges in order being Sexual Assault, Sexual Interference, Assault, and Assault with a Weapon.
- CYAC joint investigations had higher rates of suspect interview (58%) and confession (25%) in physical abuse cases vs. CYAC independent investigations (44% interviewed; 12% confessed).
- CYAC investigations with an Advocate showed statistically increased interview length (50% of interviews over 30 min.) than investigations without an Advocate (25% of interviews over 30 min.).
- CYAC Investigations with an Advocate had a significantly higher proportion of cases where charges were laid (37%) and a higher number of charges laid per case ($M_{charges} = 3.79$) than investigations without an Advocate (charges laid in 9% of cases; $M_{charges} = 2.41$); these differences persisted across the maltreatment types and severity levels.
- Of 72 cases with data on charge outcomes, 34% were Withdrawn, 33% resolved with a Peace Bond, 25% resolved with a Conditional Discharge, and in 8% of cases the perpetrator was in custody.

Outcome 5: Increased access to timely medical care?**YES**

- 94% of eligible children were provided with medical consultation (the remaining 6% of children were offered, but chose not to have a medical consultation); 62% of cases received medical consultation within 24 hours, 15% waited 24-72 hours, 13% waited 73 hours to one week, and 10% of children waited over one week for a medical consultation.
- 95% of eligible children were provided with a physical examination (the remaining 5% of children were offered, but did not have a physical examination); 53% of cases received physical examination within 24 hours, 13% waiting 24-72 hours, 15% waited 73 hours to one week, and 19% of children waited over one week for a physical examination.
- The SCAN Program provided more CYAC clients with a physical examination (85%) than comparison group clients (79%), but not at a statistically significant level. However, the SCAN Program was statistically significantly more likely to provide medical consultations to CYAC clients (94%) than to comparison group clients (71%).
- A slight trend toward faster medial service (consultation and examination) to the CYAC group was observed, but no significant differences were found between CYAC and comparison group clients.

Outcome 6: Increased access to timely mental health services?**YES**

- Where applicable, 75% of families were provided crisis intervention (the remaining 28% were offered, but chose not to accept crisis intervention); all crisis intervention services were provided within 2 weeks of referral.
- Where applicable, 46% of children/youth were provided individual counselling (the remaining 54% were offered, but chose not to attend individual counselling); for 96% of these children/youth, individual counselling was available within 2 weeks of referral and only 4% of children/youth waited 2 to 5 weeks for individual counselling.
- Where applicable, 50% of caregivers/family members were provided individual counselling (the remaining 50% were offered, but chose not to attend individual counselling); in 87% of these cases, individual counselling was available within 2 weeks of referral, but 13% of caregivers/family members waited 2 to 5 weeks for individual counselling.
- Where applicable, 43% of families were provided family counselling (the remaining 57% were either offered family counselling at the CYAC or were referred elsewhere for this service); in 80% of these cases, family counselling was available within two weeks of referral, but 13% of families waited 5 to 12 weeks for family counselling.
- CYAC investigations with an Advocate were more likely than investigations without an Advocate to utilize CYAC mental health services.

Outcome 7: More comprehensive response to the needs of child/youth victims and caregivers? **YES**

- 81% of child/youth victims received 1 to 7 referrals ($M = 3.31$ referrals). The top 3 referrals were to individual counselling, CVWSP and VWAP.
- 60% of non-offending parents/caregivers received 1 to 6 referrals ($M = 2.38$ referrals). The top 3 referrals were to individual counselling, crisis intervention and family counselling.
- In 75% of applicable cases, the Advocate referred the child/youth for court preparation.
- When applicable, over 30% of child/youth victims and non-offending parents/caregivers received information on victim compensation and legal services.
- According to the CAST file review, more CYAC clients were referred to community services (50%) than regular Intake clients (25%), which analysis showed to be a trend approaching significance.
- Significantly more victims and caregivers were referred to community services when joint CYAC investigations occurred (26%) as opposed to CYAC independent investigations (12%).
- Significantly more victims and caregivers were referred to community services when CYAC investigations included an Advocate (52%) as opposed to CYAC investigations without an Advocate (25%).
- 100% of caregivers who provided feedback reported either “good” or “excellent” overall CYAC service quality. Also, 100% of caregivers reported satisfaction with all CYAC service providers and over 70% of caregivers reported that all CYAC service providers were consistently responsive and met all of their needs.

Outcome 8: More collaborative/coordinated response to child/youth victims and caregivers? **YES**

- Over 70% of all MDT members who provided data reported “effective” or “very effective” communication and working relationships with all partners, often superior to communication with external services.
- SCAN Program Professionals experienced superior communication and more effective relationships with both CAS workers and police on CYAC cases rather than comparison group cases.
- Thematic analysis of qualitative feedback identified benefits, such as superior service to the family because of coordinated MDT support, which allowed families to move quicker toward achieving their goals.
- Thematic analysis also identified beneficial relationships and easy access to professionals with whom communication is normally challenging; relationships with the MDT contributed to improved connection with clients and resolution of complex cases.

6.0 CONCLUSION & NEXT STEPS

This report has presented findings from a 20-month evaluation of Boost CYAC, which included data from the MDT, perspectives on the partnerships and an analysis of the unique contribution of the Boost CYAC model to child abuse investigation processes. Overall, the findings presented throughout this report are quite positive and point to the important role that Boost CYAC played in providing high quality services to child/youth victims and families. Specifically, it appears that the Boost CYAC model led to better coordinated child abuse investigations with evidence of increased collaboration between child protection, police, medical, advocacy, and mental health sectors; this increased collaboration appears to have contributed to investigative efficiencies and additional support to child/youth victims and families.

Equally important learning that emerged from this evaluation report is the need to enhance elements of the Boost CYAC operation and data collection methodology, which would both improve client outcomes and enhance the evidence that captures these outcomes. Specifically, the findings of this evaluation recommend the following next steps for Boost CYAC:

Enhance the evaluation methodology:

- Standardization of MDT tools and data collection practices among the MDT.
- Data collection from non-CYAC police officers and/or CAS workers involved in case investigations (e.g., afterhours CAS), who have not provided evaluation data thus far.
- Enhanced collection of short-term and longitudinal/follow-up data on victims' and caregivers' outcomes (e.g., health, mental health, child protection involvement), satisfaction with various aspects of services and perception of support.
- A comparison between Boost CYAC and non-CYAC cases across all MDT areas (i.e., police, CAS, medical, and mental health), and a larger sample.
- A process evaluation of Boost CYAC Case Reviews and debriefing.

Enhance the Boost CYAC model to better serve client needs:

- Implementation of similar work schedules for all MDT members to allow equal access to Boost CYAC resources (e.g., Advocacy, mental health) to clients coming into Boost CYAC outside of regular business hours.
- Implementation of a process for Advocate notification of cases arriving at Boost CYAC, as well as increase Advocate presence in investigations that take place at other locations.
- Implementation of a more structured debriefing process.

Answer outstanding questions that emerged from this evaluation with respect to the impact of the Advocate on case outcomes:

- A Boost CYAC file review into the mechanisms behind longer and greater number of investigative interviews, more charges laid, and more case transfers to child protection Ongoing Services in cases with Advocate involvement. The findings suggest that further exploration into the issue of case complexity is warranted.